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TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>(1,3)-BETA-D-GLUCAN, SEMIQUANTITATIVE</p> <p>Fungitell (1-3)-B-D-Glucan Assay</p>	<p>KPDS: 8744915</p> <p>Health Connect</p> <p>Order Code: (1,3)-BETA-D-GLUCAN, SEMIQUANTITATIVE [87449N]</p>	<p>RED7</p>	<p>1 mL serum</p> <p>Transport: Refrigerated</p> <p>Spin down specimen then aliquot into the Orange Capped Conical tube provided by Quest [DNAse, RNAse, pyrogen free].</p> <p>Glucan free tubes are acceptable.</p> <p>Received:</p> <ul style="list-style-type: none"> •glass tubes •specimens other than serum •hemolyzed •lipemic •icteric •turbid <p>A: NO</p> <p>R: 5 days</p> <p>F: 14 days</p> <p>Minimum specimen: 0.5 mL serum</p> <p>Formulary</p>	<p><60 pg/mL (Protease Zymogen-Based Colorimetric) Invasive Fungal Infections (IFI) are increasing, especially among immunocompromised patients. Most pathogenic fungi have (1->3)-beta-D-glucan in their cell walls and minute quantities are sloughed into the bloodstream and appear in the serum in cases of IFI. Monitoring serum (1->3)-beta-D-glucan for evidence of elevated and rising levels provides a convenient surrogate marker for IFI.</p>	<p><TestCode></TestCode> Quest Diagnostics 16283 via Medical Center Set up Daily Report available in 1-2 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
A/G RATIO-FLUID •ALBUMIN/GLOBULIN RATIO-FLUID	KPDS: 8417507	7 mL Red Top (RED7) [Fluid transporter] A/G-F	1 mL fluid Transport: Refrigerated R: 3 days Minimum specimen: 0.2 mL fluid Includes: Total Protein, Albumin, Globulin	Accompanies Report	Medical Center Same Day

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>ABL T3151 MUTATION IN CML ABL KINASE</p>	<p>KPDS: Order Manually</p>	<p>LAV5</p>	<p>6.0 ml whole blood or 3.0 ml bone marrow aspirate Transport: Refrigerated Additional form required for testing Test Form Forward sample and completed form to MGPI for processing. Refer to the Molecular Genetic Pathology laboratory FAQ for questions regarding ordering. Do not centrifuge. Collect 6 mL whole blood or 3 mL bone marrow in an EDTA (lavender -top) tube. Whole blood or bone marrow is shipped refrigerated. Do not freeze whole blood or bone marrow. After collection of the sample, draw date and time, as well as sample type, must be written on the tube and included as requested information. Ship sample immediately due to short sample stability of 72 hours. Received: Clotted Hemolyzed Frozen Serum A: 72 hours R: 7 days F: Unacceptable Minimum specimen: 4.0 mL whole blood or 1 mL bone marrow Formulary</p>	<p>Accompanies report (Fragment Analysis, Polymerase Chain Reaction (PCR)) Refer to Reference Laboratory Report</p>	<p><TestCode></TestCode> Quest Diagnostics Nichols Inst San Juan Capistrano Quest.16029 Via Molecular Genetic Pathology Laboratory 5 days **TAT is based upon receipt of sample at the MGPI**</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ABO-RH, PRENATAL •ABO and RH, Prenatal •ABORH OB	KPDS: 8608003 Health Connect Order Code: ABO-RH, PRENATAL [233365]	LAV5 ABORH OB	4 mL EDTA whole blood Transport: Refrigerated Transfusion Service labeling required Original draw tube required Received: •Serum separator tube •Gross hemolysis •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 10 days F: NO Minimum specimen: 2 mL EDTA whole blood Formulary	(Automated Solid Phase Hemagglutination)	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 60 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>ACID PHOSPHATASE AND TRAP STAIN</p> <p>Acid Phosphatase and Tartrate Resistant Acid Phosphatase [TRAP]</p>	<p>KPDS:</p>	<p>IAV5 Lavender Top EDTA</p>	<ul style="list-style-type: none"> • 5 ml whole blood • 5-7 unstained and unfixed smears • Air dried smears of bone marrow, peripheral blood or any cell suspension Transport: Ambient• CBC with differential must be performed on same day as specimen collection. • Specimen must be received at the SCPMG Flow Cytometry laboratory within 48 hours of collection. • SCPMG Flow Cytometry laboratory must receive specimens by 8:30 a.m. on Saturday for same-day processing. Orange County MOB's, Downey and Bellflower • Monday through Thursday: Collect specimens anytime. • Do not collect specimens after 3:00 PM on Friday • Friday: Collect and process specimens only <u>before</u> first courier leaves. • Prepare smears (do not fix or stain). • Print CBC report, with differential. • Coordinate obtaining Pathology number with local Pathology Department. • Complete B and T Laboratory Request Form with Pathology number. • Send specimens, CBC report, B and T Laboratory Request Form and a Service Request to Flow Cytometry Laboratory, 4867 Sunset Blvd., 1st Floor, Room 1714, Los angeles, Ca 90027 . Attention: Flow Cytometry Laboratory. Received: <ul style="list-style-type: none"> • frozen • greater than 48 hours after draw R: NO F: NO Test is ordered by assigned Pathologist as needed (i.e. if Hairy Cell Leukemia is suspected). Formulary Restricted 	<p>(Cytochemistry) Hairy cells show strong reactivity in the presence of tartrate, and show maroon-colored dye deposits in the cytoplasm. Other cell lines are inhibited in the presence of tartrate. Hairy Cell Leukemia</p>	<p>SCPMG Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory) Monday - Friday 24 hours after receipt in Laboratory</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ACTIVATED PROTEIN C RESISTANCE ACTIVATED PROTEIN C RESISTANCE (APC-R), APCR, APC Ratio	KPDS: 8533500 Health Connect Order Code: ACTIVATED PROTEIN C RESISTANCE [85307B]	BLU5 APC Resist	<p>1 mL citrated FROZEN plasma. Transport: Frozen Ensure complete fill of the vacutainer tube. Invert gently six times immediately after filling. •Centrifuge within one hour of collection •Centrifuge at 3000 RPM for 10 minutes •Remove plasma with transfer pipette (be careful not to disturb buffy coat layer), place into plastic tube, and centrifuge for another 10 minutes •Transfer supernatant into another plastic tube that is properly labeled •Freeze specimen immediately •Send frozen sample in yellow SPECIMENS FOR SPECIAL HANDLING plastic bag Received: •whole blood •a clot in the sample •inadequately filled tube •specimens received more than 4 hours after collection •hematocrit over 55% and not adjusted for a high hematocrit •frozen whole blood sample •insufficient volume (quantity not sufficient [QNS]) •hemolyzed sample A: Up to 4 hours R: Spun citrated plasma: 4 hours F: Double spun citrated plasma: 2 weeks at -20°C; 6 months at -70°C Minimum specimen: 1 mL citrated FROZEN plasma Polybrene and factor V deficient plasma are added to the test system to correct for factor deficiencies that may be present due to oral anticoagulant therapy and to normalize the APTT of patients on heparin therapy. Formulary</p>	<p>Normal APCR ratio 2.1 (APTT-based clotting assay) APC resistance due to the Factor V Leiden Mutation is suggested when the APC resistance ratio is less than or equal to 2.0. This test result should not be affected by oral anticoagulant therapy nor heparin therapy (unfractionated and LMW heparin at dose <1.0 IU/mL). Patients with moderate to strong lupus anticoagulants and/or moderate to strong anti-phospholipid titer cannot be tested with APCR test due to interference from these syndromes to this APTT clotting based test system.</p>	<p>Regional Reference Laboratories, North Hollywood (Special Coagulation) Set up on Monday - Friday 7 AM - 3:30 PM 4 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ACYLGLYCINES	KPDS:	Random Urine	10 mL FROZEN aliquot of random urine. Transport: Frozen. This test is restricted to the RRL Laboratory, Medical Genetics Department. Clinical history form must be completed and submitted. Formulary Restricted		Mayo Clinic via Genetic Testing Dept., Electronics Place

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ADENOSINE DEAMINASE, PERICARDIAL FLUID	KPDS: 8431108 Health Connect Order Code: ADENOSINE DEAMINASE, PERICARDIAL FLUID [84311AA]	SC99_StrCont_SterileContainer ADA Peri-RLN	Pericardial Fluid Transport: Frozen SPECIMEN SOURCE MUST BE PROVIDED A: 2 hours R: 7 days F: 30 days Minimum specimen: 0.1 mL Formulary	(Quantitative Spectrophotometry)	https://td.aruplab.com/Tests/Pub/2009357 >ARUP Laboratories 2009357</a
ADENOVIRUS CULTURE VIRAL CULTURE, RESPIRATORY	KPDS: 8725410 Health Connect Order Code: CULTURE, RESPIRATORY VIRUS RAPID SHELL VIAL (FLU, RSV, ADENO, PFLU) [221270]		Refer to: <u>VIRAL CULTURE, RESPIRATORY Formulary</u>		Regional Reference Laboratories, North Hollywood (Virology)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>AEROMONAS AND PLESIOMONAS CULTURE, STOOL</p>	<p>KPDS: 8704603 Health Connect Order Code: AEROMONAS AND PLESIOMONAS CULTURE, STOOL [87046M]</p>	<p>See Specimen Requirements Field AER</p>	<p>Collect: <u>Commode Specimen Collector</u> Transport: <u>Para-Pak C&S</u> or <u>eSwab</u></p> <ul style="list-style-type: none"> •Stool •Rectal Swab - for infants less than 1 year old Transport: Ambient Single negative culture may not be diagnostic. Sometimes up to three specimens are needed. Pathogens are stable for up to 96 hours after collection if sent in <u>Para-Pak C&S</u> transport media or 48 hours in <u>eSwab</u> Stool •Collect in sterile container •Transport to local laboratory immediately <p>Rectal Swab</p> <ul style="list-style-type: none"> •Collect eSwab •Transport to local laboratory immediately <p><u>Patient Collection Instructions - English</u></p> <p><u>Patient collection Instructions - Spanish</u></p> <p>Stool</p> <ul style="list-style-type: none"> •Transfer a representative sample of stool to <u>Para-Pak C&S</u> A: <ul style="list-style-type: none"> •Initial collection : 24 hours •Specimen in <u>Para-Pak C&S</u> transporter: 96 hours •eSwab : 48 hours <p>R: NO F: NO Formulary</p>	<p>Negative (Culture)</p>	<p><TestCode></TestCode> Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 3 days</p>
<p>AEROSOL SPUTUM</p>	<p>KPDS:</p>		<p>Sputum. Refer to Cytology specimen requirement. Call Respiratory Therapy Dept.</p>	<p>By interpretation</p>	<p>Respiratory Therapy Dept.</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AFB SMEAR, KNOWN TB PATIENT	KPDS: 8720605 Health Connect Order Code: AFB SMEAR, KNOWN TB PATIENT [87206AE]	SC99_StrCont_SterileContainer AFB SMEAR ONLY	<p>Sputum only [5-10 ml] Transport: Refrigerated•Collect in sterile container.</p> <ul style="list-style-type: none"> •Recommend collecting 3 early morning specimens. •Send to local laboratory on cold packs immediately after collection. •Refrigerate on arrival at local laboratory. •Transport to Regional Reference laboratories on day of collection. •Sample received ambient or frozen •Specimens received with name or identification discrepancies •Unlabeled specimens; improperly collected or transported specimens •Specimens received in biohazardous condition •24-hour pooled sputum A: Unacceptable R: 24 hours F: Unacceptable <p>Minimum specimen: 5 ml•An AFB smear alone without culture is appropriate only on a patient who has a well-established diagnosis of <i>M. tuberculosis</i>, is currently being treated, and when daily smears are needed to determine whether to remove the patient from isolation or discharged from the hospital.</p> <ul style="list-style-type: none"> •All positive smear results will be called to the Provider. •No <i>Mycobacterium tuberculosis</i> PCR will be performed if AFB smear is POSITIVE. <p>Formulary</p>	No Acid Fast Bacilli seen (Microscopic examination by fluorochrome stain [Auramine Rhodamine]) Positive - Acid Fast Bacilli seen Negative - No Acid Fast Bacilli seen	Regional Reference Laboratories, North Hollywood (Bacteriology) Set up 7 days a week 1-2 days [24 hours from time of receipt at Regional Reference Laboratories]
ALBUMIN, BROMCRESOL GREEN D-Albumin DIALYSIS - ALBUMIN	KPDS: 8417805 Health Connect Order Code: ALBUMIN, BROMCRESOL GREEN [82040C]	GLD6 Alb BG	<p>0.5 mL serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: 3 days R: 3 days F: 4 months Minimum specimen: 0.5 mL serum Testing is available for samples from dialysis patients only. Formulary</p>	<ul style="list-style-type: none"> • 0-14 Yrs: 2.8-5.4 g/dL • >14 Yrs: 3.4-5.1 g/dL (Bromcresol Green (BCG)) 	Regional Reference Laboratories, North Hollywood (Automated Chemistry) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALBUMIN, FLUID	KPDS:		This test has been discontinued. See Technical Bulletin. Update: Tests Available for Alternative Sample Types Not-Formulary		•Not-Formulary (Discontinued)
ALBUMIN, PLEURAL FLUID	KPDS: 8204204 Health Connect Order Code: ALBUMIN, PLEURAL FLUID [82042F]	Collect: SC99_StrCont_SterileContainer Transport: RED7 Alb PLF	0.5 ml pleural fluid Transport: Refrigerated Collect specimen in Sterile Container. Send specimen to your local medical center laboratory after collection •laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories, North Hollywood A: NO R: 3 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Albumin-Pleural Fluid: Clinical utility is unclear.	Medical Center Sets up daily Reports out same day
ALBUMIN, SERUM ALBUMIN, SERUM	KPDS: 8417001 Health Connect Order Code: ALBUMIN,SERUM [82040B]	MC: PST4mL RRL: GLD6 ALB	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. R: 3 days F: 6 months Minimum specimen: 0.5 mL plasma or serum Formulary	0-11 months: 2.8 - 4.4 g/dL 12 months - 17 years: 3.1 - 4.5 g/dL 18 years and over: 3.3 - 4.8 g/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALBUMIN/GLOBU LIN RATIO A/G RATIO	KPDS: 8417009 Health Connect Order Code: ALBUMIN/GLOBU LIN RATIO [202701]	MC: PST4mL RRL: GLD6 A_G Ratio	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. R: 3 days F: 6 months Minimum specimen: 0.5 mL plasma or serum Includes: Total Protein, Albumin, Globulin Formulary	Accompanies Report	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry or Chino Hills, Core Laboratory (Automated Chemistry) Daily RRL: 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALCOHOL, [ETOH] LEVEL, AUTOMATED ANALYZER Ethanol ETOH	KPDS: 8206000 Health Connect Order Code: ALCOHOL, [ETOH] LEVEL, AUTOMATED ANALYZER [80307CC]	MC: PST4mL RRL: GY7 [PST4mL or RED7 acceptable] Alcohol	Plasma Transport: Refrigerated Swab skin with non-alcohol sponge such as betadine. A: 48 hrs R: 14 days F: 12 months Minimum specimen: 0.5 mL plasma For Clinical evaluation only. Not available for Medicolegal purpose. Formulary	<ul style="list-style-type: none"> None Detected: <10 mg/dL Intoxication Level: 80 mg/dL Toxic Level: > 200 mg/dL Other common reporting units are g/dL [80 mg/dL = 0.08 g/dL] Upper Reference Range - 9.9 mg/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily Same Day
ALKALINE PHOSPHATASE •ALKALINE PHOSPHATASE, SERUM •ALK. PHOS.	KPDS: 8407500 Health Connect Order Code: ALKALINE PHOSPHATASE [84075B]	MC: PST4mL RRL: GLD6 ALP	2 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. R: 5 days F: 1 month Minimum specimen: 0.5 mL plasma or serum Formulary	MALE: 0-6 days: :300 U/l 7d-2yrs: :270 U/l 3-5 yrs: :415 U/l 6-15 yrs: :500 U/l 16-19 yrs: :225 U/l >19yrs: :125 U/l FEMALE 0-6 days: 300 U/L 7d-2yrs: 270 U/L 3-5 yrs: 415 U/L 6-15 yrs: 350 U/L 16-19 yrs: 165 U/L >19 yrs: 125 U/L	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALPHA-1 ANTITRYPSIN <ul style="list-style-type: none"> • Alpha-1-Antitrypsin • Anti-Trypsin • AAT 	KPDS: 8633600 Health Connect Order Code: ALPHA-1-ANTITRYPSIN [82103B]	GLD6 A1Antrp	1 mL serum Transport: Refrigerated Centrifuge immediately after clotting to prevent hemolysis•Lipemia •Gross hemolysis •Microbially contaminated with visible particulate matter A: NO R: 3 days F: 1 month at -20°C Minimum specimen: 0.5 mL serum Formulary	90-200 mg/dL (Turbidimetry)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Monday - Friday 4 days
ALPHA-1 ANTITRYPSIN WITH REFLEX TO PHENOTYPE A1AT w/ reflex to phenotyping	KPDS: 8210310 Health Connect Order Code: ALPHA-1 ANTITRYPSIN W/ REFLEX TO PHENOTYPE [82103F]	GLD6 A1A w Pheno	1.0 mL serum Transport: Refrigerated Lipemic R: 14 days Minimum specimen: 0.5 mL serum Formulary	Accompanies Report (Nephelometry and Isoelectric Focusing)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Once a week 11 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALPHA-1-FETOPROTEIN, SERUM ALPHA-FETOPROTEIN - FETO-GLOBULIN (QUANTITATIVE and AFP, TUMOR)	KPDS: 8000701 Health Connect Order Code: ALPHA-1-FETOPROTEIN, SERUM [82105A]	GLD6 AFP	1 mL serum Transport: Refrigerated Grossly hemolyzed specimens. A: 3 days R: 7 days F: >7 days @ -20OC or colder Minimum specimen: 0.6 mL serum Formulary	≤ 8.8 ng/mL (Chemiluminescent Microparticle Immunoassay [CMIA])	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days
ALT, SERUM ALT (SGPT)	KPDS: 8446000 Health Connect Order Code: ALT, SERUM [84460B]	MC: PST4mL RRL: GLD6 ALT	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: 24 hrs R: 7 days F: 1 month Minimum specimen: 0.5 mL plasma or serum Formulary	Male: less than 64 U/L Female: less than 55 U/L The measured activity may vary by method or instrument.	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
AMIKACIN LEVEL Amikacin, Random	KPDS: 8718601 Health Connect Order Code: AMIKACIN LEVEL [80150C]	6 mL Plastic Plain Red Top (RED7) (Do not use SST) Amik	2 ml serum Transport: Refrigerated Transport to the Regional Reference laboratories using the Yellow Bag Process. Submit tube intact--Do NOT separate serum. A: 48 hours R: 14 days F: 1 year Minimum specimen: 0.5 mL serum Formulary	Therapeutic Range: 5 - 30 µg/mL	Regional Reference Laboratories, North Hollywood and Chino Hills (Esoteric Chemistry [NHJ/Core Laboratory [CH]) Daily 1.5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMIKACIN LEVEL, PEAK	KPDS: 8015004 Health Connect Order Code: AMIKACIN LEVEL, PEAK [80150A]	6 mL Plastic Plain Red Top RED7 (Do not use SST) Amik Pk	2 ml serum Transport: Refrigerated to the Regional Reference laboratories using the Yellow Bag Process. Draw specimen 30 minutes after completion of infusion. Submit tube intact--Do <u>NOT</u> separate serum. A: 48 hours R: 14 days F: 1 year Minimum specimen: 0.5 mL serum Formulary	Therapeutic Range: 15-30 µg/mL	Regional Reference Laboratories, North Hollywood and Chino Hills (Esoteric Chemistry [NHJ/Core Laboratory [CH]) Daily 1.5 days
AMIKACIN LEVEL, TROUGH	KPDS: 8015006 Health Connect Order Code: AMIKACIN LEVEL, TROUGH [80150B]	6 mL Plastic Plain Red Top RED7 (Do not use SST) Amik Tr	2 ml serum Transport: Refrigerated to the Regional Reference laboratories using the Yellow Bag Process. Draw specimen no more than 30 minutes prior to the next dose. Submit tube intact--Do <u>NOT</u> separate serum. A: 48 hours R: 14 days F: 1 year Minimum specimen: 0.5 mL serum Formulary	Therapeutic Range: less than 10 µg/ml Critical Value: Greater than 15 µg/mL	Regional Reference Laboratories, North Hollywood and Chino Hills (Esoteric Chemistry [NHJ/Core Laboratory [CH]) Daily 1.5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMITRIPTYLINE AND METABOLITE LEVELS, LC/MS/MS ELAVIL	KPDS: 8420601 Health Connect Order Code: AMITRIPTYLINE AND METABOLITE LEVELS LC/MS/MS [80335G]	RED7 Amityp	2 mL serum Transport: Refrigerated Submit tube intact - DO NOT SEPARATE SERUM. A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 2 mL serum Formulary	Acompanies report (Liquid Chromatography/Tandem Mass Spectrometry) This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory system where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Weekly - Tuesday 10 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMNIOTIC FLUID AFP •ALPHA - FETOPROTEIN (AMNIOTIC FLUID) •AFAFP	KPDS: 8632900 Health Connect Order Code: ALPHA-1 FETOPROTEIN, AMNIOTIC FLUID [82106B]	Amniotic Fluid [AF*10] AFAFP	5.0 mL amniotic fluid Transport: Ambient If sample is hemolyzed, specimen will be sent out to Quest Diagnostics for fetal hemoglobin A: 2 days R: 1 week F: 3 months Minimum specimen: 1.0 mL amniotic fluid •Elevated AFP values MOM greater than 2.0 will be sent to Quest Diagnostics for reflex Acetylcholinesterase {ACHE} testing, AFP and Fetal Hemoglobin •NTD indications will be sent directly to Quest Diagnostics for ACH and AFP •This test is performed in conjunction with amniotic fluid chromosome study Formulary	Normal M.O.M. is less than 2.0 (MEIA) Normal: MOM less than 2.0 Abnormal: MOM greater than 2.0 Calculation of MOM is dependent on weeks of gestation Support for the diagnosis of Neural Tube defect.	Regional Reference Laboratories, Electronics Place: Newborn and Prenatal Screening 818-502-5910, tie line 336 (Genetic Testing) Monday, Wednesday, and Friday 4 - 5 days **TAT is based upon receipt of sample at the MGPL **

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMYLASE CLEARANCE	KPDS:		TEST NOT AVAILABLE Not-Formulary		•Not-Formulary (Discontinued)
AMYLASE, PANCREATIC CYST FLUID	KPDS: 8215010 Health Connect Order Code: AMYLASE, PANCREATIC CYST FLUID [82150Q]	SC99_StrCont_SterileContainer	1 ml Pancreatic Cyst Fluid Transport: Refrigerated Specimen too viscous to be aspirated by instrument. A: 1 week R: 1 month F: 1 month Minimum specimen: 0.2 ml Pancreatic cyst Fluid For laboratory Use Only: <u>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens</u> Formulary	(Quantitative Enzymatic) For information on body fluid reference ranges and/or interpretive guidance visit http://aruplab.com/bodyfluids/	ARUP 20506 Via Medical Center Saturday - Sunday Reported within 24 hours
AMYLASE, PERITONEAL FLUID	KPDS: 8215007 Health Connect Order Code: AMYLASE, PERITONEAL FLUID [82150M]	Collect: SC99_SterileContainer Transport: RED7 Amy PRF	0.5 ml peritoneal fluid Transport: Refrigerated Collect specimen in Sterile Container•Send specimens to your local medical center laboratory after collection •laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories. A: NO R: 7 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Peritoneal fluid amylase concentration greater than three times that of serum suggests pancreatic disease.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Sets up daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMYLASE, PLEURAL FLUID	KPDS: 8215009 Health Connect Order Code: AMYLASE, PLEURAL FLUID [82150N]	Collect: SC99_Sterile Container Transport: RED7 Amy PLF	0.5 pleural fluid Transport: Refrigerated Collect specimen in Sterile Container*Send specimen to your local medical center laboratory after collection *laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories. A: NO R: 7 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Pleural fluid amylase concentration greater than two times that of serum suggests esophageal rupture or pancreatic disease.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Set up daily 2 days
AMYLASE, SERUM	KPDS: 8215000 Health Connect Order Code: AMYLASE, SERUM [82150E]	GLD6 Amy	2 mL serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: 7 days R: 1 month Minimum specimen: 0.4 mL serum Effective January 6, 2009 this test will be performed only at the Regional Reference Laboratories. Formulary	28-100 U/L	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMYLASE, URINE AMYLASE, URINE (DIASTASE)	KPDS: 8216000 Health Connect Order Code: AMYLASE, URINE [82150C]	Collect: UR25 Aliquot and Transport: <u>GW#H3</u> Amy U	1.5 mL urine Transport: Refrigerated Adjust pH to alkaline range (pH 7) before storage. Collection time and completion time should be noted on Lab requisition. A: 48 hrs R: 10 days Minimum specimen: 1.5 mL urine Test may be done on random, 2 hr., 5 hr., or 24 hr. specimen. Formulary	Male <40 yr = 17-494 U/L Male 40 yr = 27-595 U/L Female <40 yr = 19-597 U/L Female 40 yr = 18-420 U/L	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANCA [TITER AND PATTERN] ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA) ANTI-NEUTROPHIL-CYTO. ANT	KPDS: 8617660 Health Connect Order Code: ANCA [TITER AND PATTERN] [86256Z]	GLD6 ANCA Ab	3 ml serum Transport: Refrigerated Freeze at -20°C or colder for long term storage A: 24 hrs R: 14 days F: 12 months Minimum specimen: 0.5 ml serum For positive confirmatory/quantitation tests, see MYELOPEROXIDASE AB [Quest 8796 via RRL], and ANTI-PROTEINASE-3 AB [Quest 34151 via RRL]. Positive are automatically sent to QUEST from North Hollywood for confirmation/quantitation. Formulary	Negative: < 1:20 (IFA)	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Friday 2-4 days
ANGELMAN SYNDROME, SNRPN, DNA METHYLATION ANALYSIS •ANGELMAN SYNDROME DNA •ANGELMAN DNA METHYLATION ANALYSIS [81331C]	KPDS: 8828010 Health Connect Order Code: ANGELMAN SYNDROME, SNRPN, DNA METHYLATION ANALYSIS [81331C]	LAV5 Lavender Top (EDTA) ASDNA	5 ml whole blood Transport: Refrigerated Do not centrifuge. A: 3 days R: 1 week F: NO Minimum specimen: 2 ml whole blood • Chromosome Analysis (Blood, High Resolution) and F.I.S.H. studies are recommended in conjunction. • If indicated, order Chromosome Analysis, Blood: HC Order Code 200433 and FISH Studies •SS4 Green Top (Sodium Heparin) required. Formulary	(Methylation Specific PCR)	Regional Reference Laboratories, Electronics Place: Molecular Genetics 818-502-5959, tie line 336 (Genetic Testing) Weekly 15 days **TAT is based upon receipt of sample at the MGPL**

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANGIOTENSIN CONVERTING ENZYME ACE	KPDS: 8310600 Health Connect Order Code: ANGIOTENSIN CONVERTING ENZYME [82164B]	GLD6 ACE	0.5 ml serum Transport: Refrigerated Minimum specimen: 0.2 mL serum Formulary	8-52 U/L (Enzymatic)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days
ANTI STREPTOLYSIN O QUANTITATIVE • Anti-strep O (ASO) • Streptozyme (Exoenzymes of Strep) • Anti-Streptolysin O [ASO] Titer	KPDS: 8604652 Health Connect Order Code: ANTI STREPTOLYSIN O QUANTITATIVE [86060D]	GLD6 ASO Qn	1 mL serum Transport: Refrigerated• Centrifuge after clotted • Submit centrifuged GLD6 tube A: 24 hours R: 8 days F: 3 months Minimum specimen: 0.5 mL serum Formulary	0-5 yr = 100 IU/mL 5-19 yr = <166 IU/mL Adults = 250 IU/mL (Nephelometry)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Monday - Friday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTI-MULLERIAN HORMONE, MALE AMH-MIS Mullerian Inhibiting Substance Muellerian Inhibiting	KPDS: 8239703 Health Connect Order Code: ANTI-MULLERIAN HORMONE, MALE, CHEMILUMINESCENT ASSAY [37226]	RED7	1 mL serum Transport: Refrigerated Separate serum and ship in a plastic leak-proof container. Received: •Grossly hemolyzed •Lipemic •Serum separator tube •Icteric A: 24 hours R: 6 days F: 28 days Minimum specimen: 0.5 mL serum Formulary	See Laboratory Report (Immunoassay (IA))	<TestCode></TestCode> Quest Diagnostics 37226 Sets up 2 days a week Reports in 1-4 days
ANTI-RNP (RIBONUCLEOPROTEIN) RNP/SM ANTIBODY; RIBONUCLEOPROTEIN (RNP); RNP (RIBONUCLEOPROTEIN)	KPDS: Excluded in Service Master [8623501] Health Connect Order Code: Inactivated:RNP ANTIBODY [86235M]		Please order alternative test: Smith and RNP Antibody HC Order Code: 200518 Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTIBODY IDENTIFICATION, RBC	KPDS: EXCLUDED in Service Master: 8626060 Health Connect Order Code: Inactivated: ANTIBODY IDENTIFICATION, RBC [86850A]		This test is reflexed from <u>INDIRECT COOMBS TEST, PRENATAL [86885E]</u> Not-Formulary		•Not-Formulary (Discontinued)
ANTIBODY SCREEN, ANTIBODY ID, AND ANTIBODY TITER	KPDS: EXCLUDED in Service Master: 8626061 Health Connect Order Code: Inactivated: ANTIBODY SCREEN, ANTIBODY ID, AND ANTIBODY TITER [208211]		Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTIHUMAN GLOBULIN, DIRECT, CAPILLARY BLOOD •DAT neonate < 4 months •DAT, Direct Antiglobulin Test	KPDS: 8625004 Health Connect Order Code: ANTIHUMAN GLOBULIN, DIRECT, CAPILLARY BLOOD [86880K]	Microtainer IAV	1 mL whole blood Transport: Ambient Peripheral (Capillary) Sample from neonate. Draw blood as for all Blood Bank specimens. Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 24 hours F: Unacceptable Minimum specimen: 0.5 mL whole blood Formulary	DAT: Negative (Hemagglutination) ABO/Rh type A positive DAT may be indicative of Hemolytic Disease of the Fetus and Newborn (HDFN)	<TestCode></TestCode> Medical Centers, Transfusion Service STAT: 1 hour Routine: 4 hours
ANTIPOSPHOLI PID ANTIBODY SYNDROME PANEL ANTIPOSPHOLI PID ANTIBODY SYNDROME PNL	KPDS: 8521122, 8604605, 8223211 Health Connect Order Code: PNL ANTIPOSPHOLI PID ANTIBODY SYNDROME [APS] SCREEN AMB SCAL, PNL ANTIPOSPHOLI PID ANTIBODY SYNDROME [APS] SCREEN IP SCAL	GLD6 and BLU5	Lupus Anticoagulant Panel - 1.0 ml Frozen Plasma [BLU5] Cardiolipin IgG and IgM - 2.0 ml serum Beta 2 Glycoprotein - 2.0 ml serum Transport: Frozen [Lupus Anticoagulant Panel] Refrigerated - Cardiolipin IgG And IgM And Beta 2 Glycoprotein A: See individual tests R: See individual tests F: See individual tests SmartGroup Panel includes: •IUPUS ANTICOAGUIANT PANEI •CARDIOLIPIN IGG AND IGM •BETA 2 GLYCOPROTEIN I IGG, IGM, IGA Formulary	(EIA and Clotting Assay)	Regional Reference Laboratories, North Hollywood, Immunology and Special Coagulation See individual tests See individual tests

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTITHROMBIN 3 ACTIVITY AT III ANTI-THROMBIN III	KPDS: 8521115 Health Connect Order Code: ANTITHROMBIN 3 ACTIVITY [85300B]	5 mL Light Blue Top (BLU5) ATHrombn3	2 mL FROZEN plasma Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Formulary	80 - 120% (Chromogenic Assay) Heparin will lower Anti-thrombin III results. Thrombin inhibitors (e.g. Hirudin, Agatroban, etc.) may lead to an over-estimation of Antithrombin level.	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
APT TEST [HEMOGLOBIN] STOOL APT TEST OR DOWNEY	KPDS: 8393300 Health Connect Order Code: APT TEST [HEMOGLOBIN] STOOL [83033B]	SC99_StrCont_SterileContainer APT	Usually feces or emesis. Formulary	Negative	Medical Centers NOTE: This test is not performed at Panorama City, South Bay or Woodland Hills Same Day.

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
APTT •ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) •PTT	KPDS: 8522600 Health Connect Order Code: APTT [85730B]	5 mL Light Blue Top (BLU5) APTT	<p>Blue Top Tube must be completely filled. Transport: Frozen [R1 Specimens Only] Ensure complete fill of the collection tube. Invert gently three - four times immediately after filling. Centrifuge within one hour of collection</p> <p>Testing at the Medical Center should be performed within 4 hours</p> <p>IF testing to be performed at the Regional Reference lab, THEN:</p> <ol style="list-style-type: none"> 1. Centrifuge the capped collection tube at 3000 rpm for ten minutes. 2. Using a plastic transfer pipette, transfer the plasma to a plastic tube. [Do not disturb the buffy coat]. 3. Centrifuge the plasma for an additional 10 minutes. Using a transfer pipette, transfer the plasma to another plastic tube. The plasma must be platelet free [platelet count less than 10,000/ul]. 4. Cap, label and freeze immediately at -20°C or lower. 5. Transport frozen specimens to the Regional Reference lab on dry ice. <p>Received:</p> <ul style="list-style-type: none"> •clotted •inadequately filled blue top •hematocrit over 55% and not adjusted for a high hematocrit •frozen whole blood •insufficient volume [QNS] •hemolyzed <p>A: Up to 4 hours R: Spun citrated plasma: 4 hours F: For double spun citrated plasma: 2 weeks at -20° C 6 months at -70° C</p> <p>Minimum specimen: 1 mL citrated plasma Formulary</p>	Reference Range: SITE SPECIFIC Normal population mean: SITE SPECIFIC Critical value [Medical Center labs]: >68 seconds (for patients not receiving anticoagulation therapy) 2150 seconds [for patients receiving unfractionated heparin - refer to: Heparin Therapy, APTT]	Medical Center or Regional Reference Laboratories, North Hollywood Medical Center: Daily, Routine or STAT Regional Reference Lab: Monday - Saturday, Routine STAT [at the Medical Center only]: Within 1 hour after specimen receipt in lab Routine: Within 24 hours [Note: APTT testing is not available at the Regional Reference Lab on Sundays]

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AQUAPORIN-4 RECEPTOR IGG, QUALITATIVE, CBA-IFA	KPDS: 8625500 Health Connect Order Code: AQUAPORIN-4 RECEPTOR IGG, QUALITATIVE, CBA-IFA [86255ZAM]	RED7	0.5 mL Transport: Ambient Received in Serum Separator Tube A: 7 days R: 14 days F: 21 days Minimum specimen: 0.3 mL Formulary	Negative (Cell Binding Assay Immunofluorescence Assay) Antibody to Aquaporin 4 causes neuromyelitis optica (NMO), a demyelinating disease of the central nervous system often confused diagnostically with multiple sclerosis (MS) and/or transverse myelitis. NMO causes optic neuritis and transverse myelitis. Early discrimination between MS and NMO is important, as optimum treatment for both diseases may differ considerably.	<TestCode></TestCode> Quest Diagnostics 93893 via Medical Center Set up Wednesday and Friday Report available in 7 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ARSENIC SCREEN-JURINE (QUALITATIVE SCREEN)	KPDS:		This test has been discontinued. See Technical Bulletin. <ul style="list-style-type: none"> Technical Bulletin Not-Formulary		•Not-Formulary (Discontinued)
AST, SERUM •AST (SGOT) •ASPARTATE AMINO TRANSFERASE	KPDS: 8445000 Health Connect Order Code: AST, SERUM [84450B]	MC: PST4mL RRL: GLD6 AST	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: Olympus AU: 24 hrs Beckman-Coulter DXC: 8 hours R: Olympus AU: 4 weeks Beckman Coulter DXC: 48 hours F: Olympus AU: 1 year Beckman Coulter DXC: greater than 48 hours Minimum specimen: 0.5 mL plasma or serum	Male: less than 35 U/L Female: less than 31 U/L The measured activity may vary by method or instrument.	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>AUTOLOGOUS SERUM EYEDROPS 100%</p>	<p>KPDS: 8000096 Health Connect Order Code: AUTOLOGOUS SERUM EYEDROPS, 100% [254505]</p>	<p>GLD6 ASE 100pct</p>	<p>20 labels, 20 tubes Pack and ship in containers supplied by Vital Tears via FedEx, include printed copy of KPHC order detail. Please refer to <u>VITAL TEARS PACKAGING INSTRUCTIONS</u>. Fill collection tubes completely Special Handling: Spin/Keep Upright. Please refer to the <u>HEMOIYSIS CHART</u>. R: 7 days Formulary</p>		<p><TestCode></TestCode> </TestCode></TestCode> Clinical laboratory Ship to: VITAL TEARS 10560 N. Ambassador Drive, Suite 210 Kansas City, Missouri 64153 Phone: 800-360-9592 (Ask for any Vital Tears Client Service Staff Member) Fax: 816-255-1395 Email: client.services@vitaltears.org Website: VITAL TEARS SHIP MONDAY THROUGH TUESDAY ONLY</p>
<p>AUTOLOGOUS SERUM EYEDROPS 20%</p>	<p>KPDS: 8000095 Health Connect Order Code: AUTOLOGOUS SERUM EYEDROPS, 20% [227397]</p>	<p>GLD6 ASE 20pct</p>	<p>12 labels, 12 tubes Pack and ship in containers supplied by Vital Tears via FedEx, include printed copy of KPHC order detail. Please refer to <u>VITAL TEARS PACKAGING INSTRUCTIONS</u>. Fill collection tubes completely Special Handling: Spin/Keep Upright. Please refer to the <u>HEMOIYSIS CHART</u>. R: 7 days Formulary</p>		<p><TestCode></TestCode> Clinical laboratory Ship to: VITAL TEARS 10560 N. Ambassador Drive, Suite 210 Kansas City, Missouri 64153 Phone: 800-360-9592 (Ask for any Vital Tears Client Service Staff Member) Fax: 816-255-1395 Email: client.services@vitaltears.org Website: VITAL TEARS SHIP MONDAY THROUGH TUESDAY ONLY</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>AUTOLOGOUS SERUM EYEDROPS, 40%</p>	<p>KPDS: 8000097 Health Connect Order Code: AUTOLOGOUS SERUM EYEDROPS, 40% [254504]</p>	<p>GLD6 ASE 40pct</p>	<p>20 labels; 20 tubes Pack and ship in containers supplied by Vital Tears via FedEx, include printed copy of KPHC order detail. Please refer to <u>VITAL TEARS PACKAGING INSTRUCTIONS</u>. Fill collection tubes completely Special Handling: Spin/Keep Upright. Please refer to the <u>HEMOIYSIS CHART</u>. R: 7 days Formulary</p>		<p><TestCode></TestCode> Clinical laboratory Ship to: VITAL TEARS 10560 N. Ambassador Drive, Suite 210 Kansas City, Missouri 64153 Phone: 800-360-9592 (Ask for any Vital Tears Client Service Staff Member) Fax: 816-255-1395 Email: client.services@vitaltears.org Website: VITAL TEARS SHIP MONDAY THROUGH FRIDAY ONLY</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
B AND T CELL SURFACE MARKER TARTRATE RESISTANT ACID PTASE STAIN	KPDs:	Blood: IAV5 Lavender Top (EDTA) Bone Marrow: LAV	<p>Peripheral Blood</p> <ul style="list-style-type: none"> • 5 ml whole blood • 5-7 unstained smears <p>Bone Marrow</p> <ul style="list-style-type: none"> • 1-2 ml bone marrow in EDTA (IAV) • 5-7 unstained smears <p>Transport: Ambient</p> <p>SCPMG Flow Cytometry laboratory must receive specimens by 8:30 a.m. on Saturday for same-day processing.</p> <ul style="list-style-type: none"> • Print CBC report, with differential. • Coordinate obtaining Pathology number with local Pathology Department. • Complete B and T laboratory Request Form with Pathology number. • Send specimens, CBC report, B and T laboratory Request Form and a Service Request to 4950 Sunset Blvd., 3rd Floor. Attention: B and T laboratory. Test is ordered by the assigned Pathologist. <p>Orange County MOB's, Downey and Bellflower:</p> <ul style="list-style-type: none"> • Monday through Thursday: Collect specimens anytime. • Do not collect specimens after 3:00 PM on Friday • Friday: Collect and process specimens only before first courier leaves <p>Formulary Restricted</p>		SCPMG Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BABY ABO AND RH GROUP •BLOOD TYPE •ABORh Baby	KPDS: 8608005 Health Connect Order Code: BABY ABO AND RH GROUP [213121]	Microtainer-IABV ABORh Baby	1.0 mL whole blood Transport: Ambient Order restricted for neonates (<4 months old) Draw blood as for all Blood Bank specimens. Received: •Collected in SST •Grossly hemolysis •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 14 days F: Unacceptable Minimum specimen: 0.5 mL whole blood Formulary	N/A (Hemagglutination) ABO/Rh type	<TestCode></TestCode> Medical Centers, Transfusion Service 24 hours STAT: 1 hour Routine: 4 hours
BACTERIAL ANTIGEN	KPDS: Removed from Service Master: 8632500 Health Connect Order Code: Inactivated: BACTERIAL ANTIGEN [87147B]		Effective December 21, 2011, this test normally performed by the Bacteriology Department, Regional Reference Laboratories, North Hollywood, has been discontinued due to low test utilization and issues related to sensitivity and specificity of the assay per SCPMG Infectious Disease Physician group. See attached Technical Bulletin for exceptions. Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BACTERIOCIDAL TITER	KPDS: EXCLUDED as of 8/15/01		Not Available -- Order Serum Bactericidal Titer(8719700)		(Discontinued)
BARBITURATES, URINE, AUTOMATED ANALYZER	KPDS: 8226550 Health Connect Order Code: BARBITURATES, URINE, AUTOMATED ANALYZER [80307K]	UR25 Barbit U	10 mL urine Transport: Refrigerated Minimum specimen: 1 mL urine Formulary	Negative Cut-off for positive Barbiturate result by enzyme immunoassay: 200 ng/ml Positive drug screen results are to be used only for medical purposes, and not for legal, educational or employment purposes. Chain-of-custody is not monitored. Positive Barbiturate results from Children under 14 years old and from new mothers will be automatically confirmed. For other adults, results can be confirmed if clinically indicated for up to one week after collection by contacting the local lab and ordering BARBITURATES, URINE, CONFIRMATION [8226550] (Enzyme Immunoassay)	Regional Reference Laboratories, North Hollywood and Chino Hills (Esoteric Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
BARTONELLA HENSELAE CULTURE	KPDS: 8709000	Isolator Microbial Tube	Blood. Submit blood in Isolator Microbial Tube. Transport: Ambient. Accession to Miscellaneous worksheet (8709000)		Regional Reference Laboratories, North Hollywood (Bacteriology)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BCR-ABL1, T[9;22] MAJOR BREAKPOINT TRANSLOCATION ANALYSIS W REFLEX TO MINOR, BLOOD •BCR/ABL fusion transcripts t(9;22) Quantitative RT-PCR •Philadelphia Chromosome by PCR •Chronic Myeloid Leukemia (CML) •BCR/ABL GENE, PCR, Blood	KPDS: 8828040 Health Connect Order Code: BCR-ABL1, T[9;22] MAJOR BREAKPOINT TRANSLOCATION ANALYSIS W REFLEX TO MINOR, BLOOD [81206E]	Pink6 x2 BCRABL1 BL	8 mL whole blood Transport: Ambient To avoid RNA degradation and sample rejection, send specimen ASAP in a separate "STAT" bag to Genetic Testing Lab. Do not collect sample on Friday to avoid sample rejection. Do not centrifuge. Specimens received: •more than 48 hours from collection •frozen •sample collected on Friday •clotted •hemolyzed •serum specimens •Non-EDTA containers [i.e. Sodium Heparin] A: 48 hours R: 48 hours F: NO Minimum specimen: 8 mL whole blood Formulary	Results are reported quantitatively based on linear range of the assay. Results are as follows: •Negative or undetected •Positive [detected], below detection limit •Positive [detected], with a percentage reported (Real Time PCR) Accompanies report <u>></u> target="new" Information Sheet</i></i> target="new" Molecular Monitoring TOT: Helping Your Patients with Chronic Myeloid leukemia</i></i> </u>	Regional Reference Laboratories, Molecular Genetic Pathology, Place Electronics, Place (Genetic Testing) •RNA Extraction: Monday - Friday •Assay set up: Monday and Tuesday •nursary 14 days •**TAT is based upon receipt of sample at the MGPL **

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BCR-ABL1, T[9;22] MAJOR BREAKPOINT TRANSLOCATION ANALYSIS W REFLEX TO MINOR, BONE MARROW •BCR/ABL fusion transcripts t(9;22) Quantitative RT-PCR •Philadelphia Chromosome by PCR •Chronic Myeloid Leukemia (CML) •Subset of B-lymphoblastic leukemia •BCR/ABL Gene, PCR, Bone Marrow	KPDS: 8828043 Health Connect Order Code: BCR-ABL1, T[9;22] MAJOR BREAKPOINT TRANSLOCATION ANALYSIS W REFLEX TO MINOR, BONE MARROW [81206F]	Bone Marrow in EDTA [LAV5] lavender/purple top tube OR Bone Marrow in bone marrow transport media BCRBM	2.0 ml bone marrow in EDTA lavender/purple top tube OR 2.0 ml bone marrow in bone marrow transport media Transport: Ambient To avoid RNA degradation and sample rejection, send specimen ASAP in separate "STAT" bag to Genetic Testing lab. Do not collect sample on Friday to avoid sample rejection. Specimens received: •more than 48 hours from collection •frozen •clotted •hemolyzed A: 48 hours R: 48 hours F: NO Minimum specimen: 1.0 ml bone marrow in EDTA lavender/purple top tube OR 1.0 ml bone marrow in bone marrow transport media <h4>Technical Bulletins:</h4> tb8828043_20130821.pdf tb8828043_20120626.pdf tb8828043_20120410.pdf tb8828043_20110328.pdf Formulary	Negative (Real Time PCR) Accompanies reportInformation SheetMolecular Monitoring for Helping Your Patients with Chronic Myeloid LeukemiaInformation SheetMolecular Monitoring for Helping Your Patients with Chronic Myeloid Leukemia	Regional Reference Laboratories, Molecular Genetic Pathology, Leukemia Place (Genetic Testing) •RNA extraction: Monday - Friday •Assay set up: Wednesday y days **TAT is based upon receipt of sample at the MGPL**
BERNSTEIN TEST (ESOPHAGEAL WASH)	KPDS:		Call GI Lab for appointment		Medical Centers

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BERYLLIUM, URINE	KPDS: Excluded from Service Master: 8002100 Health Connect Order Code: Inactivated: BERYLLIUM, URINE [83018C]		Effective September 28, 2009, this test performed at NMS Labs has been discontinued due to low utilization. Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BETA 2-GLYCOPROTEIN 1 IGG, IGM, IGA •ANTI-BETA 2 GLYCOPROTEIN •B2 GPI	KPDS: 8223211 Health Connect Order Code: BETA 2 GLYCOPROTEIN I IGG, IGM, IGA [200973]	GLD6 B2GLY	2 mL serum Transport: Refrigerated Grossly lipemic not recommended A: 8 hours R: 48 hours F: >48 hours Minimum specimen: 1 mL serum Formulary	IgG: Negative: 0-20 SGU Positive: greater than 20 SGU IgM: Negative: 0-20 SMU Positive: greater than 20 SMU IgA: Negative: 0-20 SAU Positive: greater than 20 SAU SAU (EIA [INOVA Quantalyser]) The presence of B ₂ GP1 antibodies can be used in conjunction with clinical findings and other laboratory tests to aid in the diagnosis of certain autoimmune disease thrombotic disorders, such as those secondary to systemic lupus erythematosus [SLE] or other lupus-like thrombotic diseases.	Regional Reference Laboratories, North Hollywood (Immunology) Monday and Wednesday 1-5 days
BETA LIPOPROTEIN	KPDS:		NOT AVAILABIE - SUGGEST <u>DIRECT IDI</u> Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BETA-2 MICROGLOBULIN B2M	KPDS: 8223200 Health Connect Order Code: BETA-2- MICROGLOBULIN [82232B]	GLD6 B2Microg S	0.5 ml serum Transport: Refrigerated Minimum specimen: 0.2 mL serum Formulary	1.0 - 1.8 mg/L (Immunoturbidimetric)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BETA-GLUCURONIDAS E	KPDS: 8499930 Health Connect Order Code: BETA - GLUCURONIDAS E [82657C]	5 mL Green Top (GRN5) B Glucuron	2 ml Frozen plasma Transport: Frozen* Clinical Data Form is highly recommended. •All sections of Clinical Data Form should be completed. A: 30 min R: 1 day F: 3 months Minimum specimen: 0.5 mL Frozen plasma Formulary	21 - 386 nmol/hr/mL (Fluorometric Enzyme Assay) Disclaimer: Results of this test should be interpreted in the clinical context. For clinical consultation, contact your local biochemical genetic consultant. This test was developed and its performance characteristics determined by SCPMG Regional Genetic Testing Laboratory pursuant to the CLIA '88 regulations (809.30). It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.	Regional Reference Laboratories, Electronics Place (Genetic Testing) Weekly 9 days **TAT is based upon receipt of sample at the MGPL**

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BILE, FECES	KPDS:		NO LONGER AVAILABLE Not-Formulary		•Not-Formulary (Discontinued)
BILIRUBIN, BODY FLUID	KPDS: 8228065 Health Connect Order Code: BILIRUBIN, BODY FLUID [82247D]	AF 10: Sterile Container Bil, BF	All body fluid types except CSF Transport: Ambient•Protect from light during collection, storage and transport •Specimen source required•Protect specimen from light •Centrifuge specimen if turbid Minimum specimen: 0.5 mL Formulary	(Diazonium Salt/Diazonium 10N with Blank)	<TestCode></TestCode> Los Angeles Medical Center Only Daily Same Day
BILIRUBIN, TOTAL AND DIRECT	KPDS: Removed from Service Master: 8225060 Health Connect Order Code: Inactivated: BILIRUBIN, TOTAL AND DIRECT [200468]		As of 2013, this test was inactivated in Health Connect to resolve billing issues. Please order the tests individually. Bilirubin, Direct [82248B] Bilirubin, Total [82247F] Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BLOOD TYPING, RBC AGS, OTHER THAN ABO OR RHO (D) •Antigen Typing •RBC Antigens •RBC Phenotype	KPDS: 8690505 Health Connect Order Code: BLOOD TYPING, RBC AGS, OTHER THAN ABO OR RHO (D) [86905D]	Pink6	<ul style="list-style-type: none"> •No red blood cell transfusions within the past 3 months. •Molecular typing may be requested in cases when the patient has had a transfusion in the preceding 3 months (Performed by contracted immuno-hematology reference laboratory.) Transport: Ambient Received: <ul style="list-style-type: none"> •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample F: Unacceptable Formulary 	N/A (Hemagglutination)	<TestCode></TestCode> Medical Centers, Transfusion Service Daily 72 hours
BLOOD VOLUME	KPDS:		CALL NUCLEAR MEDICINE FOR AN APPOINTMENT		
BODY FLUID SPECIFIC GRAVITY SPECIFIC GRAVITY (OTHER THAN URINE)	KPDS: EXCLUDED in Service Master [8100011] Health Connect Order Code: Inactivated: SPECIFIC GRAVITY, BODY FLUID [84315B]		See CSF Analysis for CSF requirements. No longer available Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BODY FLUID, PROTEIN & SUGAR PROTEIN, SPINAL FLUID	KPDS: 8417501	Use heparinized green top tube for body fluid other than spinal fluid. Indicate source of body fluid.	0.5 ml; Pleural Fluid, Thoracentesis, Peritoneal Fluid, Knee Fluid. Transport: Refrigerated. See CSF Analysis for CSF requirements. Hand carry to the Laboratory. Hand to Lab employee. Be sure to indicate SOURCE of material on slip. All body fluids except spinal fluid must contain heparin to prevent clotting. All tubes must be labeled. Record volume submitted to Lab. If a culture is ordered, use appropriate culture requisition & a sterile screw capped tube.	Protein & Sugar: 15 - 45 mg/dL Pediatric 0 - 1 month: 40 - 120 mg/dL > 1 month: 15 - 45 mg/dL	Medical Centers
BONE MARROW	KPDS:	Bone Marrow	Specimen - Bone marrow, aspirated by M.D. By appointment. Notify Lab in advance of appt. to allow for tray preparation. Bone marrow aspirated by M.D. After Peripheral and Bone Marrow smears are made, marrow is placed in Bouins Formulary	Interpretation	Medical Center

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BORDETELLA PERTUSSIS AND BORDETELLA PARAPERTUSSIS DNA, PCR •BORDETELLA PCR •BORDETELLA PERTUSSIS + B PARAPERTUSSIS DNA, PCR	KPDS: 8709006 Health Connect Order Code: BORDETELLA PERTUSSIS + B PARAPERTUSSIS DNA, PCR [213117]	BD Universal Viral Transport Media BORDETELLA PCR	Nasopharyngeal [NP] mini-tip flocked swab Transport: Refrigerated. Use only the mini-tip flocked swab provided in the BD Universal Viral Specimen Collection Kit. •Insert swab along the floor of nostril until it reaches the posterior nasopharynx. •leave swab in place for 10 - 30 seconds, then rotate the swab for a few seconds and gently withdraw. •Return swab to transport tube. •label the tube and deliver to the laboratory. •Specimens received with name or identification discrepancies •Unlabeled specimens •Received in biohazardous condition •Calcium alginate swabs •Thick swab only received •Non-nasopharyngeal [NP] specimen source A: None R: 7 days F: 6 months at < -70 °C Minimum specimen: 200ul (0.2ml) Includes: <i>Bordetella pertussis</i> and <i>Bordetella parapertussis</i> Formulary	NOT DETECTED (Polymerase Chain Reaction (PCR)) • <i>Bordetella pertussis</i> is the cause of whooping cough that may occur in unimmunized individuals. • <i>Bordetella parapertussis</i> is a related organism that causes a similar but milder disease. Note: Other <i>Bordetella</i> species may cross react with <i>Bordetella pertussis</i> .	Regional Reference Laboratories, Sherman Way and Chino Hills Daily 2-3 days
BORDETELLA PERTUSSIS ANTIBODY, IGA BY IMMUNOBLOT B. pertussis	KPDS: 8661503 Health Connect Order Code: BORDETELLA PERTUSSIS IGA, IMMUNOBLOT [86615J]	GLD6	0.15 ml serum Transport: Refrigerated Separate serum ASAP or within 2 hours of collection. Transfer serum to an ARUP Standard Transport Tube. Received: •contaminated •heat-inactivated A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.15 ml serum RIN Test. Follow the link for Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Negative (Qualitative Immunoblot)	ARUP laboratories 2004316 via Medical Center Set up on Tuesday and Friday Results out in 1 - 5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BRONCHOSCOP Y CULTURE	KPCS: 8709016	Brushings in 50 mL plastic centrifuge tube.	Transport: Ambient. Collect specimen through inner chamber of bronchoscope. Submit in tightly sealed, sterile, 50 mL plastic centrifuge tube.		Regional Reference Laboratories, North Hollywood (Bacteriology)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BUTALBITAL (FIORINAL)	KPDS: Removed from Service Master: 8463061		This test has been discontinued due to low utilization. Not-Formulary		•Not-Formulary (Discontinued)
C3 COMPLEMENT Beta 1 C Globulin	KPDS: 8616000 Health Connect Order Code: C3 COMPLEMENT [86160B]	GLD6 C3	1.5 mL serum Transport: Refrigerated•Centrifuge immediately after clotting to prevent hemolysis. •Do not aliquot. Send original tube for testing. •Lipemia •Gross hemolysis •Microbially contaminated with visible particulate matter A: NO R: 3 days F: 8 days at -20°C Minimum specimen: 0.75 mL serum Formulary	90 - 180 mg/dL (Turbidimetry)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Monday - Friday 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CA 125	KPDS: 8006100 Health Connect Order Code: CA 125 [86304A]	GLD6 CA 125	1.0 mL serum Transport: Refrigerated Centrifuge after clotted Minimum specimen: 1.0 mL serum Formulary	35 U/mL (Chemiluminescent Microparticle Immunoassay [CMIA] {Abbott Architect})	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CA 15-3	KPDS: 8630003 Health Connect Order Code: CA 15-3 [86300A]	GLD6 CA 15-3	Transport: Refrigerated Centrifuge after clotted. Gross hemolysis R: 7 days F: >7 days @ -20°C or colder Minimum specimen: 1 mL serum Formulary	≤ 31.3 U/mL (Chemiluminescent Microparticle Immunoassay [CMIA]) Changes observed in serial CA 15-3 assay values, when monitoring breast cancer patients, should be evaluated in conjunction with other clinical methods used for monitoring breast cancer. The effectiveness of Architect CA 15-3 assay as an aid in the monitoring of disease status in patients diagnosed with breast cancer was determined by assessing changes in CA 15-3 levels in serial serum samples with changes in disease status.	Regional Reference Laboratories, North Hollywood (Automated Chemistry) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CALCIUM, 24 HR URINE</p> <p>URINE CALCIUM TIMED</p>	<p>KPDS: 8234000</p> <p>Health Connect</p> <p>Order Code: CALCIUM, 24 HR URINE [82340B]</p>	<p>See Specimen Requirements field Ca 24U</p>	<p>Collect: <u>UR99</u></p> <p>Aliquot and Transport: <u>GWH3</u></p> <p>1.5 mL of a 24 Hour urine</p> <p>Transport: Refrigerated</p> <p>Refrigerate during collection•After 24-hour collection, acidify to pH <2.0 with 6N HCl [hydrochloric acid].</p> <p>NOTE: Follow laboratory specific procedures for urine acidification to ensure appropriate volume of acid is used and to avoid spurious values resulting from dilution of the sample by the acid. Samples with urine pH below 1.5 may result in a negative bias.</p> <ul style="list-style-type: none"> •Mix vigorously for 5 minutes after adding preservative •Record total volume, then send 1.5 mL well mixed aliquot to Regional Reference Laboratories, North Hollywood or Chino Hills. A: 2 days R: 4 days F: 3 weeks <p>Minimum specimen: 1.5 mL of a 24 Hour urine</p> <p>Formulary</p>	<p>100-300 mg/day</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CALCIUM, TOTAL URINE •URINE CALCIUM •CALCIUM, TOTAL RANDOM URINE	KPDS: 8234060 Health Connect Order Code: CALCIUM, TOTAL URINE [82310C]	Collect: UR25 Aliquot and Transport: <u>GWH3</u> Ca U	1.5 mL random urine Transport: Refrigerated A: 2 days R: 4 days F: 3 weeks Minimum specimen: 1.5 mL random urine Formulary	Not established (Cresolphthalein Complexone)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days
CALCIUM/CREATININE RATIO URINE CALCIUM URINE CREATININE URINE RATIOS, PEDIATRIC PTS	KPDS: 8354510 Health Connect Order Code: CALCIUM/CREATININE RATIO [200447]	Collect: UR25 Aliquot and Transport: <u>GWH3</u> Ca_Cre U	1.5 mL random urine Transport: Refrigerated Minimum specimen: 1.5 mL random urine Formulary	NOT ESTABLISHED To be interpreted by physician.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) MONDAY - FRIDAY 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CALPROTECTIN, STOOL •Crohn's Disease [CD] •Inflammatory Bowel Disease [IBD] •Ulcerative Colitis [UC]	KPDS: 8399305 Health Connect Order Code: CALPROTECTIN, STOOL [83993A]	SC99_StrCont_SterileContainer FCALP	2 grams of fresh unpreserved stool collected in a sterile container without any fixatives or preservatives added. Transport: Refrigerated Collect undiluted feces in a clean, dry sterile leak proof container. Do not add fixative or preservative. •Refrigerate on arrival at local laboratory. •Transport to Regional Reference Laboratories on day of collection. •Specimens received with name or identification discrepancies •Unlabeled specimens; improperly collected or transported specimens •Specimens received in biohazardous condition •Specimens received at ambient temperature or refrigerated beyond 72 hours •Specimens received with fixative or preservative A: NO R: 72 hours F: At or below -20°C and is stable for 3 freeze/thaw cycles Minimum specimen: 1 gram Formulary	<50 ug/g (Immunoassay) To help differentiate inflammatory bowel disease (IBD), including Crohn's disease and ulcerative colitis. Differentiate IBD from irritable bowel syndrome (IBS).	•Formulary (Virology) Set up Monday thru Friday 2 - 4 days
CAMPYLOBACTER	KPDS: Not applicable	SC99	liquid stool, rectal swab. Transport: Ambient liquid Stool, Rectal Swab (SC99) Send ambient temperature specimen to North Hollywood using Cary-Blair transport media. Performed as part of BACTERIAL GI PANEL [SAIMONEIIA, SHIGELLA, CAMPYLOBACTER, STREPTOCOCCUS, YERSINIA, ENTEROCOCCLUS, LISTERIA, CLOSTRIDIUM, BIFIDOBACTERIUM, LACTOBACILLUS, MYCOPLASMA, TRICHINELLA, TOXOPLASMA, ISOSPORES, CRYPTOSPORIDIUM, GIARDIA, MICROSPORIDIUM, CRYPTOSPORIDIUM, ISOSPORES, CRYPTOSPORIDIUM, ISOSPORES] 87505A] [KRMS 8750502]		Regional Reference Laboratories, North Hollywood and Chino Hills (Molecular [CH]/Virology [NH])

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CARBAMAZEPINE LEVEL TEGRETOL</p>	<p>KPDS: 8260600 Health Connect Order Code: CARBAMAZEPINE LEVEL [80156B]</p>	<p>RRL: RED7 MC: PST4mL CBZ Level</p>	<p>1 mL serum or plasma Transport: Refrigerated Submit tube intact - DO NOT SEPARATE SERUM. Anahelmin: For super STAT ER patients, send to UCI Lab. A: 5 days R: 7 days F: 1 month Minimum specimen: 1 mL serum or plasma Formulary</p>	<p>Therapeutic Range: 4.0 - 12.0 mcg/mL Toxic Level: Greater than 15.0 mcg/mL A single anticonvulsant drug regimen may require a higher serum concentration than a multiple regimen. Phenytoin and Phenytoin have been shown to reduce the therapeutic range to 4.0 - 8.0 mcg/mL</p>	<p>Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily RRL: 1.5 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CARBON DIOXIDE, SERUM •TOTAL CO2 •CO2 CONTENT •BICARBONATE	KPDS: 8283000 Health Connect Order Code: CARBON DIOXIDE, SERUM [82374C]	MC: PST4mL RRL: GLD6 CO2	1 ml plasma or serum Transport: Refrigerated Collect specimen anaerobically. Centrifuge specimen to separate serum or plasma from cells within 1 hour of collection. Do Not Uncap. Should be tested as soon as possible after drawing. Keep specimen tightly-stoppered with a minimum of dead air space. NOTE: •Do not transfer serum into aliquot tube •Do not share sample with other tests •Protect sample from exposure to air •Received as an aliquoted sample. •Samples received unspun at the RRI will be rejected. R: 3 days See Also <u>ELECTROLYTE PANEL Formulary</u>	21 - 31 mEq/l <u>Pediatric</u> 18 - 30 mEq/L	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
CARDIOLIPIN IGG, IGM ANTI-CARDIOLIPIN ANTIBODY (IgG & Igm)	KPDS: 8604605 Health Connect Order Code: CARDIOLIPIN IGG, IGM [206475]	GLD6 ACA G_M	2 ml serum Transport: Refrigerated Freeze at -20°C or colder for long term storage Grossly lipemic not recommended A: 8 hrs F: 48 hours Minimum specimen: 1 ml serum <h4>Technical Bulletins:</h4> </h4> <u>8604605_20140207.pdf</u> <u>Formulary</u>	IgG: < 15 GPL IgM: < 12.5 MPL (EIA [INOVA Quantalyser])	Regional Reference Laboratories, North Hollywood (Immunology) Monday and Thursday 1-5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CATECHOLAMINES, 24HR URINE	<p>KPDS:</p>		<p>Test discontinued at the Regional Reference laboratories. Samples will be sent to Quest for Testing. Please order urinary metanephrines instead of urinary catecholamines for the evaluation of pheochromocytoma.</p> <p>See Technical Bulletins:</p> <p>http://kpnet.kp.org:81/california/scpmg/labnet/docs/tb8314603_20090720.pdf>Urine Catecholamines:Discontinuation of T testing</p> <p>http://kpnet.kp.org:81/california/scpmg/labnet/docs/laboratoryEvaluationofPheochromocytoma.pdf>Laboratory Evaluation of Pheochromocytoma</p>		(Discontinued)
CATECHOLAMINES, RANDOM URINE	<p>KPDS:</p>		<p>Test discontinued at the Regional Reference laboratories. Samples will be sent to Quest for Testing. Please order urinary metanephrines instead of urinary catecholamines for the evaluation of pheochromocytoma.</p> <p>See Technical Bulletins:</p> <p>http://kpnet.kp.org:81/california/scpmg/labnet/docs/tb8314603_20090720.pdf>Urinary Catecholamines:Discontinuation of Testing</p> <p>http://kpnet.kp.org:81/california/scpmg/labnet/docs/laboratoryEvaluationofPheochromocytoma.pdf>Laboratory Evaluation of Pheochromocytoma</p>		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CD55 AND CD59, RBC, FLOW CYTOMETRY PNH by CD59 RBC AND WBC CD59 EXPRESSION	KPDS: 8500708 Health Connect Order Code: CD55 AND CD59, RBC, FLOW CYTOMETRY [202737]	5 ml LAV5 PNH	Whole blood [EDTA] Transport: Ambient Specimen must be received in the Flow Cytometry lab within 48 hours after it has been drawn. DO NOT SPIN Received: •clotted •hemolyzed •frozen •greater than 36 hours old A: <48 hours R: NO F: NO Minimum specimen: 3 ml Formulary	(Four Color Flow Cytometry)	Los Angeles Medical Center, 4867 Sunset Blvd., 1st floor, Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory) Monday - Saturday 24 hours
CEA CARCINOEMBRYONIC ANTIGEN	KPDS: 8006000 Health Connect Order Code: CEA [82378B]	GLD6 CEA	1 mL serum Transport: Refrigerated Centrifuge after clotted Grossly hemolyzed or lipemic specimens may yield inappropriate results and are unacceptable for testing. A: 48 hrs R: 5 days F: 12 months Minimum specimen: 0.7 mL serum Formulary	5.0 ng/mL (Chemiluminescent Microparticle Immunoassay [Abbott / Architect])	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Monday - Friday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CEA, BODY FLUID Carcinoembryonic Antigen, Fluid CEA, Body Fluid CEA, Pancreatic Cyst Fluid CEA, Pericardial Fluid	KPDS: 8237810 Health Connect Order Code: CEA, BODY FLUID [82378D]	SC99_StrCont_SterileContainer	1 ml Transport: Refrigerated SPECIMEN SOURCE MUST BE PROVIDED Specimen too viscous to be aspirated by instrument. A: 8 hours R: 1 week F: 6 months Minimum specimen: 0.5 ml href="https://td.aruplab.com/Tests/Pub/0020742" Formulary	(Quantitative Electrochemiluminescent Immunoassay)	•Formulary
CELIAC DISEASE PANEL	KPDS: 8278405, 8351605, 8351607, 8625507, 8625009 Health Connect Order Code: PNL CELIAC DISEASE AMB SCAL; PNL CELIAC DISEASE IP SCAL	GLD6 x2 CLIAC	1 ml serum per tube Transport: Refrigerated A: NO R: 7 days F: 3 weeks Panel includes: •IGA [82784C] •Tissue Transglutaminase Antibody (IgA) [83516D] Reflex Tests: •Tissue Transglutaminase Antibody (tTG IgG) [83516S] •Endomysial Antibody Screen With Reflex to Titer (EMA IgA) •Endomysial Antibody Titer (EMA Titer IgA) Technical Bulletin: Celiac Disease Panel 12/17/2014 Celiac Disease Panel 12/19/2017 Formulary	tTg IgG Negative: <6 U/ml Weak Positive: 6-9 U/ml Positive: >9 U/ml tTg IgA Negative: <4.0 U/mL Weak Positive: 4-10 U/mL Positive: >10 U/mL (IFA)	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CELL COUNT W DIFFERENTIAL, PLEURAL FLUID	KPDS: 8538004 Health Connect Order Code: CELL COUNT W DIFFERENTIAL, PLEURAL FLUID [89051E]	Collection: SC99_StrCont_SterileCo ntainer Transport: Use heparinized green top tube [GRN5] or LAV5	0.5 mL Pleural fluid Transport: Refrigerated Hand carry to the Laboratory. Hand to Lab employee. Be sure to indicate SOURCE of material on slip. All pleural fluids must contain heparin to prevent clotting. All tubes must be labeled. Record volume submitted to Lab. If a culture is ordered, use appropriate culture requisition & a sterile screw capped tube. An aliquot placed in small green top (heparinized) tube is excellent for cell count. Formulary	<TestCode></TestCode> Medical Cenetrs	
CELL COUNT W DIFFERENTIAL, SYNOVIAL FLUID	KPDS: 8905110 Health Connect Order Code: CELL COUNT W DIFFERENTIAL, SYNOVIAL FLUID [89051R]	LAV5 CelCnt SF	Transport: Refrigerated If a culture is ordered, use appropriate culture requisition and a sterile screw capped tube Minimum specimen: 0.5 mL Formulary	•Appearance: Clear •RBC: 0/cumm •WBC: 0-200 cumm •PMN: 0-25%	Medical Centers Daily
CERULOPLASMIN	KPDS: 8239000 Health Connect Order Code: CERULOPLASMIN [82390B]	GLD6 Ceruloplsm	1 mL serum Transport: Refrigerated Centrifuge immediately after clotting to prevent hemolysis•Lipemia •Gross hemolysis •Microbially contaminated with visible particulate matter A: No R: 3 days F: 1 month at -20°C Minimum specimen: 0.5 mL serum Formulary	20 - 60 mg/dL (Turbidimetry)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Monday - Friday 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHARCOT MARIE TOOTH ADVANCED EVALUATION PANEL CHARCOT MARIE TOOTH SYNDROME CHARCOT MARIE TOOTH DISEASE CMT ADVANCED EVAL PANEL	KPDS: CMT Advanced Eval Panel [8000115] Health Connect Order Code: CHARCOT MARIE TOOTH ADVANCED EVALUATION PANEL [254646]	2 LAV5 CMT Pnl	LAV5- 2 full containers Transport: Ambient. After sample log in at collection, put on transfer list and send to SWL or CRL for send out to Quest. Resulting process will be managed by Regional Client Service Center and linked to the order Minimum specimen: 8 mL Whole Blood Sent by Quest to Athena Diagnostics for testing	(Next Generation Sequencing, Multiple Ligation- dependent Probe Amplification (MLPA))	Athena Diagnostics via Quest Diagnostics
CHEM PANEL, DIALYSATE [NA, K, CL, CA, MG]	KPDS: Removed from Service Master: 8351939 Health Connect Order Code: Inactivated: CHEM PANEL, DIALYSATE [NA, K, CL, CA, MG] [214313]		This test formally performed at the Regional Reference Laboratory Automated Chemistry Department, has been discontinued due to lack of clinical utility. Not-Formulary		•Not-Formulary (Discontinued)
CHLAMYDIA + GC WITH REFLEX TO CONFIRM, <14 YEARS OF AGE, TMA Chlamydia, <14 years of age Chlamydia TMA	KPDS: 8749101 Health Connect Order Code: CHLAMYDIA + GC WITH REFLEX TO CONFIRM, <14 YEARS OF AGE, TMA [255483]	href="http://kpnet.kp.org:81/california/scpmg/labnet/testmenu/sc_library/CTGC_Urine.html">CT-GC Urine CT NG wRfx	2.0 mL Transport: Refrigerated A: 1 month R: 1 month F: 1 year Formulary	(Qualitative Transcription-Mediated Amplification)	ARUP <TestCode></TestCode> href="https://td.aruplab.com/Tests/Pub/2011164">ARUP Laboratories 2011164

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHLORDIAZEPOX IDE (LIBRIUM)	KPDS: 8210601 Health Connect Order Code: Inactivated: CHLORDIAZEPOX IDE LEVEL, BLOOD [80154H]		Effective August 9, 2011, this test normally performed at the Regional Reference laboratories' Esoteric Department, has been discontinued. The Health Connect Order Code has been inactivated and the test has been excluded from the Service Master. Please refer to: <u>Benzodiazepine level, Serum</u> Not-Formulary		•Not-Formulary (Discontinued)
CHLORIDE, SERUM CHLORIDE, BLOOD See also <u>ELECTROLYTE PANEL</u>	KPDS: 8243500 Health Connect Order Code: CHLORIDE, SERUM [82435C]	MC: PST4mL RRL: GLD6 CL	1 ml plasma or serum Transport: Refrigerated Tightly Stoppered, Do Not Uncap. Centrifuge specimen to separate serum or plasma from cells within 1 hour of collection. DO NOT UNCAP. R: 14 days Samples received unspun at the RRI will be rejected Minimum specimen: 0.5ml plasma or serum See also <u>ELECTROLYTE PANEL</u> Formulary	101 - 111 mEq/L	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 1 day
CHLORIDE, URINE	KPDS: 8244500 Health Connect Order Code: CHLORIDE, URINE [82436A]	UR99 (TU99) CIU	24 Hour Urine Transport: Refrigerated Refrigerate during and after collection. No preservative needed. Indicate time the test was started and time of completion. R: 14 days F: 12 months Minimum specimen: 1.0 mL urine Formulary	110 - 250 mmol/L Pediatric < 6 yrs: 15 - 40 mmol/L > 6 yrs: 20 - 180 mmol/L	Medical Center or Regional Reference Laboratory Chino Hills (Automated Chemistry) Daily 64 hrs

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHOLESTEROL CHOLESTEROL, TOTAL	KPDS: 8246500 Health Connect Order Code: CHOLESTEROL [82465B]	GLD6 Chol S	1 mL serum Transport: Refrigerated A: 5 days R: 7 days F: 6 months Minimum specimen: 0.5 mL serum Cholesterol test is also included in the following tests: CHOL/HDL RATIO DIABETES PANEL - FASTING HEALTH APPRAISAL PANEL LIPID PROFILE LIPID PROFILE-100 Formulary	< 200 mg/dL (age dependent)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
CHOLESTEROL, PERICARDIAL FLUID Cholesterol Pericardial Fluid Cholesterol, Body Fluid Cholesterol Body Fluid	KPDS: 8246560 Health Connect Order Code: CHOLESTEROL, BODY FLUID [84311U]	SC99_StrCont_SterileCo ntainer Chol FI_RLN	Pericardial Fluid Transport: Refrigerated SPECIMEN SOURCE MUST BE PROVIDED A: 24 hours R: 1 week F: 3 months Minimum specimen: 0.5 mL Formulary	(Quantitative Enzymatic)	<a >arup="" 0020714<="" a<="" href="https://ltd.aruplab.com/Tests/Pub/0020714" laboratories="" td="">

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHOLESTEROL, PLEURAL FLUID, SPECTROPHOTOMETRY	KPDS: 8246562 Health Connect Order Code: CHOLESTEROL, PLEURAL FLUID, SPECTROPHOTOMETRY [84311L]	Collect: SC99_Sterile Container Transport: RED7 Chol PLF	0.5 ml pleural fluid Transport: Refrigerated Collect specimen in Sterile Container*Send specimen to your local medical center laboratory after collection *laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories, North Hollywood and Chino Hills A: NO R: 3 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Pleural fluid cholesterol/serum cholesterol ratio >0.32 or pleural fluid cholesterol >54 mg/dL suggests an exudate.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
CHOLESTEROL-FLUID	KPDS:		This test has been discontinued. See Technical Bulletin. Update: Tests Available for Alternative Sample Types		(Discontinued)
CHOLESTEROL/HDL RATIO CHOL/HDL RATIO	KPDS: 8370600 Health Connect Order Code: CHOLESTEROL/HDL RATIO [200633]	GLD6 Chol HDL	2 mL serum Formulary	3.9 Cholesterol / HDL 4 is considered a risk factor for coronary artery disease.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHROMOGRANIN A CgA	KPDS: 8351904 Health Connect Order Code: CHROMOGRANIN A [86316E]	GLD6	1 mL serum Transport: Frozen Centrifuge and separate serum. Transfer 1 mL serum to an ARUP Standard Transport tube. Plasma received A: 48 hours R: 2 weeks F: 6 weeks Minimum specimen: 0.5 mL serum Formulary	0-160 ng/mL (Quantitative Enzyme Immunoassay)	ARUP 0080469 via Medical Center RLN Test Set up Monday, Wednesday and Friday 1-6 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CHROMOSOME ANALYSIS - AMNIOTIC FLUID</p> <ul style="list-style-type: none"> •Amniocentesis •Chromosome Prenatal Amnio 	<p>KPDS: 8826900 Health Connect Order Code: Not Orderable in KPHC. Send manual Prenatal Testing or Genetic Testing form.</p>	<p>Clear, sterile, conical bottom tube C-AMIN</p>	<p>20-30 ml amniotic fluid Transport: Ambient-Fill out the Amniocentesis Procedure Summary & Test Requisition form (completed by the clinic). <ul style="list-style-type: none"> •Include amniocentesis consent form. •Ship immediately from provider to the Molecular Genetic Pathology Regional Laboratory (MGPRL) using a contracted medical courier such as A-LINE. (For more information about current courier and contact information please call the Molecular Genetic Pathology Regional Laboratory at 818-502-5959, tie line 336). <p>Deliver immediately: Send to Molecular Genetic Pathology Laboratory using a contracted medical courier such as A-LINE. (For more information about current courier and contact information please call the Molecular Genetic Pathology Regional Laboratory at 818-502-5959, tie line 336). Contaminated A: 24-48 hours R: NO F: NO Minimum specimen: 10 mL amniotic fluid Formulary</p> </p>	<p>(Cell/Tissue culture)</p>	<p>Molecular Genetic Pathology Regional Laboratory, Electronics Place: 818-502-5959, tie line 336 (Genetic Testing) Monday - Saturday 14 days **TAT is based upon receipt of sample at the MGPRL**</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CHROMOSOME ANALYSIS - BLOOD</p> <p>Chromosome Analysis, Karyotyping</p>	<p>KPDS: 8826601</p> <p>Health Connect Order Code: CHROMOSOME ANALYSIS, BLOOD [200433]</p>	<p>Green Top Sodium Heparin Tube (GS4) C-BLD</p>	<p>4-8 mL whole blood (infant: 1-2 mL) Transport: Ambient • Order on KPHC (HealthConnect). • Include clinical indication. • Be aware of other genetic tests requested at the same time. They may require a different specimen draw, and accession. Deliver immediately. • Frozen • Clotted • Hemolyzed • Unlabeled or without two patient identifiers 5 • Incorrect or inappropriate transport tube A: 24-48 hours R: NO F: NO Minimum specimen: 2 mL whole blood Turn around exception: Abnormal karyotype requiring special stains and/or additional studies. Formulary</p>	<p>(Cell culture)</p>	<p>Molecular Genetic Pathology Regional Laboratory, Electronics Place: CytoGenetics 818-502-5959, tie line 336 (Genetic Testing) Monday - Saturday 21 days (newborn: 7 days) **TAT is based upon receipt of sample at the MGPL **</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CHROMOSOME ANALYSIS - CANCER CYTOGENETICS, BLOOD, UNSTIMULATED</p> <ul style="list-style-type: none"> •Chromosome Cancer Blood •Chromosome Analysis, Karyotyping 	<p>KPDS: 8826000 Health Connect Order Code: CHROMOSOME CANCER BLOOD [213105]</p>	<p>(GS4) Green Top Sodium Heparin Tube CC-B</p>	<p>4-8 mL whole blood Transport: Ambient•Order on KPHC (HealthConnect). •Include clinical indication. •Be aware of other genetic tests requested at the same time. They may require a different specimen draw. Deliver immediately•If specimen is contaminated or received in any other media, other than GS4. •Specimen refrigerated or frozen. •Hemolyzed •Clotted •Unlabeled or without two patient identifiers A: 24-48 hours R: NO F: NO Minimum specimen: 2 mL whole blood Due to the standardization of cancer care delivery for molecular genetic markers, samples with clear indications of AML, ALL, CML, CLL, MDS, MM, and Lymphomas need to be tested for the associated FISH panels. If the clinical provider wishes to test for the FISH panel, the clinical provider should explicitly mention it by writing an internal comment or ordering FISH testing on KPHC on the same order. FISH testing would not be performed automatically. The clinical provider can also contact the Regional Genetics Laboratory directly at 818-502-5959 (tie line 336) for further instructions, if needed. Formulary</p>	<p>(Cell/Tissue Culture)</p>	<p>Molecular Genetic Pathology Regional Laboratory, Electronics Place: Cytoogenetics 818-502-5959, tie line 336 (Genetic Testing) Monday - Saturday 10 days **TAT is based upon receipt of sample at the MGPL **</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CHROMOSOME ANALYSIS - CANCER CYTOGENETICS, SOLID TUMOR</p> <ul style="list-style-type: none"> •Chromosome Cancer Tumor •Chromosome Analysis, Karyotyping 	<p>KPDS: 8826100 Health Connect Order Code: CHROMOSOME ANALYSIS, SOLID TUMOR [206662]</p>	<p>TS99 Tissue transport media [media available from Genetic Testing, 818-502-5959, tie line 336, or if not available use Sterile Saline CC-T</p>	<p>Tumor, 1 cm cubed, free of surrounding tissues and membranes Transport: Ambient•Order on KPHC [HealthConnect] •Include clinical indications Deliver immediately•Clotted •Hemolyzed •Frozen •Unlabeled or without two patient identifiers •Incorrect or inappropriate transport tube A: 24-48 hours R: NO F: NO Minimum specimen: Tumor, 1 cm cubed Due to the standardization of cancer care delivery for molecular genetic markers, samples with clear indications of AML, ALL, CML, CLL, MDS, MM, and Lymphomas will be tested for the associated FISH panels. If the clinical provider does not wish to test for the FISH panel, the clinical provider should explicitly mention it by writing an internal comment or ordering FISH testing on KPHC on the same order. FISH testing would not be performed automatically. The clinical provider can also contact the Regional Genetics Laboratory directly at 818-502-5959 (tie line 336) for further instructions, if needed. Formulary</p>	<p>(Cell/Tissue Culture)</p>	<p>Molecular Genetic Pathology Regional Laboratory, Electronics Place: Cytoogenetics 818-502-5959, tie line 336 (Genetic Testing) Monday - Saturday 10 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CHROMOSOME ANALYSIS - CHORIONIC VILLUS BIOPSY</p> <ul style="list-style-type: none"> •CVS •Chromosome Prenatal CVS 	<p>KPDS: 8825000 Health Connect Order Code: CHROMOSOME ANALYSIS - CHORIONIC VILLUS [200434]</p>	<p>(CV99) CVS transport medium [available from Genetic Testing, 818-502-5959, tie line 336] C-CVS</p>	<p>5-30 mg Transport: Ambient*Fill out the <u>Chorionic Villus Sampling Procedure Summary & Test Requisition form</u> (completed by the clinic). <ul style="list-style-type: none"> •Include CVS consent form. •Ship immediately from provider to MGPRL using a contracted medical courier such as A-LINE. (For more information about current courier and contact information please call the Molecular Genetic Pathology Regional Laboratory at 818-502-5959, tie line 336). <p>Deliver immediately: Send to Molecular Genetic Pathology Laboratory using a contracted medical courier such as A-LINE. (For more information about current courier and contact information please call the Molecular Genetic Pathology Regional Laboratory at 818-502-5959, tie line 336) •Extremely bloody sample <ul style="list-style-type: none"> •No villi observed A: 24-48 hours R: NO F: NO <p>Minimum specimen: 5 mg</p> <p>Note: If sample submitted is <5 mg or at the providers request, a maternal peripheral blood sample may be requested to rule out maternal cell contamination. Formulary</p> </p></p>	<p>(Cell/Tissue Culture)</p>	<p>Molecular Genetic Pathology Regional Laboratory, Electronics Place: CytoGenetics 818-502-5959, tie line 336 (Genetic Testing) Monday - Saturday 14 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CHROMOSOME ANALYSIS - SKIN BIOPSY</p> <p>Chromosome Skin Biopsy</p>	<p>KPDS: 8826800</p> <p>Health Connect</p> <p>Order Code: CHROMOSOME SKIN BIOPSY [213107]</p>	<ul style="list-style-type: none"> • TS99 - Tissue transport media [available from Genetic Testing, 818-502-5959, tie line 336], or • Sterile saline • Hank's media C-TIS 	<p>2-4 mm cubed</p> <p>Transport: Ambient</p> <p>Include clinical indications. •Maintain sterility of specimen</p> <ul style="list-style-type: none"> •Maintain sterility •Do not place in formalin •See comments section for detailed information •Deliver immediately Received: •Frozen specimen •Specimen in formalin •Unlabeled or without two patient identifiers •Incorrect or inappropriate transport tube <p>A: 24 hours</p> <p>R: NO</p> <p>F: NO</p> <p>Minimum specimen: 2 mm cubed</p> <p>Approximately 4mm X 4mm X 1mm in size of fetal skin and surgical specimens</p> <p>Contamination is often a problem with autopsy tissues. Autopsy skin must be cleansed using the sterile technique and required to collect in a sterile, 15 ml tissue Transport Media Tube.</p> <p>Specimens collected in the formalin will not be set-up.</p> <p>Note: If fetal skin is macerated, internal fascia or lung tissue are the specimens of choice.</p> <p>Formulary</p>	<p>(Tissue Culture)</p>	<p>Regional Reference Laboratories, Electronics Place: Cytogenetics 818-502-5959, tie line 336</p> <p>(Genetic Testing) Monday - Saturday 28 days</p> <p>**TAT is based upon receipt of sample at the MGPL **</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CHROMOSOME BREAKAGE, DEB FOR FANCONI ANEMIA</p>	<p>KPDS: Order Manually</p>	<p>GS4</p>	<p>10 ml whole blood collected in a sodium heparin (green-top) tube Infants: 2-3 ml pediatric (3 ml) Vacutainer® Transport: Ambient Additional form required for testing Test Form Forward sample and completed form to MGPI for processing. Refer to the <u>Molecular Genetic Pathology laboratory FAQ</u> for questions regarding ordering. Clinical history and reason for referral are required with test order. Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Received: Clotted Hemolyzed Frozen Serum A: 72 hours R: 72 hours F: Unacceptable Minimum specimen: 10 mL whole blood Infants: 2 mL Formulary</p>	<p>Accompanies report (Chromosome Breakage (DEB), Tissue Culture) Refer to Reference Laboratory Report</p>	<p><TestCode></TestCode> Quest Diagnostics Nichols Inst Chantilly VA Quest 14598Z Via Molecular Genetic Pathology Laboratory 19 days **TAT is based upon receipt of sample at the MGPI **</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHYLOMICRON	KPDS: 8370500		This test has been discontinued, removed as a Health Connect ordable and excluded from the Service Master as of 7/1/09. Not-Formulary		•Not-Formulary (Discontinued)
CIRCULATING ANTICOAGULANT S •Mixing Studies •Partial Thromboplastin Time Substituted	KPDS: Removed from Service Master: 8939950		This test has been discontinued. Please order <u>PARTIAL THROMBOPLASTIN TIME SUBSTITUTED [85732B]</u>		(Discontinued)
CITRIC ACID, 24-HOUR URINE WITH CREATININE CITRIC ACID WITH CREATININE URINE CITRATE	KPDS: 8250700 Health Connect Order Code: CITRATE 24 HOUR URINE [82507A]	Collect: UR99 (TU99) Transport: UR25 Cit_A_Cr24HRU wp	10 ml 24-hour urine collected in a 24 hour urine container Transport: Frozen Collect 24-hour urine without preservative Refrigerate during and after collection Collection Instructions no preservative [English] Collection Instructions no preservative [Spanish] •Aliquot 10 mL to transport tube •Record 24-hour urine volume on test request form and urine vial Received: ambient acidified A: 8 days R: 30 days F: 60 days Minimum specimen: 1.5 mL urine		Quest Diagnostics, Inc. via Medical Center (Automated Chemistry) Set up on Tuesday, Thursday and Saturday 1-4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CLORAZEPATE (TRANXENE) - Serum Tranxene	KPDS: 8002500 Health Connect Order Code: Inactivated: CLORAZEPATE LEVEL [80154C]		Effective August 9, 2011, this test normally performed at the Regional Reference laboratories' Esoteric Department, has been discontinued. The Health Connect Order Code has been inactivated and the test has been excluded from the Service Master. Please refer to: Benzodiazepine level, Serum Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CMV, DNA, NEONATAL, BUCCAL MUCOSA, QUALITATIVE, PCR</p> <ul style="list-style-type: none"> •CMV congenital hearing loss •CMV PCR Saliva •CMV qualitative, saliva •HHV-5 •Human herpesvirus 5 	<p>KPDS: 8749615 Health Connect Order Code: CMV, DNA, NEONATAL, BUCCAL MUCOSA, QUALITATIVE, PCR [87496G]</p>	<p>See below.</p>	<p>Flocked swab in dry tube. (A nylon or polyester flocked swab in a dry, sterile container is required.) Transport: Refrigerated Collect saliva swab sample from neonate (<21 days of age) using a nylon or polyester flocked swab and place into a dry transport tube without liquid transport medium. No special preparation of the neonate is required in order to collect the sample. However, the specimen should be obtained at least one hour after consumption of breastmilk. Sample received in viral transport medium (VTM) or other liquid transport medium. A: NO R: 7 days F: 14 days Formulary</p>	<p>(Qualitative Polymerase Chain Reaction) Positive Negative Invalid, no reportable result. Please re-order and collect a new sample.</p>	<p>Regional Reference Laboratory, North Hollywood (Immunology) Monday - Saturday 24 - 48 hours</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>COCAINE CONFIRMATION, URINE, LC/MS/MS</p> <ul style="list-style-type: none"> •Cocaine Confirmatory •Urine Drug Screen, Opiates 	<p>KPDS: 8226661 Health Connect Order Code: COCAINE CONFIRMATION, URINE, LC/MS/MS [80353E]</p>	<p>UR25 Coc_Conf_U</p>	<p>10 mL urine Transport: Refrigerated Minimum specimen: 3 mL urine•Toxicology results are to be used only for medical purposes, and not for employment or school enrollment, or for legal purposes. Chain of custody is not monitored. Confirmatory testing is performed only when medically indicated. The results become part of the patient's permanent medical record. •All positive urine toxicology screen results for Cocaine for children less than 14 years old and Labor and Delivery patients are confirmed using this test. For all other adults, the result is not confirmed unless requested by provider. Formulary</p>	<p>(Liquid Chromatography Mass Spectrometry (LC/MS/MS)) This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.</p>	<p>Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) 10 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COCCIDIOIDES IGG, IGM, CSF COCCIDIOIDOMY COSIS ANTIBODY CSF COCCI CSF	KPDS: 8649003 Health Connect Order Code: COCCIDIOIDES IGG, IGM, CSF [231326]	SF10 Cocci CSF	2 ml CSF Transport: Refrigerated Separate into several aliquots before freezing at -20°C to -80°C A: 24 hrs R: 5 days Minimum specimen: 1.0 ml CSF Positive or known positive specimens are sent to UC Davis for confirmation. Technical Bulletins: <u>COCCIDIOIDES IMMUNITIS AB TESTING CHANGES</u>	Negative (EIA)	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COCCIDIOIDES [KERN COUNTY], IGG, IGM, CSF COCCIDIOIDOMY COSIS ANTIBODY COCCI CSF	KPDS: 8649206 Health Connect Order Code: COCCIDIOIDES [KERN COUNTY], IGG, IGM, CSF [246274]	SF10 COCCI-CSF [KERN COUNTY]	2 mL CSF Transport: Refrigerated Order for Undiagnosed or Previous Negative Patients. A: 24 hours R: 5 days Minimum specimen: 1.0 mL CSF Positive or known positive specimens are sent to Kern County for confirmation. Formulary	Negative (EIA)	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-3 days
COCCIDIOIDES [KERN COUNTY], IGG, IGM, SERUM COCCIDIOIDOMY COSIS ANTIBODY COCCI SERUM	KPDS: 8649204 Health Connect Order Code: COCCIDIOIDES [KERN COUNTY], IGG, IGM, SERUM [246273]	GLD6 COCCI-SER [KERN COUNTY]	2 mL serum Transport: Refrigerated Order for Undiagnosed or Previous Negative Patients. A: 24 hours R: 5 days F: 12 months Minimum specimen: 1.0 mL serum Positive or know positive specimens are sent to Kern County for confirmation. Formulary	Negative (EIA)	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COLORADO TICK FEVER SEROLOGY	KPDS: Not applicable	7 mL Red Top (RED7)	1 mL serum Los Angeles County Health Department phone: (213) 351-8200. Formulary Restricted		Los Angeles County Health Department
COMPLEMENTS C3 AND C4	KPDS: 8002660 Health Connect Order Code: COMPLEMENT C3 AND C4 [200440]	GLD6 C3 and C4	1.5 mL serum Transport: Refrigerated•Centrifuge immediately after clotting to prevent hemolysis. •Do not aliquot. Send original tube for testing. Do not aliquot. Send original tube for testing. •Lipemia •Gross hemolysis •Microbially contaminated with visible particulate matter A: NO R: 3 days F: 8 days at -20°C Minimum specimen: 0.75 mL serum Formulary	C3 Complement: 90 - 180 mg/dL C4 Complement: 10 - 40 mg/dL (Turbidimetry)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Monday - Friday 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>COMPREHENSIV E SPINOCEREBELL AR ATAXIA REPEAT EXPANSION PANEL (SCA1,2,3,6,7,8,10 ,12,17,36 AND DRPLA)</p>	<p>KPDS: Order Manually</p>	LAV5	<p>4.0 ml Transport: Ambient Additional form required for testing: 1) TestForm 2) MNGTRF Forward sample and BOTH forms to MGPI for processing. Refer to the <u>Molecular Genetic Pathology laboratory FAQ</u> for questions regarding ordering. Do not centrifuge Received: Clotted Hemolyzed Frozen Serum A: 7 days R: 7 days F: Unacceptable Minimum specimen: 2.0 mL Formulary</p>	<p>Accompanies report (Repeat-Primed PCR (QP-PCR)) Refer to Reference Laboratory Report</p>	<p><TestCode></TestCode> MNG Laboratories MNG 62016Z Via Molecular Genetic Pathology Laboratory 2-4 weeks **TAT is based upon receipt of sample at the MGPI**</p>
<p>COMPREHENSIV E URINE DRUG SCREEN PANEL •Opiate Screen, Pain Management •Opioid Urine Drug Screen •Drug of Abuse Screen</p>	<p>KPDS: Health Connect Order Code: SmartGroup: PNL COMPREHENSIV E URINE DRUG SCREEN AMB SCAL</p>	UR25	<p>25 ml Transport: Refrigerated Minimum specimen: 10 ml This panel includes: OPIATES SCREEN, PAIN MGMT (BUP, FEN, 6MAM, HYDRO, MTD, OPI, OXYCOD, TRAL, URINE, AUTOMATED ANALYZER W/IMMUNOASSAY [247023] DRUG OF ABUSE SCREEN (AMP, BZD, COC, OPI, PCP, OXYCOD, MDMA, THCLUSING AUTOMATED ANALYZER [803071K]) Formulary</p>	<p>Refer to Table of Commonly Ordered Tests (Enzyme Immunoassay)</p>	<p>Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Daily 24 hours</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CORTICOSTEROI DS 17 HYDROXY, SERUM	KPDS:		NO LONGER AVAILABIE. SEE CORTISOL		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CORTISOL Cortisol Level; Cortisol, Serum</p>	<p>KPDS: 8335902 Health Connect Order Code: CORTISOL [82533A]</p>	<p>GLD6 Cortisol</p>	<p>1.0 ml serum Transport: Refrigerated A selection of serum cortisol measurements at predefined time intervals is available for stimulation and suppression studies. Refer to: Cortisol Level, Timed Cortisol is best measured in the morning before 10 AM as concentrations diminish during the course of the day. A: 48 hours R: 7 days Minimum specimen: 1.0 mL serum Formulary</p>	<p>3.7 - 19.4 mcg/dl (source: package insert) (Chemiluminescent Microparticle Immunoassay [CMIA] (Abbott Architect)) Due to the diurnal variation of cortisol levels in normal subjects, our reference range is appropriate for adults drawn before 10 AM. Recommended tests for hypercortisolemia (Cushing's Syndrome) include CORTISOL, FREE, 24H URINE [82530G] KRMS [825599] and CORTISOL POST SINGLE DOSE DEXAMETHASONE [82533K] Recommended tests for hypocortisolemia or adrenal insufficiency (Addison's Disease) include CORTISOL, BASELINE [82533F] (serum drawn with ACTH [82024B]) KRMS 820240, followed by Cosyntropin administration and timed tests for CORTISOL LEVEL, TIMED, CORTISOL, 30 MINUTE [82533G] or CORTISOL, 60 MINUTE [82533H]</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CORTISOL, POST SINGLE DOSE DEXAMETHASON E	KPDS: 8253319 Health Connect Order Code: CORTISOL, POST SINGLE DOSE DEXAMETHASON E [82533K]	GLD6 CORT, DST	1.0 mL serum Transport: Refrigerated Ask patient when dexamethasone was taken. Typically, an adult patient takes 1 mg of dexamethasone at midnight and has serum cortisol drawn at 8 AM the next day. Patient failed to take medication the night before. A: 48 hours R: 7 days Minimum specimen: 0.2 mL serum Formulary	<:1.8 mcg/dl (source: Endocrine Society Guidelines) (Chemiluminescent Microparticle Immunoassay [CMIA] [Abbott Architect]) A result >1.8 mcg/dl is consistent with Cushing's Syndrome Recommended tests for hypercortisolemia (Cushing's Syndrome) also include CORTISOL FREE, 24H URINE [82530G] KRMS 8335901	<TestCode></TestCode> Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CREATININE, 24 HOUR URINE Urine Timed	KPDS: 8354500 Health Connect Order Code: CREATININE, 24 HOUR URINE [82570A]	See Specimen Requirements field Cre 24U	Collect: UR99 Aliquot and Transport: GWH3 1.5 ml aliquot from a well mixed 24 hour urine Transport: Refrigerated Pediatric Patients Only: 24 Hr Creatinine and Catecholamines can be done on the same 24 Hr collection with 6N HCl as preservative. Adjust pH<3. No preservative needed. Record total volume and aliquot. NOTE: WLA and Clinics -Send to North Hollywood R: 4 days F: 1 month Minimum specimen: 1.5 mL urine Formulary	Regional Reference Laboratory: Male = 0.8-2.0 g/24 hr Female = 0.6-1.8 g/24 hr	Medical Center (Automated Chemistry) Daily 64 hrs
CREATININE, PERITONEAL DIALYSIS FLUID CREATININE - PERITONEAL DIALYSATE	KPDS: 8257005 Health Connect Order Code: CREATININE, PERITONEAL DIALYSIS FLUID [82570K]	Collect: SC99_Sterile Container Transport: RED7 Creat PDF	0.5 ml peritoneal dialysate Transport: Refrigerated Collect specimen in Sterile Container*Send specimen to your local medical center laboratory after collection *laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories, North Hollywood and Chino Hills A: NO R: 7 days F: 1 month Formulary	(Enzymatic IDMS traceable) Peritoneal dialysate fluid creatinine is used in calculations to estimate the adequacy of peritoneal dialysis.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CREATININE, URINE	KPDS: 8354560 Health Connect Order Code: CREATININE, URINE [82570M]	Collect: UR25 Aliquot and Transport: GWH3 Creat U	1.5 mL urine Transport: Refrigerated R: 4 days F: 1 month Minimum specimen: 1.5 mL urine Formulary	Regional Reference Laboratory: Male <40 yr = 24-392 mg/dL Male 40 yr = 22-328 mg/dL Female <40 yr = 16-327 mg/dL Female 40 yr = 15-278 mg/dL	Medical Center (Automated Chemistry) Daily 64 hrs

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CRP [C-REACTIVE PROTEIN], HIGH SENSITIVITY Cardio CRP	KPDS: 8614010 Health Connect Order Code: CRP [C-REACTIVE PROTEIN], CARDIAC, HIGH SENSITIVITY [86141E]	GLD6 CRP WR	0.5 mL serum Transport: Refrigerated A: 24 hours R: 1 week F: 1 year Minimum specimen: 0.3 mL serum Formulary	Cardiac Risk Assessment: Low Risk: <1 mg/l Average: 1.0-3.0 mg/l High Risk: >3.0 mg/l (Immunoturbidimetry) • High sensitivity C-reactive protein (hsCRP) measurements are not recommended for coronary artery disease risk screening in the general population, nor do they play a role in managing most patients with conventional risk factors.* • Relative Risk Category and Average CRP level from two tests, two weeks apart, in a stable patient (from AHA/CDC 2003 Guidelines)#: low <1 mg/l Average 1.0 to 3.0 mg/l High >3.0 mg/l • Continue to order C-REACTIVE PROTEIN [86140B] to assess infections or other inflammatory conditions. * http://internal.or.kp.org/cpg/content/hsCRP_CVRI sk.html #Pearson TA, et. al. <i>Circulation</i> 2003;107:499-511	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CRP [C-REACTIVE PROTEIN], NON-CARDIAC, HIGH SENSITIVITY CRP	KPDS: 8614000 Health Connect Order Code: CRP [C-REACTIVE PROTEIN], NON-CARDIAC, HIGH SENSITIVITY [86141F]	MC: PST4mL RRL: GLD6 CRP	MC: 0.5 ml plasma RRL: 0.5 ml serum Transport: Refrigerated A: 24 hours R: 1 week F: 1 year Minimum specimen: MC: 0.3 ml plasma RRL: 0.3 ml serum C-REACTIVE PROTEIN [86140B] may be appropriate to assess infections or other inflammatory conditions, but is not suitable for cardiovascular disease (CVD) risk assessment. For CVD risk, please order C-REACTIVE PROTEIN, WIDE RANGE [86141D] . Formulary	<7.5 mg/L Newborns with no evidence of infection have CRP <1 mg/L (Immunoturbidimetry)	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
CRYOGLOBULIN S (QUAL.) - SERUM	KPDS: 8259500 - EXCLUDED Health Connect Order Code: Inactivated [82595B]		As part of a region-wide standardization plan, the CRYOGLOBULIN QUA1 is no longer performed at the medical centers. Please order [220844], CRYOFIBRINOGEN and CRYOGLOBULIN Not-Formulary		•Not-Formulary (Discontinued)
CRYPTOCOCCUS INDIA INK PREP	KPDS: 8651003 Health Connect Order Code: CRYPTOCCOCUS, INDIA INK PREP [87210AA]	Sterile container (SF10) II	Cerebrospinal fluid [CSF], Urine, and other body fluids submitted for fungus studies. Transport: Ambient A: 24 hrs R: NO F: NO Minimum specimen: N/A Formulary		Medical Center or Regional Reference Laboratories, North Hollywood (Bacteriology) Daily 24 hrs

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CRYPTOCOCCUS SPECIES ANITGEN, CSF	KPDS: 8651021 Health Connect Order Code: CRYPTOCOCCUS SPECIES ANITGEN, CSF [87327E]	SF10 Crypto CSF	1 mL CSF Transport: Refrigerated A: 24 hrs R: 3 days F: 12 months Minimum specimen: 0.5 ml CSF All Positive Cryptococcus Antigen, CSF, will automatically reflex to <u>Fungal Culture Formulary</u>	Negative (Latex Agglutination) Negative Positive [with titer]	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Sunday Note: Screen and Titer performed on the same day 1-2 days
CRYPTOCOCCUS SPECIES ANITGEN, SERUM	KPDS: 8651011 Health Connect Order Code: CRYPTOCOCCUS SPECIES ANITGEN, SERUM [87327F]	GLD6 Crypto S	1 mL serum Transport: Refrigerated Centrifuge prior to transport A: 24 hrs R: 3 days F: 12 months Minimum specimen: 0.5 mL serum Formulary	Negative (Latex Agglutination) Negative Positive [with titer]	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Sunday Note: Screen and Titer performed on the same day 1-2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CRYPTOSPORIDIUM SP, ISOSPORA BELLII DETECTION Cyclospora	KPDS: 8701503 Health Connect Order Code: CRYPTOSPORIDIUM SP, ISOSPORA BELLII DETECTION [87206B]	Stool in Total Fix(OP99) ISOS	Stool in Total FIX [Black lid] Transport Media Transport: Ambient Place one part of stool specimen at ambient temperature into two parts of Total FIX transport media and mix well. Fresh Stool received [not in Total FIX container] A: 24 hours R: NO F: NO Minimum specimen: N/A The following parasites can be identified using the modified acid fast stain: CRYPTOSPORIDIUM ISOSPORA CYCLOSPORA Formulary	Negative (Modified Acid Fast Stain)	Regional Reference Laboratories, North Hollywood (Bacteriology) Daily 6-7 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, ACID FAST BLOOD •ABF Culture, Blood •AFB Blood Culture	KPDS: Removed from Service Master: 8710001 Health Connect Order Code: Inactivated: ACID FAST BLOOD[87116H]		As of 7/18/18, this test will be consolidated with the AFB Culture [KRMS 8710000; HC.87116E] Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CULTURE, ACTINOMYCES ANAEROBIC</p> <p>Actinomycetes culture</p> <p>Actino culture</p>	<p>KPDS: 8707651</p> <p>Health Connect</p> <p>Order Code: ACTINOMYCES ANAEROBIC CULTURE [87075A]</p>	<p>•AS99</p> <p>•eSwab Regular ACTINO</p>	<p>Preferred Sources: Endometrium, Maxillary Sinus, IUD, Mandibular Abscess</p> <p>Other Acceptable Sources : Abscess, Aspirate, Bone, Cervix, Fluid, Lung Nodule, Protected Brush, Tissue, Wound</p> <p>Transport: Ambient</p> <p>After collecting sample, place swab or fluid immediately into appropriate tubes at bedside.</p> <ul style="list-style-type: none"> •SWABS - After sample collection, immerse swab into the Anaerobe Transport Medium •FLUIDS - Dispense fluid in syringe into the Anaerobe Transport Medium •TISSUE - Place tissue on the surface of the Anaerobe Transport Medium <p>Send to Regional Reference Laboratory, North Hollywood or Chino Hills.</p> <ul style="list-style-type: none"> •Unacceptable specimen [Sources other than stated above] •Sample beyond stability •Improperly submitted specimen •Discrepancy or no patient specimen identification •Specimen contaminated with another sample •Outside specimen container is grossly contaminated <p>A: 48 hours</p> <p>R: Unacceptable</p> <p>F: Unacceptable</p> <p>Minimum specimen: 0.5 mL for Fluids</p> <p>Do NOT use eSwab for Tissue Specimens</p> <p>Formulary</p>	<p>No Actinomycetes isolated after 2 weeks (Anaerobic Culture)</p> <p>Negative: No Actinomycetes isolated after 2 weeks</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily</p> <p>18 days [culture is incubated for 14 days]</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, ANAEROBIC ANAEROBIC CULTURE ANAEROBE CULTURE	KPDS: 8707600 Health Connect Order Code: ANAEROBIC CULTURE [87075G]	<ul style="list-style-type: none"> •AS99 •eSwab Regular ANA 	<p>Acceptable Specimens: Abdominal cavity, Abscess, Aspirate, Bile, Bone, CSF, Cornea, Dura Mater, Endometrial fluid, Joint fluid, Pericardial fluid, Pleural fluid, Sinus, Synovial fluid, Tissue, Suprapubic aspirate of urine, Vitreous fluid</p> <p>Transport: Ambient</p> <p>After collecting specimens, place into appropriate tubes at bedside.</p> <ul style="list-style-type: none"> •FLUIDS - Dispense fluid in syringe into the Anaerobic Transport Medium. •TISSUE - Place tissue on the surface of the Anaerobe Transport Medium. •SWABS - After sample collection, immerse swab into the Anaerobe Transport Medium. <p>Send to Regional Reference laboratory, North Hollywood or Chino Hills. •Unacceptable specimens [Sources other than stated above]</p> <ul style="list-style-type: none"> •Sample beyond stability •Improperly submitted specimen •Discrepancy or no patient specimen identification •Specimen contaminated with another specimen •Outside specimen container is grossly contaminated <p>A: 48 hours R: Unacceptable F: Unacceptable Minimum specimen: 0.5 ml for Fluids</p> <p>Note: Do NOT use eSwab for Tissue or Fluid Specimens</p>	No anaerobic growth after 6 days Negative: No anaerobic growth after 6 days	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 7-8 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CULTURE, BLOOD FOR FUNGUS</p> <ul style="list-style-type: none"> • Blood Culture, Fungal • Blood Culture, Fungus • Fungal Blood Culture • Fungus Blood Culture 	<p>KPDS: 8710250 Health Connect Order Code: CULTURE, BLOOD FOR FUNGUS [87103A]</p>	<p>•GRN5<bullet>Green Top (lithium Heparin), or •GS4<bullet>Green Top (Sodium Heparin) FUN</p>	<p>10 ml whole blood Pediatric: minimum 1 ml whole blood Transport: Ambient• Collect 2-3 sets from separate sites 21 hour apart or 3 sets in 24 hours</p> <ul style="list-style-type: none"> • If patient is on parenteral nutrition and <i>Malassezia</i> is suspected, notify lab for special handling to ensure growth. • Susceptibility testing will be performed for Fluconazole, Caspofungin and Voriconazole on Candida isolates from blood. • If susceptibility testing for <i>Coccidioides immitis</i> is needed please call the Bacteriology Department [8-397-6878] within 7 days of final culture result. <p>Do not spin blood• Specimen submitted in fixative or preservative such as 70% alcohol or 10% formalin.</p> <ul style="list-style-type: none"> • Blood submitted in red top tube (clotted), blue or purple top tubes. Blood submitted in blood culture bottles. • Mislabeled or mismatched specimens (label does not match the patient's name in the computer, request slip and/or specimen). • Sterile specimens such as CSF submitted in non-sterile specimen containers. <p>A: 24 hours R: 24 hours F: Not recommended Formulary</p>	<p>Negative (Culture)</p>	<p>Regional Reference Laboratories, North Hollywood (Bacteriology) Set up 7 days a week 30-31 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, CIPROFLOXACIN RESISTANT E. COLI, RECTAL SWAB	KPDS: 8704605 Health Connect Order Code: CULTURE, CIPROFLOXACIN RESISTANT E. COLI, RECTAL SWAB [87046L]	eSwab Regular or eSwab mini C CipREC	Rectal Swab Transport: Ambient Received: •unlabeled or improperly labeled specimen container •in transport media other than eSwab •beyond stability A: 48 hours R: 48 hours F: NO Formulary	(Culture)	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 3-4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CULTURE, CSF</p> <p>CULTURES - ROUTINE SPINAL FLUID CULTURE CEREBROSPINAL FLUID</p>	<p>KPDS: 8709014</p> <p>Health Connect Order Code: CULTURE, CSF [87070J]</p>	<p>Spinal Fluid [SF10] [CSF Collection Tube]</p> <p>CSFCU</p>	<p>1 ml CSF for Bacteriology Culture. DO NOT SUBMIT IN Bact/Alert bottles.</p> <p>Transport: Ambient•A cytospin Gram stain GRAM STAIN [87205B] should be performed on all CSF specimens for culture. If a Gram stain is not ordered, the physician should be contacted and an order requested.</p> <ul style="list-style-type: none"> •Both sample and culture plates require expedited handling. •Plated specimens should be transported in incubator totes. Collect in sterile container <p>Inoculate the following media immediately:</p> <ul style="list-style-type: none"> •Blood Agar/TS11 •Chocolate agar •Columbia CNA agar •MacConkey agar <p>Shunt only add:</p> <ul style="list-style-type: none"> •Thioglycollate tube <p>Incubate plates and Thioglycollate [only for shunt specimens] tube prior to sending to the Regional laboratories.</p> <p>A: CSF should be plated immediately, however the CSF is stable up to 24 hours in ambient conditions.</p> <p>R: Do not refrigerate CSF for bacterial culture</p> <p>F: Do not freeze CSF for bacterial culture</p> <p>Health Connect SmartGroup Panels:</p> <p>Ambulatory: PNL CSF BACTERIAL CULTURE AND GRAM STAIN AMB SCAL</p> <p>In-Patient: PNL CSF BACTERIAL CULTURE AND GRAM STAIN IP SCAL Formulary</p>	<p>Interpretation (Culture)</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 4 - 5 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, DIALYSIS ENVIRONMENTA L CULTURES - DIALYSIS ENVIRONMENTA L DIALYSIS CULTURE DIALYSATE CULTURE WATER TO PREPARE DIALYSATE	KPDS: N/A	SC99_SterileContainer DIA	5 to 10 ml of dialysis fluid, or 5 to 10 ml of water sample used to prepare dialysate Transport: Refrigerated •Collect in sterile container SC99 •Store and transport at refrigerated temperature •Store and transport at refrigerated temperature •Send samples to Regional Reference laboratories' Processing Department Received: •ambient •frozen •greater than 24 hours past collection A: NO R: 24 hours F: NO Minimum specimen: 5 ml IAB STAFF: Accession test via Department Order Entry (DOE) in Cerner	Interpretation	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 3-4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, GENITAL GENITAL CULTURE	KPDS: 8708005 Health Connect Order Code: GENITAL CULTURE [87070H]	Sterile container, eSwab mini or eSwab Regular GEN	Varies - See Collection Instructions Transport: Ambient [Preferred] Refrigerated [Acceptable]•Collect in sterile container. Examples of sources: Bartholin Cyst/Endometrium/Genital Urinary/Groin/Labia/Pelvic Discharge/Penis/Placenta/Prostate Fluid/Semen/Urethra/Uterus/Vaginal/Vulva •eSwab Regular - Vaginal •eSwab Mini - Urogenital Send to the Regional Reference Laboratories in the eSwab Collection Kit A: 48 hours R: 48 hours F: Unacceptable Formulary	Interpretation (Culture)	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 3 - 4 days
CULTURE, GROUP B STREP •GROUP B STREPTOCOCCI CULTURE SCREEN •BETA STREP SCREEN •GBS	KPDS: 8710605 Health Connect Order Code: STREPTOCOCCU S B CULTURE, GENITAL [87081C]	eSwab Regular GRPB	Vaginal/Rectal Combination swipe Transport: Ambient [Preferred] Refrigerated [Acceptable] Use eSwab Collection Kit Send to the Regional Reference Laboratories in the eSwab Collection Kit A: 48 hours R: 48 hours F: Unacceptable Formulary	No Group B beta streptococci isolated (Culture and Sensitivity) Critical value: Recovery of beta-hemolytic group B strep during pregnancy	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 4-5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, MRSA SURVEILLANCE MRSA Screen	KPDS: 8708105 Health Connect Order Code: CULTURE, MRSA SURVEILLANCE [87081ZAH]	eSwab MRSA	Nasal Swab [Nares] Transport: Ambient [Preferred] Refrigerated [Acceptable] MRSA Surveillance Culture is ordered for certain high risk hospitalized patients who: •Have been previously discharged from a general acute care hospital within 30 days prior to current admission •Will receive inpatient dialysis [either peritoneal or hemodialysis] treatment •Are being transferred from a skilled nursing facility •Will be admitted/transferred to the ICU [includes adults, pediatric, and NICU patients] Collect within 24 hours of admission•Source other than nares •Patient location other than stated above A: 48 hours R: 48 hours F: Unacceptable Formulary	No MRSA Isolated (Culture [Screening test using Chromogenic Agar])	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 1-2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CULTURE, NOCARDIA</p> <ul style="list-style-type: none"> •Nocardia •Nocardia Culture •Nocardia Species Culture •Z-Culture, Nocardia 	<p>KPDS: 8710251 Health Connect Order Code: NOCARDIA SPECIES CULTURE [87116D]</p>	<p>SC99 FUN</p>	<ul style="list-style-type: none"> •Body fluid [10 ml minimum] •CSF [2 ml minimum] •Dermatology specimen •Sputum [2 ml minimum] •Other respiratory [3 ml minimum] <p>Transport: Ambient source of specimen Early morning specimen required for sputum • Indicate if Culture, Sterile Site, Culture, Non Sterile Site, Culture, Respiratory (RO), Culture, Sputum, Culture, Fungus or Culture, Acid Fast Bact (AFB) are needed in addition to Nocardia, order separately in Health Connect.</p> <ul style="list-style-type: none"> •Specimen submitted in fixative or preservative such as 70% alcohol or 10% formalin •Dermatology specimens submitted in transport medium as the COPAN swab with gel •Blood submitted in red top tube [clotted], blue or purple top tube •Corneas in Optisol [pink solution used to store cornea in tissue bank which contains Gentamicin and/or Streptomycin] •Specimens such as sputum, urine and stool that have leaked in transit or collected over a 24-hour period •Mislabeled or mismatched specimens •Sterile specimens, such as CSF, submitted in a non-sterile specimen container <p>A: Sterile container: 24 hours R: Sterile container: 24 hours F: NO</p> <p>Minimum specimen: See specimen requirements Formulary</p>	<p>Nocardia Culture Negative (Culture)</p>	<p>Regional Reference Laboratories, North Hollywood (Bacteriology) Set up 7 days a week 30-31 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CULTURE, NON STERILE SITE</p> <p>CULTURE, MISCELLANEOUS</p>	<p>KPDS: 8709000</p> <p>Health Connect</p> <p>Order Code: CULTURE, NON STERILE SITE [87070ZZH]</p>	<p>Sterile container or eSwab Regular or eSwab mini MISC</p>	<p>Varies - See Collection Instructions.</p> <p>Transport: Eswab: Ambient Or Refrigerated</p> <p>Catheter Tip Plate: Ambient</p> <p>Catheter Tip: Ambient</p> <p>If sending a venous or arterial catheter, the distal tip of 1-4 inches should be aseptically cut and placed into a sterile container with sterile saline or sterile broth and expedited quickly to the medical center laboratory. Unmoistened catheter tips dry quickly and may injure organisms. Other tips are not acceptable.</p> <p>Available sources orderable in Health Connect:</p> <p>Abscess/Axilla/Bite Duct/Biliary Fluid/Breast</p> <p>Milk/Citoris/Conjunctiva/Culdocentesis/Drainage/Ear Canal/Endocervical</p> <p>Aspirate/Endocervix/Endometrium/Epiglottis/Eye/Gastrostomy/Gastrostomy Site/Groin/Hematoma/Incision/Iochia/Nail Bed/Nares/Nipple Discharge/PD Catheter Exit Site/Penile Discharge/Penis/Perineum/Peritonsillar Abscess/Pilonidal Cyst/Pinna/Prostate Gland/Rectal Abscess/Rectal Swab/Scalp/Semen/Skin/Tracheostomy</p> <p>Site/Umbilicus/Urethra/Uterine Cul De Sac/Wound/Wound Abscess</p> <p>Exception: Catheter Tip if plated at Medical Center; Inoculate Blood Agar/TSAII plate only - Roll tip over agar surface, then leave in contact with agar for shipment].</p> <p>Incubate plates prior to sending to the Regional laboratories: •Dry Swab</p> <p>•SWUBE</p> <p>•Unlabeled or improperly labeled specimen container</p> <p>A: eSwab: 48 hours</p> <p>Catheter Tip Plate: 24 hours</p> <p>Catheter Tip: 24 hours</p> <p>R: eSwab: 48 hours</p> <p>Catheter Tip Plate: Unacceptable</p> <p>Catheter Tip: Unacceptable</p> <p>F: Unacceptable</p> <p>Minimum specimen: N/A</p> <p>Note: Rectal swab for Ciprofloxacin Resistant E.coli, see Culture, Ciprofloxacin Resistant E.coli, Rectal Swab [87046j].</p> <p>Formulary</p>	<p>(Culture)</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 2-5 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, PERTUSSIS • PERTUSSIS CULTURE (BORDETELLA PERTUSSIS) • WHOOPING COUGH	KPDS:		•PERTUSSIS CULTURE has been discontinued •Order KPDC order code <u>BORDETELLA PERTUSSIS PCR [87798B]</u> instead		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CULTURE, RESPIRATORY, BACTERIAL, QN Quant Branch Culture</p>	<p>KPDS: 8709018 Health Connect Order Code: CULTURE, RESPIRATORY, BACTERIAL, QN [87071E]</p>	<p>SC99 Sterile Container CRESPQN</p>	<p>The following sources are acceptable for Semi-quantitative bronchial cultures:</p> <ul style="list-style-type: none"> •Bronchoalveolar lavage - includes specimens collected from left lower lobe, right lower lobe, left upper lobe, right middle lobe or right upper lobe •Bronchial Wash - includes specimens collected from left lower lobe, right lower lobe, left upper lobe, right middle lobe or right upper lobe <p>Transport: <Bullet>Ambient Transport Of Bronchial Specimen To local laboratory For Plating Within 30 Minutes <Bullet>Ambient Transport Of Inoculated Media To The Regional Reference laboratories, North Hollywood And Chino Hills local laboratory: •Process specimen within 30 minutes of receipt, as per procedure "Semi-Quantitative Bronchial Cultures - Procedure For Processing at Medical Center"</p> <ul style="list-style-type: none"> •Perform all processing inside biological safety cabinet [hood] •Send all inoculated plates [at ambient temperature] to the Regional Reference laboratories, North Hollywood and Chino Hills, as soon as possible-Collect in sterile container •Transport to local laboratory within 15 minutes of collection <p>A: 30 minutes prior to plating on culture media Minimum specimen: 1 mL Formulary</p>	<p>Interpretation (Culture)</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 4 - 5 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CULTURE, SPUTUM</p> <p>CULTURES - ROUTINE</p>	<p>KPDS: 8709013</p> <p>Health Connect</p> <p>Order Code: CULTURE, SPUTUM [87070J]</p>	<p>SC99_SterileContainer</p> <p>SPU</p>	<p>Sputa Transport: <Bullet>Sample To Be Transported Ambient To The local laboratory And Plated :: 2 Hours After Collection</p> <p><Bullet>Plates To Be Transported Ambient To The Regional Reference laboratories</p> <p><u>Sputum</u> - Collect in sterile sputum jar - single cough.</p> <p>Sample to be plated at the local laboratory 2 hours after collection. Inoculate Blood Agar/TSAll, Chocolate and MacConkey Agar plates.</p> <p>Incubate plates prior to sending to the Regional Laboratories.</p> <p>Note: If there are multiple orders, such as Fungus and AFB Culture, plate routine culture at the local laboratory, then send the sample refrigerated to the Regional Reference Laboratories for Fungal and AFB processing. Adhere both labels [one for Fungal and one for AFB] to the specimen container. •Unplated samples must be stored and transported REFRIGERATED</p> <p>•Unplated samples received un-refrigerated and/or greater than 24 hours past collection [regardless of refrigeration] WILL BE REJECTED and will not be plated</p> <p>A: 2 hours stability prior to plating</p> <p>R: 24 hours stability prior to plating if refrigerated</p> <p>F: NO</p> <p>Formulary</p>	<p>Interpretation (Culture)</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily</p> <p>4 - 5 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, STOOL Stool Culture	KPDS: Excluded in Service Master: 8709001 Health Connect Order Code: STOOL CULTURE [87045B]		As of 5/16/18 this test has been replaced by: BACTERIAL GASTROINTESTINAL PATHOGEN PANEL 14 COMPONENTS, NOT FOR CDIFF], STOOL, MULTIPLEX PCR [87505A] Not-Formulary		•Not-Formulary
CULTURE, THROAT (RO) CULTURES - ROUTINE THROAT CULTURE	KPDS: 8709012 Health Connect Order Code: THROAT CULTURE [87081D]	eSwab THR	Throat swab Transport: Ambient [Preferred] Refrigerated [Acceptable] Collect using eSwab Collection Kit Send to the Regional Reference Laboratories in the eSwab Collection Kit A: 48 hrs R: 48 hrs F: Unacceptable Minimum specimen: N/A Formulary	No growth of Beta streptococci Group (Culture)	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 2-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CULTURE, URINE, TRANSPLANT PROTOCOL</p> <p>CULTURE, UR-TRANSPLANT</p>	<p>KPDS: 8711088</p> <p>Health Connect Order Code: CULTURE, URINE, TRANSPLANT PROTOCOL [87088F]</p>	<p>SC99 SterileContainer UR-TR</p>	<p>Urine Transport: Ambient For Either Sc99 Or Utt</p> <ul style="list-style-type: none; padding-left: 0;"> •Collect in sterile urine container SC99 •Transfer within 2 hours to the plastic gray top [boric acid] urine transport tube <u>UTT</u> for transport to Regional laboratory •Indicate if asymptomatic or symptomatic •Indicate if patient is on antibiotics •If urine specimen is more than 3 ml: •Transfer within 2 hours to the plastic gray top [boric acid] urine transport tube <u>UTT</u> for transport to the Regional laboratories <p>Note: In the event the transferred urine falls below the minimum fill line [3 ml] on the tube label, immediately [within 5 minutes] plate urine from the transport tube <u>UTT</u> to Blood Agar-TSAll/MacConkey Biplate. Incubate plate prior to sending to the Regional laboratories</p> <p>If urine specimen is less than 3 ml:</p> <ul style="list-style-type: none; padding-left: 0;"> •Plate at the Medical Center or Medical Office Building •Plate urine within 5 minutes after collection or refrigerate immediately for up to 24 hours, until plating can be done •Inoculate a Blood Agar-TSAll/MacConkey Biplate •Incubate plate prior to sending to the Regional laboratory <p>Received:</p> <ul style="list-style-type: none; padding-left: 0;"> •Uninoculated [if plated] •Volume is less than 3 ml in Urine Transport Tube [gray top tube] <u>UTT</u> •In SC99 [Sterile Container] after 2 hours of collection at ambient temperature •In SC99 [Sterile Container] after 24 hours of collection at refrigerated temperature <p>A:</p> <ul style="list-style-type: none; padding-left: 0;"> •2 hours for Sterile Container SC99 •48 hours for Urine Transport Tube <u>UTT</u> <p>R: 24 hours for Sterile Container <u>SC99</u></p> <p>F: NO</p> <p>Minimum specimen: N/A</p> <p>Formulary</p> </td> <td data-bbox="218 192 775 305"> Interpretation (Culture) </td> <td data-bbox="218 83 775 192"> Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 3 - 5 days </td> </tr> </tbody> </table> </p>		

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, YERSINIA YERSINIA CULTURE	KPDS: 8716301 Health Connect Order Code: YERSINIA SPECIES CULTURE [87046B]	See Specimen Requirements Field YER	Collection: <u>Commode Specimen Collector</u> Transport: <u>Para-Pak C&S</u> or <u>eSwab Regular</u> •Stool •Rectal Swab - for infants less than 1 year old Transport: Ambient•Single negative culture may not be diagnostic. Sometimes up to three specimens are needed. •Pathogens stable for up to 96 hours after collection if sent in <u>Para-Pak C&S</u> transport media. Stool •Collect in sterile container. •Transport to local laboratory immediately. Rectal Swab •Collect eSwab •Transport to local laboratory immediately. Patient Collection Instructions - English Patient Collection Instructions - Spanish Stool •Transfer a representative sample of stool to <u>Para-Pak C&S</u> A: •Initial collection: 24 hours •Specimen in Para-Pak C&S transporter: 96 hours R: <u>Unacceptable</u> F: <u>Unacceptable</u> Minimum specimen: N/A Formulary	Negative	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 4-5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CYCLIC CITRULLINATED PEPTIDE AB</p> <ul style="list-style-type: none"> •Anti-CCP •CCP Antibody, IgG •Cyclic Citrullinated Peptide [CCP] Antibody 	<p>KPDS: 8352005</p> <p>Health Connect Order Code: CYCLIC CITRULLINATED PEPTIDE AB [86200C]</p>	<p>GLD6</p> <p>Anti CCP</p>	<p>1 mL serum</p> <p>Transport: Refrigerated</p> <p>Received:</p> <ul style="list-style-type: none"> •heat-inactivated •pooled •grossly hemolyzed •obvious microbial contamination •cadaver specimens or body fluids other than human serum <p>A: 1 day</p> <p>R: 7 days</p> <p>Minimum specimen: 0.5 mL serum</p> <p>Formulary</p>	<p>Less than 5.0 U/mL - negative (Chemiluminiscent microparticle Immunoassay {CMIAs})</p> <p>Anti-CCP is useful in diagnosing Rheumatoid Arthritis and entities that may potentially be confused with Rheumatoid Arthritis that are Theumatoid Factor positive.</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory (CH)] Daily 2 days</p>
<p>CYCLOSPORINE LEVEL</p> <ul style="list-style-type: none"> • Cyclosporine A • CsA 	<p>KPDS: 8203001</p> <p>Health Connect Order Code: CYCLOSPORINE LEVEL [80158D]</p>	<p>IAV5 Lavender Top (EDTA)</p> <p>Cyclosporin</p>	<p>5 mL whole blood</p> <p>Transport: Refrigerated</p> <p>Specimen must be refrigerated.</p> <ul style="list-style-type: none"> • Submit original draw tube. <p>A: NO</p> <p>R: 14 days</p> <p>F: NO</p> <p>Minimum specimen: 1 mL whole blood</p> <p>Formulary</p>	<ul style="list-style-type: none"> • Variable, depending on transplant. <p>25-200 ng/mL (Liquid Chromatography-Tandem Mass Spectrometry [LC/MS/MS])</p>	<p>Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Daily 24 hours</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CYSTIC FIBROSIS RESPIRATORY CULTURE</p> <p>CULTURES - RESPIRATORY, CYSTIC FIBROSIS CULTURE</p>	<p>KPDS: 8709026</p> <p>Health Connect Order Code: CYSTIC FIBROSIS RESPIRATORY CULTURE [87070Q]</p>	<p>Varies - See collection instructions</p> <p>CFRES</p>	<p>• Deep pharyngeal [also referred to as "cough or gagged" throat specimens]</p> <p>• Nasopharynx</p> <p>• Sputum</p> <p>• Endotracheal aspirates [on ventilated patients]</p> <p>• Bronchoscopically obtained specimens, including bronchoalveolar lavage [BAL] specimens, protected specimen brushings and transbronchial biopsy specimens</p> <p>Transport: <Bullet>Primary Specimen - Refrigerated</p> <p><Bullet>E-Swab - Ambient•Bronchus/Bronchial Brushing/Bronchial lavage/Bronchial Washing/Bronchoscopy - Collect in <u>Sterile container</u> [1 ml minimum]</p> <p>• Nasopharyngeal - collect with eSwab</p> <p>• Sputum - Collect in Sterile sputum jar - single cough</p> <p>• Deep Pharyngeal - collect in sterile culture tube - swabs</p> <p>• Tracheal Aspirate/Tracheal Aspirate/Endotracheal tube - Collect in Sterile container [1 ml minimum]</p> <p>At the Medical Center inoculate the following media immediately:</p> <ul style="list-style-type: none"> • Trypticase Soy Agar w/5% Sheep Blood [BAP] • Chocolate Agar [CAP] • MacConkey Agar [MAC] • Mannitol Salt Agar [MSA] • OFPB [Oxidative-fermentative-polymixin B-bacitracin-lactose Agar] • PCA [<i>Pseudomonas cepacia</i> Agar] • BCSA [<i>B. cepacia</i> Selective Agar] <p>NOTE: If the sample cannot be plated at the Medical Center, it must be immediately placed on ice and sent by Airline Courier to the Regional Reference laboratories, North Hollywood and Chino Hills. Specimen must be stored and transported REFRIGERATED</p> <ul style="list-style-type: none"> • Specimens received unrefrigerated and/or greater than 24 hours past collection [regardless of refrigeration] WILL BE REJECTED and will not be plated. <p>A: Primary specimen - less than 4 hours R: Primary specimen and eSwab - 24 hours F: NO Formulary</p>	<p>(Culture)</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 3-10 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CYSTIC FIBROSIS, CFTR, COMMON VARIANTS</p> <p>•CF DNA Carrier Screening</p> <p>•Cystic Fibrosis DNA Carrier Screening</p>	<p>KPDS: 8828015</p> <p>Health Connect Order Code: CYSTIC FIBROSIS, CFTR, COMMON VARIANTS [81220A]</p>	<p>LAV5 Lavender Top (EDTA) CFDNA</p>	<p>5 mL whole blood</p> <p>Transport: Ambient</p> <p>Store at ambient temperature. Do not centrifuge.</p> <p>Received:</p> <ul style="list-style-type: none"> •Non-EDTA containers [i.e. Sodium Heparin] •Clotted •Heparinized •Frozen •Serum <p>A: 4 days</p> <p>R: 10 days</p> <p>F: NO</p> <p>Minimum specimen: 1 mL whole blood• This test is for prenatal carrier screening</p> <ul style="list-style-type: none"> • 55 mutations are tested; refer to Technical Bulletin for specific mutations (see Technical Bulletins section at top left) • Ethnicity carrier risk calculation is included in the normal/negative reports. <p>Formulary</p>	<p>Accompanies report (Nano-real-time polymerase chain reaction [PCR] open array technology)</p> <p>Positive heterozygous [carrier]</p> <p>Positive homozygous [mutant]</p> <p>Positive compound heterozygous [mutant]</p> <p>Negative Accompanies report</p>	<p>Regional Reference Laboratories, Electronics Place (Genetic Testing) Monday - Friday 14 days</p> <p>**TAT is based upon receipt of sample at the MGPL**</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CYTOGENETIC CONSTITUTIONAL GENOME WIDE SNP MICROARRAY ANALYSIS CMA Analysis	KPDS: 8122901 Health Connect Order Code: CYTOGENETIC CONSTITUTIONAL GENOME WIDE SNP MICROARRAY ANALYSIS [81229A]	LAV5 and GS4	5 mL whole blood in EDTA and Sodium Heparin Transport: Ambient Do not centrifuge Received: •Collection containers other than EDTA and Na Heparin •Clotted •Hemolyzed •Frozen •Serum A: 7 days R: 14 days F: NO Minimum specimen: 1 ml whole blood in EDTA and Sodium Heparin Formulary	Accompanies report (SNP Microarray) Chromosomal Deletion or Duplication Loss of Heterozygosity Accompanies report	<TestCode></TestCode> Regional Reference Laboratories, Electronics Place (Genetic Testing) 21 days **TAT is based upon receipt of sample at the MGPL**

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CYTOMEGALOVI RUS [CMV] IGG CMV AB SCREEN; CYTOMEGALOVI RUS ANTIBODY (IgG)	KPDS: 8642002 Health Connect Order Code: CYTOMEGALOVI RUS [CMV] IGG [86644B]	GLD6 CMV IgG	2.0 mL serum Transport: Refrigerated A: 24 hrs R: 4 days Minimum specimen: 0.5 mL serum Formulary	Negative: < 0.90 Equivocal: 0.90-1.09 Positive: 1.10 (EIA) The performance characteristics of this assay have not been established for use with specimens from neonates, cord blood, or pre-transplant patients.	Regional Reference Laboratories, North Hollywood and Chino Hills (Core Laboratory [CH]/immunology [NH]) Monday, Wednesday, Friday 1-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
D1 ESTERASE	KPDS:		NO LONGER AVAILABLE		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DESIPRAMINE LEVEL, LC/MS/MS NORPRAMIN	KPDS: 8420604 Health Connect Order Code: DESIPRAMINE LEVEL, LC/MS/MS [80335P]	RED7 Desipramine	2 mL serum Transport: Refrigerated Submit tube intact - DO NOT SEPARATE SERUM. A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 2 mL Formulary	Accompnies report (Liquid Chromatography/Tandem Mass Spectrometry) This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory system where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Weekly - Tuesday 10 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIABETES PANEL •DP-F •DIABETIC PANEL	KPDS: 8308687 Health Connect Order Code: SmartGroup: PNL DIABETES AMB SCAL	•GLD6 •LAV5 •UR10 MA, HBA1C, and LIPRO	<ul style="list-style-type: none"> •Serum (GID6) •Whole Blood (IAV5) •Urine (UR10) Transport: Refrigerated laboratory. •This panel allows each test to be accessioned separately •Encourage patients to have all active orders completed •lipid panel can be performed on fasting or non-fasting specimens •if the patient cannot collect a urine specimen, DO NOT select the Microalbumin on the SOT, leave the order available for the patient's next visit. Do NOT cancel the order. •Patient should be fasting 8 hours before test (water, medications OK), but nonfasting patients will also be accommodated. •Profile should be ordered before therapy for hyperlipidemia instituted, and as soon as possible after presentation with an acute coronary event. Minimum specimen: •1.0 ml serum (GID6) •1.0 ml blood (IAV5) •5 ml urine (UR10) Panel includes: • Random Urine Microalbumin-Creatinine Ratio (KRMS - 8308687; HC - MICROALBUMIN, URINE, QUANTITATIVE [82043B]) •Hemoglobin A1c (A1c) (KRMS -8306600; HC - HEMOGLOBIN A1C [83036B]) •Lipid Profile (KRMS - 8371500; HC - LIPID PANEL [80061B]). Panel includes: Cholesterol, Triglycerides (TG), HDL-C (High Density Lipoprotein Cholesterol), calculated LDL-C (Low Density Lipoprotein Cholesterol), and Cholesterol/HDL Ratio for patients fasting greater than or equal to 12 hrs. Direct LDL will be automatically performed on non-fasting patients and all lipid profiles with TG>399 mg/dL. Formulary	Urine microalbumin: <120 mg/L Urine microalbumin- creatinine ratio: <30 µg/mg Creatinine Two abnormal results are required to diagnose microalbuminuria. A1C: Normal non- diabetic range: 4.0 -6.7% 	Regional Reference Laboratories, North Hollywood (Automated Chemistry) Daily 64 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIAZEPAM (VALIUM)	KPDS: Excluded from Service Master: 8263600 Health Connect Order Code: Inactivated: DIAZAPAM LEVEL [80154J]		Effective August 9, 2011, this test normally performed at the Regional Reference Laboratories' Esoteric Department, has been discontinued. The Health Connect Order Code has been inactivated and the test has been excluded from the Service Master. Please refer to: Benzodiazepine level, Serum Not-Formulary		•Not-Formulary (Discontinued)
DIRECT COOMBS TEST •DAT •Coombs Test, Direct •Direct Antilobulin Test •Direct Coombs	KPDS: 8625002 Health Connect Order Code: DIRECT COOMBS TEST [86880D]	Pink6 or LAV5	2 mL whole blood Transport: Ambient Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 24 hours F: Unacceptable Minimum specimen: 0.5 mL whole blood Formulary	Negative (Hemagglutination) Negative: No in-vivo coating of red cells with IgG antibody is detected. Positive: Demonstrates the in-vivo coating of red cells with antibody (IgG). May be positive due to Hemolytic Disease of the Fetus and Newborn (HDFN).	<TestCode></TestCode> Medical Centers, Transfusion Service 24 hours STAT: 1 hour Routine: 4 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIRECT LDL - 100	KPDS: EXCLUDED in Service Master [8371515] Health Connect Order Code: Inactivated: LDL GOAL <100 [207954]		Recommended alternative order: <u>LDL Cholesterol, Direct</u> [HC code: 83721C] Not-Formulary		•Not-Formulary (Discontinued)
DOUBLE STRANDED DNA ANTIBODY •ANTI-DNA (NATIVE-DOUBLE STRANDED) •dsDNA •Double Stranded DNA Antibody	KPDS: 8622600 Health Connect Order Code: DOUBLE STRANDED DNA ANTIBODY [86225B]	GLD6 dsDNA Ab	2 mL serum Transport: Refrigerated Freeze at -20:C or colder for long term storage Grossly lipemic not recommended A: 24 hrs R: 7 days F: 12 months Minimum specimen: 0.5 mL serum Formulary	Interpretive Criteria: <30 IU/mL = Negative 30-75 IU/mL = Borderline >75 IU/mL = Positive (EIA [INOVA QuantiaLyser])	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DOUBLE STRANDED DNA ANTIBODY CRITHIDIA LUCILIAE IFA	KPDS: 8632902 Health Connect Order Code: DSDNA ANTIBODY SCREEN, CRITHIDA LUCILIAE IFA [86255K]	GLD6 DS DNA CRI	1 mL serum Transport: Refrigerated Received: •Microbially contaminated •Heat-treated •Specimens containing visible particulates •Grossly hemolyzed •Lipemic •Addition of azide or other preservatives A: 8 hours R: 48 hours F: >48 hours Minimum specimen: 0.5 mL serum Formulary	Negative (<1:10 Titer)	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-3 days
DOXEPIIN AND METABOLITE LEVELS, LC/MS/MS Nordoxepin Zonalon Desmethyldesipra mine Sinequan Adapin Desmethydoxepin	KPDS: 8420605 Health Connect Order Code: DOXEPIIN AND METABOLITE LEVELS, LC/MS/MS [80335M]	RED7 Doxepin	3 mL SERUM Transport: Ambient Submit tube intact - DO NOT SEPARATE SERUM. Collect at steady-state trough concentration. Specimen should be collected >12 hours after dose. • Gross hemolysis • Gel barrier/Serum Separator Tube A: 5 days R: 7 days F: 30 days Minimum specimen: 1.5 mL Formulary	110-250 mcg/L (Chromatography/ Mass Spectrometry)	Quest 826 via Medical Center

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DRAW AND HOLD BLOOD BANK TUBE FOR TRANSFUSION SERVICE	KPDS: 8299999 Health Connect Order Code: DRAW AND HOLD BLOOD BANK TUBE FOR TRANSFUSION SERVICE [207961]	Pink6 or IAV5 Microtainer, lavender (neonates only)	6 ml whole blood Transport: Ambient Draw blood as for all Blood Band specimens. Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 3 days F: Unacceptable Minimum specimen: 1 ml whole blood Hold specimen, no testing performed on receipt. May be used to perform TYPE [ABO-RH] AND ANTIBODY SCREEN PANEL <u>within 3 days of collection.</u> Formulary		<TestCode></TestCode> Medical Centers, Transfusion Service 24 hours 4 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DRAW AND HOLD CORD BLOOD TUBE FOR TRANSFUSION SERVICE	KPDS: 8299997 Health Connect Order Code: DRAW AND HOLD CORD BLOOD TUBE FOR TRANSFUSION SERVICE [207932]	Pink6, LAV5, or LAV7	5 mL whole blood obtained from umbilical cord Transport: Ambient Label with neonate identifiers. Specimen labeled with mother's identifiers will be rejected. Received: • Collected in SST • Grossly hemolyzed • Frozen • Not properly labeled • Labeled with mother's identifiers • Insufficient sample A: 24 hours R: ABO Rh: 14 days DAT: 24 hours F: Unacceptable Minimum specimen: 1 mL whole blood obtained from umbilical cord Hold specimen, no testing performed upon receipt. May be used to perform ABO-RH AND DIRECT COOMBS, CORD BLOOD [206492] upon request within 24 hours of collection. Formulary		<TestCode></TestCode> Medical Centers, Transfusion Service 24 hours 4 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DRUG SCREEN, URINE, CDRP •Drug Screen •Urine Drug Screen •Drugs of Abuse •Drug of Abuse CDRP •DAU	KPDS: Excluded in Service Master [8308655] Health Connect Order Code: Inactivated: DRUG SCREEN, URINE, CDRP [80100ZU]		See Technical Bulletin Order: <u>DRUG OF ABUSE SCREEN</u> Not-Formulary		•Not-Formulary (Discontinued)
ELECTROLYTE - GASTRIC SPECIMEN	KPDS:		1. Not Available 2. Refer requesting physician to G.I. consult.		

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ELECTROLYTE PANEL [NA, K, CL, CO2] ELECTROLYTES (NA, K, CL, CO2); CARBON DIOXIDE	KPDS: 8429501 Health Connect Order Code: ELECTROLYTE PANEL [NA, K, CL, CO2] [80051E]	MC: PST4mL RRL: GLD6 LYTES	2 mL plasma or serum Transport: Refrigerated Centrifuge specimen to separate plasma from cells within 1 hour of collection. Do Not Uncap. NOTE: •Do not transfer serum into aliquot tube •Do not share sample with other tests •Protect sample from exposure to air •Received as an aliquoted sample. •Samples received unspun at the RRL will be rejected. Minimum specimen: 0.5 mL plasma or serum Na - Sodium K - Potassium Cl - Chloride CO2 - Carbon Dioxide (Total) Formulary	Na: 135 - 145 meq/l K: 3.5 - 5.0 meq/l Cl: 101 - 111 meq/l CO ₂ : 21 - 31 meq/l Pediatric: K: 0-1 wk: 3.2-5.5 meq/l 1wk - 1yr: 3.5-5.6 meq/l >1yr: 3.5-5.0 meq/l CO ₂ : 18-30 meq/L Sodium Neonatal Critical Value: 0 minutes - 30 days old Critical Low - 124 Critical High - 156 Greater than 30 days old Critical Low - 119 Critical High - 159	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily Medical Center: 30 minutes - 1 hour or RRL: 2 days
ELECTROLYTE PANEL [NA, K, CL], 24 HR URINE	KPDS: 8000402 Health Connect Order Code: ELECTROLYTE PANEL [NA, K, CL], 24 HR URINE [249490]	Collect: UR99 Aliquot and Transport: UR10 Lytes 24U	10 mL aliquot of a well-mixed 24 HR urine specimen. Transport: Refrigerated Record total volume. Minimum specimen: 5 mL Formulary	Accompanies Report No established reference ranges for children < 6 years old.	Medical Centers

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ELECTROLYTES PANEL [NA, K, CL], URINE URINE ELECTROLYTES (NA,K & CL)	KPDS: 8000401 Health Connect Order Code: ELECTROLYTES PANEL [NA, K, CL], URINE [251066]	Collect: UR25 Aliquot and Transport: See Specimen Requirements Field Lytes U	10 ml Random urine Aliquot and Transport: GWH3 Baldwin Park and South Bay: REDZ Transport: Refrigerated Minimum specimen: 0.5 mL Formulary	Accompanies Report	Medical Centers
ENA (EXTRACT. NUCLEAR ANTIGEN) RIBONUCLEOPROTEIN (RNP) (RIBONUCLEOPROTEIN)	KPDS: Excluded in Service Master 8623500 Health Connect Order Code: Inactivated: NUCLEAR ANTIGEN ANTIBODY [86235D]		Please order alternative test: Smith and RNP Antibody HC Order Code 200518 Not-Formulary		•Not-Formulary (Discontinued)
ENDOMYSIAL IGA, IFA WITH REFLEX TO TITER	KPDS: 8625507 Health Connect Order Code: ENDOMYSIAL IGA, IFA WITH REFLEX TO TITER 86255ZS]	GLD6 EMA SCRIN	1 ml serum Transport: Refrigerated Received: •lipemic •hemolyzed A: 7 days R: 3 weeks Minimum specimen: 0.5 ml serum Endomysial IGA, IFA with reflex to titer Endomysial Antibody Titer [Negative Screen will not have a titer result] Technical Bulletins: INTERNALIZATION OF ENDOMYSIAL ANTIBODY (EMA) TEST Formulary	IgA, IFA with reflex to titer: Negative Endomysial Antibody Titer: <1:10 (IFA) Negative Endomysial Antibody result supports the diagnosis of Celiac disease.	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
EPSTEIN-BARR VIRUS (EBV) CULTURE	KPDS:		TEST DISCONTINUED		(Discontinued)
ESCHERICHIA COLI 0157:H7 CULTURE E. COLI 0157:H7	KPDS: Removed from Service Master: 8710603 Health Connect Order Code: Inactivated: ESCHERICHIA COLI 0157:H7 CULTURE [87075H}		As of July 18, 2018, this test formally performed at the Kaiser Permanente Regional Reference Laboratories, has been discontinued. Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ESTROGEN, TOTAL, 24-HOUR URINE	KPDS: 		This test has been discontinued. Quest Diagnostics recommends ESTROGEN, TOTAL, SERUM as the appropriate test to order. href=http://kplnet.kp.org:81/california/scpimg/labnet/testmen/w/testmenu.jsp?TID=Z711&TNVME=ESTROGENS%2C%20TOTAL%2C%20SERUM%26ESTROGEN,TOTAL,SERUM (826720T)		(Discontinued)
ETHANOL, URINE, USING AUTOMATED ANALYZER	KPDS: 8308666 Health Connect Order Code: Inactivated: ETHANOL, URINE, USING AUTOMATED ANALYZER [803010]		As of July 15, this test has been discontinued and excluded from the Service Master. Please order ETHANOL METABOLITE (ETHA) GIUCURONIDE] SCREEN, URINE, EIA [80302D] Not-Formulary		•Not-Formulary (Discontinued)
ETHOSUXIMIDE LEVEL ZARONTIN	KPDS: 8269200 Health Connect Order Code: ETHOSUXIMIDE LEVEL [80168B]	7 ml Plain Red Top (RED7) (Do not use SST) Ethosuximide	1 mL serum Transport: Refrigerated Submit tube intact. A: 48 hours R: 4 days F: 1 month Minimum specimen: 1 mL serum Formulary	40 - 80µg/mL	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Daily 1.5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ETHYL GLUCURONIDE SCREEN, URINE, AUTOMATED ANALYZER Ethyl Glucuronide [ETG] ETHANOL GLUCURONIDE	KPDS: 8308666 Health Connect Order Code: ETHYL GLUCURONIDE SCREEN, URINE, AUTOMATED ANALYZER [80307F]	UR25 ETG	2 mL Urine Transport: Refrigerated Received ambient R: 14 days F: 30 days Minimum specimen: 1 mL Urine Formulary	Negative (Enzyme Immunoassay) Positive or Negative Toxicology results are to be used only for medical purposes, and not for employment, school enrollment, or for legal purposes.	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FACTOR 13 ACTIVITY •FACTOR XIII ASSAY •FACTOR XIII SCREEN	KPDS: 8521119 Health Connect Order Code: FACTOR 13 ACTIVITY [85291B]	5 mL Light Blue Top (BLU5) Fac 13 Scr	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	Accompanies Report (Clot Solubility) This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory system where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	Regional Reference Laboratories, North Hollywood (Special Coagulation) 6 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>FACTOR II ACTIVITY</p> <ul style="list-style-type: none"> •FACTOR II ASSAY •FACTOR II SCREEN •FACTOR 2 ACTIVITY 	<p>KPDS: 8521102</p> <p>Health Connect Order Code: FACTOR II ACTIVITY [85210B]</p>	<p>5 mL Light Blue Top (BLU5) Fac 2 Act</p>	<p>2 mL FROZEN citrated plasma per assay Transport: Frozen</p> <ol style="list-style-type: none"> 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. <p>Minimum specimen: 1 mL plasma Formulary</p>	<p>70-120% (Electromagnetic Mechanical Clot Detection) Heterophilic antibodies in patient plasma can lead to an underestimate of FII level.</p>	<p>Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days</p>
<p>FACTOR II INHIBITOR</p> <ul style="list-style-type: none"> •FACTOR ANTBODY TITER •FACTOR II INHIBITOR •FACTOR 2 INHIBITOR 	<p>KPDS: 8521124</p> <p>Health Connect Order Code: FACTOR IINHIBITOR [85335D]</p>	<p>5 mL Light Blue Top (BLU5) Fac 2 Inh</p>	<p>2 mL FROZEN citrated plasma per assay Transport: Frozen</p> <ol style="list-style-type: none"> 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. <p>Minimum specimen: 1 mL plasma Formulary</p>	<p>None detected (Prothrombin Time [PT]-based Clotting Assay)</p>	<p>Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days</p>
<p>FACTOR IX ACTIVITY</p> <ul style="list-style-type: none"> •FACTOR IX ASSAY •FACTOR IX SCREEN •FACTOR 9 ACTIVITY 	<p>KPDS: 8521106</p> <p>Health Connect Order Code: FACTOR IX ACTIVITY [85250B]</p>	<p>5 mL Light Blue Top (BLU5) Fac 9 Act</p>	<p>2 mL FROZEN citrated plasma per assay Transport: Frozen</p> <ol style="list-style-type: none"> 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 minutes and aliquot into plastic tube. Freeze immediately. <p>Minimum specimen: 1 mL plasma Formulary</p>	<p>60-150% (Electromagnetic Mechanical Clot Detection)</p>	<p>Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FACTOR IX INHIBITOR •FACTOR ANTIBODY TITER INHIBITOR •FACTOR 9 INHIBITOR	KPDS: 8521164 Health Connect Order Code: FACTOR IX INHIBITOR [85335A]	5 mL Light Blue Top (BLU5) Fac 9 Inh	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	None detected (APTT-based clotting assay)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
FACTOR V ACTIVITY •FACTOR V ASSAY •FACTOR V SCREEN •FACTOR 5	KPDS: 8521103 Health Connect Order Code: FACTOR V [85220B]	5 mL Light Blue Top (BLU5) Fac 5 Act	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	70-120% (Electromagnetic Mechanical Clot Detection)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
FACTOR V INHIBITOR •FACTOR ANTIBODY TITER INHIBITOR •FACTOR 5 INHIBITOR	KPDS: 8521134 Health Connect Order Code: FACTOR V INHIBITOR [85335G]	5 mL Light Blue Top (BLU5) Fac 5 Inh	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	None detected (Prothrombin Time (PT)-based Clotting Assay)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FACTOR VII ACTIVITY •FACTOR VII ASSAY •FACTOR VII SCREEN •FACTOR 7 ACTIVITY	KPDS: 8521104 Health Connect Order Code: FACTOR VII ACTIVITY [85230B]	5 mL Light Blue Top (BLU5) Fac 7 Act	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	55-170% (Electromagnetic Mechanical Clot Detection)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
FACTOR VII INHIBITOR •FACTOR ANTIBODY TITER •FACTOR VII INHIBITOR •FACTOR 7 INHIBITOR	KPDS: 8521144 Health Connect Order Code: FACTOR VII INHIBITOR [85335F]	5 mL Light Blue Top (BLU5) Fac 7 Inh	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	None detected (Prothrombin Time (PT)-based Clotting Assay)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FACTOR VIII ACTIVITY •FACTOR VIII ASSAY •FACTOR VIII SCREEN •ANTI-HEMOPHILIC FACTOR [AHF] •FACTOR 8 ACTIVITY	KPDS: 8521105 Health Connect Order Code: FACTOR VIII ACTIVITY [85240B]	5 mL Light Blue Top (BLU5) Fac 8 Act	2 mL FROZEN citrated plasma per assay Transport: Frozen For routine specimens: 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. For STAT specimens, refer to tb8521105_20101029.pdf for more information. Frozen specimens that thaw in transit will be rejected. A: 4 hours R: -20°C: 2 weeks -70°C: 12 months Minimum specimen: 1 mL plasma Formulary	60-150% (Electromagnetic Mechanical Clot Detection) Blood type O patients generally have lower FVIII than those with other ABO types. FVIII may be elevated by pregnancy, use of birth control pills, therapy with vitamin K antagonist or corticosteroids, inflammation, physical exercise and stress.	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
FACTOR VIII INHIBITOR •FACTOR ANTIBODY TITER •FACTOR VIII INHIBITOR •ANTI-HEMOPHILIC FACTOR [AHF] •FACTOR 8 INHIBITOR	KPDS: 8521154 Health Connect Order Code: FACTOR VIII INHIBITOR [85335E]	5 mL Light Blue Top (BLU5) Fac 8 Inh	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	None detected (APTT-based clotting assay)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FACTOR VIII VON WILLEBRAND FACTOR ANTIGEN •VON WILLEBRAND FACTOR ANTIGEN •FACTOR VIII ANTIGEN •VON WILLEBRAND FACT - AG •ANTI-HEMOPHILIC FACTOR [AHF] •FACTOR 8 VON WILLEBRAND FACTOR ANTIGEN	KPDS: 8521112 Health Connect Order Code: FACTOR VIII VON WILLEBRAND FACTOR ANTIGEN [85246B]	5 mL Light Blue Top (BLU5) VW Fac Ag	2 mL FROZEN citrated plasma Transport: Frozen 1. Centrifuge 10 minutes and separate plasma. 2. Centrifuge plasma again for 10 minutes and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL Formulary	66-176% (Immuno-turbidimetric method)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
FACTOR X ACTIVITY •FACTOR X ASSAY •FACTOR X SCREEN •FACTOR 10 ACTIVITY	KPDS: 8521107 Health Connect Order Code: FACTOR X ACTIVITY [85260B]	5 mL Light Blue Top (BLU5) Fac 10 Act	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	70-120% (Electromagnetic Mechanical Clot Detection)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>FACTOR X INHIBITOR</p> <ul style="list-style-type: none"> •FACTOR ANTIBODY TITER •FACTOR X INHIBITOR •FACTOR 10 INHIBITOR 	<p>KPDS: 8521174</p> <p>Health Connect Order Code: FACTOR X INHIBITOR [85335H]</p>	<p>5 mL Light Blue Top (BLU5) Fac 10 Inh</p>	<p>2 mL FROZEN citrated plasma per assay Transport: Frozen</p> <ol style="list-style-type: none"> 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. <p>Minimum specimen: 1 mL plasma Formulary</p>	<p>None detected (Prothrombin Time (PT)-based Clotting Assay)</p>	<p>Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days</p>
<p>FACTOR XI ACTIVITY</p> <ul style="list-style-type: none"> •FACTOR XI ASSAY •FACTOR XI SCREEN •PLASMA THROMBOPLAST EN ANTECEDENT (PTA) •FACTOR 11 ACTIVITY 	<p>KPDS: 8521108</p> <p>Health Connect Order Code: FACTOR XI ACTIVITY [85270B]</p>	<p>5 mL Light Blue Top (BLU5) Fac 11 Act</p>	<p>2 mL FROZEN citrated plasma per assay Transport: Frozen</p> <ol style="list-style-type: none"> 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. <p>Minimum specimen: 1 mL plasma Formulary</p>	<p>60-150% (Electromagnetic Mechanical Clot Detection)</p>	<p>Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days</p>
<p>FACTOR XI INHIBITOR</p> <ul style="list-style-type: none"> •FACTOR ANTIBODY TITER •FACTOR XI INHIBITOR •FACTOR 11 INHIBITOR 	<p>KPDS: 8521184</p> <p>Health Connect Order Code: FACTOR XI INHIBITOR [85335M]</p>	<p>5 mL Light Blue Top (BLU5) Fac 11 Inh</p>	<p>2 mL FROZEN citrated plasma per assay Transport: Frozen</p> <ol style="list-style-type: none"> 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. <p>Minimum specimen: 1 mL plasma Formulary</p>	<p>None detected (APTT-based clotting assay)</p>	<p>Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FACTOR XII ACTIVITY •FACTOR XII ASSAY •FACTOR XII SCREEN •FACTOR 12 ACTIVITY	KPDS: 8521109 Health Connect Order Code: FACTOR XII ACTIVITY [85280B]	5 mL Light Blue Top (BLU5) Fac 12 Act	5 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	60-150% (Electromagnetic Mechanical Clot Detection) In neonates FXII levels is about 50% of the adult values. Increased FXII levels have been observed in individuals after strenuous physical exercise.	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
FACTOR XII INHIBITOR •FACTOR ANTIBODY TITER •FACTOR XII INHIBITOR •FACTOR 12 INHIBITOR	KPDS: 8521194 Health Connect Order Code: FACTOR XII INHIBITOR [85335B]	5 mL Light Blue Top (BLU5) Fac 12 Inh	2 mL FROZEN citrated plasma per assay Transport: Frozen 1. Centrifuge 10 mins. and separate plasma. 2. Centrifuge plasma again for 10 mins. and aliquot into plastic tube. Freeze immediately. Minimum specimen: 1 mL plasma Formulary	None detected (APTT-based clotting assay)	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
FECAL FAT SCREEN •FAT, FECES (QUALITATIVE) •FECAL-FAT QUALITATIVE •FECES, FAT (QUALITATIVE) •SUDAN IV STAIN •FAT, STOOL SCREEN	KPDS: 7271660 Health Connect Order Code: FECAL FAT SCREEN [82705B]	SC99_StrCont_SterileContainer	Random sample of feces Transport: Refrigerated Collect approximately 5 grams of semi-solid to solid stool or 5 mL of liquid stool and transfer to properly labeled leak-proof container. Minimum specimen: 5 grams Formulary	Negative (Sudan Stain)	Regional Reference Laboratories, North Hollywood (Bacteriology) Daily 2-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FERRITIN	KPDS: 8417600 Health Connect Order Code: FERRITIN [82728B]	GLD6 Ferritin	1 mL serum Transport: Refrigerated Grossly hemolyzed or lipemic specimens may yield inappropriate results and are unacceptable for testing. A: 48 hours R: 4 days F: 1 month Minimum specimen: 0.6 mL serum Formulary	4 months - 16 years Male: 17 - 168 ng/ml Female: 17 - 168 ng/ml 17 years - 60 years Male: 25 - 336 ng/ml Female: 13 - 126 ng/ml 61 years and older Male: 25-440 ng/mL Female: 20-400 ng/mL Iron deficiency range: < 10 ng/mL (Latex Agglutination)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Monday - Friday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FIBRILLARIN IGG, QUALITATIVE FIBRILLARIN ANTIBODY U3 RNP	KPDS: 8623512 Health Connect Order Code: FIBRILLARIN ANTIBODY, QUALITATIVE [86235AM]	GLD6	1 mL serum Transport: Refrigerated Frozen Grossly hemolyzed or severely lipemic. A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.5 mL serum Formulary	Negative (Qualitative Immunoblot)	ARUP laboratories [2012173] via Medical Center Laboratory Tuesday, Thursday and Saturday 1-4 days upon receipt
FIBRINOGEN, QUANTITATIVE	KPDS: 8537500 Health Connect Order Code: FIBRINOGEN, QUANTITATIVE [85384C]	5 mL Light Blue Top (BLU5) Fibrinogen	2 mL citrated plasma Transport: Frozen [Rf] Specimens sent to Regional Coagulation laboratory, North Hollywood. Transfer plasmer with transfer pipette [do not disturb buffy coat layer] into separate transport tube and freeze immediately Formulary	218-441 mg/dL Critical Value: <100 mg/dL (Clotting method of Clauss)	Medical Centers or Regional Reference laboratories, North Hollywood (Special Coagulation Regional Coagulation Department) Set up: Monday - Friday 8:30 am - 4:00 pm Saturday 7 am - 2:30 pm 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FISH; 13, 18, 21, X, Y ANEUPLOIDY PANEL •F.I.S.H. - Prenatal •F.I.S.H. Probe •FISH	KPDS: 8828707 Health Connect Order Code: FISH, 13, 18, 21, X, Y ANEUPLOIDY PANEL [247264]	FISH	<p>Extra 5 ml amniotic fluid Transport: Ambient•Tests must be pre-approved by the Director of the Regional Laboratories' Genetic Testing Department or his designee. •Order on KPHC (HealthConnect). Deliver immediately•Frozen •Clotted •Hemolyzed •Unlabeled or without two patient identifiers •Incorrect or inappropriate transport tube A: 24-48 hours R: NO F: NO AneuVysion Kit - Prenatal Assay: •Each AneuVysion Kit includes five F. I.S.H. probes packaged in two probe mixtures •Probe mixture #1 •CEP-18;D18Z1 alpha-satellite DNA probe corresponding to 18p11.1-q11.1 •CEP X: DXZ1 alpha-satellite DNA probe corresponding to Xp11.1-q11.1 •CEP Y: DYZ3 alpha-satellite DNA probe corresponding to Yp11.1-q11.1 •Probe mixture #2 •LSI 13: DNA probe corresponding to the RBI gene (13q14) •LSI 21: DNA probe corresponding to loci D21S59/D21S341/D21S342 (21q22.13-q22.2) •The AneuVysion kit is indicated for enumerating chromosomes 13, 18, 21, X, and Y via fluorescence in situ hybridization (F.I.S.H.) in interphase nuclei obtained from amniotic fluid in subjects with presumed high risk pregnancies. Formulary</p>	(In situ hybridization on uncultured amniocytes/direct analysis on Interphase cells)	Regional Reference Laboratories, Electronics Place: Cytogenetics 818-502-5959, tie line 336 (Genetic Testing) Monday-Saturday 1-3 days **TAT is based upon receipt of sample at the MGPL**

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FISH, MYELOMA REFLEX PANEL •F.I.S.H. •Fluorescence in situ hybridization	KPDS: Removed from Service Master: 8828737 Health Connect Order Code: Inactivated: FISH, MYELOMA REFLEX PANEL [247259]		Effective August 14, 2017, this test has been discontinued. Order FISH_MYELOMA PANEL [247258] Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FRAGILE X SYNDROME, FRM1 MUTATION DETECTION •Fragile X DNA (FMR1) Probe •Fragile X DNA Analysis	KPDS: 8828000 Health Connect Order Code: FRAGILE X SYNDROME, FRM1 MUTATION DETECTION [81243A]	LAV5 Lavender Top (EDTA) FRAGX	5 ml whole blood Transport: Ambient Do not centrifuge. A: 3 days R: 1 week F: NO Minimum specimen: 3 ml whole blood •Recommend running chromosome study in conjunction. •If chromosome study is desired, order Chromosome Analysis: HC order code 200433 and collect <u>GS4 Green Top (Sodium Heparin)</u> Formulary	(PCR, Southern Blot) •Negative •Positive premutation-carrier •Positive full mutation-affected	Regional Reference Laboratories, Electronics Place: Molecular Genetic Pathology 818-502-5959, tie line 336 (Genetic Testing) Weekly 15 days **TAT is based upon receipt of sample at the MGPL **

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FSH (FOL STIM HORM) •FOLLICLE STIMULATING HORMONE, SERUM •PITUITARY GONADOTROPIN S (FSH)	KPDS: 8331600 Health Connect Order Code: FSH [83001B]	GLD6 FSH	1 ml serum Transport: Refrigerated• Centrifuge after clotted. • Send entire tube. Do not aliquot. A: 48 hours R: 7 days F: 12 months Minimum specimen: 0.6 mL serum Samples received after 11:30 AM on Saturday will be analyzed promptly on Monday. Formulary	FEMALES (mIU/ml): •Birth to 5 months: 21 •6 months to 6 years: <1 •7 years to 9 years: <3 •10 years to 17 years: 1 - 20 •Adults Normally Menstruating: Follicular phase: 3.0 8.1 Midcycle peak: 2.6 16.7 luteal phase: 1.4 5.5 Postmenopausal w/o HRT: 26.7 133.4 MAIES (mIU/mL): •Birth to 5 months: 1 •6 months to 8 years: <1 •9 years to 11 years: <3 •12 years to 17 years: 1 - 20 •Adults: 1.0 - 12.0 (Chemiluminescent Microparticle Immunoassay [CMIA]{Abbott Architect})	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GANGLIOSIDE GM-1 ANTIBODIES (IGG AND IGM) •Ganglioside GM-1 IgG •Ganglioside GM-1 IgM	KPDS: 8352010 Health Connect Order Code: GANGLIOSIDE GM1 IGG AND IGM, EIA [200987]	RED7 AR GM-1 Ab	1 ml serum Transport: Refrigerated Overnight fasting is preferred. Received ambient A: 48 hours R: 2 weeks F: 1 month Minimum specimen: 0.2ml serum <u>For laboratory Use Only.</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens <u>Formulary</u>	GM-1 Antibody (IgG) <1:800 titer GM-1 Antibody (IgM) <1:800 titer IgG, IgM Antibodies to Ganglioside GM1 Normal <1:800 Moderately elevated 1:800-1:3200 Highly elevated ≥1:6400 (Immunoassay (IA))	Quest Diagnostics, Inc. <TestCode></TestCode> Quest Test 37093 Via Medical Center Set up on Tuesday and Thursday 4 to 9 days
GASTRIC WASH	KPDS:		Gastric Fluid GASTRIC WASH FOR PAP SMEAR CYTOLOGY - See Pap Smear Card. See Cytology Card and call G.I. Laboratory for information and appointment		Medical Centers

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLOBIN, FECAL •Immunoassay Fecal Occult Blood Test •IFOBT	KPDS: 8912605 Health Connect Order Code: GLOBIN, FECAL [82274A]	FOBT-CHECKKoc Sample Bottle IFOBT	<ul style="list-style-type: none"> •Fresh Random Feeces •Digital Rectal Exam [DRE] is acceptable Transport: Refrigerated Follow instructions in the collection kit. Download IFOBT collection instructions. IFOBT Sample Kit Labeling Procedure •Stability of specimen exceeded. •Stool specimen submitted in a sterile container. A: 15 days R: 30 days F: N/A Formulary 	Negative (Immunoassay - Polyclonal Antibodies [MAbs]) Screening for gastrointestinal bleeding.	Regional Reference Laboratories, North Hollywood Monday - Friday 3 days
GLUCOSE 24 HR URINE GLUCOSE, URINE (QUANTITATIVE) URINE GLUCOSE GLUCOSE - URINE TIMED	KPDS: Removed from Service Master: 8436500 Health Connect Order Code: Inactivated:GLUC OSE 24 HR URINE [82945A]		Due to low volume, this test normally performed at the Regional Reference Laboratory, has been discontinued. Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE TOLERANCE TEST, 1 HR [FBS, 1 HR GLUCOSE]	KPDS: 8295114 Health Connect Order Code: GLUCOSE TOLERANCE TEST, 1 HR [FBS, 1 HR GLUCOSE] [253261]	GY7 GTT 1 HR	Formulary	FBS: Normal: 70-99 mg/dL Pre-DM: 100-125 mg/dL DM: 126 mg/dL Post-50g Glucola 1hr Normal: 70-134 mg/dL NTOE: Cutoff can vary from 130 mg/dL for greater sensitivity to 140 mg/dL for greater specificity	<TestCode></TestCode> Medical Center Daily
GLUCOSE, CSF GLUCOSE, CSF (SPINAL FLUID) GLU-CSF	KPDS: 8438000 Health Connect Order Code: GLUCOSE, CSF [82945H]	Spinal fluid - Sterile tube (SF10) Gluc CSF	2.0 mL spinal fluid Analyze immediately. Minimum specimen: 2.0 mL spinal fluid Formulary	Accompanies report	Medical Centers only

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE, PERITONEAL DIALYSIS FLUID Peritoneal Dialysate, glucose	KPDS: 8294505 Health Connect Order Code: GLUCOSE, PERITONEAL DIALYSIS FLUID [82945B]	Collect: SC99_SterileContainer Transport: RED7 Gluc PDF	0.5 ml peritoneal dialysate Transport: Refrigerated Collect specimen in Sterile Container•Send specimen to your local laboratory after collection •laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories, North Hollywood and Chino Hills A: NO R: 7 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Peritoneal dialysate fluid glucose is used to assess the permeability of the peritoneal membranes and for peritoneal equilibration testing (PET).	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Sets up daily 2 days
GLUCOSE-6-PHOSPHATE DEHYDROGENAS E SCREEN • G-6-PD • G-6-PDH • Glucose- 6 Phosphate Dehydrogenase •G6PD OR G6PDH	KPDS: 8295500 Health Connect Order Code: GLUCOSE-6-PHOSPHATE DEHYDROGENAS E SCREEN [82960A]	IAV5 Lavender Top (EDTA) G6PDH Scr	5 ml whole blood Transport: Refrigerated• For pediatric patients, draw in microcollection pediatric tubes only. • Do not use capillary tubes. • Do not aliquot. • Submit original draw tube. Submitted in capillary tubes A: NO R: 7 days F: NO Minimum specimen: 2 mL whole blood Formulary	Not deficient (Qualitative, Visual Fluorescence Screening)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Set up every other day, Monday - Friday 5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GRAM STAIN	KPDS: 8700000 Health Connect Order Code: GRAM STAIN [87205B]	Slide or sterile container GRAM	Specimen varies - Clean frosted end slide. Transport: Ambient Indicate source of material and diagnosis. Make 2 smears - keep one here, stain other slide if STAT. label frosted end of slide with patient's full name. For GC Smear (Gonorrhea): Doctor will collect specimen. Roll swab with discharge across the slide, or smear slide directly with discharge. OC MOB LABS: If a STAT gram stain comes in after the last courier, contact the provider to determine if: •the gram stain can be sent the next day, or •to call a taxi to take the gram stain to the Anaheim Lab immediately. Air dry and place slide in slide holder. Hand carry to Lab. Unlabeled slides will not be accepted. A: 24 hrs R: NO F: NO Minimum specimen: N/A Formulary	Interpretation	Medical Center or Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily MC: 30 Minutes (STAT) to 4 hrs RRL: 1 day
HAPTOGLOBIN	KPDS: 8301000 Health Connect Order Code: HAPTOGLOBIN [83010B]	GLD6 Haptoglobin	1 mL serum Transport: Refrigerated Centrifuge immediately after clotting to prevent hemolysis. •Lipemia •Gross hemolysis •Microbially contaminated with visible particulate matter A: No R: 8 days F: 3 months at -20°C Minimum specimen: 0.5 mL serum Formulary	30 - 200 mg/dL (Turbidimetry)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Monday - Friday 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HCV RNA QUALITATIVE THERAPEUTIC HEPATITIS C RNA THERAPEUTIC QUAL TMA	KPDS: EXCLUDED in Service Master [8633713] Health Connect Order Code: Inactivated: HCV RNA RX QUAL TMA [87521I]		Order: HEPATITIS C VIRUS RNA PCR QUANTITATIVE [87522C] Not-Formulary		•Not-Formulary (Discontinued)
HCV RNA SCREEN QUAL TMA HEPATITIS C RNA SCREEN QUAL TMA	KPDS: EXCLUDED in Service Master [8633712] Health Connect Order Code: Inactivated: HEPATITIS C RNA SCREEN QUAL TMA [87521H]		Order: HEPATITIS C VIRUS RNA PCR QUANTITATIVE [87522C] Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HDL CHOLESTEROL •DIRECT HDL •HDL (HIGH DENSITY LIPOPROTEIN)	KPDS: 8371600 Health Connect Order Code: HDL CHOLESTEROL [83718A]	GLD6 HDL	1.0 mL serum Transport: Refrigerated Freeze at -70:C. R: 7 days F: 1 month Minimum specimen: 0.5 mL serum Direct HDL is also included in the following tests: CHOL/HDL RATIO DIABETES PANEL - FASTING DIABETES PANEL - NON-FASTING LIPID PANEL - NON-FASTING LIPID PANEL NONFAST-100 LIPID PROFILE LIPID PROFILE-100 Formulary	Female: Greater than 45 mg/dL Male: Greater than 35 mg/dL	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
HEALTH APPRAISAL PANEL HEALTH APPRAISAL - BLOOD CHEMISTRY; MULTIPHASIC CHEMISTRY (SMA 12)	KPDS: EXCLUDED in Service Master [8417550] Health Connect Order Code: Inactivated: HEALTH APPRAISAL PANEL [CR, GLU RANDOM, CHOL, D HDL, D LDL] [208259]		No longer available. Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEAVY METALS SCREEN	KPDS:		This test has been discontinued. See Technical Bulletin. http://kponet.kp.org:81/california/scpmg/labnet/docs/tb_8277502_20061016.pdf Technical Bulletin(Heavy Metal Screen)		(Discontinued)
HEINZ BODIES	KPDS: EXCLUDED in Service Master [8302003] Health Connect Order Code: Inactivated: HEINZ BODIES [84551B]		No longer available Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HELICOBACTER PYLORI IGG •HELICOBACTER PYLORI ANTIBODY •H. PYLORI IGG ANTIBODY	KPDS: 8710655 Health Connect Order Code: HELICOBACTER PYLORI IGG [86677A]	GLLD6 H PYLO IGG	2.0 ml serum Transport: Refrigerated Freeze at -20°C or colder for long term storage. Grossly lipemic not recommended A: 8 hours R: 48 hours F: 12 months Minimum specimen: 0.5 mL serum Formulary	Negative: < 20 Units Equivocal: 20.1 - 24.9 Units Positive: > 25 Units (EIA [INOVA Quantalyser]) •NEGATIVE: No antibody to <i>H. pylori</i> or levels below the detection limit of the assay. A sample drawn too early during primary infection may not have detectable levels of IgG antibody. •EQUIVOCAL: Suggest repeat testing in 4-6 weeks with a new sample if clinically indicated. •POSITIVE: A positive result only indicates previous immunological exposure to <i>H. pylori</i> . It cannot distinguish an active from an inactive <i>H. pylori</i> infection. Active infection can be assessed by alternate methods such as <i>H. pylori</i> Stool Antigen, biopsy specimen to detect urease production, or urea breath test.	Regional Reference Laboratories, North Hollywood and Chino Hills (Core Laboratory [CH]/Immunology [NIH]) Monday - Saturday 1-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING</p> <p>Former name: Hemoglobin A1C, Diagnostic</p>	<p>KPDS: 8303605</p> <p>Health Connect Order Code: HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [83036H]</p>	<p>LAV5</p> <p>D-HBA1C</p>	<p>5 mL whole blood</p> <p>Transport: Refrigerated</p> <p>Refrigerate if held over 72 hours.</p> <p>A: 3 days</p> <p>R: 7 days</p> <p>F: 6 months</p> <p>Minimum specimen: 1.0 mL whole blood•This test is intended for patients who have not been diagnosed with diabetes</p> <ul style="list-style-type: none"> •Confirm any new diagnosis of diabetes with repeat testing <p>Formulary</p>	<p>Normal: <5.7%</p> <p>Pre-Diabetes Mellitus: 5.7-6.4%</p> <p>Diabetes Mellitus: 6.5%</p> <p>(Roche Tina-Quant Hemoglobin A1c [Gen 3] running on the C513)</p> <ul style="list-style-type: none"> •A repeatable Hb A1c > or = 6.5% is diagnostic of diabetes. •A single Hb A1c > or = 6.5% can also be confirmed by a fasting plasma glucose measurement > 125 mg/dL, a random plasma glucose > or = 200 mg/dL, or a 2 hour oral glucose tolerance test result > or = 200 mg/dL. •Patients with a Hb A1c of 5.7-6.4% are at increased risk for future diabetes. 	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH])</p> <p>Daily 2 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEMOGLOBIN FRACTIONATION, CHROMATOGRAPHY Formerly 'Hemoglobin Electrophoresis' Formerly 'Hemoglobin Evaluation'	KPDS: 8322200 Health Connect Order Code: HEMOGLOBIN FRACTIONATION, CHROMATOGRAPHY [83021B]	5 mL Lavender Top (LAV5) HB Eval	5 ml whole blood Transport: Refrigerated If micro, requires micro tube. A: 48 hrs R: 7 days F: NO Minimum specimen: 2.0 ml whole blood Includes: •Phenotype •HbA ₂ •F Formulary	Hb A2 reference ranges for patients with select hemoglobin variants: Hgb S 2.2-3.9% Hgb D 2.0-3.6% Hgb E 2.8-4.5% Additional Reference Ranges may accompany report (HPLC) Hb A2 levels are not a specific indicator of an underlying beta-thalassemia in the presence of these hemoglobin variants.	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) 2 x week 5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS A VIRUS ANTIBODY, TOTAL	KPDS: EXCLUDED from Service Master: 8628601 Health Connect Order Code: Inactivated: HEPATITIS A VIRUS ANTIBODY, TOTAL [86708C]		As of May 20, 2015, Hepatitis A Virus Antibody Total has been discontinued. Order: •Hepatitis A IgG [New KPHC - 86708B] •Hepatitis A Virus IgM [KPHC - 86709B] Not-Formulary		•Not-Formulary (Discontinued)
HEPATITIS A VIRUS IGG [HAV IGG] •HEPATITIS A IMMUNITY •HEPATITIS A ANTIBODY/IMMUNITY (HAVAb) •Antibody to Hepatitis A Virus [IgG]	KPDS: 8712010 Health Connect Order Code: HEPATITIS A VIRUS IGG [HAV IGG] [86708B]	GLD6 HEP A IGG	2.0 ml serum Transport: Refrigerated Invert tube 5 times and allow to clot a minimum of 30 minutes in vertical position; then centrifuge. Received: •obvious microbial contamination •grossly hemolyzed •heat inactivated •pooled A: 4 days R: 8 days F: >8 days Minimum Specimen: 1.0 ml serum-ORDER this test when determining Hepatitis A IMMUNITY status •Positives are NOT reflexed to Hepatitis A Virus IgM Formulary	Non Reactive (Chemiluminescent Microparticle Immunoassay [CMIA][Architect]) Non Reactive: IgG anti-HAV not detected [non-immune] Reactive: IgG anti-HAV detected [immune]	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS A VIRUS IGM [HAV IGM] •Antibody to Hepatitis A Virus [IgM] •Hepatitis A Antibody IgM •HAVAB-IgM	KPDS: 8628600 Health Connect Order Code: HEPATITIS A VIRUS IGM [HAV IGM] [86709B]	GLD6 HEP A IGM	2.0 mL serum Transport: Refrigerated Centrifuge after clotted Received: •heat-inactivated •pooled •grossly hemolyzed •obvious microbial contamination •lipemic •cord blood or neonatal •cadaver specimens •other body fluids A: 3 days R: 7 days F: 12 months Minimum specimen: 1.0 mL serum Formulary	Non Reactive (Chemiluminescent Microparticle Immunoassay [CMIA] [Architect]) Non-Reactive: IgM anti-HAV not detected. Does not completely exclude early infection. Reactive: IgM anti -HAV detected. Presumptive evidence of recent HAV infection. Grayzone: IgM antibodies to HAV may or may not be present. Patients exhibiting grayzone test results should be closely monitored by retesting at approximately one-week intervals.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS B CORE ANTIBODY [HBCAB] WITH REFLEX TO VIRAL LOAD •HEPATITIS B CORE ANTIBODY (HBcAb) with reflex to Viral Load •HEPATITIS B CORE ANTIBODY •Hep B Core Antibody Total with reflex to Viral Load	KPDS: 8670401 Health Connect Order Code: HEPATITIS B VIRUS CORE AB RFX [86704C]	GLD6 - completely filled HEP B CTOT	3 mL serum Transport: Refrigerated Centrifuge after clotted Received: •obvious microbial contamination •grossly hemolyzed, lipemic, heat inactivated •cord blood or neonatal •cadaver specimens •other body fluids A: 12 hours R: 3 days F: 12 months Minimum specimen: 2 mL serum All reactive Hep B CORE Antibody (Total) samples will be reflexed for Hep B CORE IgM testing. All reactive for Hep B CORE IgM will reflex to Viral Load. Formulary	Non-Reactive (Chemiluminescence [Abbott / Architect]) NON-REACTIVE: A Non-Reactive result does not exclude the possibility of exposure to Hepatitis B virus, levels of Anti-HBc may be undetectable both in early infection and late after infection. REACTIVE: Follow-up IgM testing to follow. All reactive for Hep B CORE IgM will reflex to Viral load. Please visit the following CDC website for guidelines on the interpretation and clinical significance of Hepatitis B serologic test results: CDC	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>HEPATITIS B CORE ANTIBODY [IGM] WITH REFLEX TO VIRAL LOAD</p> <ul style="list-style-type: none"> •Hepatitis B Core M (HBcAb-IgM) with reflex to Viral Load •HBCAB-IGM 	<p>KPDS: 8670501 Health Connect Order Code: HEPATITIS B CORE IGM RFX [86705F]</p>	<p>GLD6 - completely filled HEP B CIGM</p>	<p>3 ml serum Transport: Refrigerated Performed only if Hepatitis B core (total) antibody is reactive. All reactive Hep B Core IgM will reflex to Viral Load. Centrifuge after clotted. Received: •obvious microbial contamination •grossly hemolyzed, lipemic, heat inactivated •cord blood or neonatal •cadaver specimens •other body fluids A: 8 hours R: 2 days F: 12 months Minimum specimen: 2 mL serum Formulary</p>	<p>Non-Reactive (Immunochemiluminescence [Abbott / Architect]) NON REACTIVE: A Non-Reactive result does not preclude recent infection. Suggest additional markers such as Hep B Surface Ag if clinically indicated. EQUIVOCAL: Repeat test in 2-3 weeks if clinically indicated. REACTIVE: Recent hepatitis B infection is likely. Please visit the following CDC website for guidelines on the interpretation and clinical significance of Hepatitis B serologic test results: CDC</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS B SURFACE AB, LIVER TRANSPLANT, QN <ul style="list-style-type: none"> Quantitative Hepatitis B Surface Antibody for Liver Transplant Patients HBs Antibody ABV Antibody Liver HBSAB QUANT Liver HBSAB Quantitative Measurement HEPATITIS B SURFACE ANTIBODY QUANTITATIVE, LIVER TRANSPLANT 	KPDS: 8633810 Health Connect Order Code: HEPATITIS B SURFACE AB, LIVER TRANSPLANT, QN [86317B]	GLD6 LVSAB	1 mL serum Transport: Refrigerated THIS PROCEDURE CODE SHOULD BE USED FOR LIVER TRANSPLANT PATIENTS ONLY. Tube should be clearly marked as "PRE" or "POST" infusion. Centrifuge after clotted. Received: <ul style="list-style-type: none"> Hemolyzed Lipemic A: 24 hours R: 7 days F: 12 months Minimum specimen: 0.7 mL serum Formulary	<8.00 mIU/ml - Non Reactive 28.00 - 11.99 mIU/ml - Grayzone 212.00 mIU/ml - Reactive (Chemiluminescence [Abbott / Architect]) Following liver transplantation in Hepatitis B surface antigen positive patients, HBV reinfection may be reduced and long-term survival improved by passive immunoprophylaxis with anti-HBs immunoglobulin. (Didier et al, the Lancet 1991:337:813-815) This specialized test is used to assess Hepatitis B immunoglobulin in pre and post infusion specimens.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days
HEPATITIS B VIRAL DNA (QUALITATIVE PCR) HBV DNA	KPDS:		Qualitative PCR of HBV viral DNA should not be used to monitor the progression of disease. http://kpnnet.kp.org:81/california/scpmdl/abnet/testmenu/testmenu.jsp?TID=1910&INAME=HEPATITIS+B+VIRAL+DNA%2C+QUANTITATIVE%2C+PCR+HBV+DNA+QUANT+PCR (Procedure code 8717902) should be ordered in place of this assay.	(PCR)	

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS B VIRUS CORE ANTIBODY (HBCAB) •HEPATITIS B CORE ANTIBODY (HBcAb) •HEPATITIS B CORE ANTIBODY •Hep B Core Antibody	KPDS: 8633702 Health Connect Order Code: HEPATITIS B VIRUS CORE ANTIBODY [HBCAB] [86704B]	GLD6 HBCAB	2 mL serum Transport: Refrigerated Centrifuge after clotted Received: •obvious microbial contamination •grossly hemolyzed, lipemic, heat inactivated •cord blood or neonatal cadaver specimens •other body fluids A: 12 hours R: 3 days F: 12 months Minimum specimen: 1 mL serum All reactive Hep B CORE Antibody (Total) samples will be reflexed for Hep B CORE IgM testing. Formulary	Non Reactive (Chemiluminescence [Abbott / Architect]) •NON-REACTIVE: A Non-Reactive result does not exclude the possibility of exposure to Hepatitis B virus. levels of Anti-HBc may be undetectable both in early infection and late after infection. •REACTIVE: Follow-up IgM testing to follow. Please visit the following CDC website for guidelines on the interpretation and clinical significance of Hepatitis B serologic test results: CDC	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS B VIRUS CORE IGM [HBC IGM] •HEPATITIS B CORE M (HBCAb-IgM) •HBCAB-IGM	KPDS: 8403120 Health Connect Order Code: HEPATITIS B VIRUS CORE IGM [HBC IGM] [86705B]	GLD6 HBCAB IgM	2 ml serum Transport: Refrigerated This test is only reflexed from a positive Hepatitis B Core Virus Antibody [HBCAB] order [86704B], and is not orderable in KP HealthConnect by itself. Centrifuge after clotted Received: •obvious microbial contamination •grossly hemolyzed, lipemic, heat inactivated •cord blood or neonatal •cadaver specimens •other body fluids A: 8 hours R: 2 days F: 12 months Minimum specimen: 1 mL serum Formulary	Non-Reactive (Chemiluminescence [Abbott/Architect]) NON REACTIVE: A Non-Reactive result does not preclude recent infection. Suggest additional markers such as Hep B Surface Ag if clinically indicated. EQUIVOCAL: Repeat test in 2-3 weeks if clinically indicated. REACTIVE: Recent hepatitis B infection is likely. Please visit the following CDC website for guidelines on the interpretation and clinical significance of Hepatitis B serologic test results: CDC	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS B VIRUS SURFACE ANTIBODY [HBSAB]. QUANTITATIVE •HEPATITIS B SURFACE ANTIBODY/IMMUNITIVITY •HBsAb or Anti-HBs •HEPATITIS IMMUNE STATUS •ANTIBODY TO HEPATITIS B SURFACE ANTIGEN •Hep B Surface AB Immunity •HEPATITIS B SURFACE ANTIBODY, POST IMMUNITY •HEPATITIS B SURFACE ANTIBODY QUANTIFICATION	KPDS: 8633801 Health Connect Order Code: HEPATITIS B VIRUS SURFACE ANTIBODY [HBSAB]. QUANTITATIVE [86317AA]	GLD6 HBSAB	2 mL serum Transport: Refrigerated Centrifuge after clotted Received: •obvious microbial contamination •grossly hemolyzed, lipemic, heat inactivated •cord blood or neonatal •cadaver specimens •other body fluids A: 8 hrs R: 3 days F: 12 months Minimum specimen: 0.8 mL serum Formulary	<8.00 mIU/mL - Non Reactive 8.00 - <12.00 mIU/mL - Grayzone 12.00 mIU/mL - Reactive (Chemiluminescence [Abbott Architect]) POSITIVE: Indicates immunity to HBV infection. NEGATIVE: Indicates non-immunity to HBV infection. The performance of the assay has not been established with cord blood, cadaver specimens, heat-inactivated specimens, and for populations of immunocompromised or immunosuppressed patients.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Monday - Sunday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS B VIRUS SURFACE ANTIGEN WITH REFLEX TO VIRAL LOAD •HEPATITIS B SURFACE ANTIGEN (HBsAg) with reflex to Viral Load •AUSTRALIAN ANTIGEN •HBsAg (HEPATITIS B SURFACE ANTIGEN) •Hep B S Antigen with reflex to Viral Load	KPDS: 8734001 Health Connect Order Code: HEPATITIS B VIRUS SURFACE ANTIGEN RFX [87340H]	GLD6 - completely filled HEP B SAG	3 mL serum Transport: Refrigerated•Do not separate serum. •Send only original ("virgin") tube for testing. Submit one full tube. •Centrifuge after clotting •Do not aliquot •Do not combine with any other hepatitis test Received: •serum in aliquot tubes •obvious microbial contamination •grossly hemolyzed, lipemic, heat activated •cord blood or neonatal •cadaver specimens •other body fluids A: 8 hours R: 14 days F: 12 months Minimum specimen: 2 mL serum•Samples with an Index Value of greater than 50.0 are considered confirmed reactive. •Samples with an Index Value of 1.0 - 50.0 are considered initially reactive for HBsAg and will be confirmed by the HBsAg Confirmatory Assay. Formulary	Non-Reactive (Chemiluminescent microparticle immunoassay [Abbott,Architect]) REACTIVE: Samples with an index value of 1.00 - 50.00 are considered initially reactive for HBsAg and will be confirmed by the HBsAg Confirmatory Assay. Samples with an index value of >50.00 are considered confirmed reactive. No confirmatory testing is necessary.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH] Monday - Sunday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS B VIRUS SURFACE ANTIGEN [HBSAG] •HEPATITIS B SURFACE ANTIGEN (HBsAg) •AUSTRALIAN ANTIGEN •HBsAg (HEPATITIS B SURFACE ANTIGEN) •HBSAG •Hep B S Antigen	KPDS: 8633700 Health Connect Order Code: HEPATITIS B VIRUS SURFACE ANTIGEN [HBSAG] [87340B]	GLD6 HBSAG	<p>3 ml serum Transport: Refrigerated • Do not separate serum. • Send only original ("virgin") tube for testing. Submit one full tube. •Centrifuge after clotting •Do not aliquot •Do not combine with any other hepatitis test</p> <p>Received:</p> <ul style="list-style-type: none"> •serum in aliquot tubes •obvious microbial contamination •grossly hemolyzed, lipemic, heat activated •cord blood or neonatal •cadaver specimens •other body fluids <p>A: 8 hours R: 14 days F: 12 months</p> <p>Minimum specimen: 1 mL serum •Samples with an Index Value of greater than 50.0 are considered confirmed reactive. No confirmatory testing in necessary. •Samples with an Index Value of 1.0 - 50.0 are considered initially reactive for HBsAg and will be confirmed by the HBsAg Confirmatory Assay. Formulary</p>	Non Reactive (Chemiluminescence [Abbott / Architect]) REACTIVE: Samples with an index value of 1.00 - 50.00 are considered initially reactive for HBsAg and will be confirmed by the HBsAg Confirmatory Assay. Samples with an index value of > 50.00 are considered confirmed reactive. No confirmatory testing is necessary. Please visit the following CDC website for guidelines on the interpretation and clinical significance of Hepatitis B serologic test results: CDC	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS C VIRAL RNA GENOTYPE 1 NS5A DRUG RESISTANCE NS5a Drug Resistance	KPDS: 8790201 Health Connect Order Code: HEPATITIS C VIRUS RNA NS5A GENOTYPIC SUSCEPTABILITY , PCR W SEQUENCING [87902G]	LAV5	2 mL plasma collected in an EDTA [lavender-top] tube Transport: Refrigerated Separate plasma from whole blood within 24 hours of collection by centrifugation. Transfer to a plastic screw-cap vial and refrigerate or freeze. Received: •Grossly hemolyzed •Grossly lipemic •Collected using heparin as anticoagulant A: 72 hours R: 14 days F: 42 days Minimum specimen: 0.6 mL Test includes: •HCV NS5a Subtype •Daciatasvir Resistance •Ledipasvir Resistance •Ombitasvir Resistance Formulary	Not detected (Polymerase Chain Reaction [PCR] Sequencing) For detection of mutations in the NS5a gene associated with resistance to NS5a inhibitors (examples: daclatasvir, ledipasvir, ombitasvir, elbasvir and velpatasvir). Testing for NS5a resistance-associated variants prior to initiation of treatment with elbasvir plus grazoprevir in HCV genotype 1a infected patients is recommended.	<TestCode></TestCode> Quest Diagnostics 92447 Set up daily Reports in 3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS C VIRUS ANTIBODY (HCV) •HEPATITIS C ANTIBODY (HCVAb) •ANTI-HCV (HEPATITIS C ANTIBODY) •HEPATITIS C ANTIBODY (ANTI-HCV) •Hep C Virus AB •HCV ANTIBODY	KPDS: 8633706 Health Connect Order Code: HEPATITIS C VIRUS ANTIBODY [86803B]	GLD6 HCV Ab	2 mL serum Transport: Refrigerated Centrifuge after clotted Received: •obvious microbial contamination •grossly hemolyzed, lipemic, heat inactivated •cord blood or neonatal •cadaver specimens •other body fluids A: 24 hours R: 7 days F: 12 months Minimum specimen: 1 mL serum Formulary	Non Reactive (Chemiluminescence [Abbott / Architect]) NON REACTIVE: If recent exposure in person tested is suspected, consider testing for HCV VIRAL LOAD, SCREEN W/ REFLEX TO GENOTYPE [87522N]. Please visit the following CDC website for guidelines on the interpretation and clinical significance of Hepatitis B serologic test results: CDC	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CHI]) Daily 2 days
HEPATITIS C VIRUS ANTIBODY W REFLEX TO VIRAL LOAD AND GENOTYPE •HEPATITIS C ANTIBODY (HCVAb) with reflex to Viral Load •ANTI-HCV (HEPATITIS C ANTIBODY) •HEPATITIS C ANTIBODY (ANTI-HCV) •Hep C Virus AB Rfx •HCV Antibody	KPDS: 8680301 Health Connect Order Code: HEPATITIS C VIRUS ANTIBODY W REFLEX TO VIRAL LOAD AND GENOTYPE [86803H]	GLD6 - completely filled HCV Ab	3 mL serum Transport: Refrigerated Centrifuge after clotted. Received: •obvious microbial contamination •grossly hemolyzed, lipemic, heat inactivated •cord blood or neonatal •cadaver specimens •other body fluids A: 24 hours R: 7 days F: 12 months Minimum specimen: 2 mL serum All reactive for Hep C Antibody will reflex to Viral Load. Formulary	Non-Reactive (Chemiluminescent microparticle immunoassay [Abbott, Architect])	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CHI]) Monday - Sunday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS, ACUTE ADULT PANEL ADULT ACUTE HEPATITIS PANEL	KPDS: Excluded in Service Master: 8628590 Health Connect Order Code: Inactivated: HEPATITIS, ACUTE, PANEL (HBSAG, HBCAB, HCAB,HEP A AB,TOTAL) [208260]. See Comments		Search on Health Connect for the following SmartGroup Panels: PNI ADULT ACUTE HEPATITIS PROC AMB SCAI PNI ADULT ACUTE HEPATITIS PROC IP SCAI Panel consists of <u>HBsAg</u> , <u>HBcAb</u> , <u>HCAb</u> and <u>Hepatitis A Virus Igm</u> . Note: HEP A AB, Total [20860 was replaced in the panel by Hepatitis A Virus Igm [86709B] Not-Formulary		•Not-Formulary (Discontinued)
HEPATITIS, CHRONIC ADULT PANEL HEPATITIS CHRONIC HEPATITIS PANEL	KPDS: Excluded in Service Master: 8633716 Health Connect Order Code: Inactivated: CHRONIC HEPATITIS PANEL (HBSAG, HCVAB) [206512]. See Comments		Search on Health Connect for the following SmartGroup Panels: PNI CHRONIC HEPATITIS AMB SCAI PNI CHRONIC HEPATITIS IP SCAI Panel consists of <u>HBsAg</u> [requires original unopened (virgin) tube] and <u>HCV Ab</u> . Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>HEREDITARY HEMOCHROMATOSIS, C282Y AND H63D, HFE MUTATION ANALYSIS</p> <p>•H. HEMOCHROMATOSIS DNA</p> <p>•HEREDITARY HEMOCHROMATOSIS DNA MUTATION ANALYSIS</p>	<p>KPDS: 8389103</p> <p>Health Connect</p> <p>Order Code: HEREDITARY HEMOCHROMATOSIS, C282Y AND H63D, HFE MUTATION ANALYSIS [81256A]</p>	<p>LAV5</p> <p>HFE</p>	<p>4.0 mL whole blood</p> <p>Transport: Ambient</p> <p>A: 5 days</p> <p>R: 8 days</p> <p>F: Unacceptable</p> <p>Minimum specimen: 1.0 mL whole blood</p> <p>Formulary</p>	<p>Accompanies report (Polymerase Chain Reaction and Restriction Fragment Length Polymorphism [RFLP])</p> <ul style="list-style-type: none"> •Negative: C282Y and H63D mutations were not detected. Normal results are called Negative. •Heterozygous for (C282Y) or (H63D) mutation within the HFE gene were detected (carrier). •Positive homozygous for (C282Y) or (H63D) mutations within the HFE gene were detected. •Positive compound heterozygous for (C282Y and H63D) mutations within the HFE gene. <p>These individuals possess one (C282Y) and one (H63D) mutation.</p>	<p>Regional Reference Laboratories, Electronics Place: Molecular Genetics 818-502-5959, tie line 336 (Genetic Testing)</p> <p>Sets up on Monday</p> <p>Analytic time: 2-3 days</p> <p>Results available: 5-9 days from set up</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>HERPES SIMPLEX VIRUS [HSV] 1 AND 2 ANTIBODY</p> <p>•HERPES SIMPLEX VIRUS 1 & 2 AB</p> <p>•Herpes Simplex Virus (HSV) 1/2 (Type-Specific) IgG</p>	<p>KPDS: 8779655</p> <p>Health Connect Order Code: HERPES SIMPLEX VIRUS [HSV] 1 AND 2 ANTIBODY [214312]</p>	<p>GLD6</p> <p>HSV 1 2 Ab</p>	<p>1 mL serum</p> <p>Transport: Refrigerated</p> <p>A: 8 hours</p> <p>R: 7 days</p> <p>F: 12 months</p> <p>Minimum specimen: 1 mL serum</p> <p>Formulary</p>	<p>Negative (Multiplex Flow Immunoassay)</p> <p>NEGATIVE: Patient is presumed not to have had a previous HSV-1/HSV-2 infection.</p> <p>EQUIVOCAL: Repeat testing if clinically indicated.</p> <p>POSITIVE: IgG antibodies to HSV-1/HSV-2 detected which may indicate current or past HSV-1/HSV-2 infection.</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Core Laboratory [CH]/immunology [NIH])</p> <p>Monday, Wednesday, Friday</p> <p>1-4 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>HIV 1 (VIRAL LOAD <500 COPIES/ML) POL GENOTYPIC SUSCEPTIBILITY (PI, NRTI, NNRTI, INI), NGS MONOGRAM BIOSCIENCES]</p> <p>Genosure Archive DNA sequencing</p>	<p>KPDS: 8790005</p> <p>Health Connect</p> <p>Order Code: HIV 1 (VIRAL LOAD <500 COPIES/ML) POL GENOTYPIC SUSCEPTIBILITY (PI, NRTI, NNRTI, INI), NGS [274086]</p>	<p>LAV5</p>	<p>4 ml whole blood Transport: Frozen•Do not centrifuge. •Do not aliquot •Freeze immediately at -20°C. <u>Courier Services and Shipping</u></p> <ul style="list-style-type: none"> •Call Monogram Biosciences' Client Services for courier pickup at (800)777-0177 before 1 PM to ensure next day delivery. •Make sure samples are fully frozen before offering samples to courier. •Upon arrival of courier, place frozen specimen tubes into the secondary container offered by the courier. •Make sure there is bubble wrap and enough absorbent material inside to contain any spill. •Close container and give back to courier for shipment to Monogram Biosciences. •DO NOT put dry ice in secondary container. <p>Test performed at: Monogram Biosciences, Inc. 345 Oyster Point Boulevard South San Francisco, CA 94080 Tel: (800) 777-0177 Fax: (650) 615-0177 Laboratory Director: Patrick Joseph, M.D.</p> <p>This test is restricted to Infectious Disease Physicians. Viral load requirement: undetectable Formulary Restricted</p>	<p>In patients with suppressed or low level virus [less than 500 copies/mL] detects resistance in HIV-1 to antiretroviral drugs [NRTIs, NNRTIs, PIs and INIs].</p>	<p>Monogram [R600] via Regional Reference Laboratories, North Hollywood or Chino Hills</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HIV 1 (VIRAL LOAD >500 COPIES/ML) GENOTYPIC SUSCEPTIBILITY (PI, NRTI, NNRTI, PCR W SEQUENCING [MONOGRAM BIOSCIENCES])	KPDS: 8790007 Health Connect Order Code: HIV 1 (VIRAL LOAD >500 COPIES/ML) GENOTYPIC SUSCEPTIBILITY (PI, NRTI, NNRTI, PCR W SEQUENCING [254586])	PPT x 3 Gno Sr MG	15 mL Transport: Frozen•Centrifuge within 6 hours of collection [1000-2000 g for 10-15-minutes]. •Transfer to one or more screw-capped tubes [not pop-top or snap-cap]. •Freeze immediately Test performed at: Monogram Biosciences, Inc. 345 Oyster Point Boulevard South San Francisco, CA 94080 Tel: (800) 777-0177 Fax: (650) 615-0177 Laboratory Director: Patrick Joseph, M.D. Formulary Restricted		<TestCode>[/TestCode> Monogram [G5000] via Regional References Laboratories, North Hollywood and Chino Hills
HIV 1 (VIRAL LOAD >500 COPIES/ML) POL GENOTYPIC SUSCEPTIBILITY (PI, NRTI, NNRTI, INI), RNA [MONOGRAM BIOSCIENCES] Genosure Prime	KPDS: 8790003 Health Connect Order Code: HIV 1 (VIRAL LOAD >500 COPIES/ML) POL GENOTYPIC SUSCEPTIBILITY (PI, NRTI, NNRTI, INI), RNA [244246]	LAV5 x3	5 mL frozen plasma Transport: Frozen•Centrifuge at 1000-200g for 10 to 15 minutes, within 6 hours of collection •Transfer plasma to screw-cap tubes •Freeze immediately Test performed at: Monogram Biosciences, Inc. 345 Oyster Point Boulevard South San Francisco, CA 94080 Tel: (800) 777-0177 Fax: (650) 615-0177 Laboratory Director: Patrick Joseph, M.D. This test is restricted to Infectious Disease Physicians. Viral load requirement: 500 c/mL Formulary Restricted	Detects resistance in HIV-1 to antiviral drugs [NRTIs, NNRTIs, PIs and INIs].	Monogram [P5000] via Regional Reference Laboratories, North Hollywood and Chino Hills

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HIV 1, 2 ANTIBODY CONFIRMATION AND DIFFERENTIATION, ICA W REFLEX TO HIV NUCLEIC ACID	KPDS: 8670105 Health Connect Order Code: HIV 1, 2 ANTIBODY CONFIRMATION AND DIFFERENTIATION, ICA W REFLEX TO HIV NUCLEIC ACID [247946]	GLD6 HIV Conf	2.0 ml serum Transport: Refrigerated Minimum specimen: 1.0 ml serum This is a confirmatory test only. Orderable only by the Medical Center Laboratory as a confirmatory test for Rapid HIV Test or as a reflex test at the Regional Reference Laboratory for HIV Screen. Formulary	(Immunochromatographic Test [Geenius]) Only interpretations will be reported [i.e. HIV-1 Positive {HIV1-Positive/HIV2-Negative}]	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HIV-1 WESTERN BLOT	KPDS: Removed from Service Master: 9855400 Health Connect Order Code: Excluded: HIV-1 WESTERN BLOT ASSAY [8669A]		As of June 7, 2016, this test, performed at the Regional Reference laboratory, has been discontinued and replaced with: HIV1/HIV2 CONFIRMATION + DIFFERENTIATION, ICA W REFLEX TO HIV NUCLEIC ACID [247946] Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HLA B*51 LOW RESOLUTION GENOTYPING, PCR-RSSO	KPDS: 8137401 Health Connect Order Code: HLA B*51 LOW RESOLUTION GENOTYPING, PCR-RSSO [81374C]	LAV5 x3	14 mL whole blood or 4 Buccal swabs Transport: Ambient Order restricted to Inpatient, Rheumatology, Neurology, and Pulmonology Adult patients: If requesting more than one panel for HLA Transplant Testing, no more than 14 mL whole blood collected in an EDTA (lavender-top) tube is required. Pediatric patients: If requesting more than one panel for HLA Transplant Testing, follow drawing instructions according to age as specified below. No more than what is specified by age is required. Pediatric volume 0-1 year: 3 mL 1-5 years: 5 mL 5-10 years: 7 mL >10 years: 14 mL Received: •Frozen •Citrated tubes A: Whole blood: 14 days Buccal swabs: 30 days R: Whole blood: unacceptable Buccal swabs: unacceptable F: Whole blood: unacceptable Buccal swabs: unacceptable Minimum specimen: 5 mL Sample cannot be shipped on Saturday or the day before a holiday. Formulary Restricted	Accompanies report (Polymerase Chain Reaction (PCR)/ Sequence Specific Oligonucleotide Probes)	<TestCode>~/TestCode> HLA-B*51 Determination Quest Diagnostics 16775 via Medical Center Sets up 6 days a week Report available in 4 to 6 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HLA B5 TYPING •HLA B 51	KPDS: Order Manually	ACD Solution A or Solution B	10 mL whole blood. Transport: Ambient Received frozen A: 7 days R: 7 days F: Unacceptable Minimum specimen: 5 mL whole blood. Non-Formulary	(Polymerase Chain Reaction followed by Sequence Specific Oligonucleotide Probes) Behcet's Disease (BD) is a chronic inflammatory disease characterized by oral aphthous ulcers, genital ulcers, and skin lesions. Between 50 to 80% BD patients are HLA-B51 positive. The frequency of HLA-B51 in the general US population is 7%.	Quest Diagnostics 16775 Set up Monday - Friday Reports out 8 days following setup

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HOMOCYSTEINE, SERUM Serum Total Homocysteine	KPDS: 8499980 Health Connect Order Code: HOMOCYSTEINE, SERUM [83090B]	GLD6 HCY	1.0 mL serum Transport: Refrigerated Place all specimens on ice after collection and prior to centrifugation Grossly hemolyzed samples. A: None R: 14 day F: 1 year Minimum specimen: 0.5 mL serum Formulary	5 - 15 µmol/L (Chemiluminescent Microplate Immunoassay [CMIA]) •Assist in diagnosis and treatment of metabolic disorders as well as B12/Folate deficiency. •Highly recommended for patients with high methylmalonic acid, and/or with B12/Folate deficiency.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HUMAN EPIDIDYMISS PROTEIN 4 HE4 OVARIAN CANCER MONITORING	KPDS: 8630500 Health Connect Order Code: HUMAN EPIDIDYMISS PROTEIN 4 [86305A]	GLD6 HE4	0.5 mL serum Transport: Frozen Sample collected in a red-top tube must be allowed to clot for at least 30 minutes but no longer than 1 hour•Gross hemolysis •Lipemia •Icteric specimens •Presence of fibrin, RBCs or other particulate matter •Obvious microbial contamination A: 48 hours R: 72 hours F: 28 days Minimum specimen: 0.3 mL Formulary	Female Premenopausal ≤70 pmol/L Female Postmenopausal ≤140 pmol/L (Chemiluminescent Microparticle Immunoassay (CMIA))	Quest Diagnostics, Inc. <TestCode></TestCode> href="https://testdirectory.questdiagnostics.com/test/test-detail/16500/he4-ovarian-cancer-monitoring?p=r&q=16500&cc=MASTR">Quest 16500</a Via Medical Center
HYALURONIDASE TITER	KPDS:		NOT AVAILABLE		(Discontinued)
HYDROXYCORTICOSTEROIDS (17) (SERUM)	KPDS:		NO LONGER AVAILABIE. SEE <u>CORTISOL</u>		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HYPOGLYCEMIA 5HR TOLERANCE •5HR GTT •5 HR GLUCOSE TOLERANCE TEST	KPDS: EXCLUDED in Service Master (8434003) Health Connect Order Code: Inactivated: GLUCOSE TOLERANCE TEST, 5 HRS (6 SPECIMENS) [219441]		No longer available. Not-Formulary		•Not-Formulary (Discontinued)
IGF - I & IGF - II	KPDS:		Test not available		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IMIPRAMINE AND METABOLITE LEVELS, LC/MS/MS •TOFRANIL •DRUG MONITORING	KPDS: 8420603 Health Connect Order Code: IMIPRAMINE AND METABOLITE LEVELS, LC/MS/MS [80335Q]	RED7 Imipramine	2 mL SERUM Transport: Refrigerated Submit tube intact - DO NOT SEPARATE SERUM. A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 2.0 mL Formulary	Accompanies Report (Liquid Chromatography/Tandem Mass Spectrometry) This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory system where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Weekly - Tuesday 10 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IMMUNOFIXATIO N, 24 HR URINE W REFLEX TO PROTEIN ELECTROPHORE SIS Bence-Jone Protein Bence-Jones Protein Urine	KPDS: 8633513 Health Connect Order Code: IMMUNOFIXATIO N, 24 HR URINE W REFLEX TO PROTEIN ELECTROPHORE SIS [86335H]	Collect: UR99 - 24 hour collection container Transport: UR25 - Urine cup container IMFXU 24HR	25 ml of well mixed aliquot from 24 hour collection Transport: Refrigerated Start a 24 hour collection from an early morning specimen-Aliquot urine to a UR25 container •No added preservative •Total Volume is required Received: •Preservative added •Greiner tube aliquot •Less than 15 mL sample A: 48 hours R: 7 days F: 1 month Minimum specimen: 20 mL of well mixed aliquot from 24 hour collection If evidence of monoclonal immunoglobulin or Bence Jones protein is found by urine immunofixation, urine protein electrophoresis will automatically be performed to provide quantification of the M- Protein. Formulary	No monoclonal proteins detected (Immunofixation Electrophoresis) Interpretation accompanies report	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) 2X a week 12 days
IMMUNOFIXATIO N, SERUM •IMFX •Protein Electrophoresis	KPDS: 8632001 Health Connect Order Code: IMMUNOFIXATIO N, SERUM [86334K]	GLD6 IMFX S	2 mL serum Transport: Refrigerated Centrifuge after clotted. Minimum specimen: 1.0 mL serum Formulary	(IFE)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Set-up Monday- Friday 10 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IMMUNOFIXATIO N, URINE •Bence Jones Protein •Bence-Jones Protein Urine	KPDS: 8633510 Health Connect Order Code: IMMUNOFIXATIO N, URINE [86335A]	Collect: UR25 - Random urine Transport: UR25 - Urine cup container IMFX U	25 mL of well mixed random urine collection Transport: Refrigerated Early morning specimen preferred No preservative required Received: •Preservative added •Greiner tube aliquot •Less than 15 mL sample A: 48 hours R: 7 days F: 1 month Minimum specimen: 20 mL of well mixed random urine collection If any evidence of monoclonal immunoglobulin or Bence Jones protein is found by urine immunofixation, urine protein electrophoresis will automatically be performed to provide quantification of the M- Protein. Formulary	No monoclonal proteins detected (Immunofixation Electrophoresis) Interpretation accompanies report	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) 2 x week 10 days
IMMUNOFLUORE SCENT STUDIES, BIOPSY	KPDS:	Vial or small container	Tissue (biopsy or lesion) in Zeus or Michels transport solution. Transport: Ambient Do not submit frozen. 1. Collect tissue in Zeus or Michels immunofluorescent transport solution. 2. Do not put in Formalin or other usual fixatives. Submit to Pathology for processing. A: 5 days R: 5 days F: NO Minimum specimen: N/A Formulary		Regional Reference Laboratories, North Hollywood (Histopathology) Tuesday 10 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IMMUNOGLOBULIN M, NEWBORN •IgM (NEWBORN, MICRO) •Immunoglobulin M Alias: •Neonatal/Neonate •Infant •Baby	KPDS: 8632064 Health Connect Order Code: IMMUNOGLOBULIN M, NEWBORN [82784M]	Two Red Microtainer Tubes IgM Newborn	1 mL serum Transport: Refrigerated •Gross hemolysis •Microbially contaminated with visible particulate matter A: No R: 7 days F: 1 month Minimum specimen: 0.5 mL serum Formulary	Male: 1-30 days: 8 - 78 mg/dl 31-182 days: 18 - 98 mg/dl 183-365 days: 27 - 132 mg/dl Female: 1-30 days: 13 - 70 mg/dL 31-182 days: 6 - 142 mg/dL 183-365 days: 3 - 145 mg/dL (Turbidimetry)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Monday to Friday 4 days
IMMUNOGLOBULIN NS (GAM) •IMMUNOGLOBULIN (IgG, IgA, IgM); •GAMMA GLOBULIN; IgG, IgA, IgM •IMMUNOGLOBULIN QUANTITATIVE	KPDS: 8632000 Health Connect Order Code: IMMUNOGLOBULIN NS (GAM) [200540]	GLD6 QIG	2 mL serum Transport: Refrigerated Centrifuge immediately after clotting to prevent hemolysis •Gross hemolysis •Microbially contaminated with visible particulate matter A: No R: 7 days F: 1 month Minimum specimen: 1.0 mL serum Formulary	 (Turbidimetry)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Monday - Friday 5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INDIRECT COOMBS TEST •Antibody Screen •Coombs Test, Indirect •Indirect Antiglobulin Test (IAT)	KPDS: 8626000 Health Connect Order Code: INDIRECT COOMBS TEST [86885B]	Pink6 or IAV5 Microtainer LAV (Neonates only) IAT or ABSC or ABS or ABSCR	6 mL whole blood Neonates: 1 mL whole blood Transport: Ambient Draw blood as for all Blood Bank specimens. Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 3 days F: Unacceptable Minimum specimen: 2 mL whole blood 1 mL whole blood (Neonates only) Formulary	N/A (Hemagglutination) Positive or Negative Positive antibody screen will reflex to antibody identification test. Provider may be asked to order an ANTIBODY IDENTIFICATION (MEDICAL CENTER) [86870P] to complete workup. If the antibody screen is Positive, there may be a delay in providing red cell product(s) for transfusion.	Medical Centers, Transfusion Service 24 hours STAT: 1 hour Routine: 4 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INDIRECT COOMBS TEST, PRENATAL •Antibody Screen, Prenatal •Antibody Screen OB •AbSc OB	KPDS: 8626003 Health Connect Order Code: INDIRECT COOMBS TEST, PRENATAL [86885F]	LAV5 ABSC OB	4 mL EDTA whole blood Transport: Refrigerated Transfusion Service labeling required Original draw tube required Received: •Serum separator tube •Gross hemolysis •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 14 days F: NO Minimum specimen: 2 mL EDTA whole blood Order to follow patients with a positive antibody Screen at initial Prenatal Workup. •If Antibody Screen is Positive, it will automatically reflex to Antibody ID •If antibody ID is clinically significant, it will automatically reflex to Antibody Titer Formulary	Negative (Automated gel card)	<TestCode></TestCode> Regional Reference Laboratory, North Hollywood (Immunology) Monday - Friday 60 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INFLUENZA A AND B ANTIGENS, RAPID IMMUNOASSAY W VISUAL READ	KPDS: Excluded in Service Master: 8780402 Health Connect Order Code: Inactivated: INFLUENZA A AND B ANTIGENS, RAPID IMMUNOASSAY W VISUAL READ [252266]		This order has been discontinued in favor of RAPID INFLUENZA A/B, PCR [87502A], a new local (medical center and urgent care) lab-based molecular flu A/B test with superior sensitivity, particularly in adults. Formulary		•Formulary

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INFLUENZA VIRUS CULTURE VIRAL CULTURE, RESPIRATORY	KPDS: 8725410 Health Connect Order Code: CULTURE, RESPIRATORY VIRUS RAPID SHELL VIAL (FLU, RSV, ADENO, PFLU) [221270]		<p>Suspected Avian Influenza*:</p> <ul style="list-style-type: none"> •Oropharyngeal swab specimens and lower respiratory tract specimens (e.g., bronchoalveolar lavage or tracheal aspirates) are preferred because they appear to contain the highest quantity of virus for influenza H5N1 detection, as determined on the basis of available data. •Nasal or nasopharyngeal swab specimens are acceptable, but may contain less virus and therefore may not be optimal specimens for virus detection. <p>If Avian Influenza is suspected, contact an Infectious Disease Physician.</p> <ul style="list-style-type: none"> •Infectious Disease Physicians: click here to view the local County Public Health Department Emergency Contact Directory. •Medical Center laboratories: click here to view the Medical Center Protocol for Managing Rule-out Avian Influenza Cases. Refer to: <u>VIRAL CULTURE, RESPIRATORY Formulary</u>		Regional Reference Laboratories, North Hollywood (Virology)
INHIBITION OF CLOT RETRACTION	KPDS:		NO LONGER AVAILABLE		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INR •PROTIME (INR ONLY) •PT (INR) •PROTHROMBIN TIME (INR ONLY)	KPDS: 8561700 Health Connect Order Code: INR [85610B]	5 mL Light Blue Top (BLU5) INR	<p>5 mL Blue Top tube, completely filled Transport: Frozen [R1 Specimens Only] Ensure complete fill of the vacutainer tube. Invert gently six times immediately after filling. IF testing to be performed at Medical Center lab THEN deliver specimens upspun at room temperature to the Medical Center lab.</p> <p>IF testing to be performed at the Regional Reference lab, THEN:</p> <ol style="list-style-type: none"> 1. Centrifuge the capped collection tube at 3000 rpm for ten minutes. 2. Using a plastic transfer pipette, transfer the plasma to a plastic tube. [Do not disturb the buffycoat] 3. Centrifuge the plasma for an additional 10 minutes. Using a transfer pipette, transfer the plasma to another plastic tube. The plasma must be platelet free [platelet count less than 10,000/ul]. 4. Cap, label and freeze immediately at -20°C or lower. 5. Transport frozen specimens to the Regional Reference lab on dry ice. <p>Received:</p> <ul style="list-style-type: none"> •clotted •inadequately filled blue top hematocrit •hematocrit over 55% and not adjusted for a high hematocrit •frozen whole blood •insufficient volume [QNS] •hemolyzed <p>A: 24 hrs F: Double spun citrated plasma: 2 weeks at -20°C 6 months at -70°C</p> <p>Minimum specimen: 1 mL citrated plasma The appropriate test for monitoring coumadin anticoagulation is the International Normalized Ratio [INR] Formulary</p>	International Normalized Ratio (I.N.R.) Reference Range: 0.8 - 1.2 Therapeutic Range: 2.0 - 4.5	Medical Center or Regional Reference Laboratories [RRL], North Hollywood Medical Center: Daily, Routine or STAT Regional Reference Lab: Monday - Saturday, Routine STAT [at the Medical Center only]: Within 1 hour after specimen receipt in lab Routine: Within 24 hours [Note: Prothrombin Time testing is not available at the Regional Reference Lab on Sundays]

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INSECT IDENTIFICATION •Entomology Identification (Insect ID) •Z-INSECT IDENTIFICATION •INSECT IDENTIFICATION •ARTHROPOD IDENTIFICATION	KPDS: 8711651 Health Connect Order Code: INSECT IDENTIFICATION [87168B]	Clean, screw capped container [SC99] PAR	Insect Transport: Ambient Send to Regional Reference Laboratories, North Hollywood Submit insect in clean, screw capped container Formulary		Regional Reference Laboratories, North Hollywood, Parasitology (Bacteriology) Daily 2-4 days
INSULIN	KPDS: 8352500 Health Connect Order Code: INSULIN [83525B]	GLD6 Insulin	1.0 mL serum Transport: Refrigerated Centrifuge after clotted. Grossly hemolyzed R: 5 days F: 7 days Minimum specimen: 0.6 mL serum Formulary	2 - 22 mU/L (Chemiluminescent Microparticle Immunoassay [CMIA])	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CHI]) Daily 2 days
INSULIN C-PEPTIDE Insulin C-Peptide	KPDS: 8002900 Health Connect Order Code: INSULIN C-PEPTIDE [84681B]	GLD6 C Peptide	1.0 mL serum Transport: Refrigerated Centrifuge after clotted. A: 24 hours R: 48 hours F: 3 months Minimum specimen: 0.5 mL serum Formulary	Adult: 0.8 5.2 ng/mL (Chemiluminescent Microparticle Immunoassay [CMIA])	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CHI]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IRINOTECAN TOXICITY, UGT1A1*28, GENOTYPING •UGT1A1 (IRINOTECAN TOXICITY) DNA ANALYSIS •IRINOTECAN TOXICITY •UGT1A1 DNA ANALYSIS •UDP GLUCURONOSYL TRANSFERASE 1A1 (UGT1A1), DNA ANALYSIS	KPDS: 8829905 Health Connect Order Code: IRINOTECAN TOXICITY, UGT1A1*28, GENOTYPING [81350A]	LAV5 UGT1A	Whole blood, EDTA Transport: Ambient Frozen or wrong container (not EDTA) A: 10 days R: 10 days F: NO Minimum specimen: 1 mL EDTA whole blood Formulary	(INVADER DNA Assay by Fluorescence Resonance Energy FRET [FRET] detection format) Accompanies report To aid in identification of patients who are at increased risk for neutropenia and severe diarrhea following CAMPTOSAR (irinotecan) treatment.	Regional Reference Laboratories, Electronics Place: Molecular Genetics 818-502-5959, te line 336 (Genetic Testing) Wednesdays 5-15 days **TAT is based upon receipt of sample at the MGPL**
IRON, SERUM	KPDS: 8354000 Health Connect Order Code: IRON, SERUM [83540B]	GLD6 Fe S	0.5 mL serum Transport: Refrigerated Centrifuge specimen to separate serum from cells within 2 hours of collection. A: 4 days R: 7 days F: 1 month Minimum specimen: 0.25 mL serum Peds STATS are done at the Regional Reference Laboratories for Iron Pill Ingestion, except for samples from Orange County which are sent to UCI. OC: Send STAT specimens from ER to UCI Formulary	Adult: Male: 59 - 158 µg/dl Female: 37 - 145 µg/dl Pediatric: 0 - 1 mth: 36 - 184 µg/dL 2 - 6 mths: 36 - 156 µg/dL 7 mths - 16 yrs: 43 - 184 µg/dL (Ferrozine)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO • Free Kappa/Lambda Quant • Kappa and Lambda Free Light Chains	KPDS: 8388340 Health Connect Order Code: FREE KAPPA AND LAMBDA LIGHT CHAINS W RATIO, SERUM IMMUNOTURBIDIMETRIC [251480]	GLD6 FreeK L Qn	1 mL serum Transport: Refrigerated Centrifuge immediately after clotting to prevent hemolysis •Lipemia •Gross hemolysis •Microbially contaminated with visible particulate matter A: No R: 21 days F: 1 month at -20°C Minimum specimen: 0.5 mL serum Formulary	• Kappa Light Chain: 3-19 mg/L • Lambda Light Chain: 6-26 mg/L • Kappa/Lambda, Free Ratio: 0.3-1.7 (Turbidimetry) Measurement of free light chains aids in the diagnosis and monitoring of multiple myeloma, lymphocytic neoplasms, Waldenström's macroglobulinaemia, AL amyloidosis, light chain deposition disease and connective tissue diseases such as systemic lupus erythematosus (SLE) in conjunction with other laboratory and clinical findings	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Set up Monday - Friday 5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
KLEIHAUER-BETKE FOR FETOMATERNAL HEMORRHAGE	KPDS: 8546002 Health Connect Order Code: KLEIHAUER-BETKE FOR FETOMATERNAL HEMORRHAGE [85460B]	Pink6 or LAV5	6 mL whole blood Transport: Ambient Draw blood as for all Blood Bank specimens. Received: • Collected in SST • Grossly hemolyzed • Frozen • Not properly labeled • Insufficient sample A: 24 hours R: 24 hours F: Unacceptable Minimum specimen: 5 mL whole blood Formulary	(Acid elution of Hgb A and detection of HgF positive cells by microscopy) Quantifies the volume of fetal-maternal hemorrhage (FMH). In Rh-positive mothers, it is used to establish the volume of fetal hemorrhage into maternal circulation. In Rh negative mothers, it is also used to determine if an increase dose of Rh immune globulin (RhG, anti-D antibody) is necessary. This test is based on an assumed total maternal circulatory volume of 5000 mL.	<TestCode></TestCode> Medical Centers, Transfusion Service 24 hours 4 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
KOH WET MOUNT KOH PREP, FUNGUS IDENTIFICATION FUNGUS, SMEAR	KPDS: 8700003 Health Connect Order Code: KOH WET MOUNT [87210C]	Sterile container (SC99)	Specimen varies. Scrapings from infected area. Transport: Ambient. Place scrapings from infected area in sterile tube. Indicate source of material. Formulary	Negative	Medical Center or Regional Reference Laboratories, North Hollywood (Bacteriology) STAT - 30 Minutes, or Routine
KRAS, CODONS 12, 13, AND 61 MUTATION ANALYSIS KRAS MUTATION ANALYSIS	KPDS: 8389035 Health Connect Order Code: KRAS, CODONS 12, 13, AND 61 MUTATION ANALYSIS [228870]	SC99 Sterile Container KRAS Mu An	FFPE Transport: Ambient A: 5 years R: 5 years F: NO Formulary	(Polymerase Chain Reaction, Sequencing)	Quest Diagnostics, Inc. <TestCode></TestCode> Quest Diagnostics Via Medical Center Set-up Tuesday thru Saturday 3-6 days
KYNURENIC ACID AND XANTHURENIC ACID	KPDS:		NOT AVAILABLE		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LACTATE DEHYDROGENASE, PERICARDIAL FLUID LDH, PERICARDIAL FLUID	KPDS: 8361508 Health Connect Order Code: LDH, PERICARDIAL FLUID [83615M]	SC99_StrCont_SterileContainer LDH FL_RLN	1.0 mL Transport: Refrigerated SPECIMEN SOURCE MUST BE PROVIDED A: 1 week R: 4 days F: 6 weeks Minimum specimen: 0.2 mL Formulary	(Quantitative Enzymatic)	ARUP <TestCode></TestCode> href="https://ltd.aruplab.com/Tests/Path/0020505">ARUP Laboratories 0020505 via Medical Center

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LACTATE/PYRUVATE [METABOLIC] LACTIC ACID / PYRUVIC ACID	KPDS: 8360505 Health Connect Order Code: LACTATE/PYRUVATE [206524]	1.0 mL whole blood and 2 mL cold 8% perchloric acid Pyruv Lact	2.0mL Protein-Free Filtrate [PFF] Transport: Frozen Collection instructions must be followed explicitly. Special arrangements should be made so that there is no delay in processing the specimen. • Add 2 ml of cold 8% perchloric acid to an empty GYZ tube, chill in container of ice prior to collection • Draw exactly 1.0 ml of blood in a syringe with a minimum of stasis; release the tourniquet upon entering the vein • Activate the safety device on the needle. Remove the stopper from the gray top tube. Remove the needle from the syringe and gently push the plunger to add the blood to the chilled gray top tube. Replace the stopper on the gray top tube. NOTE: Once you add the perchloric acid to the gray top tube, the vacuum has been lost. • Gently mix well and place the tube back into the container of ice for 5 minutes • Centrifuge the mixture for 10 minutes at 1500 g • Aliquot and freeze the upper layer supernatant Received GY7 plasma A: NO R: NO F: 3 months after preparation Minimum specimen: 0.5 PFF • For routine lactic acid test, please order Lactic Acid - Blood [83605C] performed at your local medical center laboratories • If a metabolic evaluation is needed, please order both Lactic Acid and Pyruvic Acid [206524] which require Protein-Free Filtrate [PFF] • For patient convenience, a single specimen may be sent for both Lactic Acid and Pyruvic Acid Formulary	Lactic Acid: 3-12 mg/dL Pyruvic Acid 0.3-0.9 mg/dL (Enzyme Assay) Assists in diagnosis of metabolic disorders.	Regional Reference Laboratories, Biochemical Genetics (818)502-5566 or 4720, tie line 336 (Genetic Testing) Friday 9 days **TAT is based upon receipt of sample at the MGPI **

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LACTOSE TOLERANCE	KPDS: Excluded from Service Master: 8433160 Health Connect Order Code: Inactivated: LACTOSE TOLERANCE [82951C]		This test has been discontinued as of April 2010 per recommendation of the Laboratory Operations Committee. The Health Connect Order Code has been inactivated. Not-Formulary		•Not-Formulary (Discontinued)
LDL CHOLESTEROL, DIRECT DIRECT LDL (NON-FASTING)	KPDS: 8370605 Health Connect Order Code: LDL CHOLESTEROL, DIRECT [83721C]	GLD6 LDL Direct	2 mL serum Transport: Refrigerated R: 5 days F: 1 month Minimum specimen: 1.0 mL serum Direct LDL is also included in the following tests: DIABETES PANEL - FASTING DIABETES PANEL - NON-FASTING HEALTH APPRAISAL PANEL LIPID PANEL - NON-FASTING LIPID PROFILE Formulary	< 130 mg/dL DIRECT LDL: For patients having elevated triglyceride levels, i.e. >400 mg/dL, the direct LDL-C result may not represent the patient's LDL-C status upon restoration of triglycerides to lower levels. These patients should not be assumed to have representative LDL -C levels until triglyceride levels are reduced.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CHI]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LEAD, URINE	KPDS:		This test has been discontinued. See Technical Bulletin. • Technical Bulletin		(Discontinued)
LEGIONELLA PNEUMOPHILA ANTIGEN, URINE, IMMUNOASSAY • LEGIONELLA ANTIGEN, URINE (SEROGROUP 1) • LEGIONELLA PNEUMOPHILA URINARY ANTIGEN EIA • LEGIONELLA AG, URINE	KPDS: 8600903 Health Connect Order Code: LEGIONELLA PNEUMOPHILA ANTIGEN, URINE, IMMUNOASSAY [87449A]	UR25 LPEIA	1 mL Random Clean Catch Urine [no preservative]. Transport: Refrigerated Received ambient A: 8 hours R: 2 weeks F: 1 month Minimum specimen: 0.5 mL Random Clean Catch Urine [no preservative]. Legionella pneumophila serogroup 1 antigen can be detected in urine within 2-3 days of infection and may persist even after treatment. This assay does not detect other Legionella species or serogroups Formulary	Negative (Enzyme Immunoassay) Legionella Urinary Antigen is useful in conjunction with other laboratory tests in the diagnosis of Legionnaires' disease. Legionella Urinary Antigen may be identified for months after recovery.	Regional Reference Laboratories, North Hollywood (Virology) Daily 1-2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>LEGIONELLA SPECIES SCREENING CULTURE</p>	<p>KPDS: 8719005 Health Connect Order Code: LEGIONELLA SPECIES CULTURE [87081E]</p>	<p>SC99 Sterile Container C Legionella</p>	<p>Bronchial brushing, Bronchial washing, Bronchoalveolar lavage, Endotracheal aspirate, Fluid, lung exudate, Sputum, Transtracheal aspirate, Transbronchial aspirate Transport: Refrigerated Or On Ice</p> <p>Note: Due To The Fragile Nature Of The Organism, Transport Sample To Rrl As Soon As Possible If volume is less than 0.5 ml, add a small amount of sterile non bacteriostatic distilled water to prevent desiccation. [Sensitivity of culture will be decreased] Received: •less than 0.5 ml of specimen •greater than 30 minutes after collection if transported ambient •greater than 24 hours after collection if transported on ice/refrigerated A: 30 minutes R: 24 hours F: Freeze specimen at -70°C if delayed more than 24 hours Minimum specimen: 3.0 mL Formulary</p>	<p>No Legionella isolated after 7 days</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 8-10 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LEUKEMIA PROFILE (FLOW CYTOMETRY)	KPDS:	Whole Blood in EDTA tube AND 6 Peripheral smears OR Bone Marrow in EDTA tube OR Body fluid in SC99_StrCont_SterileContainer	<p>Whole Blood in EDTA tube AND 6 Peripheral smears OR Bone Marrow in EDTA tube OR Body Fluid in a sterile container. Specimens must be received by the B and T laboratory by noon Friday. For Bellflower: Collect B and T specimens Monday to Thursday only. Blood: 1. Full 5 ml EDTA tube plus 6 Peripheral Smears (one stained and five unstained) along with a copy of CBC with differential performed that day. Note: Draw 2 EDTA tubes and use one for CBC, one for Flow Cytometry. Bone Marrow: 2 ml (if possible) in EDTA tube Body Fluids: 2 ml minimum in a sterile container All Specimens must be accompanied by B and T request form and are to be taken to the local Pathology Dept. for processing. Accession specimens into CoPath. Send with Service Request. Orange County MOB's, Downey and Bellflower:</p> <ul style="list-style-type: none"> Monday through Thursday: Collect specimens anytime. Do not collect specimens after 3:00 PM on Friday Friday: Collect and process specimens only before first courier leaves <p>Formulary Restricted</p>	(Flow Cytometry)	SCPMG Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 via Medical Center Pathology Department (SCPMG Flow Cytometry Laboratory)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LH LUTEINIZING HORMONE	KPDS: 8340600 Health Connect Order Code: LH [83002B]	GLD6 LH	1 ml serum Transport: Refrigerated • Centrifuge after clotted. • Send entire tube. Do not aliquot. • Gross hemolysis A: 24 hours R: 7 days F: > 7 days Minimum specimen: 0.6 mL serum Formulary	<p>FEMALES (mIU/ml):</p> <ul style="list-style-type: none"> • Birth to 5 months: 21 • 6 months to 6 years: <1 • 7 years to 9 years: <1 • 10 years to 17 years: 1 - 10 <p>Normally Menstruating:</p> <ul style="list-style-type: none"> • Follicular phase: 1.8 - 11.8 • Midcycle peak: 7.6 - 89.1 • Luteal phase: <14.0 <p>Postmenopausal w/o HRT: 5.2 - 62.0</p> <p>MALES (mIU/mL):</p> <ul style="list-style-type: none"> • Birth to 5 months: 1 • 6 months to 8 years: <1 • 9 years to 17 years: 1 - 10.9 • Adults: 12.1 <p>(Chemiluminescent Microparticle Immunoassay [CMIA]{Abbott Architect})</p>	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LITHIUM LEVEL	KPDS: 8372500 Health Connect Order Code: LITHIUM LEVEL [80178B]	7 ml Plain Red Top (RED7) (Do not use SST) LI Level	1 mL serum Transport: Refrigerated A: 48 hours R: 14 days F: 1 month Minimum specimen: 0.5 mL serum Formulary	Therapeutic: 0.3 - 1.3 mEq/L	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Daily 1.5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>LUPUS ANTICOAGULANT PANEL</p> <ul style="list-style-type: none"> •Dilute Viper Venom Test [DVVT] •Dilute Russell's Viper Venom Time [dRVVT] •Lupus Inhibitor Assay •Thromboplastin Inhibition 	<p>KPDS: 8521122 Health Connect Order Code: LUPUS ANTICOAGULANT PANEL [250719]</p>	<p>BLU5 Lupus Anti</p>	<p>2.0 mL FROZEN citrated plasma Transport: Frozen 1. Centrifuge specimen at 3000 RPM for 10 minutes. 2. Transfer plasma into a plastic tube and centrifuge for another 10 minutes. 3. Transfer supernatant into another plastic tube and check platelet count. NOTE: Facilities that do not have an instrument to check platelet count must write, "DOUBLE SPUN" on the tube before freezing. 4. FREEZE. Send FROZEN to Special Coagulation Laboratory, North Hollywood. Received: •ambient •refrigerated Minimum specimen: 1.0 mL FROZEN citrated plasma NOTE: This test is NOT performed for Lupus erythematosus screening. Procedures routinely performed to detect/confirm Lupus Anticoagulant include: •APTT •APTT 1:1 Mixing Study [patient plasma : normal pooled plasma; performed when baseline APTT is prolonged] •DRVVT Screen •DRVVT Confirmation [performed when DRVVT Screen is prolonged] •DRVVT Ratio [calculated when DRVVT Confirmation is performed] •Hexagonal phospholipids neutralization test [STA-CLOT® performed as needed to help interpret inconclusive results] Formulary</p>	<p>•APTT: 23-38 seconds •APTT 1:1 Mixing Study: 23-38 seconds •DRVVT Screen: 29-43 seconds •DRVVT Ratio: 0.8 -1.2 STA-CLOT®: less than 8 seconds (Electromagnetic Mechanical Clot Detection) Each case is individually interpreted using test results obtained.</p>	<p>Regional Reference Laboratories, North Hollywood (Special Coagulation) 3 times a week 4 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LYMPHOCYTIC CHORIOMENINGITIS VIRUS IGG, IGM, SERUM LCM	KPDS: 8228271 Health Connect Order Code: LYMPHOCYTIC CHORIOMENINGITIS VIRUS IGG, IGM, SERUM [253258]	GLD6	1 mL Serum Transport: Refrigerated Parallel testing is preferred. Submit convalescent specimen within 30 days from the receipt of the acute specimen. Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to an ARUP Standard Transport Tube. Mark specimens plainly as "acute" or "convalescent". Received: •contaminated •hemolyzed •severely lipemic A: 48 hours after separation R: 2 weeks after separation F: 1 year after separation. Avoid repeated freeze/thaw cycles. Minimum specimen: 0.2 mL Serum Formulary	(Semi-)Quantitative Indirect Fluorescent Antibody (IgG) <1:10 Negative - No significant level of ICM virus IgG antibody detected 21:10 Positive - Presence of IgG antibody to ICM was detected, suggestive of current or past infection IGM <1:10 Negative - No significant level of LCM virus IGM antibody detected 1:10 Positive - Presence of IGM antibody to LCM was detected, suggestive of current or past infection The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.	ARUP 2001635 via Medical Center Set up Tuesday and Friday Reports out in 1-5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LYMPHOGRANULOMA VENEREUM CULTURE (LGV) CHLAMYDIA CULTURE	KPDS:		Order as <u>Chlamydia Trachomatis Culture</u> , procedure code <u>8649616</u> . KPHC order code: <u>CHLAMYDIA CULTURE [87110B]</u>		(Virology)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MAGNESIUM, 24 HOUR URINE URINE MAGNESIUM, TIMED MAGNESIUM EXCRETION TEST	KPDS: 8375500 Health Connect Order Code: MAGNESIUM, 24 HOUR URINE [83735F] NOTE: For Random Urine Magnesium, please order MAGNESIUM/CREATININE RATIO, URINE [219983]	See Specimen Requirements field Mg 24U	Collect: <u>TU99</u> Aliquot and Transport: <u>GWH3</u> 1.5 mL aliquot from a well-mixed 24 hour urine. Add 1 drop of 6N HCl to the aliquot and mix well again. Transport: Refrigerated Collect urine in a metal-free container. Acidify to pH 1 prior to assay. Record total volume and aliquot A: 7 days R: 7 days F: 12 months Minimum specimen: 1.5 mL urine Formulary	24-255 mg/24 hr	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 3 days
MAGNESIUM/CREATININE RATIO, URINE URINE MAGNESIUM URINE CREATININE URINE RATIOS, PEDIATRIC PTS	KPDS: 8354515 Health Connect Order Code: MAGNESIUM/CREATININE RATIO, URINE [219983]	Collect: UR25 Aliquot and Transport: <u>GWH3</u> Mg_Cre U	1.5 mL random urine Transport: Refrigerated Minimum specimen: 1.5 mL random urine Formulary	NOT ESTABLISHED To be interpreted by physician	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Monday - Friday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MATERNAL DNA CONTAMINATION, PRENATAL TESTING, STR MCC / MDC MATERNAL DNA CONTAMINATION, PRENATAL TESTING, STR MATERNAL/FETA L CELL CONTAMINATION	KPDS: 8126500 Health Connect Order Code: MATERNAL DNA CONTAMINATION, PRENATAL TESTING, STR [81265C]	LAV5 MCC BL	5 mL LAV5 Collection Tube ONLY Transport: Ambient Since Maternal DNA/Cell Contamination test is orderable in KPHC and the blood will be drawn and accessioned through Cermer, the blood sample does not have to be included with the prenatal sample. It can be transported to MGPL through laboratory courier system after collection and accessioning by the medical center phlebotomy stations. DO NOT freeze Whole blood: Normal phlebotomy procedure. Specimen stability is crucial. Store and ship ambient immediately. DO NOT freeze. DO NOT centrifuge. None, can draw anytime*Incorrect collection tube •Frozen •Clotted •Hemolyzed •Serum specimen •Exceeded stability •Less than minimum volume A: 4 days R: 10 days F: Unacceptable Minimum specimen: 2 mL Formulary	Included in result report (DNA amplification (PCR) followed by capillary electrophoresis) Included in result report	Regional Molecular Genetic Pathology Regional Laboratory (MGPL) Regional Reference Laboratory, Electronics Place: Molecular Genetic Lab 818-502-5959, tie line 336 Monday - Saturday 7 - 14 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>MEASLES (RUBEOLA) ANTIBODY, IGM FOR SUBMISSION TO LA PUBLIC HEALTH LAB</p> <p>Rubeola Virus Antibody</p> <p>Rubeola IgM Antibody Titer</p> <p>Rubeola (Measles) IgM</p> <p>Measles Antibody</p> <p>Rubeola Ab IgM</p>	<p>KPDS: Order Manually</p> <p>Health Connect Order Code: None</p>	<p>GLD6 RED7</p> <p>Yellow Microtainer</p> <p>Red Microtainer</p>	<p>Serum</p> <p>Transport: <Bullet> Refrigerate Asap After Collection</p> <p><Bullet> If Samples Cannot Be Transported Immediately, They Can Be Held At 4<Deg>C For 72 Hours Before Shipping.</p> <p><Bullet> Otherwise, Aliquot Serum And Freeze, Preferably At -70<Deg>C And Ship On Dry Ice.</p> <p>Manual requisition required</p> <ul style="list-style-type: none"> • Manual Lab Order: Measles (Rubeola) Antibody, IgM • General Purpose Specimen Submittal Form • RD7/RED7 (red top) or GID6 (serum separator tube) • Peds: 1-2 red or yellow microtainers or capillary blood (finger or heel stick, 3-5 capillary tubes)• Centrifuge sample. • Include provider-completed "GENERAL PURPOSE SPECIMEN SUBMITTAL FORM" • Call to arrange for a IAPHI Courier, 562-685-1460 M-F 8AM-5PM. If a IAPHI courier is unavailable for transport, call A-line for delivery. • IAPHI address: 12750 Erickson Avenue, Downey, CA 90242, 562-658-1330. • Questions during after hours, weekends, or holidays can be directed to the Public Health laboratory Director at 213-974-1234. <p>Hemolyzed, ambient, or delayed longer than 3 days</p> <p>unfrozen</p> <p>R: 3 days</p> <p>F: longer than 3 days</p> <p>Minimum specimen:</p> <ul style="list-style-type: none"> • 0.5 ml • Peds: 0.1 ml (0.5 preferred) <p>For more information, please refer to the following links:</p> <ul style="list-style-type: none"> • Proper Handling of Measles Specimens - Los Angeles County Medical Centers • Measles laboratory Testing Guidance • Measles Formulary 		<p><TestCode></TestCode></p> <p>Los Angeles Public Health Laboratory (LAPHL)</p> <p>M-F 8AM - 5PM (562-658-1330)</p> <p>After hours, weekends and holidays (213-974-1234)</p> <p>Monday-Saturday, Tested same day for "suspected cases" or call for special arrangements on weekends and holidays</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MEASLES [RUBEOLA] IGG •RUBEOLA VIRUS ANTIBODY •RUBEOLA AB (IGG) •MEASLES	KPDS: 8649652 Health Connect Order Code: MEASLES [RUBEOLA] IGG [86765D]	GLD6 Rubeola G	2 ml REFRIGERATED serum Transport: Refrigerated Centrifuge serum from cells as soon as possible. Freeze at -20C or colder for long term storage. A: 24 hrs R: 2 days F: 12 months Minimum specimen: Minimum specimen 0.5 ml serum 1. Immune Status. 2. If ordered with Mumps, Rubella and Varicella as an "Immune Status", only <u>ONE</u> 6 mL [GLD6] Gold Top is required for all 4 tests. Formulary	Negative: 0.8 Equivocal: 0.9 - 1.0 Positive: 1.1 Positive: Consistent with immunity or previous infection. Equivocal: Recommend repeat testing if clinically indicated. Negative: Lack of antibodies is associated with individuals susceptible to primary infection.	Regional Reference Laboratories, North Hollywood and Chino Hills (Core Laboratory [CH]/Immunology [NH]) Monday - Friday 1-3 days
MEBARAL (MEPHOBARBITAL L)	KPDS:		REPORTED AS PHENOBARBITAL. ORDER AS PHENOBARBITAL (8220500)		
MEPHOBARBITAL	KPDS:		REPORTED AS PHENOBARBITAL. ORDER AS PHENOBARBITAL (8220500)		
MERCURY, SCREEN URINE	KPDS:		This test has been discontinued. See Technical Bulletin. • Technical Bulletin		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
METHADONE SCREEN USING AUTOMATED ANALYZER	KPDS: Removed from Service Master: 8384000 Health Connect Order Code: Inactivated: METHADONE SCREEN USING AUTOMATED ANALYZER [80301Z]		As of September 2015, this test has been discontinued. Order: OPIOID SCREEN, PAIN MGMT [BUP, FEN, 6MAM, MTD, OPI, OXYCOD, HDC, TRAJ, URINE, AUTOMATED ANALYZER W/EIA] [24/023] Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MICROALBUMIN, 24 HR URINE	KPDS: 8308689 Health Connect Order Code: MICROALBUMIN, 24 HR URINE [82043A]	See Specimen Requirements field MAU 24H U	Collect: <u>UR99</u> Aliquot and Transport: <u>GWH3</u> 1.5 ml aliquot from a well mixed 24 hour collection. Transport: Refrigerated DO NOT collect urine during menstruation. Refrigerate during and after collection. Specify collection start and end times and total volume A: 7 days R: 1 month F: 6 months Minimum specimen: 1.5 mL urine Formulary	24 Hour Urine: 120 mg/L Micro Albumin/Creatinine Ratio : < 30 ug/mg Creat Threshold to diagnose Microalbuminuria: Microalbumin-24 Hrs: 30.0-300.0 mg/24Hr. Two or more positive tests are required to diagnose microalbuminuria.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MICROSPORIDIA IDENTIFICATION	KPDS: 8721600 Health Connect Order Code: MICROSPORIDIA IDENTIFICATION [87207D]	Total Fix or OP99 MCSPR	Stool in Total Fix Transport Media Transport: Ambient Or Refrigerated Place one part of stool specimen at ambient temperature into two parts of Total Fix transport media and mix well. Feces or stool not submitted in Total-Fix A: 30 days R: 30 days F: Unacceptable Minimum specimen: N/A Formulary	Negative (Mod. Trichrome Stain)	Regional Reference Laboratories, North Hollywood (Bacteriology) Weekly 7-10 days
MINIMAL RESIDUAL DISEASE [MRD]	KPDS: Order Manually. Outside laboratory Test Requisition	Preferred CHLA media tube or LAV5	5 ml Whole Blood or Bone Marrow Transport: Ambient Shipping Media Request Form Technical Bulletin: MINIMAL RESIDUAL DISEASE (MRD) TESTING Formulary	(Flow Cytometry) Results to be reported as an addendum in the surgical pathology report. To assess response to treatment of acute leukemia.	Children's Hospital of Los Angeles [CHLA] Order Form UW Request Form MRD How to for Acute Myeloid Leukemia Patients MRD How to for Acute Lymphocytic Leukemia Patients CHLA: Accepts samples Monday through Friday from 7:00 AM to 4:00 PM PST on Saturdays from 7:00 AM to 2 PM PST.

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MITOCHONDRIAL AND SMOOTH ANTIBODY TITERS •ANTI-MITOCHONDRIAL ANTIBODY(AMA) •ANTI-SMOOTH MUSCLE ANTIBODY(SMA) •SMOOTH MUSCLE ANTIBODY •AMA/SMA	KPDS: 8625506 Health Connect Order Code: MITOCHONDRIAL ANTIBODY TITERS [208271]	GLD6 AMA_SMA	2 mL serum Transport: Refrigerated Freeze at -20°C or colder for long term storage A: 24 hrs R: 5 days F: 12 months Minimum specimen: 0.5 mL serum Assay includes Anti-Smooth Muscle Antibody. Formulary	Negative:< 1:20 (AMA) Negative:< 1:20 (SMA)	Regional Reference Laboratories, North Hollywood (Immunology) Monday, Friday 1-4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>MMR AND VZ IMMUNE PROFILE</p> <p>IMMUNE STATUS PROFILE</p>	<p>KPDS: 8642063</p> <p>Health Connect Order Code: Inactivated: MMR AND VZ IMMUNE PROFILE [207274]. See Comments</p>	<p>GLD6</p> <p>EHIP</p>	<p>Serum</p> <p>Minimum specimen: 1.0 mL serum</p> <p>Search on Health Connect for the following SmartGroup Panels:</p> <p>PNL IMMUNE PROFILE AMB SCAL</p> <p>PNL IMMUNE PROFILE IP SCAL</p> <p>Test includes: Mumps, Rubella, Rubeola, Varicella, HBsAb (IgG)</p> <p>Formulary</p>	<p>Mumps, Rubella: Negative: >= 0.8 Equivocal: 0.9-1.0 Positive: > 1.1</p> <p>Rubella: Negative: >= 8.18 Equivocal: 8.19-9.99 Positive: > 10.00</p> <p>HBsAb: Neg</p> <p>Varicella Negative: >= 0.90 Equivocal: 0.91-1.09 Positive: > 1.10</p> <p>Mumps, Rubeola, Varicella: Negative: lack of antibodies is associated with individuals susceptible to primary infection. Equivocal: Recommend repeat testing if clinically indicated. Positive: Consistent with immunity or previous infection.</p> <p>Rubella: Non-Reactive: Lack of antibodies is associated with individuals susceptible to primary infection. Indeterminate: Recommend repeat testing if clinically indicated. Reactive: Consistent with immunity or previous infection.</p>	<p>Regional Reference Laboratories, North Hollywood (Immunology)</p> <p>Monday - Friday</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>MODIFIED Q SCORE WITH REFLEX TO SPUTUM CULTURE</p> <p>Sputum Culture Q Score</p>	<p>KPDS: 8701606</p> <p>Health Connect</p> <p>Order Code: MODIFIED Q SCORE WITH REFLEX TO SPUTUM CULTURE [87205ZX]</p>	<p>SC99 Sterile Container MOD Q SCORE</p>	<p>Sputa from a single cough</p> <p>Transport: Transport At Ambient Temperature To The Medical Center Laboratory And Plate Within 2 Hours After Collection.</p> <p>If Unable To Plate Within 2 Hours After Collection, Refrigerate The Sample Prior To Sending And During Transport.</p> <p>Sample to be plated at the local laboratory ≤ 2 hours after collection. Inoculate Blood Agar/TSAll, Chocolate and MacConkey Agar plates.</p> <p>Incubate plates prior to sending and during transport to the Regional laboratories.</p> <p>Note: If there are multiple orders, such as Fungus and AFB Culture, plate routine culture at the local laboratory, then send the sample refrigerated to the Regional Reference laboratories for Fungal and AFB processing. Adhere both labels [one for Fungal and one for AFB] to the specimen container.</p> <ul style="list-style-type: none"> • Identification/labeling discrepancies (mismatched, mislabeled, incompletely labeled, wrong patient) • Specimen integrity (leaky/open containers, contaminated specimens) • Samples received at the Regional Reference laboratories not refrigerated or not received on ice, >2 hours old sample at ambient temperature and/or >24 hours old sample at any temperature • Un-inoculated plates received at the Regional Reference laboratories <p>A: <2 hours stability prior to plating if ambient R: Within 24 hours stability prior to plating if refrigerated F: NO</p> <p>Minimum specimen: 1.0 mL</p> <p>Do not order Gram stain and Sputum Culture.</p> <p>If Q Score is acceptable, the Gram stain is reported, and Sputum Culture is reflexed.</p> <p>Formulary</p>	<p>(Gram Stain [Q Score] Culture [Sputum Culture])</p>	<p>Medical Center Laboratories [Q Score] and Regional Reference Laboratories [Q Score and Sputum Culture] (Bacteriology) Daily Q Score: 1 day Culture: 2-5 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>MTHFR MUTATION ANALYSIS, 667C-T, DNA PROBE</p> <p>•Methylene Tetrahydrofolate Reductase (MTHFR) 677C-T Mutation</p> <p>•MTHFR DNA MUTATION ANALYSIS</p> <p>•MTHFR GENE ANALYSIS, PCR</p>	<p>KPDS: 8826610</p> <p>Health Connect Order Code: MTHFR MUTATION ANALYSIS, 667C-T, DNA PROBE [81291B]</p>	<p>IAV5 Lavender Top (EDTA) MTHFR</p>	<p>5 ml whole blood Transport: Ambient Do not centrifuge. A: 7 days R: 7 days F: NO</p> <p>Minimum specimen: 1 ml whole blood</p> <p><h4> Technical Bulletins:</h4> href='\"../docs/tb8826610_20130821.pdf\">tb8826610_20130821.pdf href='\"../docs/tb8826610_20031211.doc\">tb8826610_20031211.doc </p> <p>Formulary</p>	<p>Accompanies report (Invader DNA Assay by Fluorescence Resonance Energy Transfer (FRET) detection format) Accompanies report</p> <p>•The Methylene Tetrahydrofolate Reductase Mutation at 677 (C-T) has a carrier frequency of 35% in Caucasians. •Heterozygosity for this mutation is not associated with thrombosis. •Homozygosity results in mild hyperhomocysteinemia which has been suggested to constitute a risk factor for venous thrombosis.</p>	<p>Regional Reference Laboratories (Genetic Testing) Weekly 15 days</p> <p>**TAT is based upon receipt of sample at the MGPL**</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MULTIPLE MYELOMA PANEL	KPDS: Health Connect Order Code: PNL MULTIPLE MYELOMA LABORATORY SCREEN IP SCAL [O135941]; PNL MULTIPLE MYELOMA LABORATORY SCREEN AMB SCAL [O135942]		This panel developed for screening for multiple myeloma, MGUS and other plasma cell dyscrasis consists of the following tests: •Protein Electrophoresis, Serum •Immunofixation Electrophoresis •Kappa/Lambda Light Chains, Free with Ratio, Serum •Creatinine, Serum •Calcium •CBC With Differential, Auto See individual tests for specific information Formulary		Regional Reference Laboratories, North Hollywood

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MUMPS VIRUS IGG •MUMPS AB (IGG) •MUMPS ANTIBODY (IGG)	KPDS: 8228275 Health Connect Order Code: MUMPS VIRUS IGG [86735A]	GLD6 Mumps IgG	1 ml serum Transport: Refrigerated Centrifuge serum. Freeze at -20C or colder for long term storage. A: 24 hrs R: 5 days F: 12 months Minimum specimen: 0.5 ml serum NOTE: If ordered with Rubella, Rubeoala and Varicella as "Pre-Employment" or "Immune Status", only <u>one</u> 6 mL Gold Top is required for all 4 tests. Formulary	Negative: 0.8 Equivocal: 0.9 - 1.0 Positive: 1.1 (EIA) NEGATIVE: Lack of antibodies is associated with individuals susceptible to primary infection. EQUIVOCAL: Recommend repeat testing if clinically indicated. POSITIVE: Consistent with immunity or previous infection.	Regional Reference Laboratories, North Hollywood and Chino Hills (Core Laboratory [CH]/immunology [NH]) Monday - Friday 1-3 days
MUSHROOM IDENTIFICATION	KPDS:	Mushroom	Non-Formulary		L.A. County Museum, Botany Dept. 900 Exposition Blvd. L.A. 90007

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>MYELOID MALIGNANCY TARGETED GENE SEQUENCE PANEL [57 GENES] MYE NGS</p>	<p>KPDS: 8145500 Health Connect Order Code: MYELOID MALIGNANCY TARGETED GENE SEQUENCE PANEL [57 GENES] [81455B]</p>	<p>Whole Blood or Bone Marrow in LAV5</p>	<p>Whole Blood: 5 mL Bone Marrow: 3 mL Transport: Refrigerated Separate specimens must be submitted when multiple tests are ordered. Do not freeze. Received: •Serum •Plasma •Tissue •Specimens collected in anticoagulants other than EDTA. •Clotted •Grossly hemolyzed A: 24 hour R: 5 days F: NO Minimum specimen: Whole Blood: 1 mL Bone Marrow: 1 mL Genes tested: ASXL1, ASXL2, BCOR, BCORL1, BRAF, BRINP3, CALR, CBL, CEBPA, CSF3R, DNMT1, DNMT3A, EED, ELANE, ETNK1, ETV6, EZH2, FLT3, GATA1, GATA2, HNRNP, IDH1, IDH2, JAK2, JAK3, KDM6A, KIT, KMT2A, KRAS, LUC7L2, MAP2K1, MPL, NOTCH1, NPM1, NRAS, NSD1, PHF6, PRPF40B, PRPF8, PTPN11, RAD21, RUNX1, SETBP1, SF1, SF3A1, SF3B1, SMC1A, SMC3, SRSF2, STAG2, SUZ12, TET2, TP53, U2AF1, U2AF2, WT1, ZRSR2 Formulary</p>	<p>(Massively Parallel Sequencing) See report.</p>	<p><TestCode></TestCode> ARUP 201111Z via MPGL Varies 12-14 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MYELOPROLIFERATIVE DISORDER, V617F, JAK2, QUAL JAK 2 MUTATION ANALYSIS	KPDS: 8828049 Health Connect Order Code: MYELOPROLIFERATIVE DISORDER, V617F, JAK2, QUAL [81270A]	LAV5 JAK2	4.0 ml whole blood Transport: Ambient A: 5 days R: 8 days F: Unacceptable Minimum specimen: 1.0 ml whole blood Results will be faxed. <u>Technical Bulletin Formulary</u>	Accompanies report (Real Time Polymerase Chain Reaction using two probes) Negative: <2% V617F mutation detected Positive: 2% V617F mutation detected	Regional Reference Laboratories, Electronics Place: Molecular Genetics 818-503-5959, tie line 336 (Genetic Testing) Sets up on Monday Analytic time: 2 days Results available: 9-14 days from set up
MYOCARDIAL ANTIBODY SCREEN	KPDS: 8625514 Health Connect Order Code: MYOCARDIAL ANTIBODY SCREEN, IFA, W REFLEX TO TITER [86255ZAK]	RED7 Myo Rfx T	0.5 mL Serum Transport: Refrigerated A: 48 hours R: 14 days F: 6 months Minimum specimen: 0.1 mL Serum Formulary		Quest Diagnostics, Inc. <TestCode></TestCode> Quest Test 261 Via Medical Center

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
NBT (NEUTROPHIL FUNCTION)	KPDS:		See NEUTROPHIL FUNCTION. OXIDATIVE BURST		

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
NETILMICIN	KPDS:		This test has been discontinued. See <u>Technical Bulletin</u> . <ul style="list-style-type: none"> • <u>Technical Bulletin</u> 		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
NON SPECIFIC ESTERASE WITH AND WITHOUT SODIUM FLUORIDE	KPDS: Order Manually	Slides in Slide Holder	<p>Smears (Air Dried) on slides. Bone Marrow, Peripheral Blood, Body fluids, or any cell suspension. Other smears such as cytospin Buffy Coat, Touch Prep or Tissue Section. This test is restricted to Hematopathology Providers. <u>Orange County MOB's, Downey and Bellflower:</u></p> <ul style="list-style-type: none"> Monday through Thursday: Collect specimens anytime. Do not collect specimens after 3:00 PM on Friday Friday: Collect and process specimens only before first courier leaves Non-Formulary 		SCPMG Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory) Monday-Friday
NON-GYN CYTOLOGY CELL BLOCK NON GENITAL CYTOLOGY NON GENITAL CYTOPATHOLOG Y	KPDS: 8811011 Health Connect Order Code: NON-GYN CYTOLOGY [211390]		<p>Varies - All Body Fluids (Glass slides or specimen jar) Transport: Ambient For FNA order NON-GYN CYTOLOGY [211390] Order by Smart Group Panel for the following: <u>PNI NON-GYN CYTOLOGY CSF AMB SCAI</u></p> <ul style="list-style-type: none"> Hold CSF for Cytology Non-GYN Cytology [Specimen source: Cerebrospinal Fluid] PNI NON-GYN CYTOLOGY SPUTUM AMB SCAI Hold Sputum for Cytology Non-GYN Cytology [Specimen source: Sputum] PNI NON-GYN CYTOLOGY URINE AMB SCAI <p>• Hold Urine for Cytology • Non-GYN Cytology [Specimen source: Urine] Must be fixed when fresh. Fluid fixed in 50% alcohol may be used for Cell Block. Formulary</p>		Regional Reference Laboratories, North Hollywood (Cytology)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>NORTRIPTYLINE LEVEL, LC/MS/MS AVENTYL</p>	<p>KPDS: 8420602 Health Connect Order Code: NORTRYPTYLINE LEVEL, LC/MS/MS [80335N]</p>	<p>RED7 Norript</p>	<p>2 mL serum Transport: Refrigerated Submit tube intact - DO NOT SEPARATE SERUM. A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 2 mL Formulary</p>	<p>Accompanies report (Liquid Chromatography/Tandem Mass Spectrometry) This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory system where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.</p>	<p>Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Weekly - Tuesday 10 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>O AND P IDENTIFICATION</p> <ul style="list-style-type: none"> • FECES - OVA & PARASITES • OVA AND PARASITES, FECES • PARASITES AND OVA, FECES • O & P • O & P, FECES • O & P • Giardia • Entamoeba • Isospora • Dientamoeba 	<p>KPDS: 8711600 Health Connect Order Code: O AND P IDENTIFICATION [87177C]</p>	<p>See Specimen Requirements Field OP</p>	<p>Collect: <u>Commode Specimen Collector</u> Transport: New transport container as of February 1, 2016: MCC, Total Fix</p> <p>Other than feces: Refer to <u>Parasite Identification and Ova and Parasites, Non-Stool</u> Transport: <u>Ambient</u>: Collect three random stool specimens (one a day for each of three days) • Note date and time of collection for each specimen.</p> <p>Patient Collection Instructions - English</p> <p>Patient Collection Instructions - Spanish</p> <p>Place an aliquot from each of the three specimens into a single Total Fix Vial.</p> <p>Refer to Collection Instructions above. • Specimen not received in Total Fix Vial</p> <ul style="list-style-type: none"> • No fecal material in vial A: 30 days R: 30 days F: NO <p>Minimum specimen: Refer to Collection Instructions below.</p> <p>Please see <u>Work-up of infectious diarrhea for adults for recommendations on patient management and lab testing for adults presenting with diarrhea</u> Formulary</p>	<p>No Ova and Parasites Seen</p>	<p>Regional Reference Laboratories, North Hollywood (Bacteriology) Daily 7-11 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
O AND P IDENTIFICATION, NON-STOOL •Ova and Parasites, Non-Stool •O & P, Non-Stool	KPDS: 8711605 Health Connect Order Code: O AND P IDENTIFICATION NON-STOOL [87117J]	SC99 SterileContainer OP NS	Urine, CSF, Aspirate, Sputum Transport: Ambient Urine: Collect a midday sample•Mislabeled or mismatched specimens (label does not match the patient's name in the computer, and/or specimen) •Specimens that have leaked in transit A: 48 hours R: 48 hours F: NO Minimum specimen: •CSF: 1 mL •Urine: Entire midday void •Aspirate: 2 mL •Sputum: 10 mL Formulary	No evidence of human parasites observed in sample submitted. (Microscopy)	Regional Reference Laboratories, North Hollywood (Bacteriology) Daily 2 - 3 days
OCCULT BLOOD QUALITATIVE, GASTRIC FLUID Gastric Occult Blood	KPDS: 8811021 Health Connect Order Code: OCCULT BLOOD QUALITATIVE, GASTRIC FLUID [82271E]	SC99_StrCont_SterileContainer OC BL	Gastric Aspirate [nasogastric intubation or vomitus] Transport: Ambient Or Refrigerated A: 24 hours R: 5 days It is recommended that samples be tested immediately after collection Formulary	Negative (Guaiac Test) Screening test for presence of occult blood in gastric aspirate or vomitus	<TestCode></TestCode> Baldwin Park, Fontana, LAMC, Moreno Valley Community Hospital, Orange County, Panorama City, Riverside, San Diego, South Bay, West Los Angeles Daily

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OPIATE, SERUM	KPDS: Order manually	RED7	4 mL Transport: Ambient Received in Serum Separator Tube [SST] A: 5 days R: 14 days F: 1 year Minimum specimen: 2 mL Includes: •Codeine •Oxymorphone •Hydrocodone •Hydromorphone •Morphine •6-acetylmorphine •Oxycodone Formulary	See report (Gas Chromatography/Mass Spectrometry [GC/MS])	<TestCode></TestCode> Opiates, Serum 19983 via Medical Center Sets up 5 days a week in the AM Not indicated

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OTOSCOPE PANEL	KPDS: Order Manually	LAV5	<p>Transport: Ambient Additional form required for testing: 1) <u>Test Form</u> 2) <u>MORI TRF</u> Forward sample and completed form to MGPI for processing. Refer to the <u>Molecular Genetic Pathology laboratory FAQ</u> for questions regarding ordering. 8.0 mL Provide a pedigree, audiograms, clinic notes regarding hearing loss and temporal bone imaging studies (if performed) Received: Clotted Hemolyzed Frozen Serum A: Overnight R: 7 days F: Unacceptable Minimum specimen: 10.0 mL Formulary</p>	<p>Accompanies report (Next Generation Sequencing and Read Depth Analysis (for deletion/duplication analysis)) Refer to Reference Laboratory Report</p>	<p><TestCode></TestCode> University of Iowa <u>MORI</u> Oscope Via Molecular Genetic Pathology Laboratory 3 months **TAT is based upon receipt of sample at the MGPI **</p>
OXAZEPAM SERAX	KPDS: Excluded from Service Master Health Connect Order Code: Inactivated		<p>Effective August, 2011, this test previously performed at the Regional Reference laboratories' Esoteric Department, has been discontinued. The Health Connect Order Code has been inactivated and the test has been excluded from the Service Master. Please refer to: <u>BENZODIAZEPINE IEVEI, SERUM</u></p>		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PAP, CERVICAL OR VAGINAL BETHESDA SCREEN •PAP SMEAR (CERVICAL) •GYNECOLOGIC CYTOLOGY - PAP •PAP Test	KPDS: 8810000 Health Connect Order Code: PAP, CERVICAL OR VAGINAL BETHESDA SCREEN [88164A]	Clean frosted end slides PAPSM	Smear. Glass slide. Transport: Ambient For information on the Surepath Liquid-Based PAP Test, click on the Surepath Flyer, Technical Bulletin, and the Surepath Instructional Video 1. Use frosted end slides. 2. Label frosted end with patient's name and MR#. 3. Doctor will obtain specimen. 4. Roll swab on clear end of slide, spray immediately with cytology spray fixative. Send directly to Sherman Way Cytology. Received: •unlabeled and/or mislabeled slides •missing requisitions •broken slides A: 4 weeks Store uninoculated vials at room temperature. Do not use beyond the expiration date printed on the vial. R: 6 months Minimum specimen: N/A Formulary	Negative for intraepithelial lesion or malignancy	Regional Reference Laboratories, North Hollywood (Cytology) Monday - Friday 15 days
PARAINFLUENZA VIRUS, CULTURE VIRAL CULTURE, RESPIRATORY	KPDS: 8725410 Health Connect Order Code: CULTURE, RESPIRATORY VIRUS RAPID SHELL VIAL (FLU, RSV, ADENO, PFLU) [221270]		Refer to: <u>VIRAL CULTURE, RESPIRATORY Formulary</u>		Regional Reference Laboratories, North Hollywood (Virology)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PARASITE IDENTIFICATION	KPDS: 8711650 Health Connect Order Code: PARASITE IDENTIFICATION [87169A]	SC99_SterileContainer PAR	Worms, Larva, Proglottid Transport: Ambient Submit worm in 50% alcohol. A: 24 hours R: NO F: NO May be referred to County for study. Formulary		Regional Reference Laboratories, North Hollywood (Bacteriology) Daily 2-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PARENTAL FOLLOW-UP FOR PRENATAL TESTING CMA	KPDS: 8000080 Health Connect Order Code: PARENTAL FOLLOW-UP FOR PRENATAL TESTING [257783]	LAV5 PFUP	5 mL LAV5 Collection Tube ONLY Transport: Ambient DO NOT freeze Whole blood: Normal phlebotomy procedure. Specimen stability is crucial. Store and ship ambient immediately. DO NOT freeze. DO NOT centrifuge. None, can draw anytime•Incorrect collection container •Frozen •Clotted •Hemolyzed •Serum specimen •Exceeded stability •Less than minimum volume A: 4 days R: 10 days F: Unacceptable Minimum specimen: 2 mL Formulary	Included in result report (Cytogenomic SNP Microarray or other methodologies) Included in result report	<TestCode></TestCode> Regional Molecular Genetic Pathology Regional Laboratory (MGPL) Regional Reference Laboratory, Electronics Place: Molecular Genetic Lab 818-502-5959, tie line 336 Monday - Saturday 21 days
PAS STAIN - LEUKOCYTE ONLY P.A.S. STAIN (PERIODIC ACID SHIFF)	KPDS: 8554001		Smeears. Send specimen to: SCPMG Flow Cytometry laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 <u>Orange County MOB's, Downey and Bellflower:</u> • Monday through Thursday: Collect specimens anytime. • Do not collect specimens after 3:00 PM on Friday • Friday: Collect and process specimens only before first courier leaves		SCPMG Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PERCODAN	KPDS:		See Drug of Abuse Screen <u>DRUGS OF ABUSE SCREEN</u>		
PEROXIDASE STAIN FOR LEUK	KPDS: 8554002		<p><u>Smears Orange County MOB's, Downey and Bellflower:</u></p> <ul style="list-style-type: none"> Monday through Thursday: Collect specimens anytime. Do not collect specimens after 3:00 PM on Friday Friday: Collect and process specimens only before first courier leaves 		SCPMG Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>PHENCYCLIDINE CONFIRMATION, URINE, LC/MS/MS</p> <p>PCP, URINE CONFIRMATORY</p>	<p>KPDS: 8266670</p> <p>Health Connect</p> <p>Order Code: PHENCYCLIDINE CONFIRMATION, URINE, LC/MS/MS [83992N]</p>	<p>UR25</p> <p>PCP_Conf_U</p>	<p>25 mL urine</p> <p>Transport: Refrigerated</p> <p>A: NO</p> <p>R: 14 days</p> <p>F: 1 month</p> <p>Minimum specimen: 3 mL urine•Toxicology results are to be used only for medical purposes, and not for employment or school enrollment, or for legal purposes. Chain of custody is not monitored. Confirmatory testing is performed only when medically indicated. The results become part of the patient's permanent medical record.</p> <p>•All positive urine toxicology screen results for PCP for patients of all age groups are confirmed using this test.</p> <p>Formulary</p>	<p>9</p> <p>(LIQUID CHROMATOGRAPHY MASS SPECTROMETRY [LC/MS/MS])</p> <p>This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.</p>	<p>Regional Reference Laboratories, North Hollywood (Esoteric Chemistry)</p> <p>Set up 3 days a week</p> <p>Reports out in 3 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHENOBARBITAL LEVEL •PHENOBARBITAL LEVEL (BARBITURATES)	KPDS: 8220500 Health Connect Order Code: PHENOBARBITAL LEVEL [80184B]	RRL: 7 mL Plain Red Top (RED7) (Do not use SST) MC: PST4mL Phenobarb	1 mL serum or plasma Transport: Refrigerated Order this test by Panel: PNI, PRIMIDONE AND PHENOBARBITAL Newborns [neonatal/neonate, infant, baby]: Minimum specimen is 0.5 mL serum or plasma. A: 48 hours R: 4 days F: 1 month Minimum specimen: 1 mL serum or plasma Serum is sample of choice. Whole blood may be substituted if adequate serum sample cannot be obtained. Formulary	Therapeutic Level: 15 - 40 ug/mL	Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily 1.5 days
PHENOSENSE GT PLUS INTEGRASE [MONOGRAM BIOSCIENCES]	KPDS: 8671224 Health Connect Order Code: HIV 1 PHENOTYPIC AND GENOTYPIC SUSCEPTIBILITY W INTEGRASE [NNRTI, NRTI, PI, INI]	PPT X 3 Alternative sample: LAV X 3	5 mL plasma Transport: Frozen A separate frozen specimen is required for each frozen test ordered. Centrifuge specimen within 6 hours of collection, transfer plasma to one or more polypropylene screw-capped tube[s] and freeze Received: •not centrifuged •GNS •heparinized plasma [green top] •nonfrozen •specimens exposed to repeated freeze/thaw cycles •pop-top or snap-cap tube Formulary	(Phenotype: polymerase chain reaction [PCR] amplification and viral culture Genotype: polymerase chain reaction [PCR] and DNA sequencing)	<TestCode></TestCode> Human Immunodeficiency Virus 1 (HIV-1) PhenoSense GT® Plus Integrase (Monogram® Phenotype + Genotype) I C: 551920 Monogram Biosciences LabCorp Specialty Testing Group

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHENYTOIN FREE LEVEL DILANTIN [FREE AND TOTAL] FREE DILANTIN	KPDS: 8265350 Health Connect Order Code: PHENYTOIN FREE, LEVEL [80186B]	RED7 [Do not use SST] Phenytn Fr	2.0 mL serum Transport: Refrigerated Do not collect in serum separator tube Centrifuge and immediately separate serum specimens from cells Received: •Gel barrier tube •Gross hemolysis A: 48 hours R: 5 days F: 30 days Minimum specimen: 0.5 mL serum Result Components: •Phenytoin Free •Phenytoin •DPH Free/DPH Total, SERPLAS, QN Formulary	Therapeutic: 1.0-2.0 mcg/mL Toxic: greater than 3.0 mcg/mL (Fluorescent Polarization Immunoassay) The unbound [free] drug is the pharmacologically active component of phenytoin. The percent free is influenced by renal disease, pregnancy, protein abnormalities, and other medical conditions.	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Daily RRL: 1.5 days
PHENYTOIN LEVEL DILANTIN	KPDS: 8265300 Health Connect Order Code: PHENYTOIN LEVEL [80165B]	RRI: 7 ml Plain Red Top (RED7)(Do not use SST) MC: PST4mL Phenytoin	1 mL serum or plasma Transport: Refrigerated Send intact to RRL. DO NOT SEPARATE SERUM. A: 5 days R: 7 days F: 1 month Minimum specimen: 1 mL serum or plasma Formulary	Therapeutic level: 10 - 20µg/ml Critical Value: Greater than 30 µg/mL	Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily RRL: 1.5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHOSPHATE, PRE-DIALYSIS	KPDS: 8410005 Health Connect Order Code: PHOSPHATE, PRE-DIALYSIS [84100F]	PST4mL Phos PRDIA	1 mL plasma Transport: Refrigerated Centrifuge specimens within 2 hours of collection A: 8 hours R: 3 days F: 12 months Minimum specimen: 0.5 mL plasma Formulary	3.5 - 5.5 mg/dL	<TestCode></TestCode> Los Angeles Medical Center [LAMC] (Automated Chemistry) Daily Same day

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHOSPHATIDYLE THANOL LEVEL, LC/MS/MS PEth	KPDS: 8032101 Health Connect Order Code: PHOSPHATIDYLE THANOL LEVEL, LC/MS/MS [80321E]	LAV5 PEth	1 mL Whole Blood Transport: Refrigerated Restricted to transplant providers in ambulatory setting. Specimen sent at ambient temperature R: 2 weeks F: 6 months Minimum specimen: 0.5 mL Formulary	(Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)) PEth is a direct ethanol metabolite and is useful as a specific biomarker in blood samples for excessive alcohol use in the prior 1-2 weeks or longer. PEth levels above 20 ng/mL are considered evidence of moderate to heavy ethanol consumption. These results should be interpreted in the context of all available clinical and behavioral information.	ARUP <TestCode>3002598</TestCode>ARUP PEth 5-12 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHOSPHORUS, 24H URINE PHOSPHORUS, URINE TIMED	KPDS: 8410500 Health Connect Order Code: PHOSPHORUS, 24H URINE [84105B]	See Specimen Requirements field Phos 24H U	Collect: <u>UR99</u> Aliquot and Transport: <u>GWH3</u> 1.5 mL urine Transport: Refrigerated • Indicate collection start and end times. • After 24-hour collection, acidify to pH <3 with hydrochloric acid 1. Record total volume. 2. Send 1.5 mL aliquot. R: 3 days F: 12 months Minimum specimen: 1.5 mL urine Formulary	Adults = 0.3-1.3 gm/24 hr Children = 0.5-0.8 gm/24 hr	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
PHOSPHORUS, URINE PHOSPHORUS, URINE, RANDOM	KPDS: 8410560 Health Connect Order Code: PHOSPHORUS, URINE [84105A]	Collect: <u>UR25</u> Aliquot and Transport: <u>GWH3</u> Phos U	1.5 mL urine aliquot of random urine Transport: Refrigerated R: 3 days Minimum specimen: 1.5 mL urine aliquot of random urine Formulary	Not Established Varies with diet and hydration	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHOSPHORUS/CREATININE RATIO, URINE URINE PHOSPHOROUS RATIO, URINE CREATININE RATIO, URINE PEDIATRIC PTS	KPDS: 8354520 Health Connect Order Code: PHOSPHORUS/CREATININE RATIO, URINE [254225]	Collect: UR25 Aliquot and Transport: GWH3 Pro_Cre U	1.5 mL random urine Transport: Refrigerated Minimum specimen: 1.5 mL Formulary	NOT ESTABLISHED Varies with diet and hydration To be interpreted by physician	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Monday - Friday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PINWORM SLIDE •Pinworm prep •Fececs - Pin worms	KPDS: 8700600 Health Connect Order Code: PINWORM SLIDE [87172B]	Pin Worm Collection Kit - Scotch Tape Prep of Anus or Pinworm collection paddle. PIN	<p>Scotch Tape Prep of Anus or Pinworm collection paddle. Transport: Ambient Pinworm Paddle</p> <p>The ideal time for this procedure is early in the morning before the child arises, urinates, defecates and is bathed.</p> <ul style="list-style-type: none"> Remove cap. A clear plastic paddle is attached. One side of the paddle is marked "sticky side". It is coated with a non-toxic, sterilized, mildly adhesive material. Do not touch this surface with the fingers. Press the sticky surface against the perianal [around anus] skin with moderate pressure. Place the paddle back into the container. Print the patient's name and other information requested on the container label. Deliver the container to the laboratory. <p>Scotch Tape Prep</p> <ul style="list-style-type: none"> Label 3 slides in pencil with the patient's name, medical record number and date. Using clear transparent tape, firmly press the sticky side of a length of the tape to the skin around the folds of the anus. Do not use cloudy "magic" tape. Apply the tape, sticky side down, to the clear section of the labeled microscope slide. cut off any excess tape that may overlap the edges of the slide. Repeat this process a total of 3 times - one for each labeled slide. Place the slides in the specimen cup/container and deliver to the laboratory. Write patient's name and MRN on frosted end of 3 slides. <p>NOTE: MUST USE CLEAR SCOTCH TAPE ONLY. Give slides and printed instructions to patient. A: 24 hrs R: NO F: NO Minimum specimen: N/A Formulary</p>	Negative (Pinworm paddle or scotch tape prep)	Medical Center or Regional Reference Laboratory, North Hollywood (Bacteriology) Daily 1-2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLACENTAL ALPHA MICROGLOBULIN -1, VAGINA, QUALITATIVE [AMNISURE]	KPDS: 8411200 Health Connect Order Code: PLACENTAL ALPHA MICROGLOBULIN -1, VAGINA, QUALITATIVE [84112A]	AmniSure solvent vial PAMG-1	<p>Vaginal fluid Transport: Ambient Use only the sterile polyester vaginal swab provided with AmniSure. Swab should be held by the middle of the stick and, while a patient is lying flat on her back, carefully insert the polyester tip of the swab into the vagina until the fingers contact the skin no more than 2-3 inches (5-7 cm) deep. Withdraw the swab from the vagina after 1 minute. Place the polyester tip into the vial and rinse the swab in the solvent by rotation for 1 minute. Remove and dispose of the swab.</p> <p>The AmniSure test should be used to evaluate patients with clinical signs/symptoms suggesting fetal membrane rupture. Collect samples prior to digital exam, or the use of lubricants or disinfectants. *Specimen not received in solvent solution.</p> <ul style="list-style-type: none"> •Specimen with swab in the solvent vial. •Significant blood on the swab •Specimens not properly labeled. <p>A: 4 hours after collection. R: Samples can be stored refrigerated for up to 6 hours. F: Unacceptable Formulary</p>	Negative (Qualitative Immunochromatographic test) Positive - rupture of membrane Negative - No rupture of membrane When a sample is taken 12 hours or later after a rupture, a false negative result may occur due to obstruction of the rupture by fetus or resealing of the amniotic sac. AmniSure detects trace amounts of PANG-1, a protein marker of the amniotic fluid in vaginal discharge to aid in the diagnosis of ruptured fetal membranes.	<TestCode></TestCode> Medical Centers STAI, as soon as specimen is collected 4 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLAGUE (YERSINIA PESTIS)	KPDS: Manual Dept. of Health Services Form	7 mL Red Top (RED7)	<p>1 ml serum Transport: Ambient Orange County:</p> <p>Fill out Dept. of Health Services form (available at the hospital lab), need travel history and reason for submission, send via A-line or overnight shipment to Orange County Dept. of Health Services, Virology lab, 1729 West 17th Street, Santa Ana, CA 92706. Phone: (714) 834-7700 Formulary Restricted</p>		Calif. State Dept of Health

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>PLATELET AGGREGATION</p> <p>PLATELET FUNCTION STUDIES</p>	<p>KPDS:</p>		<p>Click on the link titled "PIATEIET AGGREGATION OR FUNCTION STUDY REQUISITION" to request the test from an outside testing laboratory in your area. (Use for all testing laboratories except CHIA)<p></p> <p>Click on the link titled "TECHNICAL BUJIEIIN PIATEIET AGGREGATION STUDIES CHIA TEST REQUEST UPDATE" to read about the CHIA requisition form requirements. <p></p> <p>Click on the link titled "PIATEIET CHIA-KAISER TEST REQUISITION FORM" to order this test from Children's Hospital, Los Angeles. <p></p> <p>Click on the link titled "PATIENT BLEEDING HISTORY FORM". This form must be submitted along with the Children's Hospital, Los Angeles test requisition form.</p> <p>This test is also performed at:</p> <p>Pomona Valley Hospital, Pomona, CA - Bring the KP manual test requisition with the originating medical center address listed. No appointment needed 7:30 AM - 5:00 PM Monday - Friday.</p> <p>Scripps Hospital, San Diego Area - Call the Hematology laboratory at 858-554-9599 for an appointment 7 AM Monday - Friday. This location also performs Platelet Function Studies.</p> <p>UC Irvine, Orange County - Call UCI Laboratory Hematology Department at 714-456-5090 in advance for an appointment 8 AM - 3 PM, Monday - Friday.</p>		

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLATELET AGGREGATION W/ARACHIDONIC ACID •Aspirin •Verify/Now Aspirin	KPDS: 8557607 Health Connect Order Code: PLATELET AGGREGATION W/ARACHIDONIC ACID [85576L]	Greiner.Blue.Top.Tubes [3.2 Na Citrate]	Collect 2 Greiner Blue Top Tubes [3.2 Na Citrate][total 4 ml] Transport: Ambient•Specimens must be hand carried to the laboratory. Do NOT send through the pneumatic tube system [specimens will be rejected]. •Specimens must be tested within 4 hours of collection. Perform phlebotomy and draw a Discard Tube followed by obtaining 2 Greiner Blue Top Tubes [3.2 Na Citrate] Specimens must be incubated at room temperature for 30 minutes prior to testing. Minimum Specimen: Collect 2 Greiner Blue Top Tubes [3.2 Na Citrate][total 4 mL] Formulary	(Optical Detection)	<TestCode></TestCode> Fontana, Los Angeles and San Diego Medical Centers Only Daily Same Day

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>PLATELETS PRODUCT</p> <ul style="list-style-type: none"> •Platelets, Apheresis •Apheresis Platelets Leukocytes Reduced 	<p>KPDS: Health Connect Order Code: Use the appropriate weight-based Blood Transfusion SmartSet to quickly and efficiently place the blood product order, order to transfuse, and ABO-Rh order.</p>		<p>Product Prepared Apheresis Platelets Leukocytes Reduced (Apheresis Platelets Platelet Additive Solution Added, leukocytes Reduced or Psoralen Treated Platelets may be substituted.) See Circular of information for instructions for use. Patient special needs (e.g. irradiated) can be added to prepare and transfuse blood product order sets in Health Connect. Psoralen-treated platelets do not require either irradiation or testing for CMV antibody presence (see Technical Bulletin) When platelet components from Rh positive donors must be given to Rh negative females of childbearing potential because Rh negative platelets are not available, prevention of Rh(D) immunization by use of Rh Immune Globulin should be considered. Pre-transfusion testing must be ordered. Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample F: Unacceptable Appropriate pre-transfusion testing must occur prior to product being dispensed. Products can be dispensed with Emergency Waiver when there is urgent need. Formulary</p>		<p>TestCode></TestCode> Medical Centers, Transfusion Service 24 hours/7 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PM/SCL-100 IGG, QUALITATIVE POLYMYOSITIS ANTI-PM-1	KPADS: 8623514 Health Connect Order Code: PM/SCL-100 IGG, QUALITATIVE [86235AN]	GLD6	1 mL serum Transport: Refrigerated•Plasma •Contaminated, hemolyzed, or severely lipemic specimens. A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.3 mL Formulary	Negative (Qualitative Immunoblot)	ARUP laboratories [2003040] via Medical Center Laboratory, Tuesday, Thursday and Saturday 1 - 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PNL INSULIN PRODUCTION	KPDS: See Comments Health Connect Order Code: PNL INSULIN PRODUCTION AMB SCAL; PNL INSULIN PRODUCTION IP SCAL	GLD6	Transport: Refrigerated Both Panels Include: GLUCOSE [82947A] KRMS 8433100 INSULIN C-PEPTIDE [84681B] KRMS 8002900 INSULIN [83525B] KRMS 8352500 Formulary		<TestCode></TestCode> Regional Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
PNL NEONATAL THYROID FUNCTION	KPDS: See Comments Health Connect Order Code: PNL, NEONATAL THYROID FUNCTION AMB SCAL: PNL NEONATAL THYROID FUNCTION IP SCAL	GLD6	Transport: Refrigerated Both Panels Include: TSH, NO REFLEX [844430] KRMS 8348005 T4 FREE [84439B] KRMS 8346000 Formulary		Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PNL SYSTEMIC SCLEROSIS COMPREHENSIVE PANEL	<p>KPDS: See Comments</p> <p>Health Connect Order Code: PNL SYSTEMIC SCLEROSIS COMPREHENSIVE PANEL AMB SCAL; PNL SYSTEMIC SCLEROSIS COMPREHENSIVE PANEL IP SCAL</p>	GLD6	<p>Transport: Refrigerated Both Panels Include:</p> <p>ANA_TITER_IF [86038B] KRMS 8605000 SCL-70 ANTIBODY [86235A] KRMS 8636051 FIBRININ ANTIBODY_QUALITATIVE [86235AM] KRMS 8623512 RNA_POLYMERASE_3_IgG_SEMIQUANTITATIVE_EIA [83516BG] KRMS 8352019 RIBOSOMA1 RNP ANTIBODY [86235H] KRMS 8623510 PM/SCI-100 IgG_QUALITATIVE [86235AN] KRMS 8623514 Formulary</p>		<p><TestCode></TestCode> Regional Reference Laboratories, North Hollywood, Immunology [ANA and SCL-70 Antibody] and ARUP [additional panel tests]</p>
PNL, ADULT ACUTE HEPATITIS	<p>KPDS: See Comments</p> <p>Health Connect Order Code: PNL, ADULT ACUTE HEPATITIS PROC AMB SCAL; PNL, ADULT ACUTE HEPATITIS PROC IP SCAL</p>	GLD6	<p>Transport: Refrigerated Both Panels Include:</p> <p>•HBSAG [87340B] KRMS 8633700 •HEPATITIS B CORE ANTIBODY [86704B] KRMS 8633702 •HEPATITIS C ANTIBODY [86803B] KRMS 8633706 •HEPATITIS A VIRUS IGM [86709B] Formulary</p>		<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH])</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PNL, CERVICAL CANCER SCREEN (AGE 25 -29) PAP/HPV TRIAGE •PNL CERV CANCER SCREEN (AGE 25 -29) PAP/HPV TRIAGE AMB SCAL •PNL CERV CANCER SCREEN (AGE 25 -29) PAP/HPV TRIAGE IP SCAL •HPV TRIAGE SCREENING, AGE 25-29 •PAP	KPDS: See Comments Health Connect Order Code: PNL CERV CANCER SCREEN (AGE 25 -29) PAP/HPV TRIAGE AMB SCAL PNL CERV CANCER SCREEN (AGE 25 -29) PAP/HPV TRIAGE IP SCAL		KPHC Order: href="http://kpnet.kp.org:81/california/scpmg /labnet/testmenu/testmenu.jsp?TID=13905" >HPV TRIAGE SCREENING, AGE: 25-29, HIGH RISK TYPES AMPLIFIED PROBE [87624E] Formulary		<TestCode></TestCode> Regional Reference Laboratories, Sherman Way PAP: Cytology HPV: Virology

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PNL, CERVICAL CANCER SCREEN (AGE 30-65) PAP/HPV REFLEX •PNL CERV CANCER SCREEN (AGE 30-65) AMB •PNL CERV CANCER SCREEN (AGE 30-65) IP •HPV PRIMARY SCREEN W REFLEX, AGE 30-65, HIGH RISK TYPES AMPLIFIED PROBE •PAP	KPDS: See Comments Health Connect Order Code: PNL CERV CANCER SCREEN (AGE 30-65)		KPHC Order: HPV PRIMARY SCREEN W REFLEX, AGE 30-65, HIGH RISK TYPES AMPLIFIED PROBE [87624P] Formulary		Regional Reference Laboratories, Sherman Way PAP: Cytology HPV: Virology

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PNL, CHRONIC HEPATITIS	KPDS: See Comments Health Connect Order Code: PNL CHRONIC HEPATITIS AMB SCAL; PNL CHRONIC HEPATITIS IP SCAL	GLD6	Transport: Refrigerated Both Panels Include: HEPATITIS B VIRUS SURFACE ANTIGEN RFX [87340H] KRMS 8734001 HCV ANTIBODY W REFLEX TO VIRAL LOAD AND GENOTYPE [86803H] KRMS 8680301 Formulary		•Formulary
PNL, NON-ALCOHOLIC FATTY LIVER DISEASE [NAFLD] PANEL SCAL	KPDS: See Comments Health Connect Order Code: See Comments		Not Orderable in KPHC. Send manual testing form. Technical Bulletins: TEST PANEL CHANGE FOR NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD) RISK SCORE Test includes: AST, SERUM [HC 84450B; KRMS 8445000] ALT, SERUM [HC 84460B; KRMS 8446000] PIATELET AUTOMATED COUNT [HC 85049D; KRMS 8559000] ALBUMIN, BROMCRESOL GREEN [HC 82040C; KRMS 8417805]	NAFID Score [result will be calculated in AURA] = -1.675 + (0.037*age [years]) + (0.094*BMI [kg/m2]) + (1.13*IFG/diabetes [yes = 1, no = 0]) + (0.99*AST/AIT ratio) (0.013*platelet count x109/l) (0.66*albumin [g/dl]) AURA User Guide	•Formulary

Formulary

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PNL, PH AND REDUCING SUBSTANCES	KPDS: See Comments Health Connect Order Code: PNL, PH AND REDUCING SUBSTANCES AMB, SCAL; PNL, PH AND REDUCING SUBSTANCES IP, SCAL	SC99_ SterileContainer	10 grams Random Stool Transport: Frozen Inactivated: PH AND REDUCING SUBSTANCES, STOOL [208513]. Replaced with the Panels listed above. NOTE: <ul style="list-style-type: none"> Inactivated procedure codes usually have replacement codes for department and personal Preference lists, as well as other SmartTools (e.g. SmartSets). If an order of your personal preference list is deactivated, and if it has a single recommended alternative order, the inactivated order will be automatically replaced with the recommended alternative. If there is no replacement, or if there are more than one recommended alternatives, then the inactivated order is removed from your preference list. Most of these updates are invisible to you in KP HealthConnect, but there are exceptions. If you create a chart Review filter using a code that is deactivated, you must edit or replace the filter with one containing the recommended alternative code. Future standing orders for inactivated procedure orders will be resected. Received: <ul style="list-style-type: none"> ambient greater than 4 hours past collection refrigerated greater than 1 day past collection A: 4 hours R: 24 hours F: 60 days Minimum specimen: 3 grams Random Stool Both panels include: href="PH, FECES Reducing Substances, <u>Feces</u> Formulary		<TestCode></TestCode> Quest Diagnostics via Medical Center

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PNL, PRIMIDONE AND PHENOBARBITAL	KPDS: See Comments Health Connect Order Code: PNL, PRIMIDONE AND PHENOBARBITAL PHENOBARBITAL AMB, SCAL; PNL, PRIMIDONE AND PHENOBARBITAL IP SCAL	7 mL Plain Red Top (RED7) (Do not use SST)	Transport: Refrigerated Panel includes: PHENOBARBITAL IEVEI PRIMIDONE IEVEI Formulary		<TestCode></TestCode> Regional Reference Laboratories, Sherman Way via Medical Center (Esoteric Chemistry)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>POLYMYOSITIS AND DERMATOMYOSITIS ANTIBODY PANEL [12 AB]</p>	<p>KPDS: 8351601 Health Connect Order Code: POLYMYOSITIS AND DERMATOMYOSITIS ANTIBODY PANEL [12 AB] [253769]</p>	<p>GLD6</p>	<p>Two - 1 mL serum aliquots Transport: Refrigerated Order restricted to: Inpatient, Rheumatology, Neurology and Pulmonology Separate from cells ASAP or within 2 hours of collection. Transfer two 1 mL serum aliquots to ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot) Received: •Hemolyzed •Hyperlipemic •Icteric •Heat-treated •Contaminated A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.5 mL Test includes: •Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG •Mi-2 (nuclear helicase protein) Antibody •PL-7 (threonyl-tRNA synthetase) Antibody •PL-12 (alanyl-tRNA synthetase) Antibody •P155/140 Antibody •EJ (glycyl-tRNA synthetase) Antibody •SRP (Signal Recognition Particle) Ab •OJ (isoleucyl-tRNA synthetase) Antibody •SAE1 (SUMO activating enzyme) Antibody •NXP-2 (Nuclear matrix protein-2) Ab •MDA5 (CADM-140) Antibody •TIF-1 gamma (155 kDa) Antibody •Myositis Interpretive Information Formulary Restricted</p>	<p>Accompanies report (Qualitative Immunoprecipitation/Semi-Quantitative Multiplex Bead Assay/Qualitative Immunoblot) May be useful for the evaluation of patients with progressive proximal muscle weakness and/or cutaneous manifestations suggestive of dermatomyositis and/or associated connective tissue disease.</p>	<p><TestCode></TestCode> Polymyositis and Dermatomyositis Panel ARUP 2013992 via Medical Center Monday, Tuesday, Thursday and Friday 7-18 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
POSACONAZOLE, LC/MS/MS Posaconazole Level Noxafil®	KPDS: 8029998 Health Connect Order Code: POSACONAZOLE LEVEL, LC/MS/MS [80187A]	RED7	2 mL serum collected in a red-top tube (RED7) Transport: Refrigerated Collect serum in a red-top tube (NO GEL) Serum Separator Tubes (SST®) Other body fluids Other specimen types A: 72 hours R: 14 days F: 30 days Minimum specimen: 1 mL serum Formulary	(liquid Chromatography/Tandem Mass Spectrometry) This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.) The antifungal drug posaconazole is indicated for prophylaxis of invasive <i>aspergillus</i> and <i>candida</i> infections in severely immunocompromised patients. It may also be used in the treatment of <i>oropharyngeal candidiasis refractory to itraconazole and fluconazole</i> . The chronic nature of fungal infections demands constant monitoring of posaconazole levels within a patient to ensure that adequate therapeutic levels of the drug are administered, absorbed and subsequently excreted.	http://www.questdiagnostics.com/testcenter/testDetail.action?tabName=OrderingInfo&ntc=94010 Quest Diagnostics, Inc. via Medical Center Test Code 94010 Monday Wednesday Friday

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
POTASSIUM, SERUM	KPDS: 8414000 Health Connect Order Code: POTASSIUM, SERUM [84132C]	MC: PST4mL RRL: GLD6 K	2 ml plasma or serum Transport: Refrigerated Centrifuge specimen and separate plasma from cells within 2 hours of collection. Avoid hemolysis. Samples received unspun at the RRI will be rejected. R: 3 days Minimum specimen: 0.5 ml plasma or serum SEE ALSO <u>ELECTROLYTE PANEL Formulary</u>	3.5 - 5.0 meq/l Pediatric 0 - 1 wk: 3.2 - 5.5 meq/L 1 wk - 1 yr: 3.5 - 5.6 meq/L > 1 yr: 3.5 - 5.0 meq/L	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily MC: 30 - 60 Minutes RRL: 2 days
PRADER-WILLI SYNDROME, SNRPN METHYLATION ANALYSIS PRADER-WILLI SYNDROME DNA PROBE	KPDS: 8828005 Health Connect Order Code: PRADER-WILLI SYNDROME, SNRPN METHYLATION ANALYSIS [81331B]	LAV5 Lavender Top (EDTA) PWDNA	5 ml whole blood Transport: Refrigerated Do not centrifuge. A: 3 days R: 1 week F: NO Minimum specimen: 2 ml whole blood • Recommend running chromosome study in conjunction. • If chromosome study is desired, order <u>Chromosome Analysis</u> : HC order code 200433 and collect <u>GS4 Green Top (Sodium Heparin) Formulary</u> .	(Methylation specific PCR)	Regional Reference Laboratories, Electronics Place: Molecular Genetics 818-502-5959, tie line 336 (Genetic Testing) Weekly 15 days **TAT is based upon receipt of sample at the MGPL**

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PREALBUMIN	KPDS: 8417011 Health Connect Order Code: PREALBUMIN [84134B]	GLD6 Prealbumin	1.0 mL serum Transport: Refrigerated A: NO R: 3 days F: 6 months Minimum specimen: 0.5 mL serum Formulary	17-34 mg/dL (Immunoturbidimetry)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 1 day
PRENATAL PANEL	KPDS: Health Connect Order Code: SmartGroup: PNL PRENATAL AMB SCAL [Order by Description]	See Individual Test Components See Individual Test Components	See Individual Test Components Transport: See Individual Test Components See Individual Test Components SmartGroup Panel Components: •CBC NO DJEF [85027E] •HBSAG [87340B] •HIV 1/2 ANTIBODY [86703B] •RUBEIIA IGG [86762G] •SYPHIIS ANTIBODY SCREEN_EIA [86780G] •URINE CULTURE (IN PREGNANCY) [87088G] •VARICEIIA ZOSTER VIRUS IGG [86787B] •HEMOGLOBIN A1C_SCREENING OR PREDIABETIC MONITORING [83036H] •ABO-RH- PRENATAL [233365] •INDIRECT COUMBS TEST- PRENATAL [86885F] Formulary	See Individual Test Components (See Individual Test Components)	Regional Reference Laboratories, North Hollywood (Immunology) See Individual Test Components See Individual Test Components

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PRENATAL WORK-UP [ABO, RH AND SYPHILIS EIA]	<p>KPDS: EXCLUDED in Service Master: 8641063</p> <p>Health Connect Order Code: Inactivated: PRENATAL WORKUP [ABO, RH AND SYPHILIS EIA [219489]</p>		<p>Refer to: <u>SmartGroup: PNI PRENATAL AMB SCAL IOrder by Description</u> Not-Formulary</p>		<p>•Not-Formulary (Discontinued)</p>
<p>PRENATAL, CYTOGENOMIC SNP MICROARRAY, AMNIOTIC FLUID</p> <p>CMA PRENATAL CYTOGENOMIC SNP MICROARRAY, AMNIOTIC FLUID</p>	<p>KPDS: 8122903</p> <p>Health Connect Order Code: Not Orderable in KPHC, order will be placed at MGPL</p>		<p>Amniotic Fluid (AF) Transport: Ambient DO NOT freeze A: 8 hours, must arrive at the lab the same day R: 8 hours, must arrive at the lab the same day F: Unacceptable Formulary</p>	<p>Included in result report (Cytogenomic SNP Microarray) Included in result report</p>	<p><TestCode></TestCode> Regional Molecular Genetic Pathology Regional Laboratory (MGPL) Regional Reference Laboratory, Electronics Place: Molecular Genetic Lab 818-502-5959, tie line 336 Monday - Saturday 7-10 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PRENATAL, CYTOGENOMIC SNP MICROARRAY, CHORIONIC VILLI SAMPLING CMA CVS PRENATAL CYTOGENOMIC SNP MICROARRAY, CHORIONIC VILLI SAMPLING	KPDS: 8122905 Health Connect Order Code: Not Orderable in KPHC, order will be placed at MGPL		Chorionic Villi Sampling (CVS) Transport: Ambient DO NOT freeze A: 8 hours, must arrive at the lab the same day R: 8 hours, must arrive at the lab the same day F: Unacceptable Formulary	Included in result report (SNP Microarray) Included in result report	<TestCode></TestCode> Regional Molecular Genetic Pathology Regional Laboratory (MGPL) Regional Reference Laboratory, Electronics Place: Molecular Genetic Lab 818-502-5959, tie line 336 Monday - Saturday 7 - 10 days
PRENATAL, CYTOGENOMIC SNP PRODUCTS OF CONCEPTION CMA POC PRENATAL CYTOGENOMIC SNP PRODUCTS OF CONCEPTION	KPDS: 8122907 Health Connect Order Code: Order using order display name (group test for CMA and MCC) PNL CYTOGENOMIC SNP MICROARRAY, PRODUCTS OF CONCEPTION	CMA PN POC	Product of Conception (POC) Transport: Ambient DO NOT freeze A: As Soon As Possible R: As Soon As Possible F: Unacceptable Formulary	Included in result report (Cytogenomic SNP Microarray) Included in result report	<TestCode></TestCode> Regional Molecular Genetic Pathology Regional Laboratory (MGPL) Regional Reference Laboratory, Electronics Place: Molecular Genetic Lab 818-502-5959, tie line 336 Monday - Saturday 7 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PRIMIDONE LEVEL MYSOLINE	KPDS: 8414100 Health Connect Order Code: PRIMIDONE LEVEL [80188B]	7 ml Plain Red Top (RED7) (Do not use SST) Primidone	1.0 mL serum Transport: Refrigerated Order this test by Panel: PNL, PRIMIDONE AND PHENOBARBITAL Send clot intact - DO NOT SEPARATE SERUM. A: 48 hours R: 4 days F: 1 month Minimum specimen: 1 mL serum Formulary	Therapeutic level: 5 - 10µg/ml Critical Value: Greater than 15 µg/mL	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Daily 1.5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>PROCALCITONIN PCT</p>	<p>KPDS: 8414505 Health Connect Order Code: PROCALCITONIN [84145B]</p>	<p>PST4mL PCT</p>	<p>1.0 mL plasma Transport: Rrt: Refrigerated NOTE: This test can only be ordered by clinicians in the Antibiotic Stewardship Group at the individual Medical Centers. These clinicians are coded in KPHC. Separate plasma by centrifugation Received: • Hemolyzed • EDTA, plasma • Iipemic [not recommended] • Icteric A: 8 hours R: 48 hours F: -25 ± 6° C for 6 months Minimum specimen: 1.0 mL plasma Baldwin Park, LAMC and San Diego: Refer to your location for any special instructions. Formulary</p>	<p>(Chemiluminescent Microparticle Immunoassay [CMIA], Abbott Architect)</p>	<p>Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory for all Medical Centers except: Baldwin Park, LAMC, and San Diego [performed on-site]. Contact these locations for details. North Hollywood and Chino Hills RRL: Tested upon receipt. Baldwin Park, LAMC and San Diego: Refer to your location for schedule RRL: 1 day Baldwin Park, LAMC and San Diego: Refer to your location for turnaround time</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROGESTERONE Health Connect Order Code: PROGESTERONE [84144B]	KPDS: 8414400 Health Connect Order Code: PROGESTERONE [84144B]	GLD6 Progesterone	1.0 mL serum Transport: Refrigerated Centrifuge specimen prior to transport. R: 10 days F: 6 months Minimum specimen: 1.0 mL serum Formulary	Males: :0.2 ng/ml Females: Normally Menstruating Follicular Phase: <0.1 - 0.3 ng/ml Luteal Phase: 1.2 - 15.9 ng/ml Postmenopausal: <0.1 - 0.2 ng/ml Pregnant Females First Trimester: 2.8 - 147.3 ng/mL Second Trimester: 22.5 - 95.3 ng/mL Third Trimester: 27.9 - 242.5 ng/mL (Chemiluminescent Microparticle Immunoassay [CMIA] {Abbott Architect})	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROLACTIN	KPDS: 8414600 Health Connect Order Code: PROLACTIN [84146B]	GLD6 Prolactin	1.0 mL serum Transport: Refrigerated Tubes must be spun down. Hemolyzed Samples: >500 mg/dL of hemoglobin Lipemic Samples: > 1000 mg/dL of triglycerides Icteric Samples: >20 mg/dL of bilirubin A: 8 hrs R: 48 hrs F: 12 months Minimum specimen: 0.5 mL serum Formulary	Females Nonpregnant: 2.8 - 29.2 ng/ml Females Pregnant: 9.7 - 208.5 ng/ml Females Postmenopausal: 1.8 - 20.3 ng/ml Males: 2.1 - 17.7 ng/ml Note: High Dose Hook Effect Patient samples with high prolactin levels can cause a paradoxical decrease in the RLYs [high dose hook effect]. In this assay, patient samples with prolactin levels as high as 30,000 ng/mL [636,000 µIU/mL] will assay greater than 200 ng/mL [4240 µIU/mL]. (Chemiluminescent Microparticle Immunoassay [CMIA] - Centaur XP)	Regional Reference Laboratories, North Hollywood and Chino Hills Daily 1-2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROPOXYPHENE, URINE, USING AUTOMATED ANALYZER	KPDS: Removed from Service Master: 8442004 Health Connect Order Code: Inactivated: PROPOXYPHENE, URINE, USING AUTOMATED ANALYZER [80301X]		As of September 2015, this test has been discontinued. Order: <u>OPIATES_URINE_CONFIRMATORY_GC/MS [80361D]</u> Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROTEIN C ACTIVITY PROTEIN C ACTIVITY	KPDS: 8521116 Health Connect Order Code: PROTEIN C ACTIVITY [85303B]	5 mL Light Blue Top (BLU5) Protein C	2 mL FROZEN citrated plasma. Transport: Frozen Centrifuge 10 minutes and separate plasma. Centrifuge again for 10 minutes. Aliquot into a plastic tube. FREEZE. Minimum specimen: 1 mL plasma. Formulary	70 - 130% (Electromagnetic Mechanical Clot Detection) Coumadin will lower Protein C results. Factor VIII Levels greater than 250% may lead to an under-estimation of the Protein C Level. Thrombin Inhibitors (e.g. Hirudin, Argatroban...) may lead to an over-estimation of the Protein C Level.	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
PROTEIN ELECTROPHORE SIS, SERUM PROTEIN ELECTROPHORE SIS, SERUM	KPDS: 8416500 Health Connect Order Code: PROTEIN ELECTROPHORE SIS, SERUM [84165C]	GLD6 SPE	3 mL serum Transport: Refrigerated Centrifuge after clotted. A: 48 hrs R: 7 days F: 1 month Minimum specimen: Total protein plus electrophoresis 3.0 mL serum. Formulary	Accompanies Report (Electrophoresis)	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Monday - Friday 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROTEIN ELECTROPHORE SIS, URINE •PROTEIN ELECTROPHORE SIS, URINE •BENCE JONES PROTEIN •BENCE-JONES PROTEIN URINE •ELECTROPHOR ESIS (URINE)	KPDS: EXCLUDED in Service Master [8420001] Health Connect Order Code: Inactivated: PROTEIN ELECTROPHORE SIS, URINE [84166A]		Order: IMMUNOFIXATION, URINE [86335A] Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROTEIN S ACTIVITY PROTEIN S TOTAL	KPDS: 8521118 Health Connect Order Code: PROTEIN S ACTIVITY [85306C]	5 mL Light Blue Top (BLU5) Protein S	2 mL FROZEN citrated plasma. Transport: Frozen Centrifuge 10 minutes and separate plasma. Centrifuge for another 10 minutes. Aliquot in plastic tube. FREEZE. Send FROZEN. Formulary	Male 77 - 143% Female 55 - 123% (Electromagnetic Mechanical Clot Detection) Coumadin will lower Protein S results. Lupus Anticoagulants and/or Anti-Phospholipid antibodies may interfere with the Protein S assay. Factor VIII Levels greater than 250% may lower Protein S measurements. Thrombin Inhibitors (e.g. Hirudin, Argatroban...) may lead to an over-estimation of the Protein S Level.	Regional Reference Laboratories, North Hollywood (Special Coagulation) 4 days
PROTEIN/CREATININE, URINE •URINE PROTEIN •URINE RATIOS, PEDIATRIC PTS •URINE PROTEIN/CREATININE RATIO	KPDS: 8354505 Health Connect Order Code: PROTEIN/CREATININE, URINE [200483]	UR25 Pro_Cre U	1.5 mL random urine Transport: Refrigerated Collect urine before fluorescein is given or greater than 24 hours after R: 2 days Minimum specimen: 1.5 mL urine Formulary		Medical Center Daily

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PSA PROSTATE SPECIFIC ANTIGEN (PSA)	KPDS: 8406700 Health Connect Order Code: PSA [84153B]	GLD6 PSA	1.0 ml serum Transport: Refrigerated • Centrifuge after clotted. • Send entire tube. Do not aliquot. • Gross hemolysis R: 5 days F: > 1 day Minimum specimen: 1.0 mL serum Formulary	49 or less: 2.5 ng/mL 50 - 59 years: 3.5 ng/mL 60 - 69 years: 4.5 ng/mL 70 years: 6.5 ng/mL • The determination that this age-related PSA is either normal or abnormal is valid only if this patient has never been treated for prostate cancer and is not on any medication that would change the PSA value. • Clinical correlation is strongly recommended. (Chemiluminescent Microparticle Immunoassay [CMIA] {Abbott Architect})	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PSA, POST TREATMENT Prostate Specific Antigen	KPDS: 8406705 Health Connect Order Code: PSA, POST TREATMENT [84153G]	GLD6 PSA Post	1.0 mL serum Transport: Refrigerated R: 5 days F: > 1 day Minimum specimen: 1.0 mL serum Formulary	Detection of biochemical failure by treatment modality: Radical Prostatectomy: 2 0.1 ng/ml Radiation +/- Hormonal Therapy: 2.0 ng/ml over post-treatment nadir The PSA Assay is performed with the Abbott Diagnostics' Architect system analyzer, using Chemiluminescent Microparticle Immunoassay [CMIA] technology, with flexible assay protocols, referred to as Chemflex. (Chemiluminescent Microparticle Immunoassay [CMIA] {Abbott Architect})	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PT AND INR •PROTIME (INR & SEC) •PT (INR & SEC) •PROTHROMBIN TIME (PT)	KPDS: 8561600 Health Connect Order Code: PT AND INR [85610H]	5 mL Light Blue Top (BLU5) PT INRSec	<p>5 mL Blue Top tube, completely filled. Transport: Frozen [R1 Specimens Only] Ensure complete fill of the vacutainer tube. Invert gently three - four times immediately after filling. IF testing to be performed at the Regional Reference lab, THEN: 1. Centrifuge the capped collection tube at 3000 rpm for ten minutes. 2. Using a plastic transfer pipette, transfer the plasma to a plastic tube. [Do not disturb the buffy coat]. 3. Centrifuge the plasma for an additional 10 minutes. Using a transfer pipette, transfer the plasma to another plastic tube. The plasma must be platelet free [platelet count less than 10,000/ul]. 4. Cap, label and freeze immediately at -20°C or lower. 5. Transport frozen specimens to the Regional Reference lab on dry ice. Received: •clotted •inadequately filled blue top •hematocrit over 55% and not adjusted for a high hematocrit •frozen whole blood •insufficient volume [QNS] •hemolyzed A: 24 hours for samples maintained at room temperature in original capped evacuated collection tube. F: Double spun citrated plasma: 2 weeks at -20°C 6 months at -70°C Minimum specimen: 1 mL citrated plasma The appropriate test for monitoring coumadin anticoagulation is the International Normalized Ratio [INR]</p>	International Normalized Ratio (I.N.R) Reference Range: 0.8 - 1.2 Reference Range for Seconds: 12.0 - 15.4	Medical Center or Regional Reference Laboratories [RRL], North Hollywood Medical Center: Daily, Routine or STAT Regional Reference Lab: Monday - Saturday, Routine STAT [at the Medical Center only]; Within 1 hour after specimen receipt in lab Routine: Within 24 hours [Note: Prothrombin Time testing is not available at the Regional Reference Lab on Sundays]

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PTH INTACT AND CALCIUM	<p>KPDS: EXCLUDED in Service Master [8345610]</p> <p>Health Connect Order Code: Inactivated: PTH INTACT AND CALCIUM [206482]</p>		<p>This combined test is no longer available. See: Technical Bulletin</p> <p>Separate Orders for: PARATHYROID HORMONE (PTH) [83970A] CALCIUM [82310F] CALCIUM IONIZED, SERUM [82330C] Not-Formulary</p>		•Not-Formulary (Discontinued)
PTH, BIO-INTACT	<p>KPDS:</p>		<ul style="list-style-type: none"> Refer to Technical Bulletin from Chemistry Services - 12/30/05 Technical Bulletin Order KPDS procedure code 8345600 PTH, Intact [83970A] [Parathyroid Hormone] 		

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
QUICK PROTOME	KPDS:		ORDER PROTOME (INR_ONLY) , procedure code 8561700 or PROTOME (INR & SEC) , procedure code 8561600		
RAT BITE FEVER	KPDS:	7 mL Red Top	2 mL serum. A complete history form must be completed by the Doctor and accompany this test. Patient's address and age must appear on Formulary Restricted		Calif. State Dept. of Health via Regional Reference Laboratories, North Hollywood

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RED BLOOD CELLS PRODUCT	<p>KPDS: Health Connect Order Code: Use the appropriate weight-based Blood Transfusion SmartSet to quickly and efficiently place the blood product order, order to transfuse, and Type and Antibody screen order.</p>		<p>Product Prepared Red Blood Cells leukocyte Reduced (Washed red blood cells or Deglycerolized Red Blood Cells may be substituted) See <u>Circular of Information</u> for instructions for use. Patient special needs (e.g. irradiated) can be added to prepare and transfuse blood product order sets in Health Connect. Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample F: Unacceptable Appropriate pre-transfusion testing must occur prior to crossmatch compatible red blood cells being dispensed for transfusion. Pre-transfusion testing can be waived and uncrossmatched products can be dispensed. The requesting physician (MD) must sign and return to the Transfusion Service the Emergency Blood Release/ Waiver form as soon as possible. The appropriate crossmatch test will be reflexed for all RBC product orders (Electronic, Immediate Spin, Extended, or Neonatal). Formulary</p>		<p>Medical Centers, Transfusion Service 24 hours/7 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RED CELL ENZYME SCREENING	KPDS:		NO LONGER AVAILABLE		(Discontinued)
REJECTION PANEL [ALT, AST, T BIL]	KPDS: 8447666 Health Connect Order Code: REJECTION PANEL [ALT, AST, T BIL] [213119]	Lithium Heparinized Green Top (GRN5)	2 mL plasma, REFRIGERATED Minimum specimen of 1.0 mL. Transport: Refrigerated Centrifuge specimen and separate plasma from cells within 1 hour of collection. Minimum specimen: 1.0 mL PLASMA Includes Bili Total, SGPT (ALT), and SGOT (AST) Formulary	Accompanies Report	Regional Reference Laboratories, North Hollywood (Automated Chemistry)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RESPIRATORY PATHOGEN PANEL [15 VIRUSES, 2 BACTERIA], MULTIPLEX PCR, INPATIENT •Inpatient •Syndromic Respiratory Panel	KPDS: 8779820 Health Connect Order Code: Inactivated: RESPIRATORY PATHOGEN PANEL [15 VIRUSES, 2 BACTERIA], MULTIPLEX PCR, INPATIENT [252429]		Excluded in Service Master: 8779820 This order has been merged with another syndromic respiratory pathogen panel (see below). RPP testing should generally be reserved for immunocompromised or critically-ill patients only. With a prolonged turnaround time (upwards of 1-2 days), results of the respiratory panel are often not actionable. During flu season, RAPID INFLUENZA A/B, PCR [87502A] or RAPID INFLUENZA A/B AND RSV, PCR [87631C] are the faster (~20-60 minutes vs. 1-2 days), more direct tests for flu +/- RSV diagnosis. If the clinical picture warrants, please order: IMMUNOCOMPROMISED RESPIRATORY PANEL [15 VIRUSES, 2 BACTERIA], MULTIPLEX PCR [252430] performed at the Kaiser Permanente Regional Reference Laboratories. Formulary		•Formulary (Discontinued)
RETICULOCYTE AUTOMATED COUNT RETIC	KPDS: 8504501 Health Connect Order Code: RETICULOCYTE AUTOMATED COUNT [85045C]	LAV5 Retic	5 mL blood Transport: Ambient Send refrigerated if held overnight. Formulary	0.5 - 1.5% Automated: (adults only) 0.4-2.5%	<TestCode>>/TestCode> Medical Centers Regional Reference Laboratories, Chino Hills, Core Laboratory

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RH PHENOTYPING, COMPLETE •Rh Antigen Typing •RBC Rh Antigens •Rh Phenotype	KPDS: 8610612 Health Connect Order Code: RH PHENOTYPING, COMPLETE [86906A]	Pink6 or LAV5	No red blood cell transfusions within the past 3 months. Genotyping may be requested in cases when the patient has had a transfusion in the preceding 3 months (Performed by contracted immunohematology reference laboratory.) Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample F: Unacceptable Formulary	N/A (Hemagglutination)	Medical Centers, Transfusion Service Daily 72 hours
RHEUMATOID FACTOR, SERUM • R.A. Test/RF (Rheumatoid Arthritis) • Rheumatoid Factor (Serum) • Rheumatoid Arthritis (RF) • Rheumatoid Factor (RF)	KPDS: 8636050 Health Connect Order Code: RHEUMATOID FACTOR, SERUM [86431B]	GLD6 RF S	1 mL serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: 24 hours R: 7 days F: 2 months Minimum specimen: 0.5 mL serum Formulary	<14 IU/mL (Immunoturbidimetric)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RHO (D) BLOOD TYPING •RH TYPE •RH Factor •RH Type Only	KPDS: 8610000 Health Connect Order Code: RHO (D) BLOOD TYPING [86901B]	Pink6 or LAV5 RH	6 mL whole blood Transport: Ambient Draw blood as for all Blood Bank specimens. Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 14 days F: Unacceptable Minimum specimen: 1 mL whole blood Formulary	N/A (Hemagglutination) Rh positive or Rh negative Pre-natal patients who test Rh negative may be candidates for RHO GAM administration.	Medical Center, Transfusion Service 24 hours STAT: 1 hour Routine: 4 hours

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RIBOSOMAL RNP ANTIBODY RNP (U1) (RIBONUCLEIC PROTEIN) (ENA) ANTIBODY, IgG	KPDS: 8623510 Health Connect Order Code: RIBOSOMAL RNP ANTIBODY [86235H]	GLD6	1 mL serum Transport: Refrigerated Separate serum from cells ASAP or within 2 hours of collection.*Plasma or other body fluids. •Contaminated, hemolyzed, or severely lipemic specimens. A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.2 mL Formulary	(Semi-Quantitative Multiplex Bead Assay) NEGATIVE: 29 AU/mL or less EQUIVOCAL: 30 - 40 AU/mL POSITIVE: 41 AU/mL or greater	ARUP laboratories [50470] via Medical Center Laboratory Mon-Sun 1-2 days upon receipt

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RNA POLYMERASE 3 IGG, SEMIQUANTITATIVE, EIA	KPDS: 8352019 Health Connect Order Code: RNA POLYMERASE 3 IGG, SEMIQUANTITATIVE, EIA [83516BG]	GLD6	1 mL serum Transport: Refrigerated Separate serum from cells ASAP or within 2 hours of collection. A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.2 mL serum Formulary	(Semi-Quantitative Enzyme-Linked Immunosorbent Assay) NEGATIVE: 19 Units or less WEAK POSITIVE: 20-39 Units MODERATE POSITIVE: 40-80 Units STRONG POSITIVE: 81 Units or greater	ARUP laboratories [2001601] via Medical Center Laboratory, Tuesday, Thursday and Sunday 1-4 days
RSV ANTIGEN SCREEN • RESPIRATORY SYNCYTIAL VIRUS, STAT • RSV STAT ANTIGEN SCREEN • RSV AG SCREEN • VERITOR SYSTEM RSV ANTIGEN SCREEN	KPDS: Excluded in Service Master: 8649677 Health Connect Order Code: Inactivated: RSV ANTIGEN SCREEN [87807A]		This order has been discontinued in favor of RAPID INFLUENZA A/B AND RSV, PCR [87631C], a new local (medical center and urgent care) lab-based molecular influenza A/B + RSV test with superior sensitivity, particularly in adults. Formulary		•Formulary

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RUBELLA ANTIBODY IGG RUBELLA AB (IGG)	KPDS: 8639400 Health Connect Order Code: RUBELLA IGG [86762G]	GLD6 Rubella G	<p>1 ml serum Transport: Refrigerated Centrifuge after clotting. Freeze at -20C or lower for long term storage.</p> <p>RR Instructions for Specimen Processing Department: Sunday - Friday morning: Keep samples refrigerated until delivery to testing department. Friday afternoon to Saturday midnight: Freeze samples upon receipt until delivery to testing department. A: 8 hrs R: 2 days F: >2 days Minimum specimen: 0.5 ml serum If ordering with Rubella, Mumps and Varicella as an "Immune Status", only <u>one</u> 6 mL Gold Top is required for all 4 tests.</p> <p>This test is not validated for use with specimens from neonates/neonatal [infant, newborn, baby], cord blood, or pre-transplant patients. Formulary</p>	<p>Negative: 8.18 IU/mL Equivocal: 8.19 - 9.99 IU/mL Positive: 10.0 IU/mL (ELISA) Negative - Patient is presumed to not be immune to infection with Rubella Equivocal - Obtain an additional sample for re-testing Positive - IgG antibody levels are at a level that are considered to indicate positive immunity</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Core Laboratory [CH]/immunology [NIH]) Monday - Friday 1-3 days</p>
RUBELLA CULTURE	KPDS: Order Manually	UTM	<p>Urine, Throat, Eye, CSF, tissue, heparinized blood Virus must be specified. Use Universal Transport Medium. Send in cooler with cold packs. Order as: VIRAL CULTURE, R/O Rubella</p>	<p>Negative (Cell Culture, FA)</p>	<p>Focus Technologies via Medical Centers</p>
S.H.B.D. SHBD	KPDS:		<p>Replace with <u> </u> [L.D.H.]</p>		

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SABIN DYE TEST	KPDS:		SEE: • <u>TOXOPIASMA (IGG) EIA</u> • <u>TOXOPIASMA IGG & IGM</u>		
SALMONELLA ABS SALMONELLA ANTIBODIES (IgA, IgG, IgM)	KPDS:		TEST DISCONTINUED		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SCAN TESTING	KPDS:	Genital or Serum	Chlamydia Culture: See special procedure for Chlamydia Send to appropriate department at Sherman Way with service request. For cases of possible child abuse.		Regional Reference Laboratories, North Hollywood

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>SCL-70 ANTIBODY</p> <ul style="list-style-type: none"> •ANTI-SCLERODERMA ANTIBODY (SCL-70) •SCL-70 •ANTI-SCL70 AB IgG 	<p>KPDS: 8636051 Health Connect Order Code: SCL-70 ANTIBODY [86235A]</p>	<p>GLD6 SCL70 Ab</p>	<p>2 mL serum Transport: Refrigerated Freeze at -20°C or colder for long term storage. Grossly lipemic not recommended A: 8 hours R: 48 hours F: 48 hours Minimum specimen: 0.5 mL serum Formulary</p>	<p>Negative: <20 Units (EIA [INOVA QuantaLyser]) Interpretive criteria: Negative: <20 Units Weak Positive: 20-30 Units Moderate Positive: 40-80 Units Strong Positive: >80 Units</p> <p>A positive result indicates the presence of SCL-70 antibodies and suggests the possibility of Scleroderma. Not all scleroderma and CREST patients are positive for SCL-70. Note that antibody levels obtained with different manufacturers assay methods may not be used interchangeably.</p>	<p>Regional Reference Laboratories, North Hollywood (Immunology) Monday, Wednesday, Friday 1-4 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SENSITIVITY (CULTURE)	KPDS: Not Applicable		Varies 1. Performed only when indicated by culture results. 2. If special problem, consult Bacteriologist at North Hollywood (tie line 397-6878).		Regional Reference Laboratories, North Hollywood (Bacteriology)
SERUM BACTERICIDAL TITER	KPDS: Excluded from Service Master: 8719700		Effective August 2014, this test normally performed at the Regional Reference Laboratories, North Hollywood has been discontinued.		•Not-Formulary (Discontinued)
SCHLICHTER (SERUMICIDAL LEVEL) SCHLICHTER TEST; SERUM	Health Connect Order Code: Inactivated: SERUM BACTERICIDAL TITER [87197A]		Please call the Regional Reference Laboratories, North Hollywood Bacteriology Department at 818-503-6878 [tie line 397] for information regarding a replacement for this test. Not-Formulary		
SEX HORMONE BINDING GLOBULIN SHBG	KPDS: 8403110 Health Connect Order Code: SEX HORMONE BINDING GLOBULIN [84270B]	GLD6 SHBG	1.0 mL serum Transport: Refrigerated Centrifuge after clotted. R: 8 days F: 3 months Minimum specimen: 1.0 mL serum Formulary	Manufacturer's reference range (nmol/L): •Men: 11-78 •Women: 12-137 (Chemiluminescent Microparticle Immunoassay [CMIA] {Abbott Architect})	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SEZARY SYNDROME	KPDS:	Two LAV5	<p>10 ml EDTA whole blood Submit specimen within 24 hours of collection. Copy of CBC result required.</p> <p><u>Orange County MOB's, Downey and Bellflower:</u></p> <ul style="list-style-type: none"> Monday through Thursday: Collect specimens anytime. Do not collect specimens after 3:00 PM on Friday Friday: Collect and process specimens only before first courier leaves 		SCPMG Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SICKLE CELL SCREEN	KPDS: 8566000 Health Connect Order Code: SICKLE CELL SCREEN [85660B]	LAV5 Sickle Scr	5 mL REFRIGERATED whole blood. Transport: Refrigerated Send specimens with positive results to North Hollywood, Esoteric Chemistry for confirmation by hemoglobin electrophoresis. A: 48 hrs R: 7 days F: NO Minimum specimen: 0.5 mL whole blood Micro method available. Formulary	Negative (Sickledex) This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory system where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	Medical Center or Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) 2 x week 5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SODIUM, POTASSIUM Sodium and Potassium, Blood	KPDS: 8429511 Health Connect Order Code: SODIUM, POTASSIUM [207287]	PST4mL Na and K	2 ml plasma Transport: Refrigerated When ordered with CO ₂ , do not upcap Keep samples closed and in a vertical position Centrifuge specimen to separate plasma from cells within 2 hours of collection Received: •hemolyzed •unspun •past stability period •Samples received unspun at the RRI will be rejected A: 8 hours R: 3 days F: 1 month Minimum specimen: 0.5 ml plasma See also <u>ELECTROLYTE PANEL [NA, K, Cl, CO2] [80051E]</u> <u>Formulary</u>	Sodium: 135-145 mEq/L Potassium: 0-7 days: 3.2 - 5.5 mEq/L 8 days - 1 year: 3.5 - 5.6 mEq/L >1 year: 3.5-5.0 mEq/L (Ion Selective Electrodes)	Regional Reference Laboratories, North Hollywood, Automated Chemistry, and Chino Hills, Core Laboratory and the following Medical Centers: Bakersfield, Downey, Fontana, Orange County, San Diego, and South Bay Daily RRL: 2 days MC: Same day
SODIUM, SERUM SODIUM, BLOOD	KPDS: 8429500 Health Connect Order Code: SODIUM, SERUM [84295A]	MC: PST4mL RRL: GLD6 Na	2 ml plasma or serum Transport: Refrigerated When ordered with CO₂: Do Not Uncap. Centrifuge specimen to separate plasma from cells within 2 hours of collection. Samples received unspun at the RRI will be rejected. A: 14 days R: 14 days Minimum specimen: 0.5ml plasma or serum <u>SEE ALSO <u>ELECTROLYTE PANEL</u></u> <u>Formulary</u>	135 - 145 meq/L Neonatal Critical Value: 0 minutes - 30 days old Critical Low - 124 Critical High - 156 Greater than 30 days old Critical Low - 119 Critical High - 159	•Medical Center Laboratories •Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SODIUM, URINE SODIUM, URINE	KPDS: 8354660 Health Connect Order Code: SODIUM, URINE [84300B]	Collect: 24 Hour UR99 (TU99) or Random Urine (UR10) Transport: <u>GWH3</u> Na U	10 mL REFRIGERATED aliquot from a 24 hour urine, or 10 mL of random urine Transport: Refrigerated Submit in B-D urine tube. Minimum specimen: 0.5 mL Formulary	Random: Not established 24 Hour: >15 yrs: 40 - 220 meq/l Pediatric Male: 6 - 10 yrs: 40 - 115 meq/l 11 - 14 yrs: 63 - 177 meq/l Pediatric Female: 6 - 10 yrs: 20 - 69 meq/L 11 - 14 yrs: 48 - 168 meq/L	• Medical Center Laboratories • Regional Reference Laboratory Chino Hills (Automated Chemistry)
SPINAL FLUID, TOTAL PROTEIN	KPDS: 8417500	Spinal Fluid - Sterile tube (SF10)	5-6 mL spinal fluid. Transport: Ambient. Analyze immediately. Minimum specimen: 2.0 mL spinal fluid.	Accompanies Report	Medical Center

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SPINAL MUSCULAR ATROPHY, SMN1 AND SMN2, CARRIER TESTING SMA Spinal Muscular Atrophy Genotype SMN1	KPDS: 8140105 Health Connect Order Code: SPINAL MUSCULAR ATROPHY, SMN1 AND SMN2, CARRIER TESTING [81401L]	LAV5 SMA	2 mL whole blood Transport: Ambient Do NOT freeze Whole blood: Normal phlebotomy procedure. Specimen stability is crucial. Store and ship ambient immediately. Do not freeze. Do not centrifuge. Received: •Frozen •Wrong specimen type •Exceeded stability •Less than minimum volume A: 7 days R: 10 days F: Unacceptable Minimum specimen: 1 mL whole blood Formulary	Accompanies report (Multiplex Ligation-Dependent Probe Amplification [MLPA]) Accompanies report	Regional Reference Laboratories, Electronics Place Molecular Genetic Pathology 818-502-5530 tie line 336 Monday - Friday 7-10 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SSA AND SSB ANTIBODY •ANTI-RO •ANTI-LA •ANTI-SJOGRENS ANTIBODY •ANTIBODY RO AND LA •ANTI-SSA+ANTI-SSB •IgG	KPDS: 8001200 Health Connect Order Code: SSA AND SSB ANTIBODY [200438]	GLD6 SSA SSB Ab	2 mL serum Transport: Refrigerated Freeze at -20°C or colder for long term storage Grossly lipemic not recommended A: 8 hrs R: 48 hours F: >48 hours Minimum specimen: 0.5 mL serum Formulary	Negative: <20 Units (EIA [INOVA QuantaLyser]) Interpretive criteria: Negative: <20 Units Weak Positive: 20-30 Units Moderate Positive: 40-80 Units Strong Positive: >80 Units A positive result indicates the respective antibody is present, and suggests the possibility of Systemic Lupus Erythematosus (SLE) or related connective tissue disease. Not all SLE and Sjogrens patients are positive for SS-A or SS-B. Note that antibody levels obtained with different manufacturers assay methods may not be used interchangeably.	Regional Reference Laboratories, North Hollywood (Immunology) Tuesday and Friday 1-5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
STAPH AUREUS SCREEN, CULTURE Culture, <i>Staphylococcus aureus</i> screen	KPDS: 8707052 Health Connect Order Code: STAPH AUREUS SCREEN, CULTURE [87081ZAN]	eSwab Regular [with modified amies transport medium] Staph aureus screen	Axilla, Groin, Nares, Rectal swab, Throat swab Transport: Ambient [Preferred] Refrigerated [Acceptable] • Sources other than stated above • Swab received greater than 48 hours after collection A: 48 hours R: 48 hours F: Unacceptable This culture should be used in situations where pre-operative screening for surgical patients is needed to detect the presence of <i>S. aureus</i> [both MSSA and MRSA]. • Negative cultures will be reported as "No <i>S. aureus</i> isolated". • Susceptibility testing will be performed on all <i>S. aureus</i> isolates recovered. Formulary	No growth of Staph aureus (Culture)	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Set up daily 3-4 days
STARCH, FECES	KPDS:		NO LONGER PERFORMED		(Discontinued)
STONE ANALYSIS RENAL CALCULUS (STONE ANALYSIS); BLADDER STONE; GALLSTONE ANALYSIS; KIDNEY STONES; URINARY CALCULI	KPDS: 8394605 Health Connect Order Code: STONE ANALYSIS [82365F]	SC99_StrCont_SterileContainer Stone	Calculus [dry stone] Transport: Ambient NOTE: DO NOT route through the Medical Center Pathology Dept. • Indicate source of specimen. • Place specimen in a clean plastic container with no preservative. • Send only calculi, no foreign bodies or tissue. • No preservative. A: Indefinite R: NO F: NO Minimum specimen: N/A Formulary	Accompanies report (Fourier Transform Infrared Spectroscopy [FTIR])	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) 3 x week 7 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>SUBSTITUTED PARTIAL THROMBOPLASTIN TIME</p> <ul style="list-style-type: none"> •Corrected PTT •APTT Mixing Study •Circulating Anticoagulant Screen 	<p>KPDS: 8522601 Health Connect Order Code: SUBSTITUTED PARTIAL THROMBOPLASTIN TIME [85732B]</p>	<p>BLU5 APTT Mix</p>	<p>2 mL citrated plasma Transport: <Bullet> Refrigerated [if Tested Within 2 Hours] <Bullet> Frozen [if Transported Or Tested After 2 Hours From Time Of Draw] Medical Center laboratory: •Centrifuge within one hour of collection •Test must be performed within 2 hours of collection; otherwise double spin [as described below] and FREEZE plasma until analysis can be performed MOB Testing labs and Draw Stations: •Centrifuge within one hour of collection for 10 minutes at 3000 rpm •Separate the plasma in a plastic tube [being careful not to go near the bottom of the plasma and disturb the buffy coat] •Spin again for 10 minutes at 3000 rpm •Separate the plasma again in a plastic tube [being careful not to go near the bottom of the plasma and disturb the buffy coat] •Record on the label that the specimen has been double spun •FREEZE and sent to Medical Center for testing Received: •clotted •grossly or moderately hemolyzed •insufficient or overfilled volume for anticoagulant •hematocrit over 55% and not adjusted for a high hematocrit •transported wrong temperature A: Up to 2 hours R: 4 hours - separated plasma F: Double spun citrated plasma 2 weeks at -20°C 6 months at -70°C Minimum specimen: 1.5 mL citrated plasma Formulary</p>	<p>Patient APTT: 25-37 sec APTT 1:1 Mix [Immediate]: 25-37 sec APTT 1:1 Mix [1 hr]: 25-37 sec APTT 1:1 Mix CNTL [1 hr]: 25-37 sec Linear Range: Low: <15 sec High: >200 sec (Stago)</p>	<p>Medical Centers: Coagulation Daily, Routine or STAT</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SUDAN BLACK (B STAIN)	KPDS:	LAV5 - 5 mL EDTA Lavender Top	<p>5 ml lavender Top and Two Bone Marrow Smears Send specimen to: SCPMG Flow Cytometry laboratory 4867 Sunset Blvd., First Floor Room 1 / 14 Los Angeles, CA 90027 Orange County MOB's, Downey and Bellflower</p> <ul style="list-style-type: none"> Monday through Thursday: Collect specimens anytime. Do not collect specimens after 3:00 PM on Friday Friday: Collect and process specimens only before first courier leaves. 		<p>SCPMG Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory)</p>
SUPEROXIDE (NEUTROPHIL FUNCTION)	KPDS:		<p>Replaced by <u>DHR OXIDATION ASSAY (DIHYDRORHODAMINE 123 BY ACTIVATED NEUTROPHILS)</u></p>		
SYNERGY	KPDS: 7271663	Plate or slant for isolated organism	<p>Isolated organism. Transport: Ambient Incubate prior to sending or contact Bacteriology to save organism.</p>		<p>UCLA via Regional Reference Laboratory, North Hollywood (Bacteriology)</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SYPHILIS ANTIBODY SCREEN, INFANTS [<1 YEAR] RPR INFANTS INFANT RPR SYPHILIS SCREEN (INFANT) Alias: •Neonatal •Newborn •Baby	KPDS: 8744910 Health Connect Order Code: SYPHILIS ANTIBODY SCREEN, INFANTS [<1 YEAR] [86592N]	Microtainer Syph Neont	0.7 ml unheated serum, EDTA or Heparinized plasma Transport: Refrigerated Order only for children less than 1 YEAR OLD When necessary, submit two full microtainer tubes Received: •grossly hemolyzed •contaminated •extremely turbid A: 8 hours R: 5 days F: 1 year Minimum specimen: 0.5 mL RPR Titer and TP-PA performed on all reactive RPR Screens Formulary	Non-Reactive (Agglutination) Non-Reactive, Reactive, Titer, Value •Antibodies may be due to maternal antibodies •Cord blood may be tested and reported with the following message code: "The Public Health Service had indicated that little reference may be placed on a serologic test for syphilis conducted on umbilical cord blood".	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Saturday 1-3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>T CELL PANEL CD3+, CD4+, CD3+, CD8+, CD3+, CD4/CD8 RATIO</p> <p>• T CELL PANEL • T-cell Subset Enumeration • Total CD3 • CD3+/CD4+ • CD3+/CD8+ • CD4/CD8 Ratio</p>	<p>KPDS: 8500702</p> <p>Health Connect Order Code: T Inactivated: T CELL PANEL CD3+, CD4+, CD3+, CD8+, CD3+, CD4/CD8 RATIO [208306] . See Comments</p>	<p>IAV5 Lavender Top (EDTA) T Cell Pnl</p>	<p>5 ml whole blood Transport: Ambient • CBC with differential must be performed on same day as specimen collection. • Specimen must be received at the SCPMG Flow Cytometry laboratory within 48 hours of collection. • Flow Cytometry laboratory must receive specimens by 8:30 a.m. on Saturday for same-day processing.</p> <p><u>Orange County MOB's, Downey and Bellflower</u> <ul style="list-style-type: none"> Monday through Thursday: Collect specimens anytime. Do not collect specimens after 3:00 PM on Friday Friday: Collect and process specimens only before first courier leaves. • Whole blood required - Do not centrifuge. Send accessioned specimen to: SCPMG Flow Cytometry laboratory 4867 Sunset Blvd., 1st Floor, Room 1714 Los Angeles, CA 90027 Attention: Flow Cytometry laboratory. Received: <ul style="list-style-type: none"> greater than 48 hours after draw frozen clotted hemolyzed A: less than 48 hours after draw R: NO F: NO As of 5/17/17: Order: T CEII1 PANEL [CD3, CD4, CD8, ABSOLUTE AND PERCENT W CD4/CD8], FLOW CYTOMETRY [247234]</p> <p>Search on Health Connect for the following SmartGroup Panels: PNI T CEII1 AND CBC W AUTO DIFF PROC AMB SCAI PNI T CEII1 AND CBC W AUTO DIFF PROC IP SCAI</p> <p>Panel includes: CBC with Differential, Auto CD3 CD4 CD8 CD4/CD8 Ratio Formulary</p>	<p>(Four-color Flow Cytometry [Beckman Coulter Navios Tetra System])</p>	<p>Flow Cytometry Laboratory Los Angeles Medical Center, 4867 Sunset Blvd., 1st Floor, Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory) Monday - Friday 8:30 AM - 2:30 PM Saturday - 8:30 AM - 12:00 PM 24 hours after receipt</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>T-CELL CLONALITY PANEL (TCRG, TCRB), PCR</p> <p>T CELL CLONALITY TCELL CLONALITY</p>	<p>KPDS: Order Manually</p>	<p>LAV5</p>	<p>5.0 ml whole blood or 1.0 ml bone marrow aspirate Transport: Ambient Additional form required for testing Test Form Forward sample and completed form to MGPI for processing. Refer to the Molecular Genetic Pathology laboratory FAQ for questions regarding ordering. Do not centrifuge Received: Clotted Hemolyzed Frozen Serum A: 7 days R: 7 days F: Unacceptable Minimum specimen: 3.0 mL whole blood or 0.5 mL bone marrow Formulary</p>	<p>Accompanies report (Polymerase Chain Reaction (PCR), Fragment Analysis) Refer to Reference Laboratory Report</p>	<p><TestCode></TestCode> Quest Diagnostics, Inc. Quest 91445 Via Molecular Genetic Pathology Laboratory 7 days **TAT is based upon receipt of sample at the MGPI**</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TBNK LYMPHOCYTE PANEL T, B, NK Cells Panel [CD3, CD4, CD8, CD10, CD20, CD56, with CD4/CD8 Ratio]	KPDS: 8500710 Health Connect Order Code: T, B, NK Cells Panel [CD3, CD4, CD8, CD10, CD20, CD56, with CD4/CD8 Ratio] [24578]	LAV5 TBNK Phi	Transport: Ambient Specimen must be received at the Flow Cytometry laboratory within 48 hours after the blood is drawn. Orange County MOB's, Downey and Bellflower • Monday through Thursday: Collect specimens anytime. • Do not collect specimens after 3:00 PM on Friday • Friday: Collect and process specimens only before first courier leaves. Specimen received: •frozen •refrigerated •clotted A: 48 hours R: NO F: NO Minimum specimen: 1 mL Peripheral Blood Only Formulary	(5-Color Flow Cytometry) For monitoring patients on Rituximub therapy.	SCPMG BT Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor, Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory) Monday - Friday 8:30 AM - 2:30 PM Saturday - 8:00 AM - 12:00 PM Results will be released on the same day received.

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TBNK LYMPHOCYTE SMARTGROUP PANEL T, B, NK Cells Panel [CD3, CD4, CD8, CD10, CD19, CD20, CD56, with CD4/CD8 Ratio]	KPDS: Health Connect Order Code: Order by SmartGroup Panel - See Comments Field	LAV5 [Peripheral Blood Only] TBNK Pnl	Transport: Ambient Specimen must be received at the Flow Cytometry laboratory within 48 hours after the blood is drawn. Orange County MOB's Downey and Bellflower • Monday through Thursday: Collect specimens anytime. • Do not collect specimens after 3:00 PM on Friday • Friday: Collect and process specimens only before first courier leaves. Specimen received: • frozen • refrigerated • clotted A: 48 hours R: NO F: NO Minimum specimen: 1.0 ml SmartGroup Panels: Ambulatory: PNI T, B, NK CEII AND CBC W AUTO DIFF PROC AMB SCAI In-Patient: PNI T, B, NK CEII AND CBC W AUTO DIFF PROC IP SCAI Panels Include: T, B, NK Cells Panel [CD3, CD4, CD8, CD10, CD19, CD20, CD56, with CD4/CD8 Ratio] [24578] and CBC W AUTOMATED DIFFERENTIAL [85025B] Formulary	(5-Color Flow Cytometry and Automated Differential) For monitoring patients on Rituximub therapy.	<TestCode> </TestCode> SCPMG BT Flow Cytometry Laboratory 4867 Sunset Blvd., First Floor, Room 1714 Los Angeles, CA 90027 (SCPMG Flow Cytometry Laboratory) Monday - Friday 8:30 AM - 2:30 PM Saturday - 8:00 AM - 12:00 PM Results will be released on the same day received.
TEST 2	KPDS:		Formulary		<TestCode> </TestCode>
TEST1	KPDS:		Formulary		<TestCode> </TestCode>
TEST3	KPDS:		Formulary		<TestCode> </TestCode>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>THAWED CRYOPRECIPITATED ANTIHEMOPHILIC FACTOR (AHF) PRODUCT</p>	<p>KPDS: Health Connect Order Code: Use the appropriate weight-based Blood Transfusion SmartSet to quickly and efficiently place the blood product order, order to transfuse, and ABO-Rh order.</p>		<p>Product Produced Thawed Cryoprecipitate Reduced is derived from whole blood or apheresis derived FFP See Circular of Information for instructions for use. May be ordered as single unit(s) or in pool of 5 units. Normal dosage for adults is: 1 pool (5 units)/35 to 50 kg body weight For patients <50kg: 1-2 single unit(s)/10 kg body weight Pre-transfusion testing must be ordered. Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample F: Unacceptable Appropriate pre-transfusion testing must occur prior to product being dispensed. Products can be dispensed with Emergency Waiver when there is urgent need. Formulary</p>		<p><TestCode></TestCode> Medical Centers, Transfusion Service 24 hours/7 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>THAWED PLASMA CRYOPRECIPITATE REDUCED PRODUCT</p> <p>Plasma, cryo reduced</p>	<p>KPDS: Health Connect Order Code: Use the appropriate weight-based Blood Transfusion SmartSet to quickly and efficiently place the blood product order, order to transfuse, and ABO-Rh order.</p>		<p>Product Prepared Thawed Plasma Cryoprecipitate Reduced is derived from Plasma Cryoprecipitate Reduced. See Circular of Information for instructions for use. May be indicated as a plasma protein replacement for plasma exchange in TTP. There is a deficiency of the following coagulation factors: fibrinogen, vWF, Factors VIII and XIII. Pre-transfusion testing must be ordered. Received: • Collected in SST • Grossly hemolyzed • Frozen • Not properly labeled • Insufficient sample F: Unacceptable Appropriate pre-transfusion testing must occur prior to product being dispensed. Products can be dispensed with Emergency Waiver when there is urgent need. Formulary</p>		<p>Medical Centers, Transfusion Service 24 hours/7 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>THAWED PLASMA PRODUCT</p> <p>FFP, fresh frozen plasma, FP, frozen plasma, plasma frozen within 24 hours of collection</p>	<p>KPDS:</p> <p>Health Connect</p> <p>Order Code: Use the appropriate weight-based Blood Transfusion SmartSet to quickly and efficiently place the blood product order, order to transfuse, and ABO-Rh order.</p>		<p>Product Prepared Thawed Plasma derived from whole blood or apheresis collections. Plasma may be frozen within 8-24 hours of collection.</p> <p>See Circular of Information for instructions</p> <p>Pre-transfusion testing must be ordered.</p> <p>Received:</p> <ul style="list-style-type: none"> • Collected in SST • Grossly hemolyzed • Frozen • Not properly labeled • Insufficient sample <p>F: Unacceptable</p> <p>Appropriate pre-transfusion testing must occur prior to product being dispensed.</p> <p>Products can be dispensed with Emergency Waiver when there is urgent need.</p> <p>Formulary</p>		<p>Medical Centers, Transfusion Service</p> <p>24 hours/7 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
THIOPURINE DRUG TOXICITY, TPMT, GENOTYPE •Pro-Predictr-6 MP •Azathioprine Toxicity •Mercaptopurine Toxicity •PRO-PREDICTR TPMT	KPDS: 8389030 Health Connect Order Code: THIOPURINE DRUG TOXICITY, TPMT, GENOTYPE [81335A]	LAV5 TPMT	5 mL whole blood Transport: Ambient Do NOT freeze. •Whole blood: Normal phlebotomy procedure. Specimen stability is crucial. •Store and ship ambient immediately. •Do not freeze. •Do not centrifuge. Received: •Frozen • Wrong specimen type • Exceeded stability • Less than minimum volume A: 7 days R: 10 days F: Unacceptable Minimum specimen: 1 mL whole blood Formulary	Accompanies report (PCR Amplification and Sanger Sequencing)	Molecular Genetic Pathology, Electronics Place Set up once a week on Mondays 10-14 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
THROMBIN TIME	KPDS: 8567000 Health Connect Order Code: THROMBIN TIME [85670B]	5 mL Light Blue Top (BLU5) Thrombin	1 mL citrated plasma Transport: Frozen Spin, aliquot and freeze prior to shipment A: 4 hours R: 4 hours F: 2 weeks Formulary	14-19 Seconds •Reportable Limit: 13-150 seconds •Values less than 13 seconds will be reported as <13 seconds •Values greater than 150 seconds will be reported as >150 seconds	Regional Reference laboratories, North Hollywood NOTE: los Angeles Medical Center [IAMC] will provide STAT testing during off hours and Sunday for Thrombin Time. Please accession these specimens to test at IAMC Regional Reference laboratory, North Hollywood: Monday - Friday, 7 am - 5 pm, Saturday, 7 am - 3:30 pm Any Thrombin Time received outside of the RRI testing times, should be sent STAT to IAMC. Switch the test routing to IAMC: IA Remisc#1 MP ss 5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>THROMBOPHILIA, 20210G-A, F2 MUTATION ANALYSIS</p> <ul style="list-style-type: none"> •Factor II (Prothrombin) 20210(G-A) DNA Mutation Analysis •Prothrombin (Factor 2) 20210G > A Mutation Analysis 	<p>KPDS: 8521125 Health Connect Order Code: THROMBOPHILIA, 20210G-A, F2 MUTATION ANALYSIS [81240A]</p>	<p>IAV5 Lavender Top (EDTA) F2DNA</p>	<p>5 mL whole blood Transport: Ambient A: 10 days R: 10 days F: NO Minimum specimen: 1 mL whole blood Formulary</p>	<p>Accompanies report (INVADER DNA Assay by Fluorescence Resonance Energy Transfer (FRET) detection format)</p> <ul style="list-style-type: none"> • The Prothrombin 20210 (G-A) mutation has a carrier frequency of 2-3% in Caucasians.* Heterozygotes are at 3 to 4-fold increased risk for venous thrombosis.* Although the risk factor for homozygotes has not been determined, it is expected that such individuals will have a significantly elevated risk of venous thrombosis. 	<p>Regional Reference Laboratories, Electronics Place: Molecular Genetics 818-502-5959, tie line 336 (Genetic Testing) Weekly 9 days **TAT is based upon receipt of sample at the MGPL**</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>THROMBOPHILIA, FACTOR V LEIDEN, F5 DNA ANALYSIS</p> <ul style="list-style-type: none"> • Factor V Leiden Genotype • Factor V (Leiden) DNA Mutation Analysis • Factor 5 Leiden Mutation, PCR 	<p>KPDS: 8391206 Health Connect Order Code: THROMBOPHILIA, FACTOR V LEIDEN, F5 DNA ANALYSIS [81241A]</p>	<p>^{IA}V5 Lavender top (EDTA) F5DNA</p>	<p>5 mL whole blood Transport: Ambient Do not centrifuge A: 10 days R: 10 days F: NO Minimum specimen: 1.0 mL whole blood Formulary</p>	<p>Accompanies report (Invader DNA Assay by Fluorescence Resonance Energy Transfer (FRET) detection format)</p> <ul style="list-style-type: none"> • The Factor V Leiden 1691 (G-A) mutation, which results in substitution of a Glutamine for Arginine at residue 506 (R506Q), has a carrier frequency of 5% in Caucasians. • Heterozygotes have a 7-fold increased risk of deep vein thrombosis. • Homozygotes have an 80-fold increased risk of deep vein thrombosis. 	<p>Regional Reference Laboratories, Electronics Place (Genetic Testing) Weekly 10 days **TAT is based upon receipt of sample at the MGPL**</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
THYROGLOBULIN FOR FINE NEEDLE ASPIRATION BIOPSY NEEDLE WASHOUT (FNAW) Thyroglobulin for FNAW	KPDS: Order Manually Health Connect Order Code: None. <u>Manual</u> requisition required.		1.5 mL in a sterile container Transport: Refrigerated After FNA biopsy, the needle is washed in 1.0 mL saline R: 1 week F: Indefinitely at -20°C Formulary	<1.0 ng/mL (Immuochemiluminiometric Assay (IMA) and Radioimmunoassay (RIA))	<TestCode></TestCode> USC Endocrine Services Laboratory Technical Director: Carole A. Spencer, Ph.D.,MT,FACB 126 W. Del Mar Blvd. Pasadena, CA 91105-2508 Tuesday - Friday 7-14 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
THYROID RELEASING STIMULATION TEST	KPDS: Not Applicable		Baseline and post specimen following injection. Order TSH (8348000).		Regional Reference Laboratories, North Hollywood (Automated Chemistry)
THYROPEROXIDASE ANTIBODY •THYROID PEROXIDASE ANTIBODY •ANTI-THYROID PEROXIDASE ANTIBODY •ANTI TPO •THYROPEROXIDASE AB	KPDS: 8637600 Health Connect Order Code: THYROPEROXIDASE ANTIBODY [86376B]	GLD6 TPO Ab	1.0 mL serum Transport: Refrigerated Received hemolyzed A: 8 hrs R: 3 days F: 30 days Minimum specimen: 0.7 mL serum Formulary	5.5 IU/mL (Chemiluminescent Microparticle Immunoassay [Abbott / Architect])	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Monday - Friday 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>TIBC</p> <ul style="list-style-type: none"> •TRANSFERRIN SATURATION •% SATURATION •TIBC (TOTAL IRON BINDING CAPACITY) •UNSATURATED IRON BINDING CAPACITY 	<p>KPDS: 8355000 Health Connect Order Code: TIBC [83550B]</p>	<p>GLD6 TIBC</p>	<p>3 mL REFRIGERATED serum Transport: Refrigerated Centrifuge specimen to separate serum or plasma from cells within 1 hour of collection. A: 4 days R: 7 days F: 1 month Minimum specimen: 1.0 mL serum Formulary</p>	<p>TIBC: Male less than 1 month: 94 - 232 ng/dl 1 month - 5 months: 116 - 322 ng/dl 6 months - 11 months: 176 - 384 ng/dl 1 year - 19 years: 271 - 448 ng/dl Greater than 20 years: 250 - 425 ng/dl <u>Female</u> Less than 1 month: 94 - 2362 ng/dL 1 month - 5 months: 89 - 311 ng/dL 6 months - 11 months: 138 - 365 ng/dL 1 year - 19 years: 271 - 448 ng/dL Greater than 20 years: 250 - 450 ng/dL 20 - 50% Saturation % Saturation calculated from serum iron and TIBC concentration</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TISSUE EXAMINATION	KPDS: 8831000		Varies Frozen or Routine Accounting copy must be sent to the Hospital Business Office on all inpatient specimens. 1. Indicate source of specimen. 2. Obtain specimen bottle with 10% Formalin Solution from Lab. 3. Place specimen in bottle. 4. Take specimen to Pathology Lab. Formulary		Pathology Department, Medical Centers
TISSUE-PARAFFIN PROCESSING	KPDS: NOT APPLICABLE	TISSUE CASSETTES are sent to Lab in Plastic Container in Ammo Box	Transport: Ambient 10% BUFFERED FORMALIN. TISSUE CASSETTES ARE SENT TO LAB IN PLASTIC CONTAINER IN AMMO BOX. A: Indefinite R: NO F: NO Minimum specimen: N/A		Regional Reference Laboratories, North Hollywood (Histopathology) Processed on day received Processed daily except for weekends. Specimens grossed on Saturday - Processor set up on Sunday.

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TOBRAMYCIN LEVEL Tobramycin, Random	KPDS: 8718609 Health Connect Order Code: TOBRAMYCIN LEVEL [80200C]	RRL: 6 mL Plastic Plain Red Top (RED7) (Do not use SST) LAMC/SDMC: PST4mL Tobramycin	RRL: 2 mL serum MC: 1 mL plasma Transport: Refrigerated A: 48 hours R: 14 days F: 12 months Minimum specimen: RRL: 0.5 mL serum MC: 1 mL plasma Formulary	Therapeutic Range: 2-10 µg/mL	Los Angeles Medical Center, San Diego Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily RRL: 1.5 days
TOBRAMYCIN LEVEL, PEAK	KPDS: 8020004 Health Connect Order Code: TOBRAMYCIN LEVEL, PEAK [80200A]	SWL: 6 mL Plastic Plain Red Top RED7 (Do not use SST) LAMC/SDMC: PST4mL Tobra Pk	RRL: 2 mL serum MC: 1 mL plasma Transport: Refrigerated Draw specimen 30 minutes after completion of infusion. A: 48 hours R: 14 days F: 12 months Minimum specimen: RRL: 0.5 mL serum MC: 1 mL plasma Formulary	Therapeutic Range: 4-10 µg/mL	Los Angeles Medical Center, San Diego Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily RRL: 1.5 days
TOBRAMYCIN LEVEL, SINGLE DAILY DOSING SDDA, Tobramycin	KPDS: 8020008 Health Connect Order Code: TOBRAMYCIN LEVEL, SINGLE DAILY DOSING [80200F]	RRL: 6 mL Plastic Plain Red Top RED7 (Do not use SST) LAMC/SDMC: PST4mL Tobra SDDA	RRL: 2 mL serum MC: 1 mL plasma Transport: Refrigerated A: 48 hours R: 14 days F: 12 months Minimum specimen: RRL: 0.5 mL serum MC: 1 mL plasma Formulary	Therapeutic Range: Less than 0.5 µg/mL	Los Angeles Medical Center, San Diego Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily RRL: 1.5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TOBRAMYCIN LEVEL, TROUGH	KPDS: 8020006 Health Connect Order Code: TOBRAMYCIN LEVEL, TROUGH [80200B]	RRL: 6 mL Plastic Plain Red Top RED7 (Do not use SST) LAMC/SDMC: PST4mL Tobra Tr	RRL: 2 mL serum MC: 1 mL plasma Transport: Refrigerated Draw specimen no more than 30 minutes prior to next dose. A: 48 hours R: 14 days F: 12 months Minimum specimen: RRL: 0.5 mL serum MC: 1 mL plasma Formulary	Therapeutic Range: less than 2 µg/ml Critical Value: Greater than 3 µg/mL	Los Angeles Medical Center, San Diego Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily RRL: 1.5 days
TOTAL PROTEIN PANEL, DIALYSIS [TPROT, ALB] •D-Total Protein •DIALYSIS - TOTAL PROTEIN PANEL	KPDS: 8417800 Health Connect Order Code: TOTAL PROTEIN PANEL, DIALYSIS [TPROT, ALB] [216905]	GLD6 TP Dialys	0.5 mL serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. R: 3 days F: 6 months Minimum specimen: 0.5 mL serum• Includes Total Protein and Dialysis - Albumin. • Testing is available for samples from dialysis patients only. Formulary	Accompanies report (• Total Protein: Biuret • Albumin: Bromocresol Green (BCG))	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Daily 2 days
TOTAL PROTEIN, PERICARDIAL FLUID	KPDS: 8415706 Health Connect Order Code: PROTEIN, PERICARDIAL FLUID [84157]	SC99_StrCont_SterileContainer TP FL_RLN	1.0 mL Transport: Frozen SPECIMEN SOURCE MUST BE PROVIDED A: 4 hours R: 72 hours F: 6 months Minimum specimen: 0.2 mL Formulary	(Quantitative Spectrophotometry)	ARUP <TestCode></TestCode> href="https://tld.aruplab.com/Tests/Pub/0020502">ARUP Laboratories 0020502 </a via Medical Center

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TOXOPLASMA GONDII IGG, IGM TOXOPLASMA S ANTIBODIES (IgG & IgM)	KPDS: 8649563 Health Connect Order Code: TOXOPLASMA GONDII IGG, IGM [205402]	GLD6 Toxo G M	3 mL refrigerated serum Transport: Refrigerated Freeze at -20C or lower for long term storage. A: 8 hrs R: 5 days F: >5 days Minimum specimen: 0.5 mL serum If Toxo-M is ordered, the ordering provider will automatically receive an IgG and IgM test. If Toxo-M is positive, the sample will be sent to Palo Alto Lab for confirmatory testing. Formulary	IgG: Negative: 9 IU/mL Equivocal: 10 - 11 IU/mL Positive: 12 IU/mL: IgM: Negative; <0.55 IU/mL Equivocal: 0.55 - 0.64 IU/mL Positive: 0.65 IU/mL (Toxo IgG - Multiplex Flow Immunoassay Toxo IgM - Enzyme-linked Fluorescent Immunoassay [ELFA])	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Friday 1-4 days
TOXOPLASMA IGG, EIA TOXOPLASMA S ANTIBODY (IgG ONLY)	KPDS: 8660600 Health Connect Order Code: TOXOPLASMA IGG, EIA [86777F]	GLD6 Toxo IgG	1 mL refrigerated serum Transport: Refrigerated Freeze at -20°C or colder for long term storage A: 24 hrs R: 7 days F: 12 months Minimum specimen: 0.5 mL serum Formulary	: 9 IU/ml: Negative 10 - 11 IU/ml: Equivocal 2-12 IU/ml: Positive (Multiplex Flow Immunoassay) Negative: Patient is presumed not to have a previous <i>T. gondii</i> infection. Equivocal: Obtain an additional sample for re-testing. Positive: IgG antibody to <i>T. gondii</i> detected which may indicate current or past <i>T. gondii</i> infection.	Regional Reference Laboratories, North Hollywood and Chino Hills (Core Laboratory [CH]/Immunology [NH]) Monday - Friday 3 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRANSFERRIN	KPDS: 8699900 Health Connect Order Code: TRANSFERRIN [84466B]	GLD6 Transfern	1 mL serum Transport: Refrigerated A: 8 days R: 8 days F: 6 months Minimum specimen: 0.5 mL serum Formulary	0-4 days: 130-275 mg/dL 3 mo - 10 yr: 203-360 mg/dL Adults: 200-360 mg/dL (Immunoturbidimetry)	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CHI]) Daily 2 days
TREPONEMA PALLADIUM, DFA TP-DFA	KPDS:		TEST NO LONGER AVAILABLE.		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRICHOMONAS, YEAST AND CLUE CELLS, WET MOUNT •T&M, Wet Mount •Fungus, Wet Mount •Trichomonas/Can dida Wet Mount, Cervex, Vagina or Urethra •Clue Cell Identification	KPDS: 8421007 Health Connect Order Code: TRICHOMONAS, YEAST AND CLUE CELLS, WET MOUNT [87210AE]	TC99 aka <u>SMUUBE</u> TM Wet Mnt	Cervical, vaginal or urethral secretion submitted in a sterile tube with 1 mL saline. As of January 16, 2019, the default source is "vagina". *Indicate source of material •Place material obtained by doctor in a tube with 1 mL of saline •Submit specimen to laboratory, keeping the tube upright to avoid spillage Formulary	Negative (Wet Mount)	Medical Centers Daily
TRICYCLICS (DRUG MONITORING)	KPDS:		SEE INDIVIDUAL TRICYCLICS: •KRMS: 8420601, <u>AMTRIPTAINE (EIAVII) HC:</u> [80152C] •KRMS: 8420604, <u>DESIPRAMINE (NORPRAMIN) HC:</u> [80160B] •KRMS: 8420605, <u>DOXEPIN (SINEQUAN) HC:</u> [80166B] •KRMS: 8420603, <u>IMIPRAMINE (TOFRANIL) HC:</u> [80174B] •KRMS: 8420602, <u>NORTRIPTAINE(AVENTYL) HC:</u> [80182D]		Regional Reference Laboratories, North Hollywood (Esoteric Chemistry)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRIGLYCERIDES	KPDS: 8447500 Health Connect Order Code: TRIGLYCERIDES [84478B]	GLD6 Trig S	1 mL REFRIGERATED serum Transport: Refrigerated Freeze for longer stability. Patient must be fasting 8 hours. R: 7 days F: 3 months Minimum specimen: 0.5 mL serum NOTE--Direct LDL performed when triglycerides > 399 mg/dL. TRIGLYCERIDES-SERUM is also included in the following tests: •SmartGroup: PNL DIABETES AMB SCAL •LIPID PROFILE •LIPID PROFILE-100 Formulary	Fasting greater than or equal to 12 hours Optimal: less than 150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: greater than or equal to 500mg/dL	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
TRIGLYCERIDES, PERICARDIAL FLUID Triglycerides Pericardial Fluid Triglycerides, Body Fluid Triglycerides Body Fluid	KPDS: 8447560 Health Connect Order Code: TRIGLYCERIDES, BODY FLUID [84478A]	SC99_StrCont_SterileContainer Trig FI_RLN	Pericardial Fluid Transport: Refrigerated SPECIMEN SOURCE MUST BE PROVIDED A: 72 hours R: 1 week F: 3 months Minimum specimen: 0.5 mL Formulary	(Quantitative Enzymatic)	href="https://ltd.aruplab.com/Tests/Pub/0020713">ARUP Laboratories 0020713</a

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRIGLYCERIDES, PERITONEAL FLUID	KPDS: 8447804 Health Connect Order Code: TRIGLYCERIDES, PERITONEAL FLUID [84478H]	Collect: SC99_SterileContainer Transport: RED7 Trig PRF	0.5 ml peritoneal fluid Transport: Refrigerated Collect specimen in Sterile Container*Send specimen to your local medical center laboratory after collection *laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories, North Hollywood and Chino Hills A: NO R: 7 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Triglycerides-peritoneal fluid: clinical utility is unclear.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Sets up daily 2 days
TRIGLYCERIDES, PLEURAL FLUID	KPDS: 8447802 Health Connect Order Code: TRIGLYCERIDES, PLEURAL FLUID [84478G]	Collect: SC99_SterileContainer Transport: RED7 Trig PLF	0.5 ml pleural fluid Transport: Refrigerated Collect specimen in Sterile Container*Send specimen to your local medical center laboratory after collection *laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories, North Hollywood and Chino Hills A: NO R: 7 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Pleural fluid triglycerides >110 mg/dL suggests a chylous effusion.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CH]) Sets up daily 2 days
TRIGLYCERIDES-FLUID	KPDS:		This test has been discontinued. See Technical Bulletin. Update: Tests Available for Alternative Sample Types		(Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TROPONIN I	KPDS: 8255225 Health Connect Order Code: TROPONIN I [84484B]	PST4mL Troponin I	1 mL heparinized plasma Transport: Refrigerated Plasma [If Transporting To Another Location For Testing] When transporting specimen from MOB to Medical Center for testing: •Spin immediately and refrigerate •Transport to Medical Center refrigerated A: 2 hours R: 24 hours Formulary	ACCESS 2 Reference Range: Normal: < 0.04 ng/mL Indeterminate: 0.04 - 0.5 ng/mL Myocardial Injury: >0.5 ng/mL Critical Value: Greater than 0.5 ng/mL Troponin values may be elevated in clinical conditions other than acute coronary syndrome.	Medical Centers

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>UNFRACTIONATED HEPARIN, ANTI FACTOR XA</p> <ul style="list-style-type: none"> •Heparin Anti Xa Unfractionated •Heparin Level •Anti Xa (Unfractionated) •Anti Xa (UFH) 	<p>KPDS: 8552000 Health Connect Order Code: UNFRACTIONATED HEPARIN, ANTI FACTOR XA [85520G]</p>	<p>BLU5 Xa Unfrac</p>	<ul style="list-style-type: none"> •Medical Center: 1.0 ml citrated plasma •Regional/Reference laboratories: 1 ml citrated FROZEN plasma Transport: Frozen-Centrifuge within one hour of collection; Test should be performed within 4 hours from time of collection. •if specimen is to be transported to a remote testing site: --Centrifuge at 3000 RPM for 10 minutes --Remove plasma with transfer pipette (be careful not to disturb buffy coat layer), place into plastic tube, and centrifuge for another 10 minutes --Transfer supernatant into another plastic tube that is properly labeled -- Freeze specimen •Send frozen sample in yellow SPECIMENS FOR SPECIAL HANDLING plastic bag Received: <ul style="list-style-type: none"> •whole blood •a clot in the sample •inadequately filled tube. •specimens received more than 4 hours after collection •hematocrit over 55% and not adjusted for a high hematocrit •frozen whole blood sample •insufficient volume (quantity not sufficient [QNS]) •hemolyzed sample A: Centrifuge within one hour of collection. Spun citrated plasma: up to 2 hours R: Spun citrated plasma: 2 hours F: Double spun citrated plasma: 2 weeks at -20°C; 6 months at -70°C <p>Minimum specimen: 1.0 mL citrated plasma Formulary</p>	<p>Therapeutic range: 0.3 - 0.7 IU/mL Critical value: 0.8 IU/mL (Chromogenic substrate assay) The appropriate tests for monitoring anticoagulation therapy by heparin and related compounds are those that monitor the inhibition of the Coagulation Factor Xa activity (anti Xa).</p> <p>The Anti Xa procedure is a chromogenic assay that measures the specific presence of heparin and is not affected by altered levels of clotting proteins or warfarin, or by the anti-phospholipids syndrome.</p>	<p>Medical Centers or Regional Reference Laboratories, North Hollywood (Special Coagulation) •Medical Center: Daily •Regional Reference Laboratories: Daily [same day testing of sample arrives by 3:00 P.M.] Regional Reference Laboratories: 2 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
URATE/CREATININE RATIO, URINE URINE URIC ACID URINE CREATININE URINE RATIOS, PEDIATRIC PTS	KPDS: 8354535 Health Connect Order Code: URATE/CREATININE RATIO, URINE [219823]	Collect: UR25 Aliquot and Transport: <u>GWH3</u> Uric Cre U	1.5 mL random urine Transport: Refrigerated Minimum specimen: 1.5 mL urine Formulary	NOT ESTABLISHED To be interpreted by physician	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CHI] Monday - Friday 2 days
UREA NITROGEN RENAL CLEARANCE •UREA CLEARANCE •UCL •RESIDUAL UREA NITROGEN	KPDS: 8390165 Health Connect Order Code: UREA NITROGEN RENAL CLEARANCE [84545E]	See Specimen Requirements field UN Renal	Collect serum: <u>GID6</u> and Collect Urine: <u>UR99</u> Aliquot and Transport Urine: <u>GWH3</u> 1 mL serum AND 1.5 mL aliquot of a well-mixed 24-Hour urine specimen NOTE: Serum collection to occur within 24 hours of urine collection. Transport: Refrigerated Record total volume Minimum specimen: 1 mL serum and 1.5 mL urine Formulary	41-68 mL/min	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NHJ/Core Laboratory [CHI] Daily 4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
UREA NITROGEN, 24 HR URINE UREA NITROGEN - URINE TIMED	KPDS: 8390100 Health Connect Order Code: UREA NITROGEN, 24 HR URINE [84540B]	See Specimen Requirements field UN 24U	Collect: <u>UR99</u> Aliquot and Transport: <u>GWH3</u> 1.5 mL aliquot of a well mixed 24 hour urine specimen Transport: Refrigerated No Preservative Record total volume A: 48 hrs R: 7 days F: 1 month Minimum specimen: 1.5 mL urine Formulary	7,000-16,000 mg/24 hr	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
UREA NITROGEN PERITONEAL DIALYSIS FLUID UREA NITROGEN - PERITONEAL DIALYSATE	KPDS: 8452065 Health Connect Order Code: UREA NITROGEN, PERITONEAL DIALYSIS FLUID [84520G]	Collect: SC99_SterileContainer Transport: RED7 UN PDF	0.5 ml peritoneal dialysate Transport: Refrigerated Collect specimen in Sterile Container•Send specimens to your local medical center laboratory after collection •laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories, North Hollywood and Chino Hills A: NO R: 7 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Peritoneal dialysate fluid urea nitrogen is used in calculations to estimate the adequacy of peritoneal dialysis.	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Sets up daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
UREA NITROGEN, URINE	KPDS: 8390160 Health Connect Order Code: UREA NITROGEN, URINE [84540G]	Collect: UR25 Aliquot and Transport: <u>GWH3</u> UN U	1.5 mL random urine Transport: Refrigerated A: 48 hrs R: 7 days F: 1 month Minimum specimen: 1.5 mL urine Formulary	Male = 145-1542 mg/dL Female = 132-1629 mg/dL	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days
URIC ACID, 24 HR URINE URIC ACID, URINE (URATES)	KPDS: 8456000 Health Connect Order Code: URIC ACID, 24 HR URINE [84560D]	See Specimen Requirements field Uric24 U	Collect: <u>PU99</u> Aliquot and Transport: <u>GWH3</u> 1.5 ml aliquot from a well-mixed 24-hour urine Transport: Refrigerated•Add 10 ml 1N NaOH to the container before collection of the sample to achieve analyte stability at a pH >8.0 •Collect a 24 hour urine specimen <u>Patient Instructions for collecting a specimen with acid [English]</u> <u>Patient Instructions for collecting a specimen with acid [Spanish]</u> •Send 1.5 mL aliquot from a well mixed 24 hour urine •Record total volume and aliquot A: 3 days Minimum specimen: 1.5 mL urine	Male = 250-800 mg/24 hr Female = 250-750 mg/24 hr	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
URIC ACID, URINE URATE	KPDS: 8456060 Health Connect Order Code: URIC ACID, URINE [84560A]	Collect: UR25 Aliquot and Transport: <u>GW</u> H3 Uric U	1.5 mL aliquot of random urine Transport: Refrigerated Add 2-3 drops of 1N NaOH to the container before collection of the sample to achieve analyte stability at a pH >8.0 A: 4 days [pH >8.0 with NaOH] Minimum specimen: 1.5 mL random urine	Male <40 yr = 9-63 mg/dL Male 40 yr = 6-114 mg/dL Female <40 yr = 6-71 mg/dL Female 40 yr = 4-94 mg/dL	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>URINE CULTURE (IN PREGNANCY)</p> <p>URINE CULTURE (IN PREG)</p>	<p>KPDS: 8711010</p> <p>Health Connect</p> <p>Order Code: URINE CULTURE (IN PREGNANCY) [87088G]</p>	<p>SC99 Sterile Container UR-PG</p>	<p>Urine Transport: <Bullet>Ambient For SC99 Or Utt <Bullet>Refrigerated For SC99, 2 To 24 Hours Post Collection</p> <p><Bullet>Inoculated Plates Should Be Transported In Incubator Totes• Collect in sterile urine container SC99</p> <ul style="list-style-type: none"> • Transfer within 2 hours to the plastic gray top [boric acid] urine transport tube <u>UTT</u> for transport to Regional laboratory. • Indicate if asymptomatic or symptomatic • Indicate antibiotics <p>If urine specimen is more than 3 ml:</p> <ul style="list-style-type: none"> • Transfer within 2 hours to the plastic gray top [boric acid] urine transport tube <u>UTT</u> for transport to the Regional laboratory <p>Note: In the event the transferred urine falls below the minimum fill line [3 ml] on the tube label, immediately [within 5 minutes] plate urine from the transport tube <u>UTT</u> to Blood Agar-TSAII/MacConkey Biplate. Incubate plate prior to sending to the Regional laboratory</p> <p>If urine specimen is less than 3 ml:</p> <p>Plate at the Medical Center or Medical Office Building</p> <p>Plate urine within 5 minutes after collection or refrigerate for up to 24 hours, until plating can be done</p> <p>Inoculate a Blood Agar-TSAII/MacConkey Biplate</p> <p>Incubate plate prior to sending to the Regional laboratory</p> <p>Received:</p> <ul style="list-style-type: none"> • Uninoculated • Volume is less than 3 ml in Urine Transport Tube [gray top tube] <u>UTT</u> • In SC99 [Sterile Container] after 2 hours of collection at ambient temperature • In SC99 [Sterile Container] after 24 hours of collection at refrigerated temperature <p>A:</p> <ul style="list-style-type: none"> • 2 hours for Sterile Container SC99 • 48 hours for Urine Transport Tube <u>UTT</u> <p>R: 24 hours for Sterile Container <u>SC99</u></p> <p>F: Unacceptable Formulary</p>	<p>Interpretation (Culture)</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 2-3 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
URINE RATIOS, PEDIATRIC PTS	KPDS:		<p>SEE INDIVIDUAL URINE RATIO TESTS:</p> <ul style="list-style-type: none"> •8354510, Calcium/Creatinine Ratio •8354525, Oxalate/Creatinine, Urine •8354515, Magnesium/Creatinine Ratio, Urine •8354520, Phosphorus/Creatinine Ratio •8354505, Protein/Creatinine, Urine •8354535, Urate/Creatinine Ratio, Urine •8354530, Citrate/Creatinine Ratio, Urine 		Regional Reference Laboratories, North Hollywood (Automated Chemistry)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
URINE, ACETONE OR KETONE BODIES KETONES - URINE	KPDS: Excluded in Service Master [8100001] Health Connect Order Code: Inactivated: URINE, ACETONE OR KETONE BODIES [81002F]		Recommended alternative: URINALYSIS, AUTOMATED WO MICRO [81003B] Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VALPROIC ACID LEVEL SODIUM VALPROATE (DEPAKENE)	KPDS: 8200000 Health Connect Order Code: VALPROIC ACID LEVEL [80164B]	RRL: RED7 MC: PST4mL Valproic	2 ml serum or plasma Transport: Refrigerated Submit tube intact - Do not separate serum. SDMC: Test performed at Medical Center lab. Anaheim Hospital: For super STAT ER patients, send to UCI Lab. A: 5 days R: 7 days F: 1 month Minimum specimen: 1 mL serum or plasma Formulary	50 - 150µg/mL Phenytoin, Tegretol, and Phenobarbital may decrease the therapeutic range.	Medical Center or Regional Reference Laboratories, North Hollywood, Esoteric Chemistry Daily 1.5 days
VANCOMYCIN LEVEL Vancomycin, Random	KPDS: 8718605 Health Connect Order Code: VANCOMYCIN LEVEL [80202C]	ST4mL Vancomycin	1 ml plasma Transport: Refrigerated Submit tube intact--Do <u>NOT</u> separate serum. A: 48 hours R: 14 days F: 1 year Minimum specimen: 1 mL plasma Formulary	Therapeutic Range: 10-40 µg/ml Critical Value: Greater than 50 µg/mL	Medical Center Daily
VANCOMYCIN LEVEL, TROUGH	KPDS: 8020204 Health Connect Order Code: VANCOMYCIN LEVEL, TROUGH [80202A]	PST4mL Vanco Tr	1 ml plasma Transport: Refrigerated Draw specimen no more than 30 minutes prior to next dose. Submit tube intact--Do <u>NOT</u> separate serum. A: 48 hours R: 14 days F: 1 year Minimum specimen: 1 mL plasma Formulary	Therapeutic Range: 10-20 µg/ml Critical Value: Greater than 25 µg/mL	Medical Centers Daily 1.5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VANCOMYCIN RESISTANT ENTEROCOCCUS SCREENING CULTURE VANCOMYCIN RESISTANT ENTEROCOCCUS (VRE) CULTURE, VRE [STOOL]	KPDS: 8716305 Health Connect Order Code: VANCOMYCIN RESISTANT ENTEROCOCCUS SCREENING CULTURE [87081ZAW]	Collect in sterile container; transfer to Para-Pak C&S (Cary-Blair) transport media.	Stool or Rectal Swab Transport: Ambient Single negative culture may not be diagnostic. Sometimes up to three specimens are needed. Pathogens stable for up to 96 hours after collection if sent in Para-Pak C&S (Cary Blair) transport media. Collect stool in sterile container. Collect rectal swab(s) and place in sterile tube. Culture must be specified. Specimen must reach Lab at room temperature within 2 hours of collection. Place rectal swab(s) -or- a representative sample of stool in Para-Pak C&S (Cary Blair) transport media. Send to the Regional Laboratories. Formulary		Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) 4-5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VARICELLA ZOSTER (IGG) VARICELLA ZOSTER VIRUS ANTIBODY, IgG (CHICKENPOX) VZV Antibody, IgG	KPDS: 8649052 Health Connect Order Code: VARICELLA ZOSTER VIRUS IGG [86787B]	GLD6 VZV IgG	1 ml serum Transport: Refrigerated If ordered with Mumps, Rubella and Rubeola as an "Immune Status", only one 6 ml Gold Top is required for all 4 tests. Centrifuge after clotted. Freeze at -20°C or lower for long term storage. RRT Instructions for Specimen Processing Department: Sunday - Friday morning: Keep samples refrigerated until delivery to testing department. Friday afternoon to Saturday midnight: Freeze samples upon receipt until delivery to testing department. A: 8 hours R: 2 days F: >2 days Minimum specimen: 0.5 mL serum. For Immunity only - IgG Acute and convalescent for sero - conversion 10 - 14 days apart. Formulary	Negative: 0.90 Equivocal: 0.91 - 1.09 Positive: 1.10 (ELISA) POSITIVE: Consistent with immunity or previous infection. EQUIVOCAL: Recommend repeat testing if clinically indicated. NEGATIVE: Lack of antibodies is associated with individuals susceptible to primary infection.	Regional Reference Laboratories, North Hollywood and Chino Hills (Core Laboratory [CH]/immunology [NHI]) Monday - Friday 1-3 days
VARIOLA ANTIBODY (SMALLPOX) SMALLPOX	KPDS:	RED7 - 7 mL Red Top	1 mL serum This test is restricted to Infectious Disease Providers. Formulary Restricted		Local County Health Dept.

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VDRL, CSF, QUALITATIVE	KPDS: 8641200 Health Connect Order Code: VDRL, CSF, QUALITATIVE [86592D]	SF10 - Spinal Fluid Only (CSF collection tube) VDRL CSF	2 mL spinal fluid Transport: Refrigerated Freeze at -20C or colder for long term storage. A: 24 hrs R: 5 days F: 12 months Minimum specimen: 0.5 mL spinal fluid Formulary	Non-reactive	Regional Reference Laboratories, North Hollywood (Immunology) Monday, Wednesday, Friday 1-4 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VIBRIO CULTURE, STOOL •VIBRIO CULTURE; CHOLERA •CULTURE, VIBRIO (G.I.) VIBRIO SPECIES CULTURE	KPDS: 8709602 Health Connect Order Code: VIBRIO CULTURE, STOOL [87046J]	See Specimen Requirements Field VIB	Collect: Commode Specimen Collector Transport: <u>Para-Pak C&S</u> or <u>eSwab Regular</u> •Stool •Rectal Swab - for infants less than 1 year old. Transport: Ambient Single negative culture may not be diagnostic. Sometimes up to three specimens are needed. Pathogens stable for up to 96 hours after collection if sent in <u>Para-Pak C&S</u> transport media. Stool •Collect stool in sterile container. •Transport to local laboratory immediately Rectal Swab •Collect eSwab •Transport to local laboratory immediately. Patient Collection Instructions - <u>English</u> Patient Collection Instructions - <u>Spanish</u> Stool •Transfer a representative sample of stool to <u>Para-Pak C&S</u> transporter. A: •Initial collection: 24 hrs •Specimen in <u>Para-Pak C&S</u> transporter: 96 hours R: <u>Unacceptable</u> F: <u>Unacceptable</u> Minimum specimen: N/A Formulary	Negative	Regional Reference Laboratories, North Hollywood and Chino Hills (Bacteriology) Daily 4-5 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VIRAL CULTURE •VIRAL CULTURE, RESPIRATORY •VIRAL CULTURE, ENTEROVIRUS •CYTOMEGALOVIRUS (CMV) CULTURE •HERPES (HSV) CULTURE •VARICELLA (VZV) CULTURE	KPDS: 8725410, 8649605, 8649674, 8649601, 8649602 Health Connect Order Code: See comments		<ul style="list-style-type: none"> •For VIRAL CULTURE, RESPIRATORY: Use KPHC order code: CULTURE, RESPIRATORY VIRUS RAPID SHELL VIAI (FLU, RSV, ADENO, PFIU) [221270] VIRAL CULTURE, RESPIRATORY •For VIRAL CULTURE, ENTEROVIRUS: Use KPHC order code: CULTURE, ENTEROVIRUS RAPID SHELL VIAI [872541] VIRAL CULTURE, ENTEROVIRUS •For CYTOMEGALOVIRUS (CMV) CULTURE: Use KPHC order code: CMV RAPID VIRAL CULTURE [872544] CMV RAPID TEST •For HERPES (HSV) CULTURE: Use KPHC order code: HERPES SIMPLEX VIRUS CULTURE, RAPID METHOD [87255D] HERPES SIMPLEX VIRUS CULTURE, RAPID METHOD •For VARICELLA (VZV) CULTURE: Use KPHC order code: CULTURE, VARICELLA ZOSTER RAPID SHELL VIAI [872540] VIRAL CULTURE, VARICELLA Formulary		Regional Reference Laboratories, North Hollywood (Virology)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VITAMIN B1, PLASMA • Vitamin B-1, Plasma • Thiamine Level	KPDS: Removed from Service Master: 8442500 Health Connect Order Code: Inactivated: VITAMIN B1, PLASMA [84425B]		This test has been discontinued and removed as a Health Connect orderable as of 7/1/09. Order THIAMINE BLOOD [84425A] instead. Not-Formulary		•Not-Formulary (Discontinued)

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>VITAMIN B12 [COBALAMIN] VITAMIN B12</p>	<p>KPDS: 8442501 Health Connect Order Code: VITAMIN B12 [COBALAMIN] [82607B]</p>	<p>GLD6 Vit B12</p>	<p>0.7 mL serum Transport: Refrigerated NOTE: Grossly hemolyzed or lipemic specimens may yield inappropriate results and are unacceptable for testing. A: 3 days R: 7 days Minimum specimen: 0.5 mL serum Formulary</p>	<p>200 - 910 pg/mL (Chemiluminescent microparticle immunoassay [CMIA]) Levels above 300 or 400 pg/mL [221 or 295 pmol/L] are rarely associated with B12 deficiency induced hematological or neurological disease, respectively. Further testing is suggested for symptomatic patients with B12 levels between 100 and 300 pg/mL [74 and 221 pmol/L] [hematological abnormalities], and between 100 and 400 pg/mL [74 and 295 pmol/L] [neurological abnormalities].</p>	<p>Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VITAMIN B9 [FOLIC ACID] •FOLIC ACID •FOLATE	KPDS: 8274500 Health Connect Order Code: VITAMIN B9 [FOLIC ACID] [82746B]	GLD6 Folate	0.7 mL in light-protective [amber] tube Transport: Refrigerated Separate serum from red cells. Pour serum into light-protective (amber) tube -- may be ordered from Allegiance. Received: •Hemolyzed •Not protected from light A: NO R: 7 days F: 30 days Minimum specimen: 0.7 mL serum Formulary	Normal: Greater than 5.4 ng/mL Folate deficient: Less than 3.4 ng/mL Indeterminate: 3.4-5.4 ng/mL (Chemiluminescent microparticle immunoassay [CMIA])	Regional Reference Laboratories, North Hollywood and Chino Hills (Automated Chemistry [NH]/Core Laboratory [CH]) Daily 2 days

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>WALDENSTROM MACROGLOBULI NEMIA - MYD88 (L265P)</p>	<p>KPDS: Order Manually</p>	<p>LAV5</p>	<p>5.0 ml whole blood or 2.0 ml bone marrow aspirate or 10 slides tissue Transport: Ambient Additional form required for testing <u>Test Form</u> Forward sample and completed form to MGPI for processing. Refer to the <u>Molecular Genetic Pathology Laboratory FAQ</u> for questions regarding ordering. Do not centrifuge Received: Clotted Frozen Serum A: 7 days R: 7 days F: Unacceptable Minimum specimen: 2.0 mL whole blood or 0.5 mL bone marrow or 6 slides Formulary</p>	<p>Accompanies report (DNA Sequencing) Refer to Reference Laboratory Report</p>	<p><TestCode></TestCode> Quest Diagnostics, Inc. Quest 91771 Via Molecular Genetic Pathology Laboratory 7 days **TAT is based upon receipt of sample at the MGPI**</p>
<p>WEIL FELIX PANEL</p>	<p>KPDS:</p>		<p>NO LONGER AVAILABLE</p>		<p>(Discontinued)</p>

TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ZINC, PLASMA ZINC-BLOOD	KPDS: 8463000 Health Connect Order Code: ZINC PLASMA [84630C]	ROY7 (BLUE TOP TUBE-EDTA) Zinc	<p>7 mL WHOLE BLOOD, DO NOT ALIQUOT Transport: Refrigerated This test is performed on a plasma specimen, however, the testing department requires that the whole blood specimen be transported to the Regional Reference Laboratories.</p> <p>Do NOT centrifuge this specimen prior to shipment. The specimen will be centrifuged at the Regional Reference Laboratory. Patient should refrain from taking vitamins or mineral supplements at least three days prior to specimen collection. A: 24 hours R: 1 month F: NO Minimum specimen: •ADULT: 3 mL whole blood •PEDS: 2 mL whole blood Formulary</p>	Accompanies Report (Inductively Coupled Plasma Mass Spectrometry [ICPMS]) This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory system where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	Regional Reference Laboratories, North Hollywood (Esoteric Chemistry) Setup once a week 10 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
11 DEOXYCORTISO L •DEOXYCORTISO L-11(COMPOUND S) •COMPOUND S SERUM •DESOXYCORTIS OL-11 •11- DEOXYCORTISO L (CMPD S) •11- DEOXYCORTISO L •Z-11- DEOXYCORTISO L (CMPD S)	KPDS: 8335904 Health Connect Order Code: 11- DEOXYCORTISO L [82634B]	RED7 METOP	1 ml serum Transport: Frozen An early morning specimen is preferred. Separate serum after clotting Received gel separator tube or glass A: 4 days R: 4 days F: 4 weeks Minimum specimen: 0.2ml serum <u>For laboratory Use Only.</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (Liquid Chromatography Tandem Mass Spectrometry) 11-Deoxycortisol (Compound S) is useful in diagnosing patients with 11-beta-hydroxylase deficiency (second leading cause of congenital adrenal hyperplasia) and primary (adrenal failure) or secondary (hypothalamic-pituitary ACTH deficiency) adrenal insufficiency.	QUEST DIAGNOSTICS 30543 via Medical Center Set up Tuesday Reports out Friday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
17 HYDROXYCORTI COSTEROIDS 24 HR URINE •HYDROXYCORTI COSTEROIDS (17 -OH- •CORTICOSTERO IDS) •17-OH CORTICOSTEROI DS •17 HYDROXYCORTI COSTEROIDS 24 HR URINE	KPDS: 8325300 Health Connect Order Code: 17 HYDROXYCORTI COSTEROIDS 24 HR URINE [83491C]		As of February 20, 2019, this test has been discontinued. Order: CORTISOI_FREE_24H_URINE [82530G] Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
17 HYDROXYPREGNENOLONE •HYDROXYPREGNENOLONE (17) •17 OH-PREGNENOLONE	KPDS: 8499911 Health Connect Order Code: 17-HYDROXYPREGNENOLONE [84143B]	RED7 17PRG	2 ml serum Transport: Refrigerated Received: •ambient •serum separator tube •gross hemolysis •grossly lipemic •grossly icteric A: 24 hours R: 5 days F: 28 days Minimum specimen: 0.4 ml serum <u>For laboratory Use Only.</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (Liquid Chromatography/Tandem Mass Spectrometry) 17-Hydroxypregnenolone is useful in the diagnosis of 3-Beta-Hydroxylase enzyme deficiency, a rare cause of congenital adrenal hyperplasia, and 17-hydroxylase (P-450c17) enzyme deficiency.	<u>QUEST DIAGNOSTICS</u> 8352 via Medical Center Set up Sunday-Friday Reports out Wednesday-Saturday and Monday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
17 HYDROXYPROGE STERONE 17-OH PROGESTERONE	KPDS: 8414401 Health Connect Order Code: 17 HYDROXYPROGE STERONE [83498C]	RED7 17OHP	<p>1 ml serum Transport: Frozen Draw blood in a no-additive (red-top) tube. Separate serum after clotting. Do not submit glass tubes. Received: • ambient • gel separator tube • glass tube A: 2 days R: 1 week F: 2 years Minimum specimen: 0.25ml serum For laboratory Use Only.</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Accompanies report (Liquid Chromatography Tandem Mass Spectrometry) 17-hydroxyprogesterone is elevated in patients with congenital adrenal hyperplasia (CAH). CAH is a group of autosomal recessive diseases characterized by a deficiency of cortisol and an excess of ACTH concentration. 17-hydroxyprogesterone is also useful in monitoring cortisol replacement therapy and in evaluating infertility and adrenal and ovarian neoplasms.</p>	<p>QUEST DIAGNOSTICS 17180 via Medical Center Set up Sunday - Friday Reports out Wednesday - Saturday and Monday</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
17 HYDROXYPROGESTERONE, NEONATAL/INFA NT •NEONATAL 17- OHP Alias: •Infant •Newborn •Baby •Neonate	KPDS: 8414403 Health Connect Order Code: 17 OH- PROGESTERONE NEONATAL [83498H]	RED7 N170P	0.5 ml serum Transport: Frozen Draw blood in a non-additive (red-top) tube. Separate serum after clotting. CONTACT QUEST DIAGNOSTICS' CLIENT SERVICES AT 1-800-553-5445 TO EXPEDITE SAMPLE DELIVERY AND TESTING. Received gel separator or glass tube A: 48 hours R: 1 week F: 2 years Minimum specimen: 0.25ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (Liquid Chromatography Tandem Mass Spectrometry) 17-hydroxyprogesterone is elevated in patients with congenital adrenal hyperplasia (CAH). CAH is a group of autosomal recessive diseases characterized by a deficiency of cortisol and an excess of ACTH concentration. 17-hydroxyprogesterone is also useful in monitoring cortisol replacement therapy and in evaluating infertility and adrenal and ovarian neoplasms.	QUEST DIAGNOSTICS 17654X [4196] Via Medical Center Set up Sunday - Friday Reports out Wednesday - Saturday and Monday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
17 KETOSTEROID FRACTIONATION KETOSTEROIDS (17), URINE, FRACTIONATED	KPDS: Excluded in Service Master: 8359300 Health Connect Order Code: Inactivated: KETOSTEROIDS 17-, FRACTIONATION [83593]		Effective 7/21/14, the test previously performed at Quest Diagnostics has been discontinued. An alternative test may be available to order manually from Genova Diagnostics at 800-522-4762. Formulary		•Formulary
17 KETOSTEROIDS, TOTAL, 24 HR URINE KETOSTEROIDS (17), URINE, TOTAL, 24 HR URINE [221386] 17- KETOSTEROIDS WITH CREATININE	KPDS: 8358600 Health Connect Order Code: 17 KETOSTEROIDS, TOTAL, 24 HR URINE [221386]	Collect: PU99 Aliquot and Transport: UR25 Keto24U wp	20 ml acidified 24 hour urine Transport: Refrigerated 20 ml of a 24-hour urine collected with 10 grams Boric Acid or 25 ml 50% Acetic Acid or 30 ml 6N HCl during collection to maintain pH below 7.5, submitted in a plastic, leakproof container. Collection Instructions with preservative [English] Collection Instructions with preservative [Spanish] •Record total volume on specimen container and on test requisition •To avoid contamination, do not pour into a secondary container to measure total volume. A: 8 hours R: 1 week F: 1 month Minimum specimen: 5 mL acidified 24 hour urine Formulary	Accompanies report (Colorimetric with Modified Zimmerman Reaction)	QUEST DIAGNOSTICS 15201X via Medical Center Set up Monday - Friday Reports out Tuesday - Saturday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
18 HYDROXYCORTI COSTERONE, LC/MS/MS HYDROXYCORTI COSTERONE (18 OH- CORTICOSTERO NE) 18- HYDROXYCORTI COSTERONE	KPDS: 8252800 Health Connect Order Code: 18- HYDROXYCORTI COSTERONE [82542AA]	RED7 18-Hydroxy	0.5 mL serum Transport: Frozen • Hemolysis • Grossly lipemic • Grossly icteric • SST A: 7 days R: 7 days F: 28 days Minimum specimen: 0.25 mL serum Formulary	Accompanies report (HPLC/Tandem Mass Spectrometry) Concentrations of 18-OH-B are elevated in some patients with aldosterone- producing adenomas, 17- hydroxylase deficiency (a rare cause of adrenal hyperplasia) , and glycocorticoid- remediable aldosteronism.	QUEST DIAGNOSTICS 94621 via Medical Center Set up on Sunday and Tuesday 4-9 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
5-HIAA (5-HYDROXYINDOL EACETIC ACID), RANDOM URINE •HYDROXYINDOL E-ACETIC ACID, URINE •5-HIAA, SEROTONIN •5-HIAA, RANDOM URINE	KPDS: 8426500 Health Connect Order Code: 5-HIAA/CREATININ E RATIO, RND, URINE [213015]	Collect and Transport: UR25 RHIAA	10 ml urine aliquot Transport: With Preservative Preservative •Record patient's age on test request form and urine vial. •After urine collection, add 0.5-1.0 g/l boric acid or 6N HCl to maintain a pH <3, and record patient's age on test request form and urine vial •Urine without preservative is acceptable if pH is <6 and shipped frozen . •Patient should avoid foods high in indoles: avocado, tomato, plum, walnut, pineapple, and eggplant. •Patient should also avoid tobacco, tea, and coffee three days prior to specimen collection. Received: pH> 3.0 and unfrozen A: 1 week R: 1 month F: 1 month Minimum specimen: 5 ml <u>For Laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (High Performance Liquid Chromatography, Electrochemical Detection) 5-HIAA is the end product of serotonin (5-hydroxytryptophan) and tryptophan metabolism. Patients with carcinoid tumors of the midgut, e.g. ileum, produce high concentrations of 5-HIAA. Patients with carcinoid tumors of the foregut and hindgut may produce little or no 5-HIAA or do so intermittently.	<u>QUEST DIAGNOSTICS</u> 1648X [930] via Medical Center Set up Monday-Friday morning Reports out Tuesday - Saturday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
5-HYDROXYINDOLEACETIC ACID [5-HIAA], 24 HR URINE SEROTONIN METABOLITE	KPDS: 8349700 Health Connect Order Code: 5-HIAA, 24 HOUR URINE [83497E]	Collect: UR99 Aliquot and Transport: UR25 5HIAA24U wp	10 mL urine aliquot Transport: <ul style="list-style-type: none">•Refrigerate during collection With Preservative Preservative: <ul style="list-style-type: none">•Patient should avoid food high in indoles: avocado, banana, tomato, plum, walnut, pineapple and eggplant.•Patient should avoid tobacco, tea and coffee three days prior to specimen collection. Received: pH> 3.0 and unfrozen A: 1 week R: 1 month F: 1 month Minimum specimen: 5 mL urine aliquot Formulary	Accompanies report (High Performance Liquid Chromatography, Electrochemical Detection) 5-HIAA is the end product of serotonin (5-hydroxytryptophan) and tyrtophan metabolism. Patients with carcinoid tumors of the midgut, e.g., ileum, produce high concentrations of 5-HIAA. Patients with carcinoid tumors of the foregut and hindgut may produce little or no 5-HIAA or do so intermittently.	QUEST DIAGNOSTICS 39625X via Medical Center Set up Sunday, Tuesday and Thursday after midnight Reports out Thursday, Saturday and Monday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ACID PHOSPHATASE, TOTAL	KPDS: Excluded in Service Master [8406000] Health Connect Order Code: Inactivated: ACID PHOSPHATASE [84060B]		Effective February 16, 2009 this test has been discontinued due to reagent unavailability. There are no send out alternatives. Not-Formulary		•Not-Formulary (Discontinued)
ACYCLOVIR	KPDS: Excluded in Service Master [8228241] Health Connect Order Code: Inactivated: ACYCLOVIR LEVEL [80299ZM]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)
ACYCLOVIR SENSITIVITY	KPDS: Removed from Service Master: 8725305		As of September 2014, this test formally performed at Focus Diagnostics has been discontinued. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ADENOSINE DEAMINASE, CSF	KPDS: 8431105 Health Connect Order Code: ADENOSINE DEAMINASE, CSF [84311N]	SF10 ADCSF	0.5 ml CSF Transport: Frozen STAT availability - NO Do not centrifuge CSF specimens. A: 1 day R: 3 days F: 6 months Minimum specimen: 0.1 ml CSF For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than 7.0 U/L (Kinetic)	<u>QUEST DIAGNOSTICS</u> 17698 via Medical Center Sets up Monday - Friday 4 days
ADENOSINE DEAMINASE, PERITONEAL FLUID	KPDS: 8431106 Health Connect Order Code: ADENOSINE DEAMINASE, PERITONEAL FLUID [84311P]	SC99 Sterile Container ADPER	0.5 ml fluid Transport: Frozen STAT availability - NO Received: • Ambient • Refrigerated A: 1 day R: 3 days F: 6 months Minimum specimen: 0.1 fluid For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than 7.6 U/L (Kinetic)	<u>QUEST DIAGNOSTICS</u> 17697 via Medical Center Sets up Monday - Friday 4 days
ADENOSINE DEAMINASE, PLEURAL FLUID	KPDS: 8431107 Health Connect Order Code: ADENOSINE DEAMINASE, PLEURAL FLUID [84311O]	SC99 Sterile Container ADPLE	0.5 ml fluid Transport: Frozen STAT availability - NO Received: • Ambient • Refrigerated A: 24 hours R: 72 hours F: 6 months Minimum specimen: 0.1 ml fluid For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (Kinetic)	<u>QUEST DIAGNOSTICS</u> 17696X via Medical Center Set up Monday - Friday 4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ADENOVIRUS ANTIBODY ADENOVIRUS AB	KPDS: 8228242 Health Connect Order Code: ADENOVIRUS ANTIBODY [86603B]	RED7 ADVAB	1 ml serum Transport: Refrigerated Hemolysis A: 4 Days R: 1 Week F: 1 Month Minimum specimen: 0.5ml serum For laboratory Use Only: RIN Test: Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than 8 (CF) Clinical use is to measure adenovirus antibodies. Clinical interpretation of complement fixation test results requires comparison of an acute serum sample to a convalescent serum sample. The convalescent serum sample should be collected 2-3 weeks later.	<u>QUEST DIAGNOSTICS</u> 50419P [3100] Via Medical Center Tuesday and Thursday in the Morning. reports on Wednesday and Friday in the Evening.

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ADENOVIRUS DNA, PCR Adenovirus DNA Qualitative PCR	KPDS: 8779807 Health Connect Order Code: ADENOVIRUS DNA, QUALITATIVE, REAL-TIME PCR [87798S]	SC99_SterileContainer	1g Stool Transport: Frozen A: 48 hours R: 7 days F: 30 days Formulary	Not detected (Real-Time Polymerase Chain Reaction) This test is used to determine the presence of adenovirus in a patient's specimen. Organisms may be detected by PCR prior to diagnosis by immunological methods. PCR provides more rapid results than other methods, including culture.	Quest Diagnostics 16046 via Medical Center Set up Daily in the morning Report available in 1 day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ADENOVIRUS DNA, QUANTITATIVE, PCR	KPDS: 8779903 Health Connect Order Code: ADENOVIRUS, DNA, QUANTITATIVE REAL-TIME PCR [87799N]	LAV5 or SF10 or UTM	Blood, CSF, BAL, Sputum, Urine Transport: Refrigerated A: 48 hours R: 7 days F: 30 days [Do not freeze whole blood] Minimum specimen: 0.35 mL Formulary	<500 copies/mL (Real-time Polymerase Chain Reaction) This test is used to determine the presence of adenovirus in a patient's specimen. Organisms may be detected by PCR prior to diagnosis by immunological methods. PCR provides more rapid results than other methods, including culture.	<u>Quest Diagnostics 19726</u> via Medical Center Daily Report available in 1 day
ADRENAL ANTIBODY •ANTIADRENAL ANTIBODY SCREEN WITH REFLEX TO TITER •21-HYDROXYLASE ANTIBODY SCREEN	KPDS: 8605410 Health Connect Order Code: ADRENAL ANTIBODY [86255E]	RED7 Adml Scr	2 mL serum Transport: Refrigerated A: 2 Days R: 2 Weeks F: 1 Month Minimum specimen: 0.5 mL serum Test Components: •Antiadrenal Antibody Screen •Antiadrenal Antibody Titer & Pattern Formulary	Adrenal Ab: Negative Adrenal Ab Titer: <1:10 (IFA) Adrenal Antibody is detected in patients with autoimmune adrenal disease, e.g., Addison's Disease. This screens for antibodies to multiple adrenal antigens, including 21-hydroxylase. If positive, consider ordering 21-Hydroxylase Antibody	<u>QUEST DIAGNOSTICS</u> via Medical Center Set up on Wednesday Report out in 1-8 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALDOLASE	KPDS: 8208500 Health Connect Order Code: ALDOLASE [82085B]	RED7 ALDOL	<p>2 ml serum Transport: Refrigerated • Received room temperature. • Hemolyzed specimens. A: 8 hours R: 10 days F: 6 months Minimum specimen: 0.5ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Adult: Less than or equal to 8.1 U/L</p> <p>Pediatric: Less than 24 months: 3.4 - 11.8 U/L 2-17 years: 3.4 - 8.6 U/L (Ultraviolet; Kinetic)</p> <p>Although not specific for skeletal muscle, Aldolase is useful in the diagnosis and monitoring of many skeletal muscle disorders. Concentrations may be increased more than ten-fold in the early stages of progressive muscular dystrophies.</p>	<p><u>QUEST DIAGNOSTICS</u> 227 Via Medical Center Set up Sunday and Tuesday - Friday morning reports Monday and Wednesday - Saturday afternoon</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALDOSTERONE, 24 HR URINE	KPDS: 8208801 Health Connect Order Code: ALDOSTERONE, 24 HR URINE [82088E]	Collect: UR99 Aliquot and Transport: UR25 Aldos24U wp	5 ml urine aliquot NOTE: Random urine samples are acceptable, however reference ranges do not apply to random urine submission. Transport: Ambient•Collect 24-hour urine with 10 g boric acid to maintain a pH below 7.5 •Refrigerate during and after collection •Collection without preservative is acceptable if specimen is refrigerated during collection and transport <u>Collection Instructions without preservative [English]</u> <u>Collection Instructions without preservative [Spanish]</u> •Determine and record total volume on the test request form and aliquot vial •Aliquot specimen into UR10 for transport to referral laboratory Received •ambient •collected in HCl A: 7 Days R: 28 days F: 21 days Minimum specimen: 0.8 mL urine aliquot Formulary	Accompanies report. (Hydrolysis, Extraction, Liquid Chromatography Tandem Mass Spectrometry) Aldosterone is a hormone produced by the adrenal glands. Patients with primary hyperaldosteronism exhibit hypokalemia, hypertension, and low direct renin concentrations.	<u>QUEST DIAGNOSTICS</u> via Medical Center Tuesday and Thursday in the Morning. Reports Friday and Monday in the Afternoon.

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALDOSTERONE, SERUM	KPDS: 8208800 Health Connect Order Code: ALDOSTERONE, SERUM [82088D]	RED7 ALDO	<p>1 ml serum</p> <p>Transport: Refrigerated</p> <p>Draw upright samples at least 1/2 hour after patient sits up.</p> <p>Draw in no-additive (red top) tube</p> <p>Separate serum after clotting and place in plastic transport container prior to shipping to Quest. •Samples collected in SST tubes</p> <p>•DO NOT submit glass tubes</p> <p>A: 4 days</p> <p>R: 7 days</p> <p>F: 28 days</p> <p>Minimum specimen: 0.25ml serum</p> <p><u>For laboratory Use Only:</u></p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Accompanies report (Liquid Chromatography-Tandem Mass Spectrometry)</p> <p>Approximately 1-2% of individuals with primary hypertension have primary hyperaldosteronism characterized by hypokalemia (low potassium) and low direct rennin. Because serum aldosterone concentrations vary due to dietary sodium intake and body position, some physicians prefer measurement of 24-hour urine concentrations for aldosterone.</p>	<p><u>QUEST DIAGNOSTICS</u></p> <p>17181 via Medical Center</p> <p>Set up Sunday - Friday</p> <p>Reports out Wednesday - Saturday and Monday</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALDOSTERONE/CORTISOL RATIO-AVS	KPDS: 8208820 Health Connect Order Code: ALDOSTERONE/ CORTISOL RATIO_AVS [219005]	RED7 AVS	<p>2 mL serum Transport: Refrigerated-Follow the instructions within this Technical Bulletin, including completing the Appendix A and B information.</p> <p>•After the specimens are drawn, bundle or rubber band properly labeled samples together and place inside a yellow Special Handling plastic bag before delivery to your local Medical Center Laboratory for processing. A: 48 hours R: 7 days F: 28 days Minimum specimen: 0.5 mL serum This test can be ordered by the LAB ONLY. Formulary</p>	<p>Accompanies report (liquid Chromatography, Tandem Mass Spectrometry) •Measurements of aldosterone/cortisol ratios in samples of adrenal venous blood, obtained by an experienced radiologist, is the 'gold standard' test to distinguish between an adenoma or unilateral hyperplasia and bilateral hyperplasia. Unilateral disease is associated with a marked (usually greater than four-fold) increase in Aldosterone/Cortisol on the side of the tumor, whereas there is little difference between the two sides in patients with bilateral hyperplasia. •AVS with Aldosterone/Cortisol measurement is indicated if imaging studies fail to unequivocally identify an adenoma or if the identified adenoma is < than 1 cm in size.</p> <p>Young WF Stanson AW - Clin Endocrinol 2009 Daunt N - RadioGraphics 2005</p>	<p>QUEST DIAGNOSTICS 19573 via Medical Center Set up Monday - Friday Reports out Thursday - Saturday and Monday</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALDOSTERONE/P LASMA RENIN ACTIVITY RATIO • Aldosterone-Renin Ratio • Plasma Renin Activity	KPDS: 8208815 Health Connect Order Code: ALDOSTERONE AND RENIN LEVELS W RATIO [219491]	LAV5 ALDREN RAT	1.8 ml plasma Transport: Frozen DO NOT REFRIGERATE THE SAMPLE. Refrigeration will cause cryoactivation to occur and prorenin will convert to renin, causing a falsely high renin results. • Centrifuge and aliquot in room temperature and freeze. • Avoid refrigerated temperatures. • When submitting catheterization studies, it is recommended that the referring laboratory retain a portion of each sample. Received: • ambient • refrigerated A: 24 hours R: NO F: 28 days Minimum specimen: 0.8 ml plasma For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Ratio: 0.9-28.9 (LC/MS/MS: Liquid Chromatography Tandem Mass Spectrometry) The Aldosterone-renin ratio is used to screen for primary aldosteronism.	<u>QUEST DIAGNOSTICS</u> 16845 via Medical Center Set up Sunday - Friday Reports Wednesday - Saturday and Monday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALKALINE PHOSPHATASE ISOENZYMES ALK. PHOS. ISOENZYME	KPDS: 8408000 Health Connect Order Code: ALKALINE PHOSPHATASE, TOTAL AND ISOENZYMES [207179]	GLD6 ALPI	2 ml serum Transport: Ambient Overnight fasting is preferred A: 1 week R: 3 weeks F: 3 weeks Minimum specimen: 1 ml serum Isoenzymes: Intestine Placenta Bone liver <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Macrohepatic Formulary	Accompanies Report (Agarose Electrophoresis) When the total Alkaline Phosphatase activity is increased, the Isoenzymes may be useful in determining the source of the increased activity. Increased intestinal alkaline phosphatase can be seen in blood group O and B secretors and after fatty meals.	QUEST DIAGNOSTICS 2317 > Via Medical Center Tuesday - Saturday Report available in 3-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALKALINE PHOSPHATASE, BONE SPECIFIC ALKALINE PHOSPHATASE, BONE SPECIFIC ALK. PHOS. BONE SPECIFIC	KPDS: 8408002 Health Connect Order Code: ALKALINE PHOSPHATASE BONE ISOENZYME [84080A]	RED7 ALPB	1 ml serum Transport: Frozen Allow serum to clot completely before centrifugation. •Non-serum samples •Grossly hemolyzed samples •Grossly lipemic samples •Grossly icteric samples A: 7 Days R: 2 Weeks F: 2 Months Minimum specimen: 0.3 ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Accompanies Report (Immunoenzymatic) The bone-specific alkaline phosphatase (BSAP) assay provides a general index of total osteoblast activity. BSAP and osteocalcin are the most effective markers of bone formation and are particularly useful for monitoring bone formation and therapies and antiresorptive therapies.	QUEST DIAGNOSTICS 29498 via Medical Center Tuesday, Thursday and Saturday in the Morning. Reports same day in the Evening.

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALPHA-1 ANTITRYPSIN, RANDOM FECES	KPDS: 8271667 Health Connect Order Code: ALPHA-1-ANTITRYPSIN, STOOL RANDOM [82103D]	SC99 Sterile Container A1A ST RAN	10 g stool Transport: Frozen R: Indefinite F: Indefinite Minimum specimen: 2 g stool <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (Nephelometry)	QUEST/DIAGNOSTICS 14628X [12896] via Medical Center Monday - Friday Reports in 24 hours
ALPHA-1-ANTITRYPSIN, FECES, 24 HR	KPDS: 8271665 Health Connect Order Code: ALPHA-1-ANTITRYPSIN, STOOL [82103C]	SC99 Sterile Container AAT-F	10 grams of a 24 Hour Stool Transport: Frozen • Submit well homogenized stool from a 24-hour collection. • Record total weight and indicate collection period on test request form. Received ambient A: Unacceptable R: Indefinitely F: Indefinitely Minimum specimen: 2 grams <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than 55 mg/dL (Nephelometry)	QUEST/DIAGNOSTICS 30523X [12895] Via Medical Center Monday-Friday in the Afternoon Reports in 1 day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALPHA-2-ANTIPLASMIN ALPHA-2-ANTIPLASMIN-ANTIPLASMIN- ACT	KPDS: 8541000 Health Connect Order Code: ALPHA-2 ANTIPLASMIN [85410B]	BLU5 A2AP	1 mL citrated plasma Transport: Frozen Avoid hemolysis. Avoid lipemia. Separate and freeze immediately in plastic vial. Ship specimen frozen on dry ice. Do not thaw. Indicate ordering physician's name and phone number on test request form. Indicate date and time drawn on test request form. Specify age and gender on test request form. Thawed plasma A: 8 hours R: 1 day F: 2 weeks Minimum specimen: 0.6 mL citrated plasma Formulary	85-156 % (Chromogenic) Alpha 2- Antiplasmin inhibits the action of plasmin. Inherited deficiency may lead to bruising and bleeding. The test may also be useful in monitoring substitution therapy.	<u>QUEST DIAGNOSTICS</u> 4953N [3915] via Medical Center Set up Wednesday afternoon Reports in 1 day
ALPHA-2-MACROGLOBULIN	KPDS: 8228244 Health Connect Order Code: ALPHA-2 MACROGLOBULIN N [83883C]	RED7 A2MAC	1 ml serum Transport: Refrigerated• Avoid hemolysis. • Overnightfastingis preferred. Avoid hemolysis. Received • room temperature • hemolyzed A: 24 hours R: 1 week F: 3 months Minimumspecimen:0.5mlserum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens <u>Formulary</u>	ADULTS: 106-279 mg/dL (Fixed Rate Time Nephelometry)	<u>QUEST DIAGNOSTICS</u> 228 via Medical Center Sets up on Tuesdays & Thursdays in the Morning Reports out same day in the Evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALPHA-GALACTOSIDASE <ul style="list-style-type: none"> GALACTOSIDASE (ALPHA GALACTOSIDASE [82657B]) Anderson Fabry Disease GLA Deficiency 	KPDS: 8228245 Health Connect Order Code: ALPHA-GALACTOSIDASE [82657B]	RED7 AGALA	<p>2 ml serum Transport: Frozen Received: •thawed •ambient A: Unacceptable R: 24 hours F: 14 days; -70 degrees; 60 days Minimum specimen: 0.2ml serum For laboratory Use Only.</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	0.074-0.457 U/L Note: Results from this assay are not useful for carrier determination. Carriers usually have levels in the normal range. (Fluorometric)	QUEST DIAGNOSTICS 1629X (2449) via Medical Center Sets up Thursday morning Reports out Thursday afternoon the following week
ALPRAZOLAM, SERUM Xanax	KPDS: Order Manually	RED7	<p>4 ml serum Transport: Refrigerated • Submit a Alprazolam Manual Order Form with specimen. A: 5 day R: 2 week F: 1 year Minimum specimen: 2 mL serum Non-Formulary</p>	(High Performance Liquid Chromatography)	Quest Pittsburg via Quest via Medical Center

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALUMINIUM	KPDS: 8000800 Health Connect Order Code: ALUMINIUM [82108A]	BD7 <u>Serum Metal Free Kit</u> ALU-S	<p>2 ml serum Transport: Refrigerated•Acid-washed metal-free container(supplied by Quest) or 7 ml Royal Blue Top (No additive) •Draw one vacutainer of blood and discard. Draw second vacutainer•Allow serum to clot in an upright position. •Centrifuge and pour [do not pipette] the serum into an acid washed or metal free vial Patient should refrain from taking antacids containing aluminum compounds at least three days prior to sample collection. A: 4 days R: 2 weeks F: 1 month Minimum specimen: 0.7 ml serum For laboratory Use Only.</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<ul style="list-style-type: none"> • 7 or less mcg/mL • Dialysis Patient: 40 or less mcg/mL <p>(Inductively-Coupled Plasma/Mass Spectrometry)</p> <ul style="list-style-type: none"> • Individuals undergoing hemodialysis are at risk for aluminum toxicity. Prolonged accumulation may cause anemia, encephalopathy, and vitamin D resistant osteomalacia. • Workers exposed to high levels or to long term low levels of aluminum dust are at increased risk of toxicity. 	<p><u>QUEST DIAGNOSTICS</u> 2958 via Medical Center Sets up on Monday, Wednesday and Saturday Reports in 1-4 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALUMINUM, 24 HR URINE	KPDS: 8228247 Health Connect Order Code: ALUMINUM, 24 HR URINE [82108C]	See Specimen Requirements Field A124U wp	<p>7 mL aliquot of a 24 HR urine specimen</p> <p>Collect: TU99</p> <p>Transport: <u>Quest Urine Acid Washed Tubewith Red lid</u> Refrigerated</p> <p>To avoid contamination, do not measure 24-hour volume. Collect urine in an plastic, acid washed or metal free container. No preservatives.</p> <p><u>Collection Instructions without preservative [English]</u> <u>Collection Instructions without preservative [Spanish]</u></p> <p>A: 5 days R: 2 weeks F: 1 month</p> <p>Minimum specimen: 3 mL aliquot of a 24 HR urine specimen</p> <p>NOTE: This measure is very sensitive to aluminum containing medications, e.g., aluminum-containing antacids, and may continue to test as elevated for a prolonged period of time after the medication is stopped.</p> <p>Formulary</p>	<36 mcg/24 hr (Atomic Spectroscopy) Individuals undergoing hemodialysis are at risk for aluminum toxicity. Prolonged accumulation may cause encephalopathy, and vitamin d-resistant osteomalacia. Also workers exposed to high levels or to long-term low levels of aluminum dust are at increased risk of toxicity.	<p><u>QUEST DIAGNOSTICS</u> 14451 via Medical Center</p> <p>Sets up on Wednesday and Friday in the Morning.</p> <p>Reports out on Saturday and Monday</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALUMINUM, RANDOM URINE	KPDS: 8228347 Health Connect Order Code: ALUMINUM, URINE [82108B]	Collect: UR25 Transport: <u>Quest Acid Wash</u> ALRAN	7 ml aliquot of a random urine Transport: Ambient Collect urine in acid-washed or metal-free plastic container A: 5 days R: 2 weeks F: 1 month Minimum specimen: 2 ml aliquot of a random urine For laboratory Use Only: RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	5-30 ug/L (Atomic Spectroscopy) Aluminum may be increased in patients on dialysis or on aluminum antacid medications and in patients with renal failure and Alzheimer's disease. Aluminum accumulates in bone and hair.	<u>QUEST DIAGNOSTICS</u> 6024X [12916] Via Medical Center
AMANTADINE LEVEL, GC SYMMETREL	KPDS: 8029950 Health Connect Order Code: AMANTADINE LEVEL, GC [80299AEE]	RED7 AMANT	2 ml serum Transport: Frozen Do not use SST Promptly centrifuge and separate serum or plasma into a plastic screw capped vial using approved guidelines. Polymer gel separation tube (SST or PST) A: 7 days R: 14 days F: 5 months Minimum specimen: 0.5ml serum For laboratory Use Only: RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	Accompanies report (Gas Chromatography (GC))	<u>QUEST DIAGNOSTICS</u> 5257 Via Medical Center Sets up on Tuesday and Thursday Reports in 3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMIODARONE AND METABOLITE LEVELS, LC/MS/MS AMIODARONE (CORDARONE)	KPDS: 8240550 Health Connect Order Code: AMIODARONE AND METABOLITE LEVELS, LC/MS/MS [80299AER]	RED7 AMIOD	3 ml serum Transport: Refrigerated Do not use gel barrier tubes. Centrifuge and immediately separate serum specimens from the cells into a clean, plastic, screw-cap vial.* Received room temperature • Gross hemolysis • Gel barrier tube • lipemic A: 2 days R: 4 days F: 1 month Minimum specimen: 1.1 ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Amiodarone, Serum: 1.5 - 2.5µg/mL Toxic: - Greater than 2.5µg/mL Desmethyamidarone: 1.5 - 2.5µg/mL Toxic effects have been observed at levels as low as 2.0 µg/mL. (HPLC)	<u>QUEST DIAGNOSTICS</u> 36721 via Medical Center Sets up Tuesday, Thursday and Saturday Reports out Thursday, Saturday and Monday
AMOXAPINE ASENDIN	KPDS: Excluded in Service Master 8228248 Health Connect Order Code: Inactivated: AMOXAPINE LEVEL [80299I]		This test formally performed at Quest Diagnostics, has been discontinued due to low utilization. There is not recommended alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMPHOTERICIN B LEVEL	KPDS: 8228261 Health Connect Order Code: AMPHOTERICIN B LEVEL [80299ZN]	RED7 AMPHO	1 mL serum Transport: Frozen Do not use SST. • Aliquot serum to amber transport tube to protect from light • Store and ship the specimen frozen Received: • refrigerated • ambient • gel separator tube • not protected from light A: Unacceptable R: Unacceptable F: 14 days Minimum specimen: 0.5 mL serum Formulary	Therapeutic levels: Nonliposomal Peak: 0.5-3.5 ug/mL Liposomal Peak 2.5 mg/kg dose: 13-49 ug/mL Liposomal Peak 5.0 mg/kg dose: 48-118 ug/mL (High Performance Liquid Chromatography)	<u>QUEST DIAGNOSTICS</u> 20711X [12289F] via Medical Center Set up Tuesday and Thursday morning Reports out Thursday and Saturday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>AMYLASE ISOENZYMES</p> <p>PANCREATIC ISOENZYMES</p>	<p>KPDS: 8215002</p> <p>Health Connect Order Code: AMYLASE TOTAL, PANCREATIC AND CALCULATED SALIVARY ISOENZYMES [234687]</p>	<p>RED7</p> <p>AMY-I</p>	<p>1 ml serum</p> <p>Transport: Refrigerated</p> <p>A: 1 week</p> <p>R: 1 month</p> <p>F: 1 month</p> <p>Minimum specimen: 0.5 ml serum</p> <p>Test includes:</p> <ul style="list-style-type: none"> •Salivary Isoenzymes •Pancreatic Isoenzymes •Amylase <p><u>For Laboratory Use Only:</u></p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens</p> <p>Formulary</p>	<p>Total Amylase: 21 -101 U/L</p> <p>Pancreatic Isoenzyme: 16-46 U/L</p> <p>Salivary Isoenzyme: 4-61 U/L</p> <p>(Enzymatic; Immunoinhibition Enzymatic)</p> <p>Amylase is produced primarily in the pancreas and salivary glands. Isoenzymes may be used to determine the source of an elevated amylase concentration.</p>	<p><u>QUEST/DIAGNOSTICS</u></p> <p>845 via Medical Center</p> <p>Sets up Monday, Wednesday and Friday in the Morning</p> <p>Reports on Tuesday, Thursday and Saturday in the Afternoon.</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>AMYLASE, MACRO</p> <p>Amylase Isoenzymes with Reflex to Macroamylase</p>	<p>KPDS: Order Manually</p>	<p>RED7</p>	<p>2 mL serum Transport: Frozen Spin within one hour of collection. Minimum specimen: 1 mL serum Includes Total Amylase, Pancreatic Isoenzyme and Salivary Isoenzyme. If Amylase Isoenzyme is Greater than 115 U/L, Macroamylase will be performed at an additional charge [CPT 84999]. Non-Formulary</p>	<p>Accompanies report. (Polyethylene Glycol Precipitation) Amylase is produced primarily in the pancreas and salivary glands. Isoenzymes may be used to determine the source of an elevated amylase concentration. Macroamylase is a laboratory and not a clinical entity. Amylase can complex with immunoglobulins or other high molecular weight proteins and serum amylase will appear falsely elevated. No clinical symptoms are associated with macroamylasemia.</p>	<p>QUEST/DIAGNOSTICS 5499X (6730) via Medical Center</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANDROSTENEDI ONE	KPDS: 8216500 Health Connect Order Code: ANDROSTENEDI ONE [82157B]	RED7 ANDRO	1 ml serum Transport: Refrigerated An early morning specimen is preferred. • Samples collected in SST tube. • Glass tube submitted. A: 2 weeks R: 4 weeks F: 2 years Minimum specimen: 0.25 ml serum <u>For laboratory Use Only.</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report. (Liquid Chromatography Tandem Mass Spectrometry) Androstenedione may be useful in evaluating patients with androgen excess and managing patients with congenital adrenal hyperplasia (CAH).	<u>QUEST DIAGNOSTICS</u> 17182 via Medical Center Set up Sunday - Friday Reports out Wednesday - Saturday and Monday
ANGIOTENSIN CONVERTING ENZYME [ACE], CSF ANGIOTENSIN CONVERTING ENZYME, CSF	KPDS: 8310605 Health Connect Order Code: ANGIOTENSIN CONVERTING ENZYME, CSF [82164D]	SF10 ACE	1 ml CSF Transport: Frozen A: 4 days R: 1 week F: 2 months Minimum specimen: 0.2 ml <u>For laboratory Use Only.</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than or equal to 15 U/L (Kinetic) ACE, CSF is useful in diagnosing patients with sarcoidosis involving the central nervous system and meninges.	<u>QUEST DIAGNOSTICS</u> 34692 via Medical Center Tuesday - Saturday in the Afternoon. Reports Wednesday - Sunday after Midnight.

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTI T4 AUTOANTIBODY •T4 AUTOANTIBODY •ANTI-T4 ANTIBODY •T4 ANTIBODY •THYROXINE ANTIBODY	KPDS: Order Manually	RED7	1 mL serum Transport: Refrigerated This test is restricted to be ordered by Endocrinology Providers. A: 4 hours R: 2 weeks F: 1 month Minimum specimen: 0.1 mL serum Formulary Restricted	Negative (Radiobinding Assay) Patients with autoimmune thyroid disease (ATD), including Hashimoto's thyroiditis and Grave's disease, occasionally develop autoantibodies to T4 and T3. These autoantibodies interfere with the measurement of T4 and T3 by immunoassay. Thus, abnormal or disparate T4 concentrations may be due to autoantibodies.	QUEST DIAGNOSTICS 36576 via Medical Center Set up Wednesday morning Reports out Thursday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTI-PM-SCL ANTIBODY EIA • Anti-PM-1 (Polymyositis) • Polymyositis Associated Antibody	KPDS: 8633101 Health Connect Order Code: PM-1 ANTIBODY [862351]	LAV5 PM-1	2 mL EDTA plasma Transport: Refrigerated A: 7 days R: 3 months F: 6 months Minimum specimen: 0.5 mL plasma Formulary	<20 Units (Enzyme Immunoassay) • Scleroderma may be localized or diffuse [Progressive Systemic Sclerosis (PSS)] that may involve skin, gastrointestinal tracts, lungs, vascular and cardiac systems, and kidneys. • PM -1 (PM-Scl) Antibody is present in approximately one-fourth of patients with the polymyositis/scleroderma overlap syndrome, 8% of patients with polymyositis alone and 2.5% of patients with scleroderma alone. Patients who have PM-1 Antibody have a better prognosis than patients with scleroderma.	QUEST DIAGNOSTICS 94646 via Medical Center Set up Tuesday Reports out in 3-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTIMICROBIAL SERUM LEVEL, ISONIAZID, HPLC ISONIAZID (INH)	KPDS: Excluded in Service Master [8357600] Health Connect Order Code: Inactivated: ISONICOTINIC AICD HYDRAZIDE LEVEL [80299ZZ]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)
ANTIMICROBIAL SERUM LEVEL, RIFAMPIN, HPLC Rifampicin	KPDS: 8029931 Health Connect Order Code: RIFAMPIN, SERUM, HPLC [82491R]	RED7 RIFAM	2 mL serum Transport: Frozen Aliquot to amber to protect from light. Do not use gel barrier tubes. Separate and freeze immediately in amber plastic vial. Do not thaw. Received: •thawed •ambient •refrigerated •gel barrier tubes A: NO R: NO F: 14 days Minimum specimen: 1 mL serum The drug Sulindac may interfere with this test Formulary	Normal therapeutic levels: 300 mg Oral, Peak: 4-32 mcg/mL 600 mg IV, Peak: 12.3-22.5 mcg/mL 300 mg IV, Peak: 6-12 mcg/mL (High Performance Liquid Chromatography (HPLC))	QUEST/DIAGNOSTICS 30304X [11798] Via Medical Center Set up Tuesday and Thursday morning Reports out Thursday and Saturday afternoon
ANTIMONY, SERUM	KPDS: Formally a Manual Order		As of June 17, 2013, this test formally performed at Quest Diagnostics, has been discontinued due to low use. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTIMONY, URINE	KPDS: Order Manually	Collect: UR25 Transport: <u>Quest Acid Wash</u>	3 mL urine Transport: Refrigerated Collect sample at end of shift in a trace metal free or acid washed plastic container. Received ambient A: 5 days R: 30 days F: 30 days at -20° C Minimum specimen: 1.1 mL urine Non-Formulary	Accompanies report (• Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) • Colorimetry)	NMS 0410U via Quest via Medical Center. •ICP/MS: Wednesday • Colorimetry: Monday - Saturday on the Second Shift Reports in 1 day.

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
APOLIPOPROTEI N B	KPDS: 8217200 Health Connect Order Code: APOLIPOPROTEI N B [82172D]	RED7 APO-B	1 mL serum Transport: Refrigerated Received: • Ambient • Grossly lipemic A: 7 days R: 10 days F: 90 days Minimum specimen: 0.5 mL serum Formulary	<ul style="list-style-type: none"> • Adult Males: 52-109 mg/dL • Adult Females: 49-103 mg/dL (Nephelometry) Risk Category Male and Female Optimal: <80 mg/dL Moderate: 80-119 mg/dL High: 120 mg/dL <p>There are two major forms of Apolipoprotein B, B-100 and B-48. B-100, synthesized in the liver, is the major protein in VLDL, IDL, and LDL cholesterol. B-48, synthesized in the intestines, is essential for the assembly and secretion of chylomicrons. Patients with increased concentrations of Apolipoprotein B are at increased risk of atherosclerosis.</p>	<p>QUEST DIAGNOSTICS 5224 via Medical Center Sets up on Monday, Wednesday and Friday in the Morning. Reports on Monday, Wednesday and Friday in the Evening.</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>APOLIPOPROTEIN EVALUATION</p> <p>APOLIPOPROTEIN (A1) (B100) (A/B RATIO) PANEL</p>	<p>KPDS: 8456065</p> <p>Health Connect</p> <p>Order Code: APOLIPOPROTEIN A-1 AND B [200983]</p>	<p>RED7</p> <p>APO-S</p>	<p>1 mL serum</p> <p>Transport: Refrigerated</p> <p>Received grossly lipemic</p> <p>A: 7 days</p> <p>R: 10 days</p> <p>F: 30 days</p> <p>Minimum specimen: 0.5 mL serum</p> <p>Panel includes:</p> <p>Apolipoprotein A1</p> <p>Apolipoprotein B</p> <p>Apolipoprotein B/A1 Ratio</p> <p>Formulary</p>	<p>Accompanies Report (Nephelometry) Apolipoprotein A1 is the primary protein associated with HDL cholesterol. Like HDL cholesterol, increased concentrations are associated with reduced risk of cardiovascular disease.</p> <p>Apolipoprotein B-100 is the primary protein associated with LDL cholesterol and other lipid particles. Like LDL cholesterol, increased concentrations are associated with increased risk of cardiovascular disease. The ratio of these two apolipoproteins correlates with risk of cardiovascular disease.</p>	<p>QUEST DIAGNOSTICS</p> <p>7018 via Medical Center</p> <p>Set up Monday, Wednesday and Friday morning</p> <p>Reports out Monday, Wednesday and Friday evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ARBOVIRUS IGG ABS, IFA Arbovirus Serology	KPDS: Removed from Service Master: 8649631 Health Connect Order Code: Inactivated: ARBOVIRUS IGG, IFA [200979]		This test normally performed at Quest Diagnostics has been discontinued by the vendor due to unavailability of reagents from the manufacturer. There is no recommended alternative test. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ARSENIC, 24 HR URINE ARSENIC, URINE	KPDS: 8217502 Health Connect Order Code: ARSENIC, 24 HR URINE [82175D]	See Specimen Requirements Field ARS-U	7 mL aliquot of a 24 hour urine Collect: TU99 Transport: Quest Acid Washed Tube with Red lid • Transport: Refrigerated* Wash hands before every sample collection and wipe hands dry with lint-free paper towels. Do not use recycled paper. • Collect 24-hour urine in an acid-washed or metal-free plastic container. • Avoid worksite collection. To avoid contamination, do not measure 24-hour volume. Patient should refrain from eating seafood at least 48 hours prior to sample collection. A: 2 days R: 5 days F: 2 weeks Minimum specimen: 3 mL aliquot of a 24 hour urine Formulary	less than or equal to 80 µg/L (Inductively-Coupled Plasma/Mass Spectrometry) Arsenic is widely distributed in the earth's crust. It is used in some pesticides and industrial applications. Arsenic toxicity can cause skin changes, respiratory illness, nausea and vomiting, and other effects.	QUEST DIAGNOSTICS 36433 via Medical Center Set up Tuesday, Thursday, and Saturday Reports in 1 day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ARSENIC, BLOOD	KPDS: 8217500 Health Connect Order Code: ARSENIC,BLOOD [82175B]	BEZ Na2 EDTA or K2 EDTA ARS-B	<p>4 ml whole blood Transport: Refrigerated•To avoid contamination, use powderless gloves •Careful clean skin prior to venipuncture •Avoid worksite collection</p> <p>DO NOT ALIQUOT SPECIMEN. Avoid seafood consumption 48 hours prior to collection Received: • frozen • clotted • gross hemolysis A: 10 days R: 10 days F: Unacceptable Minimum specimen: 2 ml whole blood <u>For laboratory Use Only:</u></p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p><23 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry) Whole blood arsenic level greater than 100 mcg/L is indicative of acute/chronic exposure. Urine is usually the best specimen for analysis of arsenic in body fluids. Blood levels tend to be low even when urine concentrations are high. Arsenic is widely distributed in the earth's crust. Arsenic is used in some pesticides and industrial applications. Arsenic toxicity can cause skin changes, respiratory illness, nausea, vomiting, and other effects.</p>	<p>QUEST DIAGNOSTICS 269 via Medical Center Sets up Tuesday, Thursday and Saturday Reports in 1 to 4 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ARSENIC, HAIR	KPDS: Removed from Service Master: 8380615 Health Connect Order Code: Inactivated: ARSENIC, HAIR OR NAIL [82175G]		This test, formally performed at Quest Diagnostics, has been discontinued. Please order: <u>ARSENIC, BLOOD</u> OR <u>ARSENIC, RANDOM URINE</u> OR <u>ARSENIC, 24 HR URINE</u> Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ARSENIC, RANDOM URINE	KPDS: 8380602 Health Connect Order Code: ARSENIC RANDOM, URINE (WITH CREATININE) [218902]	Collect: Metal free urine container [UR25] Transport: <u>Quest Acid Wash</u> ARS-U	7 mL random urine Transport: Refrigerated+Collect urine in acid washed or metal free plastic container •Transport in <u>Quest Urine Acid Washed Tube with Red lid</u> •Avoid worksite collection Avoid seafood consumption for 48 hours prior to collection. A: 48 hours R: 5 days F: 14 days Minimum specimen: 3 mL random urine Formulary	Nonexposed Adult: less than or equal to 35 mcg/g creatinine Biological Exposure Index [end of shift/work week]: less than or equal to 50 mcg/g creatinine (Inductively-Coupled Plasma/Mass Spectrometry) Arsenic is widely distributed in the earth's crust. Arsenic is used in some pesticides and industrial applications. Arsenic toxicity can cause skin changes, respiratory illness, nausea and vomiting, and other effects.	<u>QUEST DIAGNOSTICS</u> 270 via Medical Center Set up Tuesday, Thursday and Saturday Reports in 1 day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ARYLSULFATASE A, LEUKOCYTES	KPDS: Order Manually	YE10	<p>7 ml whole blood Transport: Refrigerated 10 ml Yellow Top with ACD Solution B • Do not transfer to other containers. • Transport refrigerated (cold packs) overnight express. Please note: Specimens must arrive at Mayo within 48 hours of collection, and must be received 1 day before assay set up day for processing. • Keep refrigerated. • Do not freeze. Due to specimen stability - send directly to: Mayo Medical Laboratories 200 First Street SW Rochester, MN 48306 Non-Formulary</p>	Accompanies Report (Colorimetric)	•Non-Formulary

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ARYLSULFATASE A, URINE	KPDS: 8228257 Health Connect Order Code: ARYLSULFATASE A, URINE [84392A]	Collect and Transport: UR25 ARYLA	20 mL urine Transport: Refrigerated•Do not use preservatives. •Keep refrigerated during collection. A: NO R: 10 days F: NO Minimum specimen: 4 mL urine Formulary	Greater than 2.4 U/mL (Enzymatic) Absence of the enzyme Arylsulfatase A results in an accumulation in the cells of cerebroside sulfate (a toxic substance) which causes the disease metachromatic leukodystrophy (MLD). MLD is a lysosomal storage disorder disease where the patient lacks a protein needed to metabolize ingested food. It is transmitted as an autosomal recessive trait and is characterized by a wide range of symptoms with both early and delayed onset forms.	<u>QUEST DIAGNOSTICS</u> 34694X [13012] via Medical Center Sets up on Tuesday and Thursday in the Afternoon. Reports in 48 hours

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ASHKENAZI GENETIC PANEL 4 (CF, TS, FD, CAN) Kaiser Jewish Panel 4	KPDS: 8391224 Health Connect Order Code: ASHKENAZI GENETIC PANEL 4 (CF, TS, FD, CAN) [207276]	LAV5 AGP-4	<p>5 ml whole blood Transport: Ambient•Specimen stability is crucial •Store and ship ambient immediately Received frozen A: 8 days R: 8 days F: Unacceptable</p> <p>Minimum specimen: 3 ml whole blood•Panel 4 screens for Cystic Fibrosis, Tay-Sachs, Canavan, and Familial Dysautonomia. •This panel is only intended for couples where <u>both</u> members are Ashkenazi Jewish.</p> <p><u>For laboratory Use Only:</u> RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> Formulary</p>	Accompanies report (Multiplex Polymerase Chain Reaction, Massively Parallel Sequencing, Next Generation Sequencing)	QUEST DIAGNOSTICS 90994 via Medical Center Set up a minimum of 3 days a week as needed Report out 7-8 days following set up

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ASPERGILLUS GALACTOMANNA N AG Aspergillus Antigen, EIA, Serum	KPDS: 8730505 Health Connect Order Code: ASPERGILLUS GALACTOMANNA N AG [87305B]	RED7	2 mL serum Transport: Frozen At -70<Deg>C A: NO R: 5 days F: 5 months at -70°C Minimum specimen: 1 mL serum Formulary	<0.50 Not detected (Immunoassay) The Aspergillus EIA is used for the detection of galactomannan antigen in serum. The Aspergillus EIA is an aid in the early diagnosis of invasive aspergillosis. This assay is to be used and test results interpreted in conjunction with other conventional diagnostic procedures such as microbiological culture, histologic examination of biopsy samples and other signs and symptoms for detection of Aspergillus infection.	Quest Diagnostics 14950 via Medical Center Set up Tuesday and Friday Report available in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ASPERGILLUS GALACTOMANNA N ANTIGEN, BAL, SEMIQUANTITATIVE, EIA	KPDS: 8730503 Health Connect Order Code: ASPERGILLUS GALACTOMANNA N ANTIGEN, BAL, SEMIQUANTITATIVE, EIA [87305C]	SC99_StrCont_SterileContainer	2 mL BAL Transport: Frozen A: NO R: 5 days unopened F: 5 months Minimum specimen: 1 mL BAL Formulary	<0.50 (Immunoassay) Invasive pulmonary aspergillosis has become one of the most common fungal pulmonary diseases in certain immuno-compromised patients. Medical interventions that predispose patients to invasive aspergillosis include treatment with immunosuppressive drugs, radiation, and high doses of corticosteroids, among others.	Quest Diagnostics 90376 via Medical Center Set up Tuesday and Friday Report available in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BARBITURATES, CONFIRMATION URINE, LC/MS/MS	KPDS: 8226553 Health Connect Order Code: BARBITURATES, CONFIRMATION URINE, LC/MS/MS [80345Q]	UR25 Barb Cnf U	<p>20 ml random urine Transport: Refrigerated Preserved samples A: 14 days R: 14 days F: 30 days</p> <p>Minimum specimen: 5 ml random urine. Toxicology results are to be used only for medical purposes, and not for employment or school enrollment, or for legal purposes. Chain of custody is not monitored. Confirmatory testing is performed only when medically indicated. The results become part of the patient's permanent medical record.</p> <p>*All positive urine toxicology screen results for Barbiturates for children less than 14 years old and labor and Delivery patients are confirmed using this test. For all other adults, the result is not confirmed unless requested by provider.</p> <p>Analytes tested: Amobarbital Butalbital Phenobarbital Secobarbital Pentobarbital Formulary</p>	Accompanies report (Liquid Chromatography Tandem Mass Spectrometry)	Quest Diagnostics, Inc. 16912 via Medical Center Setup Monday - Saturday Report available in 2-3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BARTONELLA DNA, PCR •BARTONELLA HENSELAE DNA BY PCR •ROCHALIMAEA HENSELAE DNA EVALUATION	KPDS: Order Manually	10 mL Yellow Top with ACD Solution B (YE10) OR Tissue Biopsy	0.7 mL whole blood OR 3 mm x 3 tissue biopsy Transport: Refrigerated: Whole Blood Frozen: Tissue Do not freeze whole blood Whole blood received frozen A: 48 hours R: 7 days F: 30 days - tissue only Minimum specimen: 0.3 mL whole blood OR 1 mm x 3 tissue biopsy Formulary	Not detected. This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc. (Real-time PCR)	<u>QUEST DIAGNOSTICS</u> 11708X [11659F] via Medical Center Set up Monday - Sunday Reports out Monday - Sunday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BARTONELLA SPECIES IGG, IGM WITH REFLEX TO TITER <ul style="list-style-type: none"> • Bartonella Henselae Antibody Panel (IgG & IgM) • Rochalimaea Antibody • Cat Scratch Disease 	KPDS: 8002310 Health Connect Order Code: BARTONELLA SPECIES IGG, IGM WITH REFLEX TO TITER [220600]	RED7 Bart Sp Ab	1 ml serum Transport: Refrigerated Separate serum from the clot within 4 hours of collection. Separate serum from the clot within 4 hours of collection. A: 7 days R: 14 days F: 30 days Minimum specimen: 0.2ml serum Test Components: <ul style="list-style-type: none"> • B. henselae IgG Screen • B. henselae IgG Titer • B. quintana IgG Screen • B. quintana IgG Titer • B. henselae IgM Screen • B. henselae IgM Titer • B. quintana IgM Screen • B. quintana IgM Titer_ For laboratory Use Only: RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	IgG: less than 1:64 for both IgM: less than 1:20 for both (Immunofluorescence Assay)	<u>QUEST DIAGNOSTICS</u> 34251 via Medical Center Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest Set up Tuesday, Thursday, Saturday Reports out the next day
BENZENE	KPDS: 8001550 Health Connect Order Code: BENZENE [84600D]	GY7 BenznBi	2 mL whole blood Transport: Refrigerated Received ambient A: NO R: 14 days F: 21 days Minimum specimen: 0.5 mL whole blood Formulary	Accompanies report (Gas Chromatography)	<u>QUEST DIAGNOSTICS</u> Test Code 3353 Via Medical Center Set up Monday - Friday Reports out in 3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BENZODIAZEPIN E PANEL [14 DRUGS], LC/MS/MS	KPDS: 8220602 Health Connect Order Code: BENZODIAZEPIN E PANEL [14 DRUGS], LC/MS/MS [80346E]	RED7 BENZ	2 ml serum Transport: Frozen Received • ambient • serum separator tube A: Unacceptable R: 72 hours F: 14 days Minimum specimen: 1 ml serum Analytes tested: •Alprazolam •Alpha-Hydroxyalprazolam •Alpha-Hydroxytriazolam •Chlordiazepoxide •Clonazepam •Desalkylflurazepam •Diazepam •Lorazepam •Midazolam •Norchlordiazepoxide •Nordiazepam •Oxazepam •Temazepam •Triazolam Formulary	Accompanies report (Chromatography/Mass Spectrometry) Benzodiazepines are widely used as anxiolytics, sedative-hypnotics, muscle relaxants, and anticonvulsants.	Quest Diagnostics 70071X [13302] (4090) Set up Tuesday, Thursday and Saturday morning Reports out Thursday, Saturday and Monday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BENZODIAZEPINES URINE CONFIRMATION LC/MS/MS	KPDS: 8308683 Health Connect Order Code: BENZODIAZEPINES (9 DRUGS), CONFIRMATION, URINE, LC/MS/MS [80346AC]	UR25 BENZ	<p>20 ml random urine Transport: Refrigerated Preserved samples A: 14 days R: 14 days F: 30 days</p> <p>Minimum specimen: 5 ml random urine. Toxicology results are to be used only for medical purposes, and not for employment or school enrollment, or for legal purposes. Chain of custody is not monitored. Confirmatory testing is performed only when medically indicated. The results become part of the patient's permanent medical record.</p> <p>*All positive urine toxicology screen results for Benzodiazepines for children less than 14 years old and labor and Delivery patients are confirmed using this test. For all other adults, the result is not confirmed unless requested by provider.</p> <p>Analytes tested: Alpha-Hydroxyalprazolam Alpha-Hydroxyimidazolam Alpha-Hydroxytriazolam Aminoclonazepam Hydroxyethylflurazepam lorazepam Nordiazepam Oxazepam Temazepam</p> <p>For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	Accompanies report (Mass Spectrometry)	<p>Quest Diagnostics, Inc. 16914 Via Medical Center Set up Monday - Saturday Report available in 2-3 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BETA-2, TRANSFERRIN •Cerebrospinal Fluid Leakage •Transferrin, Spinal Fluid •B2 Transferrin •CSF Leakage Detection •CSF Specific Transferrin •CSF-Specific Transferrin •Desialated Transferrin •Tau CSF Protein •Transferrin B2	KPDS: 8633505 Health Connect Order Code: BETA -2 TRANSFERRIN, CSF [86335D]	(SC99) Sterile Container B2TRF	2.0 ml body fluid [nasal, otic, etc.] Transport: Refrigerated Received frozen A: 4 hours R: 72 hours F: Unacceptable Minimum specimen: 1.0 ml body fluid For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	None detected (Electrophoresis, Quantitative Immunofixation) Detection of a beta -2 transferrin band by IFE is diagnostic for the presence of cerebrospinal fluid (CSF). This test is useful in the differential diagnosis for CSF otorrhea or CSF rhinorrhea. Beta-2 transferrin is not detected by this methodology in normal serum, tears, saliva, sputum, nasal, or aural fluid.	ARUP 50047, 10640 via Medical Center Sets up Sunday - Saturday Reports in 1-4 days
BETA-GLUCOSIDASE LEUKOCYTES	KPDS: Formally a Manual Order		Effective November 30, 2009, this test normally sent out to Mayo Medical Laboratories via Quest Diagnostics, has been discontinued due to low utilization. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BILE ACIDS, PREGNANCY	KPDS: 8378903 Health Connect Order Code: BILE ACID, FRACTIONATED AND TOTAL, PREGNANCY, LcMs/Ms [83789Z]	GLD6 BILFC	1.0 ml serum Transport: Refrigerated Collect blood in red top or SST tube. After clot formation, centrifuge sample and pour off serum into a transport tube. Store sample refrigerated or frozen. Overnight fasting is preferred. A: 14 days R: 21 days F: 30 days Minimum specimen: 0.5ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens	<ul style="list-style-type: none"> Cholic Acid: 3.1 umol/L Deoxycholic Acid: 7.3 umol/L Chenodeoxycholic Acid: 9.9 umol/L Total Bile Acids: 4.5-19.2 umol/L Liquida Chromatography Tandem Mass Spectrometry) Intrahepatic cholestasis of pregnancy requires rapid TAT of results. Sample for this test will be run straight and on dilution to improve TAT.	</TestCode>QUEST DIAGNOSTICS 19546X [4634] via Medical Center Monday - Friday Report available: 3 -6 days
BILIRUBIN TOTAL - FLUID	KPDS: Order Manually	AF10	0.2 ml fluid Transport: Refrigerated <ul style="list-style-type: none"> Complete the Quest test request form. Submit a Total Bilirubin Body Fluid Manual Order form with specimen. Protect from light during collection and transportation. Must indicate source. Received not protected from light A: 4 hours R: 1 week F: 6 months Regional Reference laboratories has discontinued this test. See Technical Bulletin Testing Relocation of Alternative Sample Types Non-Formulary		ARUP via Quest via Medical Centers Set up on Sunday - Saturday Within 24 hours

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BILIRUBIN, URINE (DIRECT)	KPDS: Order Manually		FOR INFORMATION REGARDING THIS TEST, CALL QUEST CLIENT SERVICES AT 1-800-642-4657 Non-Formulary		•Non-Formulary
BIOTINIDASE BIOTIN (BIOTINIDASE)	KPDS: 8499909 Health Connect Order Code: BIOTINIDASE, SERUM [82261B]	RED7 BIOTI	2 mL serum Transport: Frozen Separate serum within one hour of collection and store at minimum - 20 degrees or below. Use dry ice for shipment. Received ambient or refrigerated A: Unacceptable R: Unacceptable F: 30 days Minimum specimen: 1 mL serum Formulary	5.1-11.9 nmol/mL/min (Enzymatic, Colorimetric) Detect biotinidase deficiency. Children born with biotinidase deficiency develop mental retardation; it is a very treatable disorder once diagnosed.	QUEST DIAGNOSTICS 70132X [4864] Via Medical Center Set up on Tuesday and Thursday afternoon Reports out on Thursday and Saturday noon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BISMUTH, BLOOD	KPDS: 8228260 Health Connect Order Code: BISMUTH, BLOOD [83018F]	ROY7 BISMU	4 mL whole blood Transport: Refrigerated Ship whole blood refrigerated. Avoid taking bismuth preparations such as Pepto-Bismol for at least 1 week prior to collection Received: • Ambient • Frozen • Clotted • Grossly hemolyzed A: 48 hours R: 1 week F: NO Minimum specimen: 2 mL whole blood Formulary	Unexposed: less than 0.5 mcg/L Therapeutic: 4-30 mcg/L Toxic: greater than 50 mcg/L (Inductively Coupled Plasma/Mass Spectrometry) Excessive use of Bismuth containing medications may cause renal damage and other adverse effects.	<u>QUEST DIAGNOSTICS</u> 5374 via Medical Center Set up Tuesday, Thursday and Saturday Reports in 2-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BK VIRUS DNA, QUANTITATIVE REAL-TIME PCR, CSF	KPDS: 8779910 Health Connect Order Code: BK VIRUS DNA, QUATN, CSF, REAL-TIME PCR [87799L]	SC99 Sterile Container BKCSF	0.7 mL spinal fluid Transport: Frozen Received ambient A: 48 hours R: 1 week F: 1 month Minimum specimen: 0.3 mL spinal fluid Formulary	Accompanies report (Real-Time Polymerase Chain Reaction)	Quest Diagnostics, Inc. 18901 via Medical Center Setup Sunday - Saturday morning Result out Monday - Sunday morning

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BLASTOMYCES ANTIBODY BLASTOMYCOSIS	KPDS: 8646000 Health Connect Order Code: BLASTOMYCES DERMATITIDIS ANTIBODY [86612B]	RED7 BLAST	1 ml serum Transport: Ambient A: 7 days R: 14 days F: 30 days Minimum specimen: 0.1 ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Blastomyces Antibody Negative (Immunodiffusion) Blastomycosis, caused by the fungus Blastomyces dermatitidis, occurs most commonly in men ages 20 - 69 years. Infection may be transient or lead to chronic, progressive pulmonary disease.	<u>QUEST DIAGNOSTICS</u> 932 via Medical Center Sets up on Tuesday, Thursday, and Saturday in the morning. Reports on Thursday, Saturday, and Monday in the evening.

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BORRELIA BURGENDORFERI IGG, IGM, WESTERN BLOT <ul style="list-style-type: none"> Lyme Disease Western Blot Borrelia Burgdorferi Antibody by Western Blot Lyme Disease, IgG & IgM 	KPDS: 8600070 EXCLUDED for Medical Centers Health Connect Order Code: BORRELIA BURGENDORFERI IGG, IGM, WESTERN BLOT [206474]	GLD6 [Label may say SST7] Lyme Ab Bit	1 mL serum Transport: Refrigerated A: 4 days R: 1 week F: 1 month Minimum specimen: 0.1 mL serum This is a confirmatory/quantitation test only. It is done at Quest and cannot be ordered except by the Regional Lab following the appropriate screening test, LYME ANTIBODY (8600060) Formulary	IgG: Negative Igm: Negative (Western Blot) <ul style="list-style-type: none"> Lyme disease is caused by a bacterium <i>Borrelia burgdorferi</i> and is transmitted by ticks. Western blot testing qualitatively examines with high specificity antibodies in a patient's specimen. Western blot testing is appropriate for confirming a detected EIA or IFA test result. 	QUEST DIAGNOSTICS 8593X via Regional Reference Laboratories Set up Monday, Wednesday and Friday in the morning Reports on Tuesday, Thursday, Saturday at noon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BROMIDE, 24 HR. URINE	KPDS: Excluded from Service Master: 8229500 Health Connect Order Code: Inactivated: BROMIDES LEVEL, URINE [80299ZB]		This test has been discontinued. There are no send out alternatives. Not-Formulary		•Not-Formulary (Discontinued)
BRUCELLA ANTIBODY, IGG, IGM Brucella Antibody(IGG,IGM) EIA	KPDS: 8600700 Health Connect Order Code: BRUCELLA IGG, IGM [203700]	RED7 QU BRUCE	1 mL serum Transport: Ambient [Frozen Acceptable]• Hemolysis • Lipemia • Microbial growth A: 7 days R: 2 weeks F: 1 month Minimum specimen: 0.5 mL serum If Brucella IgM is ≥1.10, Brucella Antibody. Agglutination will be performed at an additional charge (CPT code(s): 86622). Formulary	IgG and IgM: Less than 0.80 (Enzyme Immunoassay) Detection of antibodies to Brucella sp. Usually indicates recent or past exposure to the organism.	QUEST DIAGNOSTICS 91068 via Medical Center Set up Monday, Wednesday and Friday Reports out Monday, Wednesday and Friday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BULLOUS PEMPHIGOID ANTIGEN [BP 180] ANTIBODY BP 180	KPDS: 8352016 Health Connect Order Code: BASEMENT MEMBRANE ZONE BP 180 AB, QN, EIA [83520ZAG]	GLD6 BP180	1 ml serum Transport: Frozen Received with high levels of: •lipemia •hemolysis •icterus •microbial contamination A: 4 days R: 7 days F: 28 days Minimum specimen: 0.1 ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Negative: Less than or equal to 14 U/mL Positive: Greater than or equal to 15 U/mL (Enzyme Linked Immunosorbent Immunoassay) To detect the presence of autoantibodies specific to Bp 180 in a patient's sera as an aid to diagnosis bullous pemphigoid.	Quest Diagnostics, Inc. 16034 via Medical Center Set up Thursday Report available in 1-9 days

QUEST				
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	PERFORMED AT
BULLOUS PEMPHIGOID BP230 IGG 230-kDa Bullous Pemphigoid BP230 IgG	KPDS: 8352017 Health Connect Order Code: BASEMENT MEMBRANE ZONE BP230 IGG, QN, EIA [83520ZAH]	GLD6 BP230	1 ml serum Transport: Frozen Received grossly: • hemolyzed • icteric • lipemic • microbial contamination • improperly stored or handled A: 4 days R: 7 days F: 30 days Minimum specimen: 0.3 ml <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Quest Diagnostics, Inc. 16136 via Medical Center Set up Thursday Report out in 1-9 days
BUPIVACAINE	KPDS: Removed from Service Master: 8029902 Health Connect Order Code: Inactivated: BUPIVACAINE LEVEL [80299W]			• Not-Formulary (Discontinued)
ADULT REFERENCE VALUES & METHODOLOGY				
Less than 9 U/ml (Enzyme Linked Immunosorbent Assay) Ab to pancreatic exocrine cells (expa) have been reported in 30-50% of CD patients. Expa can detect a subpopulation of CD patients who are negative for other CD markers (ASCA IgG, ASCA IgA), thus being very useful in combination with other IBD tests.				

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BUPROPION AND METABOLITE LEVELS, LC/MS/MS Wellbutrin®	KPDS: 8029904 Health Connect Order Code: BUPROPION AND METABOLITE LEVELS LC/MS/MS [80338B]	RED7 BUPRO	1 ml serum Transport: Frozen•Collect as a trough prior to next dose • Allow serum to clot. Centrifuge and immediately separate serum into a plastic screw-capped vial • Freeze and ship frozen. • Do not use serum separator tubes. • Received ambient • Received refrigerated • Gross hemolysis • Gel barrier tubes A: Unacceptable R: 30 days Minimum specimen: 0.4 mL serum Formulary	Accompanies report (High Performance Liquid Chromatography/Tandem Mass Spectrometry) Following a single oral dose of 200 mg Bupropion (n=6), peak plasma concentrations of Hydroxybupropion ranged from 94 to 486 ng/mL.	QUEST DIAGNOSTICS 8592 via Medical Center Set up Monday, Wednesday and Friday Reports out in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
C-KIT MUTATION ANALYSIS, CELL BASED	KPDS: 8127201 Health Connect Order Code: KIT VARIANT ANALYSIS, CELL BASED, PCR AND SEQUENCING [81272C]	LAV5	3 mL whole blood or formalin fixed paraffin embedded tissue Transport: Ambient Received frozen A: Whole blood: 7 days Tissue: Indefinite R: Whole blood: 14 days Tissue: Indefinite F: Whole blood: Unacceptable Tissue: Unacceptable Minimum specimen: 1 mL Formulary	Not detected (Polymerase Chain Reaction [PCR] and Sequencing) Activating c-KIT mutations have been identified in various human cancers. c-KIT exon 8 and 17 mutations have been described in patients with CBF-AMLs and usually confer a poor prognosis with increased relapse rate. c-KIT exon 9, 11, 13, 17 mutations have been reported in nearly 90% GIST patients. The presence mutation usually predict poor survival. c-KIT exon 17 mutation has been reported in patients with systemic mastocytosis.	Quest Diagnostics 19961 Set up Monday Report available in 8-12 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CADMIUM, 24-HOUR URINE CADMIUM, URINE	KPDS: 8230000 Health Connect Order Code: CADMIUM, 24 HR URINE [82300B]	See Specimen Requirements Field CAD-U	<p>Collect: TU99 Aliquot and Transport: <u>Quest Acid Washed Tube with Red lid</u></p> <p>7 mL aliquot of a 24 hour urine Transport: Refrigerated • Wash hands before sample collection and wipe hands dry with lint-free paper towels. Do not use recycled paper.</p> <ul style="list-style-type: none"> Collect 24-hour urine in an acid-washed or metal-free plastic container. Avoid worksite collection. <p>To avoid contamination, do not measure 24-hour volume. A: 5 days R: 1 week F: 2 weeks Minimum specimen: 5 mL aliquot of a 24 hour urine Formulary</p>	<p>Less than 5.1 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry)</p> <ul style="list-style-type: none"> Cadmium is a naturally occurring element that is mined and used in industrial production because of its durability. Excessive cadmium exposure can damage lungs, kidneys, and the digestive tract. 	<p><u>QUEST DIAGNOSTICS</u> 36434 Via Medical Center Set up Monday, Wednesday and Friday Reports in 1 day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CADMIUM, BLOOD	KPDS: 8230600 Health Connect Order Code: CADMIUM, BLOOD [82300A]	BEZ Na2 EDTA CAD-B	4 mL whole blood Transport: Refrigerated•Wear powderless gloves to avoid contamination •Avoid workstie collection Do not aliquot specimen. Received: • Clotted • Hemolyzed A: 2 weeks R: 2 weeks F: 2 weeks Minimum specimen: 2 mL whole blood Formulary	Adults, non-smokers: less than or equal to 1.7 mcg/L Adults, smokers: less than or equal to 5 mcg/L OSHA reference range: less than or equal to 5.0 mcg/L Toxic concentration: 30.0 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry) Cadmium is a naturally occurring element that is mined and used in industrial production because of its durability. Excessive cadmium exposure can damage lungs, kidneys, and the digestive tract.	QUEST DIAGNOSTICS 299 via Medical Center Set up Monday, Wednesday and Friday Reports in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CAFFEINE, SERUM	KPDS: 8308679 Health Connect Order Code: CAFFEINE LEVEL SERUM [80155B]	RED7 CAFFE	1 mL serum Transport: Refrigerated Collect as trough before next dose Serum separator tube (SST) A: 5 days R: 1 week F: 1 month Minimum specimen: 0.2 mL serum Formulary	8.0 - 20.0 mg/L Potentially toxic - greater than 50.0 mg/L (Immunoassay) • Coffee, tea and other beverages may contain caffeine. • Caffeine is a methylxanthine found in over the counter products and in prescription medications. • Small premature infants [neonatal/neonate, newborn, baby] with mild respiratory distress shortly after birth may be treated with theophylline or caffeine. • Caffeine clearance rates typically reach adult values at about 3-4 months of age.	<u>QUEST DIAGNOSTICS</u> 305 via Medical Center Sets up on Monday - Friday morning Reports in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CALIFORNIA ENCEPHALITIS VIRUS ABS CALIFORNIA ENCEPH. IGG CALIFORNIA ENCEPH. IGM	KPDS:		This test normally performed at Quest Diagnostics has been discontinued by the vendor. There is no recommended alternative test. Not-Formulary		•Not-Formulary (Discontinued)
CAMPYLOBACTER JEJUNI ANTIBODY, ELISA	KPDS: Order Manually	RED7	1 mL serum Transport: Refrigerated. 0.5 mL serum A: 5 days K: 14 days F: 30 days Minimum specimen: 0.5 mL serum. Formulary Restricted	Less than 0.90 (Immunoassay)	QUEST DIAGNOSTICS 10718X [12621] Via Medical Center. Sets up on Thursday Reports same day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CANDIDA ALBICANS ANTIBODY CANDIDA ALBICANS AB	KPDS: 8662800 Health Connect Order Code: CANDIDA ALBICANS ANTIBODY [86628B]	RED7 CANAB	1 mL serum Transport: Frozen A: 8 hours R: 3 days F: 6 months Minimum specimen: 0.2 mL serum Formulary	None detected (Immunodiffusion)	QUEST DIAGNOSTICS 939X {50740P} [3112] via Medical Center A.M. Monday, Wednesday & Friday Evening: Tuesday, Thursday & Saturday
CANDIDA ALBICANS, ANTIGEN, AGGLUTINATION CANDIDA ALBICANS AG	KPDS: 8640303 Health Connect Order Code: CANDIDA ALBICANS, ANTIGEN, AGGLUTINATION [86403P]	RED7 CANAG	0.5 mL serum Transport: Refrigerated Separate serum from the clot within 4 hours of collection. A: NO R: 2 weeks F: 6 months Minimum specimen: 0.2 mL serum Formulary	<1:2 (Latex Particle Agglutination) <1:2 Antigen not detected 1:2 Antigen detected Candidiasis is a fungal infection that may cause localized or systemic disease. The severity of infection is broad extending to life threatening. Acute and convalescent titers should be compared.	QUEST DIAGNOSTICS 34336 via Medical Center Monday - Friday Reports out in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CARISOPRODOL & METABOLITE •SOMA •Carisoprodol •Meprobamate	KPDS: Removed from Service Master: 8308685 Health Connect Order Code: Inactivated: CARISOPRODOL AND METABOLITE, GC/MS [80339I]		As of 4/12/17, this test formally performed at Quest Diagnostics, has been discontinued. There is no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CAROTENE	KPDS: 8238000 Health Connect Order Code: CAROTENE [82380B]	RED7 CAROT	<p>2 ml serum Transport: Refrigerated• Separate from cells as soon as possible after clotting • Send serum in an amber tube • If amber tube is not available, wrap tube in aluminum foil to protect from light Overnight fasting is preferred. A: 3 days R: 7 days F: 1 month Minimum specimen: 0.7 ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>Adults Male: 4-51 mcg/dl Female: 6-77 mcg/dl Pediatric 9 months-6 years: 5-80 mcg/dL 7-17 years: 9-190 mcg/dL (High Performance Liquia Chromatography) Beta Carotene, a fat soluble nutrient, is a precursor to Vitamin A. Deficiencies may lead to Vitamin A deficiency. Excessive Vitamin A intake may lead to headaches, loss of appetite, nausea and diarrhea, skin changes, and potentially birth defects.</p>	<p><u>QUEST DIAGNOSTICS</u> 311 Via Medical Center Set up Monday - Saturday Reports in 2-3 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CATECHOLAMIN ES, FRACTIONATION, PLASMA •FRACTIONATED, NOREPINEPHRIN E, PLASMA	KPDS: 8314601 Health Connect Order Code: CATECHOLAMIN ES, FRACTIONATION, PLASMA [82384A]	GS10 CATPL	<p>4 ml plasma Transport: Frozen Animal specimens need approval of laboratory manager or director. • Green-top vacutainer is to be chilled prior to venipuncture.</p> <ul style="list-style-type: none"> • After drawing, place into an ice bath to cool prior to centrifugation [per verbal instructions from Quest Diagnostics] • Plasma should be separated within 30 minutes of collection, cooled prior to centrifugation and then frozen immediately at -20 °C in plastic vials. • Plasma must stay frozen. • Each specimen will be invoiced separately. <p>Overnight fasting is preferred.</p> <p>Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.</p> <p>Patients should be relaxed in either a supine or upright position before blood is drawn. States of anxiety and stress can cause fluctuations in the catecholamine levels. Thawed specimens are unacceptable.</p> <p>A: 6 hours R: 6 hours F: 1 month Minimum specimen: 2.5 ml plasma Test includes: • Norepinephrine • Epinephrine • Dopamine</p> <p>For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens</p>	<p>Accompanies report (High Performance Liquid Chromatography, Electrochemical Detection)</p> <p>The three catecholamines (norepinephrine, epinephrine, and dopamine) are the principal secretory products of neural tissue. Clinically, the measurement of circulating catecholamines is valuable in the diagnosis of catecholamine secreting tumors associated chiefly with hypertension (pheochromocytoma), neuroblastomas, and gangliomas) and with the evaluation of orthostatic hypotension.</p>	<p>QUEST DIAGNOSTICS 314 Via Medical Center Set up Monday - Friday in the morning Reports out Tuesday - Saturday in the evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CEFOTAXIME LEVEL Cefotaxime Level, BA	KPDS: Excluded in Service Master [8029914] Health Connect Order Code: Inactivated: CEFOTAXIME LEVEL [80299F]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)
CEPHALEXIN LEVEL •Cephalexin Level, BA •Keflex	KPDS: Excluded in Service Master [8029915] Health Connect Order Code: Inactivated: CEPHALEXIN LEVEL [80299ZG]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHIKUNGUNYA IGM, IGG, IFA W REFLEX TO TITR	KPDS: 8679002 Health Connect Order Code: CHIKUNGUNYA VIRUS IGM, IGG, IFA W RELFEX TO TITR [246766]	GLD6 Chikngya Abs w Rflx	0.5 ml serum Transport: Refrigerated Collect blood in red-top or SST tube. A: 7 days R: 14 days F: 30 days Minimum specimen: 0.2ml serum For laboratory Use Only: RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	<ul style="list-style-type: none"> •Chikungunya IgG Screen: Negative •Chikungunya IgM Screen: Negative (Immunoassay (IA)) <p>Chikungunya virus is a mosquito-borne alphavirus associated with febrile illness in Africa, the Indian Ocean islands, India, Southeast Asia, and the Caribbean. Symptoms include severe arthralgia, rash, and headache. U.S. cases have been associated with international travel to countries with endemic Chikungunya virus. Detection of Chikungunya virus antibodies is a reliable indicator of Chikungunya virus infection. IgM detection suggests infection within the previous 3 months.</p>	<p>QUEST DIAGNOSTICS 70188X via Medical Center</p> <p>Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest Tuesday Report available: 1-8 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHIKUNGUNYA PCR QUAL	KPDS: 8779802 Health Connect Order Code: CHIKUNGUNYA VIRUS RNA, QL, PCR [87798BH]	GLD6 CHKQL	0.7 ml serum Transport: Frozen Collect blood in red-top or SST tube. A: 48 hours R: 7 days F: 30 days Minimum specimen: 0.3ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Not detected (Real-Time Polymerase Chain Reaction (RT-PCR)) Chikungunya Virus is a mosquito-transmitted virus that is usually associated with acute epidemic polyarthralgia and fever. Detection of Chikungunya Virus by this assay is based upon the real-time application of viral genomic RNA sequences from total nucleic acid extraction of the specimen.	QUEST DIAGNOSTICS 40066 via Medical Center Tuesday, Thursday, Saturday Report Available: 1-2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CHLAMYDIA AND CHLAMYDOPHILA ANTIBODY PANEL 3 (IGG, IGA, IGM)</p> <ul style="list-style-type: none"> •Chlamydomphila pneumoniae IgG, IgA, IgM •Chlamydomphila psittaci IgG, IgA, IgM •Chlamydomphila trachomatis IgG, IgA, IGM 	<p>KPDS: 8663105</p> <p>Health Connect Order Code: CHLAMYDIA TRACHOMATIS, CHLAMYDOPHILA PSITTACI AND CHLAMYDOPHILA PNEUMONIAE IGG, IGA, IGM [207302]</p>	<p>RED7 [no gel] Chla Ab Ph</p>	<p>1 ml serum Transport: Refrigerated Do NOT reject refrigerated or frozen specimens. A: 1 week R: 2 weeks F: 1 month Minimum specimen: 0.1 ml serum Due to the short specimen stability at ambient temperature, please ship refrigerated. <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>C. pneumoniae Ab IgG - <1:64 C. psittaci Ab - <1:64 (Immunofluorescence Assay) Chlamydia species includes C. pneumoniae, C. psittaci, and C. trachomatis. Each may cause pneumonia and other overlapping medical conditions.</p>	<p><u>Quest Diagnostics, Inc.</u> 29479 Via Medical Center</p> <p>Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest Set up Monday - Saturday morning Reports out in 1-3 days</p>
<p>CHLAMYDIA EYE ONLY</p>	<p>KPDS: Excluded in Service Master [8649777]</p> <p>Health Connect Order Code: Inactivated: CHLAMYDIA TRACHOMATIS, CONJUNCTIVA, NUCLEIC ACID [87490E]</p>		<p>Effective July 18, 2012, this test normally sent out to Quest Diagnostics, has been discontinued by the vendor. Order: <u>Chlamydia Trachomatis Culture [HC 87110B]</u> Not-Formulary</p>		<p>•Not-Formulary (Discontinued)</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHLAMYDIA PNEUMONIA AB PNL Alias: •Newborn •Neonatal/Neonate •Infant •Baby	KPDS: Order Manually	RED7	1 ml serum Transport: Refrigerated Collect serum using aseptic technique. Centrifuge and separate serum from clot within 4 hours of drawing. A: 3 days R: 2 weeks F: 6 months Minimum specimen: 0.1 ml serum <u>Antibodies tested:</u> • IgM • IgG • IgA Non-Formulary	IgM: less than 1:16 IgG: less than 1:32 IgA: less than 1:16 (Micro Immunofluorescence Assay) Chlamydia pneumoniae is a common cause of infantile and community-acquired pneumonia.	QUEST/DIAGNOSTICS 37111 [3209] Via Medical Center Sets up Tuesday - Saturday in the morning Reports out Tuesday - Saturday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHLAMYDIA TRACHOMATIS ANTIBODY PANEL [IGG, IGA, IGM] •CHLAMYDIA GROUP ANTIBODIES •PSITTACOSIS AB •TWAR PNEUMONIA	KPDS: 8749650 Health Connect Order Code: CHLAMYDIA TRACHOMATIS ANTIBODY PANEL [IGG,IGA,IGM] [213020]	RED7 CHGPB	1 ml serum Transport: Refrigerated Separate serum from cells as soon as possible. Received in glass tube. Do NOT reject refrigerated or frozen specimens. A: 7 days R: 14 days F: 1 month Minimum specimen: 0.2ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	C. trachomatis IGG: <1:164 C. trachomatis IGA: <1:16 C. trachomatis IGM: <1:10 (Immunofluorescence Assay) Chlamydia trachomatis is the most common sexually transmitted bacterial infection. Up to 70% of women and 30% of men may be asymptomatic. Infection may lead to tubal pregnancy, pelvic inflammatory disease, and infertility. Other organs may also become affected.	Quest Diagnostics 36581 via Medical Center Sets up on Monday - Saturday Reports out in 1-3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHLAMYDOPHILA PNEUMONIAE CULTURE	KPDS:		This test formally performed at Quest Diagnostics has been discontinued. The recommended alternative is CHLAMYDIA TRACHOMATIS CULTURE AND TYPING BY IMMUNOFLOURESCENT AB [240345] KRMS 8649676 Not-Formulary		•Not-Formulary (Discontinued)
CHLAMYDOPHILA PSITTACI ANTIBODY CHLAMYDIA PSITTACOSIS AB PNL	KPDS: 8228900 Health Connect Order Code: CHLAMYDOPHILA PSITTACI ANTIBODY [202731]	RED7 C psitt	1 ml serum Transport: Refrigerated Collect serum using aseptic technique. Centrifuge and separate serum from clot within 4 hours of drawing. A: 7 days R: 14 days F: 30 days Minimum specimen: 0.1 ml serum Antibodies tested: •IgM •IgG •IgA Formulary	IgM: less than 1:64 IgG: less than 1:32 IgA: less than 1:16 (Micro Immunoflourescence Assay) •Psittacosis, is also known as parrot's disease, is transmitted to humans form parrots and other birds. • Psittacosis is associated with mild illness to sever pneumonia.	QUEST DIAGNOSTICS 37346 Via Medical Center Sets up Tuesday - Saturday in the morning Reports out Tuesday - Saturday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHLORAL HYDRATE	KPDS: Removed from Service Master: 8240000 Health Connect Order Code: Inactivated: CHLORAL HYDRATE LEVEL, GAS CHROMATOGRA PHY [82441C]		As of 6/20/18, this test formally performed at NMS via Quest Diagnostics has been discontinued. There is no available alternative. Not-Formulary		•Not-Formulary (Discontinued)
CHOLESTEROL, PERITONEAL FLUID SPECTROPHOTOMETRY	KPDS: 8246564 Health Connect Order Code: CHOLESTEROL, PERITONEAL FLUID SPECTROPHOTO METRY [84311Q]	SC99 Sterile Container Chol PRF	1.0 ml peritoneal fluid Transport: Frozen Collect specimen in <u>Sterile Container</u> A: 7 days R: 28 days F: 28 days Minimum specimen: 0.5 ml peritoneal fluid For laboratory Use Only. RIN test. Follow the link for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	<48 mg/dL (Colorimetric, Enzymatic) Peritoneal fluid cholesterol determination can distinguish cirrhotic versus malignant ascites.	Quest Diagnostics 175858X Via Medical Center Sets up daily Reports out next day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHROMIUM, 24 HR URINE	KPDS: 8249502 Health Connect Order Code: CHROMIUM, 24 HR URINE [82495C]	See Specimen Requirements Field Cr24U wp	Collect: TU99 Aliquot and Transport: <u>Quest Urine Acid Washed Tube with Red Lid</u> 7 mL urine (24 hr. collection) Transport: Refrigerated•Record total volume on specimen container and on test requisition •To avoid contamination, do not pour into a secondary container to measure total volume. A: 4 days R: 2 weeks F: 1 month Minimum specimen: 5 mL urine Formulary	Accompanies report (Atomic Absorption)	<u>QUEST DIAGNOSTICS</u> 10944X [12810] via Medical Center Sets up on Wednesday Reports out on Thursday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHROMIUM, BLOOD	KPDS: 8249500 Health Connect Order Code: CHROMIUM, BLOOD [82495B]	Roy7 CHROM	<p>4. ml EDTA [Royal Blue] whole blood from the second draw. SEE collection instructions below.</p> <p>Label Instruction: "Send Tube 2 WB".</p> <p>This is a reminder to send the 2nd tube that was drawn and that the specimen should be whole blood.</p> <p>Transport: Refrigerated • To avoid contamination, use powderless gloves</p> <ul style="list-style-type: none"> • Draw one vacutainer of blood [1-2 ml] and discard the tube • Draw a second vacutainer in EDTA royal blue top for submission <p>DO NOT ALIQUOT SPECIMEN</p> <p>Patient should refrain from taking mineral supplements and multi-vitamins three days prior to specimen collection.</p> <p>Received:</p> <ul style="list-style-type: none"> • ambient • frozen • clotted <p>A: 48 hours R: 5 days F: NO</p> <p>Minimum specimen: 0.7 ml EDTA [Royal Blue] whole blood • This test is used to monitor patients who have metal -on-metal prosthetic hip joints except for the DePuy ASR.</p> <ul style="list-style-type: none"> • Refer to: <u>DePuy Chromium, Blood</u> <p>For laboratory Use Only: RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> Formulary</p>	<p>less than or equal to 1.2 mcg/L (Inductively Coupled Plasma-Mass Spectrometry with Dynamic Reaction Cell [DRC-ICP-MS])</p> <p>The assay is useful to:</p> <ol style="list-style-type: none"> 1. Monitor exposure to chromium; 2. Monitor progress of medical treatment; 3. Determine nutritional status. 	<p>Quest Diagnostics, Inc. 6085 Via Medical Center Set up Tuesday, Thursday and Saturday Reports in 2-3 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHROMIUM, PLASMA	KPDS: 8249000 Health Connect Order Code: CHROMIUM, PLASMA [82495A]	Collect: ROY7 Aliquot: Metal Free Container Metal Free Kit CR-PL	2 ml plasma Transport: Refrigerated•Draw one royal blue-top tube of blood and discard •Draw a second royal blue-top tube Centrifuge and pour [do not pipette] the plasma into a metal-free tube A: 1 day R: 1 week F: 2 weeks Minimum specimen: 1 ml plasma• This test is NOT for monitoring DePuy's hip replacement patients Refer to: •DePuy Chromium <Bullet>DePuy Cobalt <u>Formulary</u>	Chromium, Plasma mcg/L 3.5 or less (Unductively-Coupled Plasma/Mass Spectrometry) • Occupational exposure to environmental contamination of Chromium may lead to toxicity. • The need for Chromium supplements is unproven. • Supplements taken in excess may also lead to Chromium toxicity.	QUEST DIAGNOSTICS 3484X via Medical Center Sets up on Tuesday, Thursday and Saturday Reports in 2-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CIRCULATING IMMUNE COMPLEXES, C1Q BINDING</p> <ul style="list-style-type: none"> •Immune Complex Detection by C3b Binding(RAJI CELL REPLACEMENT); •C3B Binding Assay •Immune Complex C1Q 	<p>KPDS: 8633200 Health Connect Order Code: CIRCULATING IMMUNE COMPLEXES, C1Q BINDING [86332A]</p>	<p>RED7 ICA</p>	<p>1 ml serum Transport: Frozen•With multiple tests, submit a separate tube for each test. •Do not use gel barrier tubes. •Do not submit the sample in a glass tube. •Freeze serum within one hour of time drawn. •Do not thaw. Received: • thawed serum • plasma • ambient • refrigerated • glass or gel barrier tube A: NO R: 2 days F: 1 year Minimum specimen: 0.2ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Less than or equal to 25.1 mcg Eq/mL (Enzyme Linked Immunoassay) • Immune Complex Detection by C1q binding is useful in diagnosing and monitoring immune complex diseases such as vasculitis, systemic lupus erythematosus, glomerulonephritis, diffuse interstitial lung disease, and neoplastic diseases. • The test may also have prognostic value.</p>	<p><u>QUEST DIAGNOSTICS</u> 36735 via Medical Center Set up Tuesday and Friday in the morning Reports out Tuesday and Friday in the evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CITRATE, SERUM (CITRIC ACID)	KPDS: 8250701 Health Connect Order Code: CITRATE [82507B]	RED7 CITR	2 mL serum Transport: Refrigerated Received ambient A: 8 hours R: 18 days F: 1 month Minimum specimen: 1 mL serum Formulary	1.7 - 3.7 mg/dL (Spectrophotometry, Enzymatic) • Citrate binds to calcium and inhibits kidney stone formation. Thus, low concentrations of citrate may lead to kidney stone formation. • This is the most important risk factor for kidney stone formation in children. • The treatment of calcium stones involves increasing urinary citrate excretion.	QUEST/DIAGNOSTICS 37233X (21279P) [511] via Medical Center Sets up Tuesday in the evening Reports out Wednesday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CITRIC ACID, 24-HOUR URINE WITHOUT CREATININE Citrate	KPDS: 8250700 Health Connect Order Code: CITRATE, 24-HOUR URINE [82507A]	Collect: UR99 Transport: UR25 CIT24	10 mL aliquot of a 24 hour urine Transport: Refrigerated+Collect 24-hour urine without preservative •Refrigerate during and after collection <u>Collection Instructions no preservative [English]</u> <u>Collection Instructions no preservative [Spanish]</u> •Aliquot 10 mL to transport tube •Record 24-hour urine volume on test request form and urine vial Received: •ambient •acidified A: 8 hours R: 30 days F: 60 days Minimum specimen: 1.5 mL aliquot of a 24 hour urine Formulary	100-1300 mg/24 hr (Spectrophotometry) Urine levels of citrate are increased in metabolic and respiratory alkalosis. Increased citrate excretion is associated with increased calcium excretion due to the formation of soluble citrate-calcium complexes in the kidney. Citrate levels are decreased in metabolic acidosis. As a result of lowered citrate excretion, calcium excretion may be reduced resulting in the formation of renal stones.	Quest Diagnostics, Inc. 11315 via Medical Center Monday - Friday after midnight Results out Wednesday - Saturday and Tuesday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CLONAZEPAM LEVEL, LC/MS/MS (KLONOPIN) CLONOPIN (CLONAZEPAM)	KPDS: 8229600 Health Connect Order Code: CLONAZEPAM LEVEL, LC/MS/MS [80346H]	RED7 CLONA	2.0 mL serum Transport: Frozen• Do not use gel barrier tubes • Collect at trough concentration i.e., immediately before the administration of the next dose Received: • Ambient • Refrigerated • Lipemic • Hemolyzed • Gel barrier tube A: 1 day R: 72 hours F: 2 weeks Minimum specimen: 1.0 mL serum Formulary	Adult: Therapeutic: 30 - 60 mcg/L Toxic: greater than 70 mcg/L (Liquid Chromatography/Tandem Mass Spectrometry) Clonazepam is a benzodiazepine used as a tranquilizer. Clonazepam is used in treating patients with seizures and reducing tardive dyskinesia. Therapeutic drug monitoring is useful to avoid toxicity.	QUEST/DIAGNOSTICS 340 (34088N) via Medical Center Sets up on Sunday, Tuesday, Thursday in the evening Reports out Tuesday, Thursday in the evening and Monday in the morning
CLONIDINE (CATAPRES)	KPDS: Excluded from the Service Master: 8003102 Health Connect Order Code: Inactivated: CLONIDINE LEVEL [80299ZE]		Effective February 14, 2011, this test normally sent out to NMS via Quest Diagnostics, has been discontinued due to low utilization. There is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COBALT, 24-HOUR URINE	KPDS: Order Manually	See Specimen Requirements Field	<p>7 ml aliquot from a 24 hr. urine.</p> <p>Collect: 24 hr urine container (acid-washed) IU99</p> <p>Transport: <u>Quest Acid Washed</u></p> <p>•Collect specimen in acid washed or metal free plastic container</p> <p>•Avoid worksite collection</p> <p>Send specimen in an acid-washed or metal free plastic container.</p> <p>A: 48 hours</p> <p>R: 5 days</p> <p>F: 2 weeks</p> <p>Minimum specimen: 3 mL aliquot from a 24 hr. urine.</p> <p>Non-Formulary</p>	<p>Less than or equal to 2 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry)</p> <p>• Cobalt is part of our diet.</p> <p>Approximately 85% of absorbed cobalt is excreted in the urine and the remainder eliminated in stool.</p> <p>• Toxicity may occur in select industrial environments.</p> <p>• Cobalt is not mined in the United States so primary supplies are imported.</p>	<p><u>QUEST DIAGNOSTICS</u> 14761 via Medical Center Sets up Monday - Friday Reports in 1 day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COBALT, BLOOD •DPY Cobalt, Blood •DePuy ASR Prosthetic Hip Recall	KPDS: 8301805 Health Connect Order Code: COBALT, BLOOD [83018]	ROY7 COBLT	4 ml Royal Blue EDTA, whole blood Transport: Refrigerated-Order and draw both <u>Chromium</u> and Cobalt at the same time NOTE: 2 Royal Blue EDTA tubes MUST be submitted - one for Chromium and one for Cobalt •Refer any patients with copayment concerns to Member Services •To avoid contamination use powderless gloves •Draw one vacutainer of blood [minimum of 1-2 ml] and discard that tube •Draw a second vacutainer [2-4 ml] for submission DO NOT ALIQUOT SPECIMEN Patient should refrain from taking mineral supplements, vitamin B-12 or vitamin B complex at least three days prior to specimen collection. Received: •frozen •clotted •vacutainers other than Royal Blue EDTA •moderate hemolysis •gross lipemia •animal specimen •post mortem •urine •joint aspiration A: 48 hours R: 5 days F: NO Minimum specimen: 2 ml Royal Blue EDTA, whole blood The order codes for DePuy ASR Recall are to be used only for patients involved in the DePuy, ASR recall and only for the measurement of chromium and cobalt in whole blood. There are no recommendations to test for urine or joint aspirates and requests for those sources will be rejected as inappropriate orders. Formulary	Less than or equal to 1.8 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry)	Quest Diagnostics, Inc. 35417 <TestCode></TestCode> via Medical Center Set up Sunday - Thursday after midnight Report out Monday - Friday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COBALT, BLOOD	KPDS: 8301807 Health Connect Order Code: COBALT BLOOD [83018]	ROY7 COBLT	<p>4 ml whole blood Transport: Refrigerated•To avoid contamination, use powderless gloves •Avoid worksite collection DO NOT ALIQUOT specimen. Patient should refrain from taking mineral supplements, vitamin B-12 or vitamin B complex three days prior to specimen collection. A: 48 hours R: 5 days F: NO</p> <p>Minimum specimen: 2 ml whole blood•This test can be used to monitor patients who have metal-on-metal prosthetic hip joints except for the DePuy ASR. •For patients with DePuy ASR, order: <u>DePuy Cobalt, Blood or DePuy Chromium, Blood</u> <u>For laboratory Use Only:</u> RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> <u>Formulary</u></p>	<p>Less than or equal to 1.8 µg/mL (Inductively-coupled Plasma/Mass Spectrometry) Cobalt is part of our diet. Approximately 85% of absorbed cobalt is excreted in the urine and the remainder eliminated in stool. Toxicity may occur in select industrial environments. Cobalt is not mined in the United States so primary supplies are imported.</p>	<p>Quest Diagnostics, Inc. 35417 via Medical Center Sets up Monday - Friday Report in 5 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COBALT, RANDOM URINE	KPDS: Order Manually	Urine container: UR25 Transport: <u>Quest Acid Washed</u>	<p>7 mL random urine Transport: Refrigerated Use acid-washed or metal free container.</p> <ul style="list-style-type: none"> For clinical monitoring, collect second voided AM urine. For industrial monitoring, collect urine preshift. Wash hands before sample collection. Wipe hands dry with lint free paper towel. Do not use recycled paper. Avoid worksite collection. <p>A: 48 hours R: 5 days F: 2 weeks Minimum specimen: 5 mL random urine Non-Formulary</p>	<p>Nonexposed adult: less than or equal to 2.8 mcg/L</p> <p>Biological Exposure Index[end of shift/work week]: less than or equal to 15.0 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry)</p> <ul style="list-style-type: none"> Cobalt is part of our diet. Approximately 85% of absorbed cobalt is excreted in the urine and the remainder eliminated in stool. Toxicity may occur in select industrial environments. Cobalt is not mined in the United States so primary supplies are imported. 	<p><u>QUEST DIAGNOSTICS</u> 37513 via Medical Center Sets up Monday - Friday Reports in 1 day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>COCCIDIOIDES ANTIBODY, CF</p> <ul style="list-style-type: none"> •Coccioides AB, Complement Fixation •Cocci •Confirmatory Test •Cocci Comp Fix •Valley Fever 	<p>KPDS: 8649205</p> <p>Health Connect Order Code: COCCIDIOIDES ANTIBODY, CF [86635R]</p>	<p>Serum: GLD6 CSF: SF10 C CF</p>	<p>Serum OR CSF acceptable+Patient MUST have previous Cocci positive report.</p> <p>A: 1 week R: 1 month F: 1 year</p> <p>Minimum specimen: Serum: 3.0 mL CSF: 3.0 mL Formulary</p>	<p>Titer: less than 2 (Complement Fixation)</p>	<p>UC Davis via <u>QUEST DIAGNOSTICS</u> [1372-2] via Medical Center</p> <p>Set up on Tuesday and Thursday morning</p> <p>[specimens must be received at UC Davis by 11 a.m. the day before set up]</p> <p>Reports out Friday and Sunday afternoon</p>
<p>COCCIDIOIDES ANTIBODY IMMUNODIFFUSION</p> <p>Valley Fever</p>	<p>KPDS: 8649200</p> <p>Health Connect Order Code: COCCIDIOIDES ANTIBODY, IMMUNODIFFUSION [86635Q]</p>	<p>GLD6 [Label may say SST7] or SF10 C ID</p>	<p>2 mL serum or CSF</p> <p>Transport: Refrigerated</p> <p>A: 7 days F: 1 year</p> <p>Minimum specimen: 1 mL serum or CSF</p> <p>This test is performed at: UC Davis School of Medicine Coccidiomycosis Serology Laboratory Tupper Hall/PO Box 1440 Davis, CA 95617 Formulary</p>	<p>(Immunodiffusion)</p>	<p>UC Davis via <u>Quest Diagnostics, Inc.</u> . 1372-1 via Medical Center</p> <p>Set up Tuesday and Thursday morning.</p> <p>Sample must arrive by 11 AM the day prior to set up</p> <p>Result out Wednesday and Sunday evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COLD HEMAGGLUTININ S COLD AGGLUTININ TITER	KPDS: 8615000 Health Connect Order Code: COLD AGGLUTININ TITER [86157A]	7 mL Plain Red Top (RED7) (Do not use SST) COLD	2 ml serum Transport: Ambient Do not refrigerate before separation • Allow specimen to clot at 37°C before centrifugation • Separate serum from whole blood which has been allowed to clot at 37°C before centrifugation Received frozen A: 14 days R: 28 days F: NO Minimum specimen: 0.5 ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	None detected (Hemagglutination)	Quest Diagnostics 349 via Medical Center Set up Monday, Wednesday, Friday morning Report out Tuesday, Thursday, Saturday evening
COLLAGEN CROSSLINKED N-TELOPEPTIDE, 24 HOUR URINE •NTX •COLLAGEN CROSS-LINKED N-TELOPEPTIDE •OSTEOMARK •COL.X-LINKED 24 HR	KPDS: 8252303 Health Connect Order Code: COLLAGEN CROSSLINKED N-TELOPEPTIDE, 24 HOUR URINE [82523C]	Collect: UR99 Aliquot and Transport: UR25 NTX 24Hour Urine wp	2 ml of a 24 hour urine Transport: Refrigerated • Do not use preservatives. • Acidified specimen is not acceptable. • Keep refrigerated during collection. • Record 24-hour urine volume on test request form and urine vial. 24-hour urine: <i>Discard the first morning void. Collect the voids during a 24-hour period afterward. Mix well.</i> Collection Instructions without preservative [English] Collection Instructions without preservative [Spanish] [342]QUEST DIAGNOSTICS 36167 • If submitting random urine specimen, use Quest test code [342]QUEST DIAGNOSTICS 36167 Record 24-hour urine volume on test request form and urine vial. Received: • Room temperature • Acidified specimen • Preserved specimen A: 72 hours R: 5 days F: 1 month Minimum specimen: 1 mL of a 24 hour urine Formulary	Accompanies report (Enhanced Chemiluminescence) Most specific for bone resorption (bone loss).	QUEST DIAGNOSTICS 36421 via Medical Center Sets up Tuesday - Saturday in the morning Reports out Tuesday - Saturday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CORTICOSTERO NE	KPDS: 8252802 Health Connect Order Code: CORTICOSTERO NE [82528B]	RED7 CORTI	1 mL serum Transport: Refrigerated Received gel separator tube Received glass tube A: 4 weeks R: 4 weeks F: 4 weeks Minimum specimen: 0.25 ml serum Formulary	Accompanies report (Liquid Chromatography Tandem Mass Spectrometry) Measurement of Corticosterone may help confirm the diagnosis of the very rare aldosterone deficiency disorder, corticosterone methyl oxidase (18-hydroxylase) enzyme deficiency where the ratio of corticosterone to 18-hydroxycorticosterone may be increased.	QUEST DIAGNOSTICS 6547 via Medical Center Set up Tuesday Reports out Friday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CORTICOTROPIN RELEASING HORMONE CORTICOTROPIN REL. HORM.	KPDS: Excluded in Service Master [8351920] Health Connect Order Code: Inactivated: CORTICOTROPIN RELEASING HORMONE[80412 A]		Effective 11/15/12, this test normally sent out to Quest Diagnostics has been discontinued. There is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
CORTISOL, SERUM, NEONATAL Alias: •Neonate •Infant •Newborn •Baby	KPDS: 8253303 Health Connect Order Code: CORTISOL,SERU M,NEONATAL [82533U]	RED7 CORTN	1 mL serum Transport: Refrigerated Specify time of day specimen was collected. Received room temperature Samples collected in glass or plastic SST tubes A: 2 days R: 1 week F: 2 years Minimum specimen: 0.2 mL serum Formulary	Accompanies report (Liquid Chromatography, Tandem Mass Spectrometry)	Quest Diagnostics 11281 via Medical Center Set up Monday - Friday Reports out Thursday - Saturday and Monday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CORTISONE, 24-HOUR URINE	KPDS: 8249104 Health Connect Order Code: CORTISONE, URINE [80299AEW]	Collect: UR99 Aliquot and Transport: UR25 CORTU	10 mL urine of a 24-hour Urine Transport: Frozen Collect urine with 10 grams of boric acid or keep urine refrigerated during collection if preservative is not used. Received room temperature A: 4 hours R: 3 days F: 1 year Minimum specimen: 2.1 mL urine of a 24-hour Urine Formulary	Cortisone, 24-hour urine Incl(24 H) Adults: 23-195 Creatinine, 24-hour urine g/24L Age: (Years) g/24 hours 3-8: 0.11-0.68 9-12: 0.17-1.41 13-17: 0.29-1.87 Adults: 0.63-2.50 (Liquid Chromatography, Tandem Mass Spectrometry) • Measurement of both Free Cortisol and Cortisone are useful in diagnosing patients with low-renin hypertension caused by apparent mineralocorticoid excess. • This may be due to either an inherited defect in 11HSDB2 enzyme or an acquired inhibitor of the enzyme by such compounds as glycyrrhizic acid, a component of natural licorice.	QUEST DIAGNOSTICS 37554X (41889N) [648Z] via Medical Center Sets up Sunday - Friday after midnight Reports out Tuesday - Saturday and Monday in the afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CORTISONE, SERUM	KPDS: 8002800 Health Connect Order Code: CORTISONE [80299AEV]	RED7 CORNS	Transport: Refrigerated Specify time of day specimen was collected. Overnight fasting is preferred. SST red-top tubes will be rejected A: 2 days R: 1 week F: 1 year Formulary	Accompanies report (Liquid Chromatography, Tandem Mass Spectrometry) Measurement of both Free Cortisol and Cortisone are useful in diagnosing patients with low-renin hypertension caused by apparent mineralocorticoid excess. This may be due to either an inherited defect in 11HSD2 enzyme or an acquired inhibitor of the enzyme by such compounds as glycyrrhizic acid, a component of natural licorice.	QUEST DIAGNOSTICS 37098 Set up Tuesday - Saturday Report available in 2-3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COXSACKIE A ANTIBODIES, SERUM	KPDS: Removed from Service Master: 8228135 Health Connect Order Code: Inactivated: COXSACKIE A ANTIBODY, CF [86658D]		Inactivated from the KRMS Service Master in 2004. Not-Formulary		•Not-Formulary (Discontinued)
COXSACKIEVIRU S B ANTIBODY PANEL [1-6], CF COXSACKIE B ANTIBODY PANEL	KPDS: 8228140 Health Connect Order Code: COXSACKIEVIRU S B ANTIBODY PANEL [1-6], CF [200435]	RED7 COX-B	2 ml serum Transport: Refrigerated Consult I.D. physician, except for Orange County. Received hemolyzed A: 4 days R: 1 week F: 1 month Minimum specimen: 0.5ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Less than 1:8 • Clinical interpretation of complement fixation test results requires comparison of an acute serum sample to a convalescent serum sample. • The convalescent serum sample should be collected 2-3 weeks later. (Complement Fixation)	QUEST/DIAGNOSTICS 7656X [3120N] Via Medical Center Sets up Monday, Wednesday and Friday in the morning Reports out Tuesday, Thursday and Saturday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CREATINE KINASE, TOTAL AND ISOENZYMES • Creatine Kinase Isoenzymes • CK Isoenzymes • CK EP	KPDS: 8255260 Health Connect Order Code: CREATINE KINASE, TOTAL AND ISOENZYMES [207174]	RED7 CKEP	2.0 ml serum Transport: Frozen Received: • Hemolyzed • Thawed serum. Thawed plasma • Room temperature • Refrigerated • Anticoagulants other than heparin A: NO R: 48 hours F: 14 days Minimum specimen: 1.0ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	CK-MM: 95-100 % of total CK-MB: <5 % of total CK-BB: None detected % of total (Electrophoresis Enzymatic) Creatine Kinase Isoenzymes is useful in the evaluation of myocardial disease. Isoenzyme MM is found in skeletal muscle whereas isoenzyme MB is increased in recent myocardial (heart) damage.	QUEST DIAGNOSTICS 4451 Via Medical Center Sets up on Monday - Saturday in the afternoon Reports on Tuesday - Sunday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CRYOFIBRINOGE N	KPDS: 8258502 Health Connect Order Code: CRYOFIBRINOGE N [82585B]	LAV5 X2 CRYOFIBRIN	<p>6 ml plasma</p> <p>Transport: Ambient•Place immediately in a 37°C water bath or incubator.</p> <ul style="list-style-type: none"> •Centrifuge blood specimens in centrifuge carriers prewarmed to 37°C at 3000 rpm for a minimum of 10 minutes. •Separate plasma from red cells, avoiding transfer of red cells, into plastic transport tubes. <p>Fasting</p> <p>Received:</p> <ul style="list-style-type: none"> •lipemic •Non-fasting specimens •Refrigerated •Frozen <p>A: 7 days</p> <p>R: Unacceptable</p> <p>F: Unacceptable</p> <p>Minimum specimen: 3 ml plasma</p> <p>South Bay Medical Center: Please refer all patients from Gardena, long Beach, Torrance and Normandie North to the Main Hospital laboratory to have this test drawn.</p> <p>For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens</p>	(Cold Precipitation)	<p><u>QUEST DIAGNOSTICS</u></p> <p>376 Test via Medical Center Sets up Sunday - Friday Reports available in 3-5 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CRYOGLOBULIN SCREEN WITH REFLEX TO CRYOGLOBULIN PROFILE, SERUM	KPDS: 8259502 Health Connect Order Code: CRYOGLOBULIN SCREEN W REFLEX TO CRYOGLOBULIN PANEL [82595G]	Four RED7 Cryoglob Scr	<p>10 ml serum Transport: Ambient-Collect 20 ml of fasting whole blood specimen in a red-top tube (no gel). • 10 ml serum required: 3.5 ml minimum. Avoid hemolysis. • Allow serum sample to clot for one (1) hour in a 37°C water bath, oven, incubator, or heat block. • After clotting, centrifuge the specimen for 10 minutes at 3000 rpm utilizing one of the 3 options below: 1) In a "warm" centrifuge at 37° C; or 2) In a bench-top centrifuge placed in a "warm room" at 37°C; or 3) At room temperature, in a bench-top centrifuge prewarmed by running it for 10 minutes at 2000 rpm. • After centrifuging, decant serum into a screw-capped vial • Transport at room temperature. Overnight fasting is required</p> <p>Received: • Icteric • Lipemic • Hemolyzed • Refrigerated • Frozen • Serum in SST (separator) tubes A: 3 days R: Unacceptable F: Unacceptable Minimum specimen: 3.5 ml serum Cryoglobulin, if present, will be lost in the clot if processed below 37-degrees centigrade.</p> <p>Test Components: Cryoglobulin screen Cryoglobulin reflex</p> <p>For laboratory Use Only: RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens</p>	<p>None detected (• Cryocrit • Immunodiffusion • Electrophoresis • Immunofixation (if needed) • Rate Nephelometry) Cryoglobulins are proteins that precipitate from serum at temperatures below 37 degrees C. Most precipitate when serum is cooled at 4 degrees C, but some gel even at room temperature. The gel or precipitate must redissolve at 37 degrees C to be classified as a cryoglobulin.</p>	<p><u>QUEST DIAGNOSTICS</u> 37358 via Medical Center Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest Sets up Monday - Saturday in the morning Reports out Thursday - Tuesday in the evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, HEMOPHILUS DUCREYI Hemophilus ducreyi [Chancroid]	KPDS: 8709053 Health Connect Order Code: HEMOPHILUS DUCREYI CULTURE [87070Y]	eSwab Regular HDUC	Genital lesion Transport: Refrigerated If <i>H. ducreyi</i> is suspected, please call the Bacteriology laboratory, 818-503-6878 [tie line 3971] • Must indicate suspected organism in ordering comments when submitting sample • Submit to Regional Reference Laboratories, North Hollywood Received: • ambient • frozen A: Unacceptable R: 24 hours F: Unacceptable Formulary	Negative (Culture)	ARUP via Regional Reference Laboratories, North Hollywood (Bacteriology) Daily 1 - 10 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CYANIDE SCREEN (WHOLE BLOOD)	KPDS: Order Manually	Green Top 10 mL Sodium heparin	10 mL whole blood Transport: Refrigerated Chill and ship with cold pack A: 2 weeks R: 2 weeks F: 1 month Minimum specimen: 1.0 mL whole blood Non-Formulary	Accompanies report (Colorimetric) Toxic syndromes are rapid and include flushing, headache, dizziness, and tachypnea that may progress to respiratory depression and death. 80% of cyanide is converted to thiocyanate. Administration of sodium nitroprusside contributes to the total body pool of cyanide and complicates interpretation.	Quest Diagnostics 400 via Medical Center Set up Monday, Wednesday and Friday morning Reports out Tuesday, Thursday and Saturday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CYSTICERCUS AB, CSF	KPDS: 8651066 Health Connect Order Code: CYSTICERCUS ANTIBODY, CSF [86682J]	SF10 CYSSF	1 ml CSF in sterile, leak-proof container Transport: Refrigerated Received ambient A: 5 days R: 14 days F: 30 days Minimum specimen: 0.2 ml CSF in sterile, leak-proof container <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than 0.75 (Immunoassay) Detection of intrathecal - produced organism - specific antibodies in CSF indicates central nervous system infection. However, serum levels of organism-specific antibodies, blood-brain barrier integrity, and possible CSF contamination by blood should be considered when assessing CSF results.	<u>QUEST DIAGNOSTICS</u> 34164X [117436] via Medical Center Sets up Tuesday & Friday in the morning Reports out Tuesday & Friday in the afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CYSTICERCUS ANTIBODY, EIISA SERUM</p> <p><i>Taenia solium</i> [Tapeworm]</p>	<p>KPDS: 8651006</p> <p>Health Connect Order Code: CYSTICERCUS ANTIBODY [86682D]</p>	<p>RED7 CYSAB</p>	<p>1 ml serum</p> <p>Transport: Refrigerated</p> <p>A: 7 days</p> <p>R: 14 days</p> <p>F: 1 month</p> <p>Minimum specimen: 0.1 ml serum</p> <p>For laboratory Use Only.</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p><0.90</p> <p>(Enzyme linked immunosorbent immunoassay)</p> <p>Cysticercosis is caused by infection with the larval form (cysticercus) of the pork tapeworm <i>Taenia solium</i>.</p> <p>Clinical manifestations of cysticercosis most commonly result from the lodging of the cysticerci in brain and neural tissue. Common symptoms of neurocysticercosis include seizures and convulsions. Antibodies from other parasitic infections, particularly echinococcosis, may crossreact in the cysticercus IgG ELISA.</p>	<p>Quest Diagnostics, Inc. 34173 (96008P) [2073] (40350) via Medical Center Set up Tuesday and Thursday morning Reports out Tuesday and Thursday afternoon</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CYTOMEGALOVIRUS DNA, QUAL PCR •CYTOMEGALOVIRUS DNA BY PCR (CMV) •CMV DNA	KPDS: Excluded from Service Master: 8649218 Health Connect Order Code: Inactivated: CYTOMEGALOVIRUS DNA, PCR [87496A]		This test, formally performed at Quest Diagnostics, has been discontinued. Please order: CYTOMEGALOVIRUS DNA QUANTITATIVE PCR [HC: 87497A, KRMS: 8749701] Not-Formulary		•Not-Formulary (Discontinued)
CYTOMEGALOVIRUS DNA, QUALITATIVE REAL TIME PCR - AMNIOTIC FLUID	KPDS: 8649218 Health Connect Order Code: CYTOMEGALOVIRUS DNA, QUALITATIVE REAL TIME PCR - AMNIOTIC FLUID [87496A]	Amniotic Fluid (AF10)	Amniotic fluid. Transport: Ambient Collect amniotic fluid according to established protocols. Send to the Genetic Testing Laboratory, Electronics Place, for preparation and send-on to Quest. A: 24 hours R: Unknown F: 1 month Minimum specimen: 2 mL amniotic fluid. Formulary	Not Detected (Real-Time Polymerase Chain Reaction)	QUEST DIAGNOSTICS 10601 Via Genetic Testing Laboratory, Electronics Place (only) Sets up Monday - Friday morning Reports on Tuesday - Saturday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>CYTOMEGALOVIRUS DNA, QUANTITATIVE REAL-TIME PCR, NON-BLOOD</p> <ul style="list-style-type: none"> CYTOMEGALOVIRUS DNA, QUANTITATIVE REAL-TIME PCR TRANSPLANT CMV DNA-PCR CMV DNA PCR 	<p>KPDS: 8749703 Health Connect Order Code: CYTOMEGALOVIRUS DNA QUANTITATIVE PCR [87497D]</p>	<p>SC99_Sterile Container for amniotic fluid, bronchoalveolar lavage, CSF or eye fluid; UR25 for urine CMV DNA Qnt</p>	<p>CSF, urine, amniotic fluid, bronchoalveolar lavage or eye fluid Transport: Refrigerated None•Unlabeled samples •Improperly collected or transported specimens •More than 4 freeze/thaw cycles of sample is unacceptable A: CSF, urine, amniotic fluid, bronchoalveolar lavage or eye fluid: 48 hours R: CSF, urine, amniotic fluid, bronchoalveolar lavage or eye fluid: 8 days F: CSF, urine, amniotic fluid, bronchoalveolar lavage or eye fluid: 30 days Minimum specimen: 0.3 mL CSF, urine, amniotic fluid, bronchoalveolar lavage or eye fluid Formulary</p>	<p>CSF, urine, amniotic fluid, bronchoalveolar lavage or eye fluid: <200 IU/mL (PCR) CMV infections are common and usually asymptomatic. In patients who are immunocompromised, CMV may cause disseminated, severe disease. CMV may cause birth defects in a minority of infected newborns [neonatal/neonate, infant, baby]. DNA methods provide the highest sensitivity and specificity of any method.</p>	<p>QUEST DIAGNOSTICS 10600 via Medical Center Set up daily Reports in 1 day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CYTOMEGALOS [CMV] IGM, CSF •Cytomegalovirus (CMV) IgG & IgM AB Panel •CMV (IGM), CSF	KPDS: To be removed from Service Master: 8642024 Health Connect Order Code: To be inactivated: CYTOMEGALOS [CMV] IGM, CSF [86645B]		This test, performed at Quest Diagnostics has been discontinued. The current KPHC order will be inactivated and replaced with CMV DNA, QUANTITATIVE, PCR Not-Formulary		•Not-Formulary

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
D-XYLOSE, 5-HOUR URINE • Xylose, Urine (5-Hour) • Xylose Tolerance Test	KPDS: 8462000 Health Connect Order Code: D-XYLOSE, 5 HR, URINE [84620E]	Collect: 5 Hour Urine in UR99 Aliquot and Transport: GY7 DXY-U	5 ml urine Transport: Frozen 1. At the start of the test, have the patient empty the bladder completely and discard the urine. Some physicians recommend checking a fasting urine and/or a blood sample for non-specific interferences. If requested, retain an aliquot of the urine and collect a blood specimen at this time. 2. Give 25 grams of D(+)-xylose (or 5 grams if so specified by the physician) dissolved in 250 ml water followed immediately by an additional 250 ml water to ensure a urine flow of at least 60 ml/hour. For children, give 0.5 g xylose/kg of body weight up to 25 g, reducing the amount of water accordingly. Note and record starting time of the test & the amount of Xylose given. 3. Collect all urine specimens voided during the next 5-hour period, including the final 5-hour void in the same container. Keep container refrigerated during collection. Mix total urine collection thoroughly, measure total volume and aliquot. Aliquot urine into an empty gray-top tube (the gray-top tube is glass, please transfer urine to a plastic tube before shipping). Record dose of Xylose. •Adult patients and children should be kept fasting overnight and during test period. •Infants, newborn, neonatal/neonate, or baby are fasted for 4 hours. Urine with no preservative will be rejected. A: 1 week R: 1 week F: 1 month Minimum specimen: 1 mL urine Formulary	Xylose, 5-Hour Urine, g/5 dl Children: 16-33 % of ingested dose Adults, 25 gm dose: greater than 4.1-8.2 g/5 hr urine Adults, 5 gm dose: greater than 1.2-2.4 g/5 hr urine (Colorimetric) The Xylose absorption test is useful in screening for Carbohydrate malabsorption.	QUEST DIAGNOSTICS 941 Via Medical Center Set up Monday and Thursday Reports out same day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
D-XYLOSE, BLOOD, 2HR POST •XYLOSE, SERUM (2-HOUR) •XYLOSE ABSORPTION TEST	KPDS: 8462060 Health Connect Order Code: D-XYLOSE, 2 HR POST DOSE D-XYLOSE [84620F]	GY7 DXY-B	2 mL whole blood Transport: Refrigerated If additional tests are ordered, please submit a separate specimen. • Collect a blood specimen at 2 hours (as requested by the physician) after the start of the test. • Blood: 1 tube of oxalate/ fluoride (gray-top) blood for each specimen requested. • NOTE AND RECORD STARTING TIME OF THE TEST AND THE AMOUNT OF XYLOSE GIVEN. •Adult patients and children should be kept fasting overnight and during test period. • Infants, newborn, neonatal/neonate, or baby are fasted for 4 hours. A: 1 week R: 1 week F: 1 month Minimum specimen: 0.6 mL whole blood Formulary	Accompanies report (Colorimetric)	<u>QUEST DIAGNOSTICS</u> 7553 [6926] 147502 via Medical Center

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DELTA AMINOLEVULINIC ACID 24HR URINE •AMINOLEVULINIC ACID (24 HR URINE) •DELTA ALA, 24 HR URINE	KPDS: 8228170 Health Connect Order Code: DELTA AMINOLEVULINIC ACID 24HR URINE [82135A]	See: Specimen Requirements Field ALA24U wp	Collect: UR99 Aliquot and Transport: PU30 light Protected 2 ml urine Transport: Refrigerated*Collect without preservatives •Refrigerate during and after collection Collection Instructions no preservative [English] Collection Instructions no preservative [Spanish] • Wrap container in aluminum foil or use amber tube to protect from light • Provide 24-hour total volume on the test request form Received: •ambient •not protected from light A: Unacceptable R: 1 week F: 1 month Minimum specimen: 0.6 mL urine Formulary	Adults: 4.5 or less mg/24h Patients with hereditary forms of porphyria usually will present with profound elevations of this analyte (>5-fold) during acute episodes. Moderate elevations (<3-fold) are more often due to medications or environmental factors. (Colorimetric) The usual first step in the diagnosis of acute intermittent porphyria.	QUEST DIAGNOSTICS 219 via Medical Center Set up Monday, Wednesday and Friday Reports out in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DELTA AMINOLEVULINIC ACID, RANDOM URINE •AMINOLEVULINIC ACID (RANDOM) •DELTA ALA, RANDOM URINE	KPDS: 8228172 Health Connect Order Code: DELTA AMINOLEVULINIC ACID, URINE [82135B]	Collect: UR25 [place in paper bag to protect from light] Aliquot and Transport: PU30 Light Protected DALAR	2 mL urine Transport: Refrigerated Do not use preservatives • Keep refrigerated • Wrap container in aluminum foil or use amber tube to protect from light Do not use first morning void, late evening specimen (after 8:00 PM) or specimen after excessive fluid intake Received: •ambient •not protected from light A: Unacceptable R: 1 week F: 1 month Minimum specimen: 0.6 mL urine Formulary	1-8 years: 2.3-6.2 mg/g creat 9-17 years: 1.5-5.3 mg/g creat Greater than 18 years: Female: 5.4 or less mg/g creat Male: 1.8 or less mg/g creat Patients with hereditary forms of porphyria usually will present with profound elevations of this analyte (>5-fold) during acute episodes. Moderate elevations (<3-fold) are more often due to medications or environmental factors. (Colorimetric) The usual first step in the diagnosis of acute intermittent porphyria.	QUEST DIAGNOSTICS 6301 Via Medical Center Set up Monday, Wednesday and Friday Reports out in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DENGUE VIRUS IGG, IGM DENGUE FEVER AB	KPDS: 8228283 Health Connect Order Code: DENGUE VIRUS IGG, IGM [200471]	RED7 DENGU	1 ml serum Transport: Refrigerated Separate serum from cells as soon as possible. Received: •hemolyzed •icteric •lipemic •bacterial contaminated sera A: 7 days R: 14 days F: 30 days Minimum specimen: 0.5ml serum Test Components: Dengue Fever IgG Ab Dengue Fever IgM Ab <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Dengue Fever IgG: <0.80 Dengue Fever IgM: 1.65 (Enzyme Linked Immunosorbent Immunoassay) Dengue hemorrhagic fever and Dengue shock syndrome are caused by infection of a RNA flavivirus transmitted by a mosquito vector. Paired acute and convalescent specimens that exhibit a significant change in titer are useful to confirm clinical diagnosis of infection.	QUEST DIAGNOSTICS 93256 via Medical Center Set up Tuesday - Saturday Reports out in 1-3 days
DEOXYPYRIDINO LINE, FREE	KPDS:		Quest Diagnostics has discontinued this test. The recommended alternative is Collagen Cross-linked N-Telopeptide (NTx) , Urine 8252300		(Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DESMOGLEIN 1 AND 3 ANTIBODIES, EIA Pemphigus Foliaceus Pemphigus Vulgaris	KPDS: 8352007 Health Connect Order Code: DESMOGLEIN 1 AND 3 ANTIBODIES, EIA [254250]	RED7 [No additive preferred] DESAB	<p>0.3 ml serum Transport: Refrigerated Allow blood to clot at room temperature and separate as soon as possible. Blood should be collected fasting or at least one hour after meals to avoid lipemic serum Received: <ul style="list-style-type: none"> •lipemic •hemolysis •icteric •bacterial growth •heat inactivated •ambient A: 4 days R: 7 days F: 28 days Minimum specimen: 0.1 ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Desmoglein 1 Antibody: Negative: less than 14 U/ml Equivocal: 14-20 U/ml Positive: greater than 20 U/ml Desmoglein 3 Antibody: Negative: less than 9 U/mL Equivocal: 9-20 U/mL Positive: greater than 20 U/mL</p> <p>(Enzyme Linked Immunosorbent Immunoassay) Autoantibodies to Desmoglein 1 are more commonly found in Pemphigus Foliaceus, while Pemphigus Vulgaris are more commonly found in Pemphigus Vulgaris.</p>	<p>Quest Diagnostics, Inc. 16033X [160333] Via Medical Center Setup Thursday morning Report out Friday morning</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DHEA UNCONJUGATED DEHYDROEPIAN DDROSTERONE (DHEA)	KPDS: 8003000 Health Connect Order Code: DEHYDROEPIAN DDROSTERONE [82626B]	RED7 DHEA	<p>0.5 ml serum Transport: Ambient Specify age and sex on test request form.</p> <p>Received: •moderate or gross hemolysis •SST tube A: 7 days R: 7 days F: 2 years Minimum specimen: 0.3ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Adult Males: 61-1636 ng/dl Females: 102-1185 ng/dl</p> <p>Pediatric less than 1 year: Not Established 1-5 years: less than or equal to 377 ng/dL 6-9 years: 19-592 ng/dL 10-13 years: 42-1067 ng/dL 14-17 years: 137-1489 ng/dL (Liquid Chromatography/Tandem Mass Spectrometry(LCMSMS)) DHEA is a weakly androgenic steroid that is useful when congenital adrenal hyperplasia is suspected. It is also useful in determining the source of androgens in hyperandrogenic conditions, such as polycystic ovarian syndrome and adrenal tumors.</p>	<p>QUEST DIAGNOSTICS 19894 via Medical Center Set up Monday - Friday Reports out Thursday - Saturday and Monday</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DICLOXACILLIN LEVEL	KPDS: Excluded in Service Master [8029952] Health Connect Order Code: Inactivated: DICLOXACILLIN LEVEL [80299ZK]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)
DIGITOXIN	KPDS: 8029951 Health Connect Order Code: DIGITOXIN LEVEL [80162A]	RED7 DIGIT	1 ml serum Transport: Refrigerated Received: •polymer gel separation tube [SST or PST] •ambient •unspun Red top tubes A: Undetermined R: 7 days F: 90 days Minimum specimen: 0.4 ml serum For laboratory Use Only: RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	Accompanies report (Radioimmunoassay)	QUEST DIAGNOSTICS 417X [12650] (1613SP) via Medical Center Set up Tuesday and Friday Reports out in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIHYDROTESTOSTERONE	KPDS: 8228190 Health Connect Order Code: DIHYDROTESTOSTERONE [82651B]	RED7 DIHYD	1.0 ml serum Transport: Refrigerated Specify age and gender on test request form. Received: • moderate or gross hemolysis • lipemia • serum separator tubes A: 1 week R: 1 week F: 2 years Minimum specimen: 0.6 ml serum For laboratory Use Only: RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens</u> Formulary	Female: 5-46 ng/dL Male: 16-79 ng/dL (Liquid Chromatography, Tandem Mass Spectrometry) DHT is a potent androgen derived from testosterone via 5-alpha-reductase activity. 5-alpha-reductase deficiency results in incompletely virilized males (phenotypic females). This diagnosis is supported by an elevated ratio of testosterone to DHT.	<u>QUEST DIAGNOSTICS</u> 90567 via Medical Center Set up Monday - Friday Reports out Thursday - Saturday and Monday
DIPHENHYDRAMINE BENADRYL, SERUM (QUANTITATIVE)	KPDS: Removed from Service Master: 8029906 Health Connect Order Code: Inactivated: DIPHENHYDRAMINE [80299AEH]		This test formally performed at Quest Diagnostics has been discontinued. There are not alternative tests available. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIPHThERIA ANTIBODY, PRE AND POST IMMUNIZATION DIPHThERIA ANTITOX-P/P	KPDS: Removed from Service Master: 8664810 Health Connect Order Code: Inactivated: DIPHThERIA ANTIBODY, PRE AND POST IMMUNIZATION [220780]		As of April 15, 2019 this test formally performed at Quest Diagnostics is no longer available. The alternative test available is <u>DIPHThERIA ANTITOXOID 4865</u> Not-Formulary		•Not-Formulary

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIPHThERIA ANTITOXOID DIPHThERIA ANTITOXOID ANTIBODY DIPHThERIA AB	KPDS: 8228101 Health Connect Order Code: DIPHThERIA ANTIBODY [86648B]	RED7 DIPHT	1 ml serum Transport: Refrigerated Received: •gross hemolysis •gross lipemia •gross icterus A: 7 days R: 2 weeks F: 1 month Minimum specimen: 0.3 ml serum For laboratory Use Only: RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens</u> Formulary	0.01 IU/mL [Post-Vaccination] (EIA) <0.01 IU/mL - Nonprotective Antibody Level 0.01 IU/mL - Protective Antibody Level This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.	<u>QUEST DIAGNOSTICS</u> 4865 via Medical Center Set up Monday, Wednesday and Friday Reports out in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIPHTHERIA/TETANUS AB •DIPHTHERIA ANTIBODY (PRE IMMUNIZATION) •TETANUS ANTITOXIN ANTIBODY (PRE IMMUNIZATION) •TET & DIPHTH TOXOID AB	KPDS:		SEE DIPHTHERIA ANTIBODY 8228101">http://knet.kp.org:81/california/scpmg/labnet/testmenu/testmenu.jsp?TID=1617&TNAME=DIPHTHERIA+ANTIBODY>8228101 and TETANUS ANTIBODY TITER 8228213">http://knet.kp.org:81/california/scpmg/labnet/testmenu/testmenu.jsp?TID=2671&TNAME=TETANUS+ANTIBODY+TITER>8228213		QUEST DIAGNOSTICS
DIPYRIDAMOLE (PERSANTINE), SERUM	KPDS:		This test has been discontinued. There are no send out alternatives.		(Discontinued)
DISOPYRAMIDE LEVEL NORPACE	KPDS: 8420600 Health Connect Order Code: DISOPYRAMIDE LEVEL [80299D]	RED7 DISO	1 ml serum Transport: Refrigerated Do not use gel barrier tubes. Centrifuge and immediately separate serum specimens from the cells into clean, plastic, screw-capped vial. Serum separator tubes (SST) A: 5 days R: 7 days F: 1 month Minimum specimen: 0.5 ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	2.0 - 5.0 mg/L (Enzyme Immunoassay) Disopyramide is useful in treating patients with cardiac arrhythmias and tachardia. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.	Quest Diagnostics, Inc. 416 via Medical Center Set up Monday - Saturday Reports out in 1-2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIURETICS SCREEN QUAL. URINE <ul style="list-style-type: none"> • Diuretic Panel, Urine with Identification • Furosemide (Lasix) • Thiazide 	KPDS:		Effective November 19, 2009, this test normally sent out to Mayo Medical Laboratories via Quest Diagnostics, has been discontinued by the vendor due to low utilization. There are no send out alternatives.		(Discontinued)
DNA CELL CYCLE ANALYSIS, PARAFIN BLOCK	KPDS: Order Manually	Tissue block	Formalin fixed paraffin embedded tissue block. Alternative specimen: 50 micron shavings [standard:4] Transport: Ambient Order form [ISO Form 400] Include an H&E slide [or an unstained, 4 micron section on a slide] for pathology review. Received: •refrigerated •frozen A: 12 months Formulary	(Flow Cytometry) DNA ploidy analysis measures the chromosome content of the cancer cells. Diploid tumors have chromosome numbers of 46 chromosomes. Tumors that are not diploid suggest a major chromosomal disruption that serves as a poor prognostic sign.	Quest Diagnostics 36158 [41566N] via Medical Center Set up Monday and Wednesday Report available in 3-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DNASE B ANTIBODY DNASE-B AB	KPDS: 8604650 Health Connect Order Code: DNASE B ANTIBODY [86215A]	RED7 ADNAS	<p>1.0 ml serum Transport: Refrigerated NOTE: Quest has changed the transport temperature to ambient. However, refrigerated transport remains acceptable. A: 48 hours R: 8 days F: 3 months Minimum specimen: 0.4ml serum For laboratory Use Only.</p> <p>RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u></p>	<p>Less than 5 years: Less than 251 U/mL 5-17 years: Less than 376 U/mL Adults [Greater than 17 years]: Less than 301 U/mL (Nephelometry) DNase-B Antibody is useful in patients with group A streptococcal infection. DNase-B Antibody may persist for as long as three months. Comparison of titers of acute and convalescent specimens is useful for diagnosis of group A streptococcal infection.</p>	<p><u>QUEST DIAGNOSTICS</u> 266 via Medical Center Set up Tuesday - Saturday Reports in 1 - 4 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DOPAMINE URINE, LC	KPDS: 8314550 Health Connect Order Code: DOPAMINE URINE, LC [82542AU]	Collect: UR99 Aliquot and Transport: UR25 Dopa24U wp	10 mL urine Transport: Ambient After 24 hour urine collection, add 15 g of boric acid or 25 mL of 6N HCl to maintain a pH below 3. <u>Collection Instructions without preservative [English]</u> <u>Collection Instructions without preservative [Spanish]</u> Record 24-hour urine volume on test request form and urine vial. It is preferable for the patient to be off medications for three days prior to collection. Received: pH> 3.0 and unfrozen A: 1 week R: 1 month F: 7 weeks Minimum specimen: 5 mL urine Urine without preservative is acceptable if pH is below 6. Common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, (alpha and beta blockers) cause minimal or no interference. Formulary	Dopamine, 24 hr Urine mcg/24 h: 3-8 years: 80-378 mcg/24 hours 9-12 years: 51-474 mcg/24 hours 13-17 years: 51-645 mcg/24 hours Adults: 52-480 mcg/24 hours (Ultra Performance Liquid Chromatography) Dopamine is a catecholamine. Measurement is useful in patients with suspected pheochromocytoma, neuroblastoma, or paraganglioma	<u>QUEST DIAGNOSTICS</u> 14763 via Medical Center Set up Monday - Wednesday, Friday & Saturday morning Reports out Tuesday - Thursday & Saturday & Monday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
EASTERN EQUINE ENCEPHALITIS VIRUS ANTIBODY •EASTERN EQUINE ENCEPHALITIS ANTIBODY (IgG) •E. EQUINE ENCEPHALITIS ABS	KPDS: Removed from Service Master: 8665200 Health Connect Order Code: Inactivated: EASTERN EQUINE ENCEPHALITIS VIRUS ANTIBODY [86652C]		This test normally performed at Quest Diagnostics has been discontinued by the vendor. There is no recommended alternative test. Not-Formulary		•Not-Formulary (Discontinued)
EASTERN EQUINE ENCEPHALITIS VIRUS IGM •EASTERN EQUINE ENCEPHALITIS ANTIBODY (IgM) •E. EQUINE ENCEPH IGM	KPDS: Removed from Service Master: 8228113 Health Connect Order Code: Inactivated: EASTERN EQUINE ENCEPHALITIS VIRUS IGM [86652B]		This test normally performed at Quest Diagnostics has been discontinued by the vendor. There is no recommended alternative test. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ECHINOCOCCUS ANTIBODY [IGG]EIA WITH REFLEX TO WESTERN BIOT <i>Echinococcus granulosus</i> Antibody (IgG)	KPDS: 8649621 Health Connect Order Code: ECHINOCOCCUS SPECIES ANTIBODY W REFLEX TO WESTERN BLOT [86682P]	RED7 ECHIN	1 mL serum Transport: Refrigerated A: 7 days R: 14 days F: 30 days Minimum specimen: 0.2 mL serum Formulary	Negative If <i>Echinococcus</i> Antibody (IgG). EIA is positive, <i>Echinococcus</i> Antibody (IgG). Western Blot will be performed at an additional charge (CPT code: 86682). (Enzyme linked immunosorbent immunoassay) • <i>Echinococcus granulosus</i> infects dogs and other canines as the definitive host and sheep, cattle, goats, and humans as intermediate hosts. When eggs are liberated by an infected host and ingested by an intermediate host, they can hatch within the new host. Cystic hydatid disease often affects the liver but other organs may be involved. Antibody testing detects echinococcoses. •Detection of serum antibodies to <i>Echinococcus</i> plays an important role in the diagnosis of hydatid disease, since infected individuals do not exhibit fecal shedding of <i>Echinococcus</i> eggs. The frequency of a positive result for serum antibodies may persist for years after cyst removal. Serologic crossreactivity between <i>Echinococcus</i> and <i>Cysticercus</i> may occur.	QUEST DIAGNOSTICS 91307 via Medical Center Set up Tuesday and Friday Reports out in 1-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
EHRlichia CHAFFEENSIS ABS (IGG, IGM)	KPDS: 8618105 Health Connect Order Code: EHRlichia CHAFFEENSIS IGG, IGM [208247]	RED7 EChAF	1 mL serum Transport: Refrigerated Allow specimen to clot at ambient temperature and then centrifuge. Separate serum from cells as soon as possible. Refrigerate at 2-8 degrees C. (Store specimen at -20 degrees C if it will not be tested within one week). A: 4 days R: 1 week F: 1 month Minimum specimen: 0.2 mL serum Formulary	IgG: less than 1:64 IgM: less than 1:20 A single IgG titer of 1:64 or greater indicates exposure to <i>E. chaffeensis</i> . A four fold or greater rise in IgG titer between acute and convalescent sera and/or an IgM titer of 1:20 or more is suggestive of recent infection. (Indirect Fluorescence Assay (IFA)) • Human monocytic ehrlichiosis (HME) is a tick-borne infection caused by <i>Ehrlichia chaffeensis</i> . Infections range in severity from asymptomatic to life-threatening, especially in patients who are immunocompromised. • HME is often described as "spotless" rocky mountain spotted fever and has been reported in various regions of the United States. Infected individuals produce specific antibody to <i>E. chaffeensis</i> which can be detected by the IFA test.	QUEST/DIAGNOSTICS 34271 [3853] Via Medical Center Set up Tuesday & Friday morning Reports out Tuesday & Friday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ELECTROLYTES, FECES Electrolytes, Fecal Electrolytes, Stool	KPDS: 8219010 Health Connect Order Code: ELECTROLYTES PANEL (NA, K, CL), STOOL [249489]	SC99 Sterile Container FELYT	10 ml liquid stool Transport: Frozen• Submit frozen sample of liquid feces. • Keep refrigerated during collection. Received: • Ambient • Refrigerated • Paint cans • Solid Stool A: 48 hours R: 14 days F: 6 months Minimum specimen: 3 ml liquid stool Test components: 1. Sodium, Feces 2. Potassium, Feces 3. Chloride, Feces For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	(Coulometric Titration, Flame Photometric) Electrolytes, stool can be measured to help differentiate between osmotic (low levels) and secretory (high levels) diarrhea.	<u>QUEST DIAGNOSTICS</u> 31595 via Medical Center Set up Monday - Friday in the morning Reports out Tuesday - Saturday in the morning
ENCAINIDE & METABOLITES ENCAINIDE (ENKAID)	KPDS: Excluded from Service Master: 8228104 Health Connect Order Code: Inactivated: ENCAINIDE AND METABOLITES LEVEL, SERUM [80299ZZI]		This test has been discontinued. There are no send out alternatives. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
EPSTEIN BARR VIRUS DNA, BLOOD, QUANTITATIVE, PCR EBV DNA, BLOOD	KPDS: 8779901 Health Connect Order Code: EPSTEIN BARR VIRUS DNA, BLOOD, QUANTITATIVE, PCR [877990]	LAV5 EBV DNA WB	1.0 mL whole blood Transport: Refrigerated Received: •Heparin tube •Frozen whole blood A: 48 hours R: 8 days F: Unacceptable Minimum specimen: 0.5 mL whole blood Formulary	<200 copies/mL (Real-time Polymerase Chain Reaction) Monitoring EBV DNA levels by quantitative PCR in patients at risk of EBV-associated lymphoproliferative disorders may allow timely recognition of virus reactivation and permit installment of antiviral treatment. This is a quantitative molecular test, with a linear range of 200-2,000,000 copies/mL.	Quest Test Code 94799 via Medical Center Set up Tuesday AM

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
EPSTEIN BARR VIRUS DNA, QUANTITATIVE • Epstein-Barr Virus DNA PCR • EBV DNA by PCR • EBV DNA, QNT REALTIME PCR	KPDS: 8646640 Health Connect Order Code: EPSTEIN BARR VIRUS DNA, QUANTITATIVE [87799B]	LAV5 EBVDNA QNT	1 ml plasma or CSF Transport: Frozen Plasma: Centrifuge within 2 hours of collection. Transfer plasma to sterile, plastic screw-capped tubes, and freeze. CSF: Store and ship frozen in a sterile leak-proof container. A: 48 hours R: 8 days F: 30 days Minimum specimen: 0.5 ml For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Less than 200 copies/mL (Real-Time Polymerase Chain Reaction (PCR)) Epstein-Barr virus DNA, real-time PCR is useful in assessing acute disease. Central nervous system infections can be diagnosed with CSF specimens.	QUEST DIAGNOSTICS via Medical Center Set up Daily Report available next day
ERYTHROMYCIN LEVEL Erythromycin Level, BA	KPDS: Excluded in Service Master [8029953] Health Connect Order Code: Inactivated: ERYTHROMYCIN LEVEL [80299ZL]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ESTROGEN FRACNTIONTION	KPDS: 8228105 Health Connect Order Code: Inactivated: ESTROGENS, FRACTIONATED, SERUM [82671B]		Effective Nov. 25, 2009, this test has been discontinued. The current Health Connect Order has been inactivated and the test has been excluded from the Service Master. Not-Formulary		•Not-Formulary (Discontinued)
ESTROGENS, TOTAL, SERUM	KPDS: 8267201 Health Connect Order Code: Inactivated: ESTROGEN [82672B]		Effective Nov. 25, 2009, this test has been discontinued. The current Health Connect Order code has been inactivated and the test has been excluded from the Service Master. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ESTRONE ESTRONE (E1)	KPDS: 8228107 Health Connect Order Code: ESTRONE [82679B]	RED7 ESTRN	<p>4 ml serum Transport: Refrigerated Specify age and gender on test request form. Received ambient A: 48 hours R: 1 week F: 2 years Minimum specimen: 1.1 ml serum <u>For laboratory Use Only:</u></p> <p>RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference laboratory Specimens Formulary</u></p>	<p>Accompanies report (Liquid Chromatography Tandem Mass Spectrometry) Estrone is primarily derived from metabolism of androstenedione in peripheral tissues, especially adipose tissues. Individuals with obesity have increased conversion of androstenedione to Estrone leading to higher concentrations. In addition, an increase in the ratio of Estrone to Estradiol may be useful in assessing menopause in women.</p>	<p>QUEST DIAGNOSTICS 23244 via Medical Center Set up Sunday - Friday after midnight Reports out Wednesday - Saturday and Monday afternoon</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ETHAMBUTOL	KPDS: Excluded in Service Master [8799600] Health Connect Order Code: Inactivated: ETHAMBUTOL LEVEL [80299ZZJ]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)
ETHOTOIN Peganon	KPDS: Excluded in Service Master: 8442600 Health Connect Order Code: Inactivated: ETHOTOIN [82491B]		Effective December 2016, this test formally performed at Quest Diagnostics, has been discontinued. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ETHYLENE GLYCOL	KPDS: 8269300 Health Connect Order Code: ETHYLENE GLYCOL [82693B]	GY7 ETHGL	3 mL whole blood Transport: Refrigerated A: 72 hours R: 2 weeks F: Unacceptable Minimum specimen: 1 mL whole blood Formulary	Accompanies report (Gas Chromatography) Ethylene glycol (present in antifreeze) may be ingested accidentally or for purpose of suicide. It is relatively non-toxic but metabolizes to toxic oxalic acid and glycolic acids. Toxicity is manifested as neurological abnormalities, severe metabolic acidosis, acute renal failure and cardiopulmonary failure.	<u>QUEST DIAGNOSTICS</u> 801X [12864] via Medical Center Set up Monday - Friday morning Reports out Tuesday - Saturday morning

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
EUGLOBULIN LYSIS TIME	KPDS: 8228108 Health Connect Order Code: EUGLOBIN LYSIS TIME [85360B]	BLU5 EGCLT	<p>2 ml plasma Transport: Frozen Specimen collection container is blue-top (3.2% sodium citrate) tube. To avoid release of plasminogen activator, do not massage vein vigorously, pump fist excessively or leave tourniquet in place for a prolonged period. Centrifuge within 30 minutes after collection to get platelet-poor plasma and freeze on dry ice. Ship specimens frozen on dry ice. Keep samples in a -60 to -80 degree C freezer if they cannot be shipped promptly. Received thawed plasma A: NO R: 4 hours F: 3 weeks Minimum specimen: 1 ml plasma <u>For laboratory Use Only.</u></p> <p>RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> <u>Formulary</u></p>	<p>Greater than 60 min. (Clot Dissolution) ECLT provides an overall assessment of the fibrinolysis system by measuring the time for an in vitro clot to dissolve in the absence of the normal plasmin inhibitors. ECLT is useful in assessing the fibrinolytic system and monitoring patients on urokinase or streptokinase fibrinolytic therapy.</p>	<p>QUEST/DIAGNOSTICS 462N [3043] Via Medical Center Set up Tuesday afternoon Reports out Tuesday after midnight</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>FECAL LIPIDS, TOTAL</p> <ul style="list-style-type: none"> •Fat Feeces (Quantitative) •Fec es-Fat Quantitative •Fecal Fatty Acids, Timed 	<p>KPDS: 8271000</p> <p>Health Connect Order Code: FECAL FAT [82710C]</p>	<p>72 Hr. Feces (FF99) Fec Lp Tot</p>	<p>Entire Collection Transport: Frozen NOTE: Only 72 hour collections are acceptable.</p> <p>laboratories: Clearly indicate 72 hour collection when submitting the specimen to Quest Diagnostics. Feces should be collected in a 1-gallon plastic container with tight lid, and refrigerated during collection.</p> <p>Quest Warehouse Item #2614</p> <p>For patients: Fecal Fat, Quantitative Collection: Record total specimen weight and total collection time on the form and container. •Seal container in a plastic bag to avoid leakage and ship frozen. •Do not submit specimen in metal paint cans, as processing poses a safety hazard.</p> <p>Patient should be on a diet including 100 grams of fat per day for 3 days prior to collection period Specimens received in paint cans will be rejected. A: 4 days R: 6 days F: 2 weeks Minimum specimen: 3 gm feces For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference laboratory Specimens <u>Formulary</u></p>	<p>Less than 7 g/24 hr (Gravimetric) Excessive fat in stool, steatorrhea, is useful in diagnosing patients with malabsorption and maldigestion, e.g. pancreatic failure. In addition, results may be useful in monitoring patients receiving exogenous enzyme therapy and chronic diarrhea.</p>	<p><u>QUEST DIAGNOSTICS</u> 455 Via Medical Center</p> <p>Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest Set up Monday - Thursday morning Reports out Tuesday - Friday after midnight</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FELBAMATE LEVEL, LC/MS/MS Felbatol	KPDS: 8029999 Health Connect Order Code: FELBAMATE LEVEL, LC/MS/MS [80339K]	RED7 FELBA	1 mL serum Transport: Refrigerated Do not use gel barrier tubes. Optimum time to collect sample: 1 hour before next dose. Received in gel barrier tube A: 72 hours R: 5 days F: 1 month Minimum specimen: 0.5 mL serum Formulary	Trough: 30-50 mcg/mL at steady-state (Liquid Chromatography/Tandem Mass Spectrometry [LC/MS/MS]) Felbamate is an antiepileptic drug used to treat patients with a variety of types of seizures. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.	QUEST DIAGNOSTICS 3081 via Medical Center Set up Tuesday and Friday Reports out in 4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FLECAINIDE Tambocor	KPDS: 8442009 Health Connect Order Code: FLECAINIDE [82491G]	RED7 FLECA	2 ml serum Transport: Refrigerated Do not use gel barrier tubes. Optimum time to collect sample: 1 hour before next dose. Received: • Gel barrier tube • Hemolyzed • lipemic A: 5 days R: 1 week F: 1 month Minimum specimen: 0.5ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> Formulary	Therapeutic: 0.20 - 0.99 µg/mL Toxic: 1.00 or more µg/mL (Liquid Chromatography/Tandem Mass Spectrometry [LC/MS/MS]) Monitoring the flecainide concentration is used to assure compliance and avoid toxicity of this cardiac drug used to treat ventricular tachycardia and premature contractions.	<u>QUEST DIAGNOSTICS</u> 5309 via Medical Center Set up Tuesday & Thursday Reports out in 2-6 days
FLETCHER FACTOR ASSAY PREKALLIKREIN ACTIVITY	KPDS: EXCLUDED in Service Master: 8521120 Health Connect Order Code: Inactivated: FLETCHER FACTOR ASSAY [85292B]		Effective February 20, 2013, this test normally sent out to Quest Diagnostics, has been discontinued by the vendor. This test is available at Esoterix laboratory and can be ordered using the <u>Non-Formulary Test Request Process</u> Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FLUCONAZOLE LEVEL Fluconazole Level	KPDS: 8029994 Health Connect Order Code: FLUCONAZOLE LEVEL [80299AFO]	RED7 Flucon	2 mL serum collected in a red-top tube (RED7) Transport: Refrigerated Collect serum in a red-top tube (NO GEL) Serum Separator Tubes (SST) Other body fluids Other specimen types A: 7 days R: 7 days F: 30 days Minimum specimen: 1 mL serum Formulary	(Liquid Chromatography/ Tandem Mass Spectrometry)	Quest Diagnostics, Inc. via Medical Center Test Code 94097 Tuesday Thursday Saturday 1-4 days
FLUCYTOSINE (5-FC) DRUG LEVEL FLUOROCYTOSINE LEVEL (5-FC); FC (5-FC)	KPDS: Excluded in Service Master [8718606] Health Connect Order Code: Inactivated: FLUCYTOSINE [5-FC] LEVEL [80299H]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FLUNITRAZEPAM & METABOLITES, URINE Rohypnol Date Rape Drug Roofies	KPDS: Order Manually	Collect and Ship: UR25	2 mL urine Transport: Refrigerated Do not use any preservatives or additives Received ambient A: NO R: 2 weeks F: 2 months Minimum specimen: 1 mL urine Non-Formulary	Accompanies report (High-Performance Liquid Chromatography/Tandem Mass Spectroscopy) In Latin America and Europe, Rohypnol [Flunitrazepam] is prescribed as a short-term treatment for insomnia, and as preanesthetic medication. Flunitrazepam is considered a drug of abuse when used to enhance the effect of other substances such as marijuana, heroin, and ethanol. The combination of ethanol and flunitrazepam may lead to sedation, and loss of motor function.	<u>QUEST DIAGNOSTICS</u> 18886 [4480U] Via Medical Center Set up Tuesday morning Reports within 2 to 8 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FLUORIDE QUANT.	KPDS: Excluded in the Service Master: 8228201 Health Connect Order Code: Inactivated: FLUORIDE [82735B]		Effective February 15, this test normally sent to NMS via Quest Diagnostics, has been discontinued by the vendor due to low utilization. There is no alternative tests available. Not-Formulary		•Not-Formulary (Discontinued)
FLUOROCARBON S (11, 12, 22, 113) Fluorocarbon Screen	KPDS:		This test has been discontinued. There are no send out alternatives.		(Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FLUOXETINE AND METABOLITE LEVELS, LC/MS/MS (PROZAC)	KPDS: 8029903 Health Connect Order Code: FLUOXETINE AND METABOLITE LEVELS, LC/MS/MS [80332F]	RED7 FLUOX	1 ml serum Transport: Refrigerated•Do not use gel barrier tubes. •Collect at steady state trough concentration. Specimen should be collected greater than 12 hours after dose Received: • Hemolyzed • lipemic • Ambient • Gel barrier tube A: 48 hours R: 5 days F: 1 month Minimum specimen: 0.5ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> Formulary	300 - 1150 mcg/mL (Liquid Chromatography, Tandem Mass Spectrometry [LC/MS/MS]) Fluoxetine is an antidepressant drug that is also used in the treatment of bulimia nervosa and obsessive-compulsive disorder. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.	QUEST DIAGNOSTICS 8389 via Medical Center Set up Thursday Reports out in two days
FLUPHENAZINE PROLIXIN®	KPDS: EXCLUDED in Service Master: 8228202 Health Connect Order Code: Inactivated: FLUPHENAZINE [84022F]		Effective March 3, 2014, this test normally sent out to Quest Diagnostics has been discontinued. There are no send out alternatives. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FONDAPARINUX SODIUM XA •Antifactor XA •Anti XA	KPDS: 8029955 Health Connect Order Code: FONDAPARINUX LEVEL, ANTI XA [80299ADV]	BLU5 FONDA	1 mL citrated plasma Transport: Frozen Centrifuge, aliquot plasma in a sterile, plastic screw-capped vial and freeze Received: •ambient •refrigerated A: 8 hours R: 1 day F: 21 days Minimum specimen: 0.5 mL citrated plasma Formulary	Accompanies report (Chromogenic) The chromogenic anti-Xa method is the assay of choice for determining the plasma concentration of Arixtra against calibration curve prepared from Arixtra [Fondaparinux].	<u>Quest Diagnostics, Inc.</u> 16103 (16103X) Via Medical Center Set up Monday - Friday morning Report out Tuesday - Friday and Monday afternoon
FOSCARNET SENSITIVITY	KPDS: Removed from Service Master: 8725307		As of September 2014, This test is formally performed at Focus Diagnostics has been discontinued. Not-Formulary	By report	•Not-Formulary (Discontinued)
FRANCISELLA TULARENSIS ANTIBODY	KPDS: 8600600 Health Connect Order Code: FRANCISELLA TULARENSIS ANTIBODY [86668B]	RED7 TULAR	1 mL serum Transport: Refrigerated A: 7 days R: 14 days F: 1 month Minimum specimen: 0.5 mL serum Formulary	(Direct Agglutination) Test may demonstrate crossreactivity with brucella, Proteus OX-19, and Yersinia species. Antibodies may be elevated many years after infection.	<u>Quest Diagnostics, Inc.</u> 35176X (35176X) [13026F] via Medical Center Set up Monday - Friday morning Reports out Tuesday - Saturday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FREE ESTRADIOL (FREE E2) E2, Free Free E2	KPDS: Order Manually	RED7	3 mL serum Transport: Refrigerated Received ambient, grossly hemolyzed A: 4 hours R: 3 days F: 2 years Minimum specimen: 1.2 mL serum Non-Formulary	Accompanies report (Liquid Chromatography Tandem Mass Spectrometry, Equilibrium Dialysis) Much of Estradiol is bound to proteins. The unbound portion and Estradiol bound to proteins with low affinity reflect the Free concentration. The Free Estradiol may better correlate with medical conditions than the total Estradiol concentrations.	<u>QUEST/DIAGNOSTICS</u> 36169 [918] Via Medical Center Set up Tuesday and Friday morning Reports out Thursday and Monday afternoon
FREE FATTY ACIDS • Nonesterified Fatty Acids • NEFA	KPDS: 8228109 Health Connect Order Code: FREE FATTY ACIDS [82725B]	RED7 FFA	1 ml serum Transport: Frozen Serum should be removed from cells immediately after collection. Overnight fasting preferred Received ambient A: Unacceptable R: 2 hours F: 1 month Minimum specimen: 0.3ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u>	Adult: 0.10 - 0.60 mEq/L (Spectrophotometry, Enzymatic)	<u>QUEST/DIAGNOSTICS</u> 449 [4268] Via Medical Center Set up Monday and Thursday morning Reports out Tuesday and Friday morning

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FREE TESTOSTERONE (EQUILIBRIUM DIALYSIS) TESTOSTERONE, FREE (PANEL)	KPDS: Order Manually	RED7	<p>1 mL serum Transport: Refrigerated This test is restricted to Endocrinology Providers. If the panel is ordered, DO NOT order Testosterone. Panel includes: Total testosterone and Free Testosterone. Age and sex should be specified on request form. Received serum separator tubes A: 1 week R: 1 week F: 2 years Minimum specimen: 0.5 mL serum Free and bioavailable testosterone estimates correlate well with equilibrium dialysis, and can be made using measurements of total Testosterone, SHBG, and Albumin made at the Regional Reference laboratories. See http://kpnnet.kp.org:81/california/scpmg/labnet/testmen/w/testmenulisp?LID=4505&I.NAME=TESTOSTERONE+PANEL Formulary Restricted</p>	<p>Accompanies report (Liquid Chromatography Tandem Mass Spectrometry, Tracer Equilibrium Dialysis, Calculation) Helpful in assessing testicular function in males and managing hirsutism, virilization in females.</p>	<p>QUEST DIAGNOSTICS 36170 via Medical Center Set up Sunday - Saturday after midnight Reports out Thursday - Wednesday evening</p>
FRUCTOSAMINE	KPDS: 8456066 Health Connect Order Code: FRUCTOSAMINE [82985B]	RED7 Frucl RLN	<p>1 mL of fasting or non-fasting serum Transport: Refrigerated Serum must be free of hemolysis. Hemolyzed specimens are unacceptable for testing. A: 5 days R: 14 days F: 60 days Minimum specimen: 0.5 mL serum Bilirubin > 4 mg/dL causes a positive interference. Ascorbic acid levels > 5 mg/dL may cause significant positive interference. Formulary</p>	<p>190-270 µmol/L for non-diabetic adults (Spectrophotometry) Reflects ~2 wks of glycemic control, perhaps better for GDM monitoring. Less well-studied than A1c in any context.</p>	<p>QUEST Diagnostics 8340 Mon - Fri 3-6 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FRUCTOSE, SEMEN Seminal fluid, Fructose	KPDS: 8463055 Health Connect Order Code: FRUCTOSE, SEMEN [82757B]	Sterile leak-proof container SC99 Sterile Container SMFRU	1 ml FROZEN semen Transport: Frozen 1. Place specimen in plastic tube and freeze ASAP after collection. 2. Send specimen on dry ice. A: NO R: NO F: 1 month Minimum specimen: 0.2 ml FROZEN semen For laboratory Use Only: RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	(Spectrophotometry) C)	<u>QUEST DIAGNOSTICS</u> 29812 via Medical Center Sets up 1 day a week. Reports in 1 day.
FTA-ABS, SERUM •FTA - ABS (Fluorescent Treponemal Antibody Absorbed) •Triponema Pallidum	KPDS: 8641062	RED7 FTAAB	1 ml serum Transport: Refrigerated <u>Note to Providers:</u> Order manually and send to your local laboratory for processing. Received: •Grossly hemolyzed •Grossly lipemic A: 1 week R: 2 weeks F: 1 month Minimum specimen: 0.2 mL serum Test available for electronic ordering in the Laboratory only.	Non-Reactive (Indirect Immunofluorescence Assay) The FTA-ABS is specific for treponemal diseases including syphilis although false positive results may occur. The test is most commonly used for confirmation of reaginic tests.	<u>QUEST DIAGNOSTICS</u> 4112 via Medical Center Set up Monday - Friday Reports out in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FUROSEMIDE (LASIX)	KPDS: 8022902 Health Connect Order Code: FUROSEMIDE [82494H]	RED7 Furosem	1 mL serum Transport: Ambient Aliquot to amber tube or Wrap tube in aluminum foil to protect from light. Received in gel separator tube A: 2 week R: 1 month F: 1 month Minimum specimen: 0.4 mL serum Formulary	Accompanies report (High Performance Liquid Chromatography (HPLC)/ Tandem Mass Spectrometry) Mean peak serum levels of 2300 ± 200 mg/mL were obtained approximately 1 hour after a single oral dose of 80 mg furosemide in fasting subjects.	NMS via QUEST DIAGNOSTICS 456X via Medical Center Set up Tuesday and Thursday Reports in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GABAPENTIN NEURONTIN	KPDS: 8029911 Health Connect Order Code: GABAPENTIN LEVEL [80171A]	RED7 GABAP	1 mL serum Transport: Refrigerated•Do not use gel barrier tubes. •Draw sample two hours after last dose at steady state. • Centrifuge blood at 15-30 °C and 2000-2200 rpm (800-1000 g) for 5-6 minutes. • Separate serum from red cells; pipet serum into polypropylene or polyethylene tubes. • Separate serum from red cells within 4-6 hours of sample collection. Received: • Ambient • Gel barrier tube • Hemolyzed A: 5 days R: 12 days F: 1 month Minimum specimen: 0.5 mL serum Formulary	<ul style="list-style-type: none"> • 2.7-4.1 mcg/mL [peak] following a single dose of 900-1800 mg/24 hr • 4.0-8.5 mcg/mL [peak] following multiple dose of 900-1800 mg/24 hr <p>NOTE: The reference range is evolving. Seizure control has been observed at levels in excess of 4 mcg/mL (Chromatography/Mass Spectrometry) Gabapentin is an anticonvulsant drug commonly used as adjunctive therapy to treat partial seizures. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.</p>	<p>QUEST DIAGNOSTICS 3557X via Medical Center Set up Monday - Friday Reports out in 1 day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GALACTOSE-1-PHOSPHATE, ERYTHROCYTES	KPDS: Order Manually	GS4	<p>1 ml washed RBC's Transport: Frozen In Plastic Vial On Dry Ice. NOTE: This is not the same test as Mayo 380337, GALACTOSE-1-PHOS URIDYL TRANS. Draw 2 mL of whole blood into a green-top (sodium heparin) tube. •Immediately centrifuge for 10 minutes at 2000 rpm. •Discard the plasma and buff coat. •Add a cold 0.9% saline solution to the erythrocytes (about two times the volume of erythrocytes). •Mix gently by inversion and centrifuge again for 10 minutes at 2000 rpm. •Remove the saline and repeat the wash step 2 more times. •After the final centrifuge, remove the saline and a thin layer of the top cells. •Freeze cells immediately. Received in anticoagulants other than heparin A: NO R: NO F: 9 days Minimum specimen: 0.5 mL washed RBC's Non-Formulary</p>	<p>Non-galactosemic: less than 1.0 mg/dL Galactosemic on galactose restricted diet: 1.0-4.0 mg/dL Galactosemic on unrestricted diet: greater than 4.0 mg/dL (Ultraviolet, Enzymatic) This assay is a quantitative measure of the galactose-1-phosphate and is useful for monitoring the dietary management of galactosemics. This assay should not be used for the diagnosis of galactosemia. To diagnose galactosemia, please refer to Mayo test code #84360 "Galactosemia Confirmation Test, Blood."</p>	<p>Mayo Medical, via QUEST DIAGNOSTICS 34510X I23127PI1936 via Medical Center Set up Wednesday Report out in 8 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GANCICLOVIR SENSITIVITY	KPDS: Removed from Service Master 8725309		As of September 2014, this test formally performed at Focus Diagnostics has been discontinued. Not-Formulary		•Not-Formulary (Discontinued)
GANGLIOSIDE ASIALO GM1 IGM, EIA •ASIALO-GM-1 AB (IGM) •ANTI-GM1	KPDS: 8352010 Health Connect Order Code: GANGLIOSIDE ASIALO GM1 IGM, EIA [83520Y]	RED7 ASIAL	1 ml serum Transport: Refrigerated Overnight fasting is preferred. Received ambient A: 48 hours R: 2 weeks F: 1 month Minimum specimen: 0.2ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Asialo-GM-1 Ab (IgM) titer: 1:1600 or less (Enzyme Immunoassay)	QUEST DIAGNOSTICS 38836 via Medical Center Set up Tuesday and Thursday morning Reports out Wednesday and Friday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GASTRIN SECRETIN	KPDS: 8342600 Health Connect Order Code: GASTRIN [82941B]	RED7 GAST	<p>1 ml serum Transport: Frozen•Centrifuge after clotted and aliquot •Aliquot and freeze immediately Overnight fasting is required, preferably 12 hours or more. Received: • ambient • refrigerated • hemolyzed • lipemic • icteric • plasma</p> <p>A: Unacceptable R: Unacceptable F: 1 month Minimum specimen: 0.5ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens</u> Formulary</p>	<p>Gastrin_Serum_pg/ml PEDIATRIC: < 5 years: NOT ESTABLISHED 5-17 years: <65 pg/mL ADULT: 100 OR less pg/mL</p> <p>NOTE: Reference range applies to fasting specimen only. (Chemiluminescence) Gastrin is a gastrointestinal hormone that stimulates release of gastric acid, pepsin, and intrinsic factor. Gastrin concentrations are increased with pernicious anemia and dramatically increased with Zollinger-Ellison syndrome.</p>	<p>QUEST DIAGNOSTICS 478 Via Medical Center Set up Monday, Wednesday and Friday after midnight Reports out Wednesday, Friday and Monday after midnight</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GIARDIA AG, STOOL, EIA GIARDIA SPECIFIC ANTIGEN-65	KPDS: Removed from Service Master: 8631300 Health Connect Order Code: Inactivated: GIARDIA LAMBLIA ANTIGEN, EIA [87329A]		As of February 20, 2019, this test has been discontinued. Order: <u>PARASITE STOOL SCREEN (GIARDIA SPP, CRYPTOSPORIDIUM SPP. AND/OR E. HISTOYTICA ANTIGEN DETECTION WITH REFLEX TO PARASITE STOOL PCR CONFIRMATION AND DIFFERENTIATION)</u> Not-Formulary		•Not-Formulary (Discontinued)
GIARDIA LAMBLIA AB, IFA Giardiasis Antibody	KPDS: EXCLUDED in Service Master [8667400] Health Connect Order Code: Inactivated: GIARDIA LAMBLIA ANTIBODY, IFA [86674C]		No longer available Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLIPIZIDE, SERUM Glucocontrol	KPDS: Order Manually	RED7	3 mL serum Transport: Ambient This test is restricted to Endocrinology Providers. Promptly centrifuge and separate serum in to a plastic screw capped vial. Received in gel separator tube A: 1 week R: 1 week F: 4 months Minimum specimen: 1.2 mL serum This test is included in the Hypoglycemic Panel, Serum/Plasma Formulary Restricted	Accompanies report (High Performance Liquid Chromatography)	NMS via QUEST DIAGNOSTICS T9595 via Medical Center Set up Wednesday afternoon Reports out Friday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLOMERULAR BASEMENT MEMBRANE [GBM] •ANTI-GLOMERULAR BASEMENT MEMBRANE ANTIBODY (ANTI-GBM) •ANTI-BASEMENT MEMBRANE (GBM)	KPDS: 8228206 Health Connect Order Code: GLOMERULAR BASEMENT MEMBRANE IGG [83520ZA]	RED7 GBMAB	1 ml serum Transport: Refrigerated Gross hemolysis A: 1 week R: 2 weeks F: 1 month Minimum specimen: 0.3ml serum For laboratory Use Only: RIN test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than 1.0 AI (Enzyme Immunoassay) Weakly positive results (5-30 EU/mL) may occur in patients who do not have antiglomerular basement membrane antibody-mediated disease. Glomerular Basement Membrane Antibody is present in one fourth of patients with Goodpasture's syndrome. This syndrome consists of glomerulonephritis and pulmonary hemorrhage.	QUEST DIAGNOSTICS 257 via Medical Center Set up Tuesday, Thursday & Saturday afternoon reports out in 3-6 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCAGON	KPDS: 8228207 Health Connect Order Code: GLUCAGON [82943B]	LAV5 GLUCA	<p>2 mL plasma Transport: Frozen Immediately centrifuge and freeze.</p> <p>Do not thaw.</p> <p>Note: do not delay in freezing as the analyte is very unstable and samples must be kept frozen until testing. Overnight fasting is required</p> <p>Received:</p> <ul style="list-style-type: none"> • Moderate or gross icterus • Refrigerated • Ambient <p>A: Unacceptable R: 2 hours F: 24 hours</p> <p>-70°C - 28 days Minimum specimen: 0.5 mL plasma Formulary</p>	<p>Adults Males and Females: 8-57 pg/ml</p> <p>Pediatrics Cord Blood: 215 pg/mL or Less Day 1: 240 pg/mL or Less Day 2: 400 pg/mL or Less Day 3: 420 pg/mL or Less Day 4 - 3 years: Not established 4-14 Years: 148 pg/mL or Less (Enzyme Linked Immunosorbent Immunoassay)</p> <ul style="list-style-type: none"> • Glucagon measurement is useful primarily when considering a glucagon-secreting tumor of the pancreas. • Glucagon is also used to diagnose glucagon deficiency in patients with hypoglycemia. 	<p>QUEST DIAGNOSTICS 519 Via Medical Center Set up on Monday Reports available in 6-13 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUTATHIONE	KPDS: Order Manually		FOR INFORMATION REGARDING THIS TEST, CALL QUEST CLIENT SERVICES AT 1-800-642-4657 Non-Formulary		•Non-Formulary

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HALOPERIDOL LEVEL HALDOL	KPDS: 8228203 Health Connect Order Code: HALOPERIDOL LEVEL [80173B]	RED7 Halop	1 mL serum Transport: Refrigerated • Do not use gel barrier tubes. • Collect samples 11-17 hours after the last dose. Received: • Ambient • Gel barrier tube • Lipemic • Hemolyzed A: 2 days R: 1 week F: 1 month Minimum specimen: 0.5 mL serum Formulary	Haloperidol, Serum: 5-15 ng/mL Toxic: 50 ng/mL or more (Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)) • Monitoring the haloperidol concentration is used to assure compliance and avoid toxicity of this antipsychotic drug. • Haloperidol is used to treat psychotic disorders, control tics and vocal utterances associated with Gilles De La Tourette syndrome, and combative, explosive hyperexcitability in children.	QUEST DIAGNOSTICS 564 via Medical Center Set up Monday, Wednesday and Friday Reports out in 3-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HELICOBACTER PYLORI CULTURE W GRAM STAIN AND REFLEX TO SUSCEPTIBILITY HELICOBACTER PYLORI - CULTURE (BIOPSY) H. PYLORI	KPDS: 8710650 Health Connect Order Code: HELICOBACTER PYLORI CULTURE W GRAM STAIN AND REFLEX TO SUSCEPTIBILITY [249471]	HPYLO	Gastric Biopsy Transport: Refrigerated BEFORE the Biopsy is scheduled, refer to "Collection, Handling and Transport of Biopsy Samples for <i>H. pylori</i> Culture" for special instructions and special transport media required for culture. See Special Instructions for transport in glycerol broth Received: •ambient •frozen •beyond stability A: No R: 48 hours F: No Formulary		Quest Diagnostics via STAT Courier from Medical Center Daily 7 days minimum

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEMOGLOBIN, PLASMA Hemoglobin, Free	KPDS: 8303200 Health Connect Order Code: HEMOGLOBIN, PLASMA [83051B]	GS4 FRHEM	<p>1 ml plasma Transport: Ambient HEMOGLOBIN, PLASMA [83051B] is a send-out test which will take days for a result. For more urgent evaluation of potential intravascular hemolysis, the following alternatives should be ordered:</p> <ul style="list-style-type: none"> • URINALYSIS, AUTOMATED W/O MICRO [81003B] (positive Hgb/0-5 RBC)* • HEMOGLOBIN AND HEMATOCRIT [200476] • WBC MANUAL DIFFERENTIAL [85007B] (notify lab that RBC morphology review needed) • RETICULOCYTE AUTOMATED COUNT W/ OTHER, RETICULOCYTE PARAMETERS [85046F]* • DIRECT COOMBS TEST [86880B]* • BILIRUBIN, TOTAL [82247F]* • LACTATE DEHYDROGENASE [83615C] • HAPTOGLOBIN [83010B] * <p>Please contact our Client Services Center at 818-503-7077 (tie 8-397-7077) to inquire whether some of these tests can be added to the samples already collected.</p> <p>* Unaffected by in vitro hemolysis - Centrifuge plasma within 1 hour of collection, transfer the plasma to sterile, plastic, screw-capped vial.</p> <p>• Do not freeze.</p> <p>Received: • frozen A: 7 days R: 7 days F: Unacceptable</p> <p>Minimum specimen: 0.2 ml plasma For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p><8.4 mg/dL (Colorimetric) The presence of free hemoglobin in plasma is an indication of intravascular hemolysis resulting from numerous conditions, among which include paroxysmal nocturnal hemoglobinuria (PNH), sickle-cell disease (SCD), thalassemias, hereditary spherocytosis, microangiopathic hemolytic anemias, pyruvate kinase deficiency, ABO mismatch transfusion reaction, cardiopulmonary bypass or mechanical heart valve-induced anemia. Reference: JAMA. 2005;293(13):1653-1662</p>	<p>QUEST DIAGNOSTICS 514: via Medical Center Sets up 5 days a week in the morning Reports on the next day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEMOSIDERIN, URINE	KPDS: 8307000 Health Connect Order Code: HEMOSIDERIN, URINE [83070B]	Collect and Transport: UR25 HMSUR	30 mL urine Transport: Refrigerated No preservative needed if transported refrigerated. An early morning specimen is preferred Received frozen A: 1 week R: 1 week F: Unacceptable Minimum specimen: 20 mL urine Formulary	Accompanies report (Microscopy) • Patients with intravascular hemolysis may have Hemosiderin present in the urine. • There is not always correlation with hemoglobinuria because of the timing of disease processes and the physiologic capacity of the kidneys and other organs to filter hemoglobin and iron.	<u>QUEST DIAGNOSTICS</u> 518 via Medical Center Set up on Monday - Friday Reports out in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS B VIRUS E ANTIBODY [HBEAB] •HEP B E AB •HEPATITIS B E ANTIBODY(HBeA b) •HBeAb (HEPATITIS B E ANTIBODY) [e = envelope]	KPDS: 8633703 Health Connect Order Code: HEPATITIS B VIRUS E ANTIBODY [HBEAB] [86707B]	RED7 HBEAB	1 ml serum Transport: Refrigerated Received: •Gross lipemia •Gross hemolysis •Plasma A: 1 week R: 14 days F: Indefinitely Minimum specimen: 0.5ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Non-reactive (Enzyme Immunoassay) HBeAb appears in the early convalescence of HBV infection, with carrier state and chronic hepatitis, HBeAb may not develop.	QUEST DIAGNOSTICS 556 via Medical Center Set up Tuesday - Saturday morning Reports out Tuesday - Saturday after midnight
HEPATITIS B VIRUS E ANTIGEN [HBEAG] •HEP B E AG •HEPATITIS B E ANTIGEN (HBeAg) •ANTIBODY TO HEPATITIS B E ANTIGEN •HBeAg (HEPATITIS B E ANTIGEN) [e = envelope]	KPDS: 8633704 Health Connect Order Code: HEPATITIS B VIRUS E ANTIGEN [HBEAG] [87350B]	RED7 HBEAG	1 ml serum Transport: Refrigerated Received: •Gross lipemia •Gross hemolysis •Plasma A: 1 week R: 14 days F: Indefinitely Minimum specimen: 0.5ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Non-reactive (Enzyme Immunoassay) HBeAg indicates active HBV replication. Infectivity is evaluated based on HBeAg and HBsAg. When HBeAg persists much longer than 10 weeks, the patient is likely to develop chronic hepatitis and be a carrier.	QUEST DIAGNOSTICS 555 via Medical Center Set up Tuesday - Saturday morning Reports out Tuesday - Saturday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEPATITIS C ANTIBODY SUPPLEMENTAL TESTING •HCV Ab SUPPLEMENTAL TEST •Hepatitis C Virus Antibody •HCV RIBA	KPDS: Excluded in Service Master: 8633729 Health Connect Order Code: Inactivated: HCV AB RECOMBINANT IMMUNOBLOT [86804B]		Due to discontinuation of reagent production, this test is no longer performed at Quest Diagnostics. Please order: HEPATITIS C VIRUS RNA PCR, QUANTITATIVE [87522C] performed at the Kaiser Permanente Regional Reference Laboratories. Formulary		•Formulary
HEPATITIS D VIRUS IGM [HDV IGM] HEPATITIS D VIRUS ANTIBODY (DELTA)	KPDS: 8005905 Health Connect Order Code: HEPATITIS D VIRUS IGM [HDV IGM] [86692C]	RED7 HEP D	1 ml serum Transport: Refrigerated A: 5 days R: 14 days F: 30 days Minimum specimen: 0.5ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Negative (Immunoassay) • HDV infection occurs only in association with HBV infection. • Defection of HDV IgM indicates active HDV replication due to either infection or reactivation of chronic infection.	QUEST DIAGNOSTICS 35664X [124766] via Medical Center Sets up on Tuesday Reports out on Thursday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HERPES SIMPLEX VIRUS 1 AND 2, BLOOD, AMNIOTIC, PERICARDIAL, PLEURAL AND VITREOUS FLUID PCR HSV PCR, BLOOD HSV PCR, Fluid	KPDS: 8649696 Health Connect Order Code: HERPES SIMPLEX VIRUS 1 AND 2, BLOOD, AMNIOTIC, PERICARDIAL, PLEURAL AND VITREOUS FLUID PCR [254210]	GID6, IAV5, ACD SC99 Sterile Container HSV/PC	<p>1 ml: •Blood •Pleural, pericardial, or amniotic fluid 0.5 ml •Vitreous fluid</p> <p>Transport: Refrigerated Collect blood in sterile tubes with no anticoagulants. Allow blood to clot at room temperature and separate serum from cells within 2 hours of collection. Transfer plasma into sterile, plastic screw-capped aliquot tubes and store refrigerated or frozen. Whole blood can be collected using an EDTA (lavender-top) or ACD (yellow-top) tube. Plasma from an EDTA (lavender-top) or ACD (yellow-top) tube can also be submitted. Pleural, pericardial, amniotic, or vitreous fluid must be collected in a sterile leak-proof container. A: 48 hours R: 7 days F: 30 days</p> <p>Minimum specimen: 0.3 ml: •Blood •Pleural, pericardial, amniotic or vitreous fluid For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens</p> <p>Ambulatory orders for this test will be restricted to Infectious Diseases, Hematology/Oncology, Transplant, Pulmonology, OB/GYN, Ophthalmology, and Pediatrics specialists as these should only rarely be ordered. Formulary</p>	(Real-Time Polymerase Chain Reaction)	Quest Diagnostics 34257 via Medical Center Set-up daily in the afternoon Report available in 1-2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HERPESVIRUS 6 ANTIBODY Human Herpes Virus 6 Ab Panel	KPDS: 8228266 Health Connect Order Code: HERPESVIRUS 6 ANTIBODY [86790A]	RED7 HERP6	1 mL serum Transport: Frozen• Allow specimen to clot at room temperature and then centrifuge. • Separate serum from cells as soon as possible. • Freeze for transport. Received ambient A: 4 days R: 1 week F: 1 month Minimum specimen: 0.1 mL serum Formulary	IgG: less than 1:10 IgM: less than 1:20 An IgM titer of 20 or more indicates recent infection or reactivation with Human Herpes Virus 6. (Immunofluorescence Assay (IFA)) • HHV-6 is a distinct herpes virus that typically causes a self-limiting illness in patients who are not immunocompromised. • In some patients, especially if immunocompromised, HHV-6 can cause febrile convulsions in infants [newborn, neonatal/neonate, baby] encephalitis, infectious mononucleosis-like symptoms, and hepatitis.	QUEST DIAGNOSTICS 34282 via Medical Center Set up Tuesday and Friday in the morning Reports on Tuesday and Friday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HISTAMINE, 24-HOUR URINE	KPDS: 8308005 Health Connect Order Code: HISTAMINE, 24 HOUR URINE [83088C]	Collect: http://kpnnet.kp.org:81/california/scpimg/labnet/testmenu/sc_librat/v/UR99_TU99.htm >UR99 Aliquot and Transport: UR25 Hista24U wp	4 mL urine Transport: Refrigerated Collect without preservative <u>Collection Instructions no preservative [English]</u> <u>Collection Instructions no preservative [Spanish]</u> •Record total volume on specimen container and on test requisition •To avoid contamination, do not pour into a secondary container to measure total volume. •Patient should avoid direct sunlight. •Patient should avoid taking antihistamines, oral corticosteroids and substances which block H2 receptors for at least 24 hours prior to specimen collection. A: 48 hours R: 2 weeks F: 2 weeks Minimum specimen: 2 mL urine Formulary	Histamine, 24 hr Urine. 0.006-0.131 mg/24 hr <u>Creatinine, 24-Hour Urine [q/24 hr]</u> 3-8 years: 0.11-0.68 9-12 years: 0.17-1.41 13-17 years: 0.29-1.87 Adults: 0.63-2.50 (Enzyme Immunoassay) • Histamine is a mediator of the allergic response. • Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.	QUEST DIAGNOSTICS 4946X (6825N) [6052] via Medical Center Set up Tuesday and Friday in the morning Reports on Thursday in the morning and Saturday in the afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HISTONE ANTIBODIES •Anti-Histone Antibodies •HISTONE AB	KPDS: 8228253 Health Connect Order Code: HISTONE ANTIBODIES, EIA [83516AX]	RED7 HISTO	1 ml serum Transport: Refrigerated Avoid hemolysis Received ambient A: 8 hours R: 1 week F: 1 month Minimum specimen: 0.3ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Negative: less than 1.0 Weak Positive: 1.0 -1.5 Moderate Positive: 1.5-2.5 Strong Positive: greater than 2.5 (Enzyme Immunoassay) Histone Antibody is present in 80-95% of patients with drug-induced systemic lupus erythematosus (SLE), 20-50% of patients with idiopathic SLE, and infrequently in patients with other autoimmune connective tissue diseases.	QUEST DIAGNOSTICS 37056X (80713P) [702] via Medical Center Set up Tuesday, Thursday and Saturday in the afternoon Reports out Tuesday, Thursday and Saturday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HISTOPLASMA CAPSULATUM ANTIBODY PANEL [YEAST, MYCELIAL, PRECIPITIN], CF + IMMUNODIFFUSION	KPDS: 8651000 Health Connect Order Code: HISTOPLASMA CAPSULATUM ANTIBODY PANEL [YEAST, MYCELIAL, PRECIPITIN], CF + IMMUNODIFFUSION [219831]	RED7 HISTO	1 ml serum Transport: Refrigerated A: 7 days R: 14 days F: 30 days Minimum specimen: 0.5 ml serum For laboratory Use Only. RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	Accompanies report (Complement Fixation and Immunodiffusion) Histoplasmosis, caused by infection by H. capsulatum, is usually asymptomatic or mild. Some patients develop chronic pulmonary histoplasmosis or acute disseminated histoplasmosis that is often life-threatening. Immunodiffusion testing detects antibodies in approximately 70% patients with histoplasmosis, and complement fixation testing detects antibodies in approximately 90% of patients.	Quest Diagnostics <TestCode>=7TestCode> 37094X {44610N} [254] via Medical Center Set up Tuesday - Saturday Report available in 2-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HIV 1 RNA QUALITATIVE, TMA APTIMA® HIV-1 TMA Human Immunodeficiency Virus	KPDS: 8753505 Health Connect Order Code: HIV 1 RNA QUALITATIVE, TMA [87535C]	LAV5 HIVRN	1.6 mL plasma Transport: Frozen Separate plasma from cells by centrifugation within 24 hours after collection. Transfer the plasma to a plastic screw-cap vial and ship frozen. Received: •whole blood •ambient •refrigerated A: 72 hours R: 5 days F: 35 days Minimum specimen: 0.6 mL plasma Formulary	Not Detected (TMA) HIV-1 RNA qualitative, TMA should be reserved for: •Determining prenatal transmission •Repeatedly indeterminate Western Blot results •Diagnosis of acute HIV-1 infection prior to development of HIV antibodies [for acute cases always order HIV 1/2 antibody test prior to the HIV Qualitative TMA] •Bone Marrow Transplant patients Questions? Consult with Infectious Diseases.	Quest Diagnostics, Inc. 16185 via Medical Center Set up Monday, Wednesday, and Friday Result out in 2-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HLA B27 TYPING • B 27 • B27 • TISSUE TYPING • HLA B27 ANTIGEN (B 27)	KPDS: 8602700 Health Connect Order Code: HLA B27 TYPING [86812A]	GS4 [Sodium Heparin] HLB27	5.0 ml whole blood Transport: Ambient Do not refrigerate or freeze. Received: • frozen • refrigerated • lithium heparin [green top] • clotted A: 7 days R: 5 days F: NO Minimum specimen: 1.0 ml whole blood For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Negative The HLA-B27 antigen is present in 9% of Caucasian and 4% of black populations. (Flow Cytometry) • HLA-B27 is found in 90% of patients with ankylosing spondylitis and 80% of Reiter's disease. • Ankylosing spondylitis affects 1 in 1000 Caucasians. • Ankylosing spondilitis is 10 times more common among individuals with HLA-B27 compared to individuals without this antigen.	<u>QUEST DIAGNOSTICS</u> 528 via Medical Center Set up Tuesday - Sunday in the evening Reports out Wednesday - Monday in the morning

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HOMOGENITISIC ACID, URINE HOMOGENITISIC ACID - QUALITATIVE	KPDS: Removed from Service Master: 8309050 Health Connect Order Code: Inactivated: HOMOGENITISIC ACID [83520D]		Effective February 12, 2009, this test normally sent out to Mayo Medical Laboratories via Quest Diagnostics, has been discontinued by the vendor. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HTLV I/II DNA BY PCR	KPDS: Order Manually	10 mL ACD Yellow Top Solution A or B	<p>10 ml ACD whole blood. Transport: Ambient. Requires approval of I.D. physician.</p> <p>Send direct to: Quest Diagnostics via Medical Center OC; Account #2178. Call for pick-up. 1. Specimen stable for 48 TO 72 hours at room temperature. 2. Do NOT refrigerate or freeze. Formulary Restricted</p>	Accompanies Report (PCR)	Quest Diagnostics 34177X via Medical Centers

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HU ANTIBODY SCREEN •Anti-neuronal Nuclear Antibody (ANNA) • Anti-HU • HU Auto Antibody (Neuronal Nuclear Antibody)	KPDS: 8605615 Health Connect Order Code: NEURONAL NUCLEAR ANTIBODY TYPE 1 (HU), IFA W REFLEX TO TITER AND WESTERN BLOT [86255ZX]	RED7 Hu Scm	0.5 mL serum Transport: Refrigerated Overnight fasting is preferred. A: 7 days R: 14 days F: 21 days Minimum specimen: 0.2 mL serum Formulary	Hu Ab Screen, IFA - Negative Hu Ab, WB - Negative Hu Ab Titer - <1:40 (* Immunofluorescence Assay • Western Blot) • Paraneoplastic Syndrome involves non-metastatic systemic effects that accompany malignant disease. • Antineuronal Nuclear Antibody (Anti-Hu) is found in 5-10% of patients with small cell carcinoma of the lung. • Anti-Hu is associated with subacute syndrome of encephalomyelora diculopathy, sensory neuropathy, and autoimmune neuropathy, predominantly affecting the gastrointestinal tract.	QUEST DIAGNOSTICS 37053 via Medical Center Set up Sunday, Tuesday and Thursday after midnight Reports out Tuesday, Thursday and Saturday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HU, YO, AND RI ANTIBODIES WITH REFLEX	KPDS: Order manually	RED7	1.5 mL serum Transport: Ambient Overnight fasting is preferred A: 7 days R: 14 days F: 21 days Minimum specimen: 0.6 mL serum Non-Formulary	Accompanies report (Immunofluorescence)	Quest Diagnostics, Inc. 90138 via Medical Center

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HYDROCHLOROT HIAZIDE	KPDS: Order Manually	RED7	4 mL serum Transport: Ambient Received in gel separator tube A: 2 weeks R: 2 weeks F: 1 year Minimum specimen: 0.5 mL serum Non-Formulary	Accompanies report (High Performance Liquid Chromatography (HPLC))	NMS via QUEST DIAGNOSTICS T1.077X Center Set up Tuesday and Thursday Reports in 2 days
HYDROMORPHO NE, GC/MS Dilaudid	KPDS: Removed from Service Master: 8264900 Health Connect Order Code: Inactivated: HYDROMORPHO NE, GC/MS [80361E]		As of February 20, 2019, this test has been discontinued. Manually Order: <u>Opiate_Serum</u> Not-Formulary		•Not-Formulary (Discontinued)
HYDROXYPROLI NE, FREE, RANDOM	KPDS: Removed from Service Master: 8351010 Health Connect Order Code: Inactivated: HYDROXYPROLI NE, FREE, URINE [83500B]		Effective May 11, 2009, this test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano, has been discontinued. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HYDROXYPROLINE, TOTAL RAND UR	KPDS: Removed from Service Master: 8351020 Health Connect Order Code: Inactivated: HYDROXYPROLIN E, URINE, TOTAL [83505C]		Effective May 11, 2009, this test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano, has been discontinued. Not-Formulary		•Not-Formulary (Discontinued)
HYDROXYZINE • Atarax • Vistaril	KPDS: Order Manually	RED7	2 mL serum Transport: Ambient Received in gel separator tube A: 2 weeks R: 3 weeks F: 3 months Minimum specimen: 1 mL serum Non-Formulary	Accompanies report (Gas Chromatography)	NMS via QUEST DIAGNOSTICS T0931X [2230] via Medical Center Set up Monday to Sunday Reports in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HYPOGLYCEMIC PANEL/SERUM/PLASMA Hypoglycemia	KPDS: 8378805 Health Connect Order Code: HYPOGLYCEMIC DRUG PANEL [10 DRUGS] LC/MS/MS [82099AEZ]	RED7 HYGLP	<p>1 ml serum Transport: Refrigerated Promptly centrifuge and separate serum or plasma into a plastic screw capped vial using approved guidelines. Received: • SST and serum from SST • Ambient A: 48 hours R: 28 days F: 28 days Minimum specimen: 0.3ml serum Test includes:</p> <p>Sulfonylurea</p> <ul style="list-style-type: none"> •Chlorpropamide •Glimepiride •Glipizide •Glyburide •Tolazamide •Tolbutamide <p>Meglitinides</p> <ul style="list-style-type: none"> •Nateglinide •Repaglinide <p>Thiazolidinedione</p> <ul style="list-style-type: none"> •Pioglitazone •Rosiglitazone <p>For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	Accompanies report (High Performance Liquid Chromatography, Tandem Mass Spectroscopy)	NMS labs via QUEST DIAGNOSTICS 19595 via Medical Center Set up Tuesday and Thursday in the morning Reports out in 5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IA-2 ANTIBODY •ISLET CELL AG-512,AUTO AB •ISLET CELL ANTIGEN 512 ANTIBODY	KPDS: 8634100 Health Connect Order Code: IA-2 [ISLET ANTIGEN] ANTIBODY [86341E]	RED7 IC512	1 ml serum Transport: Refrigerated Received ambient A: 48 hours R: 1 week F: 3 years Minimum specimen: 0.2ml serum For laboratory Use Only: RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	Less than 5.4 U/ml (Enzyme linked immunosorbent assay (ELISA)) Type 1 diabetes is characterized by lymphocytic cell infiltrate of the pancreatic islets. Measurement of GAD-65, ICA-512, and Insulin Antibody is a highly sensitive means to assess risk and predict onset of Type 1 diabetes. There is a correlation between the number of positive antibodies and the antibody titers versus the severity of the autoimmune process.	<u>QUEST DIAGNOSTICS</u> 37933 [6248] via Medical Center Set up Tuesday and Friday morning reports out Wednesday and Saturday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IBUPROFEN LEVEL, HPLC	KPDS: 8499999 Health Connect Order Code: IBUPROFEN LEVEL, HPLC [80329C]	RED7 Ibuprofen	2 mL serum Transport: Refrigerated Received in gel separator tube A: 5 days R: 2 weeks F: 1 year Minimum specimen: 1 mL serum Formulary	Non-Toxic: 10 - 50µg/mL (HPLC)	<u>QUEST DIAGNOSTICS</u> 5136 via Medical Center Set up 7 days a week Reports in 1 days
IGD	KPDS: 8632063 Health Connect Order Code: IMMUNOGLOBULIN D [82784D]	RED7 IgD	1.0 mL serum Transport: Refrigerated A: 8 hrs R: 7 days F: 3 weeks Minimum specimen: 0.5ml serum <u>For laboratory Use Only.</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than 179 mg/L (Nephelometry) • IgD molecular weight 185 kD is one of the 5 classes of human immunoglobulins. • IgD accounts for less than 1% of the total plasma immunoglobulins. • Very high serum IgD concentrations are found in the multiple myeloma patients. • Raised levels are also found in the hyperimmunoglobulinemia IgD syndrome (HIDS).	<u>QUEST DIAGNOSTICS</u> 541X [3055][24604P] via Medical Center Sets up on Tuesday & Thursday in the morning Reports out on Tuesday & Thursday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGF BINDING PROTEIN 1 IGFBP-1	KPDS: 8351911 Health Connect Order Code: INSULIN-LIKE GROWTH FACTOR BINDING PROTEIN 1 [83519L]	RED7 IGFBP 1	1 ml serum Transport: Refrigerated Overnight fasting is required. Received: •gross hemolysis •lipemic •plasma A: 24 hours R: 7 days F: 28 days Minimum specimen: 0.2ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens	Adults: :: 34 ng/ml Pediatrics: 5 - 9 years: 15-955 ng/mL 10 - 14 years: 8-64 ng/mL 15 - 18 years: 5-40 ng/mL (Radioimmunoassay) • The concentration of IGFBP-1 is correlated with glycemic conditions. • IGFBP-1 may be used for monitoring insulin responsiveness, as a marker for insulin-producing tumors, monitoring acute fluctuations in insulin action, and determining if poor glycemic control is due to inadequate insulin treatment or dietary intake.	QUEST DIAGNOSTICS 36590 via Medical Center Sets up Tuesday afternoon Reports out Saturday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGF-1 (SOMATOMEDIN-C) IGF-1	KPDS: 8338001 Health Connect Order Code: INSULIN LIKE GROWTH FACTOR I [84305C]	RED7 IGF1	<p>0.5 ml serum Transport: Frozen Centrifuge after clotting; aliquot Received: • ambient • refrigerated • grossly hemolyzed • grossly lipemic • grossly icteric A: 48 hours R: 5 days F: 7 days Minimum specimen: 0.3ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens</u> Formulary</p>	<p>Age related reference ranges accompany report. (Liquid Chromatography/Mass Spectrometry [LC/MS]) Insulin-like growth factor I (IGF-1 or somatomedin C) is useful in evaluating growth-related disorders. Dwarfism is associated with low Growth Factor (hGH) concentrations and IGF-1. In contrast, both hormones are increased with acromegaly. IGF-1 concentrations are low with malnutrition, returning to the reference range upon restoration of a healthy diet.</p>	<p><u>QUEST DIAGNOSTICS</u> 16293 via Medical Center Set up Sunday - Friday Reports out Wednesday - Friday and Monday</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGG SUBCLASSES PANEL	KPDS: 8633500 Health Connect Order Code: IGG SUBCLASS PANEL [IGG 1,2,3,4 AND TOTAL IGG] [24964]	RED7 IGSUB	2 ml serum Transport: Refrigerated Overnight fasting is preferred. A: 72 hours R: 3 weeks F: 6 months Minimum specimen: 1 ml serum For laboratory Use Only: RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	Accompanies report (Nephelometric) •Specific IgG antibody responses depend on different IgG subclasses. Selective subclass deficiencies of IgG may occur even in the presence of IgG concentrations within the reference range. •Patients with recurrent bacterial infections may have a selective IgG subclass deficiency.	<u>QUEST DIAGNOSTICS</u> 7903 via Medical Center Set up Sunday - Thursday after midnight Reports out Monday - Friday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGG SYNTHESIS RATE/ INDEX •CSF IgG Index •IgG Synthesis Rate/Index, CSF	KPDS: 8278400 Health Connect Order Code: IGG SYNTHESIS RATE, SERUM AND CSF [200975]	RED7 AND SF10 (CSF collection tube) IGGR1	2 ml CSF AND 1 mL serum Transport: Refrigerated Both serum and CSF must be sent for calculation of synthesis rate by nephelometry. CSF must be crystalline clear. The collection date and time must be the same for both specimens. Received: •ambient •serum - hemolyzed •CSF - --xanthochromia --RBC's --hemolysis A: 8 hours R: 7 days F: 90 days Minimum specimen: 1.0 mL CSF and 0.5 mL serum Formulary	CSF IgG Synthesis Rate: -9.9 to +3.3 mg/24 h CSF IgG Index: <0.66 Ratio: 0.02 - 0.26 Albumin Index: 0.30 - 9.20 (Nephelometric) The IgG synthesis Rate/Index is useful in diagnosing and monitoring patients with multiple sclerosis and other inflammatory diseases involving the brain and meninges.	QUEST DIAGNOSTICS 7558 via Medical Center Set up Sunday - Saturday in the morning Reports out Sunday - Saturday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGG, CSF SPINAL FLUID, IGG (IMMUNO)	KPDS: 8633000 Health Connect Order Code: IMMUNOGLOBULI N G CSF[82784I]	SF10 IGGSF	1 mL CSF Transport: Frozen CSF must be clear A: 72 hours R: 7 days F: 90 days Minimum specimen: 0.5 mL CSF Formulary	Adults: 0.8 - 7.7 mg/dL (Fixed Rate Time Nephelometry) The concentration of CSF IgG is increased in various infectious, inflammatory conditions, neoplastic diseases and active multiple sclerosis. The concentration of CSF IgG is increased in various infectious, inflammatory conditions, neoplastic diseases, and active multiple sclerosis.	<u>QUEST DIAGNOSTICS</u> 4448 via Medical Center Sets up Monday, Wednesday & Friday in the morning Reports evening of same day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGG, IGA, INDIRECT IMMUNOFLUORESCENCE, SERUM •CUTANEOUS IMMUNOFLUOR ABS •PEMPHIGUS •IMMUNOFLUOR ESCENCE-SERUM	KPDS: Order Manually	GLD6 x2	15 mL whole blood Transport: Refrigerated Draw 2 full tubes•No spin necessary •Submit a minimum of 7.5 mL of blood Received: •Ambient •Frozen A: 48 hours R: 7 days F: NO Minimum specimen: 7.5 mL whole blood Non-Formulary	(Immunoassay) Complimentary diagnostic and prognostic tool for autoimmune blistering diseases, connective tissue disorders, and vasculitides. It is a semiquantitative technique whereby a double immunolabeling is performed to evaluate the presence and titer of circulating anti-epithelial cell surface, anti-basement membrane, antinuclear, and antineutrophil cytoplasmic antibodies.	Quest Diagnostics, Inc. 16690 via Medical Center Sets up Monday - Friday Reports 24-48 hours after set up

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IMMUNE CELL FUNCTION Lymphocyte Stimulation	KPDS: 8635310 Health Connect Order Code: CELL MEDIATED IMMUNE FUNCTION BY PHA STIMULATION OF LYMPHOCYTE ATP PRODUCTION [86353D]	GS4 IMMCF	1 ml whole blood Transport: Ambient Contact Quest Diagnostics prior to ordering for Special Logistics Arrangements NOTE: For Anaheim and North County labs: Due to the 30 hours specimen stability, specimen cannot be drawn on the weekend. For Antelope Valley and Bakersfield labs: Due to the 30 hours specimen stability, specimen must be received in SPD before 3:00pm. Please notify SPD and SEND sample to the Regional Lab ASAP. Patients may have their blood drawn at the <u>locations</u> listed here. <ul style="list-style-type: none"> • Aseptically collect whole blood into a specimen collection tube containing sodium heparin. • Detailed instructions on the collection of whole blood by venipuncture may be obtained from "Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture - 3rd Edition (H3-A3)" published by the National Committee for Clinical Laboratory Standards: July 1991, Vol.II, No.10• • Specimens >30 hours after collection • Received refrigerated • Received frozen • Hemolyzed specimens • Clotted blood A: 30 hours R: NO F: NO Minimum specimen: 0.5 ml whole blood Patients may have their blood drawn at the locations listed here. For laboratory Use Only: RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> Formulary	Immune Cell Function IgG/mL ATP < or = 225: Low Immune Cell Response 226-524: Moderate Immune Cell Response > or = 525: High Immune Cell Response (Luminometer)	QUEST DIAGNOSTICS 15435X [3885] Via Medical Center Sets up on Monday - Saturday in the afternoon Reports out on Tuesday - Sunday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INDIRECT IMMUNOFLUORESCENCE •CUTANEOUS IMMUNOFLUOR ABS •PEMPHIGUS •IMMUNOFLUOR ESCENCE-SERUM	KPDS: The test was Manually Ordered		As of 7/13/09 this test code 14508X [2227] has been withdrawn. Alternative test code <u>16690</u> is available.		(Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INFLUENZA B (ANTIBODY) INFLUENZA B ANTIBODIES (COMPLEMENT FIXATION)	KPDS: 8636054 Health Connect Order Code: INFLUENZA B ANTIBODY [86710P]	RED7 FLU-B	1 mL serum Transport: Refrigerated Received hemolyzed A: 4 days R: 1 week F: 1 month Minimum specimen: 0.5 mL serum Formulary	Less than 8 Clinical interpretation of complement fixation test results requires comparison of an acute serum sample to a convalescent serum sample. The convalescent serum sample should be collected 2-3 weeks later. (Complement Fixation (CF)) Influenza Type A and B viruses cause seasonal outbreaks of "the flu". Each winter, approximately 10-20% of the population is infected. Both Type A and B are included in the flu vaccine.	QUEST/DIAGNOSTICS 4440X [3148] [52308P] via Medical Center Sets up Tuesday and Thursday morning Reports out Wednesday and Friday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INHIBIN A Dimeric Inhibin A	KPDS: 8352003 Health Connect Order Code: INHIBIN A [86336A]	RED7 INHIB	<p>2 ml serum Transport: Frozen Centrifuge within 1 hour. Place in plastic vial. Received: •grossly hemolyzed •grossly lipemic A: 2 days R: 4 days F: 1 month Minimum specimen: 0.5ml serum <u>For laboratory Use Only.</u></p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p><u>Females</u> Premenopausal: less than 98 pg/ml Postmenopausal: less than 2.1 pg/ml</p> <p><u>Males:</u> Less than 2.0 pg/mL (Immunoassay) Inhibin A is useful as an indicator of gonadal function, and ovarian response to hMg or to FSH stimulation. Inhibin A, produced by the placenta, is used along with other maternal serum biochemical markers to improve sensitivity of the screen for Down syndrome risk.</p>	<p><u>QUEST DIAGNOSTICS</u> 34472 via Medical Center Set up Monday - Saturday morning Reports out Tuesday - Saturday and Monday evening</p>

QUEST				
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	PERFORMED AT
INTERLEUKIN 1 BETA INTERLEUKIN-1B	KPDS: 8351935 Health Connect Order Code: IL-1 BETA ASSAY [83520N]	RED7 IL-1B	<p>1 mL serum Transport: Frozen• Centrifuge immediately and freeze in plastic vial. • Store and ship the specimen frozen. Received: •Gross hemolysis •lipemic specimens •Visible particulate matter •SST A: 24 hours R: 48 hours F: 21 days Minimum specimen: 0.5ml serum Research use only For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p><u>QUEST DIAGNOSTICS</u> 1757 via Medical Center Set up Thursday morning Reports out Thursday noon</p>
INTERLEUKIN 4 IL-4	KPDS: Order Manually	RED7	<p>2 mL serum Transport: Frozen Freeze immediately after separating from cells. Received: • thawed serum or plasma • ambient • refrigerated A: NO R: 2 days F: Indefinitely Minimum specimen: 1.0 mL serum Non-Formulary</p>	<p>ViraCor-IBT laboratories via <u>QUEST DIAGNOSTICS 10213</u> 126921 via Medical Center Test is batched 1-5 times per week Average TAT is 2-9 days</p>
			<p>Less than 3.9 pg/mL (Enzyme Linked Immunoassay) IL-1 is a pro-inflammatory cytokine, and has also been associated with bone formation, insulin secretion, appetite regulation, fever reduction, neuronal development, and other conditions.</p>	
			<p>200-1800 pg/mL (Enzyme Immunoassay)</p>	

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INTERLEUKIN-2 RECEPTOR [CD25], Soluble •INTERLEUKIN-2 RECEPTOR SOLUBLE •IL-2	KPDS: 8423542 Health Connect Order Code: INTERLEUKIN-2 RECEPTOR [84238H]	RED7 IL-2 Recept	1 mL serum Transport: Frozen Received: • ambient • refrigerated A: Unacceptable R: 24 hours F: 1 month Minimum specimen: 0.5 mL serum Formulary	406-1100 U/mL Units/mL can be converted to sIL-2R pg/mL by dividing the reported value (U/mL) by 0.113 (Enzyme Immunoassay (EIA)) Following stimulation by antigen, IL-2R is expressed on all T cells. IL-2R is released by activated cells into the surrounding extracellular fluid. IL-2R is involved in infectious, inflammatory and autoimmune diseases, cancer, and transplantation. IL-2R antibodies are used therapeutically.	QUEST DIAGNOSTICS 34298 Via Medical Center Set up on the first Wednesday of the month Reports out Friday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INTRINSIC FACTOR BLOCKING ANTIBODIES INTRINSIC FACTOR BLOCKING ANTIBODIES	KPDS: 8653600 Health Connect Order Code: INTRINSIC FACTOR BLOCKING ANTIBODY [86340C]	RED7 IFB A	1 mL serum Transport: Refrigerated Do not order test within 48 hours following a Vit. B12 injection. A: 7 days R: 7 days F: 28 days Minimum specimen: 0.3ml serum For laboratory Use Only: RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	Negative (Immunoassay) • Intrinsic Factor, produced by cells lining the stomach, binds vitamin B12 (cyanocobalamin) to facilitate absorption of the vitamin. • Blocking antibody impedes the action of Intrinsic Factor as observed in approximately half of the patients who develop pernicious anemia.	<u>QUEST DIAGNOSTICS</u> 568 via Medical Center Sets up on Monday, Wednesday & Friday in the morning Reports out on Tuesday, Thursday & Saturday in the evening
IODINE PANEL	KPDS: Order Manually	RED7	2 mL serum Transport: Frozen A: 1 month K: Indefinite F: Indefinite Minimum specimen: 1.5 mL serum Non-Formulary	Protein Bound Iodine: 4.0-8.0 ug/dl Iodine Total Serum: 4.5-10.0 ug/dl Inorganic Iodine: 0.5-2.0 ug/dl (Ceric-Arsenic Redox Reaction)	Boston Medical Center via <u>QUEST DIAGNOSTICS</u> 58852 Via Medical Center Set up Monday - Friday Reports out Wednesday - Sunday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IRON, URINE IRON - QUANTITATIVE URINE	KPDS: 8354100 Health Connect Order Code: IRON, URINE [83540A]	Collect: UR99 Aliquot and Transport: UR25 FE-U	10 ml 24-hour urine Transport: Refrigerated NOTE: Quest has changed the transport temperature to ambient. However, due to the short specimen stability at ambient temperature, continue to submit specimens refrigerated. Collect and send in clean, plastic urine container(s) with no metal cap(s) or glued insert(s). <u>Collection Instructions no preservative [English]</u> Collection Instructions no preservative [Spanish] Record 24-hour urine volume on test request form and urine vial. A: 4 days R: 2 weeks F: 1 month Minimum specimen: 6 mL urine Formulary	Accompanies report (Atomic Absorption (AA))	<u>QUEST DIAGNOSTICS</u> 17515 via Medical Center Sets up on Tuesday & Thursday Reports out on Sunday & Monday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ISOHEMAGGLUTI NIN TITER Antihuman Globulin Test	KPDS: 8641064 Health Connect Order Code: ISOHEMAGGLUTI NIN PANEL [A1 A2, B] W TITER [249525]	RED7 Isohem Titr	2 mL serum Transport: Refrigerated A: Unacceptable R: 7 days F: 60 days Minimum specimen: 1 mL serum Formulary	Accompanies report (Hemagglutination)	Quest Diagnostics, Inc. <TestCode>[13273] [29837X] via Medical Center Tuesday and Friday morning Reports out Wednesday and Saturday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
JC VIRUS ANTIBODY W REFLEX TO INHIBITION ASSAY JC Polyoma Virus Ab Stratify JCV	KPDS: 8671100 Health Connect Order Code: JC VIRUS ANTIBODY W REFLEX TO INHIBITION ASSAY [86711B]	GLD6 JCV Ab W Rflx	<p>0.5 ml serum Transport: Refrigerated Please DO NOT order the following expensive tests, which are available in KP Health Connect.</p> <ul style="list-style-type: none"> JC VIRUS DNA_PCR [87798J] JC VIRUS DNA_QUAL_CSF_REAL-TIME PCR [87798BC] JC VIRUS DNA_QUAL_URINE_REAL-TIME PCR [87798BD] <p>These tests are reserved for immunocompromised or immunosuppressed patients with signs and symptoms suggestive of PMI. A: 7 days R: 14 days F: 90 days Minimum specimen: 0.25 ml This test is free to patients with multiple sclerosis or Crohn's disease who are taking Tysabri, or for when such treatment is being considered.</p> <p>For laboratory Use Only: RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>Accompanies report.</p> <p>NOTE: If the JCV Antibody result is "INDETERMINATE", then STRATIFY JCV Antibody Inhibition Assay will be performed at an additional charge [CPT code 86790] (Immunoassay) The JC Virus [JCV] is associated with progressive multifocal leukoencephalopathy [PML]. Detection of antibodies to JCV in serum or plasma is a reliable indicator of exposure to JCV. The analytical performance characteristics were determined for multiple sclerosis patients.</p>	<p>Quest Diagnostics, Inc. 91665 - via Medical Center</p> <p>Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest. Set up Monday - Friday Reports out in 1 - 14 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
JO-1 ANTIBODY ANTI-JO-1	KPDS: 8636052 Health Connect Order Code: JO-1 ANTIBODY [86235E]	RED7 JO1AB	<p>1 ml serum Transport: Refrigerated Received: • Hemolyzed • lipemic A: 4 days R: 1 week F: 1 month Minimum specimen: 0.5ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Negative: Index values less than or equal to 1.00 Positive: Index values greater than 1.00 (Enzyme Immunoassay) Jo-1 antibody is found in patients with idiopathic inflammatory myopathies including approximately one-fourth of patients with advanced polymyositis and dermatomyositis. Jo-1 Antibody is associated with pulmonary disease and arthropathy.</p>	<p>QUEST DIAGNOSTICS 5870X (52340P), [723] via Medical Center Set up Monday, Wednesday & Friday in the evening Reports out Tuesday, Thursday & Saturday after midnight</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
KAISER JEWISH PANEL 2 DISORDERS	KPDS: 8391214 Health Connect Order Code: ASHKENAZI GENETIC PANEL 2 (CF,TS) [207275]	LAV5 JP-2	<p>5 ml whole blood Transport: Ambient•Specimen stability is crucial. •Do not freeze. •Store and ship ambient immediately. Received frozen A: 8 days R: 8 days F: Unacceptable Minimum specimen: 3 ml whole blood•Panel 2 screens for Cystic Fibrosis and Tay-Sachs. •This panel is intended for individuals and couples where only <u>one</u> person is Ashkenazi Jewish.</p> <p><u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	Accompanies report (Multiplex Polymerase Chain Reaction, Massively Parallel Sequencing, Next Generation Sequencing)	QUEST DIAGNOSTICS 4934 via Medical Center Set up as needed 7-8 days following set up.

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LAMELLAR BODY COUNT •Fetal Lung Maturity •FLM •Lamellar Body Count, Amniotic Fluid •Lamellar Body Counts •LBC	KPDS: 8366400 Health Connect Order Code: LAMELLAR BODIES COUNT [83664B]	AF10 [amber Amniotic Fluid Collection tube or SF10 [clear CSF collection tube] Lamellar	1 mL amniotic fluid Transport: Refrigerated Collect amniotic fluid by amniocentesis or vaginal pool obtained from free flowing fluid [without obvious mucus]. •Submit in original collection tube •Do not centrifuge •Do not aliquot •Vaginal pools containing mucous •Specimens containing meconium •Specimens exceeding 30,000 red blood cells per microliter •Frozen A: 1 week R: 1 week F: Unacceptable Minimum specimen: 0.25 mL amniotic fluid Formulary	Greater than or equal to 50 k/uL (Quantitative Automated Cell Count) A lamellar body count result greater than or equal to 50 k/uL is consistent with fetal lung maturity. Because there is no lamellar body count below which fetal lung immaturity can be identified with high certainty, a result less than 50 k/uL can only be interpreted as "not mature." Fetal lung maturity (FLM) testing has limited clinical use; however, if pursuing FLM testing, this is the preferred test.	MAYO LBC via Quest Diagnostics via Medical Center Sunday - Saturday Reported within 24 hours
LAP	KPDS:		Can either be: <u>leucine Aminopeptidase</u> , or <u>leukocyte Alkaline Phosphatase.</u> DOCTOR MUST CLARIFY ORDER, then see appropriate entry.		

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LATS (LONG ACTING THYROID STIMULATOR)	KPDS:		ORDER THYROID STIM IMMUNOGLOB. (TSI, procedure code 8348001		
LDH, PERICARDIAL FLUID	KPDS: 8361508 Health Connect Order Code: LDH, PERICARDIAL FLUID [83615M]	SC99 Sterile Container or RED7	1 mL Pericardial Fluid Transport: Frozen Received grossly hemolyzed A: 7 days R: 7 days F: 28 days Minimum specimen: 0.5 mL Pericardial Fluid Formulary	Transudate: <200 U/L Exudate: <200 U/L (Ultra Violet Kinetic) The most reliable tests for differentiating between the transudates and exudates are the simultaneous analysis of pericardial fluid and serum from lactic dehydrogenase [LD] and total protein levels. The main usefulness in defining serous body fluids as a transudate or exudate is to determine which effusions need further laboratory evaluation.	Quest Diagnostics 1764TX Via Medical Center Sunday, Tuesday, Thursday, Friday 3-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LEGIONELLA PNEUMOPHILIA, ANTIBODY <i>legionella pneumophila</i> AB	KPDS: Excluded in Service Master: 8600901 Health Connect Order Code: Inactivated: LEGIONELLA PNEUMOPHILIA ANTIBODY [86713B]		As of 6/11/18, his test, formally performed at Quest Diagnostics has been discontinued. The recommended alternatives are: • Quest Code 36580 - legionella pneumophila Antibody [IGG] IFA • Quest Code 30268 - legionella pneumophila Antibody [IGM] IFA		
LEGIONELLA PNEUMOPHILIA ANTIBODY PANEL	KPDS:	RED7 x2	2 ml serum Transport: Ambient A: 7 days R: 14 days F: 30 days Minimum specimen: 0.4 ml serum Search on Health Connect for the following SmartGroup Panels: PNIIEGIONEIIA PNEUMOPHIIIA IGG & IGM ANTIBODIES AMB SCAI PNIIEGIONEIIA PNEUMOPHIIIA IGG & IGM ANTIBODIES IP SCAI Panel consists of: • IEGIONEIIA PNEUMOPHIIIA ANTIBODY [IGG] IFA • IEGIONEIIA PNEUMOPHIIIA ANTIBODY [IGM] IFA Formulary	(Immunofluorescence Assay [IFA])	Quest Diagnostics Tuesday - Saturday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>LEISHMANIA ANTIBODY IGG</p> <ul style="list-style-type: none"> •Leishmania Donovanii •LEISHMANIASIS AB, IFA 	<p>KPDS: 8617631</p> <p>Health Connect Order Code: LEISHMANIA ANTIBODY [86717E]</p>	<p>RED7 LEISH</p>	<p>1 mL serum</p> <p>T Transport: Ambient</p> <p>A: 7 days</p> <p>R: 14 days</p> <p>F: 30 days</p> <p>Minimum specimen: 0.1 mL serum</p> <p>Formulary</p>	<p><1.00 (Enzyme Immunoassay [EIA])</p> <p><1.00 - Negative</p> <p>1.00 - Positive</p> <p>Detection of Leishmania IgG provides strong support for the diagnosis of visceral leishmaniasis. Some (but not all) patients with cutaneous leishmaniasis also have detectable serum levels of Leishmania IgG. Sera from patients with Trypanosoma cruzi infection (Chagas' disease) show significant cross-reactivity in the Leishmania IgG assay.</p>	<p>QUEST DIAGNOSTICS 92480 via Medical Center</p> <p>Set up Monday - Friday</p> <p>Reports same day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LEPTOSPIRA DNA, QUALITATIVE, PCR	KPDS: 8779834 Health Connect Order Code: LEPTOSPIRA DNA, QUALITATIVE, PCR [87798BM]	SC99_ Sterile Container of LAV5 or SF10 LEPTO	5 ml frozen urine collected in SC99 OR 1 ml whole blood collected in EDTA OR 1 ml CSF collected in SF10 NOTE: The container label will be SC99 but any of the above sources can be submitted for this test. Transport: Urine: Frozen Whole Blood Or Csf: Refrigerated Urine: Freeze immediately and transport frozen. Do not thaw. Whole blood or CSF: Refrigerated A: Urine: NO Whole Blood/CSF: 48 hours R: Urine: NO Whole Blood/CSF: 7 days F: Urine: 30 days Whole Blood/CSF: 30 days Minimum specimen: 1 ml urine 0.8 ml whole blood 0.5 ml CSF <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Not detected (Real-Time Polymerase Chain Reaction [RT-PCR]) PCR can be used to rapidly diagnose Leptospirosis, an infection caused by a waterborne spirochete of the genus Leptospira. In addition, testing of blood, CSF and urine may give an indication of the stage of infection.	Quest Diagnostics 17875 via Medical Center Set up Monday, Wednesday and Friday Report available in 1-3 days
LEUCINE AMINOPEPTIDASE (LAP)	KPDS: Formerly a Manual Order		Effective February 1, 2016, this test normally sent to Quest Diagnostics has been discontinued. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LEUKOCYTE ALK. PHOS. LEUKOCYTE ALKALINE PHOSPHATASE (LAP)	KPDS: EXCLUDED in Service Master: 8554000 Health Connect Order Code: LEUKOCYTE ALKALINE PHOSPHATASE SCORE [85540B]		<ul style="list-style-type: none"> Effective 04/04/2011, LEUKOCYTE ALKALINE PHOSPHATASE SCORE [85540B] testing will not be available for ordering in Health Connect. It is being discontinued by Quest Diagnostics, who performs this test for the Kaiser Southern California region. The test is being discontinued because it is no longer recommended to aid in the diagnosis of chronic myelogenous leukemia or other hematologic disorders. This recommendation is based upon guidance from the World Health Organization, British Committee for Standards in Haematology, and the Polycythemia Vera Study Group. For the diagnosis of chronic myelogenous leukemia, the National Comprehensive Cancer Network (NCCN) recommends: <ul style="list-style-type: none"> CHROMOSOME ANALYSIS - CANCER CYTOGENETICS-BONE MARROW HC: 219136 and BCR/ABI GENE, PCR-BONE MARROW [HC: 219136] If bone marrow cannot be obtained, then the recommended test is BCR/ABI Detection by Fluorescence In-Situ Hybridization (manual order) on the peripheral blood. Another option available at the Medical Genetics Laboratory is BCR/ABI GENE, PCR-BLOOD [HC: 219135] 	<ul style="list-style-type: none"> Not-Formulary (Discontinued) 	

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LEVETIRACETAM LEVEL Keppra	KPDS: 8249105 Health Connect Order Code: LEVETIRACETAM LEVEL [80177A]	RED7 LEVELT	1 ml serum Transport: Frozen*Collect at trough level [i.e. immediately prior to next dose] *Avoid use of serum separator tubes as the drug may be adsorbed to the gel A: 2 weeks R: 28 days F: 2 months Minimum specimen: 0.5ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	12.0-46.0 mcg/mL (Liquid Chromatography Tandem Mass Spectrometry)	Quest Diagnostics 15142 via Medical Center Set up Monday - Saturday Reports out in 2-3 days
LH, PEDIATRICS PED LH	KPDS: 8300284 Health Connect Order Code: LH, PEDIATRIC [83002H]	RED7 PEDLH	0.5 ml serum Transport: Frozen Collect blood specimens in red-top tube (no gel) or serum separator tube (plastic) and separate the serum immediately. Sample may be drawn in a serum separator red-top glass tube, but not submitted in this tube. Freeze immediately and submit to Quest frozen. Received: • Hemolyzed • Icteric • Plasma samples • Highly lipemic • Glass tubes • Ambient • Refrigerated A: NO R: NO F: 28 days Minimum specimen: 0.3ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (Immunoassay)	QUEST DIAGNOSTICS 36086 via Medical Center Set up Monday - Friday morning Reports out Tuesday - Saturday morning

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LIDOCAINE Xylocaine	KPDS: 8462500 Health Connect Order Code: LIDOCAINE LEVEL [80176B]	RED7 LIDO	1 ml serum Transport: Ambient Collect as trough prior to next dose Centrifuge and immediately separate serum from cells into clean, plastic, screw-capped vial. Serum separator tubes (SST) A: 5 days R: 7 days F: 1 month Minimum specimen: 0.2ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	1.5 - 5.0 mcg/mL (Immunoassay) Lidocaine direct injection or infusion is used in the emergency treatment of ventricular arrhythmias caused by acute myocardial infarction, open-heart surgery. It is also used for topical anesthesia administered as a gel or by injection. Lidocaine levels are monitored to assure adequate therapeutic levels are achieved and to avoid toxicity.	Quest Diagnostics 605 via Medical Center Set up Monday - Friday Reports in 2 days
LIPASE, URINE	KPDS: 8319060 Health Connect Order Code: LIPASE, URINE [83690C]	Collect: UR25 Aliquot and Transport: UR10 LIP-U	2 ml urine Transport: Refrigerated Do not use preservatives. A: 5 days R: 5 days F: 21 days Minimum specimen: 1 ml urine For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Adults: 4 U/L (Spectrophotometry)	QUEST/DIAGNOSTICS 731X [108886F] Via Medical Center Sets up Sunday, Tuesday - Friday morning Reports out Monday, Wednesday - Saturday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LIPID-ASSOCIATED SIALIC ACID (LSA, LASA)	KPDS: Removed from Service Master: 8391216 Health Connect Order Code: Inactivated: LASA-P LIPID ASSOC SIALIC ACID [84275A]		Effective February 1, 2016, this test normally sent to Quest Diagnostics has been discontinued. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)
LIPOPROTEIN (A)	KPDS: 8217202 Health Connect Order Code: LIPOPROTEIN (A) [83695A]	RED7 LIP-A	1 ml serum Transport: Refrigerated Received: •ambient •PPT Potassium EDTA [ehite top] •grossly lipemic •gross hemolysis A: 1 week R: 2 weeks F: 3 months Minimum specimen: 0.5ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Less than 75 nmol/L (Immunoturbidmetric) Elevated concentrations of Lp(a) are associated with increased risk of coronary artery disease.	QUEST DIAGNOSTICS 34604 Via Medical Center Set up Tuesday - Sunday evening Reports out Wednesday - Monday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LIVER KIDNEY MICROSOMAL ANTIBODY ANTI-LKM1(LIVER KIDNEY MICROSOMAL ANTIBODY)	KPDS: 8637605 Health Connect Order Code: LIVER KIDNEY MICROSOMAL ANTIBODY [86376A]	RED7 ALKAB	1 ml serum Transport: Frozen Microbiologically contaminated serum; Grossly hemolyzed specimens; lipemic specimens; Specimens with heavy, visible particulate A: 4 days R: 2 weeks F: 1 month Minimum specimen: 0.3ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Negative: Less than or equal to 20.0 (IgG) U Equivocal: 20.1-24.9 (IgG) U Positive: Greater than or equal to 25.0 (IgG) U (Enzyme Linked Immunosorbent Immunoassay) Antibodies to this cytochrome are present in approximately 70% of patients with autoimmune hepatitis type 2. This antibody is also present in approximately 10% of patients with Hepatitis C infection. The presence of LKM-1 antibodies can be used in conjunction with clinical findings and other laboratory tests to aid in the diagnosis of autoimmune liver diseases such as autoimmune hepatitis (AIH-2).	<u>QUEST DIAGNOSTICS</u> 15038 via Medical Center Sets up Tuesday - Saturday afternoon Reports out Tuesday - Saturday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LONG ACTING THYROID STIMULATOR (LATS)	KPDS:		ORDER THYROID STIM IMMUNOJOB (TSI, procedure code href=http://kpnnet.kp.org:81/california/scpmsg/labnet/testmenu/testmenu.jsp?TID=2691&TNAME=THYROID+STIM+IMMUNOJOB_target=>_blank> 8348001		
LORAZEPAM LEVEL, HPLC	KPDS: 8015415 Health Connect Order Code: LORAZEPAM LEVEL, HPLC [80346J]	RED7 LORAZ	2 ml serum Transport: Refrigerated Received gel separator tube A: 72 hours R: 72 hours F: NO Minimum specimen: 2 ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Therapeutic Level: 0.02-0.24 mg/L Potentially Toxic Level: 0.30-0.60 mg/L (High Performance Liquid Chromatography (HPLC))	QUEST DIAGNOSTICS 34519 via Medical Center Set up Tuesday, Thursday and Saturday Reports in 2 days
LSD, URINE, QUAL, EIA LSD (QUALITATIVE)	KPDS: Excluded in Service Master: 8010101 Health Connect Order Code: Inactivated: LSD, URINE, QUALITATIVE, EIA [80101N]		As of 1/15/18, this test formally performed at Quest Diagnostics is no longer available. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LUVOX (FLUVOXAMINE)	KPDS: Order Manually	RED7	3 mL serum T Transport: Ambient A: 2 weeks R: 2 weeks F: 6 months Minimum specimen: 1 mL serum Non-Formulary	Accompanies report (Gas Chromatography)	<u>QUEST DIAGNOSTICS</u> 30529 [11247] Via Medical Center Set up on Tuesday - Thursday Reports in 3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>LYME DISEASE ANTIBODIES [IGG, IGM], IBL CSF</p> <p>Borrelia burgdorferi IgG, IGM</p>	<p>KPDS: 8640305</p> <p>Health Connect Order Code: BORRELIA BURGDOFFERI IGG IGM, CSF, WESTERN BLOT [208630]</p>	SF10	<p>2 mL CSF</p> <p>Transport: Ambient</p> <p>A: 7 days</p> <p>R: 14 days</p> <p>F: 30 days</p> <p>Minimum specimen: 0.5 mL CSF Formulary</p>	<p>Lyme Disease Ab (IgG), IB No bands detected</p> <p>Lyme Disease Ab (IgM), IB No bands detected</p> <p>(Immunoblot)</p> <p>No interpretive criteria for Borrelia burgdorferi</p> <p>Western blot have been established for CSF or other fluids. The presence of B. burgdorferi reactive antibodies in fluids may represent either compartmental antibody production or transudation of plasma antibody. The Western blot test will confirm the presence of B. burgdorferi specific antibodies detected by serologic screening methods (ELISA, IFA).</p>	<p>Quest Diagnostics 70028</p> <p>Set up Monday, Wednesday and Friday</p> <p>Report available in 1-4 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LYMPHOCYTIC CHORIOMENINGITIS VIRUS ANTIBODY •LYMPHOCYTIC CHORIOMENINGITIS VIRUS ANTIBODIES (LCM) •LCM ANTIBODY TITER	KPDS: Excluded in Service Master: 8228271 Health Connect Order Code: Inactivated: LYMPHOCYTIC CHORIOMENINGITIS VIRUS ANTIBODY [86727B]		As of February 12, 2016, this test, formally performed at Quest Diagnostics, has been discontinued. Testing available at ARUP: LYMPHOCYTIC CHORIOMENINGITIS VIRUS ANTIBODIES, IGG & TGM Not-Formulary		•Not-Formulary (Discontinued)
LYMPHOGRANULOMA VENEREUM (LGV) DIFF ANTIBODY PANEL, MIF	KPDS: Order manually	RED7	1 mL serum Transport: Ambient A: 7 days R: 14 days F: 30 days Minimum specimen: 0.2 mL serum Test includes: C. trachomatis (L2) IgG C. trachomatis (L2) IgA C. trachomatis (L2) IgM C. trachomatis (D-K) IgG C. trachomatis (D-K) IgA C. trachomatis (D-K) IgM C. pneumoniae IgG C. pneumoniae IgA C. psittaci IgG C. psittaci IgA C. psittaci IgM Formulary	IgG <1:64 IgA <1:16 IgM <1:10 (Micro-Immunofluorescence [MIF])	Quest Diagnostics, Inc. 19553 Via Medical Center Set up Tuesday - Saturday Report available in 1-3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LYSOZYME, URINE LYSOZYME (MURAMIDASE)	KPDS: EXCLUDED in Service Master: 8554900 Health Connect Order Code: Inactivated: LYSOZYME URINE [85549A]		Effective March 28, 2011, this test has been discontinued by Quest Diagnostics due to low utilization. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MAGNESIUM RBC	KPDS: 8378510 Health Connect Order Code: MAGNESIUM, RED BLOOD CELL [83735E]	LAV5 MGRBC	<p>0.5 ml whole blood Transport: Refrigerated • Do not centrifuge whole blood • leave packed cells in original collection tube Patient should refrain from taking vitamins, or mineral herbal supplements for at least one week before sample collection. Received: • Sodium Heparin lead-free [tan top] tubes • Sodium Heparin [green top] tubes • Frozen A: 7 days R: 7 days F: No Minimum specimen: 0.2 ml whole blood For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>4.0-6.4 mg/dL Defection limit: 0.1 mg/dL (Inductively Coupled Plasma- Mass Spectrometry) RBC Magnesium reflects intracellular concentration of magnesium. RBC Magnesium may have an inverse relationship with hypertension. Magnesium is an essential trace element. Deficiency leads to irritability, neuromuscular abnormalities, cardiac and renal damage. Its salts are used as antacids and cathartics. Excessive amount may cause CNS depression, loss of muscle tone, respiratory and cardiac arrest.</p>	<p>QUEST DIAGNOSTICS 623 via Medical Center Set up Monday and Thursday</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MANGANESE, BLOOD	KPDS: 8378500 Health Connect Order Code: MANGANESE, BLOOD [83785A]	ROY7 MN BLD	<p>2 ml whole blood Transport: Refrigerated-Collect blood in a Royal Blue Top (EDTA) tube</p> <ul style="list-style-type: none"> To avoid contamination, use powderless gloves Carefully clean skin prior to collection Avoid worksite collection <p>DO NOT ALLIQUOT SPECIMEN</p> <p>Received:</p> <ul style="list-style-type: none"> hemolyzed ambient clotted <ul style="list-style-type: none"> Sodium heparin lead-free [tan top] tube <p>A: 4 hours R: 2 weeks F: 60 days</p> <p>Minimum specimen: 1 ml whole blood For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	7-16 mcg/L (Inductively coupled plasma-mass spectrometry (ICPMS)) Manganese is an essential trace metal. Toxicity that can result from excessive exposure can cause serious organ damage. Manganese can be measured in a variety of body fluids and tissues.	QUEST DIAGNOSTICS 626 via Medical Center Sets up Tuesday and Friday Reports in 1-5 days
MAPROTILINE Ludiomil	KPDS: EXCLUDED in Service Master [8463053] Health Connect Order Code: Inactivated: MAPROTILINE [82491N]		Effective 10/17/12, this test normally performed at Quest Diagnostics, Inc., has been discontinued by the vendor. There is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MENINGITIS- ENCEPH, CSF MENINGO- ENCEPHALITIS COMPREHENSIV E ANTIBODY PANEL	KPDS:		<p>This test has been discontinued as of March 21, 2011. The recommended alternative test is: <u>Meningoencephalitis Comprehensive Panel [CSF]</u>.</p> <p>Please order manually.</p>		(Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MENINGOENCEPHALITIS COMPREHENSIVE PANEL [CSF] Meningitis-encephalitis Panel [CSF]	KPDS: Order Manually	SF10	<p>4 mL CSF Transport: Refrigerated This test is restricted to Infectious Disease Providers. Received ambient A: Unacceptable R: 1 week F: 1 month Minimum specimen: 3 mL CSF Quest Description & Test Code: Meningoencephalitis Comprehensive Panel [CSF]</p> <p>Panel includes:</p> <ul style="list-style-type: none"> •Adenovirus Antibody, CF •California Encephalitis IgG & IgM, IFA •Coxsackie A2, A4, A7, A9, A10, A16, B1, B2, B3, B4, B5, B6 Antibodies, CF •Eastern Equine IgG & IgM, IFA •West Nile Virus IgG & IgM, ELISA •Echovirus 4, 7, 9, 11, 30 Antibodies, CF •HSV 1 & 2 IgM, IFA •HSV 1 & 2 IgG Index, ELISA •Influenza A & B Antibody , CF •LCM IgG & IgM, IFA •Measles [Rubeola] IgG & IgM, IFA •Mumps Antibody IgG & IgM, IFA •St. Louis Encephalitis IgG & IgM, IFA •Varicella Zoster Virus Antibody, IFA •Western Equine Encephalitis IgG & IgM, IFA <p>Formulary Restricted</p>	Accompanies report (Based on assay - See Comments)	Quest Diagnostics, Inc. 36863 <TestCode></TestCode> Via Medical Center Based on individual assays Based on individual assays

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MEPROBAMATE	KPDS: Removed from Service Master: 8263601 Health Connect Order Code: Inactivated: MEPROBAMATE [83805B]		As of 11/12/18, this test formally performed at Quest Diagnostics, has been discontinued. There are no alternative tests available. Not-Formulary		•Not-Formulary
MERCAPTOPURINE PURINETHOL	KPDS: Excluded in Service Master: 8029940 Health Connect Order Code: Inactivated: MERCAPTOPURINE LEVEL [80299Z]		Effective August 4, 2014, this test normally performed by NMS [via Quest Diagnostics] has been discontinued by the vendor. The alternative test is: <u>Thiopurine Metabolites</u> [HC 233505] Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MERCURY, 24 HR URINE	KPDS: 8229200 Health Connect Order Code: MERCURY, 24 HR URINE [83825E]	See Specimen Requirements Field MER-U	<p>Collect: TU99 Aliquot and Transport: <u>Quest Urine Acid Washed Tube with Red Lid</u> 7 ml aliquot of a 24 hour urine</p> <p>Alternative Specimen: Tests performed on a specimen submitted in a non-trace element tube or non acid washed/non metal free container may not accurately reflect the patients level. If a non-trace element tube/container is received, it will be accepted for testing. However, elevated results shall be reported with a message that a re-submission with a trace element tube/container is recommended. Transport: Refrigerated • Wash hands before every sample collection and wipe hands dry with lint-free paper towels. Do not use recycled paper. • Collect 24-hour urine in an acid-washed or metal free plastic container. • Avoid worksite collection. Avoid seafood consumption for 48 hours prior to collection A: 2 days R: 5 days F: 2 weeks Minimum specimen: 3 ml aliquot of a 24 hour urine <u>For laboratory Use Only:</u></p> <p>RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u></p>	<p>Normal Range: less than or equal to 20 mcg/L Toxic Range: 150 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry) Mercury, a highly toxic metal, is present in select industrial environments and in contaminated ocean fish. Urinary measurements are appropriate for assessing ongoing exposure to inorganic mercury.</p>	<p>Quest Diagnostics 36441 via Medical Center Set up Tuesday, Thursday, and Saturday Reports in 1 day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MERCURY, BLOOD	KPDS: 8229011 Health Connect Order Code: MERCURY BLOOD [83825F]	BE7 [Royal Blue EDTA] MERCU	<p>4 ml whole blood Transport: Refrigerated-To avoid contamination, use powderless gloves •Carefully clean skin prior to collection •Avoid worksite collection</p> <p>DO NOT ALIQUOT SPECIMEN. Avoid seafood consumption 48 hours prior to collection Received: • Frozen • Clotted • Capillary tubes A: 5 days R: 1 week F: Unacceptable Minimum specimen: 2 ml whole blood <u>For laboratory Use Only:</u></p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Less than 10 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry) Mercury, a highly toxic metal, is present in select industrial environments and in contaminated ocean fish.</p>	<p><u>QUEST DIAGNOSTICS</u> 636 via Medical Center Set up Tuesday, Thursday and Saturday Reports in 3-4 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MERCURY, HAIR	KPDS: 8229210 Health Connect Order Code: MERCURY, HAIR [83825B]	SC99 Sterile Container MERHN	<p>0.5 g hair</p> <p>Transport: Ambient-Send at least three inches of hair, the length of an index finger and the width of a pencil.</p> <ul style="list-style-type: none"> •Cut hair near scalp. Do not cut scalp or pull hair. •Place hair in an acid washed or trace metal-free plastic container. •Indicate patient name and source of hair on the outside of the container. <p>Note: Head hair is the preferred specimen. If head hair is not available, pubic, beard, mustache or chest hair is acceptable, if enough quantity can be obtained. Beard trimmings or razor clippings are not acceptable.</p> <p>Place container in a plastic bag</p> <p>Cautions:</p> <ul style="list-style-type: none"> •Do not apply tape to hair •Patients that have used a Grecian® Formula product cannot have lead testing performed on their hair. Those products contain lead. <p>Received: •refrigerated •frozen</p> <p>beard trimmings or razor clippings Minimum specimen: 0.1 gm hair As of May 12, 2010, Quest Diagnostics has indicated that Nails are no longer as acceptable source for this test. Formulary</p>	Greater than 16 years: 0.0-0.9 mcg/g (Flameless Atomic Absorption Spectrometry)	Mayo Clinic: HGHAR via QUEST DIAGNOSTICS via Medical Center Set up Monday - Friday Reports out in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
METANEPHRINE S, 24-HOUR URINE Normetanephrine	KPDS: 8314603 Health Connect Order Code: METANEPHRINE S, 24 HOUR URINE [83835A]	Collect: UR99 Aliquot and Transport: UR25 Meta24U wp	<p>5 mL urine aliquot Transport: Ambient [If Ph Is Adjusted To less Than 3] Frozen [If Ph is less Than 6] • Begin collection in A.M. • Void and discard first A.M. urine. • Record time [this is the start time]. • Collect all urine for a 24 hour period including the last urine voided at the start time.</p> <p><u>Collection Instructions no. preservative [English]</u> <u>Collection Instructions no. preservative [Spanish]</u> • After urine collection, add 25 mL of 6N HCl to maintain a pH <3. • Urine without preservative [not adjusted with 6N HCl] is acceptable if pH is below 6 and the sample is shipped frozen.</p> <ul style="list-style-type: none"> Record 24-hour urine volume and patient's age on urine vial. • It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives cause minimal or no interference. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection Medications which are alpha agonists (Aldomet), alpha blockers (Dibenzyline) should be avoided 18-24 hours prior to specimen collection. A: 1 week [acidified] R: 8 days [acidified] F: 1 month Minimum specimen: 1.5 mL urine aliquot Does not include VMA and Catecholamines Formulary 	Age related reference ranges accompany report (Liquid Chromatography Tandem Mass Spectrometry)	<u>QUEST DIAGNOSTICS</u> 14962X via Medical Center Set up Tuesday - Saturday Reports out in 3-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
METANEPHRINE S, FRACTIONATED, LC/MS, RANDOM URINE Normetanephrine	KPDS: 8314605 Health Connect Order Code: METANEPHRINE S, FRACTIONATED/ CREATININE RATIO, URINE 247201]	Collect and ship: UR25 Meta Fc, RU	5 ml urine Transport: Ambient [If Ph Is Adjusted To less Than 3] Frozen [If Ph Is less Than 6]* Adjust pH to less than 3 using 6N HCl. * Urine without preservative [not adjusted with 6N HCl] is acceptable if pH is below 6 and the sample is shipped frozen.* It is preferable for the patient to be off medications for three days prior to collection. * Medications which are alpha antagonists [Aldomet], alpha blockers [Dibenzyline] should be avoided 18-24 hours prior to collection. * Patient should avoid tobacco, tea, and coffee for three days prior to collection. Urine collected with boric acid A: 1 week [acidified] R: 8 days [acidified] F: 1 month Minimum specimen: 1.5 ml urine Does not include VMA and Catecholamines. For laboratory Use Only RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens <u>Formulary</u>	Age related reference ranges accompany report. (Liquid Chromatography Tandem Mass Spectrometry) Useful in the evaluation of pheochromocytoma a.	<u>QUEST DIAGNOSTICS</u> 14961X [3587] Via Medical Center Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest Set up Tuesday - Saturday Reports out in 3 - 4 days
METHARBITAL Gemonil	KPDS: Removed from Service Master: 8463060 Health Connect Order Code: Inactivated: METAHRBITAL [82205F]		The test formally sent to Quest Diagnostics has been discontinued due to low utilization. There is no recommended alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
METHEMALBUMIN	KPDS: 8385700 Health Connect Order Code: METHEMALBUMIN [83857B]		Effective February 22, 2010 this test sent out to NMS Labs via Quest Diagnostics, has been discontinued due to low utilization. The current Health Connect order code has been inactivated as of March 31, 2010. Not-Formulary		•Not-Formulary (Discontinued)
METHSUXIMIDE METABOLITE, HPLC • Celontin • Petinutin	KPDS: 8221600 Health Connect Order Code: METHSUXIMIDE METABOLITE, HPLC [80339E]	RED7 METHS	1 ml serum Transport: Ambient Promptly centrifuge and separate serum or plasma into a plastic screw capped vial using approved guidelines. Polymer gel separation tube (SST or PST) A: 7 days R: 14 days F: 14 days Minimum specimen: 0.3ml serum <u>For laboratory Use Only.</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (High Performance Liquid Chromatography (HPLC)/Tandem mass spectrometry)	NMS via QUEST DIAGNOSTICS 21361X [12387] via Medical Center Set up Daily Report available 7 days after set up
METOPROLOL (LOPRESSOR)	KPDS: Order Manually	RED7	3 mL serum Transport: Refrigerated A: 2 weeks K: 2 weeks F: 2 weeks Minimum specimen: 3 mL serum Non-Formulary	Accompanies report (High Performance Liquid Chromatography/Mass Spectrometry (HPLC/MS))	NMS via QUEST DIAGNOSTICS NMS code: 3043B via Medical Center Sets up on Tuesday and Thursday Reports in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MEXILETINE MEXITIL	KPDS: 8420608 Health Connect Order Code: MEXILETINE [80299ABX]	RED7 MEXLT	2 ml serum Transport: Refrigerated • The use of serum separator tubes is not recommended. Received in gel separator tube A: 2 weeks R: 2 weeks F: 5 months Minimum specimen: 0.7ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Accompanies report (Gas Chromatography)	NMS via QUEST DIAGNOSTICS 4934Z [13171] Via Medical Center Set up Monday - Saturday in the morning Reports out Saturday - Thursday in the morning
MORICIZINE Ethmozine	KPDS: Excluded from Service Master: 8029923 Health Connect Order Code: Inactivated: MORICIZINE LEVEL [80299ZZA]		F: 10 months This test formally performed at NMS has been discontinued. There is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
MOTOR/SENSOR Y NEURO. Motor and Sensory Neuropathy Evaluation	KPDS:		Effective January 23, 2012, this test performed at Quest Diagnostics has been discontinued. The recommended alternatives are: HU ANTIBODY SCREEN MYELIN ASSOC: GLYCOPROTEIN [MAG] WITH REFLEX SENSORY MOTOR NEUROPATHY ANTIBODY PANEL [GANGLIOSIDE] RI ANTIBODY SCREEN WITH REFLEX		(Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>MULTIPLE SCLEROSIS PANEL 1 (OLIGOBANDS, IGG AB RATE INDEX)</p> <p>•Multiple Sclerosis Profile Panel 1</p> <p>•MS PANEL (SPINAL FLUID)</p>	<p>KPDS: 8633001</p> <p>Health Connect</p> <p>Order Code: MULTIPLE SCLEROSIS PANEL 1 (OLIGOBANDS, IGG AB RATE INDEX) [207997]</p>	<p>One (RED7) and CSF (SF10) MS-P1</p>	<ul style="list-style-type: none"> • 3 ml CSF • 2 ml serum <p>Transport: Refrigerated</p> <p>It is preferred that the collection date and time be the same for both the CSF and Serum.</p> <p>Received:</p> <ul style="list-style-type: none"> • ambient • CSF: <ul style="list-style-type: none"> --xanthochromia --RBS's --hemolysis <p>A: 8 hours R: 5 days F: 14 days</p> <p>Minimum specimen:</p> <ul style="list-style-type: none"> • 1.5 ml CSF • 1 ml serum <p>Test Components:</p> <ul style="list-style-type: none"> • Oligoclonal Bands (IgG), CSF • IgG Synthesis Rate/Index, CSF <p>For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens</p> <p>Formulary</p>	<p>Accompanies report</p> <ul style="list-style-type: none"> • Isoelectric Focusing • Fixed Rate Time Nephelometry) <p>Patients with Multiple Sclerosis (MS) have multiple, scarred areas of the brain. Symptoms can initially be mild but typically lead to relapsing or progressive incapacitating neuromotor dysfunction.</p>	<p><u>QUEST DIAGNOSTICS</u> 37581 via Medical Center</p> <p>Based on individual assays</p> <p>Based on individual assays</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MUMPS VIRUS IGM MUMPS ANTIBODY (IgM)	KPDS: 8009902 Health Connect Order Code: MUMPS VIRUS IGM [86735B]	RED7 MUIGM	<p>1 ml serum Transport: Refrigerated Allow specimen to clot at room temperature and then centrifuge. Separate serum from cells as soon as possible. Refrigerate at 2-8 degrees C. Received: *grossly hemolyzed *grossly lipemic A: 7 days R: 2 weeks F: 1 month Minimum specimen: 0.2ml serum <u>For laboratory Use Only:</u></p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Less than 1:20 (Immunofluorescence Assay) <1:20 Antibody not detected 1:20 Antibody detected Clinical use is for detection of IgM antibodies to mumps virus.</p>	<p><u>QUEST DIAGNOSTICS</u> 36565 via Medical Center Set up Monday - Friday Reports out in 1-4 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MURAMIDASE [LYSOZYME], SERUM Lysozyme (Muramidase)	KPDS: 8229015 Health Connect Order Code: LYSOZYME [85549C]	RED7 LYS-S	<p>2 ml serum</p> <p>Transport: Frozen•Centrifuge serum specimens within 1 hour of collection.</p> <ul style="list-style-type: none"> •Transfer serum to sterile, plastic, screw-capped vial •Freeze and ship frozen on dry ice •Avoid freezing and thawing <p>Received:</p> <ul style="list-style-type: none"> •ambient •plasma A: 8 hours R: 1 week F: 1 month <p>Minimum specimen: 0.5ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>7.0-15 mcg/mL (Enzymatic)</p> <p>Lysozyme plays an important role in a host's defense against microorganisms. Lysozyme concentrations are increased in patients with acute myelocytic leukemia with monocytic differentiation (FAB Mf/M5). Concentrations may also be increased in patients with other leukemias, sarcoidosis, and infections such as tuberculosis. With sarcoidosis, Lysozyme may be useful in monitoring disease and treatment.</p>	<p>QUEST DIAGNOSTICS 619 via Medical Center Sets up Monday and Thursday Reports out next day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MURINE TYPHUS IGG, IGM •Former test name: Typhus [Murine] Antibody [IgG, IgM] w/Reflex to Titer •R. typhi •RICKETTSIA [TYPHUS FEVER] ANTIBODIES [IGG, IGM] WITH REFLEX TO TITERS	KPDS: 8600800 Health Connect Order Code: MURINE TYPHUS IGG, IGM [202739]	RED7 R typhusAB	1 ml serum Transport: Refrigerated Received: •Gross hemolysis •Gross lipemia •microbial contamination may interfere A: 7 days R: 2 weeks F: 1 month Minimum specimen: 0.2ml serum Test Components: Typhus fever AB Screen, IgG Typhus fever AB Titer, IgG Typhus fever AB Screen, IgM Typhus fever AB Titer, IgM <u>For laboratory Use Only</u> <u>RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference laboratory Specimens</u> <u>Formulary</u>	Rickettsia rickettsii (RMSF): < 1:64 Rickettsia typhi (TF): < 1:64 (Immunofluorescence Assay (IFA)) •Endemic Murine Typhus, caused by the rickettsiae R. typhi, is maintained in rats and fleas with global distribution. Human infection is most common in Texas and Southern California. Symptoms of viral illness, rash, and pulmonary disease are characteristic of Endemic Murine Typhus. •Antigen specific IgG and IgM titers allow rapid diagnosis of infection by one or more of the typhus fever group of rickettsial agents. This group includes <i>Rickettsia typhi</i> [endemic murine typhus], <i>R. prowazeki</i> [epidemic typhus], and Brill-Zinsser disease caused by reactivation of latent <i>R. prowazeki</i> .	<u>QUEST DIAGNOSTICS</u> 37503 via Medical Center Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest - Set up Monday - Friday Reports out in 1-4 days
MUSCLE FIBERS, FECAL Meat Fibers	KPDS:		This test, formally sent to Quest Diagnostics, has been discontinued due to low volume. There is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MYCOPLASMA PNEUMONIAE ANTIBODY IGG	KPDS: 8228276 Health Connect Order Code: MYCOPLASMA PNEUMONIAE IGG [86738C]	RED7 MPIGG	1 ml serum Transport: Ambient* Centrifuge after clotted • <u>Alliquot</u> for transport to Quest A: 4 days R: 1 week F: 1 month Minimum specimen: 0.1 ml serum For laboratory Use Only: RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference laboratory Specimens Formulary</u>	Negative: less than or equal to 0.90 Equivocal: 0.91 - 1.09 Positive: Greater than or equal to 1.10 A positive result indicates that the patient has antibody to Mycoplasma. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. (Enzyme immunoassay) Mycoplasma are the smallest of the free-living organisms. <i>M. pneumoniae</i> causes approximately 10-20% of all cases of pneumonia. These pneumonias that can affect otherwise healthy individuals, are commonly referred to as "walking" and "atypical" pneumonias.	QUEST DIAGNOSTICS 659 Via Medical Center Set up Monday - Friday Reports out in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MYCOPLASMA PNEUMONIAE IGM	KPDS: 8888276 Health Connect Order Code: MYCOPLASMA PNEUMONIAE IGM [86738A]	RED7 MPIGM	1 mL serum Transport: Ambient* Centrifuge after clotted • <u>Aliquot</u> for transport to Quest A: 4 days R: 1 week F: 1 month Minimum specimen: 0.1 ml serum <u>For Laboratory Use Only:</u> RIN test. Follow the link for: <u>Transferring/Tracking Outside Reference laboratory Specimens Formulary</u>	Negative: less than 770 low Positive: 770 - 950 Positive: greater than 950 (Enzyme immunoassay) Mycoplasma are the smallest of the free-living organisms. <i>M. pneumoniae</i> causes approximately 10-20% of all cases of pneumonia. These pneumonias that can affect otherwise healthy individuals, are commonly referred to as "walking" and "atypical" pneumonias.	<u>QUEST DIAGNOSTICS</u> 21130 via Medical Center Set up Monday - Friday Reports out in 1-4 days
MYELIN ASSOC. GLYCOPROTEIN [MAG] WITH REFLEX MAG Antibody	KPDS: Order Manually	RED7	2 mL serum Transport: Refrigerated Avoid hemolysis Overnight fasting is preferred Received ambient A: 24 hours R: 7 days F: 1 month Minimum specimen: 0.6 mL serum This test is reflexed to MAG-SGPG & MAG, EIA	(Western Blot) MAG, Western Blot with Reflexes is useful in detecting antibodies associated with autoimmune peripheral neuropathy.	Quest Diagnostics, Inc. 10063 via Medical Center Set up Monday and Wednesday after midnight Report out Saturday and Wednesday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>MYELIN ASSOCIATED GLYCOPROTEIN IGM, EIA</p> <ul style="list-style-type: none"> •Anti-Myelin Antibody •Myeline-Associated Glycoprotein (MAG) AB (IgM) •MAG Antibody 	<p>KPDS: 8625520</p> <p>Health Connect Order Code: MYELIN ASSOCIATED GLYCOPROTEIN IGM, EIA [83520ZAF]</p>	<p>RED7 MYELI</p>	<p>1 ml serum Transport: Refrigerated Received ambient A: 2 days R: 1 week F: 1 month Minimum specimen: 0.2ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Myelin-Associated MAG Ab (IgM), EIA titer: less than 1:1600</p> <p>Normal: Less than 1:1600</p> <p>Moderately Elevated: 1:1600-1:3200</p> <p>Highly Elevated: Greater than or equal to 1:6400 (Enzyme Immunoassay)</p>	<p>QUEST DIAGNOSTICS 37438 via Medical Center Sets up Tuesday and Friday morning reports out Tuesday and Friday afternoon</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MYELIN BASIC PROTEIN	KPDS: 8229020 Health Connect Order Code: MYELIN BASIC PROTIEN, SPINAL FLUID [83873B]	SF10 MYEBP	1.2 mL CSF Transport: Refrigerated CSF must be clear. Submitting 4th lumbar puncture collection tube minimizes blood contamination. Do not centrifuge. Received: •xanthochromia •hemolysis A: 7 days R: 14 days F: 21 days Minimum specimen: 0.5 mL CSF Formulary	Myelin Basic Protein: 0-4.0 mcg/l <u>Result Interpretation</u> 0- 4.0 mcg/L: Negative 4.1-6.0 mcg/L: Weakly Positive Greater than 6.0 mcg/L: Positive (Radioimmunoassay) The concentration of MBP is often increased in patients with demyelinating diseases such as multiple sclerosis and may be increased in patients with head injury, CNS trauma, tumor, stroke, and viral encephalitis.	QUEST DIAGNOSTICS 663 via Medical Center Sets up Sunday and Thursday Reports out in 3-7 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MYOCARDIAL ANTIBODY ANTI - MYOCARDIAL ANTIBODY (SAME AS HEART MUSCLE ANTIBODY)	KPDS: 8605600 Health Connect Order Code: MYOCARDIAL ANTIBODY [86256B]	RED7 MYOCA	1 ml serum Transport: Refrigerated A: 48 hours R: 2 weeks F: 6 months Minimum specimen: 0.1 ml serum Test Components: Antimyocardial Antibody Screen Antimyocardial Antibody Titer Formulary	Negative (Indirect Immunofluorescence Assay) Myocardial Antibody Screen is useful in detecting myocardial disease that includes an immunologic component. These diseases include various cardiomyopathies, especially idiopathic dilated cardiomyopathy, myocarditis, rheumatic fever, and Dressler's syndrome.	<u>QUEST DIAGNOSTICS</u> 261 [3892] Via Medical Center Set up Monday - Saturday morning Reports out Tuesday - Saturday and Monday afternoons

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MYOGLOBIN URINE	KPDS: 8387500 Health Connect Order Code: MYOGLOBIN, URINE [83874B]	Collect: UR25 Transport: <u>Quest Myoglobin Transport Tube</u> MYO-U	4 ml urine Transport: Frozen* Transfer exactly 4 ml urine to the Myoglobin Transport Tube within one hour of collection • Freeze and ship frozen [this assures a pH of >8]. • Myoglobin transport Tube available from Quest Client Supply - product #177447 NOTE: Exactly 4 ml of urine in the Myoglobin transport tube is required to achieve the required pH of >8.0. More than 4 ml of urine will lower the pH outside acceptable range. Received: • ambient • in a non-Myoglobin transport tube • past stability • pH < 8.0 • more than 4 ml in Myoglobin transport tube • timed urine A: NO R: 72 hours F: 72 hours Minimum specimen: 0.5 ml urine For laboratory Use Only. RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> Formulary	Less than 28 µg/L (Latex, Fixed Rate Time Nephelometry) The breakdown of skeletal muscle (rhabdomyolysis) releases myoglobin. Very high concentrations of myoglobin may increase the risk of acute renal failure.	<u>QUEST DIAGNOSTICS</u> 661 via Medical Center Set up Monday - Saturday Reports out in 1-3 days
MYOGLOBIN, SERUM	KPDS: 8387502 Health Connect Order Code: MYOGLOBIN, SERUM [83874A]	GLD6 MYO-B	1 ml serum Transport: Refrigerated Spin and separate the serum. Thawed serum A: 48 hours R: 1 week F: 1 month Minimum specimen: 0.5 ml serum For laboratory Use Only. RIN Test. Follow the link for: <u>Transferring/Tracking Outside Reference laboratory Specimens</u> Formulary	Adult Males: 95 mcg/mL Adult Females: 66 mcg/mL (Latex, Fixed Rate Time Nephelometry) Assessment of skeletal muscle breakdown (rhabdomyolysis).	<u>QUEST DIAGNOSTICS</u> 660 via Medical Center Set up Monday - Saturday Reports out in 1-2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
NARCOLEPSY EVALUATION (HLA DR2 REGION TYPING) TISSUE TYPING	KPDS: Order Manually		FOR INFORMATION REGARDING THIS TEST, CALL QUEST CLIENT SERVICES AT 1-800-642-4657 (Except San Diego). San Diego Medical Center: Send Specimen to Scripps, LaJolla. Non-Formulary		QUEST DIAGNOSTICS via Medical Center
NATURAL KILLER CELL ENUMERATION	KPDS: Order Manually		Send direct - stability issue. Non-Formulary		Quest Diagnostics via Medical Center

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
NEOMYCIN LEVEL Neomycin	KPDS:		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives.		(Discontinued)
NEOPTERIN	KPDS: Order Manually	RED7	<p>0.8 mL serum Transport: Frozen Aliquot to amber tube to protect from light 1. Separate serum from cells immediately after collection and freeze. 2. Wrap with aluminum foil or use amber tube to protect from light.</p> <p>Received:</p> <ul style="list-style-type: none"> • Thawed serum • Ambient • Refrigerated <p>A: NO R: 72 hours F: 6 months Minimum specimen: 0.3 mL serum Non-Formulary</p>	<p>Less than 2.5 ng/mL (Immunoassay) Neopterin is useful in monitoring cell-mediated immunity. Neopterin concentrations often increase prior to clinical manifestations and reflect disease activity. The test has been used in patients with allograft transplants, HIV infections, and other medical conditions.</p>	<p>QUEST DIAGNOSTICS 93917 via Medical Center Set up Thursday Reports out in 1 day</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
NEURON SPECIFIC ENOLASE Neuron Specific Enolase (NSE)	KPDS: 8351903 Health Connect Order Code: NEURON SPECIFIC ENOLASE [83520ZQ]	RED7 NSE	2 ml serum Transport: Refrigerated NSE is high in platelets and RBC. Therefore, plasma and hemolyzed specimens are not acceptable. A: 7 days R: 14 days F: 1 month Minimum specimen: 0.2ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Adult Males and Females: less than 10.8 ng/l Pediatric Cord Blood: 4.8-19.5 mcg/L 12-17 years: 12.0 mcg/L or Less (Enzyme Immunoassay (EIA)) NSE is useful in monitoring disease progression and therapy in patients with small cell lung cancer and neuroendocrine tumors such as neuroblastoma, medullary thyroid carcinoma, and pheochromocytoma, and other malignancies such as pancreatic islet cell carcinoma.	<u>QUEST DIAGNOSTICS</u> 34476 via Medical Center Set up Tuesday and Friday afternoon Reports out Wednesday and Saturday evening
NEUTROPHIL ANTIBODY, FLOW CYTOMETRY ANTI-NEUTROPHIL ANTIBODY (IgG)	KPDS: Order Manually	7 mL Red Top (RED7)	1 mL FROZEN serum. Transport: Frozen. Minimum specimen: 0.1 mL serum. Non-Formulary	Accompanies Report (Flow Cytometry)	<u>QUEST DIAGNOSTICS</u> Neutrophil Antibody Flow Cytometry (1606X)[1606N] via Medical Center

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
NICKEL	KPDS: 8388500 Health Connect Order Code: NICKEL [83885B]	ROY7 or TAN3 NICK	2 ml serum/plasma collected in a trace metal-free, no additive (royal blue-top or Tan) tube [sodium or potassium is acceptable] Transport: Ambient Promptly centrifuge and separate serum into an acid washed plastic screw capped vial using approved guidelines. Specimens submitted in SST, PST, Sodium Fluoride/Potassium Oxalate [gray-top], or EDTA will be rejected. A: 30 days R: 30 days F: 30 days Minimum specimen: 0.6 ml serum/plasma For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Normally less than 2.0 mcg/L (Inductively Coupled Plasma/Mass Spectrometry (ICP/MS))	<u>QUEST DIAGNOSTICS</u> 4696 via Medical Center Set up Monday and Wednesday Reports out in 2 days
NITROGEN TOTAL, URINE • Nitrogen Balance • TUN	KPDS: Excluded from the Service Master: 8390000 Health Connect Order Code: Inactivated: NITROGEN, TOTAL, URINE [849991]		Effective December 6, 2010, this test normally sent to Mayo Medical Laboratories via Quest Diagnostics, has been discontinued. The recommended alternative is Urea Nitrogen - Urine Timed performed at the Regional Reference Laboratory, Automated Chemistry Department. The current Health Connect Code has been inactivated. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
NUCLEAR MATRIX PROTEINS [NMP-22] NMP 22 [NUCLEAR MATRIX PROTEIN] Nuclear Matrix Protein 22, Immunoassay	KPDS: Removed from Service Master: 8631600 Health Connect Order Code: Inactivated: NMP 22 [86316C]		Effective May 1, 2017, this test performed at Quest Diagnostics, has been discontinued. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OLIGOCLONAL BANDS CEREBROSPINAL FLUID OLIGOCLONAL PROTEINS	KPDS: 8229040 Health Connect Order Code: OLIGOCLONAL BANDS, CEREBROSPINAL FLUID [83916A]	RED7 and SF10 OLIGO	1 ml serum and 0.5 ml CSF Transport: Refrigerated It is preferred that the collection date and time be the same for both specimens. Serum can be drawn within 48 hours of the CSF but this is not recommended. Client may submit CSF only to be run with control serum with the client's approval. Do not centrifuge. Received: •ambient CSF. •xanthochromia •RBC's •hemolysis A: 8 hours R: 5 days F: 14 days Minimum specimen: 1.0 ml serum and 0.5 ml CSF For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	None detected (Isoelectric Focusing) Oligoclonal bands are present in the CSF of more than 85% of patients with clinically definite multiple sclerosis (MS). To distinguish between oligoclonal bands in the CSF due to a peripheral gammopathy and oligoclonal bands due to local production in the CNS, serum and CSF should be tested simultaneously. Oligoclonal bands can however be observed in a variety of other diseases, e.g. subacute sclerosing panencephalitis, inflammatory polyneuropathy, CNS lupus, and brain tumors and infarctions.	QUEST DIAGNOSTICS 674 via Medical Center Set up Sunday - Friday Report available in 4-6 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ORGANOPHOSP HATE PESTICIDE SCREEN	KPDS: EXCLUDED in Service Master: 8248924		This test normally performed a NMS Laboratory has been discontinued by the vendor due to low volume. There is no alternative test available.		•Not-Formulary (Discontinued)
ORGANOPHOSP HATE PESTICIDE	Health Connect Order Code: Inactivated: ORGANOPHOSP HATE PESTICIDE SCREEN [80100E]		Not-Formulary		

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OSTEOCALCIN, N-MID BONE G1a PROTEIN	KPDS: 8393700 Health Connect Order Code: OSTEOCALCIN [83937B]	RED7 OSTEO	<p>1 ml serum Transport: Frozen Collect blood in a red-top vacutainer containing no additives. Allow blood to clot at room temperature and centrifuge immediately to separate the serum from the cells • Freeze as soon as possible Do not administer biotin within 8 hours of blood draw Received: • ambient • refrigerated • hemolyzed • heat inactivated • samples stabilized with azide • patient administered with biotin within 8 hours A: NO R: 24 hours F: 21 days Minimum specimen: 0.5ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Pediatrics 5-9 years: 47-142 ng/ml 10-13 years: 49-167 ng/ml 14-17 years Males: 26-203 ng/ml Females: 14-85 ng/ml Adults Males: 9-38 ng/mL Females: 8-32 ng/mL (Electrochemiluminescence) Osteocalcin, the most abundant non-collagen protein in bone matrix, is a bone-specific, calcium binding protein. Serum osteocalcin levels are related to the rate of bone turnover in various disorders of bone metabolism, e.g., osteoporosis, primary and secondary hyperparathyroidism, and Paget's disease.</p>	<p>QUEST DIAGNOSTICS 16322 via Medical Center Set up Wednesday and Friday morning Reports out Thursday and Saturday evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OVARIAN ANTIBODY SCREEN WITH REFLEX TO TITER, IFA ANTI-OVARY ANTIBODY	KPDS: 8625510 Health Connect Order Code: OVARIAN ANTIBODY, IFA [86255ZAC]	RED7 AOVAB	1 ml serum Transport: Refrigerated Do not use SST. Received lipemic, hemolyzed A: 1 week R: 2 weeks F: 1 month Minimum specimen: 0.3ml serum Test Components: • Ovarian Antibody Screen • Ovarian Antibody Titer Formulary	Accompanies report (Immunofluorescence Assay) Ovarian Antibody is found in patients with premature ovarian failure, Addison's disease, and polyendocrinopathy syndrome.	QUEST DIAGNOSTICS 10328X10328N135671 via Medical Center Set up Wednesday evening
OXALIC ACID, 24 HOUR URINE [WITHOUT CREATININE] Oxalate	KPDS: 8394500 Health Connect Order Code: OXALATE, 24 HOUR URINE [83945A]	Collect: PU99 Transport: UR25 Ox A24U wp	10 ml aliquot of a 24 hour preserved urine. Collection Instructions perservative [English] Collection Instructions preservative [Spanish] Transport: Refrigerated•Collect urine with 25 mL of 6N HCl to maintain a pH below 3. •Refrigerate before and after collection•Aliquot 10 mL to transport tube •Record 24-hour urine volume on test request form and urine vial Patient should refrain from taking excessive amounts of Ascorbic Acid or Oxalate-rich foods [spinach, coffee, tea, chocolate, rhubarb] for at least 48 hours prior to the collection period. A: 6 days R: 7 days F: 4 months Minimum specimen: 2.0 mL aliquot of a 24 hour preserved urine Formulary	3.6-38.0 mg/24 hr (Spectrophotometry) Assessment of kidney stone disorders.	Quest Diagnostics, Inc. 11318 Via Medical Center Setup Monday, Wednesday and Friday after midnight Report out Thursday, Saturday and Monday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OXALIC ACID, RANDOM URINE Oxalate/Creatinine Ratio	KPDS: 8354525 Health Connect Order Code: OXALATE/CREATI NINE URINE [208511]	Collect and Transport: UR25 OXAUR	10 mL random urine Transport: Refrigerated For pediatric patients order test code 11222 - Oxalic Acid, Pediatric, Urine w/creatinine. add 2 mL 6N HCL per 100 mL Urine. Refrigerate after collection•Adjust to pH less than 3 with 6N HCl after collection Patient should refrain from taking excessive amounts of Ascorbic Acid or Oxalate-rich foods [spinach, coffee, tea, chocolate, rhubarb] for at least 48 hours prior to the collection period. A: 6 days R: 7 days F: 4 months Minimum specimen: 2 mL random urine Formulary	Oxalic Acid, Random Urine: MALE: 3-30 mg/g creat FEMALE: 3-40 mg/g creat Creatinine, Random Urine: AGE mg/dL 0-6 Months 2-32 7-11 Months 2-36 1-2 Years 2-128 3-8 Years 2-149 9-12 Years 2-183 >12 Years: Males: 20-370 (Spectrophotometry) Excessive oxalates in the urine may lead to oxalate kidney stones. Hyperoxaluria may be due to a rare inherited metabolic disorder in which the body produces excess of the salt oxalate leading to stone formation.	Quest Diagnostics, Inc. 10456X [10456N] [3379] via Medical Center Setup Tuesday, Thursday and Saturday Report available in 2-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PANTOTHENIC ACID Pantothenic Acid (B5) Vitamin B5	KPDS: Order Manually	LAV5 or RED7	1.2 mL plasma or serum Transport: Refrigerated Received: • Ambient • Gross hemolysis • Highly lipemic specimen A: 6 hours R: 4 days F: 1 month Minimum specimen: 0.6 mL plasma or serum Non-Formulary	Less than 275 ng/mL (Liquid Chromatography/Tandem Mass Spectrometry)	<u>QUEST DIAGNOSTICS</u> 91030 via Medical Center Set up Tuesday, Thursday, and Saturday Reports out in 2-4 days
PARAINFLUENZA VIRUS ANTIBODIES [1, 2, 3] •PARAINFLUENZA A TYPE 1, TYPE 2, and TYPE 3 ANTIBODIES •PARAINFLUENZA A ABS	KPDS: 8617171 Health Connect Order Code: PARAINFLUENZA VIRUS ANTIBODIES [1, 2, 3] [200986]	RED7 PIABS	2 ml serum Transport: Refrigerated Hemolysis A: 4 days R: 1 week F: 1 month Minimum specimen: 1 ml serum For laboratory Use Only. RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	Less than 8 (Complement Fixation) Parainfluenza Virus is the second most common cause of lower respiratory disease in young children. Parainfluenza Virus can cause respiratory tract illness in patients of any age. A significant difference in titers between acute and convalescent specimens supports the diagnosis of infection.	<u>QUEST DIAGNOSTICS</u> 7691 via Medical Center Set up Tuesday and Thursday morning reports out Wednesday and Friday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PAROXETINE LEVEL, LC/MS/MS • Paxil • Seroxet	KPDS: 8029913 Health Connect Order Code: PAROXETINE LEVEL, LC/MS/MS [80332D]	RED7 PAROX	1 mL serum Transport: Refrigerated• Do not use gel barrier tubes. • Draw sample 1-2 hours before next dose. Specimens submitted in serum separator tubes. A: 14 days R: 30 days F: 30 days Minimum specimen: 0.4 mL serum Formulary	Accompanies report (Gas Chromatography (GC))	NMS via QUEST DIAGNOSTICS T9559X [13187] via Medical Center Set up Tuesday and Friday Reports out in 3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PARVOVIRUS DNA, PCR •Parvovirus B-19 DNA by PCR • Fifth Disease	KPDS: 8674704 Health Connect Order Code: PARVOVIRUS, DNA, PCR [87798D]	PPT - Potassium EDTA White Top PB19D	2 ml plasma, serum, amniotic fluid, or synovial fluid Transport: Frozen Use of Vacutainer brand PPT collection tube is preferred. Amniotic fluid or synovial fluid are collected aseptically per established clinical procedure, placed in a sterile polypropylene tube and frozen. • Centrifuge specimen within 6 hours of collection, then freeze for immediate transport. No aliquoting is required. • For serum, remove serum within 6 hours of collection, transfer to a sterile polypropylene tube and freeze. • In all cases, do not allow freeze-thaw cycle to occur. Received unspun PPT tube A: 4 days R: 4 days F: 8 months Minimum specimen: 0.8 ml plasma, serum, amniotic or synovial fluid For laboratory Use Only: RIN test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Not Detected (PCR) Parvovirus B19 is also known as "Fifth Disease" affects primarily children and causes a rash on the face, trunk, and limbs. Joint pain and swelling is more common in adults. Although one-fifth of those affected have only mild disease, patients with sickle cell anemia or similar types of chronic anemia can suffer from acute anemia. Infection during pregnancy can lead to complications. DNA testing provides the most reliable evidence of a recent infection.	QUEST DIAGNOSTICS 34296X {34296X} [3927] via Medical Center Set up Monday - Friday morning Reports out Tuesday - Saturday morning

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PEMOLINE LEVEL, HPLC	KPDS: Removed from Service Master: 8029926 Health Connect Order Code: Inactivated: PEMOLINE LEVEL, HPLC [80371A]		As of February 20, 2019 this test has been discontinued as the drug has been withdrawn from the US market. Not-Formulary		•Not-Formulary (Discontinued)
PENTACHLOROPHENOL, URINE URINE PENTACHLOROPHENOL; PCP	KPDS:		This test has been discontinued. There are no send out alternatives.		(Discontinued)
PENTAZOCINE	KPDS: 8463058 Health Connect Order Code: PENTAZOCINE LEVEL [80302J]	RED7 PTZC	3 mL serum Transport: Refrigerated Received gel separator tube A: 1 week R: 2 weeks F: 17 months Minimum specimen: 1.2 mL serum Formulary	Accompanies report (Gas Chromatography Mass Spectrometry)	NMS laboratories 9441SP via QUEST DIAGNOSTICS Via Medical Center Set up Sunday - Saturday morning Reports out Tuesday - Monday afternoon
PENTAZOCINE, URINE	KPDS: Order Manually	Collect and Ship: UR25	2 mL urine Transport: Ambient A: 1 week R: 2 weeks F: 17 months Minimum specimen: 0.5 mL urine Non-Formulary	Accompanies report (Gas Chromatography)	NMS 9441U via QUEST DIAGNOSTICS Via Medical Center Set up Monday - Sunday Reports in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PEPSINOGEN 1	KPDS:		Quest Diagnostics has discontinued this test due to unavailability of reagents. No alternative has been identified.		(Discontinued)
PERPHENAZINE TRILAFON	KPDS: EXCLUDED in Service Master: 8402240 Health Connect Order Code: Inactivated: PERPHENAZINE [84022C]		Effective September 8, 2014, this test performed at NMS Laboratory via Quest Diagnostics, has been discontinued by the vendor. There is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
PH AND REDUCING SUBSTANCES, STOOL REDUCING SUBSTANCE - FECES	KPDS: Removed from Service Master: 8708070 Health Connect Order Code: Inactivated: PH AND REDUCING SUBSTANCES, STOOL [208513]		Refer to the following tests sent to Quest Diagnostics: <u>REDUCING SUBSTANCES, FECES</u> and <u>PH, FECES</u> F: 1 week This test can be ordered as a KPHC SmartGroup Panel: PNL, PH AND REDUCING SUBSTANCES, STOOL PROC AMB SCAL PNL, PH AND REDUCING SUBSTANCES, STOOL PROC IP SCAL Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PH, FECES	KPDS: See Comments	SC99_SterileContainer	<p>5 grams liquid Stool Transport: Frozen Please use the attached form for ordering pH. <u>Feces.</u> Received: • ambient • paint cans A: 4 hours R: 24 hours F: 60 days Minimum specimen: 1 gram liquid Stool This test can be ordered as a KPHC SmartGroup Panel: PNI, PHANDREDUCINGSUBSTANCES, STOOIPROC AMB, SCAI PNI, PHANDREDUCINGSUBSTANCES, STOOIPROC IP, SCAI</p> <p>Technical Bulletin: <u>Testing location Change: Stool pH and Reducing Substances</u> Formulary</p>		<u>Quest Diagnostics 1304</u> via Medical Center
PHENELZINE (NARDIL) Phenelzine Sulfate	KPDS: Order Manually	RED7	<p>4 mL serum Transport: Ambient Received gel separator tube A: 2 weeks R: 2 weeks F: 35 days Minimum specimen: 2.0 mL serum Non-Formulary</p>	Accompanies report (Gas Chromatography)	NMS 3550B via <u>QUEST DIAGNOSTICS</u> Via Medical Center Set up Friday Reports in 3 days
PHENOL QUANT. URINE Benzene Metabolite	KPDS: Removed from Service Master: 8399502 Health Connect Order Code: Inactivated: PHENOL URINE [84600F]		<p>Effective February 12, 2009, this test normally sent out to Quest Diagnostics Teterboro has been discontinued by the vendor. Not-Formulary</p>		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHENOLPHTHAL EIN, STOOL, COLORIMETRY	KPDS: 8431102 Health Connect Order Code: PHENOLPHTHAL EIN, STOOL, COLORIMETRY [84311T]	Sterile Screw Cap Container (SC99_SterileContainer) PHP Feces	10 g random stool (whole collection) Transport: Frozen On Dry Ice Received ambient A: NO R: 7 days F: 7 days Minimum specimen: 5 g random stool Formulary	Accompanies report (Colorimetric) Phenolphthalein is a cathartic agent that acts mostly on the colon. Since it takes at least 6 hours to work, it is often taken at bedtime to produce a laxative effect the following morning. 85% of what is ingested is excreted in the feces; the remainder is absorbed and eliminated mostly in the urine. The test is used to detect laxative abuse.	<u>QUEST DIAGNOSTICS</u> 17085Z via Medical Center Set up Monday - Friday morning Reports out Tuesday - Saturday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHOSPHOLIPIDS	KPDS: 8228000 Health Connect Order Code: PHOSPHOLIPIDS; SPECTROPHOTO METRY [84311C]	RED7 PHLIP	1 mL serum Transport: Refrigerated Centrifuge within 1 hour of collection. Immediately separate serum specimens from the cells into clean, plastic, screw-cap vial. Received: •Gel barrier tube •Plasma •Lipemic A: 6 days R: 1 month F: 2 months Minimum specimen: 0.5 mL serum Formulary	151 - 264 mg/dL (Spectrophotometri c) Phospholipids are used in diagnosing and treating disorders of lipid metabolism associated with atherosclerosis.	<u>QUEST DIAGNOSTICS</u> 717 via Medical Center Set up Monday and Thursday morning Reports out next day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLASMA RENIN ACTIVITY Plasma Renin PRA	KPDS: 8336010 Health Connect Order Code: PLASMA RENIN [84244D]	LAV5 RENIN	0.8 ml plasma Transport: Frozen DO NOT REFRIGERATE THE SAMPLE After collection sample can be stored up to 24 hours at room temperature. •Centrifuge and aliquot at room temperature, then freeze plasma. •Avoid refrigerated temperatures to eliminate cryoactivation of prorenin to renin. Received: •ambient •refrigerated •thawed plasma A: 24 hours R: NO F: 28 days Minimum specimen: 0.5ml plasma For laboratory Use Only: RIN Test: Follow the for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	0.25-5.82 ng/mL/h (Liquid Chromatography Tandem Mass Spectrometry) Measurement of the Plasma Renin activity is useful in evaluation hypertension.	<u>QUEST DIAGNOSTICS</u> 16846 Via Medical Center Set up Sunday - Friday Reports out Wednesday - Saturday and Monday
PLASMINOGEN ACTIVATOR (PAI-1)	KPDS: Excluded in Service Master: 8541500 Health Connect Order Code: Inactivated: PLASMINOGEN ACTIVATOR [85415B]		As of July 10, this test normally performed at Quest Diagnostics has been discontinued as the reagents are no longer available. Please order PLASMINOGEN ACTIVATOR INHIBITOR ANTIGEN, PLASMA [PAI1] [85415B] Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLASMINOGEN ACTIVATOR INHIBITOR ANTIGEN, PLASMA [PAI1]	KPDS: 8541500 Health Connect Order Code: PLASMINOGEN ACTIVATOR INHIBITOR ANTIGEN, PLASMA [PAI1] [85415B]	BLU5 PAI-1	1 mL plasma Transport: Frozen•spin down, remove plasma and spin plasma again •freeze specimen immediately at -40 degrees C, if possible Received: •ambient •refrigerated •grossly hemolyzed •grossly lipemic A: NO R: NO F: 30 days Minimum specimen: 0.3 mL plasma Formulary	4-43 ng/mL (Enzyme-Linked Immunosorbent Assay {ELISA})	Quest Diagnostics Plasminogen Activator Inhibitor (PAI-1) Antigen {36555X} {59766P} {3916} via Medical Center Set up Tuesday Report out Thursday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLASMINOGEN ACTIVITY	KPDS: 8542100 Health Connect Order Code: PLASMINOGEN ACTIVITY [85420A]	BLU5 Plasm Act	2 mL plasma Transport: Frozen Centrifuge within one hour of blood draw at 1500g for 10 minutes, preferably at 4 degrees C. Remove plasma using plastic pipette and place into plastic tube and cap. Freeze immediately. Received: • ambient • refrigerated • hemolyzed • thawed plasam A: No R: No F: 1 month Minimum specimen: 1 mL plasma Formulary	Plasminogen Activity %: 65-176 (Chromogenic Substrate) The precursor of plasmin is plasminogen, plasmin lyses fibrin clots. Activity is increased in pregnancy and as an acute phase reactant. Rare hereditary deficiency of plasminogen predisposes to venous thrombosis. Low activity is associated with DIC, liver disease, and increased risk of thrombosis.	QUEST DIAGNOSTICS 4458X (59709P) [681] via Medical Center Set up Wednesday Reports out Friday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLATELET ANTIBODY DIRECT • Platelet Associated Antibody • Platelet Bound Antibody	KPDS: 8602300 Health Connect Order Code: PLATELET ASSOCIATED ANTIBODY DIRECT [86023B]	(2) LAV5 PLT ABD	7 ml whole blood Transport: Ambient Do not refrigerate or freeze. Received: • Frozen • Refrigerated • ACD tubes A: 6 days R: NO F: NO Minimum specimen: 5 ml whole blood Pediatric: 1 ml whole blood Submission volumes is based on platelet count: Greater than or equal to 45,000 submit at least 2 ml EDTA 20,000 - 45,000 submit at least 5 ml EDTA less than 20,000 submit 7 - 10 ml EDTA <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens	None detected A positive result should be confirmed by the Platelet Glycoprotein antibody ELISA test (Flow Cytometry) Thrombocytopenia that is refractory to platelet transfusions may be due to direct platelet antibody. Testing is useful to differentiate immune from nonimmune disorders.	QUEST DIAGNOSTICS 5019X [140129P] [6628] via Medical Center Set up Monday - Sunday afternoon Reports out Tuesday - Monday morning
			Formulary		

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLATELET PLA-1 ANTIGEN Human Platelet Antigen 1 Genotype	KPDS: Order Manually	(2) LAV5	5 mL whole blood Transport: Ambient Received frozen A: 1 week R: 2 weeks F: Unacceptable Minimum specimen: 1 mL whole blood Non-Formulary	Accompanies report (DNA-Based Capture/Binding Assay) HPA polymorphism can lead to alloimmunization that clinically can manifest as neonatal alloimmune thrombocytopenia or post-transfusion thrombocytopenia purpura. HPA1 genotyping allows screening for potential neonatal/neonate [infant, newborn, baby] immunization in pregnancy.	QUEST DIAGNOSTICS 10707X [6292] via Medical Center Set up Monday morning Reports out Friday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PORPHOBILINOGEN, QUANTITATIVE, RANDOM URINE •PBG •PORPHOBILINOGEN, QNT RAN UR	KPDS: 8411003 Health Connect Order Code: PORPHOBILINOGEN, QUANTITATIVE, URINE [84110B]	Collect: UR25 [place in paper bag to protect from light] Aliquot and Transport: PU30 PBGQR	10 mL urine Transport: Frozen• Do not use preservatives • Collect in 30 mL wide-mouth amber bottle to protect from light • Refrigerate during and after collection Freeze immediately and protect from light Received: •ambient •not protected from light A: Unacceptable R: 1 week at pH 6-7 F: 1 month at pH 6-7 Minimum specimen: 2 mL urine Formulary	1-8 years: 0.9-2.8 mg/g creat 9-17 years: 0.5-2.0 mg/g creat Greater than or equal to 18 years: less than 2.0 mg/g creat (Colorimetric) Urinary Porphobilinogen is the first step in the diagnosis of acute intermittent porphyria (AIP). AIP is an autosomal dominant disorder characterized by deficiency of porphobilinogen deaminase. An acute attack usually includes gastrointestinal disturbance and neuropsychiatric disorders.	QUEST DIAGNOSTICS 6329 via Medical Center Set up Monday - Friday in the afternoon Reports out Tuesday - Saturday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PORPHYRINS, FRACTIONATED, QUANTITATIVE 24-HOUR URINE PORPHYRIA	KPDS: 8411004 Health Connect Order Code: PORPHYRIN FRACTIONATION, QUANTITATIVE, 24 HOUR URINE [84120A]	See: Specimen Requirements Field Prph F24U wp	<p>Collect: <u>UR99</u> Aliquot and Transport: <u>PU30</u></p> <p>2 ml urine of a 24 hour urine in 5 g sodium carbonate container OR no preservative container. Transport: Refrigerated • 24-hour urine [PU30]collected with 5 grams of sodium carbonate OR</p> <ul style="list-style-type: none"> •Collection with no preservative is acceptable if properly refrigerated and light protected <p>Collection Instructions no preservative [English]</p> <p>Collection Instructions no preservative [Spanish] • 2 ml urine [1 ml minimum]</p> <ul style="list-style-type: none"> • Collect and store -and- transport refrigerated and protected from light in an amber container • 24-hour total volume must be provided on the test request form <p>Received:</p> <ul style="list-style-type: none"> •ambient •not protected from light •pH less than 4.0 <p>A: NO R: 1 week (pH 6-7) F: 1 month (pH 6-7)</p> <p>Minimum specimen: 1 mL urine of a 24 hour urine in 5 g sodium carbonate container OR no preservative container. Formulary</p>	Accompanies report (High Performance Liquid Chromatography)	<u>QUEST DIAGNOSTICS</u> 729 via Regional Lab ONLY Set up Tuesday - Friday and Sunday Reports in 4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PORPHYRINS, FRACTIONATED, QUANTITATIVE, RANDOM URINE PORPHYRIA	KPDS: 8411002 Health Connect Order Code: PORPHYRIN FRACTIONATION, URINE, QUANTITATIVE [84120D]	Collect: UR25 (place in paper bag to protect from light) Aliquot and Transport: PU30 POR-Q	2 ml urine Transport: Refrigerated • Random urine [PU30] in a 5 g sodium carbonate container or no preservative container - protect from light • Collect in 30 ml wide-mouth amber bottle to protect from light and refrigerated • Collection with no preservative is acceptable, if properly refrigerated and light protected • 2 ml urine [1.5 ml minimum] • Collect, store, and transport refrigerated Received: • Ambient • Not protected from light • pH less than 4.0 A: Unacceptable R: 1 week (pH 6-7) F: 1 month (pH 6-7) Minimum specimen: 1.5 mL urine Formulary	Accompanies report (High Performance Liquid Chromatography) Clinical use is to diagnose porphyria cutanea tarda, hereditary coproporphyrin, variegate porphyria.	<u>QUEST DIAGNOSTICS</u> 36592 via Medical Center Set up Tuesday - Friday and Sunday Reports out in 4 days
POTASSIUM, QUANT, FECES Fecal Potassium	KPDS: Removed from service Master: 8219001 Health Connect Order Code: Inactivated: STOOL POTASSIUM, 24 HOUR [84999F]		As of February 20, 2019, this test has been discontinued. Order: <u>ELECTROLYTES PANEL (NA, K, Cl), STOOL</u> [249489] Not-Formulary		• Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PREGNENOLONE	KPDS: 8414004 Health Connect Order Code: PREGNENOLONE [84140B]	(2) RED7 PREGN	4 ml serum Transport: Frozen Received ambient A: Unacceptable R: 72 hours F: 14 days 30 days at -70°C Minimum specimen: 1.1 ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Adult Reference Range 22-237 ng/dl Pediatric Reference Ranges 1 day - 59 days: 68 -1303 ng/mL 60 days - 1 year: 219 ng/mL 2 years - 6 years: 140 ng/mL 7 years - 9 years: 156 ng/mL 10 years - 12 year: 15-220 ng/mL 13 years - 17 years: 12-196 ng/mL (Liquid Chromatography/Tandem Mass Spectrometry)	QUEST DIAGNOSTICS 31493X (28373P)[574] via Medical Center Set up Sunday - Friday Reports out Wednesday - Saturday and Monday
PROCAINAMIDE PRONESTYL	KPDS: Removed from Service Master: 8414200 Health Connect Order Code: PROCAINAMIDE AND N- ACETYLPROCAINAMIDE LEVEL [80192B]		As of February 20, 2019, this test has been discontinued due to the drug being withdrawn from the US market. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROCARDIA [NIFEDIPINE] NIFEDIPINE	KPDS: Order Manually	RED7	3 mL serum Transport: Frozen Aliquot to amber tube or wrap tube in aluminum foil to protect from light. Received: • not light protected • gel separator tube A: 2 weeks R: 2 weeks F: 1 year Minimum specimen: 1.2 mL serum Non-Formulary	Accompanies report (High Performance Liquid Chromatography (HPLC))	NMS 3158SP via QUEST DIAGNOSTICS via Medical Center Set up Wednesday 2 nd shift Reports out Thursday
PROPAFENONE RHYTHMOL	KPDS: 8649860 Health Connect Order Code: PROPAFENONE LEVEL [80299M]	RED7 PROPA	1 mL serum Transport: Refrigerated Collect blood in plain red-top tube for serum or a Sodium Heparin (GS4) tube for plasma. <Bullet> Do not use gel barrier tubes. • Allow to stand at room temperature (15-28 degrees C) for 20-30 minutes to clot. • Centrifuge at 1800-2200 rpm (800-1000 g) at 15-25 degrees C for 10-15 minutes to separate the red cells. • Pour serum or plasma into a polypropylene or polyethylene tube and ship refrigerated. Draw sample 2-6 hour post oral dose. A: 5 days R: 1 week F: 1 month Minimum specimen: 0.5 mL serum Formulary	0.2-1.6 mcg/mL (Liquid Chromatography/Tandem Mass Spectrometry [LC/MS/MS]) • Propafenone is a cardiac drug for treating ventricular arrhythmias. • Therapeutic drug monitoring is important to optimize dose, to assure compliance, and to avoid toxicity.	QUEST DIAGNOSTICS 6278 via Medical Center Sets up on Tuesday and Thursday Reports out in 2-6 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROPOXYPHENE , GC/MS	KPDS: 8442005 Health Connect Order Code: PROPOXYPHENE , GC/MS [80367C]	RED7 PROPX	4 mL serum Transport: Refrigerated A: 5 days R: 2 weeks F: 1 year Minimum specimen: 3 mL serum Formulary	Accompanies report (Gas Chromatography Mass Spectrophotometry (GC/MS))	Quest Diagnostics <TestCode>=7[TestCode> 35267X [12919] via Medical Center Set up Tuesday - Saturday Reports out in 3 days
PROPRANOLOL LEVEL Inderal	KPDS: EXCLUDED in Service Master [8414500] Health Connect Order Code: Inactivated: PROPRANOLOL LEVEL [80299U]		Effective 10/17/12, this test normally performed at Quest Diagnostics, Inc. has been discontinued by the vendor. There is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROTEIN S ANTIGEN, TOTAL & FREE	KPDS: 8530505 Health Connect Order Code: PROTEIN S, TOTAL & FREE [213089]	BLU5 PTSAG	<p>2 ml plasma Transport: Frozen Draw blood in a light blue-top tube containing 3.2% sodium citrate, mix gently by inverting 3-4 times. •Centrifuge 15 minutes at 1500 g within one hour of collection. •Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. •Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial(s). •Freeze immediately and transport on dry ice.</p> <p>Received: •ambient •refrigerated •hemolysis A: NO R: NO F: 30 days Minimum specimen: 1 mL plasma This is a reflex test and only orderable from the Special Coagulation Department at the Regional Reference Laboratory Formulary</p>	<p>Reference Range(s): Protein S Antigen, Total 70-140 % normal Protein S Antigen, Free: Male 57-171 % normal Female 50-147 % normal (Immunotubidimetri c) Antigen testing is appropriate when a functional activity deficiency is present. If low, Total Protein S Antigen assesses the Protein S deficiency as either Type I or II (IIa), Type II (IIb) Protein S deficiency has normal concentrations of Total and Free Protein S Antigen.</p>	<p>Quest Diagnostics, Inc. 36457 via Special Coagulation Department Only Set up Tuesday and Friday afternoon Reports out Friday and Tuesday after midnight</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROTEIN, PERICARDIAL FLUID	KPDS: 8415706 Health Connect Order Code: PROTEIN, PERICARDIAL FLUID [841571]	SC99_SterileContainer	1 mL Pericardial Fluid Transport: Frozen Avoid hemolysis A: 7 days R: 7 days F: 28 days Minimum specimen: 0.5 mL Pericardial Fluid Formulary	Transudate: 3.0 g/dL Exudate: >3.0 g/dL (Colorimetric) Measurement of total protein in pericardial fluid is useful in the differentiation of exudates and transudates.	Quest Diagnostics 17429 via Medical Center Sunday, Tuesday, Thursday, Friday 3-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROTEINASE 3 ANTIBODY •PR-3 •Cytoplasmic antinuclear cytoplasmic antibody •ANTI-PROTEINASE-3 AB	KPDS: (8352002 EXCLUDED for Medical Centers) Health Connect Order Code: PROTEINASE 3 AB, MULTIPLEX IMMUNOASSAY [86021AO]	RED7 APR3A	1 ml serum Transport: Mc: Ambient Shipping To Regional Reference Laboratory Ri: Frozen Shipping To Quest Diagnostics Medical Center: •Allow blood to clot (10-15 minutes) at room temperature. •Centrifuge and separate the serum from the cells. •Transfer the serum to a clean 12x75 mm tube. •Ship to the Regional Reference laboratory Ambient. Regional Reference laboratory: •Freeze as soon as possible for shipping to Quest Diagnostics Received: •gross hemolysis •gross icterus •serum separator tube A: 7 days R: 14 days F: 1 month Minimum specimen: 0.3 ml serum This is a confirmatory test only. It is done at Quest and cannot be ordered except by the Regional Reference laboratory following the appropriate screening test. http://kpmclhp.org/07/california/serum/labnettestim-11testim.html?ID=4478&TNAME=ANTI-NEUTROPHIL-CYTO.+ANT-8617660-ANTI-NEUTRO-PHIL-CYTO.ANT aka ANCA. For laboratory Use Only: RIN-Test: Follow the link for: Transferring Tracking Outside Reference Laboratory Specimens Formulary	<1.0 AI (Enzyme Immunoassay) PR-3 or cytoplasmic antinuclear cytoplasmic antibody is often present with Wegener's granulomatosis, a necrotizing granulomatosis vascular disease typically involving the respiratory tract and kidneys.	QUEST DIAGNOSTICS 34151 [69682P] Via Regional Reference Laboratories, North Hollywood ONLY Set up Monday after midnight Reports out Friday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROTRIPTYLINE VIVACTIL	KPDS: Excluded in Service Master: 8420607 Health Connect Order Code: Inactivated: PROTRIPTYLINE [824910]		As of 1/15/18, this test formally performed at Quest Diagnostics is no longer available. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)
PTH RELATED PROTEIN	KPDS: 8351909 Health Connect Order Code: PARATHYROID RELATED PROTEIN [83519E]	GS4 PTHRP	0.5 ml plasma Transport: Ambient•Use Sodium Heparin •Mix the tube by inverting gently-Centrifuge for at least 15 minutes •Transfer the plasma to a plastic transport tube Whole blood received A: 7 days R: 7 days F: 28 days Minimum specimen: 0.3ml plasma <u>For laboratory Use Only:</u> RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference Laboratory Specimens Formulary</u>	14-27 pg/mL (Immunoassay) • Parathyroid Hormone-related peptide (PTHrP) is structurally and functionally similar to human parathyroid hormone (hPTH). • Hypercalcemia of malignancy is due either to local osteolysis at the site of bone metastases or to PTHrP production by the malignant cells.	QUEST DIAGNOSTICS 34478Z [4866] Via Medical Center Sets up on Tuesday & Friday in the morning Reports out on Thursday & Sunday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PYRIDINIUM (24 HRS) PYRIDINIUM COLLAGEN CROSS-LINKS	KPDS: Removed from Service Master: 8252324		This test has been discontinued by Quest Diagnostics. The recommended alternative is Quest Test code 36421, HC Order code 82523C: <u>COIAGEN CROSSLINKED N-TEIOPEPTIDE, 24 HOUR URINE</u>		(Discontinued)
PYRIDINIUM (2HR)	KPDS: 8252302		This test has been discontinued by Quest Diagnostics. the recommended alternative is Quest Test code 36167X, HC Order code 82523G: <u>COI.X-LINK N-TEI</u>		(Discontinued)
PYRUVATE KINASE PYRUVATE KINASE, RBC (PK) PYRUVATE KINASE ERYTHROCYTES	KPDS: 8422200 Health Connect Order Code: PYRUVATE KINASE, QUANTITATIVE [84220C]	7 mL Yellow-top ACD Solution B tube (YE7) PK	4 mL ACD whole blood Transport: Refrigerated. Do Not Freeze. Contact Quest Diagnostics to obtain 7 mL Yellow-top ACD Solution B tubes. Do not transfer ACD whole blood to other containers. Received frozen A: 4 days R: 4 days F: Unacceptable Minimum specimen: 1 mL ACD whole blood Formulary	6.7 - 14.3 U/g of hemoglobin (Spectrophotometry (SP))	Mayo Medical via QUEST DIAGNOSTICS 38953X [29124P] [11728] Via Medical Center Set up Monday - Saturday Reports out in 1 day

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
Q-FEVER [COXIELLA BURNETII] ANTIBODIES Q Fever	KPDS: 8649001 Health Connect Order Code: COXIELLA BURNETII PHASE 1 AND 2, IGG, IGM [251481]	RED7 Q Fvr	1 ml serum Transport: Refrigerated A: 4 days R: 1 week F: 1 month Minimum specimen: 0.2 ml serum Test Components • Q fever IgG Phase I Screen • Q fever IgG Phase I Titer • Q fever IgG Phase II Screen • Q fever IgG Phase II Titer • Q fever IgM Phase I Screen • Q fever IgM Phase I Titer • Q fever IgM Phase II Screen • Q fever IgM Phase II Titer Formulary	Q Fever IgG Phase I Screen: Negative; Titer: <1:16 Q Fever IgG Phase II Screen: Negative; Titer: <1:16 Q Fever IgM Phase I Screen: Negative; Titer: <1:16 Q Fever IgM Phase II Screen: Negative; Titer: <1:16 (Immunofluorescence Assay (IFA)) • Caused by infection with rickettsiae Coxiella burnetii, Q Fever is characterized by fever with interstitial pneumonitis. • Sixty percent of infected individuals are asymptomatic while some other infected individuals die from complications.	QUEST DIAGNOSTICS 37071 via Medical Center Sets up on Tuesday - Saturday Reports in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
QUINIDINE	KPDS: 8423000 Health Connect Order Code: QUINIDINE LEVEL [80194B]	RED7 QUIN	1 mL serum Transport: Refrigerated Collect just before next dose. Specimens submitted in gel barrier tubes will be rejected. A: 4 days R: 1 week F: Not established Minimum specimen: 0.2 mL serum NOTE: Quest has changed the transport temperature to ambient. However, due to the short specimen stability at ambient temperature, continue to submit specimens frozen. Formulary	2.0-5.0 mg/L (Immunoassay) Quinidine is used in the treatment of acute and chronic supraventricular arrhythmias and ectopic rhythm disturbances. Quinidine clearance can be altered by changes in plasma proteins and in renal and/or hepatic dysfunction. Both quinidine and the related isomer quinine possess antimalarial schizonticide activity. Quinidine levels are monitored to assure adequate therapeutic levels are achieved and to avoid toxicity.	Quest Diagnostics <TestCode></TestCode> 766 via Medical Center Set-up Tuesday - Saturday Ave TAT is 4-24 hours

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RABIES VIRUS ANTIBODY, NEUTRALIZATION [RIFFT] VACCINE RESPONSE END POINT TITER	KPDS: 8649651 Health Connect Order Code: RABIES VIRUS ANTIBODY, NEUTRALIZATION [RIFFT] [86382A]	RED7 RABIE	2 mL serum Transport: Refrigerated Received: • ambient • grossly hemolyzed • grossly lipemic • samples other than serum • bacterial contamination • no date drawn provided A: Unacceptable R: 14 days F: 30 days Minimum specimen: 1 mL serum Formulary	(Rapid Fluorescent Focus Inhibition) In humans, a result of 0.5 IU/mL or higher is considered an acceptable response to rabies vaccination according to the World Health Organization [WHO] guidelines.	Quest Diagnostics, Inc. (5789X) [141283P] [1455] Via Medical Center Set up Monday, Wednesday and Thursday Results out in 30 days
REDUCING SUBSTANCES, FECES Benedict's Qualitative Sugar	KPDS: See Comments	SC99_ Sterile Container	10 grams Random Stool Transport: Frozen Please use the attached form for ordering <u>Reducing Substances, Feces</u> . Received: • ambient greater than 4 hours past collection • refrigerated greater than 1 day past collection A: 4 hours R: 60 days F: 60 days Minimum specimen: 3 grams Random Stool This test can be ordered as a KPHC SmartGroup Panel: PNI, PHANDREDUCINGSUBSTANCES, STOOIPROC AMB, SCAI PNI, PHANDREDUCINGSUBSTANCES, STOOIPROC IP, SCAI Technical Bulletin: <u>Testing location Change: Stool pH and Reducing Substances</u> Formulary	The presence of reducing substances is useful in the diagnosis of abnormalities in carbohydrate metabolism, i.e., sucrose and lactose. The unabsorbed sugars in stool are measured as reducing substances.	Quest Diagnostics [5022X] 91018 Monday - Friday afternoon Tuesday - Saturday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RETICULIN IGG AB, IFA RETICULIN ANTIBODY (IgG)	KPDS: 8625562 Health Connect Order Code: RETICULIN IGG SCREEN, IFA [86255J]	RED7 RETAB	1 mL serum Transport: Refrigerated A: 4 days R: 7 days F: 30 days Minimum specimen: 0.5 mL serum Formulary	Less than 1:10 (Immunofluorescence Assay) Anti-Reticulin IgG occurs most frequently in patients with gluten sensitive enteropathy, i.e. celiac disease and dermatitis herpetiformis.	<u>QUEST DIAGNOSTICS</u> 16530 [16530X] via Medical Center Sets up on Monday - Friday morning Reports Tuesday - Saturday morning
RETINOL BINDING PROTEIN	KPDS: 8388338 Health Connect Order Code: ALPHA 2 RETINOL BINDING PROTEIN [83883E]	RED7 RBPRT	2 mL serum Transport: Refrigerated Received: • ambient • hemolyzed A: 4 hours R: 1 week F: 3 months Minimum specimen: 0.5 mL serum Formulary	Adults: 1.5-6.7 mg/dL (Fixed Rate Time Nephelometry) RBP may be elevated in patients with renal disease and diabetes. Concentrations may be decreased in patients with hepatotoxicity, hepatitis, and cirrhosis.	<u>QUEST DIAGNOSTICS</u> 791X [18366P] [940] via Medical Center Set up Tuesday morning Reports out Tuesday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RHEUMATOID FACTOR, SYNOVIAL FLUID •Rheumatoid Factor, SSCAT •Rheumatoid Factor, Latex Agglutination •Rheumatoid Factor(Synovial Fluid) •RF	KPDS: 8636000 Health Connect Order Code: RHEUMATOID FACTOR, BODY FLUID [86431C]	SC99_ Sterile Container (Sterile screw cap container) RFSYN	1 mL synovial fluid Transport: Refrigerated Ship refrigerated or frozen. Gross hemolysis; Visible particulate matter A: NO R: 1 week F: 3 weeks Minimum specimen: 0.3 mL synovial fluid Positive screens will be reflexed to Titer. Formulary	Negative (Latex Agglutination)	<u>QUEST DIAGNOSTICS</u> 15384X [8834] Via Medical Center Set up Tuesday morning Reports out Tuesday after midnight
RI ANTIBODY SCREEN WITH REFLEX	KPDS: Order manually	RED7	0.5 mL serum Transport: Ambient Overnight fasting is preferred A: 1 week K: 2 weeks F: 3 weeks Minimum specimen: 0.2 mL serum Non-Formulary	Accompanies report (Immunofluorescence Assay) Anti-Ri can be detected in patients with the paraneoplastic opsoclonus/myoclonus syndrome. Neoplasms most often associated with Anti-Ri include breast cancer, gynecological cancers, and small cell lung cancer.	<u>Quest Diagnostics, Inc.</u> 10140 via Medical Center Set up Sunday, Tuesday and Thursday after midnight Report out Thursday, Saturday and Thursday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RIBOSOMAL P ANTIBODY •Ribosomal P Antibody •ANTI-RIBOSOMAL ANTIBODY	KPDS: 8626160 Health Connect Order Code: RIBOSOMAL P ANTIBODY, IA [83516BC]	RED7 RiboP Ab	1 mL serum Transport: Refrigerated Avoid hemolysis Received ambient A: 8 hours R: 1 week F: 1 month Minimum specimen: 0.1 mL serum Formulary	Negative: less than 20 Units Weak Positive: 20-39 Units Moderate Positive: 40-8 Units Strong Positive: greater than 80 Units The presence of Anti-Ribosomal P Antibody has been reported to occur in up to 20% of SLE patients. (Enzyme Immunoassay) Ribosomal P antibody is present in 5-10% of patients with systemic lupus erythematosus (SLE). Some investigators have found an association between the presence of Ribosomal P Antibody and psychosis in patients with SLE.	<u>QUEST DIAGNOSTICS 34283X</u> via Medical Center Set up Monday and Thursday evening Reports out Tuesday and Friday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RICKETTSIA IGG, IGM [SPOTTED FEVER GROUP, TYPHUS GROUP], IFA W REFLEX TO TITERS RICKETTSIAL AGENTS ANTIBODY PANEL RICKETTSIA ANTIBODY PANEL	KPDS: 8649653 Health Connect Order Code: RICKETTSIA IGG, IGM [SPOTTED FEVER GROUP, TYPHUS GROUP], IFA W REFLEX TO TITERS [200437]	RED7 RMSF Pnl	1 mL serum Transport: Ambient Received: •Gross hemolysis •Gross lipemia •Microbial contamination may interfere A: 7 days R: 2 weeks F: 1 month Minimum specimen: 0.2 mL Panel includes: RMSF AB SCREEN, IgG RMSF AB TITER, IgG RMSF AB SCREEN, IgM RMSF AB TITER, IgM TYPHUS FEVER AB SCREEN, IgG TYPHUS FEVER AB TITER, IgG TYPHUS FEVER AB SCREEN, IgM TYPHUS FEVER AB TITER, IgM Formulary	Screen: Not Detected Titer: less than 1:64 (Immunofluorescence Assay [IFA]) Rickettsias are gram negative coccobacilli and short bacilli for which humans are incidental hosts except for human louse-borne typhus. Infections include Q Fever, Rocky Mountain Spotted Fever, and many more types of typhus.	<u>QUEST DIAGNOSTICS</u> 37507 via Medical Center Sets up Monday - Friday Reports out in 1-4 days
RISPERIDONE AND METABOLITE LEVELS, LC/MS/MS Risperdal®	KPDS: 8029932 Health Connect Order Code: RISPERIDONE AND METABOLITE LEVELS, LC/MS/MS [80342A]	RED7 R9HYD	3 mL serum Transport: Refrigerated Do not use serum separator tubes. Promptly centrifuge and separate serum into a plastic screw capped vial using approved guidelines. Serum separator tube (SST) used A: 7 days R: 28 days F: 56 days Minimum specimen: 1.5 mL serum Formulary	Accompanies report (Liquid Chromatography/Tandem Mass Spectrometry)	<u>QUEST DIAGNOSTICS</u> 2339X [13275] Via Medical Center Set up Tuesday, Thursday and Saturday Reports in 1-4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RNA POLYMERASE III •Anti-RNAP III •pol 3 •RNA Polymerase 3 Antibody [AB]	KPDS: 8352019 Health Connect Order Code: RNA POLYMERASE 3 AB, QN, EIA [83520ZAI]	GLD6 RPOL3	0.5 ml serum Transport: Refrigerated Received grossly hemolyzed A: 4 days R: 7 days F: 30 days Minimum specimen: 0.3 ml serum <h4> Technical Bulletins: </h4>https://www.questdiagnostics.com/~/media/QuestDiagnostics/ReferenceRanges/AdultReferenceRanges/AdultReferenceRanges_20140131.pdf > Formulary	Less than 20 Units (Enzyme Linked Immunosorbent To aid in the diagnosis of systemic sclerosis.	Quest Diagnostics, Inc. (19899X) [4704] via Medical Center Set up Wednesday afternoon Report out Thursday after midnight
ROTAVIRUS • ROTAVIRUS EIA • ROTAZYME	KPDS: 8649617 Health Connect Order Code: ROTAVIRUS ANTIGEN [87425B]	SC99_SterileContainer ROTA	•5g Fresh Stool (no preservatives or fixative) •Rectal Swab containing visible stool [2g] Transport: Frozen [Transport On Dry Ice]-Stool: Collect in sterile container (SC99). •Rectal swab: Use plastic-shaft swab; place in sterile tube. Visible stool must be present. •Diapers •Wood, calcium alginate or gel swab •Stool in preservatives or fixative •Stool in UT99 (UTM) •Cardboard container •Specimen container received in biohazardous condition •Transported ambient A: NO R: 3 days F: 30 days Minimum specimen: 1g (thumbnail-size portion) Potential candidates include bone marrow transplant patients and infants [newborn, neonatal/neonate, baby] with diarrhea. For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Not Detected (Enzyme Immunoassay (EIA))	Quest Diagnostics 706 via Medical Center Sets up daily Reports out in 1-2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RSV ANTIBODY RSV ABS RESPIRATORY SYNCYNTIAL VIRUS ANTIBODY	KPDS: 8675602 Health Connect Order Code: RSV ANTIBODY [86756B]	RED7 RSVAB	1 mL serum Transport: Refrigerated Received ambient A: 5 days R: 14 days F: 30 days Minimum specimen: 0.2 mL serum Formulary	Less than 1:8 (Complement Fixation) Single titers greater than or equal to 1:64 usually indicate recent RSV infection. A four-fold or greater increase in titer between acute and convalescent specimens is required for diagnosis of RSV infection in adults and children greater than 6 months of age. In contrast, only about 50% of infected children less than 6 months of age exhibit a four-fold or greater increase in titer. Viral isolation and RSV antigen detection methods are recommended for patients less than 6 months old.	QUEST DIAGNOSTICS 37119X [52944P] [11676] via Medical Center Set up Monday - Friday Reports out Tuesday - Saturday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RUBELLA ANTIBODY IGM •RUBELLA ANTIBODY (IgM) •RUBELLA AB IGM	KPDS: 8676202 Health Connect Order Code: RUBELLA IGM [86762A]	RED7 RIGMA	1 ml serum Transport: Refrigerated• Allow specimen to clot at room temperature and then centrifuge. • Separate serum from cells as soon as possible. • Refrigerate at 2-8 degrees C. Received: • grossly hemolyzed • grossly lipemic • plasma • cord blood A: 4 days R: 1 week F: 1 month Minimum specimen: 0.6ml serum For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Negative: less than 20.00 AU/mL Equivocal: 20.00-24.99 AU/mL Positive: greater than or equal to 25.00 AU/mL (Immunoassay)	QUEST DIAGNOSTICS 4422X via Medical Center Sets up on Tuesday, Thursday and Saturday Reports out in 2-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>SACCHAROMYCE S CEREVISIAE ANTIBODY (ASCA) IGA</p> <ul style="list-style-type: none"> • IBD 1st Step(Inflammatory Bowel Disease) • IBD First Step - Generation II 	<p>KPDS: Order Manually</p>	<p>RED7</p>	<p>1 mL serum Transport: Refrigerated This test is restricted to Infectious Disease Providers. Received: • grossly hemolyzed • lipemic A: 2 weeks R: 3 weeks F: 3 weeks Minimum specimen: 0.3 mL serum Formulary Restricted</p>	<p>Negative: less than or equal to 20.0 U Equivocal: 20.1-24.9 U Positive: greater than or equal to 25.0 U (Enzyme linked immunosorbent Assay (EIIISA)) Antibodies to <i>Saccharomyces cerevisiae</i> are found in approximately 75% of patients with Crohn's disease, 15% of patients with ulcerative colitis, and 5% of the healthy population. High titers of antibody increase the likelihood of disease, and specifically Crohn's disease, and are associated with more aggressive disease.</p>	<p>QUEST DIAGNOSTICS 10295 via Medical Center Set up Tuesday, Thursday and Saturday morning Reports out Tuesday, Thursday and Saturday evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SACCHAROMYCES CEREVISIAE ANTIBODY (ASCA) IGG <ul style="list-style-type: none"> • IBD 1ST Step (Inflammatory Bowel Disease) • IBD First Step - Generation II 	KPDS: Order Manually	RED7	1 mL serum Transport: Refrigerated This test is restricted to Infectious Disease Providers. Received: <ul style="list-style-type: none"> • grossly hemolyzed • lipemic Minimum specimen: 0.3 mL serum Formulary Restricted	Negative: less than or equal to 20.0 Units Equivocal: 20.1-29.9 Units Positive: equal to or greater than 30.0 Units (Enzyme-Linked Immunosorbent Assay (ELISA)) Antibodies to Saccharomyces cerevisiae are found in approximately 75% of patients with Crohn's disease, 15% of patients with ulcerative colitis, and 5% of the healthy population. High titers of antibody increase the likelihood of disease, and specifically Crohn's disease, and are associated with more aggressive disease.	QUEST DIAGNOSTICS 10294 via Medical Center Set up Tuesday, Thursday and Saturday morning Reports out Tuesday, Thursday and Saturday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SCHISTOSOMA IGG AB, ELISA SCHISTOSOMIAS IS	KPDS: 8228285 Health Connect Order Code: SCHISTOSOMA IGG [86682G]	RED7 SCHAB	1 mL serum Transport: Refrigerated A: 1 week R: 2 months F: Indefinite Minimum specimen: 0.25 mL serum Formulary	Less than 1.00 (Enzyme Linked Immunosorbent Assay (ELISA)) • This assay is highly specific (99%) and sensitive (96%) for detection of infection caused by S. mansoni. • Although the assay is also highly specific for infections caused by other Schistosoma species (S. japonicum, S. haematobium, S. mekongi), its sensitivity for these infections is lower (55%). • Antibody levels do not correlate with intensity of infection.	QUEST DIAGNOSTICS 53470P [34306X] [21426] via Medical Center Sets up one day a week in the morning Reports in 1 to 5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SELENIUM	KPDS: 8228211 Health Connect Order Code: SELENIUM BLOOD [84255A]	ROY7 SELEN	<p>2 ml plasma Transport: Refrigerated NOTE: This test is performed on plasma Plasma Metal Free Kit</p> <ul style="list-style-type: none"> •Promptly centrifuge and separate plasma into the acid washed plastic screw capped vial [purple label]. Centrifuge within 1 hour of collection. Immediately separate plasma from the cells into trace element collection vials. Patient should refrain from taking vitamins or mineral supplements at least three days prior to specimen collection. Received in gel barrier tubes A: 8 hours R: 2 weeks F: 1 month Minimum specimen: 0.7 ml plasma For laboratory Use Only: <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens</p> <p>Formulary</p>	<p>Adults: 63-160 mcg/L</p> <p>Pediatrics Less than 2 years: 16-71 mcg/L 2-4 years: 40-103 mcg/L 4-16 years: 55-134 mcg/L (Inductively Coupled Plasma/Mass Spectrometry) Selenium is an element or parental nutrition. Monitoring the Selenium concentration is useful in assessing parental nutrition, especially recent intake. Concentrations are also monitored in children with propionic academia who require special diets with supplements.</p>	<p>QUEST DIAGNOSTICS 5507 Via Medical Center Set up Sunday and Wednesday after midnight Reports out Tuesday and Friday evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SENSORY NEUROPATHY I Sensory Neuropathy AB Panel	KPDS:		Effective August 22, 2011, this test performed at Quest Diagnostics has been discontinued. The recommended alternative is <u>Myelin Assoc. Glycoprotein [MAG] with Reflex</u>		(Discontinued)
SENSORY NEUROPATHY II Sensory Neuropathy AB Panel	KPDS:		Effective August 22, 2011, this test performed at Quest Diagnostics has been discontinued. The recommended alternatives are: •Hu., Yo. and RI Antibodies with Reflex and •Myelin Assoc. Glycoprotein with Reflex		(Discontinued)
SENSORY-MOTOR NEUROPATHY ANTIBODY PANEL [GANGLIOSIDE]	KPDS: Order Manually	RED7	3 mL serum Transport: Refrigerated Overnight fasting is preferred Received ambient A: 24 hours R: 1 week F: 3 weeks Minimum specimen: 1.6 mL serum Non-Formulary	Accompanies report (Immunoassay)	Quest Diagnostics, Inc. 90129 via Medical Center

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SEROTONIN <ul style="list-style-type: none"> Hydroxyindole-Acetic Acid, Blood 5-HIAA, Serotonin 	KPDS: 8426000 Health Connect Order Code: SEROTONIN [842600C]	RED7 SERTB	2 ml serum Transport: Frozen Spin and freeze serum below -20 C within 2 hours after collection. Patient should avoid food high in indoles: avocado, banana, tomato, plum, walnut, pineapple, and eggplant. Patient should also avoid tobacco, tea and coffee three days prior to specimen collection. Received: <ul style="list-style-type: none"> Thawed serum Ambient Refrigerated A: NO R: NO F: 6 weeks Minimum specimen: 1 ml serum <u>For laboratory Use Only.</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	56-244 ng/mL (High Performance Liquid Chromatography (HPLC)) Serotonin concentrations are greatly increased in patients with carcinoid syndrome. Carcinoid tumors are associated with multiple endocrine neoplasia (MEN) types I and II. These tumors are associated with flushing, diarrhea, pain, and other symptoms.	QUEST DIAGNOSTICS 29851 via Medical Center Set up Monday, Tuesday and Thursday in the morning Reports on Tuesday, Wednesday and Friday after midnight
SERTRALINE (ZOLOFT) SERUM Zoloft (R)	KPDS: Excluded in Service Master: 8932100 Health Connect Order Code: Inactivated: SERTRALINE LEVEL [80299N]		This test normally sent out to NMS Laboratory has been discontinued due to low volume. The Health Connect code has been inactivated. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SHIGA TOXINS, EIA WITH REFLEX TO E. COLI 0157 CULTURE	KPDS: Order Manually	Cary Blair [Para-Pak C&S]	<p>1 gram or 1 ml Stool</p> <p>Rectal swab in Cary-Blair is acceptable as a alternative specimen</p> <p>Transport: Refrigerated</p> <p>Collect in a clean dry container, and then transfer a minimum of 1 gram or 1 ml of stool into the Cary-Blair stool culture transport medium.</p> <p>Fluid level should reach line on vial after stool is placed into vial.</p> <p>Received:</p> <ul style="list-style-type: none"> •Frozen •Dry swabs •Unpreserved raw stool at room temperature •Raw refrigerated specimens less than 2 hours from time of collection •Greater than 4 day old •Unlabeled specimens •Stools in diapers •Swabs not in Cary-Blair or Amies transport medium <p>A: 4 days R: 4 days F: NO</p> <p>Technical Bulletin</p> <p>Note: If Shiga Toxins, EIA is "Detected", the E.coli 0157 culture will be performed at an additional charge [CPT 87046] Formulary</p>	<p>Not detected (Broth enhanced toxin assay by EIA with culture reflex)</p> <p>This test detects Shiga toxins produced by enterohemorrhagic E. coli and other enteric organisms which have been isolated from patients who have hemorrhagic colitis with or without hemolytic-uremic syndrome (HUS). Culture allows CDC to track outbreaks by strain typing.</p>	<p>Quest Diagnostics, Inc. 30264 via Medical Center</p> <p>Set up Daily</p> <p>Results available in 3-5 days</p>
SILICON, URINE	KPDS: Removed from Service Master: 8219000 Health Connect Order Code: Inactivated: SILICATE, URINE [84285A]		As of February 20, 2019, this test has been discontinued. There is no alternative order available. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SODIUM, QUANT, FECES Fecal Sodium	KPDS: Removed from Service Master: 8219003 Health Connect Order Code: Inactivated: STOOL SODIUM, 24 HOUR [84302C]		As of February 20, 2019, this test has been discontinued. Order: <u>ELECTROLYTES PANEL (NA, K, Cl), STOOL</u> [249489] Not-Formulary		•Not-Formulary

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SOMATOSTATIN	KPDS: 8430700 Health Connect Order Code: SOMASTATIN [84307B]	LAV5 SOMAT	<p>1.8 ml plasma Transport: Frozen Draw in a pre-chilled lavender-top tube. Separate and freeze plasma immediately. Do not thaw. Received: • Thawed plasma • Ambient • Refrigerated • Gross lipemia • Gross icterus A: 8 hours R: 8 hours F: 28 days Minimum specimen: 0.6 ml plasma For laboratory Use Only.</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>Adults: less than or equal to 30 pg/mL (Extraction, Radioimmunoassay) Somatostatin is a neurohormone produced in the brain, hypothalamus, and gastrointestinal tract. High concentrations of somatostatin are associated with somatostatinomas. These occur in the pancreas. Elevations are also seen in other gastrointestinal endocrine secreting tumors, medullary thyroid carcinoma, and pheochromocytoma.</p>	<p><u>QUEST DIAGNOSTICS</u> 34480 via Medical Center Set up Tuesday morning Reports out Saturday evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SOTALOL LEVEL, LC/MS/MS • Betacardone • Betapace	KPDS: 8029920 Health Connect Order Code: SOTALOL LEVEL, LC/MS/MS [80299AEK]	(2)RED7 SOTAL	4 mL serum Transport: Ambient Do not use gel barrier tubes. Received gel separator tube A: 2 weeks R: 2 weeks F: 2 weeks Minimum specimen: 0.5 mL serum Formulary	Accompanies report (High Performance Liquid Chromatography (HPLC))	NMS via QUEST DIAGNOSTICS 3358X [2118] Via Medical Center Set up Tuesday & Thursday Reports out Thursday & Saturday
SPERM ANTIBODY (IGA & IGG)	KPDS: 8932003 Health Connect Order Code: SPERM ANTIBODY (IGA,IGG) [219204]	GLD6 [Label will say SST7] SPRMA	1 mL serum Transport: Refrigerated Received ambient A: 24 hours R: 2 weeks F: 2 weeks Minimum specimen: 0.3 mL serum Formulary	Accompanies report (Immunobeads) Sperm Antibodies are detected in approximately 15-20% of men with otherwise unexplained infertility and in 10-15% of women with otherwise unexplained infertility	QUEST DIAGNOSTICS 19492X [4626] Via Medical Center Set up Wednesday & Friday in the morning Reports out Wednesday & Friday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SPIRONOLACTONE & METABOLITE Canrenone	KPDS: 8029922 Health Connect Order Code: SPIRONOLACTONE LEVEL [80299ZZB]	RED7 SPMET	1 mL serum Transport: Refrigerated Do not collect in serum separator tubes (SST) Received in a polymer Gel separation tube [SST] A: Undetermined R: Undetermined F: Undetermined Minimum specimen: 0.7 mL serum Formulary	Accompanies report (Spectrofluorometry)	NMS 4207SP via Quest Diagnostics via Medical Center Sets up on Tuesday Reports out in one to 7 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SPOTTED FEVER GROUP RICKETTSIAE IGG, IGM Rocky Mountain Spotted Fever Antibodies Rickettsia Rickettsiae RMSF	KPDS: 8228210 Health Connect Order Code: SPOTTED FEVER GROUP RICKETTSIAE IGG, IGM [206495]	RED7 RMSF	1 ml serum Transport: Refrigerated Received: •Grossly hemolyzed •Grossly lipemic A: 4 days R: 1 week F: 1 month Minimum specimen: 0.2ml serum Test Components: •RMSF AB Screen, IgG •RMSF AB Titer, IgG •RMSF AB Screen, IgM •RMSF AB Titer, IgM Formulary	less than 1:64 (Immunofluorescence Assay (IFA)) RMSF, caused by <i>Rickettsia rickettsii</i> , is the most severe and frequently reported rickettsial infection in the United States. Prompt diagnosis and treatment are required to avoid potentially fatal outcomes.	QUEST DIAGNOSTICS 6419 Via Medical Center Set up Monday - Friday Reports out in 1-4 days
ST. LOUIS ENCEPHALITIS SEROLOGY SLE (ST. LOUIS ENCEPHALITIS)	KPDS: Removed from Service Master: 8649549 Health Connect Order Code: Inactivated: ST LOUIS ENCEPHALITIS VIRUS ANTIBODY [86653B]		This test normally performed at Quest Diagnostics has been discontinued by the vendor. There is no recommended alternative test. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
STACHBOTRY'S CHARTARUM PANEL I •STACHBOTRY'S SEROLOGY IGE & IGG •S. CHARTARUM SEROLOGY •Stachybotrys Panel I	KPDS: Formally a Manual Order		This test formally performed at IBT Reference laboratory via Quest Diagnostics has been discontinued. The recommended alternatives performed at Quest Daignostics, may be ordered manually: <u>STACHBOTRY'S CHARTARUM/ATRA [RGM24] IGE 91137</u> <u>Stachybotrys chartarum/atra (RGM24) IgG 91206</u>		(Discontinued)
STACHBOTRY'S CHARTARUM PANEL II •STACHBOTRY'S SEROLOGY •(S. CHARTARUM SEROLOGY) IgG, IgA, IgE •Stachybotrys Panel II	KPDS: Formally a Manual Order		This test formally performed at IBT Reference laboratory via Quest Diagnostics has been discontinued. The recommended alternatives performed at Quest Daignostics, may be ordered manually: <u>STACHBOTRY'S CHARTARUM/ATRA [RGM24] IGE 91137</u> <u>Stachybotrys chartarum/atra (RGM24) IgA 17131</u> <u>Stachybotrys chartarum/atra (RGM24) IgG 91206</u>		(Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
STACHBOTRYS CHARTARUM/AT RA [RGM24] IGE STACHBOTRYS SEROLOGY S CHARTARUM SEROLOGY	KPDS: Order Manually	RED7	0.3 mL serum Transport: Ambient This test is restricted to Allergy Providers. Received: •grossly hemolyzed •grossly lipemic A: 2 weeks R: 2 weeks F: 1 month Minimum specimen: 0.15 mL serum Formulary Restricted	<i>S. chartarum</i> [RGM24] IgE: <0.35 KU/l (Immunoassay [IA]) <i>Stachybotrys chartarum/atra</i> is a mold that has been implicated in a variety of illnesses associated with water-damaged buildings. <i>Stachybotrys</i> requires cellulose as a growth substrate and is usually found on building materials composed of cellulose (e.g. ceiling tiles and wallboards). Individuals who respond to exposure to mold antigens by producing specific IgE may exhibit allergy symptoms when subsequently re-exposed to spores from mold.	QUEST DIAGNOSTICS 91137 via Medical Center Set up Monday - Saturday Reports in 2 - 4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
STREPTOCOCCU S PNEUMONIAE IGG (14 SEROTYPES)	KPDS: 8660905 Health Connect Order Code: STREPTOCOCCU S PNEUMONIAE IGG (14 SEROTYPES) [226056]	RED7 SPN14	0.5 ml serum Transport: Refrigerated PRE and POST samples should be tested together on the same run to avoid variation in results caused by lot-to-lot and inter-assay variation. It is recommended that two PRE tubes be drawn. Save one PRE serum frozen, the other can be sent to determine the need to vaccinate. If patient already has protective values, there is no need to revaccinate and test a POST sample. If PRE results do not show protection values, send the saved PRE sample together with the POST vaccination sample. R: 2 weeks F: 1 month Minimum specimen: 0.25ml serum For laboratory Use Only: RIN test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (MULTIPLE ANALYTE IMMUNO DETECTION (MAID))	Quest Diagnostics, Inc. <TestCode>=7TestCode> 19564 via Medical Center Sets up 5 days a week Reports out in 1-3 days
STREPTOCOCCU S PNEUMONIAE IGG (6 SEROTYPES)	KPDS: Removed from Service Master: 8660901 Health Connect Order Code: Inactivated: STREPTOCOCCU S PNEUMONIAE IGG (6 SEROTYPES) [226054]	SPNE6	The test formally performed at Quest Diagnostics has been discontinued. The alternative test is: STREPTOCOCCUS PNEUMONIAE IGG (14 SEROTYPES) Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
STREPTOCOCCU S PNEUMONIAE IGG (7 SEROTYPES)	KPDS: Removed from Service Master: 8660903 Health Connect Order Code: Inactivated: STREPTOCOCCU PNEUMONIAE IGG (7 SEROTYPES) [226055]		The test formally performed at Quest Diagnostics has been discontinued. The alternative test is: <u>STREPTOCOCCUS PNEUMONIAE IGG (14 SEROTYPES)</u> Not-Formulary		•Not-Formulary (Discontinued)
STREPTOCOCCU S PNEUMONIAE IGG, PRE- AND POSTVACCINATI ON (6 SEROTYPES) S pneumo IgG - P/P Vacc-6	KPDS: 8660906 Health Connect Order Code: STREPTOCOCCU S PNEUMONIAE IGG, PRE AND POST VACCINATION (6 SEROTYPES) [220782]	RED7 SPNE6	0.5 ml serum Transport: Refrigerated The preferred specimens are pre- and post- vaccination sera run in parallel. Mark specimens clearly as "PRE" and "POST" A: 7 days R: 60 days F: 1 year Minimum specimen: 0.5 mL serum Formulary	Accompanies report (Multiple Analyte Immuno Detection (MAID)) Streptococcus pneumoniae can cause pneumonia, ear infections, meningitis, and bacteremia. Measurement of S. pneumoniae antibodies is useful in evaluating prior exposure to the organism or response to vaccination.	Quest Diagnostics 34263X via Medical Center Set up Tuesday and Friday morning Reports in 1-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
STREPTOCOCCUS PNEUMONIAE IGG, PRE- AND POSTVACCINATION (7 SEROTYPES) S Pneumo IgG-P/P -Vacc-7	KPDS: 8660907 Health Connect Order Code: STREPTOCOCCUS PNEUMONIAE IGG, PRE AND POST VACCINATION (7 SEROTYPES) [220783]	RED7 SPNE7	0.5 mL serum Transport: Refrigerated Received ambient A: 7 days R: 60 days F: Indefinite Minimum specimen: 0.25 mL serum Formulary	Accompanies report (Multiple Analyte Immuno Detection (MAID)) Streptococcus pneumoniae can cause pneumonia, ear infections, meningitis, and bacteremia. Measurement of S. pneumoniae antibodies is useful in evaluating prior exposure to the organism or response to vaccination.	<u>Quest Diagnostics</u> 19563X Via Medical Center Set up Tuesday morning Reports out in 1-8 days
STRIATED MUSCLE AB • Anti-Striated Muscle Antibody • Skeletal Muscle Striation Antibody	KPDS: 8626600 Health Connect Order Code: STRIATED MUSCLE ANTIBODY SCREEN [86255ZA]	RED7 Striat Mus	0.5 mL serum Transport: Refrigerated Received: • gross hemolysis • grossly lipemic A: 4 days R: 14 days F: 30 days; Indefinite at -70 degrees Minimum specimen: 0.1 mL serum Formulary	Less than 1:10 (Immunofluorescence Assay) Anti-skeletal muscle antibody titers of greater than 1:80 have been reported to be present in the serum of 30% of patients with myasthenia gravis, 95% of patients with myasthenia gravis and thymoma, and 25 % of patients with thymoma.	<u>QUEST DIAGNOSTICS</u> 266 Via Medical Center Set up Tuesday - Saturday morning Reports out Wednesday - Saturday and Monday in the afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SUCROSE HEMOLYSIS	KPDS: EXCLUDED in Service Master [8628100] Health Connect Order Code: Inactivated: SUCROSE HEMOLYSIS [86941A]		This test for paroxysmal nocturnal hemoglobinuria has been discontinued. Please order: CD55 AND CD59, RBC, FLOW CYTOMETRY Not-Formulary		•Not-Formulary (Discontinued)
SULFADIAZINE	KPDS: Removed from Service Master: 8440000 Health Connect Order Code: Inactivated: SULFADIAZIDE LEVEL [80299ZZM]		As of October 5, 2015, this test normally performed by Quest Diagnostics has been discontinued. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)
SULFAMETHOXAZOLE	KPDS: 8918608 Health Connect Order Code: TRIMETHOPRIM [TMP] LEVEL [80299ZZL]		Refer to <u>TMP-S level</u> Formulary		•Formulary

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SULFHEMOGLOBIN SHb	KPDS: Order Manually	LAV5	<p>2 mL Red Blood Cells Transport: Refrigerated Draw 7 mL whole blood at end of shift in a Lavender Top (EDTA) or Green Top (sodium-heparin) tube. Centrifuge and separate RBC's into a plastic vial.</p> <p>Received ambient or frozen A: No R: Not established F: No Minimum specimen: 2 mL Red Blood Cells</p>	Accompanies report (Spectrophotometry)	NMS 4535B Via QUEST DIAGNOSTICS via Medical Center Set up Tuesday and Thursday morning Reports out Wednesday and Friday afternoon
SULFISOXAZOLE • Gantrisin • Sulfonamides	KPDS: 8918665 Health Connect Order Code: SULFISOXASOLE [84311B]		<p>Effective June 19, 2009, this test normally sent out to Mayo Medical Laboratories via Quest Diagnostics, has been discontinued by the vendor. There are not alternative tests available.</p> <p>The current Health Connect order code has been inactivated. Not-Formulary</p>		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
T3 REVERSE •RT3 •Triiodothyronine Reverse •T3 •Reverse Triiodothyronine •Reverse T3	KPDS: 8344001 Health Connect Order Code: T3 REVERSE [84482A]	RED7 RT3	0.5 ml serum Transport: Refrigerated Allow blood to clot at room temperature for 30 minutes. Centrifuge and separate the serum from cells immediately. •Unseparated serum (>48 hours on clot) •Serum in SST not separated from gel within 24 hours A: 1 week R: 1 month F: 1 month Minimum specimen: 0.3ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	8-25 ng/dL (Liquid Chromatography/Tandem Mass Spectrometry) Reverse T3 (rT3) has limited application. The assay may be useful in diagnosis of amiodarone thyrotoxicity. Typically free T4 and rT3 rise and total T3 drops very early in that process. TSH, free T4, and total T3 measurements are usually sufficient to diagnose and manage patients on amiodarone.	Quest Diagnostics 90963 via Medical Center Set up Sunday - Friday after midnight Reports out Monday, Tuesday, Thursday, Friday and Saturday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
T3, FREE AND TOTAL, EQUILIBRIUM DIALYSIS W IMMUNOCHEMIL UMINOMETRIC ASSAY •T3, FREE, TRACER, DIALYSIS •FREE T3 BY TRACER DIALYSIS •TRIODOETHYRO NINE	KPDS: 8344005 Health Connect Order Code: T3, FREE AND TOTAL, EQUILIBRIUM DIALYSIS W IMMUNOCHEMIL UMINOMETRIC ASSAY [254069]	RED7 T3FTD	1 ml serum Transport: Refrigerated A: 4 days R: 7 days F: 28 days Minimum specimen: 0.4ml serum For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Accompanies report (Equilibrium Dialysis by RIA, Immunochemiluminescence)	QUEST DIAGNOSTICS 36598 via Medical Center Set up Tuesday - Friday morning Reports out Wednesday - Saturday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
T4 (THYROXINE), TOTAL	KPDS: 8345500 Health Connect Order Code: T4 [84436B]	RED7	<p>1 mL serum Transport: Refrigerated</p> <ol style="list-style-type: none"> 1. Centrifuge as soon as possible. 2. Label with patient's name and date. 3. One test per requisition. <p>Received: plasma specimens, hemolyzed, lipemic, icteric A: 7 days R: 7 days F: 28 days Minimum specimen: 0.2 mL serum Formulary</p>	<p>< 1 month: Not Established 1-23 months: 6.0-13.2 mcg/dL 2-12 years: 5.5-12.1 mcg/dL 13-20 years: 5.5-11.1 mcg/dL >20 years: 4.8-10.4 mcg/dL</p> <p>Pregnancy: 1st Trimester: 6.4-15.2 mcg/dL 2nd Trimester: 7.4-15.2 mcg/dL 3rd Trimester: 7.7-13.8 mcg/dL (Immunoassay) Thyroxine (T4) is the major secretory hormone of the thyroid. Only 0.03% of T4 is unbound and free for exchange with tissues. Thyroid function may be assessed with thyroid stimulating hormone (TSH) and free T4 measured.</p>	<p>QUEST DIAGNOSTICS 17733 [867] Via Medical Center Set up Tuesday - Saturday morning Reports out Wednesday - Saturday and Monday evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
T4, FREE DIRECT DIALYSIS •FREE T4 BY EQUILIBRIUM DIALYSIS •T4 FREE BY DIALYSIS	KPDS: 8443902 Health Connect Order Code: T4, FREE DIRECT DIALYSIS [84439D]	RED7	2 mL serum Transport: Frozen This test is restricted to: • KPHC Ambulatory Ordering: restricted to Endocrinology & Pediatric Providers •KPHC Inpatient Ordering: added to department lists for: Endocrinology, PICU, NICU, Pediatrics and Pediatric Endocrinology A: 7 days R: 7 days F: 28 days Minimum specimen: 0.2 mL serum Formulary Restricted	Accompanies report (Direct Equilibrium Dialysis, Immunoassay) Free T4 by equilibrium dialysis is the most accurate measure of Free T4. Results are independent of the concentration of the T4-binding proteins, the presence of molecular variants of these proteins, or circulating autoantibodies. Free T4 is useful in the distinguishing euthyroidism from thyroid disease.	<u>QUEST DIAGNOSTICS</u> 35167 via Medical Center Set up Monday - Saturday morning Reports out Wednesday - Monday afternoon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TAY-SACHS DISEASE MUTATION ANALYSIS	KPDS: 8828025 Health Connect Order Code: TAY-SACHS DISEASE 1278INSTACT, IVS12, IVS9, G269S, 7.6 KB DEL, HEXA MUTATION ANALYSIS [81255A]	LAV5 TAY	4 ml whole blood Transport: Ambient Received frozen A: 8 days R: 8 days F: NO Minimum specimen: 3 ml whole blood For prenatal diagnosis with a fetal specimen: 1) parents must be documented carriers of one of the mutations tested; 2) maternal blood or DNA must be available; 3) contact the laboratory genetic counselor before submission. <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies Report (Polymerase Chain Reaction, Next Generation Sequencing) This test is used to identify individuals who are carriers of a TSD mutation. It will also confirm a diagnosis of TSD by identifying those individuals who have two TSD mutations. By testing for pseudodeficiency alleles, this assay will identify individuals who have been erroneously identified as carriers, due to a false-positive result in the standard enzyme assay for beta-N-acetylhexosaminidase activity.	Quest Diagnostics, Inc. 90903 via Medical Center Set up Tuesday, Thursday and Saturday morning Report out Sunday, Tuesday and Thursday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TBG ASSESSMENT (T3 UPTAKE) T3 UPTAKE T UPTAKE TRIODOTHYRONINE	KPDS: Order Manually	RED7	1 mL serum Transport: Refrigerated This test is restricted to Endocrinology Providers. Received: plasma, ambient, hemolyzed, lipemic, icteric samples A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.5 mL serum Formulary Restricted	Adults: 0.79 - 1.16 (Immunoassay) T3 Uptake (T3U) is used with measurement of thyroxine (T4) to calculate the free T4. Alternatively, free T4 can be measured. The calculated or measured free T4 is useful in the assessment of thyroid diseases. Elevations are associated with hyperthyroidism or thyroid hormone resistance whereas low concentrations are associated with hypothyroidism.	<u>QUEST DIAGNOSTICS</u> 17732 [480] via Medical Center Set up Tuesday - Saturday morning Reports out Wednesday - Saturday and Monday evening
TEICHOIC ACID ANTIBODY	KPDS: Excluded in Service Master [8000111] Health Connect Order Code: Inactivated: TEICHOATE ANTIBODY [86331A]		As of December 19, 2016, this test, formally performed at Quest Diagnostics, has been discontinued due to the reagent being discontinued by the manufacturer. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TETANUS ANTITOXOID ANTIBODY • Tetanus Antitoxin Antibody (Post Immunization) • Tetanus Antitoxoid AB	KPDS: 8228213 Health Connect Order Code: TETANUS ANTIBODY [86774B]	RED7 TN-AB	1 ml serum Transport: Ambient Received: • gross hemolysis • gross lipemia • gross icterus A: 7 days R: 2 weeks F: 1 month Minimum specimen: 0.3 ml For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	20.10 IU/ml [Post-Vaccination] (Enzyme linked Immunosorbent Assay) This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test. • Tetanus is caused by <i>Clostridium tetani</i> . • Immunization with Tetanus Antitoxoid is effective with boosters. • This test assesses Tetanus Antitoxoid Antibody following booster immunization. • Immunization supports an intact humoral antibody response.	QUEST DIAGNOSTICS 4862 Via Medical Center Sets up on Tuesday, Thursday & Saturday Reports out in 1-4 days
TETANUS ANTITOXOID ANTIBODY [EIA] PRE-VACCINE	KPDS: 8677407 Health Connect Order Code: TETANUS ANTIBODY PRE VACCINATION [86774E]	RED7 TETAB	1 mL serum Transport: Refrigerated Received ambient A: 4 days R: 1 week F: 1 month Minimum specimen: 0.2 mL serum Formulary	Accompanies report (Enzyme Immunoassay)	Quest Diagnostics 50922P [3534] Via Medical Center Set up Monday, Wednesday and Friday morning Reports out Monday, Wednesday and Friday noon

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
THALLIUM, 24 HR URINE	KPDS: 8301800 Health Connect Order Code: THALLIUM, 24 HR URINE [83018B]	See Specimen Requirements Field THA-U	Collect: TU99 Aliquot and Transport: <u>Quest Urine Acid Washed Tube with Red Lid</u> 7 mL aliquot of a 24 hour urine Transport: Refrigerated•Collect urine in an acid washed or metal-free plastic container. •To avoid contamination, do not measure 24-hour volume. A: 48 hours R: 5 days F: 2 weeks Minimum specimen: 3 mL aliquot of a 24 hour urine Formulary	Thallium (24-Hour Urine [mcg/L]), less than or equal to 2 mcg/l Toxic: greater than 200 mcg/L (Inductively-Coupled Plasma/Mass Spectrometry (ICP/MS)) • Exposure to Thallium is primarily through foods and may occur in highly selected industrial environments. • Urinary Thallium may be used in assessing toxicity.	QUEST DIAGNOSTICS 37124 via Medical Center Set up Tuesday, Thursday and Saturday Report available in 2-5 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
THALLIUM, BLOOD	KPDS: 8228214 Health Connect Order Code: THALLIUM [83018A]	BEZ Na2 EDTA THA-S	4 mL whole blood collected in an EDTA trace element (royal blue-top) tube Transport: Refrigerated A: 48 hours R: 5 days F: NO Minimum specimen: 2 mL whole blood Tests performed on a specimen submitted in a non-trace element tube or non-acid washed/non metal free container may not accurately reflect the patient's level. If a non -trace element tube/container is received, it will be accepted for testing. However, elevated results shall be reported with a message that a re-submission with a trace element tube/container is recommended. EDTA (lavender-top) tube, Sodium heparin (green-top) and Sodium Heparin lead-free (tan-top) tubes will be run with disclaimer. Formulary	<5.1 mcg/mL (Inductively Coupled Plasma/Mass Spectrometry (ICP/MS)) Exposure to thallium is primarily through foods and may occur in highly selected industrial environments. Blood thallium may be used in assessing chronic toxicity.	QUEST DIAGNOSTICS 8830 Via Medical Center Sets up on Tuesday, Thursday & Saturday Report available in 2-5 days
THC, URINE - CONFIRMATION, CHILDREN	KPDS: Order Manually	Collect and Ship: UR25	10 mL Random Urine Transport: Refrigerated A: 5 days R: 14 days F: 1 year Minimum specimen: 5 mL To be used for confirmation of positive urine toxicology screen results on children under 14 years old. Formulary Restricted	Accompanies report (Gas Chromatography Mass Spectrophotometry)	Quest Diagnostics, Inc. 15722X (6165) Via Medical Center Monday - Friday Reposrs in 3 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
THIORIDAZINE AND METABOLITE, GC MELLARIL®	KPDS: 8402202 Health Connect Order Code: THIORIDAZINE AND METABOLITE, GC [80342B]	RED7 THIOR	2 mL serum Transport: Refrigerated Do not use serum separator tubes. Centrifuge and immediately separate serum or plasma from the cells into clean, plastic screw-capped vials(s). The use of serum separator tubes is not acceptable. Submission of an SST will result in cancellation. A: 8 days R: 8 days F: 1 year Minimum specimen: 0.7 mL serum Formulary	Accompanies report (Gas Chromatography)	NMS laboratories via QUEST/DIAGNOSTICS 23232Z [13106] Via Medical Center Sets up Tuesday and Thursday Reports out in 3 days
THIOTHIXENE (NAVANE)	KPDS: 8216605 Health Connect Order Code: THIOTHIXENE [82491M]		This test normally sent out to NMS Laboratory, has been discontinued due to low volume. The Health Connect code has been inactivated. Not-Formulary		•Not-Formulary (Discontinued)
THYROTROPIN REL HORMONE Thyroid Releasing Hormone	KPDS: Excluded in Service Master: 8351919 Health Connect Order Code: Inactivated: THYROTROPIN RELEASING HORMONE [80438A]		Effective June 22, 2010, this test normally sent out to Quest Diagnostics, has been discontinued due to technical issues. The current Health Connect Order Code has been inactivated. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TIAGABINE (GABITRIL)	KPDS: This test was a Manual Order		Effective May 5, 2014, this test normally sent out to Quest Diagnostics has been discontinued by the vendor. There is no alternative test available.		(Discontinued)
TICLOPIDINE (TICLID)	KPDS: Removed from Service Master: 8029930 Health Connect Order Code: Inactivated: TICLOPIDINE [82491K]		Effective February 23, 2009, this test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano, has been discontinued due to low utilization. Not-Formulary		•Not-Formulary (Discontinued)
TISSUE THROMBOPLASTIN INHIBITION TEST	KPDS: Order Manually	BLU5	1 mL serum Transport: Frozen On Dry Ice DO NOT THAW. Received thawed plasma A: Unacceptable R: Unacceptable F: 1 year Minimum specimen: 0.5 mL serum Non-Formulary	0.5-1.2 ratio (CLOT)	Tissue Thromboplastin Inhibition Test [Esoterix Test No 300804; LabCorp Test No 500146] via Medical Center Set up Monday and Friday Reports out in 1-4 days
TOCAINIDE TONOCARD	KPDS: Removed from Service Master: 8228216 Health Connect Order Code: Inactivated: TOCAINIDE LEVEL [80299B]		As of February 20, 2019, this test has been discontinued because the drug has been withdrawn from the US market. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TOPIRAMATE (TOPAMAX)	KPDS: 8442103 Health Connect Order Code: TOPIRAMATE LEVEL [80201B]	RED7 TOPIR	<p>1 ml serum Transport: Refrigerated DRAW AT PEAK (2-4 HOURS AFTER DOSE) OR TROUGH (0.5-1 HOUR BEFORE DOSE) AT STEADY STATE.</p> <p>Received: <ul style="list-style-type: none"> • Hemolyzed • lipemic • Gel barrier tube A: 1 week R: 2 weeks F: 1 month Minimum specimen: 0.5ml serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>Daily dose - Peak <ul style="list-style-type: none"> • 100 mg: 6.5-9.2 ug/ml • 200 mg: 12.0-16.0 ug/ml • 400 mg: 20.0-30.0 ug/ml Daily dose - Trough <ul style="list-style-type: none"> • 100 mg: 4.5- 6.6 ug/mL • 200 mg: 8.0-12.0 ug/mL • 400 mg: 14.0-20.0 ug/mL ZU.U ug/mL (Chromatography/Mass Spectrometry) Topiramate is an antidepressant used as an adjunctive treatment of partial-onset epilepsy and Lennox-Gastaut syndrome in children. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.</p>	<p>QUEST DIAGNOSTICS 30965 via Medical Center Set up Sunday - Thursday after midnight Reports out Tuesday - Friday in the morning and Saturday after midnight</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>TOXOCARA ANTIBODY</p> <ul style="list-style-type: none"> • Visceral Larvae Migrants (TOXOCA RA) • Toxocara AB by ELISA • Visceral Larvae Migrants 	<p>KPDS: 8228290</p> <p>Health Connect Order Code: TOXOCARA ANTIBODY [86682H]</p>	<p>RED7 TXCAR</p>	<p>1 ml serum</p> <p>Transport: Refrigerated</p> <p>A: 5 days</p> <p>R: 14 days</p> <p>F: 30 days</p> <p>Minimum specimen: 0.1 ml serum</p> <p>For laboratory Use Only.</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>Negative (Enzyme-linked Immunosorbent Assay (EIA))</p> <ul style="list-style-type: none"> • This EISA procedure utilizes the excretory-secretory (ES) antigen of <i>T. canis</i> larvae to minimize cross-reactivity with antigens of <i>Ascaris</i> spp. and of other parasites. • Results must be interpreted with caution, as broad variations in antibody response occur and levels may remain elevated for years after infection. Generally, antibody levels are higher in patients with visceral larva migrants than in patients with ocular larva migrants or asymptomatic infection. • Although a negative result (less than 1.00) usually rules out infection with <i>Toxocara</i> spp., testing of serial samples in parallel may be useful in following patients with suspected toxocariasis. 	<p>QUEST DIAGNOSTICS 34304X [53868P] [2087F] via Medical Center</p> <p>Set up Tuesday and Thursday in the morning</p> <p>Reports out Monday and Tuesday in the afternoon</p>
<p>TRANLYCYPROMINE, URINE</p>	<p>KPDS:</p>		<p>Effective 7/11/16, this manually ordered test normally performed at Quest Diagnostics has been discontinued. There is no recommended alternative.</p> <p>Not-Formulary</p>		<p>• Not-Formulary (Discontinued)</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRAZODONE LEVEL, LC/MS/MS DESERYL	KPDS: 8463054 Health Connect Order Code: TRAZODONE LEVEL, LC/MS/MS [80338A]	RED7 Trazodone	1 mL serum Transport: Refrigerated Received in Serum Separator tubes A: 7 days R: 14 days F: 60 days Minimum specimen: 0.5 mL serum Formulary	Accompanies Report (Liquid Chromatography Tandem Mass Spectrometry) Trazodone (Desyre®) is a triazolopyridine derivative unrelated in structure to tricyclic antidepressants. Trazodone is indicated for treatment of depression characterized by a prominent and persistent dysphoric mood that interferes with daily functioning.	Quest Diagnostics (4732X) (40642P) (4040) via Medical Center Set up Thursday morning Report out in 2 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRICHINELLA ANTIBODY •Trichinosis Antibody (IgG) •Trichinella IgG Antibody •TRICHINOSIS IGG AB, ELISA	KPDS: 8649564 Health Connect Order Code: TRICHINELLA ANTIBODY [86784C]	RED7 Trich IgG	1 mL serum Transport: Refrigerated [Ambient Or Frozen Acceptable] A: 7 days R: 14 days F: 30 days Minimum specimen: 0.1 mL serum Formulary	Negative (Enzyme Linked Immunosorbent Immunoassay (ELISA)) The trichinella antibody ELISA must be considered a screening test for Trichinella exposure. Crossreactivity may occur with other parasitic antigens. The diagnosis of trichinosis requires a compatible patient history and supporting pathologic findings.	QUEST DIAGNOSTICS 34321X [2427F] Via Medical Center Set up Wednesday morning Reports out Wednesday afternoon
TRIMETH/SULFA LEVEL •TRIMETHOPRIM (BACTRIM) •TRIMETHOPRIM (TMP) •TRIMETHOPRIM/SULFAMETHOXA ZOLE •TMP-S LEVEL	KPDS: Excluded in Service Master [8918608] Health Connect Order Code: Inactivated: TRIMETHOPRIM [TMP] LEVEL [80299ZZZL]		Effective August 12, 2013, this test normally performed at Focus Diagnostics, via Quest Diagnostics, Inc. has been discontinued. There are no recommended alternatives. Not-Formulary		•Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRIMIPRAMINE Surmontil	KPDS: EXCLUDED in Service Master [8918670] Health Connect Order Code: Inactivated: TRIMIPRAMINE [82492C]		Effective 10/17/12, this test performed by Quest Diagnostics, Inc., has been discontinued by the vendor. There is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
TRYPANOSOMA CRUZI IGG • Chagas' Disease • Trypanosom Cruzi Antibody •TRYPANOSOMA CRUZI ANTIBODY, TOTAL	KPDS: 8649565 Health Connect Order Code: TRYPANOSOMA CRUZI IGG [86753G]	RED7 CHAGA	0.5 ml serum Transport: Ambient A: 1 week R: 2 weeks F: 1 month Minimum specimen: 0.2 ml serum <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Accompanies report (Immunoassay) • The serodiagnosis of Chagas' disease or American trypanosomiasis by IFA is highly sensitive and specific, although crossreactions may occur with leishmaniasis. • A T. cruzi IGM response is observed in acute disease prior to IgG seroconversion. • In chronic Chagas' disease IgG antibody is detected.	QUEST DIAGNOSTICS 94643 Via Medical Center Set up Monday and Thursday Reports on Tuesday and Friday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRYPTOPHAN	KPDS: 8001501 Health Connect Order Code: TRYPTOPHAN [82131A]	GS4 TRYPT	<p>2 mL plasma Transport: Frozen Separate from cells as soon as possible after clotting. As soon as plasma has been separated, transfer to a polypropylene tube and freeze within 2 hours. Collect specimens after an overnight fast [or at least 4 hours after a meal].</p> <p>Non-fasting samples are acceptable for pediatric patients. Received: •ambient •refrigerated •grossly hemolyzed A: NO R: NO F: 6 weeks Minimum specimen: 0.25 mL plasma</p>	<ul style="list-style-type: none"> • Less than 1 month: 17-85 umol/L • 1 month-23 months: 16-92 umol/L • 2-17 years: 30-94 umol/L • Adults (18 years and over): 40-91 umol/L <p>(Chromatography/Mass Spectrometry) Tryptohauria is a rare autosomal recessive disease associated with mental retardation, neuropsychiatric dysfunction, and photosensitive skin rash.</p>	<p><u>QUEST DIAGNOSTICS</u> 959 via Medical Center Set up Monday in the morning Reports out Wednesday after midnight</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TSH RECEPTOR ANTIBODY	KPDS: 8352013 Health Connect Order Code: TSH RECEPTOR ANTIBODY [83520ZAK]	RED7 TRAb	1 mL serum Transport: Ambient Allow serum to clot at room temperature and the serum should be separated from cells within 1 hour. A: 7 days R: 14 days F: 21 days Minimum specimen: 0.5 mL serum Formulary	≤2.00 IU/L (Enzyme Linked Immunosorbent Assay (ELISA))	<u>Quest Test Code 38683</u> via Medical Center

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TULAREMIA ANTIBODY Francisella Tularensis Antibody	KPDS: Order Manually	RED7	1 mL serum Transport: Frozen Submit both acute and convalescent specimens. Received ambient, refrigerated A: Unacceptable R: 48 hours F: 7 days Minimum specimen: 0.2 mL serum Brucella antibodies can cross-react with tularemia antigen. Formulary	Less than 20: Negative (Direct Agglutination) A single titer of greater than 80 or a four-fold rise in titer is considered significant. Cross reactions may occur between Francisella and Brucella antigens and antisera. Parallel testing is recommended for positive agglutinations.	<u>QUEST DIAGNOSTICS</u> 35176X [13026] via Medical Center Set up Monday - Friday morning Reports out Tuesday - Saturday morning

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TUMOR NECROSIS FACTOR ALPHA Cachectin TNF-alpha	KPDS: 8352022 Health Connect Order Code: TUMOR NECROSIS FACTOR ALPHA [83520Q]	RED7 TNF-A	<p>2 mL serum</p> <p>Transport: Frozen • Allow blood to clot (10-15 minutes) at room temperature.</p> <ul style="list-style-type: none"> • Centrifuge and separate the serum from the cells. • Transfer the serum to a clean 12x75 mm tube. • Freeze as soon as possible. <p>Received:</p> <ul style="list-style-type: none"> • thawed • ambient • refrigerated • serum separator tube • gross hemolysis • gross icterus <p>A: Unacceptable R: Unacceptable F: 6 months</p> <p>Minimum specimen: 1 mL serum</p> <p>Cytokine levels may demonstrate diurnal variation. Recommend cytokine levels be determined at the same time of day for improved longitudinal comparison.</p> <p>Formulary</p>	<p>0.56 - 1.40 pg/mL</p> <p>The TNF-alpha is not to be used as a diagnostic procedure without confirmation of the diagnosis by another established product or procedure.</p> <p>The reference range is intended to be used for blood samples only. Reference ranges for body fluids other than blood have not been established. (Enzyme Linked Immunoassay (ELISA))</p> <p>Test is for research only, and is for use in patients previously diagnosed with T-cell lymphoma.</p>	<p>QUEST DIAGNOSTICS 34485 via Medical Center Set up Monday after midnight Reports out Friday evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VASOACTIVE INTESTINAL POLYPEPTIDE VIP (Vasoactive Intestinal Peptide)	KPDS: 8228227 Health Connect Order Code: VASOACTIVE INTESTINAL PEPTIDE [84586B]	LAV5 VIP	3.0 ml plasma Transport: Frozen 1. Fasting [8 hours] 2. Spin down and immediately freeze NOTE: • this test should not be requested on patients who have recently received radioactive material • if not ordering electronically, complete, print and send an Oncology Test Request Form [T729] with the specimen. Centrifuge immediately and freeze in plastic vial. Do not thaw. Fasting 8 hours. Received: • Thawed plasma • Ambient • lipemic • Hemolyzed • Refrigerated A: NO R: 7 days F: 90 days Minimum specimen: 1.0 ml plasma For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	<75 pg/mL (Radioimmunoassay [RIA]) Detection of vasoactive polypeptide producing tumors in patients with chronic diarrheal diseases.	Mayo Medical via QUEST DIAGNOSTICS 920 Via Medical Center Set up Monday and Wednesday Reports out in 3-8 days
VERAPAMIL Calan® Isoptin® Verelan®	KPDS: Excluded in Service Master [8228230] Health Connect Order Code: Inactivated: VERAPAMIL LEVEL [80299ZC]		Effective July 18, 2011, this test normally sent out to NMS via Quest Laboratories, has been discontinued by the vendor. No alternative test is available. Not-Formulary		• Not-Formulary (Discontinued)

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VITAMIN B12 BINDING CAPACITY Transcobalamin	KPDS: 8442505 Health Connect Order Code: VITAMIN B12 BINDING CAPACITY [82608A]	RED7 B12BC	1 mL serum Transport: Frozen A: 4 days R: 4 days F: 1 month Minimum specimen: 0.2 mL serum Formulary	Adults: 650-1340 pg/mL (Protein Binding RIA) Vitamin B12 Binding Capacity, Unsaturated (Transcobalamin), binds and transports Vitamin B12 in the circulation. Increased concentrations are associated with patients with myeloproliferative disorders. Decreased concentrations are associated with infants [newborn, neonatal/neonate, baby] with megaloblastic anemia or Transcobalamin deficiency.	<u>QUEST DIAGNOSTICS</u> 928 via Medical Center Set up Wednesday and Friday in the afternoon Reports out Thursday and Saturday in the evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VITAMIN B2 [RIBOFLAVIN], PLASMA • Vitamin B-2 • Riboflavin	KPDS: 8228232 Health Connect Order Code: VITAMIN B2 [RIBOFLAVIN], PLASMA [84252B]	LAV5 VITB2	<p>2 ml plasma Transport: Frozen Wrap tube in aluminum foil to protect from light. Wrap tube in aluminum foil or use amber tube to protect from light. Avoid freezing and thawing. •Overnight fasting is required. •Avoidance of vitamin supplements for 24 hours prior to collection is preferred. Received: • thawed specimen • ambient • refrigerated • not protected from light A: 4 hours R: 24 hours F: 1 month Minimum specimen: 0.5 ml plasma <u>For laboratory Use Only:</u> RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens <u>Formulary</u></p>	6.2 - 39.0 nmol/L (Liquid Chromatography Tandem Mass Spectrometry) Vitamin B2 is involved in metabolism of fats, carbohydrates, and protein. The clinical manifestations of deficiency are non-specific. Clinical manifestations include mucocutaneous lesions of the mouth and skin, corneal vascularization, anemia, and personality changes.	QUEST DIAGNOSTICS 36399 via Medical Center Set up Tuesday in the afternoon Reports out Wednesday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>VITAMIN B6 [PYRIDOXINE]</p> <ul style="list-style-type: none"> • Vitamin B-6 (THIAMINE) • Pyridoxal Phosphate • Pyridoxine 	<p>KPDS: 8228233</p> <p>Health Connect Order Code: VITAMIN B6 [PYRIDOXINE] [84207B]</p>	LAV5 VITB6	<p>1 ml plasma Transport: Frozen Protect from light. •Separate plasma immediately after collection •if separation of cells can't be performed immediately after collection, keep the whole blood refrigerated and protect from light. •The separation of cells must be completed within 6 hours. Separate cells by centrifugation at 2-8° C (2200-2500 rpm, 800-1000 g) for 5-10 minutes. •Transfer plasma to dark brown [amber] polypropylene or polyethylene transport tubes to protect from light. Alternately, neutral color polypropylene or polyethylene tubes can be used if wrapped in aluminum foil. Freeze the tubes at -10 to -30° C. •Avoid freezing and thawing•Overnight fasting is required •Patient must be restricted from alcohol and vitamins for at least 24 hours before sample collection Received: •ambient •refrigerated •hemolyzed •lipemic •plasma collected in Royal blue-top or Green-top [sodium heparin or lithium heparin] •not protected from light A: 6 hours R: 12 hours F: 6 days at -20°C 42 days at -70°C Minimum specimen: 0.5 ml plasma For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens</p> <p>Formulary</p>	<p>2-17 years: 3.0 - 35.0 ng/mL Adults: 2.1 - 21.7 ng/mL (Liquid Chromatography, Tandem Mass Spectrometry) Vitamin B6 is a cofactor in many metabolic pathways including heme synthesis. Vitamin B6 deficiency may be observed in patients with metabolic disorders, secondary to therapeutic drug use, or alcoholism. Deficiency affects the function of the immune system.</p>	<p>QUEST DIAGNOSTICS 926 Via Medical Center Set up Tuesday - Saturday Reports out in 2-4 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VITAMIN C [ASCORBIC ACID] ASCORBIC ACID	KPDS: 8218000 Health Connect Order Code: VITAMIN C [ASCORBIC ACID] [82180A]	RED7 - Light Protected VIT-C	<p>1 ml serum Transport: Frozen Collect blood in a plain red-top tube. Allow sample to clot at room temperature (20-25° C) for 20-30 min. •Centrifuge at 1000 g (2000-2200 rpm) and at 2-8° C for 8-10 min. •Aliquot the serum into an amber polypropylene or polyethylene tube to protect sample from light. •Alternatively, neutral color polypropylene or polyethylene tube wrapped in aluminum foil can be used. •Neutral color tubes must be wrapped in aluminum foil. •Cap securely.</p> <p>•Serum must be prepared and stored in dry ice immediately. •Overnight fasting is preferred •Patient should refrain from taking vitamin supplements or eating fruit 24 hours prior to sample collection Received: • Thawed serum • Plasma • Ambient • Refrigerated • Not protected from light • lipemic • Hemolyzed A: NO R: NO F: NO at -20°C 35 days at -70°C Minimum specimen: 0.5ml serum For laboratory Use Only.</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Female: 0.3-2.7 mg/dL Male: 0.2-2.1 mg/dL (Liquid) Chromatography Tandem Mass Spectrometry) Vitamin C is an antioxidant involved in connective tissue metabolism, drug-metabolizing systems, and mixed-function oxidase systems to list a few. Vitamin C deficiency causes scurvy; manifestations include impaired formation of mature connective tissue, bleeding into the skin, weakness, fatigue, and depression.</p>	<p>QUEST DIAGNOSTICS 929 via Medical Center Set up Tuesday - Saturday Reports out in 3 - 4 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VITAMIN D, 1,25-DIHYDROXY	KPDS: 8228235 Health Connect Order Code: VITAMIN D, 1,25-DIHYDROXY [82652B]	RED7 VIT-D	<p>3 ml serum</p> <p>Transport: Ambient</p> <p>The preferred specimen transport temperature for this test is Room Temperature. Specimens transported refrigerated and frozen are acceptable.</p> <p></p> <p>Gross hemolysis</p> <p>Ipermia</p> <p>Icteric specimen</p> <p>Plasma</p> <p>A: 28 days</p> <p>R: 28 days</p> <p>F: 28 days</p> <p>Minimum specimen: 1.1 ml serum</p> <p>For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>3-17 years: 27-71 pg/ml</p> <p>18 years & older: 15-60 pg/ml</p> <p>(liquid Chromatography, Tandem Mass Spectrometry)</p> <ul style="list-style-type: none"> Vitamin D originating from dietary and endogenous sources is converted to 25 hydroxyvitamin D in the liver, and subsequently to 1-, 25 dihydroxyvitamin D in the kidney. Deficiencies of 1-, 25 dihydroxyvitamin D, the most active form, cause hypocalcemia, osteomalacia, and related disorders. Measurement is useful in: differentiating primary hyperparathyroidism from hypercalcemia of cancer; distinguishing between vitamin D dependent and vitamin D resistant rickets; monitoring vitamin D status of patients with chronic renal disease; and assessing compliance to therapy. This test is NOT suitable for diagnosis of vitamin D deficiency and monitoring supplementation in most patients. Order VITAMIN D, 25-HYDROXY for diagnosis and monitoring. 	<p>QUEST DIAGNOSTICS 16558 via Medical Center Set up Monday - Saturday in the morning and afternoon Reports out Friday - Thursday in the evening</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VITAMIN K [MENADIONE] • Vitamin K1 • Vitamin K • Vit K	KPDS: 8459700 Health Connect Order Code: VITAMIN K [MENADIONE] [84597B]	GS4 VIT-K	<p>4 ml plasma Transport: Frozen Wrap tube in aluminum foil• Centrifuge within 1 hour of collection • Separate and freeze immediately in plastic vial • Wrap tube in aluminum foil or use amber tube to protect from light</p> <p>NOTE: If unable to centrifuge immediately, sample should be covered with aluminum foil immediately and placed on ice until plasma can be separated from cells. Overnight fasting is preferred [minimum 8 hours]</p> <p>Patient should refrain from eating liver and taking multivitamins or vitamin K at least 24 hours before sample collection.</p> <p>Received: • Ambient • Refrigerated • Thawed serum/plasma • Not protected from light • Gross hemolysis • Grossly lipemic • Serum A: NO R: NO F: 3 months Minimum specimen: 2ml plasma For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>80-1160 pg/mL (High Performance Liquid Chromatography (HPLC))</p> <ul style="list-style-type: none"> • Vitamin K is a required co-factor for the synthesis of factors 2, 7, 9, and 10 and proteins C and S. • Deficiencies of Vitamin K lead to bleeding. • Warfarin acts as an anticoagulant because it is a Vitamin K antagonist. 	<p>QUEST DIAGNOSTICS 36585 via Medical Center Set up Tuesday Report available in 2-7 days</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VMA [VANILLYLMANDE LIC ACID AND CREATININE; RANDOM URINE] VMA	KPDS: 8314055 Health Connect Order Code: VANILLYLMANDE LIC ACID AND CREAT, RANDOM; URINE [217623]	Collect and Ship: UR25 VMAUR	<p>10 ml urine no preservative Transport: Ambient [If Ph Is Adjusted To <3] Frozen [No Preservative] Adjust pH to <3 using 6N HCl •Urine without preservative [not adjusted with 6N HCl] is acceptable if pH is below 6 and the sample is shipped frozen •It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives [diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers] cause minimal or no interference.</p> <p>•Patient should avoid alcohol, coffee, tea, tobacco [including use of nicotine patch], bananas, citrus fruit and strenuous exercise prior to collection Received if pH is >3 and the specimen is unfrozen</p> <p>A: 10 days R: 14 days F: 1 year Minimum specimen: 5 ml <u>For Laboratory Use Only:</u></p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens <u>Formulary</u></p>	Age dependent reference range accompanies result (High Performance Liquid chromatography, Electrochemical Detection) Urinary Vanillylmandelic Acid is useful in diagnosing neuroblastoma, one of the most common tumors in the pediatric population.	Quest Diagnostics, Inc. 1710<TestCode></TestCode> Via Medical Center Set up Monday - Friday after midnight Report out Wednesday - Saturday and Monday evening

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VMA [VANILLYLMANDE LIC ACID, 24 HR URINE] VMA, 24 HR URINE	KPDS: 8314000 Health Connect Order Code: VANILLYLMANDE LIC ACID, 24 HR URINE [84585A]	Collect: UR99 Aliquot and Transport: UR25 VMA24U wp	10 ml aliquot of a 24 hour urine Transport: Ambient [If Ph is Adjusted To <3] Frozen [No Preservative Ph <6] Collect all urine for a 24 hour period-After urine collection, add 25 ml of 6N HCl to maintain pH <3 •Urine without preservative [not adjusted with 6N HCl] is acceptable if pH is below 6 and the sample is shipped frozen •Record 24-hour volume and patient's age on urine vial-It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives [diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers] cause minimal or no interference. •Patient should avoid alcohol, coffee, tea, tobacco [including use of nicotine patch], bananas, citrus fruit and strenuous exercise prior to collection Received if pH is >3 and the specimen is unfrozen A: 10 days R: 14 days F: 1 year Minimum specimen: 5 mL Formulary	Age dependent reference range accompanies result (High Performance Liquid Chromatography, Electrochemical Detection) Urinary Vanillylmandelic Acid is useful in diagnosing neuroblastoma, one of the most common tumors in the pediatric population.	Quest Diagnostics, Inc. 034X <TestCode>>/TestCode> Via Medical Center Set up Sunday - Thursday after midnight Report out Wednesday - Saturday and Monday after midnight

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VON WILLEBRAND MULTIMERIC ANALYSIS	KPDS: 8522111 Health Connect Order Code: VON WILLEBRAND FACTOR, MULTIMERIC [85247A]	BLU5 VWMUL	<p>1 ml plasma Transport: Frozen Received:</p> <ul style="list-style-type: none"> • Hemolyzed • Thawed plasma • Ambient • Refrigerated <p>A: NO R: NO F: 6 months at -70°C Minimum specimen: 0.2 ml plasma <u>For laboratory Use Only.</u></p> <p>RIN Test. Follow the for: <u>Transferring/Tracking Outside Reference laboratory Specimens Formulary</u></p>	<p>VWf Ag, Multimeric: Normal (Electrophoresis) von Willebrand Disease is the most common hereditary bleeding disorder; it may also be acquired. von Willebrand Factor is necessary for platelet adhesion to injured endothelium. von willebrand Factor Antigen, Multimeric Analysis is useful when type 2 Disease is suspected and to further categorize disease. For example, in type 2A, the loss of high molecular weight multimers is due to defective assembly and secretion or increased proteolysis.</p>	<p>QUEST/DIAGNOSTICS 5168X [60137P] [3275] via Medical Center Set up Monday - Friday in the morning Reports out Wednesday - Saturday and Monday after midnight</p>

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
VZV DNA, QUAL REALTIME PCR • Varicella Zoster Virus by PCR • VZV DNA • Chicken Pox • Herpes Zoster • Shingles	KPDS: 8649253 Health Connect Order Code: VARICELLA ZOSTER, PCR [87798E]	SF10, LAV5, SC99, Sterile Container, BD Universal Viral Transport Media VZVQL	1 ml: •CSF •Bronchial lavage/wash, lesion [vesicle], eye, aspirate, nasal swab, nasopharynx, throat swab •Swabs - Eye, lesion, nasopharyngeal, throat, nasal Transport: Refrigerated NOTE: WBI has been removed from the collection label to avoid confusion when a CSF is ordered. NOTE: Swabs on M4, sterile or dry are acceptable refrigerated for 8 days or frozen for 30 days. •Source must be selected in Health Connect for the correct label to print. •Do not centrifuge whole blood •Whole blood must be shipped refrigerated. Frozen whole blood is not acceptable for this assay. A: 2 days R: 8 days F: 1 month (except WB) Minimum specimen: 0.3 ml: •CSF •Whole blood •Bronchial lavage/wash, lesion [vesicle], eye, aspirate, nasal swab, nasopharynx, throat swab •Swabs - Eye, lesion, nasopharyngeal, throat, nasal For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Not detected (Real-Time Polymerase Chain Reaction (PCR)) Detects the <i>Varicella</i> zoster virus (VZV DNA) in skin lesions, cerebrospinal fluid (CSF) and specimens from respiratory tract. Detection of viral DNA in CSF usually indicates active, not latent, infection. Detection of VZV DNA in appropriate clinical specimens permits rapid and sensitive patient testing.	<u>QUEST DIAGNOSTICS</u> 34052X [3888] Via Medical Center Set up Tuesday and Friday in the morning Reports out Wednesday and Saturday in the morning
WARFARIN COUMADIN, PLASMA	KPDS: 8002700 Health Connect Order Code: WARFARIN LEVEL [80299T]	ROY7 WARFA	3.0 mL plasma Transport: Refrigerated A: NO R: 1 week F: 1 month Minimum specimen: 1.2 mL plasma Formulary	Accompanies report (High Performance Liquid Chromatography (HPLC))	<u>Quest Diagnostics</u> 936Z [936N] [12862] Via Medical Center Set up Monday, Wednesday and Friday Reports out Thursday, Monday and Wednesday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
WESTERN EQUINE ENCEPH ABS	KPDS: Temporarily EXCLUDED, order manually until further notice.	RED7	1 mL serum Transport: Ambient Received ambient A: 7 days R: 2 weeks F: 30 days Minimum specimen: 0.2 mL serum	IgG: less than 1:16 IgM: less than 1:16 (Indirect Fluorescent Antibody (IFA)) This highly sensitive test usually detects IgG and/or IgM antibody in acute specimens. Human infections are seasonal, from mid -summer to late summer, occurring throughout the western United States. Minimal crossreactivity with other Group A arboviruses (i.e. Eastern Equine Encephalitis virus) is observed.	<u>QUEST DIAGNOSTICS</u> 37311X [2748F] via Medical Center Set up Monday - Friday Reports out Tuesday - Saturday

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
Y CHROMOSOME MICRODELETION , DNA ANALYSIS	KPDS: 8829915 Health Connect Order Code: OILGOSPERMIA/ AZOOSPERMIA, Y CHROMOSOME MICRODELETION , DNA ANALYSIS [81403F]	LAV5 AZF	5 ml whole blood Transport: Ambient Whole blood: Normal phlebotomy procedure. Specimen stability is crucial. Store and ship ambient immediately. Do not freeze Samples in glass tubes received frozen A: 8 days R: 8 days F: Unacceptable Minimum specimen: 3ml whole blood For laboratory Use Only. RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary	(Polymerase Chain Reaction, Agarose Gel Electrophoresis) Accompanies report	Quest Diagnostics<TestCode></TestCode> 14679 via Medical Center Set up Tuesday Reports out in 2 days
YERSINIA SEROLOGY Yersinia enterocolitica antibodies [IgG, IgA]	KPDS: Order Manually	RED7	0.5 mL serum Transport: Ambient A: 7 days R: 14 days F: 30 days Minimum specimen: 0.2 mL serum	(Immunoassay) Y. enterocolitica is associated with a wide spectrum of clinical manifestations, including enteritis, colitis, and reactive arthritis. Specific IgG and IgA antibodies are typically present following acute infection.	QUEST DIAGNOSTICS 16768X via Medical Center Batched 1x per week

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
YO ANTIBODY SCREEN WITH REFLEX TO TITER AND WESTERN BLOT •Neuronal Nuclear [Yo] Antibody •Purkinje Cell	KPDS: 8625523 Health Connect Order Code: PURKINJE CELL AB SCREEN W REFLEX TO TITER AND WESTERN BLOT [86255ZZ]	RED7 Yo Ab Scr w Rflx	0.5 ml serum Transport: Refrigerated Transport serum in a plastic screw-cap vial Overnight fasting is preferred A: 7 days R: 14 days F: 21 days Minimum specimen: 0.2ml serum Testing includes: •Yo Antibody IFA, serum •If Yo Antibody is positive, Yo Antibody Western Blot will be performed at an additional charge [CPT code 84181] •If Antibody Western Blot is positive, Yo Antibody Titer is performed at an additional charge [CPT code 86256] For laboratory Use Only: RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Laboratory Specimens Formulary	Yo Antibody Screen IFA: negative Yo Antibody Western Blot: negative Yo Antibody Titer: <1:40 (Immunofluorescence Assay) Purkinje Cell [Yo] antibody is found in approximately half of the patients with paraneoplastic cerebellar degeneration and is associated with ovarian, uterine, and small cell lung carcinomas and Hodgkin's lymphoma.	Quest Diagnostics, Inc. 90119 via Medical Center Note: Antelope Valley and Kern County will send these specimens to the Regional Reference Laboratories, North Hollywood for routing to Quest Set up on Monday, Wednesday and Friday Reports out in 4 days

QUEST					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ZONISAMIDE LEVEL Zonegran	KPDS: 8029925 Health Connect Order Code: ZONISAMIDE LEVEL [80203A]	RED7 ZONIS	<p>1 ml serum Transport: Refrigerated Collect blood in plain red-top evacuated tube. Allow blood to clot at 15-28 °C for 20-30 minutes. Centrifuge at 20-25 °C (800-1000 g) for 8-10 minutes. Transfer serum to polypropylene or polyethylene tube. Ship refrigerated. Store frozen.* Specimen collected in gel barrier tubes</p> <ul style="list-style-type: none"> • Iipemic and/or hemolyzed samples <p>A: 24 hours R: 2 weeks F: 45 days Minimum specimen: 0.5ml serum For laboratory Use Only.</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary</p>	<p>Accompanies report (Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)) Zonisamide is commonly used as an adjunct together with other conventional anticonvulsants. As multiple drugs are administered, it is important to monitor its level to optimize therapeutic effects, to assure compliance, and to avoid toxicity.</p>	<p><u>QUEST DIAGNOSTIC</u> 37852 via Medical Center Set up Monday, Wednesday and Friday Reports out in 3-4 days</p>

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ABG W DIRECT O2 SAT. PERFORMED IN LAB BLOOD GAS STUDY	KPDS: 8280300 Health Connect Order Code: ABG W DIRECT O2 SAT, PERFORMED IN LAB [82805C]	Heparanized Syringe ABG	3 mL Heparanized Arterial Blood Transport: Ambient Perform Modified Allen Test to confirm collateral circulation•Clotted specimen •arterial blood mixed with venous blood A: 30 minutes Minimum specimen: 0.5 mL Heparanized Arterial Blood Formulary	Accompanies Report	Bakersfield (Stockdale Medical Office laboratory ONLY), Los Angeles Medical Center, Panorama City Medical Center, South Bay Medical Center Daily
ABO ONLY • ABO • BLOOD TYPE • ABO TYPING	KPDS: 8608000 Health Connect Order Code: ABO TYPING [86900B]	• IAV5 Lavender top (EDTA) • Riverside only: PK7 TY&RH	<ul style="list-style-type: none"> 4 mL whole blood Original draw tube required Transport: Refrigerated• Available for medical reasons only. Contact area Blood Bank Department for tube type required at your Medical Center. • Collected in SST Gross hemolysis Received frozen Minimum specimen: 1 mL plasma • Prenatal Blood Grouping is done at the Regional Reference Laboratories. • Transfusion Service labeling required for Medical Center. Formulary	(Automated Gel Card)	Medical Center or Regional Reference Laboratory, North Hollywood, Immunology Department Regional Reference Laboratory: Monday-Friday Medical Center: Daily Regional Reference Laboratories: 60 hours

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ABO-RH BLOOD TYPE	KPDS: 8608001 Health Connect Order Code: ABO-RH [200497]	•Pink6 or IAV5 lavender Top (EDTA) •IAV <u>Microtainer</u>	6 mL whole blood Transport: Ambient Draw blood as for all Blood Bank specimens. Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 14 days F: Unacceptable Minimum specimen: 1 mL whole blood Formulary	N/A (Hemagglutination) ABO/Rh type ABO/Rh is required pre-transfusion testing.	Medical Centers, Transfusion Center 24 hours STAT: 1 hour Routine: 4 hours
ABO-RH CORD Blood Type	KPDS: 8602600 Health Connect Order Code: ABO-RH CORD [208208]	Pink6 CORD or ABORH or COTYP or ERYTH or COR	6 mL whole blood Transport: Ambient Consider using order: ABO-RH AND DIRECT COOMBS, CORD BLOOD [206492] Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: ABO/RH: 14 days DAT: 24 hours F: Unacceptable Minimum specimen: 1 mL whole blood Formulary	N/A (Hemagglutination) ABO/Rh type	Medical Centers, Transfusion Service 24 hours STAT: 1 hour Routine: 4 hours

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
AMMONIA AMMONIA, PLASMA	KPDS: 8214000 Health Connect Order Code: AMMONIA [82140B]	PST4mL Ammonia	<p>Providers: Confirm with local laboratory that Ammonia is tested at your location.</p> <p>laboratories: Refer patient to laboratory location that performs this test. • Use minimum tourniquet time.</p> <ul style="list-style-type: none"> • Patient should not clench fist during blood collection. • Draw specimen and place in ice bath. • Send to Lab immediately. • Do not freeze • Separate plasma immediately after collection. • Analyze within 30 minutes of collection. <p>Received: •Frozen •Not analyzed within 30 minutes of draw Formulary</p>	<p>Adults: 11 - 35µ mol/l</p> <p>Pediatric: 0 - 10 days: 100 - 200µmol/L 10 days - 2 yrs: 40 - 80µ mol/L > 2 yrs: 11 - 35 µ mol/L</p>	Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ANTIBODY IDENTIFICATION (MEDICAL CENTER)	KPDS: 8626065 Health Connect Order Code: ANTIBODY IDENTIFICATION (MEDICAL CENTER) [86870P]	Pink6 x4 (24 mL total) ABID	24.0 mL whole blood collected in 4-6 mL Tubes Transport: Ambient 4 Tubes in minimal draw - an extra tube can be drawn per local protocol. Draw as for all Blood Bank specimens. Received: •Collected in SST •Grossly hemolysis •Frozen •Improperly labeled •Insufficient sample A: 24 hours R: 3 days F: Unacceptable Minimum specimen: 24 mL whole blood May be forwarded to an outside Immunohematology Reference Laboratory (e.g. American Red Cross) Formulary	N/A (Hemagglutination) Antibody specificity(ies) or categorization of antibody detected (e.g. Warm autoimmune). Delay in obtaining crossmatch compatible red blood cells. Red blood cells may need to be dispensed with an emergency waiver for provider to sign when no compatible red blood cells can be obtained for transfusion.	Medical Centers, Transfusion Service 24 hours 24-48 hours

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	PERFORMED AT	
B-TYPE NATRIURETIC PEPTIDE (BNP) BNP - B TYPE NATRIURETIC PEPTIDE	KPDS: 8536820 Health Connect Order Code: B-TYPE NATRIURETIC PEPTIDE (BNP) [83880B]	LAV5 BNP	A: 7 hours NOTE: For longer storage, centrifuge within 7 hours and transfer plasma into a properly labeled aliquot tube. R: 24 hours (Cell-free plasma) F: For longer storage at -20°C: • remove plasma from cells prior to storage • tightly stopper plasma tube immediately Formulary	< 100 pg/mL LESS THAN 100: NOT LIKELY HEART FAILURE 100 - 500: INDETERMINATE RANGE GREATER THAN 500: HEART FAILURE LIKELY For Indeterminate results, one must consider the following: Baseline BNP value elevated due to stable underlying dysfunction; right ventricular failure present from COR Pulmonale; Acute pulmonary embolism or renal failure.	Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BILIRUBIN, DIRECT •BILIRUBIN (DIRECT)	KPDS: 8225070 Health Connect Order Code: BILIRUBIN, DIRECT [82248B]	MC: PST4mL RRL: GLD6 Billi D	1. ml plasma or serum Transport: Refrigerated Specify fraction needed. STAT performed on NEWBORNS [Neonatal/Neonate, Infant, Baby] ONLY at Medical Center lab. San Diego - PEDIATRIC PTS: Draw Capillary HCT Tubes or Red SST Microtainer Tube (NO Plasma)•Centrifuge specimens within 2 hours of collection •Protect specimen from light R: 3 days Minimum specimen: 0.5 mL plasma or serum Total bilirubin is done routinely. Test not performed on adults. Formulary	>0.2 mg/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Automated chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
BILIRUBIN, DIRECT, NEONATAL •BILIRUBIN, MICRO •BILL-NEONATAL, DIRECT Alias: •Baby •Infant •Newborn •Neonate	KPDS: 8225003 Health Connect Order Code: BILIRUBIN, DIRECT, NEONATAL [82248A]	PST4mL Billi D Neo	Requires 50 microliters plasma Newborns ONLY. Routine Bilirubin (Total) San Diego: - PEDIATRIC PTS: Draw Capillary HCT Tubes or Red SST Microtainer Tube (NO Plasma). Orange County:</U> Use full Green Top Microtainer Tube or Red SST Microtainer Tube. If direct-ordered (from Nursery) use micro plastic tubes (requires 50 microliters plasma). Formulary	Accompanies Report	Medical Centers Same Day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BILIRUBIN, TOTAL •BILIRUBIN (DIRECT, INDIRECT, TOTAL)	KPDS: 8225000 Health Connect Order Code: BILIRUBIN, TOTAL [82247F]	MC: PST4mL RRL: GLD6 Bili T	1 mL plasma or serum. San Diego - PEDIATRIC PTS: Draw Capillary HCT Tubes or Red SST Microtainer Tube (NO Plasma) Transport: Refrigerated•Centrifuge specimens within 2 hours of collection •Protect specimen from light R: 3 days Minimum specimen: 0.5 mL plasma or serum Total bilirubin is done routinely. STAT performed on NEWBORNS [Neonatal/Neonate, Infant, Baby] ONLY at Medical Center Lab. Formulary	0D - 1D: >6.0 mg/dL 1D - 3D: >7.0 mg/dL 3D - 6D: >12.0 mg/dL 6D - >30D: >1.0 mg/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
BILIRUBIN, TOTAL, NEONATAL •BILIRUBIN, MICRO Alias: •Newborn •Infant •Baby •Neonate	KPDS: 8225002 Health Connect Order Code: BILIRUBIN, TOTAL, NEONATAL [82247A]	PST4mL Bili T Neo	Plasma or serum. NOTE: Hct > 48 - 3 Hct tubes Hct < 48 - 2 Hct tubes. Newborns ONLY. Test not performed on adults. San Diego. - PEDIATRIC PTS: Draw Capillary HCT Tubes or Red SST Microtainer Tube (NO Plasma). Orange County:</U> Use full Green Top Microtainer Tube or Red SST Microtainer Tube. If direct-ordered (from Nursery) use micro plastic tubes (requires 50 microliters serum). Formulary	0D - 1D: >6.0 mg/dL 1D - 3D: >7.0 mg/dL 3D - 6D: >12.0 mg/dL 6D - >30D: >1.0 mg/dL	Medical Centers Same Day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BILIRUBIN, URINE BILE URINE - QUALITATIVE	KPDS: 8224500 Health Connect Order Code: BILIRUBIN, URINE [82247E]	Random Urine UR25 Bile QI U	Formulary	Negative	Medical Centers Same Day
BLOOD GASES, VENOUS	KPDS: 8280500 Health Connect Order Code: BLOOD GASES, VENOUS [82803A]	GRN5 VBloodGas	Transport: Ambient Clotted specimen A: 30 minutes Minimum specimen: 0.5 mL Heparanized Venous Blood Formulary	Accompanies report	<TestCode>>/TestCode> Bakersfield (Stockdale) Medical Office laboratory ONLY Daily
BUN, SERUM BUN(BLOOD UREA NITROGEN; UREA NITROGEN,BLOOD	KPDS: 8452000 Health Connect Order Code: BUN, SERUM [84520M]	MC: PST4mL RRL: GLD6 BUN	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: 7 days R: 7 days F: 12 months Minimum specimen: 0.5 mL plasma or serum Formulary	< 19 mg/dL for all ages and both sexes	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CALCIUM	KPDS: 8231000 Health Connect Order Code: CALCIUM [82310F]	MC: PST4mL RRL: GLD6 Ca	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: 7 days R: 3 weeks F: 3 months Minimum specimen: 0.5 mL plasma or serum Formulary	8.5 - 10.7 mg/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
CALCIUM IONIZED, SERUM •CALCIUM (IONIZED, FREE) •CALCIUM-IONIZED DIRECT	KPDS: 8233000 Health Connect Order Code: CALCIUM IONIZED, SERUM [82330C]	<u>SST4</u> Ca Ion	1 mL serum Transport: Refrigerated Fill tube completely to minimize loss of CO ₂ . Note: Do not open tube until testing. If the tube is opened, the loss of CO₂ will increase the pH leading to decrease in ionized calcium. A: 4 hours R: 70 hours F: NO Minimum specimen: 0.5 mL serum Formulary	Adults: 1.12 - 1.32 mmol/L Children less than 18 years: 1.10 - 1.50 mmol/L (Ion Selective Electrode)	Medical Centers Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CBC Complete Blood Count	KPDS:		<p>When only total count of WBC, RBC and platelets are needed, then order CBC,NO,DIFF [85027E]. This test also includes MCV, MCHC, and other RBC parameters.</p> <p>When a white blood cell (WBC) differential count is desired, the easiest and most cost-effective option is to order CBC WITH DIFFERENTIAL, AUTO [85025B]. For most patients, this will provide the quickest and most reliable counts.</p> <ul style="list-style-type: none"> When findings suggest the need for human intervention, a manual differential or smear review will automatically be performed. However, DIFFERENTIAL, MANUAL [85007B] may be ordered as an alternative to ensure a Clinical Laboratory Scientists review when significant WBC, RBC or platelet abnormalities are suspected. Please note that no WBC differential will be performed when CBC,NO,DIFF [85027F] is ordered (contrary to some past local practices). SURGICAL PATHOLOGY, PERIPHERAL SMEAR EVALUATION [211391] can be ordered in those rare instances when a pathologists review is needed. Please do not order Blood Smear, Peripheral, Interpretation by Physician with Report [85060K] for this purpose. 		Medical Centers Regional Reference Laboratories, Chino Hills, Core Laboratory [for Anaheim, Baldwin Park, Downey, Fontana and Ontario facilities]

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CBC NO DIFFERENTIAL •HEMOGRAM;CB C W/O DIFF •CBC WITHOUT DIFFERENTIAL	KPDS: 8564444 Health Connect Order Code: CBC NO DIFFERENTIAL [85027A]	5 mL Lavender Top (LAV5) CBCNoDiff	Whole blood <h4>Technical Bulletins:</h4>tb8564444_20131113.pdf tb8564444_20130609.pdf tb8564444_20120104.pdf Formulary	Accompanies report. Effective November 13, 2013, the following laboratory critical values will change: •The upper critical value for leukocyte counts will change from >37,000 to >30,000 WBC/mcL •The neonatal hematocrit upper critical value will be >71%. •The platform-dependent hematocrit reportable range for all ages will be 0-75% for Sysmex instruments and 0-100% Beckman Coulter instruments.	Medical Centers Regional Reference Laboratories, Chino Hills, Core Laboratory [for Anaheim, Baldwin Park, Downey, Fontana and Ontario facilities] Same Day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CBC W AUTOMATED DIFFERENTIAL •CBC - COMPLETE BLOOD COUNT;CBC W/PLATELETS •CBC WITH DIFFERENTIAL	KPDS: 8501500 Health Connect Order Code: CBC W AUTOMATED DIFFERENTIAL [85025B]	5 mL Lavender Top (LAV5) CBC	Whole blood <h4>Technical Bulletins:</h4>tb8501500_20131113.pdf tb8501500_20130609.pdf tb8501500_20120522.pdf tb8501500_20120104.pdf tb8501500_201110309.pdf Formulary	Accompanies Report. Effective November 13, 2013, the following laboratory critical values will change: •The upper critical value for leukocyte counts will change from >37,000 to >30,000 WBC/mcL •The neonatal hematocrit upper critical value will be >71%. •The platform-dependent hematocrit reportable range for all ages will be 0-75% for Sysmex instruments and 0-100% Beckman Coulter instruments.	Medical Centers Regional Reference Laboratories, Chino Hills, Core Laboratory [for Anaheim, Baldwin Park, Downey, Fontana and Ontario facilities] Same Day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CELL COUNT W DIFFERENTIAL, BODY FLUID	KPDS: 8905101 Health Connect Order Code: CELL COUNT W DIFFERENTIAL, BODY FLUID [89051B]	Collection: SC99_StrCont_SterileContainer Transport: Use heparinized green top tube [GRN5] or LAV5 for body fluid other than spinal fluid. Indicate source of body fluid. CelCnt BF	0.5 mL: Thoracentesis, Peritoneal Fluid, Knee Fluid, Peritoneal Dialysate. Transport: Refrigerated See CSF Analysis for CSF requirements. Hand carry to the Laboratory. Hand to Lab employee. Be sure to indicate SOURCE of material on slip. All body fluids except spinal fluid must contain heparin to prevent clotting. All tubes must be labeled. Record volume submitted to Lab. If a culture is ordered, use appropriate culture requisition & a sterile screw capped tube. An aliquot placed in small green top (heparinized) tube is excellent for cell count. Formulary		Medical Centers
CELL COUNT W DIFFERENTIAL, CSF CSF ANALYSIS (SPINAL FLUID)	KPDS: 8905100 Health Connect Order Code: CELL COUNT W DIFFERENTIAL, CSF [89051A]	Spinal Fluid - Sterile tube (SF10) CelCnt CSF	5-6 mL spinal fluid Transport: Ambient Analyze immediately Minimum specimen: 2.0 mL spinal fluid Formulary	Accompanies Report	Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CKMB-CC LAB •CK-MB •CK MB •CPK- ISOZYME:BB •CPK-MB(&TOT CK) •CPK- MB(INC.TOT.CPK) •CK ISOZYMES	KPDS: 8255305 Health Connect Order Code: CKMB-CC LAB [82553H]	PST4mL CKMB	2 mL plasma This test is available for Cardiologists to order at sites where cardiac catheterization is performed: Anaheim, Fontana and Los Angeles Medical Centers. Morning specimen preferred. Minimum specimen: 0.5 mL plasma Formulary Restricted	< 8.1 ng/mL (Immunoassay)	Anaheim, Fontana and Los Angeles Medical Centers Only Same Day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CLOSTRIDIUM DIFFICILE ANTIGEN AND TOXINS A AND B W/REFLEX TO PCR •C. diff •C. difficile	KPDS: 8744903 Health Connect Order Code: CLOSTRIDIUM DIFFICILE ANTIGEN AND TOXINS A AND B W/REFLEX TO PCR [231607]	Collect: <u>Commode Specimen</u> Collector Transport: SC99_StrCont_SterileContainer CDIFF AGTX	<p>Non-formed* fresh stool [no preservatives or fixative]</p> <p>*Any formed stool or samples submitted within 7 days of a prior result will be rejected unless accompanied by a C. difficile PCR Testing Exception Form [for use in cases of ileus/bowel obstruction]</p> <p>Transport: Refrigerated</p> <p>Ambient*let the patient know that "Solid stool samples will be rejected. Unless your doctor has specifically told you otherwise, you do not need to submit a sample if your diarrhea has resolved."</p> <p>•Collect in Commode Specimen Collector and transfer the specimen to a sterile container.</p> <p>•Deliver to the local laboratory immediately after collection.</p> <p>Patient Collection Instructions - English</p> <p>Patient Collection Instructions - Spanish</p> <p>Refrigerate on arrival at laboratory</p> <p>Received:</p> <ul style="list-style-type: none"> •In transport media, preservatives or fixatives •In diapers, rectal swabs, cardboard containers •In biohazardous condition. •Formed or solid stool •Ambient, if received at the testing location more than 24 hours after collection •Within 7 days of a previous sample tested for C. difficile AG/Toxin. <p>A: 24 hours for both GDH/Toxin and PCR R: 3 days for GDH/Toxin, 5 days for PCR F: ::: -10°C:</p> <ul style="list-style-type: none"> •Acceptable length of storage is for longer than 72 hours thaw at room temperature. Freezing and thawing multiple times may result in loss of specimen activity due to toxin degradation •Frozen sample is NOT acceptable for PCR testing. Minimum specimen: 1 ml non-formed stool Alert! Proof of cure testing or repeat testing for the same diarrheal episode is <u>not recommended</u>. <p>Please see <u>Work-up of infectious diarrhea for adults</u> for recommendations on patient management and lab testing for adults presenting with diarrhea Formulary</p>	<p>Negative (Immunoassay [C. Diff Quick Check Complete]) Testing includes a screen for GDH [C. difficile common antigen] and C. difficile toxin.</p> <p>Testing that is either POSITIVE or NEGATIVE for BOTH GDH and the toxin will be immediately resulted POSITIVE or NEGATIVE.</p> <p>NOTE: Indeterminate results will be automatically sent to the Regional laboratory for PCR testing.</p> <p><i>Clostridium difficile</i> disease is primarily a nosocomial disease of elderly patients, and the frequency of the disease is dependent on factors such as patient population, type of institution and epidemiology. The reported incidence of C. difficile disease in patients with antibiotic-associated diarrhea may range from 5-20%, and hospitals may experience rates lower or higher than this range. It is important to consider any test results in conjunction with clinical symptoms because some healthy adults and large numbers of healthy infants (up to 50%) will be positive for C. difficile AG/toxin.</p>	<p>Medical Center (Bacteriology) Daily Impatient/ED (Routine) - 4 hours Inpatient/ED (Stat) - 2 hours Outpatient - 8 hours</p>

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CREATINE KINASE •CK (CREATINE KINASE) •CK IMMUNOASSAY •CREATINE PHOSPHOKINASE •CPK-MB(& TOT CK) •CPK-MB(INC. TOT. CPK) •CK-TOTAL	KPDS: 8255201 Health Connect Order Code: CREATINE KINASE [82550B]	MC: PST4mL RRL: GLD6 CK Tot	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. Minimum specimen: 0.5 mL plasma or serum Formulary	Male: <398 IU/L Female: <235 IU/L	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory RRL: 2 days

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CREATININE CLEARANCE	KPDS: 8257500 Health Connect Order Code: CREATININE CLEARANCE [82575G]	UR99 and PST4mL CreCL	<p>1. ml serum or plasma AND 10 ml aliquot from a well mixed 24 hour urine in clean bottle.</p> <p>Can be done on a 12 hour specimen when requested. Transport: Refrigerated OUTPATIENTS: Pediatric patients must provide weight and height. INPATIENTS: Lab will draw blood. Blood must be collected at midpoint of 24 hour urine collection.</p> <p>OUTPATIENTS: Blood drawn when patient brings back the 24 hour urine collection to the laboratory. OUTPATIENTS:</p> <ol style="list-style-type: none"> 1. Indicate collection start and end times on slip. 2. Record total volume on slip and aliquot. 3. Keep urine sample refrigerated until analysis. 4. Send urine and serum together. 5. Send urine in a urine yellow top tube. <p>INPATIENTS:</p> <ol style="list-style-type: none"> 1. Indicate date and time collection was started and completed. 2. When urine collection is completed, send urine and slip to lab. 3. Record total volume on slip and aliquot. 4. Keep urine sample refrigerated until analysis. <p>OUTPATIENTS: Provide patient with collection bottle and instructions. Patient instructed to bring in 24 hour urine and have blood drawn at that time. Minimum specimen: 1 ml serum or plasma AND 10 mL urine Formulary</p>	Accompanies report.	Medical Center Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CREATININE, PERITONEAL FLUID	KPDS: 8256505 Health Connect Order Code: CREATININE, PERITONEAL FLUID [82570C]	SC99_StrCont_SterileContainer Creat PRF	0.5 ml peritoneal fluid Transport: Refrigerated Minimum specimen: 0.2 mL peritoneal fluid Formulary	The reference range and other method performance specifications have not been established for this test in peritoneal or pleural fluid. The test result should be integrated into the clinical context for interpretation.	Medical Center Daily Reports out same day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CRYSTALS, SYNOVIAL FLUID CRYSTALS, SYNOVIAL FLUID (JOINT FLUID)	KPDS: 8417510 Health Connect Order Code: CRYSTALS, SYNOVIAL FLUID [89060B]	lavender 4 ml, RED7 or SC99 Sterile Container. See Specimen Requirements for additional tube.	1 ml synovial fluid. Can also use: GRNZ Bakersfield: Send to LAMC Formulary		Medical Centers
D-DIMER FOR DIC, QUANTITATIVE QUANT D-DIMER FOR DIC QUANTITATIVE D-DIMER FOR DIC	KPDS: 8536807 Health Connect Order Code: D-DIMER FOR DIC, QUANTITATIVE [85379E]	BLU5 DDimerDIC	2.5 ml plasma Transport: Frozen Tubes must be filled properly A: 8 hours at 20±5°C F: 1 month at -20±5°C. Thaw the sample at 37°C, allow sufficient time to obtain complete thawing. Formulary	<0.50 FEU mcg/mL A positive D-Dimer result is neither necessary nor sufficient for diagnosis of DIC.	Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
D-DIMER FOR DVT, QUANTITATIVE D-Dimer for DVT, Quant DDimer for DVT, Quant D Dimer for DVT, Quant	KPDS: 8536810 Health Connect Order Code: D-DIMER FOR DVT, QUANTITATIVE [85379B]	BLU5 DDimerDVT	1 ml plasma Transport: Frozen A: 8 hours at 20±5°C F: 1 month at -20±5°C. Thaw the sample at 37°C, allow sufficient time to obtain complete thawing. Contact Medical Center Main Laboratory for any specific instruction or latest update. Formulary	<0.50 FEU mcg/mL A quantitative D-Dimer level of less than 500 ng/mL has been shown to have a negative predictive value (NPV) of 99.3% for the exclusion of venous thromboembolism in out-patients (Lancet 1999;353:190-195) D-Dimer level can be elevated in a variety of clinical circumstances and has a low positive predictive value (PPV) for the diagnosis of venous thromboembolism.	Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIGOXIN LEVEL, ATRIAL ARRHYTHMIA WITH OR WITHOUT CHF	KPDS: Excluded in Service Master: 8016210 Health Connect Order Code: Inactivated: DIGOXIN LEVEL, ATRIAL ARRHYTHMIA WITH OR WITHOUT CHF [80162E]		As of December 19, 2018, this test has been discontinued. Order: <u>DIGOXIN LEVEL [80162B]</u> Not-Formulary		•Not-Formulary
DIGOXIN LEVEL, CHF	KPDS: Excluded in Service Master: 8016205 Health Connect Order Code: Inactivated: DIGOXIN LEVEL, CHF [80162D]		As of December 19, 2018, this test has been discontinued. Order: <u>DIGOXIN LEVEL [80162B]</u> Not-Formulary		•Not-Formulary

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
DIGOXIN LEVEL, INDICATION FOR USE NOT SPECIFIED	KPDS: Removed from Service Master: 8016215 Health Connect Order Code: Inactivated: DIGOXIN LEVEL, INDICATION FOR USE NOT SPECIFIED [80162F]		As of December 19, 2018, this test has been discontinued. Order: <u>DIGOXIN LEVEL</u> [80162B] Not-Formulary		•Not-Formulary

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ELECTROLYTES DIALYSATE	KPDS: Excluded from Service Master [8529501] Health Connect Order Code: Inactivated: ELECTROLYTES, DIALYSATE [80051D]		Not-Formulary		•Not-Formulary (Discontinued)
EOSINOPHIL, SMEAR, NASAL	KPDS: 8535600 Health Connect Order Code: EOSINOPHIL, SMEAR, NASAL [89190A]	Slide Eos Sm Nas	Smear on clean frosted end slides. This test is generally a nasal smear and collected by the Doctor. Indicate source of specimen. Formulary		Medical Centers 1 Day
EOSINOPHILS, SPUTUM	KPDS: 8535700 Health Connect Order Code: EOSINOPHILS, SPUTUM [85999F]	SC99_StrCont_SterileContainer Eos Sm Spu	Sputum Formulary		Medical Centers 1 Day
EOSINOPHILS, URINE	KPDS: 8535601 Health Connect Order Code: EOSINOPHILS, URINE [81015D]	UR25 Eos Sm Ur	10 mL random urine Perform Wright stain on urine sediment. Formulary		Medical Centers 1 Day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ERYTHROCYTE SEDIMENTATION RATE, AUTOMATED •SEDIMENTATION RATE, WESTERGRN (ESR) •ESR - ROUTINE •SED RATE	KPDS: 8565000 Health Connect Order Code: ERYTHROCYTE SEDIMENTATION RATE, AUTOMATED [85652B]	5 mL Lavender Top (LAV5) or 0.5 mL MAP tube ESR	Specimen collected in EDTA anti-coagulant or documents/BD363706.png?onlick=window.open('documents/BD363706.png', 'MAP tube', 'toolbar=0,scrollbars=1,status=0,location=0,menubar=0,width=640,height=550'); return false>MAP tube tested 24 hours from venipuncture at room temperature or refrigerated. Transport: Ambient Or Refrigerated Mix tube after collection Received: •Frozen •Clotted •>24 hours A: 24 hours R: 24 hours F: Unacceptable Minimum specimen: 1 mL whole blood in LAV5 0.5 mL Map tube Formulary	Children Age: 14 years: <10 mm/hr Below age 50: Male: < 15 mm/hr Female: < 20 mm/hr 50 years old and above: Male: < 20 mm/hr Female: < 30 mm/hr (Syllectometry) Detect the presence of inflammation caused by one or more conditions such as infection, tumors or autoimmune diseases: to help diagnose and monitor specific conditions such as temporal arteritis, systemic vasculitis, polymyalgia rheumatica, or rheumatoid arthritis.	Medical Centers Regional Laboratories, Chino Hills, Core Laboratory [for Anaheim, Baldwin Park, Downey, Fontana and Ontario facilities] 24 hours

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GASTRIC ANALYSIS	KPDS: Not applicable		Call G.I. Laboratory for information and appointment.		Medical Centers
GENTAMICIN LEVEL Gentamicin, Random	KPDS: 8718602 Health Connect Order Code: GENTAMICIN LEVEL [80170E]	PST4mL Gent Level	1 mL plasma Transport: Refrigerated A: 48 hours R: 14 days F: 12 months Minimum specimen: 1 mL plasma Formulary	Therapeutic Range: 2-10 µg/mL	Medical Center Daily 24 hours
GENTAMICIN LEVEL, PEAK	KPDS: 8017004 Health Connect Order Code: GENTAMICIN LEVEL, PEAK [80170B]	PST4mL Gent Pk	1 mL plasma Transport: Refrigerated Draw specimen 30 minutes after completion of infusion. A: 48 hours R: 14 days F: 12 months Minimum specimen: 1 mL plasma Formulary	Therapeutic Range: 4-10 µg/mL	Medical Center Daily 24 hours

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GENTAMICIN LEVEL, SINGLE DAILY DOSING SDDA GENTAMICIN	KPDS: 8718682 Health Connect Order Code: GENTAMICIN LEVEL, SINGLE DAILY DOSING [80170G]	PST4mL Gent SDDA	1 mL plasma Transport: Refrigerated A: 48 hours R: 14 days F: 12 months Minimum specimen: 1 mL plasma Formulary	Therapeutic Range Pediatrics: Trough: less than 0.5 mcg/ml Peak: 6.0-10.0 mcg/ml Therapeutic Range Adults: Trough: Less than 0.5 mcg/mL Peak: 8.0-20.0 mcg/mL For 6-14 Hr post-dose draw specimens, therapeutic ranges are based on timing of draw and patient factors. Please interpret results in the clinical context.	Medical Center Daily 24 hours
GENTAMICIN LEVEL, SYNERGY, PEAK	KPDS: 8017008 Health Connect Order Code: GENTAMICIN LEVEL, SYNERGY, PEAK [80170J]	PST4mL GentSyn Pk	1 mL plasma Transport: Refrigerated Draw specimen 30 minutes after completion of infusion. A: 48 hours R: 14 days F: 12 months Minimum specimen: 1 mL plasma Formulary	Therapeutic Range: 3 µg/mL	Medical Center Daily 24 hours

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GENTAMICIN LEVEL, TROUGH	KPDS: 8017006 Health Connect Order Code: GENTAMICIN LEVEL, TROUGH [80170A]	PST4mL Gent Tr	1 mL plasma Transport: Refrigerated Draw specimen no more than 30 minutes prior to next dose. A: 48 hours R: 14 days F: 12 months Minimum specimen: 1 mL plasma Formulary	Therapeutic Range: less than 2 µg/ml Critical Value: Greater than 3 µg/mL	Medical Center Daily 24 hours
GGT •GAMMA GLUTAMYL TRANSFERASE (GGT) •GAMMA GT	KPDS: 8446600 Health Connect Order Code: GGT [82977B]	MC: PST4mL RRL: GLD6 GGT	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: 7 days R: 7 days F: 1 month Minimum specimen: 0.5 mL plasma or serum Formulary	Male: 0 - 62 Units/L Female: 0 - 42 Units/L	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE •GLUCOSE,BLOOD •RANDOM BLOOD SUGAR •SUGAR-RANDOM •RBS	KPDS: 8433100 Health Connect Order Code: GLUCOSE [82947A]	MC: PST4mL RRL: GLD6 RBS	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. Samples received unspun at the RRL will be rejected. A: 8 hrs R: 3 days F: 1 month Minimum specimen: 0.5 mL plasma or serum Confirm any new diagnosis of diabetes with repeat testing. Formulary	Normal Random: 70 - 140 mg/dl [greater than one month old] less than 1 month: 55 - 115 mg/dl Elevated: 140 - 199 mg/dl Diabetes Mellitus: >200 mg/dl Confirm any new diagnosis of diabetes with repeat testing. Critical Values Low Critical Value: 0 minutes - 24 hours: <35 mg/dL >24 hours - 1 month: <50 mg/dL >1 month - 250 years: <50 mg/dL High Critical Value 0 minutes -24 hours: >200 mg/dL >24 hours - 1 month: >200 mg/dL >1 month - 250 years: >484 mg/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily MC: 30 Minutes (STAT) RRL: 2 days

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE TOLERANCE TEST, 2 HR, GESTATIONAL DIABETES	KPDS: 8295110 Health Connect Order Code: GLUCOSE TOLERANCE TEST, 2 HR, GESTATIONAL DIABETES [82951AR]	GY7 GTT 2 Hr 75g OB	1.0 mL plasma Transport: Refrigerated•Collect fasting blood specimen •Administer 75 grams glucola. •Collect blood at hours 1 and 2. •Indicate OB on requisition. Minimum specimen: 0.5 mL plasma Formulary	Fasting: 70-91 mg/dl 1 hour: 70-179 mg/dl 2 hour: 70-152 mg/dl <u>Critical Values for all draws</u> Low Critical Value: <50 mg/dL Hig Critical Value: >484 mg/dL One abnormal result is diagnostic of Gestational Diabetes Mellitus	Medical Center Daily
GLUCOSE TOLERANCE TEST, 2 HRS [FBS, 2 HR GLUCOSE, CYSTIC FIBROSIS	KPDS: 8295112 Health Connect Order Code: GLUCOSE TOLERANCE TEST, 2 HRS [FBS, 2 HR GLUCOSE, CYSTIC FIBROSIS [25360]	GY7 GTT 2 HR CF	1.0 mL plasma Transport: Refrigerated•Collect fasting blood specimen •Administer 75 gram glucola •Collect blood at 2 hours •Indicate OB on requisition Minimum specimen: 0.5 mL plasma Formulary	FBS: Normal: 70-99 mg/dL Pre-DM: 100-125 mg/dL DM: 126 mg/dL Post-75g Glucola 2hr Normal: 70-139 mg/dL Pre-DM: 14-199 mg/dL DM: 200 mg/dL	Medical Center Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>GLUCOSE TOLERANCE TEST, 3 HR [4 SPECIMENS], GESTATIONAL DIABETES</p> <p>•GLUCOSE TOLERANCE •OB GLUCOSE TOL 3 HR</p>	<p>KPDS: 8433666</p> <p>Health Connect Order Code: GLUCOSE TOLERANCE TEST, 3 HR [4 SPECIMENS], GESTATIONAL DIABETES [247108]</p>	<p>GY7</p> <p>GTT 3 Hr 100g OB</p>	<p>1 mL plasma</p> <p>Transport: Refrigerated</p> <ul style="list-style-type: none"> •Collect fasting blood specimen •Administer 100 grams glucola. •Collect blood at hours 1, 2, and 3. •Indicate OB on requisition. <p>Patient to be NPO after midnight except for water.</p> <p>Minimum specimen: 0.5 mL plasma</p> <p>Formulary</p>	<p>Fasting: 70-94 mg/dl 1 hour: 70-179 mg/dl 2 hour: 70-154 mg/dl 3 hour: 70-139 mg/dl</p> <p>Critical Values for all draws</p> <p>Low Critical Value: <50 mg/dL High Critical Value: >484 mg/dL</p> <p>Two abnormal results of the 4 time points confirm diagnosis of Gestational Diabetes Mellitus</p>	<p>Medical Center</p> <p>Daily</p>
<p>GLUCOSE, 1 HR, POST PO</p> <p>GLUCOSE, GESTATIONAL DIABETES</p> <p>•Glucose - Prenatal 50 Gms</p> <p>•OB 1 HR Screen</p> <p>•Sugar - 1 HR Post</p>	<p>KPDS: 8433667</p> <p>Health Connect Order Code: GLUCOSE, 1 HR, POST PO</p> <p>GLUCOSE, GESTATIONAL DIABETES [82950E]</p>	<p>GY7</p> <p>Glu 1 Hr 50g OB</p>	<p>0.5 ml plasma</p> <p>Transport: Refrigerated</p> <p>Prenatal patients only</p> <p>NOTE: If this test is abnormal, confirm with <u>GLUCOSE TOLERANCE TEST, 3 HOURS, GESTATIONAL DIABETES [82951A]</u> •Administer 50 grams glucola.</p> <ul style="list-style-type: none"> •Collect blood at 1 hour. •Indicate OB on requisition. <p>A: 8 hours R: 3 days F: 1 month</p> <p>Minimum specimen: 0.25 mL plasma</p> <p>Fasting is NOT required for this test.</p> <p>Formulary</p>	<p>70 - 134 mg/dl</p> <p>Critical Values</p> <p>Low Critical Value: <50 mg/dL High Critical Value: >484 mg/dL (Hexokinase)</p>	<p>Medical Center</p> <p>Daily</p> <p>38 hours</p>

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE, 2 HR POST 75 GM PO GLUCOSE •2 HOUR POST GLUCOSE •SUGAR-2 HR POST	KPDS: 8433600 Health Connect Order Code: GLUCOSE, 2 HR POST 75 GM PO GLUCOSE [829501]	GY7 Glu 2 Hr 75g	1 mL plasma Transport: Refrigerated For adult NON - OB patients. 1. Adult NON - OB: administer 75 gms. Glucola and collect sample in 2 hours. 2. For outpatient: Give patient glucola with instructions to be in Lab 30 minute before end of 2 hours. Patient to be NPO after midnight except for water. A: 8 hrs R: 3 days F: 1 month Minimum specimen: 0.5 mL plasma Confirm any new diagnosis of diabetes with repeat testing Formulary	70-199 mg/dl Critical Values Low Critical Value: <50 mg/dL High Critical Value: >484 mg/dL Normal: 70-139 mg/dL Impaired Glucose Tolerance: 140 - 199 mg/dL Diabetes Mellitus: 200 mg/dL •A repeatable 2 hr OGTT result > or = 200 mg/dL is diagnostic of diabetes. •A single such result can also be confirmed by a fasting plasma glucose measurement > 125 mg/dL, a random glucose > or = 200 mg/dL, or a Hb A1c >6.4%. •Patients with a 2 hr OGTT results between 140 and 199 mg/dL are at increased risk for future diabetes.	Medical Center Daily 30 - 50 Minutes (STAT) to 38 hrs

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE, URINE DIPSTICK, URINE URINE GLUCOSE	KPDS: EXCLUDED in Service Master [8418103] Health Connect Order Code: Inactivated: GLUCOSE, DIPSTICK, URINE [81002ZJ]		On February 16, 2011, this test was inactivated due to outdated methodology. The recommended alternative test is: <u>Urinalysis, Automated WO Micro [81003B]</u> Not-Formulary		•Not-Formulary (Discontinued)

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE, PERITONEAL FLUID	KPDS: 8294507 Health Connect Order Code: GLUCOSE, PERITONEAL FLUID [82945P]	SC99_StrCont_SterileContainer Gluc PRF	0.5 ml peritoneal fluid Transport: Refrigerated Collect specimen in <u>Sterile Container</u> A: NO R: 7 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) Peritoneal fluid glucose concentrations of = or <50 mg/dL are present in 30-60% cases of tuberculous peritonitis and about 50% of patients with abdominal carcinomatosis.	Medical Center Sets up daily Reports out same day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE, PLEURAL FLUID	KPDS: 8436567 Health Connect Order Code: GLUCOSE, PLEURAL FLUID [829450]	Collect: SC99_StrCont_SterileCo ntainer Transport: RED7 Gluc PLF	0.5 mL pleural fluid Transport: Refrigerated Collect specimen in Sterile Container•Send specimens to your local medical center laboratory after collection •laboratory: Aliquot specimen to a RED7 tube for transport to the Regional Reference Laboratories, North Hollywood A: NO R: 7 days F: 1 month Formulary	(Colorimetry, Spectrophotometry) The reference range and other method performance specifications have not been established for this test in peritoneal or pleural fluid. The test result should be integrated into the clinical context for interpretation. Pleural fluid glucose <60 mg/dl suggests a parapneumonic effusion that may require drainage.	Medical Center Set up daily Reports same day
GLUCOSE, PROTEIN, CSF SPINAL FLUID, SUGAR & PROTEIN	KPDS: 8417502 Health Connect Order Code: GLUCOSE, PROTEIN, CSF [207288]	Spinal fluid - Sterile tube (SF10) G P CSF	5-6 mL spinal fluid Transport: Ambient Analyze immediately. Formulary	Accompanies report	Medical Center and Regional Reference Laboratories, Chino Hills

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
GLUCOSE, URINE URINE GLUCOSE [RANDOM]	KPDS: 8436560 Health Connect Order Code: HCG GLUCOSE, URINE [82945G]	Collect: UR25 Aliquot and Transport: <u>GWHL3</u> Gluc U	1.5 mL urine Transport: Refrigerated. For glucose only - test with clinistix. All reducing substances are tested with clinistest tablets. Refrigerate and assay immediately. R: 3 days Minimum specimen: 1.5 mL urine Formulary	RRL: 1-15 mg/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
HCG (PREGNANCY), SERUM QUANT HUMAN CHORIONIC GONADOTROPIN (HCG-INTACT) RMS Display: HCG, INTACT	KPDS: 8299800 Health Connect Order Code: HCG (PREGNANCY), SERUM QUANT [84702M]	PST4mL HCG Qnt S	1.0 ml plasma Transport: Ambient •improper labeling •improper storage or transport •specimen older than 6 months •heat inactivated sample A: 8 hours R: 48 hours F: 6 months Minimum specimen: 1.0 ml plasma Quantitative pregnancy test only. NOTE: For evaluation of hydatidiform moles, trophoblastic disease, choriocarcinoma and testicular tumors (male patients), order the HCG TUMOR MARKER, SERUM [84702I] (8299909) , not this Beta-hCG test. Formulary	< 5 mIU/mL for non-pregnant, reproductive age women. (Beckman Coulter Access Immunoassay System Total Beta hCG)	Medical Centers When requested Routine - same day STAT - 90 minutes

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HCG, URINE •PREGNANCY TEST, URINE •PREG. TEST	KPDS: 8316000 Health Connect Order Code: Inactivated: HCG, URINE [81025B]		As of October 21, 2015, this test has been discontinued. The KRMS Code has been excluded from the Service Master. Serum hCG measurement is the preferred test whenever pregnancy must be excluded. Order: HCG[PREGNANCY].SERUM QUANT [84702M] . For Urine Pregnancy, order: PREGNANCY TEST, URINE, POCT [81025F] Not-Formulary		•Not-Formulary (Discontinued)

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	PERFORMED AT	
HEMOGLOBIN AND HEMATOCRIT	KPDS: 8505000 Health Connect Order Code: HEMOGLOBIN AND HEMATOCRIT [200476]	5 mL Lavender Top (LAV5) H H	5 mL EDTA whole blood May be done Micro method. (Fingerstick) Formulary	<p>ADULT REFERENCE VALUES & METHODOLOGY</p> <p>Hemoglobin: Adults: M: 14-18 gm/dl F: 12-16 gm/dl Peds: 0-7 Days: 14-21 gm/dl 8 Days - 30 Days: 13-21 gm/dl 1 Mth - 6 Mth: 9.5-15.1 gm/dl 7 Mth - 2 Yrs: 10.5-14.5 gm/dl 3 Yrs - 6 Yrs: 11.5-13.5 gm/dl 7 Yrs - 12 Yrs: 11.5-15.5 gm/dl Hematocrit: Adults: M: 42% - 52% F: 37% - 47% Peds: 0-1 Week: 44-54% 1 Wk - 1 Mth: 41-65% 1 Mth - 6 Mth: 30-46% 6 Mth - 2 Yrs: 33-38% 2 Yrs - 6 Yrs: 34-40% 6 Yrs - 12 Yrs: 35-45% >12 Yrs: Adult values</p>	Medical Centers Regional Reference Laboratories, Chino Hills, Core Laboratory [for Anaheim, Baldwin Park, Downey, Fontana and Ontario facilities]

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HETEROPHILE ANTIBODIES, QUALITATIVE •HETEROPHILE •INFECTIOUS MONONUCLEOSIS •INFECTIOUS MONO •MONO TEST	KPDS: 8630000 Health Connect Order Code: HETEROPHILE ANTIBODIES, QUALITATIVE [86308A]	GLD6 Mono	1 mL serum Transport: Refrigerated Alternative specimen: EDTA or Heparin plasma Freeze at -10°C or colder for long term storage Hemolytic serum or plasma A: NO R: 48 hours F: 3 months Minimum specimen: 0.5 mL serum Some segments of the population with acute IM are heterophile antibody negative. A negative result may be obtained from patients at the onset of the disease due to heterophile antibody levels below the sensitivity of this kit. If symptoms persist or intensify, the test should be repeated. Formulary	Negative (Immunochromatographic Dipstick) The clinical diagnosis of infectious mononucleosis (IM) is suggested by symptoms of fever, sore throat and swollen lymph glands. The highest incidence of symptomatic IM occurs during late adolescence (15-24 years of age). Infectious mononucleosis is caused by the Epstein - Barr virus (EBV). The laboratory diagnosis of IM is based on the detection of IM heterophile antibodies.	Medical Center Daily 4 hours
HOLLANDER TEST	KPDS:		Call G.I. Laboratory.		Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IRON AND TIBC	KPDS: 8354001 Health Connect Order Code: IRON AND TIBC [206483]	GLD6 Fe TIBC S	3 mL serum Transport: Refrigerated Centrifuge specimen to separate serum from cells within 2 hours of collection. A: 4 days R: 7 days F: 1 month Minimum specimen: 1.0 mL serum Peds STATS may be done at Medical Center Laboratories for Iron Ingestion, except Orange County (send to UCI). OC: Send STAT specimens from ER to UCI. Formulary	IRON: Adult: Male: 59 - 158 µg/dl Female: 37 - 145 µg/dl Pediatric: 0 - 1 mth: 36 - 184 µg/dl 2 - 6 mths: 36 - 156 µg/dl 7 mths - 16 yrs: 43 - 184 µg/dl TIBC: 250 - 420µg/dl % SATURATION: 20 - 50%	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
KETONE BODIES, QUALITATIVE	KPDS: Removed from Service Master: 8201000 Health Connect Order Code: Inactivated: KETONE BODIES, QUALITATIVE [82009B]		Urine ketones as a component of URINAYSIS is an alternative test. However urine and serum ketones can be falsely positive during effective DKA treatment [potentially leading to insulin overtreatment and hypokalemia] and may only be helpful if negative Recommended alternative: URINAYSIS. AUTOMATED WO MICRO [81003B] Not-Formulary		•Not-Formulary (Discontinued)

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LACTATE DEHYDROGENASE	KPDS: 8361500 Health Connect Order Code: LACTATE DEHYDROGENASE E [83615C]	PST4mL LDH	2 ml plasma Transport: Ambient Centrifuge specimen to separate plasma from cells within 2 hours of collection. Store and transport ambient. Do not refrigerate. Keep specimen at room temperature. Specimens received refrigerated or frozen will be rejected. A: 3 days R: NO F: NO Minimum specimen: 0.5 mL plasma Formulary	Adults: 91 - 180 Units/L Pediatric: 0 - 1 mth: < 700 Units/L 1 mth - 16 yrs: < 280 Units/L	Medical Center Daily 38 hrs
LACTATE DEHYDROGENASE ISOENZYME PANEL •Lactic Dehydrogenase Isoenzymes •LD ISOENZYMES	KPDS: Removed from Service Master: 8362500 Health Connect Order Code: Inactivated: LDH ISOENZYMES [202758]		This test has been discontinued due to laboratory Test Menu Standardization. The recommended alternative is: <u>TROPONIN I [84484B]</u> Not-Formulary		•Not-Formulary (Discontinued)

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LACTIC ACID W REFLEX TO REPEAT	KPDS: 8360503 Health Connect Order Code: LACTIC ACID W REFLEX TO REPEAT [83605R]	7 mL Gray top (GY7)	1.0 mL plasma Transport: Ambient*When collecting venous blood, do not use a tourniquet for over 1 minute NOTE: Samples may be collected at remote draw stations if plasma is separated within 15 minutes of collection and plasma is refrigerated for transportation. *Samples should be transported to the laboratory within 10 minutes of collection. •Tubes of blood are to be kept closed and in a vertical position during transport. •Laboratory: Plasma should ideally be physically separated from contact with cells within 15 minutes of sample collection, and analyzed without delay. However, samples must be rejected if not centrifuged within 45 minutes of collection. A: 8 hours R: 14 days F: 1 month Minimum specimen: 0.3 mL plasma NO PROTEIN-FREE FILTRATE REQUIRED. Formulary	0.5 - 1.9 mmol/L Critical Value - greater than 3.9 mmol/L	<TestCode>>/TestCode> Medical Center Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LACTIC ACID, BLOOD Lactate	KPDS: 8360500 Health Connect Order Code: LACTIC ACID, BLOOD [83605C]	7 mL Gray Top (GY7) Lact BI	<p>•1.0 ml plasma collected from GY7 •For spinal fluid, see LACTIC ACID, CSF</p> <p>Transport: Ambient•When collecting venous blood, do not use a tourniquet for over 1 minute</p> <p>NOTE: Samples may be collected at remote draw stations if plasma is separated within 15 minutes of collection and plasma is refrigerated for transportation. •Samples should be transported to the laboratory within 10 minutes of collection.</p> <p>•Tubes of blood are to be kept closed and in a vertical position during transport.</p> <p>•Laboratory: Plasma should ideally be physically separated from contact with cells within 15 minutes of sample collection, and analyzed without delay. However, samples must be rejected if not centrifuged within 45 minutes of collection.</p> <p>A: 8 hours R: 14 days F: 1 month</p> <p>Minimum specimen: 0.3 mL plasma NO PROTEIN-FREE FILTRATE REQUIRED. Formulary</p>	0.5 - 1.9 mmol/L Critical Value - greater than 3.9 mmol/L	Medical Center Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LACTIC ACID, CSF •CSF ANALYSIS (SPINAL FLUID) •SPINAL FLUID LACTATE •LACTIC	KPDS: 8360600 Health Connect Order Code: LACTIC ACID, CSF [83605A]	Spinal fluid - Sterile tube (SF10) Lact CSF	5-6 mL spinal fluid Transport: Ambient Analyze immediately. A: 4 hours R: 3 days F: 6 months Minimum specimen: 2.0 mL spinal fluid Formulary	Note: Effective September 6, 2011, the units used to report results will change from mg/dL to mmol/L less than 3.9 mmol/L	Medical Center Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LIPASE	KPDS: 8319000 Health Connect Order Code: LIPASE [83690B]	PST4mL Lipase	1 ml non-hemolyzed plasma Transport: Refrigerated Serum or plasma must be separated from red cells within 4 hours of collection. A: Beckman 4 hours Vitros 7 days R: Beckman 48 hours Vitros 3 weeks F: Beckman Unspecified Vitros 5 months Minimum specimen: 0.5 mL plasma Formulary	58 U/L (Enzymatic, Colorimetric) When lipase is used to diagnose pancreatitis, it is not necessary to measure serum amylase. *Banks, PA, et al. Practice Guidelines in Acute Pancreatitis, Am J Gastroenterology 2006;101:2397	Medical Centers Daily 28 hrs
LIVER FUNCTION PANEL	KPDS: 8225065 Health Connect Order Code: LIVER FUNCTION PANEL [T BILL, ALT, ALKP] [213120]	MC: PST4mL RRL: GLD6 Liver PNL	2 mL or plasma or serum Transport: Refrigerated Keep specimen cooled. Protect specimen from light. Centrifuge specimens within 2 hours of collection. Minimum specimen: 0.5 mL plasma or serum Panel includes: ALT, Alkaline Phosphatase and Total Bilirubin. Formulary	Accompanies Report	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry Daily RRL: 2 days

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MAGNESIUM, SERUM	KPDS: 8373500 Health Connect Order Code: MAGNESIUM, SERUM [83735A]	MC: PST4mL RRL: GLD6 Mg	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. Plasma must not be hemolyzed A: 7 days DXC800: 8 hours R: 7 days DXC800: 2 days F: 12 months DXC800: Not Established Minimum specimen: 0.5 mL plasma or serum Formulary	1.7 - 2.8 mg/dL Critical Value: Low: <1.0 mg/dL High: >4.8 mg/dL Magnesium results between 4.9 mg/dL and 9.7 mg/dL are not considered critical for patients receiving MgSO4 therapy.	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
OCCULT BLOOD, STOOL, 1 SPECIMEN OCCULT BLOOD, FECES GUA/AC	KPDS: 8912600 Health Connect Order Code: OCCULT BLOOD, STOOL, 1 SPECIMEN [82272D]	Hemocult card (ST99) - Biohazard Zip-Lock Plastic bag FOBT	Random Feces Transport: Ambient Have patient collect specimen and transfer to Hemocult pack. A: 24 hours R: 24 hours F: NO Formulary	Negative	Medical Centers Daily 60 hours

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OSMOLALITY, MEASURED AND CALCULATED W OSMOLALITY GAP OSMOLALITY, BLOOD	KPDS: 8393000 Health Connect Order Code: OSMOLALITY, MEASURED AND CALCULATED W OSMOLALITY GAP [247022]	GLD6 Osmol BI	2 mL serum When doctor orders both a urine and blood osmolality, the blood should be drawn as soon as the patient voids. Formulary	Calculated: 280 - 305 mOsm/kg H2O Measured: 280 - 305 mOsm/kg OSMOL Gap: 10mOsm/kg If one or more of the components for calculated osmolality (sodium, glucose, BUN) falls outside their reportable ranges, the calculation will not be able to be performed, and the results for both calculated osmolality and osmol gap will be reported as Unable to Calculate. The measured osmolality will still be performed and reported.	Medical Centers Routine or STAT
OSMOLALITY, URINE OSMOLALITY, URINE	KPDS: 8393500 Health Connect Order Code: OSMOLALITY, URINE [83935B]	Random Urine [UR25] Osmol U	2 mL urine Transport: Refrigerated 1. Collect a random urine specimen. 2. Indicate the time specimen was collected. 3. Hand carry to the laboratory immediately. Formulary	Random: 50 - 1200 mOsm/kg H2O	Medical Centers Routine or STAT

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PERITONEAL FLUID DIALYSIS PANEL PNL, PERITONEAL DIALYSIS FLUID	KPDS: See Comments Health Connect Order Code: See Comments		<p>If ordering as a panel use the following codes:</p> <p>Peritoneal Dialysis Panel, 0 hr - 207279 Peritoneal Dialysis Panel, 2 hr - 207281 Peritoneal Dialysis Panel, 4 hr - 207282 Peritoneal Dialysis Panel, Overnight - 207283 Peritoneal Dialysis Panel, 24 hr - 207280</p> <p>Tests include:</p> <p>AIBUMIN, BROMCRESOI GREEN [82040C] KRMS 8417800 CREATININE, PERITONEAL DIALYSIS FLUID [82570K] KRMS 8257005 GLUCOSE, PERITONEAL DIALYSIS FLUID [82945B] KRMS 8294505 IGH, PERITONEAL FLUID [83645H] KRMS 8364506 IOIALBUMIN, PERITONEAL DIALYSIS FLUID [216905] KRMS 8417800</p> <p>Formulary</p>		<p><TestCode></TestCode> Peritoneal Dialysis Panel is performed in Riverside and Fontana only. Woodland Hills performs the testing as Panel via Riverside Lab. Daily</p>
PHOSPHORUS, PHOSPHORUS, SERUM	KPDS: 8410000 Health Connect Order Code: PHOSPHORUS [84100C]	MC: PST4mL RRL: GLD6 Phos	<p>1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. A: 8 hours R: 3 days F: 12 months Minimum specimen: 0.5 mL plasma serum Formulary</p>	<p>2.7 - 4.5 mg/dL Pediatric: 0 - 10 days: 4.5 - 8.0 mg/dL 11 days - 2 yrs: 4.5 - 6.7 mg/dL 2 - 12 yrs: 4.5 - 5.5 mg/dL > 12 yrs: 2.7 - 4.5 mg/dL</p>	<p>Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry, and Chino Hills, Core Laboratory Daily RRL: 2 days</p>

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PLATELET AUTOMATED COUNT	KPDS: 8559000 Health Connect Order Code: PLATELET AUTOMATED COUNT [85049D]	5 mL Lavender Top (LAV5) Pit Cnt	5 mL blood. Micro method available (fingerstick) Formulary	130,000 - 400,000/mcL Critical Values: Pediatric [<18 yrs]: Low: <30,000/mcL High: >999,000/mcL Adult: Low: <20,000/mcL High: >999,000/mcL	Medical Centers Regional Reference Laboratories, Chino Hills, Core Laboratory [for Anaheim, Baldwin Park, Downey, Fontana and Ontario facilities]
PLATELET AUTOMATED COUNT, CITRATED PLASMA	KPDS: 8559005 Health Connect Order Code: PLATELET AUTOMATED COUNT, CITRATED PLASMA [85049H]	BLU5	5 mL blood Micro method available [fingerstick] Formulary		•Formulary Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
POTASSIUM, URINE	KPDS: 8354670 Health Connect Order Code: POTASSIUM, URINE [84133C]	Collect: 24 Hour UR99 (TU99) or Random Urine (UR10) Transport: <u>GW/H3</u> K U	Aliquot from a 24 hour or random urine to <u>GW/H3</u> Transport: Refrigerated Refrigerate during and after collection. R: 14 days Minimum specimen: 5 mL 24-Hr. urine, or 0.5 mL random urine. Formulary	25 - 125 meq/24 hr <u>Pediatric</u> 6 - 14 yrs: 17 - 60 meq/L	Limited Medical Centers and Regional Reference Laboratory Chino Hills (Automated Chemistry) Daily 64 hrs
PROTEIN - CSF TOTAL PROTEIN - CSF	KPDS: 8417562 Health Connect Order Code: PROTEIN, CSF [84157E]	SF10 - CSF collection tube TP CSF	1mL REFRIGERATED Spinal Fluid Transport: Refrigerated R: 2 days Minimum specimen: 0.2 mL CSF Formulary	15-45 mg/dL Pediatric 0-1 month: 40 - 120 mg/dL > 1 month: 15-45 mg/dL	Medical Center Daily Reports in 1 day
PTH, INTRAOPERATIVE Parathyroid Hormone	KPDS: 8351950 Health Connect Order Code: PTH, INTRAOPERATIVE [83970K]	LAV5 PTH Introp	2 mL Plasma [cell free] Transport: Refrigerated A: 8 hours [15-30°C] R: 48 hours [2-8°C] F: 6 months [less than or equal to -20°C] Minimum specimen: 0.5 mL Plasma [cell free] Formulary	12-88 pg/mL (Access 2 - Two-site Immunoenzymatic assay)	≠TestCode></TestCode> Medical Centers Daily 24 hours

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RAPID HIV TEST [HIV 1 ANTIGEN W HIV 1,2 ANTIBODY	KPDS: 8671201 Health Connect Order Code: RAPID HIV TEST [HIV 1 ANTIGEN W HIV 1,2 ANTIBODY [87806B]	MC: LAV5 for STAT testing SWL: GLD6 for follow up testing Rapid HIV	MC: EDTA plasma SWI: Serum Transport: lav5: Ambient GLD6: Refrigerated Also draw <u>GLD6</u> for follow-up testing. Centrifuge EDTA & GLD6 Not intended for newborn screening or use with cord blood specimens from individuals less than 12 years of age. Also, not intended for use in screening of blood, plasma, cell or tissue donors. A: 2 days (15-30 °C) R: <7 days (2-8 °C) F: 7 days (-20 °C or colder) Minimum specimen: 1.0 mL whole blood, EDTA Offered only to Labor and Delivery and the Employee Health department as needed. Formulary	Negative (Qualitative Immunoassay (Alerc Determine)) Negative for HIV-1 and/or HIV-2 Antibodies and HIV p24 antigen. Preliminary Positive for HIV-1 and/or HIV-2 Antibodies or HIV- 1 p24 antigen.	Medical Center Laboratories STAT, as soon as specimen is collected.
RED CELL INDICES WINTROBE INDICES	KPDS: Order CBC w/o Diff (8564444)	5 mL Lavender Top LAV5	5 ml EDTA whole blood Order CBC w/o Diff (8564444) Micromethod is possible. This test is the same as MCH, MCV, and MCHC parameters.	Accompanies report	Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RETICULOCYTE AUTOMATED COUNT W OTHER RETICULOCYTE PARAMETERS RETIC	KPDS: 8564000 Health Connect Order Code: RETICULOCYTE AUTOMATED COUNT W OTHER RETICULOCYTE PARAMETERS [85046F]	LAV5 Retic Cnt	5 mL blood Transport: Ambient Send refrigerated if held overnight. Formulary	0.5 - 1.5% Automated: (adults only) 0.4-2.5% Immature Reticulocyte Fraction [Vendor Specific] Beckman Coulter: 0.20-0.40 Sysmex: 0.01-0.13 Reticulocyte, Hemoglobin [Sysmex users] 28.2-35.7 pg	Medical Centers Regional Reference Laboratories, Chino Hills, Core Laboratory
SALICYLATE LEVEL, AUTOMATED ANALYZER ASPIRIN	KPDS: 8442001 Health Connect Order Code: SALICYLATE LEVEL, AUTOMATED ANALYZER [80307BU]	PST4mL Salicylate	1 mL plasma Transport: Refrigerated A: 8 hours R: 7 days F: Indefinite Minimum specimen: 1 mL plasma Formulary	Children: less than 15 mg/dL Adult: 15-30 mg/dL	Medical Center Daily 24 hours
SCHILLING TEST	KPDS:		Contact Nuclear Medicine for information and appointment.		Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SWEAT CHLORIDE TEST CHLORIDE, SWEAT	KPDS: 8417509 Health Connect Order Code: SWEAT CHLORIDE TEST [82438F]		<ul style="list-style-type: none"> All Medical Centers refer their patients to their local Children's Hospital. Contact the local laboratory for information. Orange County: Performed at Children's Hospital of Orange. Physician must contact Children's Hospital lab at 714-771-8237. 	< 50 meq/L	•Formulary
THEOPHYLLINE Aminophylline	KPDS: 8442000 Health Connect Order Code: THEOPHYLLINE [80198B]	PST4mL Theophyllin	1 mL plasma Transport: Refrigerated MICRO THEOPHYLLINE: 100 microliters of plasma required. A: 48 hours R: 1 month F: 12 months Minimum specimen: 1 mL plasma Formulary	Therapeutic: 5-15 µg/mL Toxic: >20 µg/mL	Medical Center Daily
TOTAL PROTEIN, 24 HR URINE •PROTEIN, URINE, (QUANTITATIVE) •URINE PROTEIN •PROTEIN - URINE TIMED	KPDS: 8418000 Health Connect Order Code: TOTAL PROTEIN, 24 HR URINE [84156B]	UR99 (TU99) TP 24U	1.5 mL of a 24 Hour or 8 Hour urine Transport: Refrigerated•No preservative <ul style="list-style-type: none"> Collect urine before fluorescein is given, or at least 24 hours later•Record total volume and aliquot Send 1.5 mL aliquot from a well mixed 24 or 8 hour urine R: 2 days Minimum specimen: 1.5 mL urine Formulary	50-80 mg/24 hr	Medical Center Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TOTAL PROTEIN, PERITONEAL FLUID	KPDS: 8415702 Health Connect Order Code: TOTAL PROTEIN, PERITONEAL FLUID [84157G]	SC99_StrCont_SterileContainer TP PRF	0.5 ml peritoneal fluid Transport: Refrigerated Collect specimen in Sterile Container R: 3 days F: 1 month Formulary	Low peritoneal fluid total protein (<3.0 g/dL) predisposes to spontaneous bacterial peritonitis.	Medical Center and Regional Laboratories, Chino Hills Sets up daily Reports out same day

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TOTAL PROTEIN, SERUM PROTEIN, SERUM (TOTAL)	KPDS: 8417000 Health Connect Order Code: TOTAL PROTEIN, SERUM [84155G]	MC: PST4mL RRL: GLD6 TP	1 mL plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. Minimum specimen: 0.5 mL plasma or serum Formulary	6.1 - 8.0 gm/dl Pediatric (Total Protein) 0 - 1 yr: 4.3 - 6.9 gm/dL 1 - 3 yrs: 5.2 - 7.4 gm/dL 3 - 6 yrs: 5.6 - 7.7 gm/dL 6 - 10 yrs: 6.5 - 8.3 gm/dL 10 - 19 yrs: 6.1 - 8.0 gm/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory RRL: 2 days
TOTAL PROTEIN, URINE •URINE - PROTEIN •PROTEIN - URINE RANDOM	KPDS: 8418060 Health Connect Order Code: TOTAL PROTEIN, URINE [84156F]	UR25 TP U	1.5 mL urine Transport: Refrigerated Collect urine before fluorescein is given, or at least 24 hours later. R: 2 days Minimum specimen: 1.5 mL urine Formulary	Not established	Medical Center Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRANSFUSION REACTION WORKUP	KPDS: 8625005 Health Connect Order Code: TRANSFUSION REACTION WORKUP [86078M]	Pink6 or LAV5	5 mL whole blood Transport: Ambient STOP TRANSFUSION: NURSE 1. Notify Doctor and Laboratory immediately. 2. Place order in Health Connect [86078M]. 3. Initiate Transfusion Reaction form. Draw blood as for all Blood Bank specimens Received: •Collected in SST •Grossly hemolyzed •Frozen •Not properly labeled •Insufficient sample A: 24 hours R: 24 hours F: Unacceptable Minimum specimen: 1 mL whole blood Initiated by transfusionist when encountering a suspected transfusion reaction. Formulary	N/A N/A See report for pathologist interpretation.	Medical Centers, Transfusion Service 24 hours 1 hour

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
URIC ACID, SERUM	KPDS: 8455000 Health Connect Order Code: URIC ACID, SERUM [845500B]	MC: PST4mL RRL: GLD6 URIC	2 ml plasma or serum Transport: Refrigerated Centrifuge specimens within 2 hours of collection. R: 7 days F: 6 months Minimum specimen: 0.5 ml plasma or serum <u>Interference with Elitek® Formulary</u>	Male: 3.4 - 7.2 mg/dl Female: 2.7 - 6.6 mg/dl Pediatric 1 - 10 yrs: 1.9 - 5.4 mg/dL 10 - 18 yrs: 3.5 - 7.3 mg/dL	Medical Center or Regional Reference Laboratories, North Hollywood, Automated Chemistry and Chino Hills, Core Laboratory Daily RRL: 2 days
URINALYSIS, AUTOMATED WO MICRO URINALYSIS, ROUTINE	KPDS: 8100000 Health Connect Order Code: URINALYSIS, AUTOMATED WO MICRO [81003B]	Random Urine UR25 UANoMicro	<ul style="list-style-type: none"> At least 15 mL urine in a Sterile cup or BD vacutainer UA preservative tube [stable for 72 hours at room temperature] Bring to Laboratory as soon as possible [refrigerate if greater than 2 hours]. In UR25 [Sterile Container] after 2 hours of collection at ambient temperature In UR25 [Sterile Container] after 24 hours of collection at refrigerated temperature A: 2 hours in UR25 R: 2-24 hours in UR25 Fresh morning specimen preferred. If culture is requested, a sterile bottle must be used. Not performed at Regional Reference Laboratories, North Hollywood and Chino Hills Formulary	Interpretation Pediatric [less than 18 years old] Critical Value: Glucose 500 mg/dL	Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
URINALYSIS, MICROSCOPY	KPDS: 8100004 Health Connect Order Code: URINALYSIS, MICROSCOPY [81015B]	Random Urine collected in UR25 UA MICRO	<ul style="list-style-type: none"> At least 15 mL urine in a Sterile cup or BD vacutainer UA preservative tube [stable for 72 hours at room temperature] Bring to Laboratory as soon as possible [refrigerate if greater than 2 hours]. In UR25 [Sterile Container] after 2 hours of collection at ambient temperature In UR25 [Sterile Container] after 24 hours of collection at refrigerated temperature A: 2 hours in UR25 R: 2-24 hours in UR25•Fresh morning specimen preferred. •If culture is requests, a sterile bottle must be used. Formulary		<TestCode></TestCode> Medical Centers
URINALYSIS, SPECIFIC GRAVITY	KPDS: 8101100 Health Connect Order Code: URINALYSIS, SPECIFIC GRAVITY [81002E]	UR10 SG U	10 mL Urine Formulary	Specific Gravity: 1.005 - 1.030	Medical Centers

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
WBC DIFFERENTIAL, BODY FLUID, MANUAL •GIEMSA STAIN; WRIGHT - GIEMSA STAIN) •WRIGHT'S STAIN, BODY FLUID	KPDS: 8503002 Health Connect Order Code: WBC DIFFERENTIAL, BODY FLUID, MANUAL [89051J]		Smear (i.e., body fluid) Smear on clean slide Note--Bellflower: Give to bone marrow lab assistant to stain for pathologist. Formulary		Some Medical Centers.
WBC MANUAL DIFFERENTIAL DIFFERENTIAL COUNT - BLOOD SMEAR	KPDS: 8500700 Health Connect Order Code: WBC MANUAL DIFFERENTIAL [85007B]	Blood Smear from LAV5 ManDiff	Blood smear Formulary	By Interpretation As of 7/18/17, a reference range for Bands is being implemented for adults. Bands [Adult] - 0- 10%	Medical Centers
WBC, STOOL, SEMI- QUANTITATIVE Fecal leukocytes	KPDS: 8912601 Health Connect Order Code: WBC, STOOL, SEMI- QUANTITATIVE [89055A]	SC99_SterileContainer	10 grams stool Transport: Refrigerated Collect in sterile screw cap container. DO NOT USE preservatives REFRIGERATE specimen immediately after collection A: NO R: 24 hrs F: NO Minimum specimen: 10 grams Formulary	(Microscopic Examination)	Medical Centers Daily

MEDICAL CENTER					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
testSample2017 Alternative Names:	KPDS: KRMS Procedure Code: Health Connect Order Code: Health Connect Order Code:	AmberAliquotTube Collection Label Code:	Specimen Requirements: Transport: Refrigerated Special Instruction: Collection Instructions: Processing Instructions: Patient Prep: Rejection Criteria: A: Specimen Stability Ambient: R: Specimen Stability Refrigerated: F: Specimen Stability Frozen: Minimum specimen: Min Test Volume: Comments: Formulary	Reference Range: (Methodology:) Result Interpretation: Clinical Significance:	<TestCode></Test Code> via Medical Center Testing Schedule: Turn Around Time:

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ALBUMIN, PERICARDIAL FLUID	KPDS: 8204206 Health Connect Order Code: ALBUMIN, PERICARDIAL FLUID [82042L]	SC99 Sterile Container Alb FI_RLN	1 mL Transport: Refrigerated SPECIMEN SOURCE MUST BE PROVIDED A: 8 hours R: 8 days F: 1 month Minimum specimen: 0.35 mL Formulary	(Quantitative Nephelometry/Quantitative Spectrophotometry) The serous cavities surrounding the abdomen, heart, and lungs will accumulate fluids, called effusions, when their production or resorption is not in balance. their serum-effusion albumin gradient is used to classify whether an effusion is a transudate or an exudate.	ARUP laboratories 0050024 via Medical Center
AMNIOTIC FLUID BILIRUBIN SCAN •Optical Density •OD 450 Liley Analysis •Amniotic Fluid - O/D •Delta OD 450	KPDS: 8214300 Health Connect Order Code: AMNIOTIC FLUID SPECTRAL SCAN, LILEY ANALYSIS, OD450 [82143C]	AF10 (amber Amniotic Fluid collection tube) Use of the amber tube fulfills the specimen must be protected from light requirement.	3 ml amniotic fluid Transport: Refrigerated Transfer to an ARUP amber transport tube Received: •Not protected from light •less than 2 ml sample A: 48 hours [protected from light] R: 1 week [protected from light] F: 1 year [protected from light] Minimum specimen: 2 ml amniotic fluid For laboratory Use Only: RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Non-Formulary	Normal: 0.02 OD or less; depends on gestational age (Quantitative Spectrophotometry)	ARUP I00802761 via Medical Center Sun - Sat Within 24 hours

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BETA HYDROXYBUTYRIC ACID	KPDS: 8201002 Health Connect Order Code: BETA	GLD6	1 ml serum Transport: Refrigerated Centrifuge sample and transfer serum to an ARUP Standard Transport Tube. Received ambient A: 2 hours R: 1 week F: 1 month Minimum specimen: 0.2 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	<ul style="list-style-type: none"> Adults: 0 - 3.0 mg/dL (Quantitative Enzymatic) In diabetics, the measurement of B-hydroxybutyrate as well as blood glucose is needed for the assessment of the severity of diabetic coma and is essential for the exclusion of hyperosmolar non-ketotic diabetic coma. A specific enzymatic assay for Beta-hydroxybutyrate is extremely important in the assessment of ketosis.	ARUP laboratories 0080045 via Medical Center Set up Monday, Wednesday and Friday Reports out in 1 - 3 days
BETA-HYDROXYBUTYRATE	KPDS: 8201002 Health Connect Order Code: BETA HYDROXYBUTYRATE [82010A]	GLD6	1 ml serum Transport: Refrigerated Centrifuge sample and transfer serum to an ARUP Standard Transport Tube. Received ambient A: 2 hours R: 1 week F: 1 month Minimum specimen: 0.2 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	<ul style="list-style-type: none"> Adults: 0 - 3.0 mg/dL (Quantitative Enzymatic) In diabetics, the measurement of B-hydroxybutyrate as well as blood glucose is needed for the assessment of the severity of diabetic coma and is essential for the exclusion of hyperosmolar non-ketotic diabetic coma. A specific enzymatic assay for Beta-hydroxybutyrate is extremely important in the assessment of ketosis.	ARUP laboratories 0080045 via Medical Center Set up Monday, Wednesday and Friday Reports out in 1 - 3 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BILE ACIDS, TOTAL •BILE ACIDS, TOTAL (CHOLYGLYCINE) •BILE SALTS	KPDS: 849902 Health Connect Order Code: BILE ACID [82239A]	GLD6 BA	1.0 ml serum Transport: Refrigerated-Allow specimen to clot completely at room temperature before centrifugation. •Transfer serum to an ARUP Standard Transport Tube. Fasting for at least 8 hours is required. Received: •Body fluids •Heparinized specimens •Hemolyzed specimens A: 8 hours R: 2 weeks F: 3 months Minimum specimen: 0.5 ml serum RIN Test. Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	0-10 µmol/L (Quantitative Enzymatic) Use to detect hepatobiliary dysfunction. Do not order to detect inborn errors of bile acid metabolism. May aid in diagnosis of intrahepatic cholestasis of pregnancy.	ARUP laboratories 0070189 via Medical Center Sets up Sunday - Saturday Reports on within 24 hours
BORDETELLEA PERTUSSIS ANTIBODIES, IGG & IGA BY ELISA WITH REFLEX TO IMMUNOBLOT B. pertussis	KPDS: 8229403 Health Connect Order Code: BORDETELLEA PERTUSSIS IGG, IGA [218512]	GLD6 PERT	1 ml serum Transport: Refrigerated Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens. •Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to ARUP Standard Transport Tube •Mark specimens plainly as "acute" or "convalescent". Received: •contaminated •heat-inactivated •severely lipemic A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.3ml serum Test Components: Bordetella pertussis IgG Bordetella pertussis IgA For laboratory Use Only: RIN Test: Follow the link for: Transferring/Tracking Outside Reference laboratory Specimens Formulary	Negative: :: 0.9 U/ml Equivocal: 1.0 - 1.1 U/ml Positive: 2 1.2 U/ml (Semi-Quantitative Enzyme-linked Immunosorbent Assay/Qualitative Immunoblot) If <i>Bordetella pertussis</i> Antibody, IgA by ELISA is 1.2 U/ml or greater, then <i>Bordetella pertussis</i> IgA Immunoblot testing will be added; if <i>Bordetella pertussis</i> Antibody, IgG by ELISA is 1.0 U/ml or greater, then <i>Bordetella pertussis</i> IgG Immunoblot testing will be added. Additional charges apply.	ARUP laboratories 2001774 Via Medical Center Set up Tuesday and Friday Reports out in 1-5 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BORDETELLEA PERTUSSIS ANTIBODY, IGG BY IMMUNOBLOT B. pertussis	KPDS: 8661505 Health Connect Order Code: BORDETELLEA PERTUSSIS IGG, IMMUNOBLOT [86615K]	GLD6	0.15 ml serum Transport: Refrigerated Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to an ARUP Standard Transport Tube. Received: •contaminated •heat-inactivated A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.15 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens <u>Formulary</u>	Negative (Qualitative Immunoblot)	ARUP laboratories 2004327 via Medical Center Set up Tuesday, Friday and Sunday Reports out in 1 - 4 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
C-PEPTIDE, 24-HOUR URINE	KPDS: 8228150 Health Connect Order Code: C-PEPTIDE, 24 HR URINE [84681E]	Collect: UR99 Aliquot and Transport: UR25 CPep24U wp	2 ml of a 24 hour urine with no preservative Transport: Frozen. <u>Collection Instructions without preservative [English]</u> <u>Collection Instructions without preservative [Spanish]</u> Record 24-hour urine volume on test request form and urine vial. A: 2 hours R: 24 hours F: 30 days Minimum specimen: 0.5 mL urine of a 24 hour urine with no preservative Formulary	Accompanies report (Quantitative Chemiluminescent Immunoassay) • C-Peptide is useful in distinguishing insulin-secreting tumors, i.e., insulinomas, from exogenous insulin administration. • C-Peptide concentrations are severely depressed or absent in Type I diabetes mellitus. • C-Peptide is also useful in monitoring patients who have received islet cell or pancreatic transplants. •Do not use to diagnose diabetes mellitus.	ARUP Laboratories Via Medical Center Set up daily 24 hours

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, DIPHThERIA Corynebacterium Diphtheriae Culture	KPDS: 8709004 Health Connect Order Code: CORYNEBACTERIUM DIPHThERIAE CULTURE [870811]	eSwab mini DIP	Nasopharynx Transport: Ambient Obtain sample from beneath the membrane, if present Received: •refrigerated •frozen A: 48 hours R: Unacceptable F: Unacceptable If the organism is isolated, identification and toxin testing will be confirmed by the Center for Disease Control. Formulary	Negative (Culture/identification)	ARUP 0060360 via Medical Center Daily 1 - 3 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CULTURE, LEPTOSPIRA Leptospira Culture	KPDS: 8716360 Health Connect Order Code: LEPTOSPIRA SPECIES CULTURE [87081ZA]	SF10, SC99, Sterile Container, G S4 or AA55 (BacT/ALERT collection device) LEP	<ul style="list-style-type: none"> •CSF: Preferred sample •Urine: Dilute 1 ml urine 1:10 in 1 percent bovine serum albumin within one hour of collection. transport 4 ml diluted urine in a sterile container •Blood in sodium heparin or blood culture bottles Transport: Ambient Collect in sterile container•CSF: Collect in sterile container. Refrigerate •Urine: Performed at Medical Center prior to transporting -Collect in sterile container -Dilute 1 mL urine 1:10 in 1 percent bovine serum albumin within one hour of collection. Transport 4 mL diluted urine in a sterile container -Maintain at Ambient Temperature •CSF, Urine or Blood received refrigerated or frozen. •Clotted whole blood or whole blood submitted in anticoagulant other than those listed above. Urine not diluted with bovine serum albumin within 1 hour of collection or urine in preservative A: •Blood: 48 hours •Urine and CSF: 24 hours R: Unacceptable F: Unacceptable Minimum specimen: •CSF: 1.0 mL •Urine: 0.1 mL diluted urine •Blood: 1.0 mL whole blood in sodium heparin or blood culture bottles Formulary	Negative (Culture)	ARUP 60158 via Regional Reference Laboratories, North Hollywood (Bacteriology) Set up Sunday - Saturday •Reported within 43 days •Positives are reported as soon as detected •Final: Negative at 6 weeks

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CYTOMEGALOVIRUS [CMV] IGM CMV AB IGM	KPDS: 8642022 Health Connect Order Code: CYTOMEGALOVIRUS [CMV] IGM [86645A]	GLD6 CMIGM	<p>1 ml serum Transport: Refrigerated Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Allow specimen to clot at room temperature and then centrifuge. Separate serum from cells ASAP or within 2 hours. Transfer to an ARUP Standard Transport Tube. Mark specimens plainly as "acute" or "convalescent". Received: •hemolyzed •plasma •urine •contaminated •heat-inactivated A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.5 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>No Antibody Detected: less than or equal to 29.9 AU/mL Indeterminate: 30.0-34.9 AU/mL Antibody Detected: greater than or equal to 35.0 AU/mL (Semi-quantitative Chemiluminescent Immunoassay) CMV serology is not useful for the evaluation of active or reactivated infection in immunocompromised patients. Molecular diagnostic tests (i.e., PCR) are preferred in these cases.</p>	<p>ARUP laboratories 0050553 via Medical Center Set up Sunday - Saturday Reports out within 24 hours</p>

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ENTAOMOEB HISTOLYTICA [AMEBIASIS ANTIBODY, IGG •Entamoeba Histolytica Antibodies •Amoebiasis •Amoebiasis •E. Histolytica AB	KPDS: 8675300 Health Connect Order Code: ENTAOMOEB HISTOLYTICA ANTIBODY ASSAY [86753B]	GLD6 EHABS	1 ml serum Transport: Refrigerated Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Separate serum from cells ASAP or within 2 hours of collection. Transfer to an ARUP Standard Transport Tube. Mark specimens plainly as acute or convalescent. Received: •contaminated •heat-inactivated •hemolyzed •severely lipemic A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.1 ml serum Rin Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference laboratory Specimens Formulary	Negative: less than 0.79 IV Equivocal: 0.80-1.19 IV Positive: greater than 1.20 IV (Semi-quantitative Enzyme Linked Immunosorbent Assay) Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.	ARUP Laboratories 0050070 Via Medical Center Set up Tuesday and Friday Reports out in 1-5 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
FLT3 MUTATION ANALYSIS [FLT3-ITD AND FLT3-TKD] •FLT3-PCR •FLT3 CDX •FLT3 D835 •FLT3 ITD •FLT3 Mutant •FLT3 Ratio •FLT3 Signal Ratio •FLT3 TKD	KPDS: 8124500 Health Connect Order Code: FLT3 MUTATION ANALYSIS [flt3-ITD AND FLT3-TKD] [245662]	Blood or Bone Marrow in LAV5 FLT3 ITD/TKD	Whole Blood: 5 mL Bone Marrow: 3 mL Transport: Refrigerated Received: •FFPE tumor tissue •Clotted •Grossly hemolyzed A: 24 hours R: 5 days F: NO Minimum specimen: Whole Blood: 1 mL Bone Marrow: 1 mL Formulary	(Polymerase Chain Reaction) Refer to report.	<TestCode></TestCode> ARUP 3001161 Via MPGL DNA Isolation: - Sunday-Saturday Assay: Monday, Wednesday, Friday Reported in 2-7 days
GLUCOSE, PERICARDIAL FLUID	KPDS: 8294509 Health Connect Order Code: GLUCOSE, PERICARDIAL FLUID [82945R]	SC99_SterileContainer Glu FI_RLN	1 mL Transport: Refrigerated SPECIMEN SOURCE MUST BE PROVIDED A: 8 hours R: 1 week F: 1 year Minimum specimen: 0.2 mL Formulary	(Quantitative Enzymatic) Pericardial fluid glucose levels may be a useful adjunct to serum levels in evaluating bacterial endocarditis and malignant effusions.	ARUP laboratories 0020503 via Medical Center

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HTLV 1 AND 2 ANTIBODY WESTERN BLOT HTLV I/II Confirmation HUMAN T-LYMPHOTROPIC VIRUS	KPDS: 8617761 Health Connect Order Code: HTLV 1 AND 2 ANTIBODY WESTERN BLOT [86689E]	RED7	1.0 ml Transport: Frozen Separate serum from cells ASAP, or within 2 hours of collection. Transfer serum to an ARUP Standard Transport Tube Received: •ambient •specimen containing particulate material A: NO R: 1 week F: Indefinitely Minimum specimen: 0.5 ml RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens <u>Formulary</u>	Negative (Western Blot)	ARUP laboratories 0020642 via Medical Center Varies Reports out in 1-8 days
HTLV I AND 2 ANTIBODIES W REFLEX TO CONFIRMATORY ASSAY HTLV I/II ANTIBODY HTLV 1,2 Western Blot confirmation Human T-Lymphotropic Virus	KPDS: 8617661 Health Connect Order Code: HTLV 1 AND 2 ANTIBODIES W REFLEX TO CONFIRMATORY ASSAY [86790AJ]	GLD6 HTLV	1 ml serum Transport: Refrigerated Separate serum from cells ASAP or within 2 hours of collection. Aliquot serum to an ARUP Standard Transport Tube. Received: •ambient •specimens containing particulate material A: NO R: 1 week F: Indefinitely Minimum specimen: 0.5 ml serum This test is a screening test for HTLV I/II Antibody and will reflex to the confirmatory test if positive [at an additional charge]. RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens <u>Formulary</u>	Negative (Qualitative Enzyme Linked Immunosorbent Assay/Qualitative Western Blot)	ARUP laboratories 0051164 via Medical Center Set up Monday, Wednesday and Friday Reports out in 1-5 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
INTERLEUKIN 6	KPDS: 8352037 Health Connect Order Code: INTERLEUKIN 6, MULTIPLY BEAD ASSAY, QUANTITATIVE [83520ZAJ]	GLD6 IL-6	1 ml serum Transport: Frozen Separate cell from serum ASAP or within 2 hours of collection. Transfer serum to an ARUP Standard Transport Tube. Received: • ambient • refrigerated • thawed serum • contaminated • heat-inactivated A: NO R: NO F: 1 year Minimum specimen: 0.3 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	5.00 pg/ml (Quantitative Multiplex Bead Assay) Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes.	ARUP laboratories 0051537 Via Medical Center Set up daily Reports out in 1 - 4 days
LAMOTRIGINE LAMICTAL	KPDS: 8029929 Health Connect Order Code: LAMOTRIGINE LEVEL [80175A]	RED7 LAMOT	1 ml serum Transport: Refrigerated Draw 1/2 to 1 hour before next dose at steady state. Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to an ARUP Standard Transport Tube. Received: • hemolyzed • gel barrier tube A: days R: 1 week F: 4 weeks Minimum specimen: 0.3 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Therapeutic: 2.5-15.0 mcg/mL Toxic: Not well established (Quantitative Enzyme Immunoassay) Lamotrigine is an anticonvulsant drug used as adjunctive treatment for refractory partial seizures.	ARUP laboratories 0090177 Via Medical Center Sets up Sunday - Saturday Reports out within 24 hours

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
LSPG AMNIOTIC FLUID •Fetal Lung Maturity •FETL Lung Maturity •Lecithin-Sphingomyelin Ratio & PG	KPDS: Health Connect Order Code: Inactivated: HC [206539]		Effective August 21, 2017, this test formally performed at Quest Diagnostics is no longer available. Indeterminate and immature results of the Lamellar Body Count test will no longer be reflexed for confirmation by L/S & PG. Not-Formulary		•Not-Formulary (Discontinued)

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MEASLES [RUBEOLA] IGM • Rubella Virus Antibody • Rubella IgM Antibody Titer • Rubella (Measles) IgM • Measles Antibody • RUBEOLA AB IGM, IFA	KPDS: 8676502 Health Connect Order Code: MEASLES [RUBEOLA] IGM [86765C]	GLD6 RBIGM	0.5 ml serum Transport: Refrigerated Alert! If Measles is suspected, please call your local Public Health Department before laboratory tests are ordered. Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to an ARUP Standard Transport Tube. Received: •contaminated •heat-inactivated •hemolyzed •severely lipemic •icteric A: 48 hours R: 2 weeks F: 1 year Minimum specimen: 0.1 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	(Semi-Quantitative Enzyme-Linked Immunosorbent Assay) Negative: 0.79 AU or less Equivocal: 0.80-1.20 AU Positive: 1.21 AU or greater Measles, also known as Rubella, causes fever, irritability, respiratory illness and the characteristic skin rash. Immunization has greatly diminished the incidence of measles. The presence of IgG is consistent with immunity or prior exposure. IgM is consistent with current or recent infection.	ARUP laboratories 0099597 via Medical Center Set up Monday - Friday Reports out in 1-5 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
N-METHYL-D-ASPARTATE RECEPTOR ANTIBODY, IGG, CSF WITH REFLEX TO TITER NMDA	KPDS: Order Manually	SF10	<p>0.5 ml CSF Transport: Refrigerated Transfer CSF to an ARUP Standard Transport Tube Received: •contaminated •hemolyzed •severelylipemic A: 48 hours R: 2 weeks F: 1 year [avoid repeated freeze/thaw cycles] Minimum specimen: 0.15 ml CSF Print and complete the information on the <u>ARUP Order Form</u>.</p>	<p><1:1 (Semi-Quantitative Indirect Fluorescent Antibody) If NMDA CSF antibody is positive, then an NMDA CSF antibody IgG is reported. Additional charges apply. Anti-NMDA receptor IgG antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response; therefore, clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis.</p>	<p>ARUP [2005164] via Medical Center Set up Tuesday and Friday Report out in 1-5 days</p>

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
N-METHYL-D-ASPARTATE RECEPTOR ANTIBODY, IGG, SERUM WITH REFLEX TO TITER NMDA	KPDS: Order Manually	GLD6	<p>1 ml serum Transport: Refrigerated Transfer serum to an ARUP Standard Transport Tube Received:</p> <ul style="list-style-type: none"> •CSF •plasma •contaminated •hemolyzed •severly lipemic <p>A: 48 hours [separated from cells] R: 2 weeks [separated from cells] F: 1 year [separated from cells and avoid repeated freeze/thaw cycles] Minimum specimen: 0.15 ml serum Print and complete the information on the <u>ARUP Order Form</u>.</p>	<p><1:10 (Semi-Quantitative Indirect Fluorescent Antibody) If NMDA antibody is positive, then an NMDA CSF antibody IgG is reported. Additional charges apply. Anti-NMDA receptor IgG antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response; therefore, clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis.</p>	<p>ARUP [2004221] via Medical Center Set up Tuesday and Friday Report out in 1-5 days</p>

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OXCARBAZEPINE OR ESLICARBAZEPIN E METABOLITE [MHD] •10-hydroxy-10-11-Dihydrocarbamazepine •10-Hydroxycarbazepine •1--OH-Carbamazepine •GP 47680 •MHC •Monohydroxy Carbamazepine •Trileptal [Parent Pro Drug]	KPDS: 8029927 Health Connect Order Code: OXCARBAZEPINE METABOLITE LEVEL [80183A]	RED7 OXCAR	1 ml serum Transport: Refrigerated Separate serum from cells within 2 hours of collection. Transfer to an ARUP Standard Transport Tube. Received: •whole blood •gel separator tube •light blue [citrate] •yellow [SPS or ACD solution] A: 6 weeks R: 6 weeks F: 3 months Minimum specimen: 0.5 ml serum RIN Test. Follow the link for Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Therapeutic: 3-35 mcg/mL Toxic: >40 mcg/mL (Quantitative Liquid Chromatography-Tandem Mass Spectrometry)	ARUP laboratories 0098834 Via Medical Center Set up Sunday - Saturday Reports out in 1- 2 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PANCREATIC POLYPEPTIDE PP	KPDS: 8350913 Health Connect Order Code: PANCREATIC POLYPEPTIDE [83519F]	RED7 PanPoly	<p>1 ml Serum Transport: Frozen-Allow specimen to sit in collection tube for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 ml serum to an ARUP Standard Transport Tube. •Ship specimen on dry ice. Patient should be fasting for 10 hours prior to collection of specimen. • Plasma • Severely hemolyzed or lipemic specimens. A: 24 hours R: 24 hours F: 2 months Minimum specimen: 0.5ml Serum For laboratory Use Only:</p> <p>RIN Test. Follow the link for: Transferring/Tracking Outside Reference Laboratory Specimens Formulary</p>	<p>0-435 pg/mL (Quantitative Radioimmunoassay) Pancreatic polypeptide tests are used in the assessment of pancreatic tumor burden and to assist in the early diagnosis of pancreatic tumors. The measurement of pancreatic polypeptide concentrations are also used to monitor pancreatic carcinoma therapy and to predict the recurrence of pancreatic tumors.</p>	<p>ARUP 99436 via Medical Center Set up every Wednesday Report available in 3-11 days</p>

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PERIPROSTHETIC JOINT INFECTION [PJI] DETECTION [SYNOVASURE] •Periprosthetic Joint Infection [PJI] Detection [Synovasure] •LRR: PJI Detection Panel •Alpha Defensin	KPDS: 8614090 Health Connect Order Code: Periprosthetic Joint Infection Panel [247845]	RED7	1 ml Synovial Fluid Transport: Refrigerated Testing arrangement and test results managed by ARUP laboratory. Results will be released under ARUP. A: 72 hours R: 1 week F: NO Minimum specimen: 0.5 ml Synovial Fluid Test consists of CRP, Hemoglobin, Alpha Defensin RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	(Qualitative Enzyme-Linked Immunosorbent Assay)	ARUP laboratories 2013008 via Medical Center Varies Reports out in 3 - 5 days

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROINSULIN, INTACT	KPDS: 8420642 Health Connect Order Code: PROINSULIN [84206B]	RED7 PROIN	<p>1 ml serum Transport: Frozen Separate serum from cells ASAP or within 2 hours from collection. Transfer to an ARUP Standard Transport Tube. Patient must fast for 12 - 15 hours prior to collection. Received: • Ambient • Grossly hemolyzed A: NO R: 48 hours F: 2 months Minimum specimen: 0.2 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens</p> <p>Formulary</p>	<p>0-17 years: Not established 18 years and older: Less than or equal to 8.0 pmol/L (Quantitative Chemiluminescent Immunoassay) Fasting intact proinsulin values above the reference interval indicate a possible insulin secreting pancreatic tumor (insulinoma) in patients with hypoglycemia. Fasting intact proinsulin values range from 3 to 50 pmol/L in patients with untreated type 2 diabetes.</p>	<p>ARUP Laboratories 0070112 Via Medical Center Set up Tuesday and Thursday Reports out in 1 - 6 days</p>

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SOLUBLE TRANSFERRIN RECEPTOR •SOLUBLE TRANSFERRIN RECEPTOR •sTfR •TRANSFERRIN RECEPTOR, SOLUBLE	KPDS: 8423801 Health Connect Order Code: SOLUBLE TRANSFERRIN RECEPTOR [84238G]	RED7	1 mL serum Transport: Refrigerated or lipemic specimens. A: 72 hours R: 1 week F: 1 month Minimum specimen: 0.5 mL serum Formulary	Male (18 years and older): 2.2 -5.0 mg/L Female (18 years and older): 1.9 - 4.4 mg/L An elevated sTfR result is useful to identify iron deficiency anemia in the setting of chronic inflammation. Unlike FERRITIN [82728B], sTfR is not appreciably affected by inflammation, and is elevated whenever cellular iron stores are low. Please note that sTfR is also elevated in patients who reside at high altitudes: sTfR results are roughly 6% higher in patients living at one-mile elevation.	ARUP Laboratories 0070283 Via Medical Center Laboratory Mon-Sun Within 24 hours upon receipt

ARUP					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRYPsin •Immunoreactive Trypsin •Trypsinogen	KPDS: 8397501 Health Connect Order Code: TRYPsin, RIA [83519AV]	GLD6 [Label will say SST7] Tryp	1 mL serum Transport: Frozen Allow specimen to clot for 15-20 minutes at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer serum to an ARUP Standard Transport Tube. • Plasma or cord blood • Hemolyzed • Lipemic • Icteric • Samples containing radioactive compounds; such as those from patients who have undergone in-vivo radioisotope testing. A: After separation from cells: 2 hours R: After separation from cells: 24 hours F: After separation from cells: 3 months Minimum specimen: 0.3 mL serum Formulary	0-17 years: Not established 18 years and older: 180.5 - 885.3 ng/mL (Quantitative Radioimmunoassay) Trypsin (or trypsinogen) is considered a specific indicator of pancreatic damage. Increased values over the determined normal range may indicate inflammatory pancreatic condition.	ARUP laboratories Via Medical Center Set up Tuesday & Friday Reports out in 1-5 days
VORICONAZOLE LEVEL, LC/MS/MS	KPDS: 8029997 Health Connect Order Code: VORICONAZOLE LEVEL, LC/MS/MS [80299AFH]	RED7 VORIC	1 mL serum Transport: Frozen Centrifuge and transfer serum to an ARUP Standard Transport Tube. Received: •gel separator tube •hemolyzed •lipemic A: 48 hours R: 48 hours F: 6 months Minimum specimen: 0.6 ml serum RIN Test. Follow the link for: Procedure for Transferring/Tracking Outside Reference Laboratory Specimens Formulary	Therapeutic Range: 1.0-6.0 ug/mL Toxic Level: > 6.0 ug/mL (Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry)	ARUP laboratories 2001737 Via Medical Center Set up Tuesday, Thursday and Saturday Reports out in 1 - 6 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ASPERGILLUS FUMIGATUS #1 - IGG	KPDS: 8600312 Health Connect Order Code: ASPERGILLUS FUMIGATIS 1 ANTIBODY [86606G]	RED7	2.0 mL FROZEN Serum This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary		Regional Reference Laboratories, North Hollywood (Immunology)
ASPERGILLUS FUMIGATUS #3 - IGG	KPDS: 8600310 Health Connect Order Code: ASPERGILLUS FUMIGATIS 3 ANTIBODY [86606B]	RED7	2.0 mL FROZEN Serum This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary		Regional Reference Laboratories, North Hollywood (Immunology)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ASPERGILLUS FUMIGATUS #6 - IGG	KPDS: 8600309 Health Connect Order Code: ASPERGILLUS FUMIGATIS 6 ANTIBODY [86606D]	RED7	2.0 mL FROZEN Serum This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary		Regional Reference Laboratories, North Hollywood (Immunology)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
ASPERGILLUS PRECIPTINS PANEL	KPDS: 8600303 Health Connect Order Code: ASPERGILLUS PRECIPTINS [86606H]	GLD6 Asprgil Ab	<p>2.0 ml FROZEN Serum Transport: Frozen Panel Includes: 1) <i>Aspergillus niger</i> IgG 2) <i>Aspergillus flavus</i> IgG 3) <i>Aspergillus fumigatus</i> #1 IgG 4) <i>Aspergillus fumigatus</i> #2 IgG 5) <i>Aspergillus fumigatus</i> #3 IgG 6) <i>Aspergillus fumigatus</i> #6 IgG</p> <p>All of the components of this test are also included under the HYPERSENSITIVITY PNEUMONITIS PRECIPTINS PANEL [253946]</p> <p>This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	<p>Positive or Negative Precipitating antibodies directed against fungal and avian antigens are detected by immunodiffusion and indicate exposure to, and subsequent sensitization to these antigens but do not necessarily indicate a pathological role. A positive result is the presence of at least one precipitin line but the significance of this finding needs to be considered in light of the clinical history.</p>	Regional Reference Laboratories, North Hollywood (Immunology) 10-14 days
ASPERGILLUS AB PANEL					

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
C1 INHIBITOR FUNCTIONAL CHROMOGENIC	KPDS: 8513005 Health Connect Order Code: C1 INHIBITOR FUNCTIONAL, CHROMOGENIC [85130A]	GLD6 C1INH Fun	<p>2 aliquots of 2 ml serum [frozen at -60°C] Transport: Frozen [Shipped On Dry Ice] View attachment: Hereditary Angioedema-Specimen should be centrifuged in a refrigerated centrifuge, if available, if not, freeze as soon as possible after centrifugation. •Serum must be stored at -60°C and shipped on dry ice. •Freezing at -20 °C is inadequate. A: NO R: NO F: -60 °C only Minimum specimen: 1 ml each serum [frozen at -60°C] This test, along with C4 Complement comprise the new panel for Hereditary Angioedema</p> <p>This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	Normal range in % of Normal: Greater than or equal to 73% (Spectrophotometric Chromogenic Assay)	Regional Reference Laboratories, North Hollywood (Immunology) Weekly 3-7 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
CHEMOTAXIS	KPDS: Not accessioned. Order on a Miscellaneous slip	Two 5 mL Green Top (GRN5)	<p>5-10 ml heparinized whole blood for both patient and a normal control. Transport: Ambient Requires approval from Dr. Goldberg, Cell: 510-368-0270. Physician must call Dr. Goldberg, Allergy-Immunology Lab prior to ordering test After obtaining approval, the requestor must call the Allergy lab to schedule testing.</p> <p>It is preferable that the patient have blood drawn at the Allergy Clinic, 1515 N. Vermont, as the specimen must be received no later than 12 noon, and no later than 2 hours after blood collection. If blood is drawn locally, it must be sent via special courier. Patient should not be using NSAIDs or antibiotics. Caution: Do not leave samples in an overheated vehicle out in the sun. Formulary Restricted</p>	No normal range established. (Result compared to "normal" control).	Regional Reference Laboratories, North Hollywood (Immunology)
COMPLEMENT COMPONENTS C1 (Q,R,S), C2, C5, C6, C7, C8, C9) C1q, C1r, C1s, C2, C5, C6, C7, C8, C9	KPDS: 8616001 Health Connect Order Code: Inactivated: C1 ESTERASE INHIBITOR [86180E]	GLD6	<p>2 ml FROZEN serum Transport: Frozen Requires approval of Dr. Goldberg, Pager # 341-1841. Accession to procedure code #8616001 C1 INHIBITOR FUNCTIONAL CHROMOGENIC I85130A] Minimum specimen: 1 mL serum Should have absent CH50 and normal C3,C4. Formulary Restricted</p>	<p>C1q: 23 - 230 mg/L C1r: 22 - 220 mg/L C1s: 20 - 200 mg/L C2: 4 - 40 mg/L C5: 20 - 200 mg/L C6: 12 - 120 mg/L C7: 11 - 110 mg/L C8: 20 - 200 mg/L C9: 50 - 500 mg/L</p>	Regional Reference Laboratories, North Hollywood (Immunology)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>COMPLEMENT TOTAL [CH50], EIA</p> <p>•COMPLEMENT, TOTAL HEMOLYTIC (CH50)</p> <p>•TOTAL SERUM COMPLEMENT</p> <p>•TOTAL HEMO. COMPLEMENT (CH50)</p>	<p>KPDS: 8600314</p> <p>Health Connect Order Code: COMPLEMENT TOTAL [CH50], EIA [86162F]</p>	<p>RED7 CAE</p>	<p>1.0 mL FROZEN serum, preferably on dry ice</p> <p>Transport: Frozen, Preferably On Dry Ice Centrifuge, separate serum immediately and freeze. Send in a separate container with a frozen specimen label to the Allergy-Immunology Laboratory.</p> <p>Samples that have not been frozen immediately after collection.</p> <p>A: NO R: NO F: Stable</p> <p>Minimum specimen: 0.5 mL serum Formulary</p>	<p>63 CAE Units Tests for membrane attack complex [C5b-9] after activation of complement in serum.</p>	<p>Regional Reference Laboratories, North Hollywood (Immunology) Once per week 3-7 days</p>
<p>FOOD ALLERGEN PANEL (WHEAT, SOY, SHRIMP, WALNUT, EGG WHITE, MILK, COD, PEANUT)</p>	<p>KPDS: Removed from Service Master: 8660546</p> <p>Health Connect Order Code: Inactivated: FOOD ALLERGEN PANEL (WHEAT, SOY, SHRIMP, WALNUT, EGG WHITE, MILK, COD, PEANUT) [208250]</p>		<p>Order the following components individually in Health Connect:</p> <ul style="list-style-type: none"> • IGE, Wheat 8660195 • IGE, Soybean 8660205 • IGE, Shrimp 8660211 • IGE, Walnut 8660400 • IGE, Egg White 8660192 • IGE, Milk 8660193 • IGE, Codfish 8660194 • IGE, Peanut 8660204 <p>The KRMS procedure code has been removed from the service master Not-Formulary</p>		<p>•Not-Formulary (Discontinued)</p>

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HYPERSENSITIVITY PNEUMONITIS PRECIPITINS PANEL	KPDS: 8600302 Health Connect Order Code: HYPERSENSITIVITY PNEUMONITIS PRECIPITINS PANEL [253946]	GLD6 Hyp Pneumo	3.0 mL FROZEN Serum Transport: Frozen Minimum specimen: 3 mL serum This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	Positive or Negative Precipitating antibodies directed against fungal and avian antigens are detected by immunodiffusion and indicate exposure to, and subsequent sensitization to these antigens but do not necessarily indicate a pathological role. A positive result is the presence of at least one precipitin line but the significance of this finding needs to be considered in light of the clinical history.	Regional Reference Laboratories, North Hollywood (Immunology) 10-14 days
HYPERSENSITIVITY PNEUMONITIS PANEL					

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ABACHI WOOD DUST	KPDS: EXCLUDED in Service Master [8660524] Health Connect Order Code: Inactivated: IGE, ABACHI WOOD DUST [86003Z236]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ABALONE	KPDS: 8661646 Health Connect Order Code: IGE, ALALONE [86003ZZAF]	GLD6	<p>0.25 Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated•Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration>0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ACACIA	KPDS: 8600385 Health Connect Order Code: IGE, ACACIA [86003Z64]	GLD6 IgE Acaci	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 -3 days
IGE, ALBUMIN, SERUM, CAT	KPDS: 8660189 Health Connect Order Code: IGE, ALBUMIN, SERUM, CAT [86003Z261]	GLD6 IgE SACat	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ALBUMIN, SERUM, DOG	KPDS: 8660190 Health Connect Order Code: IGE, ALBUMIN, SERUM, DOG [86003Z285]	GLD6 IgE SADog	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, ALDER, GREY	KPDS: 8600369 Health Connect Order Code: IGE, ALDER, GREY [86003Z50]	GLD6 IgE GryAr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ALMOND	KPDS: 8660209 Health Connect Order Code: IGE, ALMOND [86003N]	GLD6 IgE Almond	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days
IGE, ALPHA AMYLASE	KPDS: EXCLUDED in Service Master [8660513] Health Connect Order Code: Inactivated: IGE, ALPHA AMYLASE [86003Z114]		This test performed at the Allergy Laboratory is no longer available and has been removed from the test formulary. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ALPHA LACTALBUMIN [NBOS D 4]	KPDS: 8660238 Health Connect Order Code: IGE, ALPHA LACTALBUMIN [NBOS D 4] [86008B]	GLD6 IgE ALacta	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days
IGE, ALTERNARIA ALTERNATA	KPDS: 8660112 Health Connect Order Code: IGE, ALTERNARIA ALTERNATA [86003Z176]	GLD6 IgE Altat	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, AMOXICILLIN IGE- AMOXICILLOYL	KPDS: EXCLUDED in Service Master [8660528] Health Connect Order Code: Inactivated: IGE, AMOXICILLIN [86003F]		As of October 17, 2012, this test performed at the Allergy Laboratory is no longer available and has been removed from the test formulary. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)
IGE, AMPICILLOYL	KPDS: EXCLUDED in Service Master [8660527] Health Connect Order Code: Inactivated: IGE, AMPICILLIN [86003Z178]		This test performed at the Allergy Laboratory is no longer available and has been removed from the test formulary. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)
IGE, ANCHOVY	KPDS: EXCLUDED in Service Master [8660456] Health Connect Order Code: Inactivated: IGE, ANCHOVY [86003Z303]		This test performed at the Allergy Laboratory is no longer available and has been removed from the test formulary. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ANISAKIS	KPDS: 8660495 Health Connect Order Code: IGE, ANISAKIS [86003Z191]	GLD6 IgE Anisa	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ANISE	KPDS: 8660414 Health Connect Order Code: IGE, ANISE [86003Z84]	GLD6 IgE Anise	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, APPLE	KPDS: 8660226 Health Connect Order Code: IGE, APPLE [86003U]	GLD6 IgE Apple	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days
IGE, APRICOT	KPDS: 8660291 Health Connect Order Code: IGE, APRICOT [86003Z106]	GLD6 IgE Apricot	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ARA H1	KPDS: 8861632 Health Connect Order Code: IGE, ARA H1 [86008N]	GLD6	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration>0.1 kUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, ARA H2 Peanut	KPDS: 8661633 Health Connect Order Code: IGE, ARA H2 [86008O]	GLD6	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration>0.1 kUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ARA H3 Peanut	KPDS: 8661634 Health Connect Order Code: IGE, ARA H3 [86008P]	GLD6	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration>0.1 kUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, ARA H8 Peanut	KPDS: 8661635 Health Connect Order Code: IGE, ARA H8 [86008Q]	GLD6	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration>0.1 kUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ARA H9 Peanut	KPDS: 8661636 Health Connect Order Code: IGE, ARA H9 [86008R]	GLD6	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, ARTEMESIA SALINA FISH FEED	KPDS: EXCLUDED in Service Master [8660541] Health Connect Order Code: Inactivated: IGE, ARTEMESIA SALINA FISH FEED [86003205]		This test performed at the Allergy Laboratory is no longer available and has been removed from the test formulary. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ASCARIS	KPDS: 8660493 Health Connect Order Code: IGE, ASCARIS [86003Z207]	GLD6 IgE Ascar	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, ASH, WHITE	KPDS: 8600381 Health Connect Order Code: IGE, ASH, WHITE [86003Z60]	GLD6 IgE WtAsh	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ASPARAGUS	KPDS: 8660404 Health Connect Order Code: IGE, ASPARAGUS [86003Z208]	GLD6 IgE Asprg	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ASPERGILLUS FUMIGATUS	KPDS: 8660109 Health Connect Order Code: IGE, ASPERGILLUS FUMIGATUS [86003Z210]	GLD6 IgE Aspfum	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, ASPERGILLUS NIGER	KPDS: 8660129 Health Connect Order Code: IGE, ASPERGILLUS NIGER [86003Z211]	GLD6 IgE AspniG	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, AUREOBASIDIUM PULLULANS	KPDS: 8600118 Health Connect Order Code: IGE, AUREOBASIDIUM PULLULANS [86003Z215]	GLD6 IgE Apullu	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, AUSTRALIAN PINE	KPDS: 8600392 Health Connect Order Code: IGE, AUSTRALIAN PINE [86003Z351]	GLD6 IgE Auspn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, AVOCADO	KPDS: 8660258 Health Connect Order Code: IGE, AVOCADO [86003Z336]	GLD6 IgE Avocd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, BAHIA GRASS	KPDS: 8600334 Health Connect Order Code: IGE, BAHIA GRASS [86003Z370]	GLD6 IgE Bagrs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BAMBOO SHOOT	KPDS: 8660228 Health Connect Order Code: IGE, BAMBOO SHOOT [86003Z78]	GLD6 IgE Bmbst	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, BANANA	KPDS: 8660254 Health Connect Order Code: IGE, BANANA [86003Z172]	GLD6 IgE Banan	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BARLEY FOOD	KPDS: 8660197 Health Connect Order Code: IGE, BARLEY FOOD [86003Z104]	GLD6 IgE BarIF	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, BARLEY POLLEN	KPDS: 8600337 Health Connect Order Code: IGE, BARLEY POLLEN [86003Z345]	GLD6 IgE BarIF	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BASIL	KPDS: 8660412 Health Connect Order Code: IGE, BASIL [86003Z184]	GLD6 IgE Basil	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BAY LEAF	KPDS: 8660421 Health Connect Order Code: IGE, BASIL LEAF [86003Z132]	GLD6 IgE Baylf	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BEAN, GREEN	KPDS: 8660458 Health Connect Order Code: IGE, BEAN, GREEN [86003Z340]	GLD6 IgE GrnBn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BEAN, RED KIDNEY	KPDS: 8660430 Health Connect Order Code: IGE, BEAN, RED KIDNEY [86003Z69]	GLD6 IgE RdkBn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BEAN, WHITE	KPDS: 8660206 Health Connect Order Code: IGE, BEAN, WHITE [86003Z70]	GLD6 IgE WhtBn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, BEECH American Beech	KPDS: 8660372 Health Connect Order Code: IGE, BEECH [86003Z99Y]	GLD6 IgE AmBch	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BEEF	KPDS: 8660214 Health Connect Order Code: IGE, BEEF [86003E]	GLD6 IgE Beef	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BEETROOT	KPDS: 8660462 Health Connect Order Code: IGE, BEETROOT [86003Z221]	GLD6 IgE Beitr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BERLIN BEETLE	KPDS: 8660488 Health Connect Order Code: IGE, BERLIN BEETLE [86003Z240]	GLD6 IgE BerBtl	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days
IGE, BERMUDA GRASS	KPDS: 8600319 Health Connect Order Code: IGE, BERMUDA GRASS [86003Z20]	GLD6 IgE BeGrS	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BETA LACTOGLOBULIN [NBOS D 5]	KPDS: 8660239 Health Connect Order Code: IGE, BETA LACTOGLOBULIN [NBOS D 5] [86008H]	GLD6 IgE BLactig	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BIPOLARIS [CURVULARIA SPICIFERA]	KPDS: 8661649 Health Connect Order Code: IGE, BIPOLARIS [CURVULARIA SPICIFERA] [86003BN]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BIRCH, COMMON SILVER	KPDS: 8600370 Health Connect Order Code: IGE, BIRCH, COMMON SILVER [86003Z51]	GLD6 IgE CSBch	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Saturday 2 - 3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BLACKBERRY	KPDS: 8660269 Health Connect Order Code: IGE, BLACKBERRY [86003Z148]	GLD6 IgE BlkBry	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Saturday 2 - 3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BLOMIA TROPICALIS	KPDS: 8661615 Health Connect Order Code: IGE, BLOMIA TROPICALIS [86003Z99M]	GLD6 IgE Blomt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Saturday 2-3 days
IGE, BLUE VETCH	KPDS: EXCLUDED in Service Mater [8660453] Health Connect Order Code: Inactivated: IGE, BLUE VETCH [86003Z130]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BLUEBERRY	KPDS: 8660431 Health Connect Order Code: IGE, BLUEBERRY [86003Z248]	GLD6 IgE BluBry	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BOTRYTIS CINEREA	KPDS: 8660113 Health Connect Order Code: IGE, BOTRYTIS CINEREA [86003Z229]	GLD6 IgE Btyci	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, BOVINE SERUM ALBUMIN [NBOS D 6]	KPDS: 8660174 Health Connect Order Code: IGE, BOVINE SERUM ALBUMIN [NBOS D 6] [860081]	GLD6 IgE SABovn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday - Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BOX ELDER	KPDS: 8600368 Health Connect Order Code: IGE, BOX ELDER [86003Z49]	GLD6 IgE BxEid	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, BROCCOLI	KPDS: 8660403 Health Connect Order Code: IGE, BROCCOLI [86003Z39]	GLD6 IgE Brocili	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BROME GRASS	KPDS: 8600328 Health Connect Order Code: IGE, BROME GRASS [86003Z353]	GLD6 IgE BrGrs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BRUSSEL SPROUTS	KPDS: 8660275 Health Connect Order Code: IGE, BRUSSEL SPROUTS [86003Z237]	GLD6 IgE BrSprt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, BUCKWHEAT	KPDS: 8660202 Health Connect Order Code: IGE, BUCKWHEAT [86003Z315]	GLD6 IgE Bkwht	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CABBAGE	KPDS: 8660274 Health Connect Order Code: IGE, CABBAGE [86003Z35]	GLD6 IgE Cabge	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CAMELLIA SINENSIS TEA	KPDS: 8660280 Health Connect Order Code: IGE, CAMELLIA SINENSIS [86003Z99L]	GLD6 IgE Tea	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CAMOMILE	KPDS: EXCLUDED in Service Master [8600364] Health Connect Order Code: Inactivated: IGE, CAMOMILE [86003Z46]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CANARY FEATHERS Canary Bird Feathers	KPDS: 8660171 Health Connect Order Code: IGE, CANARY FEATHERS [86003Z250]	GLD6 IgE CBrdF	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CANDIDA ALBICANS YEAST	KPDS: 8660111 Health Connect Order Code: IGE, CANDIDA ALBICANS [86003Z252]	GLD6 IgE Yeast	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CARAWAY	KPDS: 8660408 Health Connect Order Code: IGE, CARAWAY [86003Z256]	GLD6 IgE Carwy	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CARDAMON	KPDS: 8660410 Health Connect Order Code: IGE, CARDAMON [86003Z301]	GLD6 IgE Carda	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CARELESS WEED	KPDS: 8661650 Health Connect Order Code: IGE, CARELESS WEED [86003BO]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CAROB	KPDS: 8660439 Health Connect Order Code: IGE, CAROB [86003Z264]	GLD6 IgE Carob	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CARROT	KPDS: 8660215 Health Connect Order Code: IGE, CARROT [860032276]	GLD6 IgE Carrt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CASEIN [NBOS D 8]	KPDS: 8660240 Health Connect Order Code: IGE, CASEIN [NBOS D 8] [86008J]	GLD6 IgE Casein	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CAT DANDER	KPDS: 8660145 Health Connect Order Code: IGE, CAT DANDER [86003D]	GLD6 IgE CatDr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CATFISH	KPDS: 8661648 Health Connect Order Code: IGE, CATFISH [86003BM]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CEDAR	KPDS: 8660102 Health Connect Order Code: IGE, CEDAR [86003Z362]	GLD6 IgE Cedar	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CEDAR, JAPANESE	KPDS: 8600383 Health Connect Order Code: IGE, CEDAR, JAPANESE [86003Z62]	GLD6 IgE JapCdr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CEFACLOR	KPDS: EXCLUDED in Service Master [8660533] Health Connect Order Code: Inactivated: IGE, CEFACLOR [86003Z262]		As of October 17, 2012, this test performed at the Allergy Laboratory is no longer available and has been removed from the test formulary. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)
IGE, CELERY	KPDS: 8660247 Health Connect Order Code: IGE, CELERY [86003Z197]	GLD6 IgE Celry	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CEPHALOSPORI UM ACREMONIUM	KPDS: 8660125 Health Connect Order Code: IGE, CEPHALOSPORI UM ACREMONIUM [86003Z263]	GLD6 IgE Cephal	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHAETOMIUM GLOBOSUM	KPDS: 8660130 Health Connect Order Code: IGE, CHAETOMIUM GLOBOSUM [86003Z265]	GLD6 IgE Chagb	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHEESE, CHEDDAR TYPE	KPDS: 8660243 Health Connect Order Code: IGE, CHEESE, CHEDDAR TYPE [86003Z266]	GLD6 IgE ChsCh	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJ/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CHEESE, MOLD TYPE	KPDS: 8660244 Health Connect Order Code: IGE, CHEESE, MOLD TYPE [86003Z267]	GLD6 IgE ChsMd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJ/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHERRY	KPDS: 8660292 Health Connect Order Code: IGE, CHERRY [86003Z109]	GLD6 IgE Chery	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CHESTNUT, HORSE	KPDS: EXCLUDED in Service Master [8600394] Health Connect Order Code: Inactivated: IGE, CHESTNUT, HORSE [86003Z354]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHESTNUT, SWEET, FOOD	KPDS: 8660442 Health Connect Order Code: IGE, CHESTNUT, SWEET, FOOD [86003Z259]	GLD6 IgE ChsntF	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHESTNUT, SWEET, POLLEN	KPDS: 8600396 Health Connect Order Code: IGE, CHESTNUT, SWEET, POLLEN [86003Z99ZD]	GLD6 IgE ChsntP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHICK PEA	KPDS: 8660452 Health Connect Order Code: IGE, CHICK PEA [860032275]	GLD6 IgE ChkPea	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHICKEN DROPPINGS	KPDS: 8660187 Health Connect Order Code: IGE, CHICKEN DROPPINGS [86003Z268]	GLD6 IgE CknDtp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHICKEN FEATHERS	KPDS: 8660166 Health Connect Order Code: IGE, CHICKEN FEATHERS [86003Z269]	GLD6 IgE CknFr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CHICKEN MEAT	KPDS: 8660245 Health Connect Order Code: IGE, CHICKEN MEAT [86003Z333]	GLD6 IgE CknMt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHICKEN SERUM PROTEINS	KPDS: 8661088 Health Connect Order Code: IGE, CHICKEN SERUM PROTEINS [86603Z270]	GLD6 IgE CknSP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHILI PEPPER	KPDS: 8660422 Health Connect Order Code: IGE, CHILI PEPPER [86003Z254]	GLD6 IgE Chili	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CHOCOLATE	KPDS: 8660255 Health Connect Order Code: IGE, CHOCOLATE [86003Z220]	GLD6 IgE Choco	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CINNAMON	KPDS: 8660278 Health Connect Order Code: IGE, CINNAMON [860032277]	GLD6 IgE Cinnm	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CLADOSPORIUM HERBARUM	KPDS: 8660108 Health Connect Order Code: IGE, CLADOSPORIUM HERBARUM [86003Z287]	GLD6 IgE Cldhm	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CLAM	KPDS: 8660265 Health Connect Order Code: IGE, CLAM [86003Z150]	GLD6 IgE Clam	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CLOVE	KPDS: 8660411 Health Connect Order Code: IGE, CLOVE [86003Z213]	GLD6 IgE Clove	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COCKLEBUR	KPDS: 8600353 Health Connect Order Code: IGE, COCKLEBUR [86003Z35]	GLD6 IgE Cklbur	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COCKROACH American	KPDS: 8660482 Health Connect Order Code: IGE, COCKROACH [86003Z223]	GLD6 IgE Cockr	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COCKSFOOT	KPDS: 8600320 Health Connect Order Code: IGE, COCKSFOOT [86003Z21]	GLD6 IgE Cocft	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, COCONUT	KPDS: 8660218 Health Connect Order Code: IGE, COCONUT [86003Z290]	GLD6 IgE Cocnt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CODFISH	KPDS: 8660194 Health Connect Order Code: IGE, CODFISH [86003Z332]	GLD6 IgE FshCod	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	For children with atopic dermatitis, IgE levels >20 kU/L (for age 0-14 years) is indicative of a >95% chance of reacting to cod fish upon ingestion. Levels of IgE below these cutoff ranges do not necessarily rule out the risk of a positive reaction. These cutoff values have been established in children with atopic dermatitis and may not apply to other age groups or other allergic disorders.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COFFEE	KPDS: 8660279 Health Connect Order Code: IGE, COFFEE [86003Z291]	GLD6 IgE Coffee	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COFFEE BEAN, GREEN	KPDS: 8660496 Health Connect Order Code: IGE, COFFEE BEAN, GREEN [86003Z77]	GLD6 IgE GrCBn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, COMMON RAGWEED	KPDS: 8600341 Health Connect Order Code: IGE, COMMON RAGWEED [86003R]	GLD6 IgE CmRgwd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COMMON REED	KPDS: 8600324 Health Connect Order Code: IGE, COMMON REED [86003Z25]	GLD6 IgE CmReed	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CORN FOOD	KPDS: 8660199 Health Connect Order Code: IGE, CORN FOOD [86003V]	GLD6 IgE CornFd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CORN POLLEN	KPDS: 8600338 Health Connect Order Code: IGE, CORN POLLEN [86003Z346]	GLD6 IgE CornPn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COTTON SEED Gossypium	KPDS: 8660509 Health Connect Order Code: IGE, COTTON SEED [86003Z297]	GLD6 IgE CotnSd	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COTTONWOOD	KPDS: 8600380 Health Connect Order Code: IGE, COTTONWOOD [86003W]	GLD6 IgE CotnWd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COW DANDER	KPDS: 8660147 Health Connect Order Code: IGE, COW DANDER [86003Z306]	GLD6 IgE CowDr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, COW WHEY	KPDS: 8660290 Health Connect Order Code: IGE, COW WHEY [86003Z99Q]	GLD6 IgE Whey	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CRAB	KPDS: 8660210 Health Connect Order Code: IGE, CRAB [86003Z251]	GLD6 IgE Crab	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CRANBERRY	KPDS: 8661642 Health Connect Order Code: IGE, CRANBERRY [86003ZZAE]	GLD6	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay > 7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration > 0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CRAYFISH	KPDS: 8660463 Health Connect Order Code: IGE, CRAYFISH [86003Z212]	GLD6 IgE CrayFs	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CUCUMBER	KPDS: 8660293 Health Connect Order Code: IGE, CUCUMBER [86003Z309]	GLD6 IgE Cucum	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CURRY Santa Maria	KPDS: 8660424 Health Connect Order Code: IGE, CURRY [86003Z158]	GLD6 IgE Curry	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. 14 days A: NO R: NO F: 7 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, CURVULARIA LUNATA	KPDS: 8660122 Health Connect Order Code: IGE, CURVULARIA LUNATA [86003Z314]	GLD6 IgE Crvlun	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, CYPRESS, ITALIAN ITALIAN/FUNERA L CYPRESS	KPDS: 8600389 Health Connect Order Code: IGE, CYPRESS, ITALIAN [86003Z67]	GLD6 IgE ItCypr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DATE FOOD	KPDS: 8660432 Health Connect Order Code: IGE, DATE FOOD [86003Z71]	GLD6 IgE DateFd	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DATE POLLEN	KPDS: 8660104 Health Connect Order Code: IGE, DATE POLLEN [86003Z364]	GLD6 IgE DatePn	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DEER EPITHELIUM	KPDS: 8660185 Health Connect Order Code: To be inactivated 10/17/18: IGE, DEER EPITHELIUM [86003Z278]		0.25 mL Serum plus 0.04 mL for each additional allergen ordered•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days As of 9/10/18, this test will no longer be performed at the SCPMG Regional Reference Laboratories, Allergy Department due to discontinuation of reagents by the vendor. The Health Connect orderable will be inactivated on 10/17/18. Not-Formulary		•Not-Formulary (Discontinued) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DERMATOPHAG OIDES MICROCERAS	KPDS: 8660136 Health Connect Order Code: IGE, DERMATOPHAG OIDES MICROCERAS [86003Z99B]	GLD6 IgE Dmicro	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DILL	KPDS: 8660420 Health Connect Order Code: IGE, DILL [86003Z185]	GLD6 IgE Dill	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DOG DANDER	KPDS: 8660144 Health Connect Order Code: IGE, DOG DANER [86003Z284]	GLD6 IgE DogDr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, DOG EPITHELIIUM	KPDS: EXCLUDED in Service Master [8660146] Health Connect Order Code: Inactivated: IGE, DOG EPITHELIIUM [86003Z99ZJ]		0.25 mL Serum plus 0.04 mL for each additional allergen ordered*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DUCK FEATHERS	KPDS: 8660167 Health Connect Order Code: IGE, DUCK FEATHERS [86003Z293]	GLD6 IgE DuckFr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, DUST MITE (DERMATOPHAG OIDES PTERONYSSINUS) Dust Mite	KPDS: 8660134 Health Connect Order Code: IGE, DUST MITE (DERMATOPHAG OIDES PTERONYSSINUS) [86003Z282]	GLD6 IgE Dptero	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DUST MITE [DERMATOPHAGOIDES FARINAE]	KPDS: 8660135 Health Connect Order Code: IGE, DUST MITE [DERMATOPHAG OIDES FARINAE] [86003Z279]	GLD6 IgE Dfarn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, DUST MITE [EUROGLYPHUS MAYNEI] Dust Mite	KPDS: 8660141 Health Connect Order Code: IGE, DUST MITE [EUROGLYPHUS MAYNEI] [86003Z313]	GLD6 IgE Emayne	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, DUST, GREER GREER HOUSE DUST	KPDS: 8660142 Health Connect Order Code: IGE, DUST, GREER [86003Z81]	GLD6 IgE GrerHD	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, DUST, HOLISTER STIER HOLISTER HOUSE DUST	KPDS: 8660143 Health Connect Order Code: IGE, DUST, HOLISTER STIER [86003Z98]	GLD6 IgE HolisHD	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, EGG WHITE	KPDS: 8660192 Health Connect Order Code: IGE, EGG WHITE [86003Z298]	GLD6 IgE EggWht	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	For children with atopic dermatitis, IgE levels >7 kUjA/L (for age 2-14 years) or >2~kUjA/L (for age ul < 2 years) is indicative of a >95% chance of reacting to egg white upon ingestion. Levels of IgE below these cutoff ranges do not necessarily rule out the risk of a positive reaction. These cutoff values have been established in children with atopic dermatitis and may not apply to other age groups or other allergic disorders.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, EGG YOLK	KPDS: 8660237 Health Connect Order Code: IGE, EGG YOLK [86003Z300]	GLD6 IgE EggYik	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, EGGPLANT Aubergine Eggplant	KPDS: 8660405 Health Connect Order Code: IGE, EGGPLANT [86003Z189]	GLD6 IgE Eggplt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ELDER	KPDS: 8600395 Health Connect Order Code: IGE, ELDER [86003Z355]	GLD6 IgE Elder	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ELK, MOOSE MEAT	KPDS: EXCLUDED in Service Master [8660428] Health Connect Order Code: Inactivated: IGE, ELK, MOOSE MEAT [86003Z302]		0.25 mL Serum plus 0.04 mL for each additional allergen ordered•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued) Monday-Saturday 2-3 days
IGE, ELM	KPDS: 8600375 Health Connect Order Code: IGE, ELM [86003Z55]	GLD6 IgE Elm	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, EPICOCOCCUM PURPURASCENS	KPDS: 8660120 Health Connect Order Code: IGE, EPICOCOCCUM PURPURASCENS [86003Z305]	GLD6	0.25 mL Serum plus 0.04 mL for each additional allergen ordered•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, ETHYLENE OXIDE	KPDS: 8660504 Health Connect Order Code: IGE, ETHYLENE OXIDE [86003Z311]	GLD6 IgE Ethox	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, EUCALYPTUS EUCALYPTUS GUM TREE	KPDS: 8600384 Health Connect Order Code: IGE, EUCALYPTUS [86003Z63]	GLD6 IgE Euclyp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FENNEL SEED	KPDS: 8660277 Health Connect Order Code: IGE, FENNEL SEED [86003Z322]	GLD6 IgE FenIsd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, FENNEL, FRESH	KPDS: EXCLUDED in Service Master [8660419] Health Connect Order Code: Inactivated: IGE, FENNEL, FRESH [86003Z321]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FENUGREEK	KPDS: 8660448 Health Connect Order Code: IGE, FENUGREEK [86003Z233]	GLD6 IgE Fengrk	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FICUS SPP	KPDS: 8660507 Health Connect Order Code: IGE, FICUS SPP [86003Z319]	GLD6 IgE Ficus	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FINCH FEATHERS	KPDS: 8660183 Health Connect Order Code: IGE, FINCH FEATHERS [86003Z320]	GLD6 IgE FnchFr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FIR, DOUGLAS	KPDS: 8600397 Health Connect Order Code: IGE, FIR, DOUGLAS [86003Z356]	GLD6 IgE DgFir	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FIRE ANT	KPDS: 8660484 Health Connect Order Code: IGE, FIRE ANT [86003Z192]	GLD6 IgE FirAnt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, FIREBRUSH KOCHIA	KPDS: 8600356 Health Connect Order Code: IGE, FIREBRUSH [86003Z38]	GLD6 IgE FirKoch	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FISH FEED [DAPHNIA]	KPDS: EXCLUDED in Service Master [8660543] Health Connect Order Code: Inactivated: IGE, FISH FEED [DAPHNIA] [86003Z318]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
IGE, FISH FEED [TETRAMIN]	KPDS: EXCLUDED in Service Master [8660542] Health Connect Order Code: Inactivated: IGE, FISH FEED [TETRAMIN] [86003Z219]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FORMALDEHYDE Formalin	KPDS: 8660506 Health Connect Order Code: IGE, FORMALDEHYDE [86003Z323]	GLD6 IgE Formld	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, FOXTAIL MILLET	KPDS: 8660231 Health Connect Order Code: IGE, FOXTAIL MILLET [86003Z173]	GLD6 IgE FoxTmt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, GARLIC	KPDS: 8660224 Health Connect Order Code: IGE, GARLIC [86003Z112]	GLD6 IgE Garlic	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GELATIN	KPDS: 8660532 Health Connect Order Code: IGE, GELATIN [86003Z337]	GLD6 IgE Gelatn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GERBIL EPITHELIUM	KPDS: 8660178 Health Connect Order Code: IGE, GERBIL EPITHELIUM [86003Z339]	GLD6 IgE GerEpi	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GINGER	KPDS: 8660413 Health Connect Order Code: IGE, GINGER [86003Z119]	GLD6 IgE Gingr	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GLUTEN	KPDS: 8660241 Health Connect Order Code: IGE, GLUTEN [86003Z34.1]	GLD6 IgE Gluten	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, GOAT EPITHELIUM	KPDS: 8660161 Health Connect Order Code: IGE, GOAT EPITHELIUM [86003Z34.3]	GLD6 IgE GotEpi	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GOLDEN ROD	KPDS: 8600352 Health Connect Order Code: IGE, GOLDEN ROD [86003Z34]	GLD6 IgE Goldrd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, GOOSE FEATHERS	KPDS: 8660151 Health Connect Order Code: IGE, GOOSE FEATHERS [86003Z75]	GLD6 IgE GoosFr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GRAIN WEEVIL	KPDS: 8660490 Health Connect Order Code: To be inactivated 10/17/18: IGE, GRAIN WEEVIL [86003Z186]		As of 9/10/18, this test will no longer be performed at the SCPMG Regional Reference Laboratories, Allergy Department due to discontinuation of reagents by the vendor. The Health Connect orderable will be inactivated on 10/17/18. Not-Formulary		•Not-Formulary (Discontinued)
IGE, GRAPE	KPDS: 8660401 Health Connect Order Code: IGE, GRAPE [86003Z118]	GLD6 IgE Grape	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GRAPEFRUIT	KPDS: 8660267 Health Connect Order Code: IGE, GRAPEFRUIT [86003Z280]	GLD6 IgE Grpfrt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, GREEN NIMITTI	KPDS: 8660486 Health Connect Order Code: IGE, GREEN NIMITTI [86003Z288]	GLD6 IgE GrNimi	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GUAR GUM	KPDS: 8660295 Health Connect Order Code: IGE, GUAR GUM [86003Z316]	GLD6 IgE GuarGm	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, GUINEA PIG EPITHELIIUM	KPDS: 8660149 Health Connect Order Code: IGE, GUINEA PIG EPITHELIIUM [86003Z83]	GLD6 IgE GPigEp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HAKE	KPDS: 8660450 Health Connect Order Code: IGE, HAKE [86003Z154]	GLD6 IgE Hake	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HALIBUT	KPDS: 8660446 Health Connect Order Code: IGE, HALIBUT [86003Z95]	GLD6 IgE Halbut	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HAMSTER EPITHELIIUM	KPDS: 8660165 Health Connect Order Code: IGE, HAMSTER EPITHELIIUM [86003Z85]	GLD6 IgE Hamstr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, HAZEL NUT	KPDS: 8660207 Health Connect Order Code: IGE, HAZEL NUT [86003Z95]	GLD6 IgE HalzNt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HAZEL POLLEN	KPDS: 8600371 Health Connect Order Code: IGE, HAZEL POLLEN [86003Z52]	GLD6 IgE HazelP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, HELMINTHOSPORIUM HALODES	KPDS: 8660114 Health Connect Order Code: IGE, HELMINTHOSPORIUM HALODES [86003Z87]	GLD6 IgE Hhalod	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HERRING	KPDS: 8660263 Health Connect Order Code: IGE, HERRING [86003Z289]	GLD6 IgE Hering	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HEXAHYDROPTH ALIC ANHYDRIDE	KPDS: 8660521 Health Connect Order Code: IGE, HEXAHYDROPTH ALIC ANHYDRIDE [86003Z92]	GLD6 IgE HexAnh	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HONEY	KPDS: 8660296 Health Connect Order Code: IGE, HONEY [86003Z101]	GLD6 IgE Honey	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HONEY BEE	KPDS: 8660476 Health Connect Order Code: IGE, HONEY BEE [86003Z194]	GLD6 IgE HoneyB	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HOP HOP-FRUIT CONE	KPDS: 8660467 Health Connect Order Code: IGE, HOP [86003Z113]	GLD6 IgE Hop	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HORN BEAM	KPDS: 8600399 Health Connect Order Code: IGE, HORN BEAM [86003Z358]	GLD6 IgE HornBm	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HORNET, EUROPEAN	KPDS: 8660481 Health Connect Order Code: IGE, HORNET, EUROPEAN [86003Z249]	GLD6 IgE HrrntEu	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, HORNET, WHITE FACED	KPDS: 8660477 Health Connect Order Code: IGE, HORNET, WHITE FACED [86003Z286]	GLD6 IgE HrrntWF	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HORNET, YELLOW	KPDS: 8660480 Health Connect Order Code: IGE, HORNET, YELLOW [86003Z11]	GLD6 IgE HrmfYw	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, HORSE BOT FLY	KPDS: EXCLUDED in Service Master [8660489] Health Connect Order Code: Inactivated: IGE, HORSE BOT FLY [86003Z335]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HORSE DANDER	KPDS: 8660148 Health Connect Order Code: IGE, HORSE DANDER [86003Z107]	GLD6 IgE HrsDr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, HORSE FLY	KPDS: 8660492 Health Connect Order Code: IGE, HORSE FLY [86003Z214]	GLD6 IgE HrsFly	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, HORSE MEAT	KPDS: 8660464 Health Connect Order Code: To be inactivated 10/17/18: IGE, HORSE MEAT [86003Z99ZG]		As of 9/10/18, this test will no longer be performed at the SCPMG Regional Reference Laboratories, Allergy Department due to discontinuation of reagents by the vendor. The Health Connect orderable will be inactivated on 10/17/18. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, INSULIN HUMAN	KPDS: 8660531 Health Connect Order Code: IGE, INSULIN HUMAN [86003Z125]	GLD6 IgE InsHum	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, ISOCYANATE HDI	KPDS: 8660503 Health Connect Order Code: IGE, ISOCYANATE HDI [86003Z15]	GLD6 IgE IsoHDI	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ISOCYANATE MDI	KPDS: 8660502 Health Connect Order Code: IGE, ISOCYANATE MDI [86003Z14]	GLD6 IgE IsoMDI	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, ISOCYANATE TDI	KPDS: 8660501 Health Connect Order Code: IGE, ISOCYANATE TDI [86003Z13]	GLD6 IgE IsoTDI	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ISPAGHULA	KPDS: 8660498 Health Connect Order Code: IGE, ISPAGHULA [86003Z12]	GLD6 IgE Ispagh	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, JACK FRUIT	KPDS: 8660461 Health Connect Order Code: IGE, JACK FRUIT [86003Z9]	GLD6 IgE JckFrt	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, JACK MACKEREL JACK MACKEREL SCAD	KPDS: 8660235 Health Connect Order Code: IGE, JACK MACKEREL [86003Z]	GLD6 IgE JckMac	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJ/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, JAPANESE MILLET	KPDS: 8660232 Health Connect Order Code: IGE, JAPANESE MILLET [86003Y]	GLD6 IgE JapMil	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJ/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, JOHNSON GRASS	KPDS: 8600327 Health Connect Order Code: IGE, JOHNSON GRASS [86003Z27]	GLD6 IgE JonGrs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, KENTUCKY BLUE GRASS MEADOW GRASS/KENT. BLUE	KPDS: 8600325 Health Connect Order Code: IGE, KENTUCKY BLUE GRASS [86003L]	GLD6 IgE KBGrs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, KIWI FRUIT	KPDS: 8660246 Health Connect Order Code: IGE, KIWI FRUIT [86003ZZ]	GLD6 IgE KiwFrt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, LACTOFERRIN, BOVINE	KPDS: EXCLUDED in Service Master [8661620] Health Connect Order Code: Inactivated: IGE, LACTOFERRIN, BOVINE [86003X]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LAMB	KPDS: 8660250 Health Connect Order Code: IGE, LAMB [86003ZZB]	GLD6 IgE Lamb	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, LAMBS QUARTER GOOSEFOOT LAMBS QUARTER	KPDS: 8600350 Health Connect Order Code: IGE, LAMBS QUARTER [86003Z33]	GLD6 IgE GoosFt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LANGUSTINO LANGUST-SPINE LOBSTER	KPDS: 8660447 Health Connect Order Code: IGE, LANGUSTINO [86003Z7]	GLD6 IgE Langst	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LATEX	KPDS: 8660508 Health Connect Order Code: IGE, LATEX [86003Z16]	GLD6 IgE Latex	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, LEMON	KPDS: 8660266 Health Connect Order Code: IGE, LEMON [86003Z3]	GLD6 IgE Lemon	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LENSACLE SCALE	KPDS: 8600355 Health Connect Order Code: IGE, LENSACLE [86003Z37]	GLD6 IgE Lenscl	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, LENTIL	KPDS: 8660289 Health Connect Order Code: IGE, LENTIL [86003Z5]	GLD6 IgE Lentil	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LETTUCE	KPDS: 8660273 Health Connect Order Code: IGE, LETTUCE [86003Z4]	GLD6 IgE Lettuce	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, LINDEN	KPDS: 8600398 Health Connect Order Code: IGE, LINDEN [86003Z357]	GLD6 IgE Linden	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LINSEED	KPDS: 8660475 Health Connect Order Code: IGE, LINSEED [86003Z10]	GLD6 IgE Linsed	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LOBSTER	KPDS: 8660242 Health Connect Order Code: IGE, LOBSTER [86003Z1]	GLD6 IgE Lobstr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LOLIGO SPP SQUID	KPDS: 8660402 Health Connect Order Code: IGE, LOLIGO SPP [86003Z99]	GLD6 IgE Squid	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, LUPIN SEED	KPDS: 8600365 Health Connect Order Code: IGE, LUPIN SEED [86003Z47]	GLD6 IgE Lupin	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MACE	KPDS: 8660409 Health Connect Order Code: IGE, MACE [86003Z174]	GLD6 IgE Mace	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MACKEREL	KPDS: 8660264 Health Connect Order Code: IGE, MACKEREL [86003Z164]	GLD6 IgE MACKrI	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MALEIC ANHYDRIDE	KPDS: 8660522 Health Connect Order Code: IGE, MALEIC ANHYDRIDE [86003Z141]	GLD6 IgE Maleic	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MALT	KPDS: 8660252 Health Connect Order Code: IGE, MALT [86003Z143]	GLD6 IgE Malt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MANDARIN MANDARIN ORANGE	KPDS: 8660445 Health Connect Order Code: IGE, MANDARIN [86003Z281]	GLD6 IgE Mandrn	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MANGO FRUIT	KPDS: 8660253 Health Connect Order Code: IGE, MANGO FRUIT [86003Z145]	GLD6 IgE Mango	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MAPLE LEAF SYCAMORE	KPDS: 8600378 Health Connect Order Code: IGE, MAPLE LEAF SYCAMORE [86003Z58]	GLD6 IgE MaplLf	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MARES MILK	KPDS: 8660429 Health Connect Order Code: IGE, MARES MILK [86003Z147]	GLD6 IgE MareMk	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	<p>For children with atopic dermatitis, IgE levels >15 kUjAL (for age 2-14 years) or >5 kUjAL (for age < 2 years) is indicative of a >95% chance of reacting to cows milk upon ingestion. Levels of IgE below these cutoff ranges do not necessarily rule out the risk of a positive reaction. These cutoff values have been established in children with atopic dermatitis and may not apply to other age groups or other allergic disorders.</p>	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MARJORAM	KPDS: 8660417 Health Connect Order Code: IGE, MARJORAM [86003Z193]	GLD6 IgE Marjrm	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MARSHELDER, ROUGH	KPDS: 8600363 Health Connect Order Code: IGE, MARSHELDER, ROUGH [86003Z45]	GLD6 IgE RghMar	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MAXATASE	KPDS: EXCLUDED in Service Master [8660517] Health Connect Order Code: Inactivated: IGE, MAXATASE [86003Z149]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MEADOW FESCUE	KPDS: 8600321 Health Connect Order Code: IGE, MEADOW FESCUE [86003Z22]	GLD6 IgE MeaFsc	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MEADOW FOXTAIL	KPDS: 8600333 Health Connect Order Code: IGE, MEADOW FOXTAIL [86003Z369]	GLD6 IgE MeaFox	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MEALWORM	KPDS: EXCLUDED in Service Master [8660544] Health Connect Order Code: IGE, MEALWORM [86003Z217]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
IGE, MEGRIM	KPDS: 8660454 Health Connect Order Code: IGE, MEGRIM [86003Z134]	GLD6 IgE Megrim	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MELALEUCA CAJEPUT TREE	KPDS: 8600387 Health Connect Order Code: IGE, MELALEUCA [86003Z66]	GLD6 IgE Melalu	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MELON	KPDS: 8660249 Health Connect Order Code: IGE, MELON [86003Z308]	GLD6 IgE Melon	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MESQUITE	KPDS: 8600386 Health Connect Order Code: IGE, MESQUITE [86003Z65]	GLD6 IgE Mesqfte	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, METHYL TETRAHYDROPHthalic ANHYDRIDE	KPDS: EXCLUDED in Service Master [8660523] Health Connect Order Code: Inactivated: IGE, METHYL TETRAHYDROPHthalic ANHYDRIDE [86003Z155]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MILK	KPDS: 8660193 Health Connect Order Code: IGE, MILK [86003PJ]	GLD6 IgE Milk	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	For children with atopic dermatitis, IgE levels >15 kU/L (for age 2-14 years) or >5 kU/L (for age < 2 years) is indicative of a >95% chance of reacting to cows milk upon ingestion. Levels of IgE below these cutoff ranges do not necessarily rule out the risk of a positive reaction. These cutoff values have been established in children with atopic dermatitis and may not apply to other age groups or other allergic disorders.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MILK, BOILED	KPDS: 8660285 Health Connect Order Code: IGE, MILK, BOILED [86003Z226]	GLD6 IgE MilkB	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MILLET, COMMON	KPDS: 8660230 Health Connect Order Code: IGE, MILLET, COMMON [86003Z325]	GLD6 IgE CrmMilt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MINK EPITHELIUM	KPDS: EXCLUDED in Service Master [8660173] Health Connect Order Code: Inactivated: IGE, MINK EPITHELIUM [86003Z161]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MINT	KPDS: 8660474 Health Connect Order Code: IGE, MINT [86003Z153]	GLD6 IgE Mint	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MOSQUITO	KPDS: 8660485 Health Connect Order Code: IGE, MOSQUITO [86003Z102]	GLD6 IgE Mosqto	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MOTH	KPDS: 8660483 Health Connect Order Code: IGE, MOTH [86003Z227]	GLD6 IgE Moth	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MOTH, MEDITERREAN FLOUR	KPDS: EXCLUDED in Service Master [8660491] Health Connect Order Code: Inactivated: IGE, MOTH, MEDITERREAN FLOUR [86003Z304]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
IGE, MOUNTAIN JUNIPER	KPDS: 8600373 Health Connect Order Code: IGE, MOUNTAIN JUNIPER [86003Z53]	GILD6 IgE MtJump	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MOUSE	KPDS: 8660169 Health Connect Order Code: IGE, MOUSE [86003Z165]	GLD6 IgE Mouse	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MOUSE EPITHELIIUM	KPDS: 8660152 Health Connect Order Code: IGE, MOUSE EPITHELIIUM [86003Z163]	GLD6 IgE MousEp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MOUSE SERUM PROTEINS	KPDS: 8660157 Health Connect Order Code: IGE, MOUSE SERUM PROTEINS [86003Z167]	GLD6 IgE MousSP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MOUSE URINE PROTEINS	KPDS: 8660153 Health Connect Order Code: IGE, MOUSE URINE PROTEINS [86003Z169]	GLD6 IgE MousUP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MUCOR RACEMOSUS	KPDS: 8660110 Health Connect Order Code: IGE, MUCOR RACEMOSUS [86003Z171]	GLD6 IgE Mirrace	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MUGWORT	KPDS: 8600346 Health Connect Order Code: IGE, MUGWORT [86003]	GLD6 IgE Mugwrt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MULBERRY	KPDS: 8600390 Health Connect Order Code: IGE, MULBERRY [86003Z349]	GLD6 IgE Mulbry	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MUSHROOM MUSHROOM CHAMPIGNON	KPDS: 8660270 Health Connect Order Code: IGE, MUSHROOM [86003Z105]	GLD6 IgE MushCh	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, MUSSEL, BLUE	KPDS: 8660219 Health Connect Order Code: IGE, MUSSEL, BLUE [86003Z175]	GLD6 IgE BIMusl	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, MUSTARD	KPDS: 8660251 Health Connect Order Code: IGE, MUSTARD [86003Z242]	GLD6 IgE Mustrd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, NETTLE	KPDS: 8600359 Health Connect Order Code: IGE, NETTLE [86003Z42]	GLD6 IgE Nettle	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, NUT, BRAZIL	KPDS: 8660208 Health Connect Order Code: IGE, NUT, BRAZIL [86003Z218]	GLD6 IgE Brz/Int	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, NUT, CASHEW	KPDS: 8660260 Health Connect Order Code: IGE, NUT, CASHEW [86003Z180]	GLD6 IgE CshwNt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, NUT, MACADAMIA	KPDS: 8661630 Health Connect Order Code: IGE, NUT, MACADAMIA [86003Z136]	GLD6 IgE MacNt	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, NUT, PECAN	KPDS: 8660259 Health Connect Order Code: IGE, NUT, PECAN [86003Z257]	GLD6 IgE Pecan	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, OAK	KPDS: 8600374 Health Connect Order Code: IGE, OAK [86003Z54]	GLD6 IgE Oak	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, OAT, CULTIVATED	KPDS: 8600331 Health Connect Order Code: IGE, OAT, CULTIVATED [86003Z99ZA]	GLD6 IgE OatCul	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, OAT, FOOD	KPDS: 8660547 Health Connect Order Code: IGE, OAT, FOOD [86003S]	GLD6 IgE OatFd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, OCTOPUS	KPDS: 8660234 Health Connect Order Code: IGE, OCTOPUS [86003Z187]	GLD6 IgE Octopus	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, OLIVE POLLEN	KPDS: 8600376 Health Connect Order Code: IGE, OLIVE POLLEN [86003Z56]	GLD6 IgE OliveP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, OLIVE, BLACK, FOOD	KPDS: 8661643 Health Connect Order Code: IGE, OLIVE, BLACK, FOOD [86003Z373]	GLD6	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration>0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, ONION	KPDS: 8660225 Health Connect Order Code: IGE, ONION [86003Z110]	GLD6 IgE Onion	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, ORANGE	KPDS: 8660216 Health Connect Order Code: IGE, ORANGE [86003K]	GLD6 IgE Ornge	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, OREGANO	KPDS: 8660426 Health Connect Order Code: IGE, OREGANO [86003Z196]	GLD6 IgE Oregno	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 kU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, OVALBUMIN [GAL D 2]	KPDS: 8660286 Health Connect Order Code: IGE, OVALBUMIN [GAL D 2] [86008F]	GLD6 IgE Ovalbm	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, OVOMUCOID [NGAL D 1]	KPDS: 8660287 Health Connect Order Code: IGE, OVOMUCOID [NGAL D 1] [86008G]	GLD6 IgE Ovomuc	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, OYSTER	KPDS: 8660433 Health Connect Order Code: IGE, OYSTER [86003Z201]	GLD6 IgE Oyster	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, PAPAIN [NCAR P 1]	KPDS: 8660514 Health Connect Order Code: IGE, PAPAIN [NCAR P 1] [86008L]	GLD6 IgE Papain	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PAPAYA	KPDS: 8660436 Health Connect Order Code: IGE, PAPAYA [86003Z255]	GLD6 IgE Papaya	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PAPER WASP	KPDS: 8660479 Health Connect Order Code: IGE, PAPER WASP [] 86003Z100	GLD6 IgE Pwasp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, PAPRIKA SWEET PEPPER	KPDS: 8660276 Health Connect Order Code: IGE, PAPRIKA [86003Z253]	GLD6 IgE Paprika	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PARAKEET DROPPINGS BUDGERIGAR DROPPINGS	KPDS: EXCLUDED in Service Master [8660158] Health Connect Order Code: Inactivated: IGE, PARAKEET DROPPINGS [86003245]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
IGE, PARAKEET FEATHERS BUDGERIGAR FEATHERS	KPDS: 8660159 Health Connect Order Code: IGE, PARAKEET FEATHERS [860032246]	GLD6 IgE PrktFr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PARAKEET SERUM PROTEINS BUDGERIGAR SERUM PROTEINS	KPDS: EXCLUDED in Service Master [8660160] Health Connect Order Code: Inactivated: IGE, PARAKEET SERUM PROTEINS [86003Z247]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)
IGE, PARROT FEATHERS	KPDS: EXCLUDED in Service Master [8660182] Health Connect Order Code: Inactivated: IGE, PARROT FEATHERS [86003Z329]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PARSLEY	KPDS: 8660248 Health Connect Order Code: IGE, PARSLEY [86003Z338]	GLD6 IgE Parsly	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PASSION FRUIT	KPDS: 8660437 Health Connect Order Code: IGE, PASSION FRUIT [86003Z331]	GLD6 IgE PasFrt	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PEA	KPDS: 8660203 Health Connect Order Code: IGE, PEA [86003Z91]	GLD6 IgE Pea	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, PEACH	KPDS: 8660257 Health Connect Order Code: IGE, PEACH [86003Z121]	GLD6 IgE Peach	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PEANUT	KPDS: 8660204 Health Connect Order Code: IGE, PEANUT [86003Q]	GLD6 IgE Peanut	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	For children with atopic dermatitis, IgE levels >14 kJAL (for age 0-14 years) is indicative of a >95% chance of reacting to peanuts upon ingestion. Levels of IgE below these cutoff ranges do not necessarily rule out the risk of a positive reaction. These cutoff values have been established in children with atopic dermatitis and may not apply to other age groups or other allergic disorders.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PEAR	KPDS: 8660256 Health Connect Order Code: IGE, PEAR [86003Z124]	GLD6 IgE Pear	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, PECAN, HICKORY POLLEN	KPDS: 8600688 Health Connect Order Code: IGE, PECAN, HICKORY POLLEN [86003Z359]	GLD6 IgE PecanHP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PENICILLIN G PENICILLOYL G	KPDS: EXCLUDED in Service Master [8660525] Health Connect Order Code: Inactivated: IGE, PENICILLIN G [86003T]		As of October 17, 2012, this test performed at the Allergy Laboratory is no longer available and has been removed from the test formulary. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)
IGE, PENICILLIN V PENICILLOYL V	KPDS: EXCLUDED in Service Master [8660526] Health Connect Order Code: Inactivated: IGE, PENICILLIN V [86003J]		As of October 17, 2012, this test performed at the Allergy Laboratory is no longer available and has been removed from the test formulary. There is no recommended alternative. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PENICILLIUM FREQUENTANS Penicillium glabrum	KPDS: 8660131 Health Connect Order Code: IGE, PENICILLIUM FREQUENTANS [86003Z334]	GLD6 IgE Penfrq	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PENICILLIUM NOTATUM	KPDS: 8660107 Health Connect Order Code: IGE, PENICILLIUM NOTATUM [86003Z68]	GLD6 IgE Pennot	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PEPPER TREE	KPDS: 8660105 Health Connect Order Code: IGE, PEPPER TREE [86003Z366]	GLD6 IgE PprTre	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PEPPER, BLACK	KPDS: 8660423 Health Connect Order Code: IGE, PEPPER, BLACK [86003Z89]	GLD6 IgE PprBlk	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PEPPER, GREEN GREEN PEPPER - UNRIPE SEED	KPDS: 8660406 Health Connect Order Code: IGE, PEPPER, GREEN [86003Z79]	GLD6 IgE PprGrn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PERSIMMON •Kaki Fruit •Sharon	KPDS: 8660444 Health Connect Order Code: IGE, PERSIMMON [86003Z283]	GLD6 IgE Persim	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PHTHALIC ANHYDRIDE	KPDS: 8660505 Health Connect Order Code: IGE, PHTHALIC ANHYDRIDE [86003Z76]	GLD6 IgE PhtAnh	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, PIG SERUM ALBUMIN SWINE SERUM ALBUMIN	KPDS: EXCLUDED in Service Master [8660191] Health Connect Order Code: Inactivated: IGE, PIG SERUM ALBUMIN [86003Z99K]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PIG URINE PROTEINS SWINE URINE PROTEINS	KPDS: EXCLUDED in Service Master [8660181] Health Connect Order Code: Inactivated: IGE, PIG URINE PROTEINS [86003Z99V]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PIGEON FEATHERS	KPDS: 8660184 Health Connect Order Code: IGE, PIGEON FEATHERS [86003Z82]	GLD6 IgE PignFr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PIGWEED, COMMON	KPDS: 8600354 Health Connect Order Code: IGE, PIGWEED, COMMON, [86003Z36]	GLD6 IgE CmPgwd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PINE	KPDS: 8660103 Health Connect Order Code: IGE, PINE [86003Z365]	GLD6 IgE Pine	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PINE NUT PIGNOLES	KPDS: 8660297 Health Connect Order Code: IGE, PINE NUT [86003Z88]	GLD6 IgE PineNt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PINE, WHITE	KPDS: 8600382 Health Connect Order Code: IGE, PINE, WHITE [86003Z61]	GLD6 IgE PineWh	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, PINEAPPLE	KPDS: 8660268 Health Connect Order Code: IGE, PINEAPPLE [86003Z182]	GLD6 IgE Pinapl	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PISTACHIO	KPDS: 8660261 Health Connect Order Code: IGE, PISTACHIO [86003Z90]	GLD6 IgE Pistch	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, PITYROSPORUM ORBICULARE	KPDS: 8660123 Health Connect Order Code: IGE, PITYROSPORUM ORBICULARE [86003Z94]	GLD6 IgE Ptyorb	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PLAICE	KPDS: 8660298 Health Connect Order Code: IGE, PLAICE [86003Z97]	GLD6 IgE Plaice	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, PLANTAIN, ENGLISH PLANTAIN - ENGLISH RIBWORT	KPDS: 8600349 Health Connect Order Code: IGE, PLANTAIN, ENGLISH [86003Z32]	GLD6 IgE Plantn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PLUM	KPDS: 8660299 Health Connect Order Code: IGE, PLUM [86003Z120]	GLD6 IgE Plum	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, POPPY SEED	KPDS: 8660281 Health Connect Order Code: IGE, POPPY SEED [86003Z327]	GLD6 IgE PopySd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PORK	KPDS: 8660213 Health Connect Order Code: IGE, PORK [86003Q]	GLD6 IgE Pork	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, POTATO	KPDS: 8660217 Health Connect Order Code: IGE, POTATO [86003B]	GLD6 IgE Potato	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PUMPKIN	KPDS: 8660282 Health Connect Order Code: IGE, PUMPKIN [86003Z310]	GLD6 IgE Pmpkn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, PUMPKIN SEED	KPDS: 8660283 Health Connect Order Code: IGE, PUMPKIN SEED [86003Z312]	GLD6 IgE PmpkSd	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, QUINOA	KPDS: 8661647 Health Connect Order Code: IGE, QUINOA [86003BL]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration>0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RABBIT EPITHELIIUM	KPDS: 8660163 Health Connect Order Code: IGE, RABBIT EPITHELIIUM [86003Z126]	GLD6 IgE RabtEp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, RABBIT MEAT	KPDS: 8660271 Health Connect Order Code: IGE, RABBIT MEAT [86003Z198]	GLD6 IgE RabtMt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RABBIT SERUM PROTEINS	KPDS: 8660176 Health Connect Order Code: IGE, RABBIT SERUM, PROTEINS [86003Z99R]	GLD6 IgE RabitSP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RABBIT URINE PROTEINS	KPDS: 8660180 Health Connect Order Code: IGE, RABBIT URINE PROTEINS [86003Z129]	GLD6 IgE RabtUP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RAGWEED, FALSE	KPDS: 8600344 Health Connect Order Code: IGE, RAGWEED, FALSE [86003Z30]	GLD6 IgE Ragwdf	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, RAGWEED, GIANT	KPDS: 8600343 Health Connect Order Code: IGE, RAGWEED, GIANT [86003Z29]	GLD6 IgE RagwdG	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RAPE RAPE (POLLEN)	KPDS: 8600361 Health Connect Order Code: IGE, RAPE [86003Z43]	GLD6 IgE RapeP	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RAPE SEED RAPE SEED (FOOD)	KPDS: 8660459 Health Connect Order Code: IGE, RAPE SEED [86003Z241]	GLD6 IgE RapeSd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RASPBERRY	KPDS: 8661644 Health Connect Order Code: IGE, RASPBERRY [86003ZZAH]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RAT	KPDS: 8660168 Health Connect Order Code: IGE, RAT [86003Z133]	GLD6 IgE Rat	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, RHIZOPUS NIGRICANS	KPDS: 8660117 Health Connect Order Code: IGE, RHIZOPUS NIGRICANS [86003Z140]	GLD6 IgE Rhznig	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RICE	KPDS: 8660200 Health Connect Order Code: IGE, RICE [86003G]	GLD6 IgE Rice	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, ROSE HIP	KPDS: EXCLUDED in Service Master [8660472] Health Connect Order Code: Inactivated: IGE, ROSE HIP [86003Z146]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RUSSIAN THISTLE SALTWORT - RUSSIAN THISTLE	KPDS: 8600351 Health Connect Order Code: IGE, RUSSIAN THISTLE [86003H]	GLD6 IgE Saltwt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, RYE GRASS	KPDS: 8600322 Health Connect Order Code: IGE, RYE GRASS [86003Z23]	GLD6 IgE RyeGrs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RYE GRASS, WILD	KPDS: 8600335 Health Connect Order Code: IGE, RYE GRASS, WILD [86003Z371]	GLD6 IgE W/RyeGs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, RYE, CULTIVATED	KPDS: 8600329 Health Connect Order Code: IGE, RYE, CULTIVATED [86003Z363]	GLD6 IgE RyeCul	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, RYE, FOOD	KPDS: 8660196 Health Connect Order Code: IGE, RYE, FOOD [86003Z166]	GLD6 IgE RyeFd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SAGE	KPDS: 8661645 Health Connect Order Code: IGE, SAGE [86003BK]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SALMON	KPDS: 8660221 Health Connect Order Code: IGE, SALMON [86003Z157]	GLD6 IgE Salmon	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SARDINE SARDINE PILCHARD	KPDS: 8660236 Health Connect Order Code: IGE, SARDINE [86003Z159]	GLD6 IgE Sardine	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. *Transport the serum sample refrigerated as soon as possible. *If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, SAVINASE	KPDS: EXCLUDED in Service Master [8660519] Health Connect Order Code: Inactivated: IGE, SAVINASE [86003Z160]		As of July 18, 2012, this test performed at the Allergy Laboratory is no longer available. The test is no longer manufactured and there is no alternative test available. Not-Formulary		•Not-Formulary (Discontinued)

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SCALLOPS PECTIN SPP	KPDS: 8661625 Health Connect Order Code: IGE, SCALLOPS [86003ZZM]	GLD6 IgE Scalop	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SEMINAL FLUID	KPDS: 8660539 Health Connect Order Code: IGE, SEMINAL FLUID [86003Z168]	GLD6 IgE SemFld	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SESAME SEED	KPDS: 8660201 Health Connect Order Code: IGE, SESAME SEED [86003Z170]	GLD6 IgE SesmSd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, SHEEP EPITHELIUM	KPDS: 8660162 Health Connect Order Code: IGE, SHEEP EPITHELIUM [86003Z177]	GLD6 IgE ShpEp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SHEEP MILK	KPDS: 8660468 Health Connect Order Code: IGE, SHEEP MILK [86003Z179]	GLD6 IgE ShpMilk	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SHEEP SORREL	KPDS: 8600357 Health Connect Order Code: IGE, SHEEP SORREL [86003Z39]	GLD6 IgE ShpSor	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, SHRIMP	KPDS: 8660211 Health Connect Order Code: IGE, SHRIMP [86003Z204]	GLD6 IgE Shrimp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SILK	KPDS: 8660500 Health Connect Order Code: IGE, SILK [86003Z228]	GLD6 IgE Silk	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, SILK WASTE	KPDS: 8660499 Health Connect Order Code: IGE, SILK WASTE [86003Z183]	GLD6 IgE SilkWs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SNAIL	KPDS: 8660457 Health Connect Order Code: IGE, SNAIL [86003Z99ZB]	GLD6 IgE Snail	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IgE, SOLE	KPDS: 8661641 Health Connect Order Code: IGE, SOLE [86003ZZA1]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SOYBEAN	KPDS: 8660205 Health Connect Order Code: IGE, SOYBEAN [86003M]	GLD6 IgE Soyben	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, SPINACH	KPDS: 8660272 Health Connect Order Code: IGE, SPINACH [86003Z195]	GLD6 IgE Spinch	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SPRUCE	KPDS: 8600393 Health Connect Order Code: IGE, SPRUCE [86003Z352]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, STAPHYLOCOCCAL ENTEROTOXIN A	KPDS: 8661600 Health Connect Order Code: IGE, STAPHYLOCOCCAL ENTEROTOXIN A [86003Z199]	GLD6 IgE StapTA	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJ/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, STAPHYLOCOCCAL ENTEROTOXIN B	KPDS: 8661605 Health Connect Order Code: IGE, STAPHYLOCOCCAL ENTEROTOXIN B [86003Z200]	GLD6 IgE StapTB	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJ/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, STEMPHYLIUM BOTRYOSUM	KPDS: 8660116 Health Connect Order Code: IGE, STEMPHYLIUM BOTRYOSUM [86003Z206]	GLD6 IgE Stmbot	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, STORAGE MITE (ACARUS SIRO)	KPDS: 8660137 Health Connect Order Code: IGE, STORAGE MITE (ACARUS SIRO) [86003Z96]	GLD6 IgE Acasir	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, STORAGE MITE [GLYCOPHAGUS DOMESTICUS]	KPDS: 8660140 Health Connect Order Code: IGE, STORAGE MITE [GLYCOPHAGUS DOMESTICUS] [86003Z342]	GLD6 IgE Glydom	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJ/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, STORAGE MITE [LEPIDOGLYPHUS DESTRUCTOR]	KPDS: 8660138 Health Connect Order Code: IGE, STORAGE MITE [LEPIDOGLYPHUS DESTRUCTOR] [86003Z18]	GLD6 IgE Lepdes	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJ/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, STORAGE MITE [TYROPHAGUS PUTRESCENTIAE]	KPDS: 8660139 Health Connect Order Code: IGE, STORAGE MITE [TYROPHAGUS PUTRESCENTIAE] [86003Z243]	GLD6 IgE Tyrupt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, STRAWBERRY	KPDS: 8660222 Health Connect Order Code: IGE, STRAWBERRY [86003Z328]	GLD6 IgE Strwby	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUjA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SUNFLOWER SUNFLOWER (POLLEN)	KPDS: 8600362 Health Connect Order Code: IGE, SUNFLOWER [86003Z44]	GLD6 IgE Sunfir	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SUNFLOWER SEED SUNFLOWER SEED (POLLEN)	KPDS: 8660510 Health Connect Order Code: IGE, SUNFLOWER SEED [86003Z86]	GLD6 IgE SunfSd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SWEET GUM	KPDS: 8660101 Health Connect Order Code: IGE, SWEET GUM [86003Z361]	GLD6 IgE SwGum	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SWEET POTATO	KPDS: 8660229 Health Connect Order Code: IGE, SWEET POTATO [86003Z127]	GLD6 IgE SwPot	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, SWEET VERNAL GRASS	KPDS: 8600318 Health Connect Order Code: IGE, SWEET VERNAL GRASS [86003Z19]	GLD6 IgE SwVGrs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, SWORDFISH	KPDS: 8660455 Health Connect Order Code: IGE, SWORDFISH [86003Z99X]	GLD6 IgE Swrdfs	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TARAXACUM VULGARE DANDELION	KPDS: 8600348 Health Connect Order Code: IGE, TARAXACUM VULGARE [86003Z99H]	GLD6 IgE Dandln	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, TETANUS TOXOID	KPDS: 8660536 Health Connect Order Code: IGE, TETANUS TOXOID [86003Z17]	GLD6 IgE Tetnus	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, THYMUS VULGARIS THYME	KPDS: 8660416 Health Connect Order Code: IGE, THYMUS VULGARIS [86003Z99G]	GLD6 IgE Thyme	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TILAPIA	KPDS: 8661640 Health Connect Order Code: IGE, TILAPIA [86003ZZAQ]	GLD6	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TIMOTHY GRASS	KPDS: 8600323 Health Connect Order Code: IGE, TIMOTHY GRASS [86003Z24]	GLD6 IgE TimGrs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TOBACCO TOBACCO LEAF	KPDS: 8660540 Health Connect Order Code: IGE, TOBACCO [86003Z99F]	GLD6 IgE Tobacco	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TOMATO	KPDS: 8660212 Health Connect Order Code: IGE, TOMATO [86003C]	GLD6 IgE Tomato	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, TRICHODERMA VIRIDE	KPDS: 8660121 Health Connect Order Code: IGE, TRICHODERMA VIRIDE [86003Z225]	GLD6 IgE Trcvir	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TRICHOPHYTON MENT VAR GOETZ 2	KPDS: 8660132 Health Connect Order Code: IGE, TRICHOPHYTON MENT VAR GOETZ 2 [86003Z99E]	GLD6 IgE Tmgtz	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TRICHOPHYTON MENT VAR INTERDIGITALE	KPDS: 8660133 Health Connect Order Code: IGE, TRICHOPHYTON MENT VAR INTERDIGITALE [86003Z99ZC]	GLD6 IgE Tmint	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TRICHOPHYTON RUBRUM	KPDS: 8660128 Health Connect Order Code: IGE, TRICHOPHYTON RUBRUM [86003Z230]	GLD6 IgE Trprub	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TRICHOSPORON PULLULANS	KPDS: 8660126 Health Connect Order Code: IGE, TRICHOSPORON PULLULANS [86003Z99D]	GLD6 IgE Trspul	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TRIMELLITIC ANHYDRIDE	KPDS: 8660512 Health Connect Order Code: IGE, TRIMELLITIC ANHYDRIDE [86003Z234]	GLD6 IgE TrmAnh	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated •Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TROUT	KPDS: 8660262 Health Connect Order Code: IGE, TROUT [86003Z190]	GLD6 IgE Trout	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, TUNA	KPDS: 8660220 Health Connect Order Code: IGE, TUNA [86003A]	GLD6 IgE Tuna	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, TURKEY FEATHERS	KPDS: 8660170 Health Connect Order Code: IGE, TURKEY FEATHERS [86003Z99J]	GLD6 IgE TrkyFr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, TURKEY MEAT	KPDS: 8660427 Health Connect Order Code: IGE, TURKEY MEAT [86003Z151]	GLD6 IgE TrkyMt	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, UILOCLADIUM CHARTARUM	KPDS: 8660127 Health Connect Order Code: IGE, UILOCLADIUM CHARTARUM [86003Z99ZF]	GLD6 IgE Ulochr	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, VANILLA	KPDS: 8660288 Health Connect Order Code: IGE, VANILLA [86003Z99ZE]	GLD6 IgE Vanilla	<p>0.25 mL Serum plus 0.04 mL for each additional allergen ordered</p> <p>Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary</p>	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, VELVET GRASS	KPDS: 8600330 Health Connect Order Code: IGE, VELVET GRASS [86003Z367]	GLD6 IgE VelGrs	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, VIRGINIA OAK, LIVE VIRGINIA LIVE OAK	KPDS: 8660106 Health Connect Order Code: IGE, VIRGINIA OAK, LIVE [86003Z99S]	GLD6 IgE VLOak	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, WALNUT TREE POLLEN	KPDS: 8600377 Health Connect Order Code: IGE, WALNUT TREE POLLEN [86003Z57]	GLD6 IgE WalnutP	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, WALNUT, FOOD	KPDS: 8660400 Health Connect Order Code: IGE, WALNUT, FOOD [86003Z128]	GLD6 IgE WalnutF	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, WATERMELON	KPDS: 8660471 Health Connect Order Code: IGE, WATERMELON [86003Z990]	GLD6 IgE WatmIn	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, WESTERN RAGWEED	KPDS: 8600342 Health Connect Order Code: IGE, WESTERN RAGWEED [86003Z28]	GLD6 IgE Wragwd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, WHEAT	KPDS: 8660195 Health Connect Order Code: IGE, WHEAT [86003Z238]	GLD6 IgE Wheat	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, WHEAT, CULTIVATED	KPDS: 8600332 Health Connect Order Code: IGE, WHEAT, CULTIVATED [86003Z368]	GLD6 IgE WhtCul	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, WILLOW	KPDS: 8600379 Health Connect Order Code: IGE, WILLOW [86003Z59]	GLD6 IgE Willow	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, WORMWOOD	KPDS: 8600345 Health Connect Order Code: IGE, WORMWOOD [86003Z31]	GLD6 IgE Wormwd	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
IGE, YEAST YEAST (FOOD)	KPDS: 8660223 Health Connect Order Code: IGE, YEAST [86003Z152]	GLD6 IgE YeastF	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
IGE, YELLOW JACKET Common Wasp	KPDS: 8660478 Health Connect Order Code: IGE, YELLOW JACKET [86003Z117]	GLD6 IgE CmWasp	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days
MARGUERITE, OX-EYE DAISY IGE IGE, MARGUERITE, OX-EYE DAISY	KPDS: 8600347 Health Connect Order Code: MARGUERITE, OX-EYE DAISY IGE [86003Z99A]	GLD6 IgE Margte	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Refrigerated*Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days Formulary	An IgE concentration >0.1 kUJA/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MYRISTICA FRAGRANS (NUTMEG) IGE IGE, MYRISTICA FRAGRANS IGE, NUTMEG	KPDS: 8660425 Health Connect Order Code: MYRISTICA FRAGRANS (NUTMEG) IGE [86003ZZC]	GLD6 IgE Nutmeg	0.25 mL Serum plus 0.04 mL for each additional allergen ordered Transport: Frozen•Specimen should be centrifuged and serum aliquoted to a secondary tube. •Transport the serum sample refrigerated as soon as possible. •If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. A: NO R: 7 days F: 14 days This test was developed and its performance characteristics determined by SCPMG Regional Reference Laboratories, Clinical Pathology- Sherman Way. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Formulary	An IgE concentration >0.1 KU/L for this allergen indicates the presence of allergen-specific IgE, but does not necessarily predict a clinical response to that allergen.	Regional Reference Laboratories, North Hollywood (Immunology) Monday-Saturday 2-3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
RESPIRATORY ALLERGY IgE PANEL [13 ALLERGENS]	KPDS: 8660545 Health Connect Order Code: RESPIRATORY ALLERGY IgE PANEL (13 ALLERGENS) [256205]	GLD6 IgE Enviro	<p>2.0 ml Serum</p> <p>Transport: Refrigerated-Specimen should be centrifuged and serum aliquoted to a secondary tube.</p> <ul style="list-style-type: none"> • Transport the serum sample refrigerated as soon as possible. • If there would be a transportation delay >7 days, freeze the sample (-20°C) and transport frozen. <p>A: NO R: 7 days F: 14 days</p> <p>Test Components:</p> <ul style="list-style-type: none"> • IGE, Bermuda Grass 8660319 • IGE, Rye Grass 8660322 • IGE, Mugwort 8660346 • IGE, Russian Thistle [Saitwort] 8660351 • IGE, Elm 8660375 • IGE, Olive (Poire) 8660376 • IGE, Cladosporium herbarum 8660108 • IGE, Aspergillus Fumigatus 8660109 • IGE, Alternaria Alternata 8660112 • IGE, D. Pteronyssinus 8660132 • IGE, Dog Dander 8660144 • IGE, Cat Dander 8660145 • IGE, Cockroach 8660182 <p>Formulary</p>	<p>The test result indicates the amount of allergy (IgE) antibodies expressed in KUJAL (on a scale of 0.1 to more than 100) present in serum. The magnitude of the IgE response is related to the risk of a reaction. In some instances, symptoms may occur with very low (0.1 - 0.34 KUJAL) or even undetectable levels of specific IgE and no symptoms may occur with clearly detectable levels of specific IgE. It is thus essential that results for this test be interpreted with regard to the patients history.</p>	Regional Reference Laboratories, North Hollywood (Immunology) 2 - 3 days

ALLERGY TESTS					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
TRYPYPTASE •TRYPYPTASE ASSAY •MAST CELL TRYPYPTASE	KPDS: 8600317 Health Connect Order Code: TRYPYPTASE [83520J]	GLD6 Trypytase	1 mL serum. Transport: Refrigerated Blood should be drawn within 2 hours of suspected anaphylactic event. 1. Allow to clot and centrifuge serum immediately. 2. Send refrigerated specimen to the Allergy -Immunology Laboratory. Formulary	<11 ug/mL (FEIA) The Mast Cell Trypytase Assay detects both the Alpha and Beta forms of Trypytase increasing the sensitivity of the test for diagnosis of systemic mastocytosis and mast cell activation.	Regional Reference Laboratories, North Hollywood (Immunology) 3-7 days

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
14-3-3 ANTIGEN DETECTION, ELISA (CSF) •CREUTZFELDT-JAKOB (PROTEIN 14-3-3) •CREUTZFELDT-JAKOB DETECTOR •CJD •CJD PROTEIN 1433 •14-3-3 Protein •RT-QuIC •RTQuIC •RT QuIC	KPDS: Order Manually	SF10	2 ml CSF Transport: Frozen This test is restricted to Neurology Providers. SCPMG CJD Quick Reference: CJD Quick Reference Guide Fill out form from NPPDSC_CJD Request Form For more information see NPPDSC's website: http://www.cidsurveillance.com Please send frozen specimens and the required completed form to Regional Reference laboratories' Specimen Processing Department. NOTE: San Diego Medical Center laboratory must send specimens directly to NPPDSC Minimum specimen: 1.0 mL CSF Formulary Restricted	Accompanies report (Enzyme Immunoassay)	National Prion Disease Pathology Surveillance Center, via Regional Reference laboratories (NPPDSC) Set up Monday - Friday Reports out within 7 to 10 days of initial testing
ANTI-PHOSPHOLIPASE A2 RECEPTOR [ANTI-PLA2R] •PLA2R •Phospholipase A2 Receptor Antibody	KPDS: 8352011 Health Connect Order Code: PHOSPHOLIPASE A2 RECEPTOR ANTIBODY AND TITER [255155]	RED7 PLA2R	2.0 ml serum Transport: Ambient•Submit completed manual requisition form . •Specimen must be received at Nephropath within 72 hours of collection. Medical Centers must collect the specimen only on Sunday, Monday, Tuesday, and Wednesday •Centrifuge and submit either original tube or aliquot to plastic tube. •Transport to Regional Reference Laboratories, Specimen Processing Department on the day of collection. •Specimen Processing Department will ship overnight to Arkana Laboratories. A: 72 hours R: 7 days F: NO Minimum specimen: 0.5 mL serum	Accompanies Report (I/A, ELISA) Tests for primary membranous glomerulopathy and kidney anti-brush border antibodies disease [ABBA].	Arkana Laboratories via regional Reference Laboratories, Specimen Processing Department Monday - Friday 24 - 48 hours

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BACTERICIDAL - SERUM	KPDS:		Formulary Restricted		UCLA-Clinical Lab via Regional Reference Laboratory, North Hollywood
BERYLLIUM LYMPHOCYTE STIMULATION, BLOOD <ul style="list-style-type: none"> •Lymphocyte Proliferation •BeLPT •Metals •LPT 	KPDS: Order Manually	GS4 [Sodium Heparin]	Transport: Ambient• Call ADx Client Support at [800] 550-6227 option 5 to schedule testing before sample is shipped •Scheduling with the laboratory in advance of venipuncture is preferred •Send ambient collected blood Priority Overnight via FedEx in a well insulated container •Specimen must be received at National Jewish Health laboratory within 24 hours of collection DO NOT centrifuge• Specimens received greater than 24 hours of collection • Frozen specimens • Refrigerated specimens A: 24 hours R: NO F: NO Minimum specimen: 40 mL whole blood Non-Formulary	Accompanies report (Lymphocyte stimulation in cell culture)	National Jewish Health Laboratory via Medical Center Tuesday - Saturday Reports in 14 days

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
BOTULISM TOXIN Alias: •Newborn •Neonatal/Neonate •Infant •Baby •Botulinum Toxin Type A Antibody	KPDS:		<p>See (Botulism) for specimen collection and processing guidelines for suspected botulism (excluding Infant Botulism).</p> <p>Note: •The specimen submission information listed is specific for specimens submitted to the Los Angeles County Department of Health Services. •Follow local guidelines when submitting specimens to other county health departments.</p> <p>All cases of botulism, including suspected botulism, should be reported immediately by telephone to your local Health Department.</p> <p>Los Angeles County •Call the physician on duty at Acute Communicable Disease Control (213) 240-7941 or the County Emergency Operator (213) 974-1234 after hours and on weekends and holidays to report the suspect case and to obtain botulinum antitoxin. •Suspected cases on patients residing in Long Beach [(562)570-4302] or Pasadena [(626)744-6000] should be reported to the respective health department.</p> <p>Orange County Contact Paul Hanna, Orange County Public Health Department, (714) 834-8385, 1729 W. 17th Street, Santa Ana, CA 92706.</p> <p>The Infant Botulism Reporting Hotline at the California Department of Health Services is (510) 540-2646.</p> <p>Includes testing for Type A Antibody.</p> <p>Formulary Restricted</p>		<ul style="list-style-type: none"> •Los Angeles County Health Department •Orange County Public Health Department

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
COCCIDIOIDES PANEL, KERN COUNTY Coccidioidomycosis Antibody Coccid Serum/CSF	KPDS: 8649208 Health Connect Order Code: COCCIDIOIDES PANEL, KERN COUNTY [218766]	GLD6 or SF10 Cocci KC	Serum or CSF Reflex test only for Kern County. Order for Diagnosed or Previously Positive Patients (Serum or CSF) Minimum specimen: Serum: 1.0 mL CSF: 1.0 mL Formulary	(Immunodiffusion, Quantitative Immunodiffusion, Complement Fixation)	Kern County Public Health Department via Bakersfield (Stockdale Medical Office laboratory ONLY) Monday - Thursday 10 days
DRPLA	KPDS:	LAV5	5-10 mL EDTA Whole Blood Transport: Ambient Formulary Restricted		TPMG, Kaiser San Jose via Genetic Testing Dept., Electronics Place
FAMILIAL MEDITERRANEAN FEVER DNA MUTATION ANALYSIS	KPDS: Order Manually	LAV5	4.0 ml whole blood Transport: Ambient Additional forms required for testing: 1) Genetic Testing Requisition 2) UCIA Test Requisition Form Refer to the Molecular Genetic Pathology laboratory FAQ for questions regarding ordering. Do not centrifuge Received: •Non-EDTA container [i.e. Sodium Heparin] •Clotted •Hemolyzed •Frozen •Serum A: 4 days R: 10 days F: Unacceptable Minimum specimen: 1.0 mL whole blood Formulary	Accompanies report (Reverse Hybridization Blot) Refer to Reference Laboratory Report	University of California - Los Angeles, Molecular Pathology Laboratory via Molecular Genetic Pathology Laboratory (Genetic Testing) 10 days **TAT is based upon receipt of sample at the MGPL **

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
<p>GALACTOSEMIA FOLLOW-UP (URIDYL TRANSFERASE, GALT)</p> <ul style="list-style-type: none"> Galactose 1-Phosphate Uridyltransferase GALACTOSEMIA FOLLOW-UP (URIDYL TRANSFERASE, GALT) <p>Alias:</p> <ul style="list-style-type: none"> Newborn Neonatal/Neonate Infant Baby 	<p>KPDS: Order Manually</p>	<p>GS4 [Sodium Heparin]</p>	<p>2 ml whole blood [Green top sodium heparin] Transport: Ambient This is not the same test as Mayo #380337 (Galactose-1-PHOS URIDYL TRANS) Collect blood by heelstick • Mix well by gentle inversion. • label tube with: 1) last name of newborn 2) Medical record number 3) Date of birth 4) Date and time of collection • Send STAT <u>directly</u> to CHIA (Special Chemistry Department) <u>via</u> courier. R: NO F: NO Minimum specimen: 1 ml whole blood [Green top sodium heparin] • The Newborn Screening Coordinator at Walnut Center will arrange for this follow-up test at CHIA's Special Chemistry Department. • This is a confirmatory test for the California Newborn Screening (NBS) program. • The cost of the test will be paid by the California Department of Health Services. Download and complete the attached CHIA requisition to accompany the specimen. NOTE: CHLA recommends ordering both Galactose 1-Phosphate Uridyltransferase [GALT] Electrophoresis [82664] Whole Blood AND Galactose 1-Phosphate Uridyltransferase [GALT], Quantitative [82775] Whole Blood in order to determine both the enzyme activity and the genotype. Non-Formulary</p>		<p>Childrens Hospital Los Angeles (CHLA) 2-4 days</p>

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HEMOGLOBIN S AND/OR C - DNA	KPDS: Order Manually	LAV5	5-10 ml EDTA Whole Blood Transport: Ambient Please print, complete and submit this <u>NCAI Requisition Form</u> with the specimen. Formulary Restricted	(PCR) Prenatal diagnosis should be offered to couples at risk for offspring with sickle cell anemia or sickle-hemoglobin C disease.	TPMG, Kaiser San Jose via Genetic Testing Dept., Electronics Place (Genetic Testing)
HIGH SENSITIVE ESTRADIOL ASSAY	KPDS: Order Manually	GLD6	3.0 ml FROZEN serum. This test is restricted to Endocrinology Providers. Transport specimens FROZEN directly to Esoterix Laboratory. Minimum specimen: 1.0 mL serum. Formulary Restricted	Accompanies Report (RIA after LH20 column chromatography)	Esoterix Laboratory (#152) via Medical Center Monday - Saturday 2 Days

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HIV 1 DRUG SUSCEPTIBILITY, GENOTYPIC [MONOGRAM BIOSCIENCES] •HIV-1 GENOTYPE (GART) •GeneSeq HIV •GENOTYPIC ANTI-RETROVIRAL TESTING (GART)	KPDS: 8671200 [Confidentiality Module] Health Connect Order Code: HIV 1 DRUG SUSCEPTIBILITY, GENOTYPIC [87901C]	PPT HIV1 GART	Two 5 ml Plasma Preparation Tubes (PPT x 2) Transport: Frozen On Dry Ice HIV GART will be performed only when requested by Infectious Disease Physicians or other approved HIV providers. HIV-1 (bDNA) Viral load must be performed within eight weeks of GART request, and must be greater than or equal to 500 copies/ml. If ordered with HIV-1 (bDNA) VIRAL LOAD (#8671205), four tubes MUST be submitted. Draw two PPT tubes. Centrifuge and FREEZE the original PPT tubes WITHIN 4 HOURS OF COLLECTION. DO NOT REFRIGERATE. DO NOT ALIQUOT. Send FROZEN PPT TUBES to the Regional Reference Laboratories' Specimen Processing Department. If requesting provider is not on the approved list, RRL Specimen Processing Department will reject, follow up and obtain appropriate approval from Infectious Disease physician at respective Medical Center. A: 2 hours R: NO F: 1-2 weeks at -20 °C Minimum specimen: One 5 mL PPT Upon test completion, the following message will be displayed under the KPDS confidentiality module: "Testing performed at Monogram Biosciences, Inc., SEE PATIENT'S CHART FOR RESULTS" Formulary	See patient chart. (Genotyping) See patient chart. See patient chart.	Monogram Biosciences, Inc. via Regional Reference Laboratories, North Hollywood Daily 14 days [From time of specimen receipt]

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HIV 1 DRUG SUSCEPTIBILITY, PHENOTYPIC, COMPREHENSIV E [MONOGRAM BIOSCIENCES] <ul style="list-style-type: none"> • Phenotyping • Phenosense HIV • HIV Phenotype 	KPDS: 8671222 [Confidentiality Module] Health Connect Order Code: HIV 1 DRUG SUSCEPTIBILITY, PHENOTYPIC, COMPREHENSIV E [87901B]	PPT HIV1 Pheno	<p>Two 5 ml Plasma Preparation Tubes (PPT x 2) Transport: Frozen On Dry Ice. HIV Phenotyping will be performed only when requested by Infectious Disease Physicians or other approved HIV providers.</p> <p>HIV-1 (bDNA) Viral load must be performed within eight weeks of HIV Phenotyping request, and must be greater than or equal to 500 copies/ml. If ordered with HIV-1 bDNA VIRAL LOAD [#8671205], four tubes MUST be submitted.</p> <p>Draw two PPT tubes. Centrifuge and FREEZE the original PPT tubes WITHIN TWO HOURS of collection. DO NOT REFRIGERATE. DO NOT ALIQUOT.</p> <p>Send FROZEN PPT TUBES to the Regional Reference Laboratories Specimen Processing Department. A: 2 hours R: NO F: 1-2 weeks at -20 °C Minimum specimen: One 5 mL PPT Upon test completion, the following message will be displayed under the KPDS confidentiality module: "Testing performed at Monogram Biosciences, Inc., SEE PATIENT'S CHART FOR RESULTS" Formulary</p>	<p>See patient chart. (Phenotyping) See patient chart.</p> <p>See patient chart.</p>	<p>Monogram Biosciences, Inc. via Regional Reference Laboratories, North Hollywood Daily 14 days [From time of specimen receipt]</p>

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HIV CO-RECEPTOR TROPISM,RNA OR PROVIRAL DNA, PHENOTYPIC ANALYSIS (TROFILE SELECT) [MONOGRAM BIOSCIENCES] HIV TROFILE CCR5 OR CXCR4	KPDS: 8799912 Health Connect Order Code: HIV CO-RECEPTOR TROPISM, RNA OR PROVIRAL DNA, PHENOTYPIC ANALYSIS (TROFILE SELECT) [87999AC]	LAV5 x4 HIV Trofil	<p>Four IAV5 Transport: Frozen HIV Trofile will be performed only when requested by Infectious Disease Physicians or other approved HIV providers.</p> <p>HIV-1 (bDNA) Viral load must be performed within eight weeks of HIV Trofile request, and must be greater than or equal to 1,000 copies/ml. If ordered with HIV-1 (bDNA) Viral load (#8671205), four tubes MUST be submitted.</p> <ul style="list-style-type: none"> •Freeze one tube immediately [do not centrifuge] •Centrifuge the other 3 tubes within 6 hours of collection. Transfer plasma to screw-top tubes and freeze immediately at -20°C and ship all frozen F: 1-2 weeks <p>Test performed at: Monogram Biosciences, Inc. 345 Oyster Point Boulevard South San Francisco, CA 94080 Tel: (800) 777-0177 Fax: (650) 615-0177 Laboratory Director: Patrick Joseph, M.D. Formulary Restricted</p>	See patient's chart for results	Monogram Biosciences [E3000T] via Regional Reference Laboratories, North Hollywood and Chino Hills Daily 14 days from day of receipt at testing site

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HLA ABC TISSUE TYPING •DNA CLASS II TYPING (Includes, HLA-A, B, C, DR, Cytotoxic Antibody Screening, Lymphocyte and T&B Crossmatches with MLC)	KPDS: Order manually.		This test is restricted to Transplant Providers. Send direct due to stability issue. UCLA-Tissue Typing Laboratory 1000 Veteran Avenue, Room 13-08 Los Angeles, CA 90024-1652 310-206-0270 -or- 0258 Formulary Restricted		UCLA Tissue Typing Laboratory via Medical Center
HLA TYPING FOR BONE MARROW TRANSPLANT	KPDS: Order Manually	Depends on test[s] ordered. See href="http://kpnnet.kp.org:81/california/scpmg/labnet/testmenu/documents/CityofHopeHistocompatibilityLaboratoryRequestForm.pdf">City of Hope Histocompatibility Lab R	Whole Blood or Bone Marrow [Depends on test[s] ordered.] See City of Hope Histocompatibility Laboratory Request Form . Transport: Ambient This test is restricted to Transplant Providers. Send directly from Medical Center due to stability issue. 1500 East Duarte Road, Duarte, CA 91010-0269 Phone: [877] 443-GENE Patients may have their blood drawn at the locations listed here. Specimen Collection Instructions for HIA Testing. Received: •heparinized •not collected in tubes with anticoagulant •unlabeled/mislabeled tubes A: 7 days R: NO F: NO Complete and submit the City of Hope Histocompatibility Laboratory Request Form top:5px;">Technical Bulletin</p> Formulary Restricted	Accompanies report	City of Hope - Duarte / HLA Laboratory via Medical Center Set up Monday - Friday 8-10 business days, except for Engraftment [Chimerism] Analysis: 24 hours

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
HOMOVANILLIC ACID (HVA), CATECHOLAMINE METABOLITE) FOR PEDIATRIC PATIENTS	KPDS: Order Manually	Random Urine (UR25)	25 mL FROZEN aliquot of random urine. Transport: Frozen. This test is restricted to Endocrinology Providers. FREEZE all Pediatric urine samples. Minimum specimen: 10 mL urine. Formulary Restricted	Age Dependent	Childrens Hospital, LA, via North Hollywood only.
HUNTINGTON DISEASE HUNTINGTON DISEASE DNA TESTING	KPDS: Order Manually	LAV5	5 mL EDTA Whole Blood Transport: Ambient Please print, complete and submit this <u>NCAI Requisition Form</u> and the <u>Huntington Disease Consent Form</u> with the specimen. Formulary Restricted	(PCR) Diagnostic Testing: Evaluation of symptomatic individuals or confirmation of a clinical diagnosis of Huntington disease. Symptoms of Huntington disease can be similar to those of Machado-Joseph disease (SCA3), Spinocerebellar Ataxia (SCA1), and DRPLA; it may be worthwhile to consider ordering these tests as well. Predictive Testing: Evaluation of currently asymptomatic individuals with a confirmed or suspected family history of Huntington disease. Patients requesting Predictive Testing must be referred to and seen at an appropriate Huntington Disease Predictive Testing Program. Please call <u>DNA Referral</u> for additional information.	TPMG, Kaiser San Jose via Genetic Testing Dept., Electronics Place (Genetic Testing)

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
KENNEDYS DISEASE DNA	KPDS: Order Manually	LAV5	5-10 ml EDTA Whole Blood Transport: Ambient Please print, complete and submit this NCAI Requisition Form and the SBMA Presymptomatic Consent Form With the specimen. Formulary Restricted	(PCR) 1. Diagnostic: Evaluation of symptomatic individuals or confirmation of a clinical diagnosis of Kennedy disease. 2. Carrier and/or Predictive: Carrier or presymptomatic testing in individuals with a positive family history.	TPMG, Kaiser San Jose via Genetic Testing Dept., Electronics Place (Genetic Testing)

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MACHADO-JOSEPH DISEASE (SCA3)	KPDS: Order Manually	LAV5	5-10 ml EDTA Whole Blood Transport: Ambient Please print, complete and submit this NCAI Requisition Form and the SCA Presymptomatic Consent Form with the specimen. Formulary Restricted	(PCR) Evaluation of symptomatic individuals. Due to the fact that symptoms of MJD can be quite variable and can be similar to those of Huntington disease, Spinocerebellar Ataxia Type 1 (SCA1), or DRPLA, you may wish to consider testing the patient for these other neurodegenerative disorders should the MJD1 mutation analysis prove to be negative.	TPMG, Kaiser San Jose via Genetic Testing Dept., Electronics Place (Genetic Testing)
MEASLES VIRUS, CULTURE • Measles • Rubella	KPDS: Removed from Service Master: 8649612 Health Connect Order Code: Inactivated: MEASLES VIRUS CULTURE [87252J]		As of January 16, 2019, this test formerly performed at local county and/or state public health, has been discontinued. <u>DISCONTINUATION OF MEASLES VIRUS CULTURE AND MUMPS VIRUS CULTURE</u> Not-Formulary		•Not-Formulary (Discontinued)

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MITOCHONDRIAL DNA	KPDS: Order Manually	LAV5 (2)	10 mL EDTA whole blood Transport: Ambient Need patient information, history, and diagnosis. Due to stability problems, please draw blood Monday, Tuesday or Wednesday, if possible. Refrigerate the specimen if held over the weekend. A: 24-48 hours R: 48-72 hours Non-Formulary		CHLA via Quest via Genetic Testing Dept. Electronics Place ONLY
MIXED LYMPHOCYTE CULTURE (MLC)	KPDS:	5 mL Yellow ACD and 7 mL Red Top (RED7)	Transport: Ambient Contact City of Hope prior to drawing specimen at (818) 359 - 8111 ext. 2691 Direct shipment via A-Line Courier. Available at UCLA. UCLA - Tissue Typing Laboratory 1000 Veteran Avenue, Room 13-08 Los Angeles, CA 90024-1652 310.206.0270 -or- 0258 Non-Formulary		City of Hope, Los Angeles, CA

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
MUMPS VIRUS, CULTURE • Mumps • Parotitis	KPDS: Removed from Service Master: 8649613 Health Connect Order Code: Inactivated: MUMPS VIRUS CULTURE [87252K]		As of January 16, 2019, this test formerly performed at local county and/or state public health, has been discontinued. DISCONTINUATION OF MEASLES VIRUS CULTURE AND MUMPS VIRUS CULTURE Not-Formulary		•Not-Formulary (Discontinued)

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
OSMOTIC FRAGILITY RED CELL FRAGILITY	KPDS:		Send direct - stability issue. Non-Formulary		Mayo Clinic via Medical Center

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHENOSENCE GT [MONOGRAM BIOSCIENCES] HIV PHENOSENCE GT	KPDS: 8671212 Health Connect Order Code: PHENOSENCE GT [214620]	PPT Phenos GT	<p>Two 5 ml Plasma Preparation Tubes Transport: Frozen On Dry Ice HIV PhenoSense GT will be performed only when requested by Infectious Disease Physicians or other approved HIV providers.</p> <p>HIV-1 (bDNA) Viral load must be performed within eight weeks of PhenoSense GT request, and must be greater than or equal to 500 copies/ml. If ordered with HIV-1 (bDNA) Viral load (#8671205), four tubes MUST be submitted.</p> <p>Centrifuge and FREEZE the original PPT tubes WITHIN 2 HOURS OF COLLECTION. DO NOT REFRIGERATE. DO NOT ALIQUOT.</p> <p>Send FROZEN PPT TUBES to the Regional Reference Laboratories' Specimen Processing Department.</p> <p>If requesting provider is not on the approved list, RRL Specimen Processing Department will reject, follow up and obtain appropriate approval from Infectious Disease Physician at respective Medical Center.</p> <p>A: 2 hours R: NO F: 1-2 weeks at -20°C</p> <p>Upon test completion, the following message will be displayed under the KPDS confidentiality module: "Testing performed at Monogram Bioscience, Inc. SEE PATIENT'S CHART FOR RESULTS" Formulary</p>	See patient chart. (Phenotyping and Genotyping) See patient chart. See patient chart.	Monogram Bioscience, Inc. via Regional Reference Laboratories, North Hollywood Daily 14 days [From time of specimen receipt]

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PHENOSENSE HIV ENTRY INHIBITOR SUSCEPTIBILITY ASSAY [MONOGRAM BIOSCIENCES] HIV PHENOSENSE ENTRY	KPDS: 8671216 Health Connect Order Code: PHENOSENSE HIV ENTRY INHIBITOR SUSCEPTIBILITY ASSAY [219950]	PPT Phenos Ent	Two 5 ml PPTs Transport: Frozen HIV PhenoSense Entry will be performed only when requested by Infectious Disease Physicians or other approved HIV providers. HIV-1 (bDNA) Viral load must be performed within eight weeks of HIV PhenoSense Entry request, and must be greater than or equal to 1,000 copies/ml. If ordered with HIV-1 (bDNA) VIRAL LOAD (#8671205), four tubes MUST be submitted. Centrifuge and FREEZE the original PPTs WITHIN TWO HOURS of collection. DO NOT REFRIGERATE. DO NOT ALIQUOT. Send FROZEN PPT TUBES to the Regional Reference Laboratories Specimen Processing Department. If requesting provider is not on the approved list, RRI Specimen Processing Department will reject, follow up and obtain appropriate approval form Infectious Disease Physician at respective Medical Center. A: 2 hours R: NO F: 1 - 2 weeks at -20°C scriptC Minimum specimen: One 5 mL PPT Upon test completion, the following message will be displayed under the KPDS confidentiality module: "Testing performed at Monogram Bioscience, Inc. SEE PATIENT'S CHART FOR RESULTS" Formulary	See patient chart. See patient chart. See patient chart.	Monogram Biosciences Inc. via Regional Reference Laboratories, North Hollywood Daily 14 days from day of receipt at testing site.
PHOSPHORYLASE KINASE	KPDS: Order Manually				Duke University, Genetics

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
PROSTAGLANDIN S (URINE) PG D2	KPDS: 8415050 Health Connect Order Code: PROSTAGLANDIN S, TOTAL [84150A]	UR25 PG D2 U	10 mL frozen urine Transport: Frozen 24-hour urine collections A: NO R: NO F: 30 days Minimum specimen: 5 mL	(Direct Radioimmunoassay)	QUEST DIAGNOSTICS via Medical Center Set-up Monday thru Friday 12 days
RABIES-TITER RESPONSE RABIES AB TITER	KPDS:		If RABIES is suspected contact your local PUBLIC HEALTH DEPARTMENT for instructions.	(Immunoassay)	Local Public Health Laboratory via Medical Center
RED CELL FRAGILITY	KPDS: ORDER MANUALLY	LAV5	5 mL refrigerated EDTA whole blood for both patient and normal control. Specify the gender of the control specimen. Transport: Refrigerated Draw Monday to Wednesday only. Specimens must be received at the Mayo Clinic within 72 hours of collection. Send via overnight UPS delivery to Mayo Clinic 200 1st St. Southwest Rochester, MN 55905 1-800-533-1710 Non-Formulary	Accompanies Report	Mayo Clinic via Medical Center

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SINGLE ANTIGEN TEST •HLA Single Antigen ID •Single Antigen Antibody ID	KPDS: Order Manually	RED7	<p>10 ml Transport: Ambient•Complete and submit the Kaiser Transplant Requisition. •Patients may have their blood drawn at the locations listed here. Draw specimen prior to hemodialysis Received: •grossly hemolyzed •improper labeling of tube or requisition Minimum specimen: Adult: 3 mL [1.5 mL serum] Pediatric: 1 mL [0.5 mL serum] Test includes Anti-HLA Class I and Class II antibodies detected by specialized microspheres coupled with purified individual HLA antigens. The specificity of the antibody is reported.</p>	Anti-HLA antibody specificity is reported (Flow Cytometry) Used for organ transplant candidates and platelet refractory patients. This test identifies patients at risk for antibody-mediated damage to grafted organs or tissue. Anti-HLA antibody single antigen identification testing detects specific HLA antigens against which the patient is sensitized. This solid phase immunoassay is used to qualitatively detect IgG antibodies to HLA Class I and Class II antigens. The flow cytometry method is more sensitive than the cytotoxicity assay.	UCLA Immunogenetics Center 1000 Veteran Ave. Room 1-308 Los Angeles, CA 90095 Phone: 310-206-0258 FAX: 310-794-5652 Send via Medical Center Set up Monday - Friday 0800-1700 Results out in 5 days

ADDITIONAL OUTSIDE LAB TESTS NOT PERFORMED AT QUEST ("EXCEPTIONS LIST")					
TEST NAME - SERVICE MASTER	PROCEDURE	SPECIMEN	REQUIREMENTS	ADULT REFERENCE VALUES & METHODOLOGY	PERFORMED AT
SPERM CELL MORPHOLOGY, KRUGER TYGERBERG CLASSIFICATION [SPECIAL GIMESA STAIN PREP]	KPDS: 8932006 Health Connect Order Code: SPERM CELL MORPHOLOGY, KRUGER TYGERBERG CLASSIFICATION [SPECIAL GIMESA STAIN PREP] [87205ZS]	<u>S199</u> Sperm Morp	<p>Semen</p> <p>Transport: Ambient</p> <p><Bullet>Send Slides in Slide Holders To The Regional Laboratories' Specimen Processing Department, Monday Through Wednesday Only. </p> <p><Bullet>Slides Will Be Shipped Overnight To Testing Laboratory Via Fedex</p> <p>MEDICAL CENTERS MUST COLLECT THE SPECIMEN ONLY ON MONDAY, TUESDAY AND WEDNESDAY.</p> <p><u>loma.linda.Sperm.Morphology.Slide.Preparation.and.Shipping.Instructions</u></p> <p>Do not add any chemical, oil, liquefying agent or diluent on the semen. Submit 2 slides (slides must be prepared within 1 hour after collection).</p> <ul style="list-style-type: none"> •Use feather-edge technique •Air dry at room temperature, on a flat surface. •Dip dried sperm smears in 100% methanol for 5 seconds to 1 minute. This additional step will fix the cells and will be stable for one year. <p>A: 7 days Formulary</p>	4% Strict Normal Forms [Normal] [Poor <4%, Good >4-14%, Best >14%] (Modified Papanicolaou stain/microscopic examination [Sperma Stain])	Loma Linda University Fertility Science Laboratory via Regional Reference Laboratories' Specimen Processing Department Monday - Friday
TETANUS ANTIGEN	KPDS: Order Manually	Two 5 mL Green Top	<p>10 mL heparinized whole blood at room temperature</p> <p>Transport: Ambient</p> <p>Send specimen via A-line courier to CHLA, Dr. Parkman Lab 4546 Sunset Blvd. Los Angeles, CA 90027 (323) 669-2257</p> <p>Non-Formulary</p>		Children's Hospital Los Angeles, Dr. Parkman Laboratory via Medical Center

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Revision Date: September 10, 2020 Printed on: Mon Sep 14 16:17:22 PDT 2020 Page 1042

Signature Manifest

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Revision: 02

Title: Laboratory Test Directory

Effective Date: 07 Oct 2020

All dates and times are in Pacific Standard Time.

Laboratory Test Directory

Initial Approval

Name/Signature	Title	Date	Meaning/Reason
Qiyamaa Portillo (K237031)	Assistant Director Operations	01 Oct 2020, 12:00:41 PM	Approved

Operations Director Approval

Name/Signature	Title	Date	Meaning/Reason
Janice Wolf (K119893)	Director Operations Area Lab	05 Oct 2020, 09:51:58 AM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Sony Wirio (A478893)	Pathologist, Medical Director	07 Oct 2020, 08:37:38 AM	Approved