

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>% Saturation</b> <b>(%O2 Saturation)</b>	<b>82810</b>	Whole blood: heparinized syringe on ice	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> <b>24 hours,</b> <b>Daily</b>	<b>15 minutes</b>	
<b>.14-3-3 Protein</b> <b>Tau/Theta</b>  <i>Formerly: Creutzfeldt-Jakob Disease</i>	<b>84182</b> <b>86317</b>	Collect 5 mL of CSF in a sterile container. 5 mL required volume 2 mL minimum volume	Frozen	<i>Interpretive Data</i>	<b>Set up:</b> <b>Varies</b>	<b>7 – 17 days</b>	The first 2 mL of CSF that flows from the tap should be discarded.
<b>1, 3 Beta D Glucan</b> <b>(Fungitell)</b>	<b>87449</b>	Serum SST, <b>tiger top</b> tube 2 mL required volume 0.5 minimum Volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Monday –</b> <b>Friday</b>	<b>4 – 5 Days</b>	<b>Outside Reference Laboratory</b> Separate serum from cells within 2 hours of collection. Transfer 2 mL serum to a sterile a Standard Transport Tube. Unacceptable Conditions: Hemolyzed, icteric, or lipemic specimens. Ambient specimen unacceptable,
<b>11 Deoxycortisol</b>  <i>Formerly:</i> <i>11 Deoxycortisol, Plasma</i>	<b>82634</b>	Serum Plain <b>red</b> top tube 1 mL required volume 0.2 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Tuesday &amp;</b> <b>Thursdays</b>	<b>3 - 4 days</b>	<b>Outside Reference Laboratory</b> An early morning specimen is preferred.
<b>17 Hydroxpregnenolone</b>	<b>83498</b>	Serum SST, <b>tiger top</b> tube  <b>Alternate #1:</b> Plasma, EDTA <b>Lavender</b> top tube  <b>Alternate #2:</b> Plasma, Sodium Heparin – <b>Green</b> top tube, no gel tube.  1 mL required volume 0.3 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday -</b> <b>Saturday</b>	<b>Set up:</b> <b>2 – 6 days</b>	<b>Outside Reference Laboratory</b> A Specimen should be separated from Cells ASAP. Unacceptable Conditions: Grossly hemolyzed specimens.
<b>17 Hydroxycorticosteroids,</b> <b>24 Hour Urine</b>	<b>83491</b>	24 hour Urine, 15 mL required volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Monday –</b> <b>Friday</b>	<b>3 - 5 days</b>	<b>Outside Reference Laboratory</b> Collect urine with 10 grams of boric acid to maintain pH below 7.5. Record 24 hour urine volume on test request form and urine vial. Random urine samples are acceptable – but reference ranges do not apply.

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<p><b>17 – Ketosteroids Total 24 Hour Urine</b></p> <p>Formerly: Ketosteroids-17Total, 24 hour Urine</p>	83586	24 hour urine collected in a 24 hour urine container with no preservatives. Refrigerate during collection 20 mL required volume 10 mL minimum volume.	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 – 3 days	<p><b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory.</p> <p><b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient’s full name, medical record number, room number; date and time collection started and date and time collection finished.</p> <p><b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient’s full name and date of birth; date and time collection started and date and time collection finished. Collect urine with 10 grams of boric acid or or 25 mL 50% Acetic Acid or 30 mL 6N HCl during collection to maintain pH below 7.5. Keep urine refrigerated during collection and after collection. Record 24-hour urine volume on test request form and urine vial.</p>
<b>1 Hour Glucose Challenge</b>	82950	Plasma Collect specimen in Sodium Fluoride gray top tube	Ambient	<i>Interpretive Data if results &gt; 140 mg/dl</i>	Set up: 24 hours, daily	1 hour	<b>Critical Value</b> < 50, > 500 mg/dl
<b>2 Hour Glucose Challenge</b>	82947	Plasma Collect specimen in Sodium Fluoride gray top tube	Ambient	<i>Interpretive Data if results &gt; 140 mg/dl</i>	Set up: 24 hours, daily	1 hour	<b>Critical Value</b> < 50, > 500 mg/dl

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<b>3 Hour Glucose Tolerance</b>  Order: Glucose Tolerance, 3 Hour	82951	Plasma Collect specimen in Sodium Fluoride gray top tube	Ambient	<i>Interpretive Data</i>	Set up: 24 hours, daily	4 hours	3 hours after Glucose Solution Fasting: 1 hour, 2 hour, 3 hour <b>Critical Values</b> < 50m > 500 mg/dl
<b>4 Hour Glucose Tolerance</b>  Order: Glucose Tolerance, 4 Hour	82951	Plasma Collect specimen in Sodium Fluoride gray top tube	Ambient	<i>Interpretive Data</i>	Set up: 24 hours, daily	4 hours	4 hours after Glucose Solution Fasting: 1 hour, 2 hour, 3 hour, 4 hour <b>Critical Values</b> < 50, > 500 mg/dll
<b>5 Hour Glucose Tolerance</b>  Order: Glucose Tolerance, 5 Hour	82951	Plasma Collect specimen in Sodium Fluoride gray top tube	Ambient	<i>Interpretive Data</i>	Set up: 24 hours, daily	4 hours	5 hours after Glucose Solution Fasting: 1 hour, 2 hour, 3 hour, 4 hour, 5 hour <b>Critical Values</b> < 50, > 500 mg/dl
<b>5 HIAA, 24 Hour Urine</b>  (5-Hydroxyindoleacetic Acid (HIAA) Urine)	83497 82570	24 hour urine collected in a 24 hour urine container with no preservatives	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday, Tuesday – Saturday	1 – 4 days	<b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory.  <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished.  <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.  Collect: 24-hour or random urine. Refrigerate 24-hour specimens during collection. <b>Record total volume and collection</b>

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<p><b>5 HIAA, 24 Hour Urine -continued-</b></p>							<p><b>time interval on transport tube and test request form.</b>                      Refrigeration is the most important aspect of specimen preservation. Preservation can be helped by adding 25mL 6N HCL (boric acid not acceptable). Mark collection duration and total volume on transport tube and test request form.                      Stability: Ambient= Unacceptable; Refrigerated= 1 week; Frozen= 2 weeks.</p> <p>Patients should abstain, if possible, from medications, over-the-counter drugs, and herbal remedies for at least 72 hours prior to the test. Foods rich in serotonin (avocados, bananas, eggplant, pineapple, plums, tomatoes, walnuts) and medications that may affect metabolism of serotonin must be avoided at least 72 hours before and during collection of urine for HIAA.</p>
<p><b>24 Hour Urine Chloride</b></p>	<p><b>82436</b></p>	<p>24 hour urine collected in a 24 hour urine container with no preservatives</p>	<p>Refrigerate</p>	<p>5 – 15 g.24 hrs</p>	<p><b>Set up: 24 hours Daily</b></p>	<p>24 ours</p>	<p><b>Collection:</b>                      Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory.</p> <p><b>Inpatient Collection:</b>                      Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished.</p> <p><b>Outpatient Collection:</b>                      Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.</p>

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<b>5 Nucleotidase</b> Updated 2/09/17  <b>Order:</b> <b>Nucleotidase-5"</b>	<b>83915</b>	Serum SST, <b>tiger top</b> tube 2 mL required volume 0.2 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday – Saturday</b>	2 - 3 days	<b>Outside Reference Laboratory</b> Allow specimen to clot completely at room temperature.
<b>A1C Hemoglobin</b>	<b>83036</b>	Whole blood: EDTA <b>Lavender top</b> tube	Refrigerate	4.5 – 6.0% G-Hb	<b>Set up:</b> <b>7:00 .am. – 11:00 p.m., daily</b>	<b>24 hours</b>	
<b>ABO and Rh</b>  (Type and Rh)	<b>86901</b> <b>86900</b>	1 – EDTA 6 mL Tube ( <b>Pink top</b> tube 3 mL minimum volume	Ambient	Test is for blood type.	<b>Set up:</b> <b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>ABO and Rh Newborn</b>	<b>86900</b> <b>86901</b>	Collect a cord blood specimen or a purple bullet.	Ambient	Test is for blood type	<b>Set up:</b> <b>24 hours, Daily</b>	<b>Stat:</b> 2 hours <b>Routine:</b> 4 hours	Included in Newborn Cord Blood Study.
<b>Acanthamoeba Stain</b>	<b>87205</b> <b>87206</b> <b>87209</b>	Sterile swab placed in sterile saline; swab in Amies acceptable; Contact lens in sterile saline; Slide prepared by physician	Ambient <b>Never frozen</b>	Negative	<b>Slides read by a Pathologist.</b>	<b>24 hours</b>	<b>Specimen should never be never frozen</b>
<b>Acetaminophen Level</b>	<b>G0480</b>	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	10 – 20 µg /mL	<b>Set up:</b> <b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Value:</b> <b>&gt; 30.0 ug/mL</b>
<b>Acetone, Serum</b>	<b>82009</b>	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	Negative	<b>Set up;:</b> <b>24 hours Daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Acetylcholine Receptor Bindings Antibody</b>	<b>83519</b>	Serum SST, <b>tiger top</b> tube 1 mL required volume. 0.3 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday – Saturday</b>	4 – 5 days	<b>Outside Reference Laboratory Unacceptable Conditions</b> Plasma. Contaminated, hemolyzed, or severely lipemic specimens

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<b>Acetylcholine Receptor Blocking Antibody</b>	83519	Serum SST, <b>tiger top</b> tube 1 mL required volume. 0.3 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday– Saturday	4 – 5 days	<b>Outside Reference Laboratory Unacceptable Conditions</b> Contaminated, hemolyzed, or severely lipemic specimens.
<b>Acetylcholine Receptor Modulating Antibody</b>	83516	Serum SST, <b>tiger top</b> tube 1 mL required volume. 0.3 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	2 – 7 days	<b>Outside Reference Laboratory Unacceptable Conditions</b> Contaminated, hemolyzed, or severely lipemic specimens.
<b>Acetylcholinesterase Amniotic Fluid</b>  <i>Formerly: Acetylcholinesterase FHGB (Fetal Hemoglobin), Amniotic Fluid</i>	82664 83033	Collect Amniotic Fluid 2 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	Set up: Monday, Wednesday	3 -11 days	<b>Outside Reference Laboratory</b>
<b>Acid Fast Bacilli Culture</b>	87116	Specimen should be collected on a culturette swab. Tissue in a sterile cup.	Ambient	Negative	Set up: 24 hours, daily	24 hours	
<b>Actin Smooth Muscle Antibody IgG</b>  <i>Formerly: Actin (Smooth Muscle) Antibody</i>	83516	Serum, SST <b>tiger</b> top tube 0.5 mL required volume 0.3 mL minimum volume	Refrigerate	See Report or Scanned Document	Set up: Sunday – Saturday	2 – 3 days	<b>Outside Reference Laboratory</b> Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Urine or plasma. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens
<b>Activated Protein C Resistance</b>  <i>Formerly: Resistance Activated Protein C</i>	85307	Whole Blood, Sodium Citrate 3.2% blue top tube 2.7 mL required volume  Alternate: Double Spun Plasma, collected in sterile, capped Plastic tube. 1.5 mL required volume	Ambient whole blood specimen,  Double spun plasma is to be frozen	<i>See Report or Scanned Document</i>	Set up: Tuesday, Thursday	3 – 5 days	<b>Outside Reference Laboratory</b> <b>Please indicate anticoagulant therapy.</b> Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. <b>Whole blood must be transported to lab immediately.</b> <b>If testing cannot be started within 2 hours of collection the specimen must be double spun then 1.5 mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.</b> <b>Do not pool aliquots together!</b>

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<b>Acylcarnitine Level</b>	82017	Collect Serum in <b>green</b> (sodium or Lithium Heparin tube. 1 mL required volume 0.2 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: <b>Tuesday, Thursday, Saturday</b>	2 – 7 days	<b>Outside Reference Laboratory</b> Separate serum or plasma from cells ASAP or within 2 hours of collection. Any specimen that is refrigerated 12 hours or more is unacceptable. Clinical information is needed for appropriate interpretation. Please provide age, gender, diet, drug therapy and family history.
<b>Adrenocorticotrophic Hormone Plasma</b> <i>Formerly: ACTH, Plasma</i>	82024	Plasma EDTA <b>Lavender</b> top tube 1.5 mL required volume 0.3 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: <b>Monday - Friday</b>	1 – 3 days	<b>Outside Reference Laboratory</b> Avoid hemolysis of specimen..
<b>Adenosine Deaminase, Body Fluid</b> <i>Formerly: Adenosine Deaminase, Pleural Fluid</i>	84311	Collect Pleural Fluid mini 1 mL required volume 0.3 minimum volume	Ambient <b>Refrigerate if over 2 hours.</b>	<i>See Report or Scanned Document</i>	Set up: <b>Sunday, Tuesday, Thursday</b>	2 – 5 days	<b>Outside Reference Laboratory</b> Please specify type of fluid collected.
<b>Adenovirus by PCR</b>	87798	Swab, Mini-flocked Swab in Universal Transport Media (UTM)  <b>Alternate:</b> Nasal Wash collected in Sterile Screw top container  <b>Alternate:</b> Bronchial Lavage wash Collected in Sterile Screw top container  3 mL required volume 1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: <b>Monday, Wednesday, Friday</b>	1 – 3 days	<b>Outside Reference Laboratory</b> <b>The preferred specimen is mini-Flocked Swab in Universal Transport Media (UTM)</b> (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M4. Keep swabs refrigerated up to 48hrs (room temperature stability is only 4hrs). Freeze if testing will be delayed more than 48hrs. Also acceptable 3mL(1mL) BAL or NP/Nasal/Tracheal Aspirate Sterile Screw top tube Refrigerated.  <b>NOTE: DO NOT USE Calcium Alginate or Wooden Shaft Swabs as they inhibit PCR testing.</b>
<b>Adrenal Antibody Screen and Titer</b> <i>Formerly: Anti-Adrenal Antibody Screen w/Reflex Titer</i>	86755 86256	Serum, SST, <b>tiger top</b> tube 2 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: <b>Monday - Friday</b>	3 days	<b>Outside Reference Laboratory</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Aerobic Culture</b>	87070	Aerobic swab or direct specimen in a capped syringe or sterile cup	Ambient	"No Growth 3 days"	<b>Set up: 24 hours, daily</b>	<b>Final at 72 days</b>	<b>Routine</b> aerobic cultures, susceptibility reports on all significant isolates. Only rapid-growing, non-fastidious aerobic organisms will be screened for and identified. Only organisms which predominate will be completely identified. Unless specifically requested by the physician or mandated by the specimen source (i.e. genital specimen), fastidious organisms such as <i>N. gonorrhoeae</i> may not be isolated. <b>Please notify the Micro Lab if looking for specific</b>
<b>Aerobic Culture w/Gram Stain</b>	87070	Aerobic swab or direct specimen in a capped syringe or sterile cup	Ambient	"No Growth 3 days"	<b>Set up: 24 hours, daily</b>	<b>Final at 72 days</b>	<b>Routine</b> aerobic cultures, susceptibility reports on all significant isolates.  Only rapid-growing, non-fastidious aerobic organisms will be screened for and identified. Only organisms which predominate will be completely identified. Unless specifically requested by the physician or mandated by the specimen source (i.e. genital specimen), fastidious organisms such as <i>N. gonorrhoeae</i> may not be isolated. <b>Please notify the Micro Lab if looking for specific organisms.</b>  Fungal and mycobacterial pathogens should be considered and appropriate cultures requested if indicated.  <b>Contraindications:</b> Susceptibility testing is usually performed, if indicated. If anaerobes are suspected a properly collected specimen for anaerobic culture should also be submitted and requested.
<b>AFP Amniotic Fluid</b> <b>See:</b> <b>Alpha 1 Fetoprotein (AFP) Fluid</b>							
<b>AFB Culture Blood</b>	87116	1 – 5 mL of Blood  Blood Culture for AFBs should be collected in a Myco/F Lyric Culture vial (which can be obtained from the Microbiology Lab).	Ambient	"No Growth in 6 weeks"	<b>Set up: 24 hours, Daily</b>	<b>Final report in 6 weeks.</b>  <b>Preliminary reports issued weekly.</b>	Preliminary reports updated weekly.  Acid fast organisms are referred to the Tennessee Department of Health Laboratory for identification and if appropriate, susceptibility studies.



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<b>AFB Culture CSF</b> <b>(Acid Fast Bacilli Culture – CSF)</b>	87116	3 – 5 mL of CSF	Ambient	“No Growth in 6 weeks”	<b>Set up:</b> <b>24 hours,</b> <b>Daily</b>	<b>Final report</b> <b>in 6 weeks.</b>  <b>Preliminary reports</b> <b>issued</b> <b>weekly.</b>	Includes AFB smear and culture. Preliminary reports updated weekly.  Acid fast organisms are referred to the Tennessee Department of Health Laboratory for identification and if appropriate, susceptibility studies.
<b>AFB Culture/Smear</b> <b>(TB or <i>Mycobacterium</i>)</b>	87116	Sputum, Bronchial wash, Tissue, Sterile swabs, sterile body fluids.	Ambient	“No Growth 6 Weeks”	<b>Set up:</b> <b>daily</b>	<b>Smears reported</b> <b>within 24</b> <b>hours.</b> <b>Culture</b> <b>results in 6</b> <b>weeks</b>	Includes smear and culture.  Preliminary reports updated weekly.
<b>AFB Culture with Smear</b> <b>(Acid Fast Bacilli Smear TB Smear)</b>	87116	Specimen on culturette swab; tissues or in a sterile cup.	Ambient	“Negative for Acid Fast Bacilli”	<b>Set up:</b> <b>Daily</b>	<b>24 - hours</b>	<b>AFB Culture with Smear</b> <b>(Acid Fast Bacilli Smear TB Smear)</b>
<b>Alpha 1 Fetoprotein</b> <b>(AFP) Fluid</b>  <i>Formerly:</i> <i>AFP Amniotic Fluid</i>	82106	Amniotic Fluid collects by Amniocentesis. 20 – 30 ml required volume in a well labeled sterile screw top tube. Discard the first 2 cc collected. Syringes not acceptable.	Room Temperature  DO NOT FREEZE	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday –</b> <b>Saturday</b>	<b>3 – 4 days</b>	<b><i>Outside Reference Laboratory</i></b> Required Information: <ul style="list-style-type: none"> <li>• Gestational Age (based on MLP)</li> <li>• Gestational Age (Ultrasound)</li> <li>• Date of Last Menstrual Period</li> <li>• Patient Diagnosis</li> <li>• Estimated date of delivery.</li> <li>• Gestational Age and method of determination: US or LMP.</li> </ul> Avoid contaminating fluid with blood.
<b>AFP Maternal Screen</b>  <b>See:</b> <b>Maternal Screen 1</b> <b>(AFB only)</b>							
<b>Albumin</b>	82040	<b>Plasma:</b> Lithium Heparin <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	3.5 – 5.0 gram / dl	<b>Set up:</b> <b>24 hours,</b> <b>daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Albumin, Fluid</b>	82042	Body fluids: 5 mL volume	Refrigerate	<b>Interpretive Data</b>	<b>Set up:</b> <b>24 hours,</b> <b>Daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	Indicate source of body fluid.

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<b>Alcohol</b>	<b>G0480</b>	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.5 mL minimum volume	Ambient	0 – 10 mg /dl	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Do Not</b> prepare venipuncture site with any alcohol containing swab, use iodine.
<b>Aldolase</b>	<b>82085</b>	Serum SST, <b>tiger top tube</b> 2 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Sunday – Saturday	2 –32 days	<b>Outside Reference Laboratory Hemolyzed specimens are not acceptable.</b> Allow specimen to clot completely at room temperature. Serum is the only acceptable specimen type for this assay. Unacceptable Conditions: Specimen types other than serum. Hemolyzed specimens
<b>Aldosterone Urine, 24 Hour</b>  <i>Formerly: Aldosterone 24 Hour Urine</i>	<b>82088</b>	24 hour urine collected in a 24 hour urine container with no preservatives 5 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Monday – Thursday	3 – 6 days	<b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory. <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished. <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.
<b>Aldosterone</b>  <i>Formerly: Aldosterone, Serum</i>	<b>82088</b>	Serum SST, <b>tiger top tube</b>  <b>Alternate:</b> Serum <b>Red</b> top tube, no gel  1 mL required volume 0.5 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up:</b> Sunday – Saturday	2 - 3 days	<b>Outside Reference Laboratory Specify posture of patient.</b> If an upright specimen is collected, patient should be upright (seated or standing) for at least two hours. Non-ambulatory patients can be drawn and specimen marked as Supine. <b>Unacceptable Conditions: EDTA plasma</b>

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<b>Alkaline Phosphatase</b>	<b>84075</b>	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.5 mL minimum volume	Refrigerate	<b>Malé and Fémale:</b> <b>0 – 16 yrs:</b> 124 - 413 u/L <b>&gt;16 yrs:</b> 41 - 121 u/L	<b>Set up:</b> <b>24 hours,</b> <b>daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Alkaline Phosphatase Isoenzymes</b>	<b>84075</b> <b>84080</b>	Serum SST, <b>tiger top tube</b> 2 mL required volume 1.0 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday – Saturday</b>	<b>2 – 4 days</b>	<b>Outside Reference Laboratory</b> Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Specimens collected in EDTA, sodium fluoride, sodium citrate, or potassium oxalate. Grossly hemolyzed or lipemic specimens.
<b>Allergen, Food Orange</b>	<b>86003</b>	Serum SST, <b>tiger top tube</b> 1 mL required volume 01 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Monday – Friday</b>	<b>2 – 4 days</b>	<b>Outside Reference Laboratory</b> Unacceptable: Room Temperature
<b>Allergy Evaluation 2, Southeast</b>	<b>86003</b> <b>x10</b>	Serum, SST tube 3 mL required volume 0.15 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday – Saturday</b>	<b>1 – 2 days</b>	<b>Outside Reference Laboratory</b> <b>Test include</b> Alternarla Alternatea IgE, Bermuda Grass IgE, Cat Dander , Cladosporium herbarum IgE, Common Ragweed (Short) IgE, Dermatophagoides farina IgE, Dog Dander IgE, Oak IgE, Rough Pigweed IgE, June Grass (Kentucky Blue) IgE
<b>Allergen, Fungi/Mold, Muco Racemosus</b>	<b>86003</b>	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Monday – Friday</b>	<b>2 – 4 days</b>	<b>Outside Reference Laboratory</b> Unacceptable: Room Temperature
<b>Allergy Panel 11, Mold Group</b>	<b>86003</b> <b>x5</b>	Serum SST, <b>tiger top tube</b> 2 mL required volume 1 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday – Saturday</b>	<b>2 – 4 days</b>	<b>Outside Reference Laboratory</b> <b>Test includes:</b> Alternarla alternate IgE, Aspergillus fumigatus IgE, Candida albicans IgE, Clasosporium herbarum IgE, Allergen, Fungi/Mold, Muco racemosus
<b>Allergy Panel 15, Cereal Group</b>	<b>86003</b> <b>x5</b>	Serum SST, <b>tiger top tube</b> 2 mL required volume 1 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday – Saturday</b>	<b>2 – 4 days</b>	<b>Outside Reference Laboratory</b> <b>Test includes:</b> Barley IgE, Buckwheat IgE, Gluten IgE, Rice IgE, Rye IgE

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
Allergy Panel 16, Vegetable Group	86003 x5	Serum SST, <b>tiger top tube</b> 2 mL required volume 1 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	2 – 4 days	<b>Outside Reference Laboratory</b> Test Includes: Carrot IgE, Corn IgE , Pea Allergen, Potato IgE, White bean IgE
Allergy Panel 17, Salad Group	86003 x5	Serum SST, <b>tiger top tube</b> 2 mL required volume 1 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	2 – 4 days	<b>Outside Reference Laboratory</b> Test includes Celery IgE, Lettuce IgE, Orange IgE Allergen, Parsley IgE, Tomato IgE
Allergy Panel 18, Nut Mix Group	86003 x7	Serum SST, <b>tiger top tube</b> 2 mL required volume 1 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	2 – 4 days	<b>Outside Reference Laboratory</b> Test includes: Almond IgE, Cashew IgE, Coconut IgE, Hazelnut IgE, Peanut, Pecan IgE, Sesame Seed IgE
Allergy Panel 19, Seafood Group	86003 x5	Serum SST, <b>tiger top tube</b> 2 mL required volume 1 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	1 – 2 days	<b>Outside Reference Laboratory</b> Test includes: Codfish IgE, Crab IgE, Lobster IgE, Salmon IgE, Shrimp IgE, Tuna IgE
Almond IgE	86003	Serum SST, <b>tiger top tube</b> 1.0 mL required volume 0.15 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	1 – 2 days	<b>Outside Reference Laboratory</b>
Almond IgG Allergen	86001	Serum SST, <b>tiger top tube</b> 2.0 mL required volume 0.15 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday	1 -8 days	<b>Outside Reference Laboratory</b> Alternate specimens: <b>NONE</b>
Alpha – 1- Antitrypsin	82103	Serum SST, <b>tiger top tube</b> 1.0 mL required volume 0.2 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday - Saturday	1 – 3 days	<b>Outside Reference Laboratory</b> Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection.
Alpha-1 Antitrypsin Phenotype	81332 82103 If reflexed 82104	Collect both of the following specimens; Serum SST, <b>tiger top tube</b> Whole Blood – EDTA <b>Lavender</b> top tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Varies	2 - 10 days	<b>Outside Reference Laboratory</b> <b>Collect BOTH Serum separator tube AND lavender (EDTA)</b> Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transport: 1.0 mL (0.5mL) Serum AND 3 mL(0.5mL) Whole blood Refrigerated.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Alpha 1 Subunit Gonadotropin</b> <i>Formerly: Alpha 1 Subunit</i>	83519	Serum SST, <b>tiger top tube</b> 2 mL required volume 0.3 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Tuesday – Friday,	4 days	<i>Outside Reference Laboratory</i>
<b>Alpha 1,3 Galactose IgE</b> <i>Formerly: Alpha – Gal Ige</i>	86003	Serum, SST <b>tiger top tube.</b> 1mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 3 days	<i>Outside Reference Laboratory</i>
<b>Alpha Fetoprotein Tumor Marker</b> <i>Formerly: Alphafetoprotein, Serum (AFP Tumor Marker)</i>	82105	Serum , SST <b>red top</b> tube 2.0mL required volume 1 mL minimum volume	Refrigerate	0 – 20 ng/mL	Set up: 24 hours daily	24 hours	
<b>Alpha-Lactalbumin Allergen</b> <i>Formerly: Alpha-Lactalbumin IgE)</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 4 days	<i>Outside Reference Laboratory</i>
<b>ALT (SGPT)</b>	84460	<b>Plasma:</b> Lithium Heparin – <b>green top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	<b>Female:</b> 7 – 35 U/L <b>Male:</b> 10 – 40 U/L	Set up: 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Alternaria Alternata IgE (Alternaria alternata Allergen)</b>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	1 - 2 days	<i>Outside Reference Laboratory</i>
<b>Aluminum Level</b> <i>Formerly: Aluminum</i>	82108	Serum, <b>royal blue</b> plain tube 2 mL required volume 0.5 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	Set up: Monday – Friday,	2 – 4 days	<i>Outside Reference Laboratory</i> Patient should refrain from taking antacids containing aluminum compounds at least three (3) day prior to sample collection.
<b>Amikacin Level</b>	80150	Serum, Plain <b>red</b> top tube, no gel. <b>Alternate:</b> Plasma Lithium Heparin (dark <b>green</b> top/no gel tube.	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Sunday	2 – 3 days	<i>Outside Reference Laboratory</i>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
Amikacin Level, Peak	80150	Serum, Plain <b>red</b> top tube	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	Within 8 hours	
Amikacin Level, Trough	80150	Serum, Plain <b>red</b> top tube	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	Within 8 hours	
Amino Acids, Quantitative Plasma (Amino Acids Analysis, Quantitative, Plasma)	82139	Plasma – Sodium Heparin – <b>green</b> top tube, no gel  <b>Alternate:</b> Plasma Lithium Heparin PST, light <b>green</b> top tube  2 mL required volume 0.3 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: Monday – Wednesday – Friday, Saturday	10 -12 days	<b>Outside Reference Laboratory</b> Separate plasma within 30min of draw. Freeze immediately after separation from cells. Do not thaw. Provide patient age (required for correct reference range), sex, a brief clinical history, tentative diagnosis, and their therapy over the last three days (drugs, x-ray, infant formula, diet). *Note: Patient age is required for correct interpretation.
Amino Acids, Quantitative Urine (Amino Acids Analysis, Quantitative, Urine)	82139 82570	Random Urine 10 mL required volume 2 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: Monday, Tuesday - Friday	4 - 6 days	<b>Outside Reference Laboratory</b> Do not use preservatives. Urine with a pH less than 2.0 will be rejected. Do not Thaw. Provide patient age (required for correct reference range), sex, a brief clinical history, tentative diagnosis, and their therapy over the last three days (drugs, x-ray, infant formula, diet). *Note: Patient age is required for correct interpretation
Amiodarone Level	80299	Serum, Plain <b>red top</b> tube, no gel 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 – 5 days	<b>Outside Reference Laboratory</b> Timing of specimen collection: Pre-dose (trough) draw - at steady state concentration. Separate serum or plasma from cells within 2 hours of collection. Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).
Amitriptyline Level	80335	Serum, Plain <b>red top</b> tube, no gel  <b>Alternate:</b> Plasma EDTA Lavender top tube	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday, Wednesday, Friday	2 – 6 days	<b>Outside Reference Laboratory</b> Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration. Separate serum or plasma from cells within 2 hours of

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Amitriptyline Level -continued-</b>		1 mL required volume 0.5 mL minimum volume					collection. Transfer serum or plasma to a Standard Transport Tube. Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).
<b>Ammonia</b>	<b>82140</b>	Plasma: EDTA - <b>Lavender</b> top tube <b>on ice</b> .	Refrigerate	<b>Male:</b> 14.7 – 55.3 micromoles/L <b>Female:</b> 11.2 – 48.2 micromoles/L	<b>Set up:</b> <b>24 hours, daily</b>	<b>1 hour</b>	
<b>Amphetamines \ Methamphetamines</b>	<b>80324 80359 G0480</b>	Random urine	Ambient	Negative	<b>Set up:</b> <b>24 hours, daily</b>	<b>Stat:</b> 30 minutes <b>Routine:</b> 4 hours	
<b>Amphetamine Class Confirmation</b>  <i>Formerly: Amphetamines, Quantitative Urine</i>	<b>80324 or G0480</b>	Random Urine 20 mL required volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Saturday – Sunday</b>	<b>1 – 2 days</b>	<b>Outside Reference Laboratory</b>
<b>Amylase, Body Fluid</b>	<b>82150</b>	Body fluids: 5 mL required volume	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> <b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	Indicate source of body fluid.
<b>Amylase (Amylase, Serum)</b>	<b>82150</b>	Plasma: Lithium Heparin light <b>green</b> top tube Serum: SST <b>tiger</b> top tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	20 – 104 U/L	<b>Set up:</b> <b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Amylase Level, 24 Hour Urine</b>  <i>Formerly: Amylase, Urine</i>	<b>82150</b>	10 mL Random Urine – No preservatives 2 mL minimum volume Collect in Plastic Urine container	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday – Saturday</b>	<b>1 – 2 days</b>	<b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine including the final specimen voided at the end of the 24-hour collection period. (i.e. 8:00 a.m. the next morning.) Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the laboratory.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Amylase Level, 24 Hour Urine</b> -continued-							(continued on next page)  <b>Inpatient Collection:</b> Container must be labeled with patient's full name, medical record number, room number, date and time collection started and date and time collection finished.  <b>Outpatient Collection:</b> Container must be labeled with patient's full name and date of birth, date and time collection started and dated and time collection finished.
<b>ANA Analyzer</b>  <i>Formerly: Comprehensive ANA Panel</i>	<b>86038</b> <b>86160</b> <b>86431</b>	Serum, SST, <b>tiger top</b> Tube 4 mL required volume 2 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	<b>1 – 5 days</b>	<b>Outside Reference Laboratory</b> Includes ANA,RF, C3, C4, DNA(ds), RNP, Smith (SM),SSA, SSB, Scl-70, RF C3C4 TPO. Alternate specimen is not available
<b>Antidepressant Tricyclic Screen</b>  <i>Formerly: Tricyclic Antidepressant Screen</i>	<b>80307</b>	Serum: Red top tube, No gel. 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Scanned Document</i>	<b>Set up: Daily</b>	<b>1 – 2 days</b>	<b>Outside Reference Laboratory</b>
<b>Antinuclear Antibody Screen</b>  <i>Formerly: ANA Screen w/Reflex</i>	<b>86038</b>	Serum SST, <b>tiger top tube</b> 1 mL required volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday, Wednesday</b>	<b>3 days</b>	<b>Outside Reference Laboratory</b>
<b>Anaerobic Culture</b>  <i>Hospital:</i> Order Anaerobic Culture and Aerobic Culture with Gram Stain.  <i>Outreach:</i> Order Anaerobic Culture and Aerobic Culture with Gram Stain	<b>87075</b>	Anaerobic swab or direct specimen in a capped syringe or sterile cup	Ambient	"No Growth 4 days"	<b>Set up: 24 hours, daily</b>	<b>Final at 4 days</b>	Tissue or fluid is always superior to a swab specimen.



Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Androstenedione</b>	82157	Serum, SST, <b>tiger top</b> tube  <b>Alternate:</b> Plasma EDTA <b>Lavender</b> top tube  <b>Alternate:</b> Plasma Lithium Heparin <b>green</b> top tube, no gel.  1 mL required volume 0.3 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Sunday - Saturday</b>	2 – 5 days	<b>Outside Reference Laboratory</b> Specimen should be collected between 6:00 a.m. to 10:00 a.m. Transfer 1mL(0.3mL) serum from SST Clot tube or plasma from a sodium or lithium heparin PST to a Standard Transport Tube. Also acceptable: EDTA plasma.
<b>Angiotensin Converting Enzyme (ACE)</b>	82164	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Sunday - Saturday</b>	2 – 3 days	<b>Outside Reference Laboratory</b> Allow specimen to clot completely at room temperature. Separate serum from cells ASAP.  Unacceptable Conditions: EDTA or heparin plasma, CSF or hemolyzed specimens.
<b>Anti-DNA</b> <b>See: DNA Antibody (Double- Stranded)</b>							
<b>Anti-Adrenal Antibody Screen w/Reflex Titer</b> <b>See: Adrenal Antibody Screen and Titer</b>							
<b>Antibody ID</b>	86870	1 – EDTA ( <b>pink top</b> tube 5 mL required volume	Ambient	<i>Interpretive Data</i>	<b>Set Up: 24 hours, Daily</b>	24 hours	
<b>Antibody Screen</b>	86850	1 – EDTA ( <b>pink top</b> tube 5 mL required volume	Ambient	Negative	<b>Set up: 24 hours, Daily</b>	24 hours	Also referred to as an indirect coombs.
<b>Antibody Titer Workup</b>	86886 86900 86901 86870 86850	2 – EDTA ( <b>pink top</b> tube 5 mL minimum volume	Ambient	<i>Interpretive Data</i>	<b>Set up: 24 hours, daily</b>	2 hours, minimum	Includes ABO type, Rh, antibody screen antibody identification and antibody titer. Blood Bank will cancel any tests not required. CPT codes will be based on test completed.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Anticardiolipin IgA</b> See: Cardiolipin Antibody, IgA							
<b>Anti-Centromere B Antibodies</b> See: Centromere B Antibody							
<b>Anticytoplasmic Antibody</b> See: AntiNeutrophil Cytoplasmic Antibody							
<b>Antidiuretic Hormone</b> See: Arginine Vasopressin, Hormone							
<b>Antigliadin Antibody IgG/IgA</b>  <i>Formerly: Gliadin IgG and IgA Antibodies</i>	83516 x2	Serum, SST, <b>tiger top</b> tube 2 mL required volume 1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Thursday	7 days	<i>Outside Reference Laboratory</i>
<b>Antigliadin Antibody IgA</b>  <i>Formerly: Gliadin Peptide Antibody, IgA</i>	83516	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday, Wednesday, Friday	2 – 5 days	<i>Outside Reference Laboratory</i>
<b>Antigliadin Antibody IgG</b>  <i>Formerly: Gliadin Peptide Antibody, IgG</i>	83516	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday, Wednesday, Friday	2 – 5 days	<i>Outside Reference Laboratory</i>
<b>Antiglomerular Basement Membrane Antibody</b>  <i>Formerly: Glomerular Basement Membrane IgG</i>	83520	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.2 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 days	<i>Outside Reference Laboratory</i>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Anti-Mullerian Hormone</b>	83516	Serum, Plain <b>red</b> top tube, no gel, <b>Alternate:</b> Serum SST, <b>tiger</b> top tube <b>Alternate:</b> Plasma Lithium Heparin PST <b>green</b> top tube 5 mL required volume 0.2 mL minimum volume	Frozen	<b>See Report or Scanned Document</b>	<b>Set up: Sunday – Saturday</b>	2 – 4 days	<b>Outside Reference Laboratory</b> Allow serum to clot then Separate from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Hemolyzed or lipemic specimens.
<b>AntiNeutrophil Cytoplasmic Antibody</b> <i>Formerly: Anticytoplasmic Antibody</i>	86021	Serum SST, <b>tiger top tube</b> 1 mL required volume	Refrigerate	<b>See Report or Scanned Document</b>	<b>Set up: Monday – Friday</b>	3 days	<b>Outside Reference Laboratory</b>
<b>Antinuclear Antibody Titer</b> <i>Formerly: Reflex ANA IFA</i>	86039	Serum, SST. <b>tiger top tube</b> 1 mL required volume 0.6 mL minimum volume	Refrigerate	<b>See Report or Scanned Document</b>	<b>Set up: Sunday – Saturday</b>	1 – 8 days	<b>Outside Reference Laboratory</b>
<b>Anti RNP, SM Antibodies</b>  <b>See: ENA Screen</b>							
<b>Anti-Streptolysin O (AntiStreptolysin O)</b>	86060	Serum: <b>red top tube</b>	Refrigerate	Male: 0 – 240 IU/mL Female: 0 – 240 IU/mL	<b>Set up: 24 hours daily</b>	8 hours	
<b>Anti Striated Muscle Antibody Titer (Striated Muscle Antibody)</b>	86255 if reflexed 86256	Serum SST, <b>tiger top tube</b>  <b>Alternate:</b> Serum Plain <b>Red</b> top tube, no gel  1 mL required volume 0.2 mL minimum volume	Refrigerate	<b>See Report or Scanned Document</b>	<b>Set up: Monday – Friday</b>	2 – 6 days	<b>Outside Reference Laboratory</b> Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Plasma. Contaminated, hemolyzed, or severely lipemic specimens. <b>If being collected for Lambert-Eaton Syndrome Panel, Please collect Serum from Red No-Gel Clot Tube.</b>
<b>Antithrombin 3 Functional</b>  <i>Formerly: Anti-Thrombin III Activity</i>	85300	1 - Sodium citrate tube ( <b>blue top</b> tube)	Plasma Storage Ambient: 8 hours, - 2.0°C Refrigerate 48+ hours @ 2-8°C Frozen 1 month @ - 20°C	79 – 128%	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	Tube must be full and not clotted. Add on time limit 2 hours room temperature, 4 hours Refrigerate.  <b>Critical value: &lt; 50%</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Antithrombin 3 Antigen</b>  <i>Formerly: Antithrombin III Antigen</i>	85301	Plasma, Sodium Citrate 3.2% <b>light blue top</b> tube 1.5 mL required volume 0.5 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Thursday</b>	3 – 5 days	<b>Outside Reference Laboratory</b> <i>Patient should abstain from anabolic steroids, gemfibrozil, warfarin (Coumadin), heparin therapy, asparaginase, estrogens, gestodene, and oral contraceptive optimally for 3 days prior to specimen collection. Overnight fasting is preferred. Specimen must be double spun then 1.5 ml plasma aliquot from each tube into individual plastic aliquot tubes and freeze within 1 hour of collection. Do not pool aliquots together! Do not thaw.</i>
<b>Apolipoprotein A1 and B</b>  <i>Formerly: Apolipoprotein A1/B</i>	82172 x2	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.3 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	2 – 3 days	<b>Outside Reference Laboratory</b> <b>Patient Preparation: Freshly drawn fasting specimen.</b> Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Hemolyzed specimens.
<b>Apolipoprotein B</b>	82172	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	2 – 3 days	<b>Outside Reference Laboratory</b> <i>Patient Preparation: Freshly drawn fasting specimen. Unacceptable specimen: hemolyzed specimen.</i>
<b>APC Resistance ( See: Resistance Activated Protein C)</b>	85307	Plasma, Citrate ( <b>light blue top</b> tube	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	1 - 4 days	<b>Outside Reference Laboratory</b>
<b>Apple IgE</b>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 – 4 days	<b>Outside Reference Laboratory</b>
<b>Apple IgG</b>	86001	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	3 days	<b>Outside Reference Laboratory</b>
<b>APT Downey/Fetal HGB</b>	83033	Blood stained diaper, bloody stool, vomitus or gastric aspirate	Ambient	Negative for fetal hemoglobin	<b>Set up: 24 hours, daily</b>	2 – 4 hours	

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Aquaporin 4 Receptor Antibody</b>	83516	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Tuesday	2 – 0 days	<b>Outside Reference Laboratory</b> Separate serum from cells ASAP or within 2 hours of collection.
<b>Arginine Vasopressin, Hormone</b>  Formerly: Antidiuretic Hormone	84588	Plasma, EDTA <b>Lavender</b> top tube 6 mL required volume 2.5 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: Monday , Wednesday, Friday	3 – 11 days	<b>Outside Reference Laboratory</b> <b>CRITICAL FROZEN.</b> Separate specimens must be submitted when multiple tests are ordered. <b>Separate plasma from cells and freeze ASAP.</b> Stability after separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 1 month.
<b>Arsenic, Blood</b>	82175	Whole Blood, <b>EDTA royal blue top</b> tube 7 mL required volume 0.5 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	Set up: Tuesday – Saturday	3 - 4 days	<b>Outside Reference Laboratory</b> Collect whole blood in a <b>Royal Blue - EDTA</b> tube. Specimen can be transported in either Refrigerated or Ambient temperature, frozen unacceptable. Do not spin. Patient should refrain from eating seafood and taking herbal supplements at least 3 days
<b>Asparagus Allergen (IgE)</b>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 –4 days	<b>Outside Reference Laboratory</b>
<b>Aspergillus Antigen</b>  Formerly: Aspergillus Galactomannan Antigen	87305	Serum, Plain <b>red</b> top tube, no gel 2 mL required volume 1 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	2 - 3 days	<b>Outside Reference Laboratory</b> <b>Separate serum from cells within 2 hours of collection.</b> Transfer 2 mL serum to a sterile Standard Transport Tube. Unacceptable Conditions: Plasma. Serum separator tube. Hemolyzed specimens. Stability: After separation from cells: Ambient specimen unacceptable.
<b>Aspergillus Complement Fixation</b>  Formerly: Aspergillus Total Antibody	86606	Serum SST, <b>tiger top tube</b> 0.5 mL required volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	1 – 2 days	<b>Outside Reference Laboratory</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Aspergillus Fumigatus Mold IgE</b>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: <b>Monday – Friday</b>	2 – 4 days	<b>Outside Reference Laboratory</b> Unacceptable: Room Temperature
<b>Aspergillus Total Antibody</b>  See: <b>Aspergillus Complement Fixation</b>							
<b>AST (SGOT)</b>	84450	<b>Plasma:</b> Lithium Heparin – <b>green top tube</b> <b>Serum:</b> SST <b>red top tube</b>	Refrigerate	<b>Female:</b> 13 – 35 U/L <b>Male:</b> 15-40 U/L	Set up: <b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Automated Fecal Occult Blood</b>  <i>Formerly:</i> <b>Fecal Occult Blood Immunoassay (Quantitative)</b>	82274	Stool, Random Collected in ICT Towel Probe Kit  Alternate: Stool, Random Collected in sterile screw top container 1 Kit  Date the specimen to signify when collected and started.	Ambient	<i>See Report or Scanned Document</i>	Set up: <b>Monday – Friday</b>	1 - 2 days	<b>Outside Reference Laboratory</b> Submit a single stool specimen collected on dowel of provided collection device. ICT devices are acceptable up to 14 days after collection, <b>keep refrigerated at 2-8 C if delay is anticipated.</b> Please contact your Sales Representative or Client Services if you have not received the new collection device
<b>Avocado Allergen</b>  <i>Formerly:</i> <b>Avocado IgE</b>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: <b>Monday – Friday</b>	2 – 4 days	<b>Outside Reference Laboratory</b>
<b>B. pertussis Antibody, IgA Immunoblot</b>  See: <b>Bordetella pertussis IgA Immunoblot</b>							
<b>B. pertussis Antibody, IgG Immunoblot</b>  See: <b>Bordetella pertussis IgG Immunoblot</b>							

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Babesia Antibodies IgG/IgM</b>  <i>Formerly: Babesia microti Antibodies, IgG/IgM</i>	86753 X2	Serum 1 mL required volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Wednesday		<b>Outside Reference Laboratory</b> Individuals infected with malaria may falsely test positive.
<b>Bacterial Meningitis Antigen</b>  <i>Formerly: Bacterial Antigen Detection, CSF</i>	86403 X6	Serum, SST, <b>tiger</b> top tube 1 mL required volume 1 mL minimum volume  <b>Alternate:</b> CSF (Cerebrospinal Fluid) collected in sterile screw top container 1 mL required volume 0.5 mL minimum volume	Refrigerate or Frozen	<i>See Report or Scanned Document</i>	Set up: Monday – Sunday	2 – 3 days	<b>Outside Reference Laboratory</b> Keep Specimens Refrigerated or Frozen for Transport . <b>Please Label Specimen with Source of Serum or CSF</b>
<b>Bacterial Respiratory Culture</b> (Order: Respiratory Culture with Gram Stain)	87070	Secretions/brushings from bronchial procedure in sterile container	Ambient	"No Growth 48 hours"	Set up: 24 hours, daily	<b>Final reports at 48 hours.</b>	Susceptibility reports on significant pathogens. Preliminary reports updated daily.
<b>Bacterial Culture Throat</b>  Order: Throat Culture	87070	Depress tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas with a sterile double swab.	Ambient	Normal oral flora	Set up: 24 hours, daily	<b>48 hours</b>	This culture does not screen for <i>Neisseria gonorrhoeae</i> or <i>Corynebacterium diphtheriae</i> .  Preliminary reports updated daily.
<b>Banana Allergen</b>  <i>Formerly: Banana IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 – 4 Days	<b>Outside Reference Laboratory</b> Unacceptable: Room Temperature
<b>Barbiturates</b>	G0480	Random urine	Ambient	Negative	Set up: 24 hours, daily	<b>Stat:</b> 30 minutes <b>Routine:</b> 4 hours	
<b>Barley IgE</b>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 4 Days	<b>Outside Reference Laboratory</b> Unacceptable: Room Temperature

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Barley Allergen IgG</b>  <i>Formerly: Barley IgG</i>	86001	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 4 Days	<b>Outside Reference Laboratory</b> Unacceptable: Room Temperature
<b>Bartonella henselae and Quintana Antibody IgG and IgM</b>  <i>Formerly: Bartonella, IgG &amp; IgM</i>  <b>(Cat Scratch Disease Antibody (Bartonella))</b>	86611 x4	Serum, SST, <b>tiger top</b> tube 3 mL required volume 1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 days	<b>Outside Reference Laboratory</b> Specimen should be collected in a gold or red tiger top with a gel barrier. Refrigerated or ambient specimens are acceptable. Minimum collection is 3 ml.
<b>Basic Metabolic Panel</b>	80048	<b>Plasma:</b> Lithium Heparin light <b>green</b> top tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	<b>See below for ranges:</b> <b>BUN:</b> 6 – 20 mg/dl  <b>Chloride:</b> 98 – 110 mmols/L  <b>CO<sub>2</sub>:</b> 21 – 32 mmols/L  <b>Creatinine:</b> <b>Male:</b> 0.6 – 1.4 mg/dl <b>Female:</b> 0.5 – 1.2 mg/dl  <b>Glucose:</b> 74 – 106 mg/dl  <b>Potassium:</b> <b>Male:</b> 0 – 1 month: 4 – 5.9 mmols/L 1 Month to 150 yrs: 3.4 – 5.1 mmols/L <b>Female:</b> 0 – 1 month: 4 – 5.9 mmols/L 1 Month to 150 yrs: 3.4 – 5.1 mmols/L  <b>Sodium:</b> 136 – 145 mmols/L  <b>Calcium, Serum:</b> 8.7 – 10.4 mg/dl	Set up: 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Value:</b>  <b>BUN:</b> > 149 mg/dl  <b>CO<sub>2</sub>:</b> < 16, > 44 mmols/L  <b>Glucose:</b> < 51, > 499 mg/dl  <b>Potassium:</b> <b>Male:</b> <b>1 to 1Month:</b> < 3.0, > 5.9 mmols/L <b>1 Month to 150 yrs:</b> < 3.0, > 5.8 mmols/L <b>Female:</b> <b>1 to 1Month:</b> < 3.0, > 5.9 mmols/L <b>1 Month to 150 yrs:</b> < 3.0, > 5.8 mmols  <b>Sodium:</b> < 126, > 149 mmols/L  <b>Calcium, Serum:</b> < 6.1, > 13.9 mg/dl



Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Basil Allergen</b> <i>Formerly: Basil IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 4 Days	<i>Outside Reference Laboratory</i>
<b>Bath Salt Panel Urine</b>	G0480 80371	Collect 1 mL of urine,	Frozen	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 Days	<i>Outside Reference Laboratory</i>
<b>Bayleaf Allergen</b> <i>Formerly: Bay Leaf IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.3 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 4 Days	<i>Outside Reference Laboratory</i>
<b>Beef Allergen</b> <i>Formerly: Beef IgE</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 minimum volume)	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 – 4 Days	<i>Outside Reference Laboratory</i> Unacceptable: Room Temperature
<b>Beets (Beetroot) Allergen</b> <i>Formerly: Beetroot (Beta Vulgaris) IgE Allergen Spec</i>	86003	Serum, SST, <b>tiger top</b> tube 0.3 mL required volume 0.15 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 Days	<i>Outside Reference Laboratory</i>
<b>Benzene Level</b> <i>Formerly: Benzene, Blood</i>	84600	Whole blood, EDTA <b>Lavender</b> top tube <b>Alternate:</b> whole blood Sodium Fluoride Potassium Oxalate <b>gray</b> top tube, 2 mL required volume 0.7 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Tuesday, Thursday, Sunday	3 days	<i>Outside Reference Laboratory</i>
<b>Benzodiazepine</b>	G0479	Random urine	Ambient	Negative	Set up: 24 hours, daily	<b>Stat:</b> 30 minutes <b>Routine:</b> 4 hours	
<b>Bermuda Grass Allergen</b> <i>Formerly: Bermuda Grass IgE</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 4 Days	<i>Outside Reference Laboratory</i> Unacceptable: Room Temperature

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Beta HCG, Total (Quantitative)</b>	84702	Serum: SST <b>red top</b> tube	Refrigerate	Males and non-pregnant females: less than 5 mIU/mL <b>Pregnant Females:</b> Approx. Gestational Age      Approx HCG Concentration (mIU /mL) ..... 0 .2 – 1 Wk      5 – 50 1 – 2 Wks      50 – 500 2 – 3 Wks      100 – 5000 3 – 4 Wks      500-10,000 4 – 5 Wks      1,000-50,000 5 – 6 Wks      10000-100,000 6 – 8 Wks      15000-200,000 2 – 3 Months      10000-100,000	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	If an hCG level is inconsistent with, or unsupported by clinical evidence, results should be confirmed by an alternate hCG method. This method may include the qualitative hCG testing of urine.
<b>Beta-2 Glycoprotein Ab, IgG, and IgM</b>	80146 x2	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Wednesday	7 days	<i>Outside Reference Laboratory</i>
<b>Beta-Lactoglobulin Allergen</b> <i>Formerly: Beta-Lactoglobulin IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 2 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Monday – Friday	1 - 2 Days	<i>Outside Reference Laboratory</i>
<b>Beta 2 Microglobulin</b> <i>Formerly: Beta-2, Microglobulin, Serum</i>	82232	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up:</b> Monday – Saturday	2 – 3 Days	<i>Outside Reference Laboratory</i> Hemolyzed specimens are not acceptable. Overnight fasting is preferred.
<b>Beta 2 Microglobulin, Urine</b>	82232	Collect random urine. 1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Monday - Saturday	2 – 3 Days	<i>Outside Reference Laboratory</i> Patient should void bladder, then drink at least 500 mL of water. A urine sample should be collected within one (1) hour and pH adjusted to pH 6-8 with 1 m NaOH, Beta 2-Microglobulin is unstable in acid urine (less than pH 6). Collect specimen in a sterile screw top container.
<b>Bicarbonate, (HCO3) Urine</b>	82374	4 mL random urine 3 mL min. volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up:</b> Sunday – Saturday	1 day	<i>Outside Reference Laboratory</i> Submit urine in a sealed container Specimen should be frozen after collection. Unacceptable: specimens received at room temperature or refrigerated.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Bile Acids, Total</b> <i>Formerly: Bile Acids, Fractionated and Total, Pregnancy</i>	83789	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.2 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Thursday, Saturday</b>	2 - 7 days	<b>Outside Reference Laboratory</b> After clot formation centrifuge sample and pour off serum into a transport tube. Overnight fasting is preferred. Storage/Transport Temperature: Refrigerated. Store specimen refrigerated or frozen.
<b>Bilirubin, Direct</b>	82248	<b>Plasma:</b> Lithium Heparin – <b>green top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	0.0 – 0.3 mg/dl	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Protect sample from exposure to light.</b>
<b>Bilirubin Neonatal</b>	82248	<b>Amber gold</b> top tube or <b>green top</b> tube Bullet	Ambient	<i>Interpretive Data</i>	<b>Set up: 24 hours, daily</b>	1 hour	Tests Included: Total Bilirubin, Direct Bilirubin, protect from light. <b>Critical Value</b> <b>Total Bilirubin &gt; 18.0 mg/dl</b>
<b>Bilirubin, Total and Direct</b>	82247 82248	<b>Plasma:</b> Lithium Heparin <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	<b>Total Bilirubin:</b> 0.3 – 1.3 mg/dl <b>Direct Bilirubin:</b> 0 – 0.3 mg/dl	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	Protect sample from exposure to light.
<b>Bilirubin, Total</b>	82247	<b>Plasma:</b> Lithium Heparin – <b>green top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	0.3 – 1.3 mg/dl	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	Protect sample from exposure to light.
<b>Birch IgE (Common Silver Birch IgE)</b>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 Days	<b>Outside Reference Laboratory</b> Unacceptable: Room Temperature
<b>BK Virus DNA Quantitative PCR, Plasma</b>  <i>Formerly: BK Virus Quantitation</i>	87799	Plasma, EDTA <b>Lavender</b> top tube 3 mL required volume 0.3 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 – 3 days	<b>Outside Reference Laboratory</b> <b>Un-processed Whole Blood specimens are unacceptable.</b> <b>This test is for EDTA Plasma Specimens only</b> Best if specimen is centrifuged and aliquot 3mL(0.3mL) plasma into plastic aliquot tube and frozen within 2 hours of collection. Stability Room Temperature: 48hrs Refrigerated: 7days, Frozen: 30days. Unacceptable Specimens: Urine, CSF, Heparin Plasma specimens. Specimen cannot be shared with other testing for risk of DNA contamination.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Black Olive IgE</b> <b>See:</b> <b>Olive Allergen</b>							
<b>Black Pepper Allergen</b> <i>Formerly:</i> <i>Black Pepper IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Monday – Friday</b>	2 - 4 Days	<i>Outside Reference Laboratory</i>
<b>Blastomyces Antigen Serum</b> <i>Formerly:</i> <i>Blastomyces Antigen</i>	87449	Random urine. Also acceptable: plain <b>red</b> , serum separator tube, <b>lavender</b> EDTA or <b>green</b> (sodium or lithium heparin), CSF or BAL.	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Varies</b>	3 – 5 days	<i>Outside Reference Laboratory</i>
<b>Blastomyces Total Antibodies</b>	86612	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.3 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Sunday – Saturday</b>	2 – 4 days	<i>Outside Reference Laboratory</i> Primary specimen is serum. Other fluids (pericardial, CSF, etc) are acceptable but, must be run in parallel with serum as fluids have no reference range.
<b>Blood Culture (Bacterial Culture Blood)</b>	87040	5mL – 10 mL each in aerobic and anaerobic Bactec bottles. 2mL – 4mL in Pediatric vial Blood Culture bottles are obtained from the laboratory. <b>For Acute Sepsis:</b> Two sets of blood cultures should be collected from different sites. For Endocarditis, acute collect three (3) sets from three separate sites over a period of 1 – 2 hours or collect the number of blood cultures recommended by the Infectious Disease physician. Endocarditis sub-acute collect three (3) sets from 3 separate sites taken equal to or greater than 15 minutes apart or collect the number of blood cultures recommended by the Infectious Disease physician.	Ambient	“No growth 5 days”	<b>Set up:</b> <b>24 hours, daily</b>	<b>Final report in 5 days.</b>	

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
Blood Culture (Bacterial Culture Blood) -continued-		<p><b>Do not refrigerate or incubate the blood cultures, if delivery will be delayed.</b></p> <p><b>Store at room temperature.</b></p> <p>Maximum of 3 sets is acceptable in 24 hours.</p>					
Blood Gas with/O2 Sat, Arterial	82805	Heparinized (Lithium or Sodium) arterial specimen in a syringe containing no air bubbles and place in ice.	Refrigerate	<p><b>CO2 Total Arterial</b> 23 – 27 mmol/L</p> <p><b>HCO3 Arterial</b> 22 – 26 mmol/L</p> <p><b>O2 Saturation Arterial</b> 0 yrs – 1 day: 40 – 90% 1 day – 150 yrs: 94-100%</p> <p><b>pCO2 Arterial</b> 0 yr – 1 hr: 27 -40 mm/HG 1 hr - 1 day: 27 – 41 mm/HG 1 day-150 yrs: 35 – 45mm/HG</p> <p><b>pH Arterial</b> 0 yr – 5 min: 7.11 – 7.36 5 min. to 10 min: 7.09 – 7.3 10 min. – 1 hour: 7.21 – 7.38 1 hr – 1 day: 7.26 – 7.49 1 day – 2 days: 7.29 – 7.45 2 days – 150 yrs: 7.35 – 7.45</p> <p><b>P02 Arterial</b> 0 yr – 5 min: 8 – 24 mm/HG 5 min. to 10 min: 33 – 75 mm/HG 10 min.– 30 min: 31 – 85 mm/HG 30 min – 1 hour: 55 – 80 mm/HG 1 hr – 1 day: 54 -95 mm/HG 1 day-150 yrs: 80 – 100 mm/HG</p>	Set up: 24 hour, daily	Stat: 15 minutes	<p><b>Critical Values:</b></p> <p><b>pCO2 Arterial</b> 0 yr – 1 hour: &lt; 20.1, &lt; 69.9 mm/HG 1 hr to 1 day :&lt; 20.1, &gt; 69.9 mm/HG 1 day-150 yrs:&lt;20.1, &gt;69.9 mm/HG</p> <p><b>pH Arterial</b> 0 yr – 5 min: 7.11 – 7.36 5 min. to 10 min: 7.09 – 7.3 10 min. – 1 hour: 7.21 – 7.38 1 hr – 1 day: 7.26 – 7.49 1 day – 2 days: 7.29 – 7.45 2 days – 150 yrs: 7.35 – 7.45</p> <p><b>P02 Arterial</b> 0 yr – 5 min: 8 – 24 mm/HG 5 min. to 10 min: 33 – 75 mm/HG 10 min.– 30 min: 31 – 85 mm/HG 30 min – 1 hour: 55 – 80 mm/HG 1 hr – 1 day: 54 -95 mm/HG 1 day-150 yrs: 80 – 100 mm/HG</p> <p>Tests includes: pH, PCO<sub>2</sub>, PO<sub>2</sub>, Base Excess (BE), Bicarbonate (HCO<sub>3</sub>) and total CO<sub>s</sub> (TCO<sub>2</sub>).</p> <p>Transmittal must indicate patient's percentage of oxygen.</p> <p>ABGs are also performed on floor using point-of-care method.</p>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Blood Gas, Arterial</b>	82803	Heparinized (Lithium or Sodium) arterial specimen in a syringe containing no air bubbles and place in ice.	Refrigerate	<b>Reference Range:</b> <b>CO2</b> 24 – 31 mmol/L  <b>HCO3</b> 21 – 28 mmol/L  <b>pCO2</b> 35 – 45 mmHg/numeric <b>pH</b> 7.35 – 7.45  <b>P02</b> 80-100 mmHG	<b>Set up:</b> 24 hour, daily	<b>Stat:</b> 15 minutes	<b>Critical Values:</b> <b>pCO2</b> .....< 20 or > 70 <b>pH</b> .....< 7.2 or > 7.6 mm/Hg <b>P02</b> .....< 40 mm/HG  Tests includes: pH, PCO <sub>2</sub> , PO <sub>2</sub> , Base Excess (BE), Bicarbonate (HCO <sub>3</sub> ) and total CO <sub>s</sub> (TCO <sub>2</sub> ). Transmittal must indicate patient's percentage of oxygen.  ABGs are also performed on floor using point-of-care method.
<b>Blood Gas, Venous</b>	82803	Heparinized (Lithium or Sodium) arterial specimen in a syringe containing no air bubbles and place in ice.	Refrigerate	<b>Reference Ranges:</b> <b>CO2 Total Venous</b> 23 – 30 mmol/L  <b>HCO3 Venous</b> 21 – 28 mmol/L  <b>pCO2 Venous</b> 38 – 50 mm/Hg  <b>pH Venous</b> 7.32 – 7.43  <b>P02 Venous</b> 25 -40 mm/HG	<b>Set up:</b> 24 hour, daily	<b>Stat:</b> 15 minutes	<b>Critical Values:</b> <b>pCO2</b> < 20 or > 70  <b>pH</b> < 7.2 or > 7.6 mm/Hg  <b>p02</b> < 25 mm/HG
<b>Blood Count Complete without Diff (CBC w/o Diff)</b>	85041	1 – EDTA Tube (Lavender top tube)	< 8 hours Ambient  > 8 hours Refrigerate	See below for Reference Ranges of each test within the CBC, BC  <hr/> <b>HCT - Hematocrit</b> <b>Male</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr... 37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr.....36.0 - 47.0% 19 yrs – 150yrs...40.0 -52.0%  <b>Female</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr.....37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr.....36.0 - 47.0%	<b>Set up:</b> 24 hours, Daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Values</b>  <b>HCT - Hematocrit</b> <b>Male</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr..... < 20, > 60% 1 yr - 14 yr.....< 20, > 59.9% 14 yrs - 19 yr.....< 20, > 59.9% 19 yrs – 150 yrs ...< 20, > 59.9%  <b>Female</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr..... < 20, > 59.9% 1 yr - 14 yr.....< 20, > 59.9% 14 yr - 19 yr.....< 20, > 59.9% 19 yrs – 150 yrs ...< 20, > 59.9%  <b>HGB - Hemoglobin</b> <b>Male</b> 0 - 1 month .....< 10, > 22 gm/dl

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<p><b>Blood Count Complete without Diff (CBC w/o Diff)</b></p>				<p>19 yrs – 150 yrs....36.0 - 48.0%</p> <p><b>HGB - Hemoglobin</b>  <b>Male</b>                      0 - 1 month .....15.0 - 22.0 g/dl                      1 mon - 1 yr.....10.0 - 12.0 g/dl                      1 yr - 13 yrs.....11.0 - 13.0 g/dl                      13 yrs–150 yrs.14.0 - 18.0 g/dl</p> <p><b>Female</b>                      0 - 1 month.... 15.0 - 22.0 g/dl                      1 month - 1 yr..10.0 - 12.0 g/dl                      1 yr - 13 yrs....11.0 - 13.0 g/dl                      13 yrs–150 yrs 12.0 - 16.0 g/dl</p> <p><b>MCH</b>                      0 - 1 month .....33 – 37 pg                      1 month - 1 yr..... 27 – 31 pg                      1 yr - 14 yrs.....27 – 33 pg                      14yrs - 19 yrs.....30 –32 pg                      19 yrs - 150 yrs. ... 26 –34 pg</p> <p><b>MCHC</b>                      0 - 1 month .....28.3 - 33.5 g/dl                      1 month - 1 yr...28.7 - 37.0 g/dl                      1 yr - 13 yrs.....32.0 - 35.0 g/dl                      13 yrs–150 yrs. 32.0 - 36.0 g/dl</p> <p><b>MCV</b>  <b>Male and Female</b>                      0 - 1 month .....111 – 128 fl                      1 month - 1 yr.....95 – 119 fl                      1 yr - 13 yrs.....80 – 96 fl                      13 yrs–150 yrs.....78 – 98 fl</p> <p><b>PCOU - Platelet Count</b>                      150,000 - 500,000 / cumm</p> <p><b>RBC - Red Blood Cell Count</b>  <b>Male</b>                      0 - 1 month ....4.26 - 5.7 million                      1 month - 1yr...3.5 - 5.2 million                      1 yr - 14 yrs.. ...4.0 - 5.2 million                      14 yr - 19 yrs...4.2 - 5.4 million                      19 yrs-150 yrs. 4.6 - 6.2 million</p> <p><b>Female</b>                      0 - 1 month.....4.26 - 5.7 mil                      1 month - 1yr.....3.5 - 5.2 mil                      1 yr - 14 yrs.....4.0 - 5.2 mil                      14 yrs - 19 yrs... 4.2 - 5.4 mil                      19 yrs – 150 yrs 4.2 - 5.4 mil</p>			<p>1 month - 1 yr.....&lt; 7.5, &gt; 20 gm/dl                      1 yr - 13 yrs.....&lt; 7.5, &gt; 20 gm/dl                      13 yrs–150 yrs... &lt; 7.5, &gt; 20 gm/dl</p> <p><b>Female</b>                      0 - 1 month .....&lt; 10, &gt; 22 gm/dl                      1 month - 1 yr.....&lt; 7.5, &gt; 20 gm/dl                      1 yr - 13 yrs.....&lt; 7.5, &gt; 20 gm/dl                      13 yrs–150 yrs... &lt; 7.5, &gt; 20 gm/dl</p> <p><b>Platelet Count</b>                      &lt; 20,000, &gt;1 million / cumm                      50% decrease in a 14 day period.</p> <p><b>White Blood Count</b>                      &lt; 1000, &gt;40,000 / cumm</p> <p><b>Tube must be at least half full and not clotted.</b></p>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Blood Count Complete without Diff (CBC w/o Diff)</b>				<u>WBC - White Blood Cell Count</u> 0 - 1 month ..... 5,000 - 30,000 /cumm 1 month - 1yr ..... 5,000 - 17,500 /cumm 1 yr - 14 yrs..... 5,000 - 12,500 /cumm 14 yrs - 19 yrs..... 4,500 - 11,000 /cumm 19 yrs – 150 yrs..... 4,500 - 10,300 /cumm			
<b>Blood Count w/Diff (CBC w/Diff)</b>	85025	1 – EDTA Tube (Lavender top tube)	See Blood Count	See Complete Blood Count with Diff for reference and critical values.	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	Tube must be at least half full and not Clotted.
<b>Blood for Mycobacteria /AFB</b>  <b>Order: AFB Culture, Blood</b>	87551	Bone marrow collected in an ACD or heparin tube, not EDTA.  (Slides if smear is needed on Bone Marrow.)  <b>Blood Culture –</b> Contact Lab for Myco/F Lytic Culture vial: 1 – 5 mL blood is required.  <b>Collection:</b> Use sterile blood culture collection procedure for obtaining AFB Blood Cultures.  <b>Storage Instructions:</b> Transport specimen to the laboratory immediately.	Ambient	“No Growth in 6 weeks”	<b>Set up: 24 hours, daily</b>	<b>Final report in 6 weeks.</b>	Includes AFB smear on Bone Marrows if slide is sent and culture. Preliminary reports updated weekly.  Acid fast organisms are referred to the Tennessee Department of Health Laboratory for identification and susceptibility studies.
<b>Blood Fungus Culture (Blood for fungus or Bone Marrow) (Fungal Culture Blood)</b>	87103	<b>Bone Marrow</b> > 1 mL collected in yellow top ACD Vacutainer tube obtained from laboratory.  <b>Blood –</b> Contact Lab for Myco/F Lytic Culture vial: 1 – 5 mL blood is required.  <b>Collection:</b> Use sterile blood culture collection procedure	Ambient	“No Growth 4 weeks”	<b>Set up: 24 hours, daily</b>	<b>Final report in 4 weeks.</b>	Preliminary reports are updated weekly.



Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Blood Fungus Culture -continued-</b>		for obtaining Fungal Blood Cultures.  <b>Storage Instructions:</b> Transport specimen to the laboratory immediately.					
<b>Blood Urea Nitrogen (BUN)</b>	84520	<b>Plasma:</b> Lithium Heparin – <b>green top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	6 – 20 mg/dl	<b>Set up:</b> <b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Value:</b> > 150 mg/dl
<b>Blue Mussel Allergen</b>  <i>Formerly: Blue Mussel IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Monday – Friday</b>	2 - 4 Days	<i>Outside Reference Laboratory</i>
<b>Blueberry Allergen</b>  <i>Formerly: Blueberry IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> <b>Monday – Friday</b>	2 - 4 Days	<i>Outside Reference Laboratory</i>
<b>Body Fluid Cell Count</b>	89051 <small>with differential body fluid cell count</small>  89050 <small>without differential</small>	Specimens should be received fresh and in a sterile container.	< 2 hours Ambient  > 2 hours Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> <b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	Include type of fluid when ordering, submit fluid in sterile container.
<b>Body Fluid, Crystal Examination</b>	89060	1 – Lithium Heparin Tube ( <b>green top</b> tube, no gel separator)	< 2 hours Ambient  > 2 hours Refrigerate	Negative	<b>Set up:</b> <b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	TAT may be delayed if Pathologist review warranted.
<b>Bone Marrow Culture (Bacterial Culture Bone Marrow)</b>	87070	<b>Volume:</b> 2 mL <b>Min. Vol:</b> 0.5 mL  <b>Container:</b> Specimen should be sent in an EDTA tube.	Ambient	“No Growth”	<b>Consult client services at 615-284-5024</b>	<b>Final reports issued at 5 days. Preliminary reports are updated daily.</b>	<b>Storage Instructions:</b> Transport specimen to the laboratory immediately. <b>Do not refrigerate.</b>  <b>Patient Preparation:</b> Usual sterile preparation of aspiration site.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Bordetella pertussis IgA Immunoblot</b>  <i>Formerly: B. pertussis Antibody, IgA Immunoblot</i>	86615	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.15 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Friday</b>	2 = 6 days	<b>Outside Reference Laboratory</b> Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Contaminated or heat-inactivated specimens
<b>Bordetella pertussis IgG Immunoblot</b>  <i>Formerly: B. pertussis Antibody, IgG Immunoblot</i>	86615	Serum, EDTA <b>Lavender</b> top tube and SST, <b>tiger top</b> tube 1 mL required volume 0.15 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Friday, Sunday</b>	2 – 5 days	<b>Outside Reference Laboratory</b> Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Heat-inactivated specimens.
<b>Bordetella pertussis IgG, IgA Antibody w/Reflex</b>  <i>Formerly: Bordetella pertussis Antibodies</i>	86615 x2 <i>If reflexed 86615 for each immuno blot</i>	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.3 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday – Friday</b>	1 – 5 days	<b>Outside Reference Laboratory</b> Parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent."  Separate serum from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Contaminated, heat-inactivated, or severely lipemic specimens. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)
<b>Bordetella Pertussis / Parapertussis PCR</b>	87798 X2	Swab, Flocked Flexible Mini-Tip Nasopharyngeal Swab Alternate: Nasal Wash Sterile screw top container	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday - Friday</b>	2 – 3 days	<b>Outside Reference Laboratory</b>  <b>USE ONE OF TWO COLLECTION METHODS:</b> 1) <b>Universal Transport Media (UTM) with mini-Flocked Swab</b> (Comes as a kit: RML Supply# 50775). Collect a nasopharyngeal specimen leaving the swab in place for a few seconds to absorb secretions. Swab both nostrils and place swab immediately into a single sterile common UTM container. - <b>KEEP REFRIGERATED</b> (Alternate Swab: AMIES Blue Cap Swab in UTM - Refrigerated.) 2) <b>Nasopharyngeal Aspirates</b> (Collect in the Physician's office): Flush each nostril with 1mL to 1.5ml of

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Bordetella Pertussis / Parapertussis PCR</b> -continued-							<p>Nonbacteriostatic Saline (pH 7.0) - Collect the drainage from each nostril into a common sterile container. - <b>KEEP REFRIGERATED</b></p> <p><b>Caution: DO NOT</b> use Calcium Alginate Swabs or ESwabs as they will inhibit PCR testing. DO NOT put Swabs in Charcoal Transport Media.</p> <p>Specimen Stability:  <b>Nasopharyngeal swab</b> Room temperature: 7 Day, Refrigerated: 7 Day, Frozen: 30 Day  <b>Nasopharyngeal aspirate</b> Room temperature: 48 Hour, Refrigerated: 8 Day, Frozen: 30 Day</p>
<b>Borrelia burgdorferi</b>	86618, if positive add 86617 x2	Serum, SST, <b>tiger top</b> tube 2 mL required volume 0.3 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday, Tuesday - Saturday	1 – 3 days	<b>Outside Reference Laboratory</b>
<b>Brazil Nut Allergen</b> <i>Formerly: Brazil Nut IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 – 4 Days	<b>Outside Reference Laboratory</b> <i>Specimen unacceptable at room temperature.</i>
<b>Broccoli Allergen</b> <i>Formerly: Broccoli IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 4 Days	<b>Outside Reference Laboratory</b>
<b>Brucella Antibodies Total</b> <i>Formerly: Brucella Antibody (Total) by Agglutination</i>	86622	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.2 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 – 5 days	<b>Outside Reference Laboratory</b> Separate serum from cells ASAP or within 2 hours of collection. Transfer 1mL(0.2mL) serum to a Standard Transport Tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as acute or convalescent. Unacceptable Conditions: Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Brucella Culture</b>	87070	Collect 8 -10 mL blood in an aerobic culture bottle	Ambient	<i>Interpretive Data</i>	Set up: 24 hours, daily	28 days	
<b>B-Type NP (BNP)</b>	83880	Plasma: EDTA Lavender top tube	Refrigerate	0 – 100 pg/mL	Set up: 24 hours, daily	Stat: 1 hour Routine: 4 hours	If testing is delayed more than 24 hours: spin down sample and freeze plasma.
<b>Buckwheat Allergen</b>  <i>Formerly: Buckwheat IgE</i>	86003	Serum, SST, tiger top tube 1 mL required volume 0.2 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 – 5 days	<i>Outside Reference Laboratory</i>
<b>BUN (Urea Nitrogen- Blood)</b>	84520	<b>Plasma:</b> Lithium Heparin – green top tube <b>Serum:</b> SST red top tube	Refrigerate	6 – 20 mg/dl	Set up: 24 hours, daily	Stat: 1 hour Routine: 4 hours	<b>Critical Value:</b> > 149 mg/dl
<b>C-Peptide</b>	84681	Serum, SST, tiger top tube 1 mL required volume 0.5 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: Monday - Friday	1 – 2 days	<i>Outside Reference Laboratory</i> Patient should be fasting. Specimen must be centrifuged, serum poured off and frozen ASAP. The use of plasma is no longer accepted for this assay. Hemolyzed specimens will be rejected.
<b>C Reactive Protein</b>	86140	<b>Serum:</b> SST red top tube	Refrigerate	0.0 – 0.5 mg/dl	Set up: 24 hours, daily	Stat: 1 hour Routine: 4 hours	
<b>C-Diff Rapid Screen</b>	87324	Fresh, non-formed stool	Ambient	Negative for C. difficile	Set up: 24 hours, daily	2 hours	<i>Indeterminate result will reflex to a C. diff DNA Screen</i>
<b>C-Reactive Protein High Sensitivity, CSF</b>	86141	CSF (Cerebrospinal Fluid) Collect5ed in sterile screw top container 1 mL required volume 0.5 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: Monday – Saturday	1 – 3 days	<i>Outside Reference Laboratory</i>
<b>C Reactive Protein High Sensitivity, (hsCRP)</b>	86141	<b>Serum:</b> SST red top tube 1 mL required volume 0.3 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	24 hours	<i>Outside Reference Laboratory</i>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>C Reactive High Sensitivity</b>	86141	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.3 mL minimum volume	Refrigerate	<i>Interpretive Data</i>	<b>Set Up: 24 hours, daily</b>	Stat	
<b>C1 Esterase Inhibitor, Functional Assay</b>	86167	Serum, SST, <b>tiger top</b> tube Alternate: Serum, plain <b>red</b> top tube, no gel Alternate: Plasma EDTA <b>Lavender</b> top tube. 0.5 mL required volume 0.1 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Sunday, Wednesday, Friday</b>	2 – 5 days	<b>Outside Reference Laboratory</b> Critical Frozen. Separate specimens must be submitted when multiple tests are ordered. Unacceptable specimens: non-frozen specimens. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Non-frozen specimens.
<b>C1 Esterase Inhibitor/ Formerly: C1 Esterase Inhibitor /Protein Quantitation</b>	86329	Serum, SST, <b>tiger top</b> tube 3 mL required volume 1 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday</b>	7 days	<b>Outside Reference Laboratory</b>
<b>C1q Binding See: C1q Complement</b>							
<b>C1q Complement Formerly; C1q Binding</b>	86160	Plasma, EDTA <b>Lavender</b> top tube 1 mL required volume 0.1 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Friday</b>	6 - 11 days	<b>Outside Reference Laboratory</b> Separate plasma from cells ASAP or within 2 hours of collection. <b>Critical Frozen.</b> Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Grossly hemolyzed, hyperlipemic, or room temperature specimens. Serum or non-EDTA plasma.
<b>C4 Binding Protein</b>	86329	Plasma, Sodium Citrate 3.2% blue top tube 1.0 mL required volume 0.5 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Sunday</b>	5 days	<b>Outside Reference Laboratory</b>
<b>Cabbage Allergen Formerly: Cabbage IgE</b>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cadmium Level</b>  <i>Formerly: Cadmium Blood</i>	82300	Whole blood, EDTA <b>royal blue top</b> tube 7 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Saturday</b>	2 - 4 days	<b>Outside Reference Laboratory</b> <i>Do not Aliquot Specimen. Keep in original container; do not share with other tests, preferred. Unacceptable: Heparin anticoagulant or frozen specimens. Phlebotomist should wear power-less gloves when collecting specimen. Diet, medication, and national supplements may introduce interfering substances. Patients should be encourage to discontinue nutritional supplements, vitamins, minerals, nonessential over the counter medications (up on the advice of the physician). Tests performed on a specimen submitted in a non-trace element tube or non acid washed/non metal free container may not 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.</i>
<b>Cadmium Level, Urine (24 hour Urine or Random)</b>  <i>Formerly; Cadmium, Urine Random</i>	82300	24 hour urine collections should be collected in a 24 hour acid washed trace free urine container with no preservatives 7.0 mL required volume 3.0 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday, Wednesday, Friday</b>	1day	<b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory.  <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished.  <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cadmium Level, Urine</b> <i>-continued-</i>							Collect and transport urine in an acid washed or trace metal free container. Specimens submitted in non-trace element free containers will be testes, but may be resulted with a disclaimer.
<b>Calcitonin</b>  <i>Formerly: Calcitonin Serum</i>	82308	Serum, SST, <b>tiger top</b> tube  <b>Alternate:</b> Plasma lithium heparin light <b>green</b> top tube  <b>Alternate:</b> saline node washings Collect in sterile screw top container  2 mL required volume 1.0 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Sunday - Saturday</b>	2 – 3 days	<b>Outside Reference Laboratory</b> Serum from SST or Red No-Gel or plasma from green Sodium or Lithium heparin tube acceptable. Separate serum or plasma from cells ASAP or within 2 hours of collection. Unacceptable Conditions: Tissue or urine. EDTA plasma. Grossly hemolyzed or lipemic specimens. Stability After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 3 months <b>Note: Calcitonin Level on FNA Node Washing can be performed But with Disclaimer.</b> 2mL (1mL) Saline node washings - Frozen ASAP! Specimen Must Be Clear - Not Cloudy, No Particulate Matter - No Blood, Not Too Viscous.
<b>Calculi (Stone) Analysis</b>  <i>Formerly: Stone Analysis BH</i>	82365	Stone collected in sterile screw top container.	Ambient	<i>See Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	6 days	<b>Outside Reference Laboratory</b> Dry kidney stone. Calculi specimens transported in liquid require special handling to be processed. Blood and moisture interfere with this methodology. Samples that are wrapped in tape or embedded in wax will delay or prevent analysis and should not be submitted.
<b>Calcium</b>	82310	<b>Plasma:</b> Lithium Heparin – <b>green</b> <b>top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	8.7 – 10.4 mg/dl	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Values:</b> <b>&lt; 6.1 mg/dl</b> <b>&gt; 13.9 mg/dl</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Calcium Level 24 Hour Urine</b>  <i>Formerly: Calcium, 24 Hour Urine</i>	82340	24 hour urine collections should be collected in a 24 hour urine container with no preservatives	Refrigerate	<b>Calcium – 24 Hour Urine</b> 0.04 – 0.35 g/24 hrs  <b>Creatinine – 24 Hour Urine</b> Male: 0.6 – 2.5 g/24 hrs Female: 0.6 - 2.5 24/ hrs	<b>Set up: 7:00 a.m., daily</b>	24 hours, daily	<b>Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory.  <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished. <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.
<b>Calcium, Ionized</b>	82330	Whole blood - Lithium Sodium Heparin Collected on ice. SST accepted if specimen has not been exposed to air.	Refrigerate	4.48 – 4.92 mg/dl	<b>Set up: 24 hours, daily</b>	<b>Resulted within 30 minutes after being received in the Lab</b>	The sample <b>must not</b> be exposed to air before testing. <b>Critical Value</b> < 3.28 mg/dl > 6.20 mg/dl
<b>Calcium, Random Urine</b>	82310	Random urine 5 – 10 mL	Refrigerate	<i>Interpretive Data</i>	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Cancer Antigen 125</b>	86304	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 minimum volume	Refrigerate	0 – 35 U/mL	<b>Set up: 24 hours daily</b>	<b>Routine:</b> 4 hours	
<b>CA 15 – 3</b>  <i>Formerly: Cancer Antigen 15-3</i>	86300	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	<b>1 – 3 days</b>	<b>Outside Reference Laboratory</b> Keep refrigerated. Freeze serum if not tested within 24 hours.
<b>CA 19-9</b>  <i>Formerly: Carbohydrate Antigen 19-9</i>	86301	Serum, SST, <b>tiger top</b> tube 2 mL required volume 1 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	<b>1 – 3 days</b>	<b>Outside Reference Laboratory</b> Due to limited refrigerated stability, please submit frozen specimens.



Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>CA 27 – 29</b> <i>Formerly: Cancer Antigen 27-29</i>	86300	Serum, SST, <b>tiger top</b> tube 2 mL required volume 0.5 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Sunday - Saturday</b>	1 – 2 days	<b>Outside Reference Laboratory</b> . Allow sample to clot, then centrifuge and separate serum from cells and freeze within 2 hours of collection.
<b>Candida albicans, IgE</b>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 – 4 days	<b>Outside Reference Laboratory</b> Alternate specimen: <b>NONE</b> Specimen unacceptable at room temperature.
<b>Candida Antigen Titer</b>	86403	Serum, SST, <b>tiger top</b> tube 0.5 mL required volume 0.2 mL minimum volume	Refrigerate d	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday – Saturday</b>	1 – 3 days	<b>Outside Reference Laboratory</b>
<b>Cannabinoids</b>	G0479	Random Urine	Ambient	Negative	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Cantaloupe Allergen (IgE)</b>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Carbamazepine Level</b>	80156	Serum, SST, <b>tiger top</b> tube	Refrigerate	4.0 – 10.0 µg/mL	<b>Set up: 24 hours, Daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Values:</b> > 14.0 µg/mL
<b>Carbamazepine, Free &amp; Total</b>  (Tegretol, Free & Total)	80156, 80157	Serum, SST, <b>tiger top</b> tube 2 mL required volume 1.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday, Wednesday, Friday</b>	2 –65 days	<b>Outside Reference Laboratory</b>
<b>Carbon Dioxide, Serum</b>	82374	<b>Plasma:</b> Lithium Heparin – <b>green top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	21 – 32 mmols /Liter	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Value:</b> < 16 mmols / Liter > 44 mmols / Liter
<b>Carbon Monoxide</b>  (Carboxyhemoglobin)	82375	Whole blood: Lithium Heparin – dark <b>green top</b> tube	Refrigerate	0.0 – 1.5% Saturation	<b>Set up: 24 hours, daily</b>	Resulted within 30 minutes after being received in the Lab	<b>Critical Value:</b> > 10% Saturation

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Carboxyhemoglobin (Carbon Monoxide)</b>	82375	Whole blood: Lithium Heparin – dark <b>green top</b> tube	Refrigerate	0.0 – 1.5% Saturation	<b>Set up: 24 hours, daily</b>	Resulted within 30 minutes after being received in the Lab	<b>Critical Value: &gt; 10% Saturation</b>
<b>Carcinoembryonic Antigen</b>	82378	Serum: SST <b>red top</b> tube	Refrigerate	0.0 – 3.0 ng/mL	<b>Set up: 24 hours, daily</b>	24 hours	
<b>Cardiolipin Antibody, IgA</b>  <i>Formerly: Anticardiolipin IgA</i>	86147	Plasma, Sodium Citrate 3.2% <b>blue</b> top tube  <b>Alternate:</b> Serum SST, <b>tiger top tube</b>  1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Saturday</b>	3 – 4 days	<b>Outside Reference Laboratory</b> 1 mL plasma collected in a 3.2% sodium citrate (light blue-top) tube. Separate Plasma or Serum from cells ASAP after collection into a plastic aliquot tube.
<b>Cardiolipin IgG, IgM Antibodies</b>	86147 x2	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set Up: 24 hours daily</b>	24 hours	<b>Outside Reference Laboratory</b> Test includes: Cardiolipin Antibody IgA, Cardiolipin IgG/IgM Antibodies <b>DO NOT</b> send plasma/light blue Top. <b>This test now uses serum only.</b>
<b>Carotene Level</b>	82380	Serum, SST, <b>tiger top</b> tube 2 mL required volume 0.6 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Saturday</b>	2 – 4 days	<b>Outside Reference Laboratory</b> <b>Protect from Light</b> Separate from cells as soon as possible after clotting – within 1 hour of collection. Send serum in an amber tube or wrap tube in aluminum foil to protect from light. Unacceptable conditions: Not protected from light, hemolyzed or lipemic.
<b>Carrot IgE</b>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 – 4 days	<b>Outside Reference Laboratory</b> Unacceptable: specimen at room temperature.
<b>Casein Allergen</b>  <i>Formerly: Casein IgE</i>	86003	Serum SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Casein Allergen</b> <i>Formerly: Casein IgG</i>	86001	Serum, SST, <b>tiger top</b> tube 2.0 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	3 days	<b>Outside Reference Laboratory</b> Unacceptable: Room Temperature
<b>Cashew IgE</b>	86003	Serum, SST, <b>tiger top</b> tube 0.3 mL required volume 0.2 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	3 days	<b>Outside Reference Laboratory</b>
<b>Cashew Nut Food IgE</b>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.
<b>Cat Dander IgE</b>	86003	Serum SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.
<b>Catecholamines, Fractionated, Urine Fee 24 Hour Urine or Random</b>	82384 82570	24 hour urine collections should be collected in a 24 hour urine container with no preservatives 4 mL required 2.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	2 - 3 days	<b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory. <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished. <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished. <b>Mark collection duration and total volume on transport tube and test request form.</b> Adequate refrigeration is the most

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Catecholamines, Fractionated, Urine Fee 24 Hour Urine or Random -continued-</b>							important aspect of specimen preservation. Preservation can be enhanced by adjusting the pH to 2-4 by adding an acid such as 6 mol/L HCl. Catecholamines are not stable above pH 7. The pH of such specimens must be adjusted by the addition of acid prior to transport. A pH less than 2 can cause assay interference.  <b>Dietary Instructions:</b> Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible.
<b>Catecholamines, Fractionated</b>  <i>Formerly: Catecholamines, Fractionated, Plasma</i>	82384	Plasma, Sodium Heparin ( <b>green top</b> tube). <b>Alternate:</b> Plasma, Lithium Heparin PST - light <b>green</b> top. 4 mL required volume 2.1 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Sunday, Tuesday - Saturday</b>	2 – 5 days	<b>Outside Reference Laboratory</b> <b>Specify posture and specific time.</b> <i>Alternate specimen: CSF</i> <i>EDTA plasma is not acceptable.</i> <i>Patient Preparation: Patient should be calm and supine for 30 minutes prior to collection.</i> <i>Collect: Green (sodium or lithium heparin). Collect on ice.</i> <b>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</b> <b>Specimen should be centrifuged and frozen within one hour.</b>
<b>Cat Scratch Fever</b> See: Bartonella, IgG & IgM							
<b>Catfish Allergen</b>  <i>Formerly: Catfish IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Catheter Tip Culture</b>  (Bacterial Culture Catheter Tip)	87088	Any catheter. Tip or arterial line ( $\pm$ 2 in) Section in sterile container.	Ambient	"No Growth"	<b>Set up: 24 hours, daily</b>	<b>No growth. Final report in 48 hours.</b>  <b>Preliminary reports updated daily.</b>	<b>Methodology:</b> Tubing is rolled on a blood plate to sample the outside surface of the tube.  <b>Contraindications:</b> Urinary catheter tips are not acceptable under any circumstances.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Catheter Tip Culture -continued-</b>							<b>Additional Information:</b> Patients with catheter related septicemia will usually have >15 colonies present. Patients with inflammation at the catheter site but no related septicemia will usually have < 15 colonies.
<b>Cauliflower Allergen</b> <i>Formerly: Cauliflower IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<i>Outside Reference Laboratory</i>
<b>Cayenne Pepper Allergen</b> <i>Formerly: Cayenne Pepper IgE Allergen Specific</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<i>Outside Reference Laboratory</i>
<b>CBC Diff Platelet</b>	85025	1 – EDTA Tube <b>(Lavender top tube</b>	Ambient	See below for Reference Ranges of each test within the Complete Blood Count  <u>HCT - Hematocrit</u> <b>Male</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr... 37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr..... 36.0 - 47.0% 19 yrs – 150yrs...40.0 -52.0%  <b>Female</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr.....37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr..... 36.0 - 47.0% 19 yrs – 150 yrs .36.0 - 48.0%  <u>HGB - Hemoglobin</u> <b>Male</b> 0 - 1 month .....15.0 - 22.0 g/dl 1 month- 1 yr...10.0 - 12.0 g/dl 1 yr - 13 yrs.....11.0 - 13.0 g/dl 13 yrs–150 yrs..14.0 - 18.0 g/dl <b>Female</b> 0 - 1 month.... 15.0 - 22.0 g/dl 1 month - 1 yr..10.0 - 12.0 g/dl 1 yr - 13 yrs.....11.0 - 13.0 g/dl 13 yrs–150 yrs. 12.0 - 16.0 g/dl	<b>24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	<b>Tube must be half full and not clotted.</b>  <u>Critical Values</u> <b>Hematocrit</b> <b>Male</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr.....< 20, > 60% 1 yr - 14 yr..... < 20, > 59.9% 14 yr - 19 yr..... < 20, > 59.9% 19 years – 150yrs ...< 20, > 59.9% <b>Female</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr.....< 20, > 59.9% 1 yr - 14 yr..... < 20, > 59.9% 14 yr - 19 yr..... < 20, > 59.9% 19 years – 150yrs ...< 20, > 59.9%  <u>Hemoglobin</u> <b>Male</b> 0 - 1 month .....< 10, > 22 g/dl 1 month - 1 yr ..... < 7.5, > 20 g/dl 1 yr - 13 yrs .....< 7.5, > 20 g/dl 13 yrs – 150 yrs. ....< 7.5, > 20 g/dl <b>Female</b> 0 - 1 month..... < 10. >20 g/dl 1 month - 1 yr..... < 7.5, > 20 g/dl 1 yr - 13 yrs..... < 7.5, > 20g/dl

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<p><b>CBC Diff Platelet</b> -continued-</p>				<p><b><u>MCH</u></b>                      0 - 1 month .....33 – 37 pg                      1 month - 1 yr..... 27 – 31 pg                      1 yr - 14 yrs.....27 – 33 pg                      14yrs - 19 yrs.....30 –32 pg                      19 yrs - 150 yrs... 26 –34 pg</p> <p><b><u>MCHC</u></b>                      0 - 1 month .....28.3 - 33.5 g/dl                      1 month - 1 yr...28.7 - 37.0 g/dl                      1 yr - 13 yrs.....32.0 - 35.0 g/dl                      13 yrs–150 yrs. 32.0 - 36.0 g/dl</p> <p><b><u>MCV</u></b>  <b>Male and Female</b>                      0 - 1 month .....111 – 128 fl                      1 month - 1 yr.....95 – 119 fl                      1 yr - 13 yrs.....80 – 96 fl                      13 yrs–150 yrs.....78 – 98 fl</p> <p><b><u>PCOU - Platelet Count</u></b>                      150,000 - 500,000 /cumm</p> <p><b><u>RBC - Red Blood Cell Count</u></b>  <b>Male</b>                      0 - 1 month....4.26 - 5.7 million                      1 month - 1 yr 3.5 - 5.2 million                      1 yr - 14 yrs... 4.0 - 5.2 million                      14 yr -19 yrs. 4.2 - 5.4 million                      19–150 yrs....4.6 - 6.2 million</p> <p><b>Female</b>                      0 - 1 month...4.26 - 5.7 million                      1 month- yr...3.5 - 5.2 million                      1 yr - 14 yrs... 4.0 - 5.2 million                      14 yrs -19 yrs.. 4.2 - 5.4 million                      19 yrs–150 yrs.4.2 - 5.4 million</p> <p>RDW                      11.5 – 14.5</p> <p><b><u>WBC - White Blood Cell Count</u></b>                      0 - 1 month.                      .....5,000 - 30,000 /cumm                      1 month - 1yr                      .....5,000 - 17,500 /cumm                      1 yr - 14 yrs                      .....5,000 - 12,500 /cumm                      14 yrs - 19 yrs                      .....4,500 - 11,000 /cumm                      19 yrs - 15 yrs                      .....4,500 - 10,300 /cumm</p>			<p>13 yrs – 150 yrs... &lt; 7.5, &gt; 20g/dl</p> <p><b><u>Platelet Count</u></b>                      &lt; 20,000, &gt;1 million / cumm</p> <p><b><u>White Blood Count</u></b>                      0 - 1 month..... &lt;1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup>                      1 month - 1yr.....&lt; 1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup>                      1 yr - 14 yrs.....&lt;1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup>                      14 yrs - 19 yrs...&lt;1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup>                      19 yrs - 15 yrs...&lt;1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup></p>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>CBC Diff Platelet</b> -continued-				See below for Reference Ranges of each test for Diff  <u><b>BAND – Band Neutrophils</b></u> 0 – 1 month.....6 – 12 % 1 month – 1 yr.....0 – 12 % > 1 yr..... 0 –10 %  <u><b>BASO – Basophils</b></u> 0 – 1yr..... 0 – 1 % > 1 yr ..... 0 – 2 %  <u><b>EOS – Eosinophils</b></u> 0 – 1 month .....0 – 4 % > 1 month .....0 – 7 %  <u><b>LYMP – Lymphocytes</b></u> 0 – 1 month .....20 – 30 % 1 month - 1 yr.....50 – 70 % 1 yr – 13 yrs.....32 – 49 % 13 yrs - .....18 – 42 %  <u><b>MONO – Monocyte</b></u> 0 – 1 month..... 8 – 12 % > 1 month .....4 – 12 %  <u><b>MORP – Morphology</b></u> .....  <u><b>MYEL – Myelocytes</b></u> .....  <u><b>NRBC – Nucleated Red Cells</b></u> .....  <u><b>SEGS–Segmented Neutrophils</b></u> 0 – 1 month.....52 – 58 % 1 month – 1 yr .....31 – 40 % 1 yr – 14 yrs .....45 – 62 % 14 yrs – 19 yrs .....45 – 65 % 19 yrs – .....44 – 74 %			
<b>CBC without Platelet</b>	<b>G0307</b>	1 – EDTA Tube Lavender top tube 2 mL required volume	Ambient	See below for Reference Ranges of each test within the Complete Blood Count  <u><b>HCT - Hematocrit</b></u> <b>Male</b> 0 - 1 month.....51.0 - 65.0%	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	<u><b>Critical Values</b></u>  <b>Hematocrit</b> <b>Male</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr.....< 20, > 60% 1 yr - 14 yr..... < 20, > 59.9% 14 yr - 19 yr..... < 20, > 59.9%

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<p><b>CBC without Platelet -continued-</b></p>				<p>1month - 1 yr... 37.0 - 52.0%                      1 yr - 14 yr.....35.0 - 45.0%                      14 yr - 19 yr..... 36.0 - 47.0%                      19 yrs – 150yrs...40.0 -52.0%</p> <p><b>Female</b>                      0 - 1 month.....51.0 - 65.0%                      1month - 1 yr.....37.0 - 52.0%                      1 yr - 14 yr.....35.0 - 45.0%                      14 yr - 19 yr..... 36.0 - 47.0%                      19 yrs – 150 yrs .36.0 - 48.0%</p> <p><b>HGB - Hemoglobin</b>  <b>Male</b>                      0 - 1 month .....15.0 - 22.0 g/dl                      1 month - yr...10.0 - 12.0 g/dl                      1 yr - 13 yrs.....11.0 - 13.0 g/dl                      13 yrs–150 yrs..14.0 - 18.0 g/dl</p> <p><b>Female</b>                      0 - 1 month.... 15.0 - 22.0 g/dl                      1 month - 1 yr...10.0 - 12.0 g/dl                      1 yr - 13 yrs.... 11.0 - 13.0 g/dl                      13 yrs–150 yrs. 12.0 - 16.0 g/dl</p> <p><b>MCH</b>                      0 - 1 month .....33 – 37 pg                      1 month - 1 yr..... 27 – 31 pg                      1 yr - 14 yrs.....27 – 33 pg                      14yrs - 19 yrs.....30 –32 pg                      19 yrs - 150 yrs. .. 26 –34 pg</p> <p><b>MCHC</b>                      0 - 1 month .....28.3 - 33.5 g/dl                      1 month - 1 yr...28.7 - 37.0 g/dl                      1 yr - 13 yrs.....32.0 - 35.0 g/dl                      13 yrs–150 yrs. 32.0 - 36.0 g/dl</p> <p><b>MCV</b>  <b>Male and Female</b>                      0 - 1 month .....111 – 128 fl                      1 month - 1 yr.....95 – 119 fl                      1 yr - 13 yrs.....80 – 96 fl                      13 yrs–150 yrs.....78 – 98 fl</p> <p><b>RBC - Red Blood Cell Count</b>  <b>Male</b>                      0 - 1 month....4.26 - 5.7 million                      1 month - 1 yr 3.5 - 5.2 million                      1 yr - 14 yrs... 4.0 - 5.2 million                      14 yr -19 yrs... 4.2 - 5.4 million                      19–150 yrs....4.6 - 6.2 million</p>			<p>19 years – 150yrs ...&lt; 20, &gt; 59.9%  <b>Female</b>                      0 - 1 month.....&lt; 30, &gt; 80%                      1month - 1 yr.....&lt; 20, &gt; 59.9%                      1 yr - 14 yr..... &lt; 20, &gt; 59.9%                      14 yr - 19 yr..... &lt; 20, &gt; 59.9%                      19 years – 150yrs ...&lt; 20, &gt; 59.9%</p> <p><b>Hemoglobin</b>  <b>Male</b>                      0 - 1 month .....&lt; 10, &gt; 22 g/dl                      1 month - 1 yr ..... &lt; 7.5, &gt; 20 g/dl                      1 yr - 13 yrs .....&lt; 7.5, &gt; 20 g/dl                      13 yrs – 150 yrs. ...&lt; 7.5, &gt; 20 g/dl</p> <p><b>Female</b>                      0 - 1 month..... &lt; 10, &gt;20 g/dl                      1 month - 1 yr..... &lt; 7.5, &gt; 20 g/dl                      1 yr - 13 yrs..... &lt; 7.5, &gt; 20g/dl                      13 yrs – 150 yrs... &lt; 7.5, &gt; 20g/dl</p> <p><b>White Blood Count</b>                      0 - 1 month..... &lt;1, &gt; 40 x10<sup>3</sup>mm3                      1 month - 1yr.....&lt; 1, &gt; 40 x10<sup>3</sup>mm3                      1 yr - 14 yrs.....&lt;1, &gt; 40 x10<sup>3</sup>mm3                      14 yrs - 19 yrs...&lt;1, &gt; 40 x10<sup>3</sup>mm3                      19 yrs - 15 yrs...&lt;1, &gt; 40 x10<sup>3</sup>mm3</p>



Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>CBC without Platelet -continued-</b>				<b>Female</b> 0 - 1 month...4.26 - 5.7 million 1 month- 1 yr 3.5 - 5.2 million 1 yr - 14 yrs... 4.0 - 5.2 million 14 yrs - 19 yrs 4.2 - 5.4 million 19 yrs-150 yrs.4.2 - 5.4 million			
<b>CBC with Platelet</b>	<b>85027</b>	1 – EDTA Tube <b>Lavender top</b> tube 2 mL required volume  Tube must be at least half full and not clotted.	Ambient	See below for Reference Ranges of each test within the Complete Blood Count <hr/> <b>HCT - Hematocrit</b> <b>Male</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr... 37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr..... 36.0 - 47.0% 19 yrs – 150yrs...40.0 -52.0%  <b>Female</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr.....37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr..... 36.0 - 47.0% 19 yrs – 150 yrs .36.0 - 48.0%  <b>HGB - Hemoglobin</b> <b>Male</b> 0 - 1 month ....15.0 - 22.0 g/dl 1 month - 1 yr ..10.0 - 12.0 g/dl 1 yr - 13 yrs.....11.0 - 13.0 g/dl 13 yrs-150 yrs..14.0 - 18.0 g/dl  <b>Female</b> 0 - 1 month.... 15.0 - 22.0 g/dl 1 month - 1 yr..10.0 - 12.0 g/dl 1 yr - 13 yrs.....11.0 - 13.0 g/dl 13 yrs-150 yrs 12.0 - 16.0 g/dl  <b>MCH</b> 0 - 1 month .....33 – 37 pg 1 month - 1 yr... 27 – 31 pg 1 yr - 14 yrs.....27 – 33 pg 14yrs - 19 yrs.....30 –32 pg 19 yrs - 150 yrs. 26 –34 pg  <b>MCHC</b> 0 - 1 month .....28.3 - 33.5 g/dl 1 month - 1 yr...28.7 - 37.0 g/dl 1 yr - 13 yrs.....32.0 - 35.0 g/dl 13 yrs-150 yrs. 32.0 - 36.0 g/dl	<b>Set Up:</b> <b>24 hours,</b> <b>daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	<b>Hematocrit</b> <b>Male</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr.....< 20, > 60% 1 yr - 14 yr..... < 20, > 59.9% 14 yr - 19 yr..... < 20, > 59.9% 19 years – 150yrs ...< 20, > 59.9% <b>Female</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr.....< 20, > 59.9% 1 yr - 14 yr..... < 20, > 59.9% 14 yr - 19 yr..... < 20, > 59.9% 19 years – 150yrs ...< 20, > 59.9%  <b>Hemoglobin</b> <b>Male</b> 0 - 1 month .....< 10, > 22 g/dl 1 month - 1 yr ..... < 7.5, > 20 g/dl 1 yr - 13 yrs .....< 7.5, > 20 g/dl 13 yrs – 150 yrs. ....< 7.5, > 20 g/dl  <b>Female</b> 0 - 1 month..... < 10. >20 g/dl 1 month - 1 yr..... < 7.5, > 20 g/dl 1 yr - 13 yrs..... < 7.5, > 20g/dl 13 yrs – 150 yrs... < 7.5, > 20g/dl  <b>Platelet Count</b> < 20,000, >1 million / cumm  <b>White Blood Count</b> 0 - 1 month..... <1, > 40 x10 <sup>3</sup> mm3 1 month - 1yr.....< 1, > 40 x10 <sup>3</sup> mm3 1 yr - 14 yrs.....<1, > 40 x10 <sup>3</sup> mm3 14 yrs - 19 yrs...<1, > 40 x10 <sup>3</sup> mm3 19 yrs - 15 yrs...<1, > 40 x10 <sup>3</sup> mm3

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>CBC with Platelet -continued-</b>				<p><b>MCV</b> <b>Male and Female</b> 0 - 1 month .....111 – 128 fl 1 month - 1 yr.....95 – 119 fl 1 yr - 13 yrs.....80 – 96 fl 13 yrs–150 yrs...78 – 98 fl</p> <p><b>PCOU - Platelet Count</b> 150,000 - 500,000 /cumm</p> <p><b>RBC - Red Blood Cell Count</b> <b>Male</b> 0 - 1 month....4.26 - 5.7 million 1 month - 1 yr. 3.5 - 5.2 million 1 yr - 14 yrs.... 4.0 - 5.2 million 14 yr -19 yrs... 4.2 - 5.4 million 19–150 yrs.....4.6 - 6.2 million</p> <p><b>Female</b> 0 - 1 month...4.26 - 5.7 million 1 month- 1 yr 3.5 - 5.2 million 1 yr - 14 yrs... 4.0 - 5.2 million 14 yrs - 19 yrs. 4.2 - 5.4 million 19 yrs–150 yrs.4.2 - 5.4 million</p>			
<b>CBC with Differential</b>	<p><b>85004</b> Automated <b>85007</b> Manual</p>	<p>1 – EDTA Tube <b>Lavender top</b> tube 2 mL required volume</p> <p>Tube must be at least half full and not clotted.</p>	Ambient	<p>See below for Reference Ranges of each test within the Complete Blood Count</p> <p><b>HCT - Hematocrit</b> <b>Male</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr... 37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr..... 36.0 - 47.0% 19 yrs – 150yrs...40.0 -52.0%</p> <p><b>Female</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr.....37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr..... 36.0 - 47.0% 19 yrs – 150 yrs .36.0 - 48.0%</p> <p><b>HGB - Hemoglobin</b> <b>Male</b> 0 - 1 month ...15.0 - 22.0 g/dl 1 month - 1 yr .10.0 - 12.0 g/dl 1 yr - 13 yrs.....11.0 - 13.0 g/dl 13 yrs–150 yrs..14.0 - 18.0 g/dl</p>	<b>Set up:</b> <b>24 hours,</b> <b>daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	<p><b>Critical Values</b></p> <p><b>Hematocrit</b> <b>Male</b> 0 - 1 month.....&lt; 30, &gt; 80% 1month - 1 yr.....&lt; 20, &gt; 60% 1 yr - 14 yr..... &lt; 20, &gt; 59.9% 14 yr - 19 yr..... &lt; 20, &gt; 59.9% 19 years – 150yrs ...&lt; 20, &gt; 59.9%</p> <p><b>Female</b> 0 - 1 month.....&lt; 30, &gt; 80% 1month - 1 yr.....&lt; 20, &gt; 59.9% 1 yr - 14 yr..... &lt; 20, &gt; 59.9% 14 yr - 19 yr..... &lt; 20, &gt; 59.9% 19 years – 150yrs ...&lt; 20, &gt; 59.9%</p> <p><b>Hemoglobin</b> <b>Male</b> 0 - 1 month .....&lt; 10, &gt; 22 g/dl 1 month - 1 yr ..... &lt; 7.5, &gt; 20 g/dl 1 yr - 13 yrs .....&lt; 7.5, &gt; 20 g/dl 13 yrs – 150 yrs. ...&lt; 7.5, &gt; 20 g/dl</p> <p><b>Female</b> 0 - 1 month..... &lt; 10, &gt;20 g/dl 1 month - 1 yr..... &lt; 7.5, &gt; 20 g/dl</p>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<p><b>CBC with Differential -continued-</b></p>				<p><b>Female</b>                      0 - 1 month..... 15.0 - 22.0 g/dl                      1 month - 1 yr...10.0 - 12.0 g/dl                      1 yr - 13 yrs.....11.0 - 13.0 g/dl                      13 yrs-150 yrs. 12.0 - 16.0 g/dl  <b>MCH</b>                      0 - 1 month .....33 – 37 pg                      1 month - 1 yr... 27 – 31 pg                      1 yr - 14 yrs.....27 – 33 pg                      14yrs - 19 yrs.....30 –32 pg                      19 yrs - 150 yrs. 26 –34 pg  <b>MCHC</b>                      0 - 1 month .....28.3 - 33.5 g/dl                      1 month - 1 yr...28.7 - 37.0 g/dl                      1 yr - 13 yrs.....32.0 - 35.0 g/dl                      13 yrs-150 yrs. 32.0 - 36.0 g/dl  <b>MCV</b>  <b>Male and Female</b>                      0 - 1 month .....111 – 128 fl                      1 month - 1 yr.....95 – 119 fl                      1 yr - 13 yrs.....80 – 96 fl                      13 yrs-150 yrs.....78 – 98 fl  <b>PCOU - Platelet Count</b>                      150,000 - 500,000 /cumm  <b>RBC - Red Blood Cell Count</b>  <b>Male</b>                      0 - 1 month....4.26 - 5.7 million                      1 month -1 yr.. 3.5 - 5.2 million                      1 yr - 14 yrs... 4.0 - 5.2 million                      14 yr -19 yrs... 4.2 - 5.4 million                      19-150 yrs... .4.6 - 6.2 million  <b>Female</b>                      0 - 1 month...4.26 - 5.7 million                      1 month- 1 yr.. 3.5 - 5.2 million                      1 yr - 14 yrs.... 4.0 - 5.2 million                      14 yrs - 19 yrs 4.2 - 5.4 million                      19 yrs-150 yrs.4.2 - 5.4 million                      RDW                      11.5 – 14.5  <b>WBC - White Blood Cell Count</b>                      0 - 1 month.                      .....5,000 - 30,000 /cumm                      1 month - 1yr                      .....5,000 - 17,500 /cumm</p>			<p>1 yr - 13 yrs..... &lt; 7.5, &gt; 20g/dl                      13 yrs – 150 yrs... &lt; 7.5, &gt; 20g/dl  <b>Platelet Count</b>                      &lt; 20,000.&gt;1 million / cumm  <b>White Blood Count</b>                      0 - 1 month..... &lt;1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup>                      1 month - 1yr.....&lt; 1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup>                      1 yr - 14 yrs.....&lt;1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup>                      14 yrs - 19 yrs...&lt;1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup>                      19 yrs - 15 yrs...&lt;1, &gt; 40 x10<sup>3</sup>mm<sup>3</sup></p>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>CBC with Differential -continued-</b>				1 yr - 14 yrs .....5,000 - 12,500 /cumm 14 yrs - 19 yrs .....4,500 - 11,000 /cumm 19 yrs - 15 yrs .....4,500 - 10,300 /cumm			
<b>CD4/CD8</b>	<b>86359 86360</b>	Whole Blood ACD (yellow top tube, and Whole Blood EDTA (Lavender top tube (2 full yellow top tubes, and 1 purple top)	Ambient	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	<b>1 – 2 days</b>	
<b>Carcinoembryonic Antigen Body Fluid</b> <i>Formerly: CEA, Body Fluid</i>	<b>82378</b>	Body fluid Sterile container Label with site	Ambient	<i>Interpretive Data</i>	<b>Set up: 24 hours daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>CEA (Carcinoembryonic Antigen)</b>	<b>82378</b>	Serum: SST red top tube	Refrigerate	0.0 – 3.0 ng/mL	<b>Set up: 24 hours, Daily</b>	<b>24 hours</b>	
<b>Celery Allergen</b> <i>Formerly: Celery IgE</i>	<b>86003</b>	Serum, SST, tiger top tube 2 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	<b>3 days</b>	<i>Outside Reference Laboratory</i>
<b>Cell Count and Diff, Body Fluid</b>	<b>89051</b>	Specimen should be received fresh and in a sterile container.	< 2 hours ambient > 2 hours Refrigerate	<i>Interpretive Data</i>	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 2 hours	
<b>Cell Count and Diff, CSF</b>	<b>89051</b>	Cerebrospinal fluid, 1 mL minimum volume	Ambient	<i>Interpretive Data</i>	<b>Set up: 24 hours, Daily</b>	<b>1 hour.</b>	
<b>Cell Count without Diff, Body Fluid</b>	<b>89050</b>	Collect 3 ML of body fluid in sterile tube.	Ambient	<i>Interpretive Data</i>	<b>Set up: 24 hours, Daily</b>	<b>1 hour.</b>	
<b>Cell Count without Diff, CSF</b>	<b>89050</b>	Collect 2 ML of csf in sterile tube.	Ambient	<i>Interpretive Data</i>	<b>Set up: 24 hours, daily</b>	<b>1 hour.</b>	

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Centromere B Antibody</b>  <i>Formerly: Anti-Centromere B Antibodies</i>	86038	Serum SST, <b>tiger top tube</b>  <b>Alternate:</b> Serum Plain <b>red</b> top tube, no gel.  1 mL required volume 0.5 mL minimum volume	Refrigerate	< 1.0AI <i>Negative</i>	<b>Set up: 6 days a week</b>	3 – 5 days	<b>Outside Reference Laboratory</b>
<b>Cerebrospinal Fluid Culture w/Gram Stain</b>	87070	Disinfect site with 2% iodine tincture, Insert a needle with stylet at L3-L4, L4-L5, or L5-S1 interspace. Upon reaching the subarachnoid space, remove the stylet and collect 1 to 2 mL of fluid into each of 3 leak-proof tubes. <b>Minimum amount required:</b> Bacteria, ≥ 1 mL Fungi, ≥ 2 mL AFB, ≥ 2 mL Virus, ≥ 1 mL on ice.	Never refrigerate bacteria specimens	“ No Growth”	<b>Set up: 24 hours, daily</b>	<b>72 hours</b>  <b>Preliminary reports updated daily.</b>	If only 1 tube of CSF is collected it should be submitted to Microbiology first otherwise submit two (2) tubes.
<b>Ceruloplasmin</b>	82390	Serum, SST, <b>tiger top tube</b> 1 mL required volume 0.6 mL minimum volume	Refrigerate	<b>See Report or Scanned Document</b>	<b>Set up: Monday - Friday</b>	2 – 3 days	<b>Outside Reference Laboratory</b> <i>Alternate specimen: NONE. Overnight fasting is preferred.</i>
<b>Cervical /Vaginal Cytology; Pap Smear</b>	88142 or 88143 if reviewed by pathologist add 88141	Specimens should be smeared on a labeled glass slide and fixed immediately in cytologic fixative.	Ambient	<b>Interpretive Data</b>	<b>Set up: Monday - Friday 7:00 a.m. – 6:00 p.m.</b>	24 - 48 hours	Site of smear and last menstrual period needed.
<b>Cervix Culture or Endocervical, Female Genital Tract, Urogenital (See Genital Culture)</b>	87070	Swab of discharge, vaginal cervical, endocervical or 1 –2 mL fluid.	Ambient	Negative for Gr. B Streptococcus, <i>Neisseria gonorrhoeae</i> and Gardnerella, yeast	<b>Set up: 24 hours, daily</b>	72 hours	Final 72 hours.  Preliminary reports updated daily.
<b>Cherry Allergen</b>  <i>Formerly: Cherry IgE</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<b>See Report or Scanned Document</b>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Chickpea Allergen</b> <i>Formerly: Chick Pea IgE</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Chicken Meat Allergen</b> <i>Formerly: Chicken IgE</i>	86003	Serum SST, <b>tiger top tube</b> 0.3 mL required volume 0.2 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	3 days	<b>Outside Reference Laboratory</b>
<b>Chicken Meat Allergen IgG</b>	86001	Serum SST, <b>tiger top tube</b> 2 mL required volume 0.5 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	3 days	<b>Outside Reference Laboratory</b> Alternate specimens: <b>NONE</b>
<b>Chikungunya Antibodies, IgG and IgM</b>	86790 X2	Serum SST, <b>tiger top tube</b> 1.0 mL required volume 0.15 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Wednesday</b>	2 – 9 days	<b>Outside Reference Laboratory</b> Separate serum from cells ASAP or within 2 hours of collection. Transfer 1mL (0.15mL) serum to a Standard Transport Tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute or convalescent." Unacceptable Conditions: Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.
<b>Chikungunya PCR</b>	87798	<b>Lavender</b> (EDTA), <b>pink</b> (K <sub>2</sub> EDTA) or SST ( <b>tiger top tube</b> ) 1 mL required volume 0.5 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Friday</b>	2 -5 days	<b>Outside Reference Laboratory</b> Specimen source required.
<b>Childhood Allergy Panel</b>	82785 86003 X6	Serum, SST, <b>tiger top tube</b> 3 mL required volume 2 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up:</b>		<b>Outside Reference Laboratory</b> Test Include: Alternaria Alternata IgE, Cat Dander IgE, Cladosporium Herbarium IgE, Cockroach IgE, Codfish IgE, Cow Mil, Dermatophagoides Farinae IgE, Dermatophagoides Pteronyssinus IgE, Dog Dander IgE, Egg White IgE, Mouse Urine Proteins Allergen, Peanut IgE, Shrimp IgE, Soybean IgE, Walnut IgE, Wheat IgE

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Chili Pepper IgE</b>  <b>See: Pepper, Chili Allergen</b>							
<b>CH50 (Complement, Total)</b>	86162	Serum, SST, <b>tiger top</b> Tube 1 mL required volume 0.5 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	1 – 2 days	<b>Outside Reference Laboratory</b> Alternate specimen: <b>NONE</b> .
<b>Chlamydia Pneumoniae Ab IgG/IgA/IgM</b>	86631 X2 86632	Serum, SST, <b>tiger top</b> Tube 1 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	3 days	<b>Outside Reference Laboratory</b>
<b>Chlamydia By Amplified Probe</b>  <b>(GC-Neisseria gonorrhoea + CT – Chlamydia Trachomatis)</b>	87491	1. Cervical swab 2. Urethral swab 3. Urine specimen  For cervical and urethral specimens, use the Aptima unisex collection kit.  For urine specimen use the Aptima urine collection it.  Kits may be obtained from the Core Lab.	Refrigerate	Negative	<b>Set up: Monday – Friday</b>	24 – 72 hours	<b>Collection of Cervical Swab:</b>  1. Remove excess mucus from cervical and surrounding mucosa using white shaft swabs provided. Discard this swab. 2. Use collection kit. Insert the blue shaft swab from collection kit 1 to 1.5 cm into endocervical canal. 3. Rotate swab clockwise for 10 to 30 seconds in endocervical canal to ensure adequate sampling. 4. Withdraw swab carefully; avoid any contact with vaginal mucosa. 5. Fully insert the swab into the Gen-Probe transport tube. (Do not discard fluid in the tube.) 6. Snap off shaft at score line. Use care to avoid splashing of contents. 7. Cap tube tightly. 8. Transport tube to laboratory at 2°C to 25°C. Store at 2°C to 25°C and test within 7days of collection.  <b>Collection of Urethral swab.</b> 1. Patient should not urinate for at least 1 hour prior to sampling. 2. Use the blue shaft collection kit. Insert swab 2 to 4 cm into urethra. Rotate clockwise for 2 to

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<p><b>Chlamydia By Amplified Probe</b> -continued-</p>							<p>3 seconds to assure contact with all urethral surfaces.</p> <ol style="list-style-type: none"> <li>3. Withdraw swab.</li> <li>4. Fully insert the swab into the Gen-Probe transport tube. (Do not discard fluid in the tube.) Do not puncture foil on top.</li> <li>5. Snap off swab shaft at score line. Use care to avoid splashing of contents.</li> <li>6. Cap tube tightly.</li> <li>7. Transport to laboratory at 2°C to 25°C. Store at 2°C to 25° and test within 7 days of collection.</li> </ol> <p><b>Collection of Urine</b></p> <ol style="list-style-type: none"> <li>1. The patient should not have urinated for at least 1 hour prior to sampling.</li> <li>2. Direct patient to provide first-catch urine (about 20-30 mL of the initial stream) into a urine cup. Collection of larger volumes may reduce test sensitivity.</li> <li>3. Female patients should not cleanse the labial area prior to providing the specimen.</li> <li>4. Send urine to lab as soon as possible.</li> </ol> <p><b>Causes for Rejection</b></p> <p>Swab not received in Aptima transport media. Specimen submitted on wooden swab rather than swab provided in collection kit. Specimens submitted on the white shafted cleaning swab. Improperly labeled specimens container and/or requisitions. Improper collection site. If specimen is unacceptable, the client or unit in the hospital will be notified and another specimen will be requested.</p>
<p><b>Chlamydia Differentiation Panel</b></p> <p><i>Formerly: Chlamydia Group Antibody</i></p>	<p>86631 X2 86632 X2</p>	<p>Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 minimum volume</p>	<p>Refrigerate</p>	<p><i>See Report or Scanned Document</i></p>	<p><b>Set up: Monday – Saturday</b></p>	<p><b>5 – 7 days</b></p>	<p><b><i>Outside Reference Laboratory</i></b></p>



Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Chlamydia Pneumoniae by PCR</b>	87486	Respiratory specimen. Bronchialveolar lavage (VAL), nasal wash, nasopharyngeal swab, or pleural fluid. Specimen source required, and noted on specimen. Fluids should have 2 mL in a sterile container. (minimum .05 mL) Swabs: Place in viral transport media.	Refrigerate.	<i>See Report or Scanned Document</i>	Set up: Monday, Wednesday, Friday	1 – 5 days	<i>Outside Reference Laboratory</i>
<b>Chlamydia Trachomatis/Psittaci Culture</b>  <i>Formerly: Chlamydia Trachomatis Culture</i>	87110 87140	Universal Transport Media (UTM) Alternate: Viral Transport Media (VTM) 3 mL required volume 1 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	3 – 4 days	<p><i>Outside Reference Laboratory</i>  <b>Please Indicate Source on the Specimen!</b>  <b>Specimen:</b> 3 mL(1mL) endocervical swab, urethral swab, conjunctival swab, throat swab, nasal/nasopharyngeal swab, rectal mucosa swab (without feces), fresh (unfixed) tissue or pelvic washing in VCM medium (green-cap) tube or equivalent (UTM).</p> <p><b>Collection Instructions:</b>                      To maintain optimum viability, place swab or fluid into VCM (equal volumes of fluid and VCM) or equivalent and transport the specimen to the laboratory as soon as possible.</p> <p><b>Best recovery is obtained when the specimens are refrigerated at 2-8°C or kept on wet ice following collection and while in transit.</b></p> <p><b>If there will be a long delay before processing, specimens in VCM or equivalent should be frozen at -70°C or colder and transported on dry ice.</b></p> <p><b>Storage or transport at -20°C is not acceptable. Raw (unpreserved) samples should only be refrigerated and not frozen. Specimen Stability VCM medium (green-cap) tube or equivalent:</b></p>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Chlamydia Trachomatis/Psittaci Culture</b> <i>-continued-</i>							Room temperature Unacceptable, Refrigerated 48 hours, Frozen -20°C Unacceptable, Frozen -70°C 30 days  <b>Reject Criteria:</b> VTM that do not support Chlamydia; Wooden shaft; Calcium alginate swabs; Dry swabs; Transwabs; Swabs in bacterial gel-based transport media; DNA probe transport; Tissues in formalin or other fixatives; Transports for antigen detection by EIA..
<b>Chloride, 24 Hour Urine</b>	82436	24 hour urine collections should be collected in a 24 hour urine container with no preservatives	Refrigerate	<b>Chloride – 24 Hour Urine</b> 5 – 15 grams/24 hours  <b>Creatinine – 24 Hour Urine</b> Male: 0.6 – 2.5 g/24 hrs Female: 0.6 – 2.5 g/24 hrs	<b>Set up:</b> 7:00 a.m., daily	<b>24 hours, daily</b>	<b>Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory.  <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient’s full name, medical record number, room number; date and time collection started and date and time collection finished.  <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient’s full name and date of birth; date and time collection started and date and time collection finished.
<b>Chloride, Body Fluid</b>	82438	Body fluids: 5 mL	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	Indicate source of body fluid.
<b>Chloride, CSF</b>	82438	Cerebral Spinal Fluid	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Chloride, Stool</b> <i>Formerly: Chloride, Feces</i>	82438	1 mL stool in a sterile container	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> Monday – Friday	<b>24 – 48 hours</b>	

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
Chloride, Serum	82435	Plasma: Lithium Heparin – green top tube Serum: SST red top tube	Refrigerate	98 – 110 mmol/Liter	Set up: 24 hours, daily	Stat: 1 hour Routine: 4 hours	
Chloride, Urine	82436	Random urine 5 – 10 mLs	Refrigerate	<i>Interpretive Data</i>	Set up: 24 hours, daily	Stat: 1 hour Routine: 4 hours	
Cholesterol	82465	Plasma: Lithium Heparin – green top tube Serum: SST red top tube	Refrigerate	≤ 200 mg/dl	Set up: 24 hours, daily	Stat: 1 hour Routine: 4 hours	Patient should be fasting 12 –14 hours before specimen collection.
Cholesterol, Direct LDL  <i>Formerly: LDL Direct</i>	83721	Serum, SST, tiger top tube. Alternate: Plasma lithium heparin green top tube 1 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 – 4 days	<i>Outside Reference Laboratory</i>
Cholinesterase, Plasma	82480	Plasma, EDTA (Lavender top tube 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 – 4 days	<i>Outside Reference Laboratory</i>
Cholinesterase, RBC and Plasma  <i>Formerly: Cholinesterase, RBC</i>	82480 82482	Whole Blood, EDTA and Plasma, EDTA 5 mL required volume 4.0 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	1 – 4 days	<i>Outside Reference Laboratory</i> <b>DO NOT FREEZE.</b>
Cholinesterase with Dibucaine Inhibition  <i>Formerly: Cholinesterase, Pseudo</i>	82480 82638	Serum, SST, tiger top tube. 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	3 – 4 days	<i>Outside Reference Laboratory</i>
Chromogranin A	86316	Serum, SST, tiger top tube 1 mL required volume 0.1 mL minimum volume	Refrigerate or Frozen	<i>See Report or Scanned Document</i>	Set up: Monday, Wednesday, Friday	2 – 7 days	<i>Outside Reference Laboratory</i> Allow serum specimen to clot completely at room temperature. Unacceptable specimen: Plasma.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Chromium Level</b>  <i>Formerly: Chromium, Serum</i>	82495	Serum: <b>Royal blue</b> top tube (no additive) 2 mL required volume 0.5 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Thursday, Saturday</b>	3 – 5 days	<b>Outside Reference Laboratory</b> <b>Collect Serum in a Royal Blue no additive clot tube.</b> Centrifuge, do not allow serum to remain on cells. Transfer 2mL(0.5mL) Serum to an Trace Element-Free Aliquot Tube. <b>Unacceptable Conditions:</b> Gel-Separator tubes. Specimens that are not separated from the red cells or clot within 6 hours. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.  Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician).
<b>Chromosome Study Amniotic</b>  <i>Formerly: Chromosome Analysis Amniotic Fluid</i>	82106 88235 88269	Amniotic fluid Collected in sterile container 30 mL required volume 15 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	7 days	<b>Outside Reference Laboratory</b> Patient's age gestational age, and indication(s) for testing are necessary. Please submit completed cytogenetics test requisition form with information. Do not split even if AFP requested. Send all tubes to lab (supernatant for AFP will be split by cytogenetics lab). Do not freeze.  Signed informed consent is a requirement. Amniotic fluid kit and handling instruction available upon request
<b>Chromosome, Blood</b>	88230 88262 88291	Whole blood, Sodium Heparin ( <b>green top</b> tube) 5 mL required volume 3 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Sunday</b>	12 – 16 days	<b>Outside Reference Laboratory</b>
<b>Chylomicron Screen, Body Fluid</b>	82664	Collect body fluid in sterile container	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Thursday</b>	1 – 8 days	<b>Outside Reference Laboratory</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Chromosome, Bone Marrow</b>	88237 88264 88291	Bone marrow, asp. in Sodium Heparin (green top tube	Ambient	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	Varies, based on growth, > then 7 days	<b>Outside Reference Laboratory</b>
<b>Chromosome, Tissue</b>	88239 88264 88291 88262	Tissue in RPMI Transport Medium	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	Varies, based on growth, > then 7 days	<b>Outside Reference Laboratory</b> CPT Codes: 88239 (tumor tissue) 88264 88291 or 88262 (other tissues), 88264, 88291
<b>Cinnamon Allergen</b> <i>Formerly: Cinnamon IgE</i>	86003	Serum, SST, tiger top tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Monday – Friday	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Citrate Level, 24 Hour Urine or Random</b>  <i>Formerly: Citric Acid (Citrate), 24 Hour Urine</i>	82507 82570	24 hour urine collections should be collected in a 24 hour urine container with no preservatives 4 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up: Sunday – Saturday	2 – 3 days	<b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory.  <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient’s full name, medical record number, room number; date and time collection started and date and time collection finished.  <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient’s full name and date of birth; date and time collection started and date and time collection finished.  <i>Specimen Preparation: Adjust pH to less than or equal to 2 by adding 6M HCl. Transfer a 4mL(0.5) aliquot of urine to a Standard Transport Tube. Record total volume, collection time interval, and pH on transport tube and test request form. Also acceptable: Specimens previously preserved with boric acid.</i>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
CKMB	82553	<b>Plasma:</b> Lithium Heparin – <b>green top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	0 - 5.0 ng/mL	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Values:</b> > 5.0 ng/mL
Cladosporium Herbarum IgE	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Monday – Friday	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.
Clam Allergen <i>Formerly: Clam IgE</i>	86003	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Monday – Friday	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.
Clonazepam Level	80346	Serum (Plain <b>red top</b> tube, no gell 2.5 mL required volume 1.2 mL minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up:</b> Monday, Wednesday, Friday	3 - 4 days	<b>Outside Reference Laboratory</b> Do not use gel barrier tubes. Optimum time to collect sample is 4 hours post-oral dose.
CMV Culture	87252	Place specimen in VPLS Viral transport medium	Refrigerate	<b>Negative</b>	<b>Set up:</b> 24 hours, Daily	Up to 3 weeks	
CMV Antibody IgG/IgM, CSF <i>Formerly: Cytomegalovirus IGA Antibody, CSF and Cytomegalovirus IGM, Antibody, CSF</i>	86644 86645	CSF (Cerebrospinal Fluid) 1 mL required volume 0.25 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up:</b> Sunday – Saturday	1 – 2 days	<b>Outside Reference Laboratory</b> Alternate specimen: <b>NONE.</b>
CMV Antibody IgG	86644	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Sunday – Saturday	1 – 2 days	<b>Outside Reference Laboratory</b> Alternate specimen: <b>NONE.</b>
CMV Antibody IgM	86645	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Sunday – Saturday	1 – 2 days	<b>Outside Reference Laboratory</b>
CMV Antibody IgG & IgM	86644 86645	Serum, SST, <b>tiger top</b> tube 1 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up:</b> Sunday – Saturday	1 – 2 days	<b>Outside Reference Laboratory</b> Alternate specimen: <b>NONE.</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>CMV DNA by PCR</b>  <i>Formerly: CMV DNA by PCR Quantitative</i>	87497	Plasma, EDTA <b>Lavender</b> top tube  <b>Alternate:</b> Fluid Collect in sterile screw top container.  1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 – 3 days	<b>Outside Reference Laboratory Un-processed Whole Blood specimens are unacceptable. EDTA plasma, specimen should be centrifuged and plasma removed from cells within 2-4hrs of collection.</b> Specimen cannot be shared with other testing for risk of DNA contamination. <b>Alternate specimen types:</b> Serum, Random urine, CSF or Amniotic fluid - Aliquot and keep refrigerated or frozen.
<b>Cobalt, Serum or Plasma</b>          <b>Cobalt, Serum or Plasma -continued-</b>	83018	Serum or Plasma, <b>Royal blue</b> top tube (No additive or EDTA) 2 mL required volume 0.5 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Friday</b>	3 - 5 days	<b>Outside Reference Laboratory Collect Serum in a Royal Blue no additive clot tube.</b> (Plasma from a Royal blue (EDTA) tube is also acceptable.)Centrifuge, do not allow serum to remain on cells. Transfer 2mL(0.5mL) Serum to an Trace Element-Free Aliquot Tube. <b>Unacceptable Conditions:</b> Gel- Separator tubes. Specimens that are not separated from the red cells or clot within 6 hours. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.
<b>Cocaine Metabolites</b>	G0479	Random Urine	Ambient	<b>Negative</b>	<b>24 hours, Daily</b>	<b>Stat: 1 hour Routine: 4 hours</b>	
<b>Coccidioides Antibody, Complement Fixation</b>  <i>Formerly: Coccidioides Antibodies</i>	86635	Serum, SST, <b>tiger</b> top tube 1 mL required volume 0.2 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	3 – 6 Days	<b>Outside Reference Laboratory</b>
<b>Coccidioides Antibody CSF</b>	86635	Serum, SST, <b>tiger top</b> tube or CSF 1 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	1 – 3 days	<b>Outside Reference Laboratory</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cockroach, German Allergen</b>  <i>Formerly: Cockroach IgE</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.
<b>Cacao/Cocoa Allergen</b>  <i>Formerly: Cocoa IgE</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Coconut IgE</b>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume.	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Codfish IgE</b>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.
<b>Codfish (Gadus morhua) Allergen IgG</b>  <i>Formerly: Codfish IgG</i>	86001	Serum SST, <b>tiger top tube</b> 2 mL required volume 0.5 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	3 days	<b>Outside Reference Laboratory</b>
<b>Coffee Allergen</b>  <i>Formerly: Coffee IgE</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Cold Agglutinin Qualitative</b>	86156	Serum SST, <b>tiger top tube</b> 1 mL required volume  Specimen must be kept at 37°C at collection and for a minimum of 30 minutes post collection. 2	37°C	<i>Interpretive Data</i>	<b>Set up: Sunday – Saturday</b>	2 days	Specimen must be kept at 37°C at collection and for a minimum of 30 minutes post collection.
<b>Cold Agglutinin Quantitative</b>	86157	Serum SST, <b>tiger top tube</b> 2 mL required volume  Specimen must be kept at 37°C at collection and for a minimum of 30 minutes post collection.	37°C	<i>Interpretive Data</i>	<b>Set up: Sunday – Saturday</b>	2 days	Specimen must be kept at 37°C at collection and for a minimum of 30 minutes post collection.



Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Collagen Cross-Linked N-Telopeptide (NTx) (Osteomark NTX Assay) (N-Telopeptide, Cross-Linked Urine)</b>	82523	Urine, Random, 2 mL (1.0 mL min)	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday – Saturday</b>	1 - 4 days	<b>Outside Reference Laboratory</b> Acidified specimen is not acceptable. Discard the 1 <sup>st</sup> morning void specimen. Collect 2 <sup>nd</sup> morning void, mix well. Frozen is acceptable. Ambient unacceptable.
<b>Common Ragweed (Short) IgE</b> See: <b>Ragweed, Common Short Allergen</b>							
<b>Complement Component 2</b>  <i>Formerly: Complement 2</i>	86160	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.03 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Monday, Thursday</b>	5 – 10 days	<b>Outside Reference Laboratory</b>
<b>C3 Complement</b>  <i>Formerly: Complement Component C3C</i>	86160	Serum: SST <b>red top tube</b>	Refrigerate	70 – 170 mg/dl	<b>Set up: 24 hours daily</b>	24 hours	
<b>Complement C4</b>	86160	Serum: SST <b>red top tube</b>	Refrigerate	12 – 36 mg/dl	<b>Set up: 24 hours daily</b>	24 Hours	
<b>Complement CH50</b>	86162	Serum, SST, <b>tiger top Tube</b> 1 mL required volume 0.5 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	1 – 2 days	<b>Outside Reference Laboratory</b> Alternate specimen: <b>NONE.</b>
<b>Complete Blood Count</b>	85027	1 – EDTA Tube ( <b>Lavender</b> top tube)	See Blood Count	See below for Reference Ranges of each test within the CBC, BC  <b>HCT - Hematocrit</b> <b>Male</b> 0 - 1 month.....51.0 - 65.0% 1month - 1 yr....37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0% 14 yr - 19 yr..... 36.0 - 47.0% 19 ys – 150 yrs 40.0 -52.0%  <b>Female</b> 0 - 1 month..... 51.0 - 65.0% 1month - 1 yr... 37.0 - 52.0% 1 yr - 14 yr.....35.0 - 45.0%	<b>Set up: 24 hours, Daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	<b>Critical Values</b>  <b>Hematocrit</b> <b>Male</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr.....< 20, > 60% 1 yr - 14 yr..... < 20, > 59.9% 14 yr - 19 yr..... < 20, > 59.9% 19 years – 150yrs ...< 20, > 59.9% <b>Female</b> 0 - 1 month.....< 30, > 80% 1month - 1 yr.....< 20, > 59.9% 1 yr - 14 yr..... < 20, > 59.9% 14 yr - 19 yr..... < 20, > 59.9% 19 years – 150yrs ...< 20, > 59.9%  <b>Hemoglobin</b>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<p><b>Complete Blood Count -continued-</b></p>				<p>14 yr - 19 yr.....36.0 - 47.0%                      19 yrs -150 yrs .36.0 -48.0%</p> <p><b>HGB – Hemoglobin</b></p> <p><b>Male</b>                      0 - 1 month ...15.0 - 22.0 g/dl                      1 mon -1 yr .. 10.0 - 12.0 g/dl                      1 yr - 13 yrs ..11.0 - 13.0 g/dl                      13yrs–150yrs.14.0 - 18.0 g/dl</p> <p><b>Female</b>                      0 - 1 month...5.0 - 22.0 g/dl                      1 mon - 1 yr...10.0 - 12.0 g/dl                      1 yr - 13 yrs.. 11.0 - 13.0 g/dl                      13yrs–150yrs.12.0 - 16.0 g/dl</p> <p><b>MCH</b>                      0 - 1 month .....33 – 37 pg                      1 month - 1 yr.....27 – 31 pg                      1 yr - 14 yrs.....27 – 33 pg                      14yrs - 19 yrs..... 30 –32 pg                      19 yrs – 150 yrs.....26 –34 pg</p> <p><b>MCHC</b>                      0 - 1 month ....28.3 - 33.5 g/dl                      1 mon - 1 yr...28.7 - 37.0 g/dl                      1 yr - 13 yrs...32.0 - 35.0 g/dl                      13 yr-150 yrs. 32.0 - 36.0 g/dl</p> <p><b>MCV</b></p> <p><b>Male:</b>                      0 - 1 month .....111 – 128 fl                      1 month - 1 yr.....95 – 119 fl                      1 yr - 13 yrs.....80 – 96 fl                      13 yrs – 150 yrs .78 – 98 fl</p> <p><b>Female:</b>                      0 - 1 month .....111 – 128 fl                      1 month - 1 yr.....95 – 119 fl                      1 yr - 13 yrs.....80 – 96 fl                      13 yrs – 150 yrs .78 – 98 fl</p> <p><b>PCOU - Platelet ount</b>                      150,000 - 500,000 / cumm</p> <p><b>RBC - Red Blood Cell Count</b></p> <p><b>Male</b>                      0 - 1 month..4.26 - 5.7 million</p>			<p><b>Male</b>                      0 - 1 month .....&lt; 10, &gt; 22 g/dl                      1 month - 1 yr ..... &lt; 7.5, &gt; 20 g/dl                      1 yr - 13 yrs .....&lt; 7.5, &gt; 20 g/dl                      13 yrs – 150 yrs. ....&lt; 7.5, &gt; 20 g/dl</p> <p><b>Female</b>                      0 - 1 month..... &lt; 10, &gt;20 g/dl                      1 month - 1 yr..... &lt; 7.5, &gt; 20 g/dl                      1 yr - 13 yrs..... &lt; 7.5, &gt; 20g/dl                      13 yrs – 150 yrs... &lt; 7.5, &gt; 20g/dl</p> <p><b>Platelet Count</b>                      &lt; 20,000 / cumm                      &gt;1 million / cumm</p> <p><b>White Blood Count</b>                      0 - 1 month..... &lt;1, &gt; 40 x10<sup>3</sup>mm3                      1 month - 1yr.....&lt; 1, &gt; 40 x10<sup>3</sup>mm3                      1 yr - 14 yrs.....&lt;1, &gt; 40 x10<sup>3</sup>mm3                      14 yrs - 19 yrs...&lt;1, &gt; 40 x10<sup>3</sup>mm3                      19 yrs - 15 yrs...&lt;1, &gt; 40 x10<sup>3</sup>mm3</p> <p><b>OB CBC – OB Platelet</b>                      Less than 50 x 10<sup>3</sup>/mm3 Greater than 1000 x 10<sup>3</sup>/mm3</p>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Complete Blood Count -continued-</b>				1 month-1 yr..3.5 - 5.2 million 1 yr - 14 yrs...4.0 - 5.2 million 14 yr -19 yrs..4.2 - 5.4 million 19yr–150yrs..4.6 - 6.2 million  <b>Female</b> 0 - 1 mon... 4.26 - 5.7 million 1 month-1 yr..3.5 - 5.2 million 1 yr - 14 yrs.. 4.0 - 5.2 million 14 yr-19 yrs...4.2 - 5.4 million 19 yr–150 yrs.4.2 - 5.4 million  <u><b>WBC - White Blood Cell Count</b></u> 0 - 1 month. .....5,000 - 30,000 /cumm 1 month - 1yr .....5,000 - 17,500 /cumm 1 yr - 14 yrs .....5,000 - 12,500 /cumm 14 yrs - 19 yrs .....4,500 - 11,000 /cumm 19 yrs - 15 yrs .....4,500 - 10,300 /cumm			
<b>Complete Parasite Exam</b>	<b>87177 87209</b>	Stool Random stool collection in Formalin and PVA container	Ambient	<b>See Report or Scanned Documen</b>	<b>Set up: Monday, Thursday</b>	<b>1 – 2 days</b>	<b>Outside Reference Laboratory</b> It is preferable to add enough of stool (to Indicator Line) into each of the PVA and Formalin (PARA-PAK) containers within 1 hour of collection. <b>Patients must not have had barium for 10 days prior to collection for this test.</b> Not for patients hospitalized more than 5 days.
<b>Comprehensive ANA Panel</b>  See: ANA Analyzer							
<b>Comprehensive Metabolic Panel</b>	<b>80053</b>	<b>Plasma:</b> Lithium Heparin – <b>green top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	See Below for Reference Ranges: ***** <b>Albumin:</b> 3.5 – 5.0 gram/dl	<b>Set up: 24 hours, daily</b>	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	Tests Includes: Albumin, Total Bilirubin, Calcium, Chloride, Creatinine, Glucose, Alkaline Phosphatase, Potassium, Total Protein, Sodium, SGOT, CO <sub>2</sub> , SGPT

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<p><b>Comprehensive Metabolic Panel</b> -continued-</p>				<p><b>Alkaline Phosphatase:</b> Male: 0 – 16 yrs: 124-413 U/L 16 - 150 yrs: 41 – 121 U/L <b>Female:</b> 0 – 16 yrs: 124-413 U/L 16 - 150 yrs: 41 – 121U/L</p> <p><b>ALT (SGPT):</b> Male: 10 – 40 U/L Female: 7 – 35 U/L</p> <p><b>AST (SGOT):</b> <b>Male:</b> 15 – 40 U/L <b>Female:</b> 13 – 35 U/L</p> <p><b>Total Bilirubin:</b> 0.2 – 1.2 mg/dl</p> <p><b>BUN</b> 6 – 20 mg/dl</p> <p><b>Chloride:</b> 98 – 110 mmols/Liter</p> <p><b>Calcium, Serum:</b> 8.7 – 10.4 mg/dl</p> <p><b>CO<sub>2</sub>:</b> 21– 32 mmols/Liter</p> <p><b>Creatinine:</b> <b>Male:</b> 0.6 – 1.4 mg/dl <b>Female:</b> 0.5 – 1.2 mg/dl</p> <p><b>Glucose Level:</b> 74 – 106 mg/dl</p> <p><b>Potassium:</b> <b>Male:</b> 0 - 1 month: 4 – 5.9 mmols/L 1 month – 150 yrs: 3.4 – 5.1 mmols/L <b>Female:</b> 0 - 1 month: 4 – 5.9 mmols/L 1 month – 150 yrs: 3.4 – 5.1 mmols/L</p> <p><b>Sodium:</b> 136 – 145 mmols/Liter</p>			<p><b>Critical Value:</b></p> <p><b>BUN:</b> &gt; 149 mg/dl</p> <p><b>CO<sub>2</sub>:</b> &lt; 16, &gt; 44 mmols/L</p> <p><b>Glucose:</b> <b>&lt; 51, &gt; 499</b></p> <p><b>Calcium, Serum:</b> &lt; 6.1, &gt; 13.9 mg/dl</p> <p><b>Potassium:</b> <b>Male:</b> 0 - 1 month.....&lt;3, &gt; 5.9 mmol/L 1 month – 150 yrs: .....&lt; 3, &gt; 5.8 mmol/L <b>Female:</b> 0 - 1 month:.....&lt; 3, &gt; 5.9 mmol/L 1 month – 150 yrs:.....&lt; 3, &gt; 5.8 mmol/L</p> <p><b>Sodium:</b> &lt; 126, &gt; 149 mmols/L</p>

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
Comprehensive Metabolic Panel -continued-				<b>Total Protein:</b> 6.4 – 8.3 gm/dl  <b>Globulin:</b> 2.4 - 3.8 gm/dl			
Copper Level, 24 Hour Urine and Random	82525	24 hour urine collections should be collected in a 24 hour urine container with no preservatives or random	Refrigerate	See Report or Scanned Document	Set up: Monday – Saturday	1 - 3 days	<b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory.  <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished.  <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.
Copper Level  <i>Formerly: Copper Blood</i>	82525	Serum, <b>royal blue</b> top tube No additives.  Alternate: Plasma, EDTA <b>royal blue</b> top tube. 2 mL required volume 0.5 mL minimum volume	Ambient / Refrigerate	See Report or Scanned Document	Set up: Sunday – Saturday	2 – 3 days	<b>Outside Reference Laboratory</b> Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). <b>Centrifuge: Do Not Allow Serum or Plasma to remain on cells.</b> Transfer 2 mL serum or plasma to a Trace Element-Free Transport Tube within 6 hours of collection. Unacceptable Conditions: Separator tubes and specimens that are not separated from the red cells or clot within 6 hours.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
Corn/Maize IgE	86003	Serum SST, <b>tiger top tube</b> 2 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set u: Monday – Friday	3 days	<i>Outside Reference Laboratory</i>
Corn and Maize Allergen IgG	86001	Serum SST, <b>tiger top tube</b> 2 mL required volume 0.5 minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	Set up Monday – Friday	3 days	<i>Outside Reference Laboratory</i>
Cortisol – Urine Free 24 Hour or Random Urine  Cortisol – Urine Free 24 Hour or Random Urine -continued-	82530 82570	24 Hour urine collection should be collected in a 24 hour urine container with no preservative. 4 mL required volume 1 mL minimum volume  Container must be labeled with patient's full name, medical record number and/or date of birth, date and time collection started and date and time collection ended. <b>Do Not Use Acid for Preservative!</b>	Refrigerate	<i>See Report or Scanned Document</i>	Sep Up: Sunday-Saturday	2 - 5 days	<b>Outside Reference Laboratory Collection:</b> Instruct patient to void at 8:00 am and discard the specimen. Then Collect all urine including the final specimen voided at the end of the 24 hour collection period (i.e. 8:00 am the next morning ) secure the lid on tightly. Keep specimen refrigerated during collection.  Transport the specimen promptly to the laboratory. Mark collection duration and total volume on transport tube and test request form.
Cortisol Level	82533	Serum SST, <b>tiger top tube</b>	Refrigerate	4.3 – 22.4 ug/dl	Set Up: 24 hours, daily	Stat: 1 hour Routine: 4 hours	Should be collected at 8:00 a.m.
Cortisol Stimulation Study	80400 82533	Serum SST, <b>tiger top tube</b> 1 mL required volume	Refrigerate	<i>Interpretive Data</i>	24 hours, daily	8 hours	This must be scheduled in advance with the laboratory. Cortrosyn injection must be given at the time specified at the laboratory. patients should fast a minimum of 10 hours. Includes baseline and specimens collected at 30 and 60 minutes.
Cortisol Suppression (Dexamethasone Suppression)	82533	Serum: SST <b>red top</b> tube	Refrigerate	<i>Interpretive Data</i>	Set up: 24 hours, daily	Stat: 1 hour Routine: 4 hours	Schedule in advance with laboratory. Includes specimens drawn immediately before Dexamethasone and at time interval determined by the physician after the Dexamethasone is administered.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cotinine, Serum</b> See: Nicotine and Metabolites							
<b>Cottonwood IgE</b>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	See Report or Scanned Document	Set up: Monday – Friday	2 - 4 days	Outside Reference Laboratory Specimen unacceptable at room temperature.
<b>Cow Milk</b>	86003	Serum SST, <b>tiger top tube</b> 0.3 mL required volume 0.2 minimum volume	Refrigerate	See Report or Scanned Document	Set up: Monday – Friday	3 days	Outside Reference Laboratory
<b>Coxsackie Antibody</b> See; Q-Fever Ab IgG w/reflex							
<b>Coxsackie Virus A Antibody Panel</b>  Formerly: Coxsackie A 1-6 Antibodies	86658 x6	Collect serum specimen in plain red or SST tube. 2 mL required volume 1 mL minimum volume	Ambient	See Report or Scanned Document	Set up: Monday – Friday	5 days	Outside Reference Laboratory
<b>Coxsackie virus A, CSF</b>  Formerly: Coxsackie A Antibodies, CSF	86658 x6	CSF (Cerebrospinal Fluid) Collected in sterile screw top container. 2 mL required volume 0.5 mL minimum volume	Refrigerate	See Report or Scanned Document	Set up: Monday – Friday	3 - 4 days	Outside Reference Laboratory
<b>Coxsackie B Virus Antibodies</b>  Formerly: Coxsackie B 1-6	86638 x6	Serum, SST, <b>tiger top tube</b> 1 mL required volume 0.5 minimum volume	Refrigerate	See Report or Scanned Document	Set up: Monday – Friday	5 days	Outside Reference Laboratory  Alternate specimen: CSF
<b>Coxsackie Virus B, CSF</b>  Formerly: Coxsackie B 1-6 Abs, CSF	86658 x6	Collect CSF in CSF tube. 2 mL required volume 0.5 minimum volume	Ambient	See Report or Scanned Document	Set up: Monday – Friday	3 – 6 days	Outside Reference Laboratory
<b>CPK</b>  (Creatinine Phosphokinase)	82550	<b>Plasma:</b> Lithium Heparin – <b>green top tube</b> <b>Serum:</b> SST <b>red top tube</b>	Refrigerate	<b>Male: 38 – 174 U/L</b> <b>Female: 26 – 140 U/L</b>	Set up: 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Crab IgE</b>	<b>86003</b>	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.
<b>Cranberry Allergen</b>  <i>Formerly: Cranberry IgE</i>	<b>86003</b>	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b> Specimen unacceptable at room temperature.
<b>Creatine Kinase Isoenzymes</b>  <i>Formerly: CPK Isoenzymes</i>	<b>82552 82550</b>	Serum, SST, <b>tiger top tube</b> 1 mL required volume 0.5 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	2 – 3 days	<b>Outside Reference Laboratory</b> Alternate specimen: <b>NONE.</b>
<b>Creatinine Clearance</b>	<b>82575</b>	1. 24 hour urine collected in a 24 hour urine container with no preservatives  2. Plasma: Lithium Heparin - <b>green top tube</b> Serum: SST <b>red top tube</b>	Refrigerate	Creatinine Level Male: 0.6 – 1.4 mg/dl Female: 0.5 – 1.2 mg/dl  Clearance Creatinine 80 – 120 mg/dl  Creatinine, 24 Hour Urine Male: 0.6 – 2.5 g/24hrs Female: 0.6 – 2.5 g/24hrs	<b>Set up: 7:00 .am. daily</b>	<b>24 hours</b>	Test includes serum creatinine, urine Creatinine, time (minutes), volume (mLs) and clearance. <b>Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory. <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished. <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.
<b>Creatinine, 24 Hour Urine</b>	<b>82570</b>	24 hour urine collections should be collected in a 24 hour urine container with no preservatives	Refrigerate	Male: 0.6 – 2.5 g/24hrs Female: 0.6 – 2.5 g/24hrs	<b>Set up: 7:00 a.m., daily</b>	<b>24 hours, daily</b>	<b>Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated



Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Creatinine, 24 Hour Urine -continued-</b>							during collection. Transport the specimen promptly to the Laboratory.  <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and time collection started and date and time collection finished.  <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.
<b>Creatinine, Body Fluid</b>	82570	Body fluids: 5 mL	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 5 hours 6	Indicate source of body fluid.
<b>Creatinine, Serum</b>	82565	<b>Plasma:</b> Lithium Heparin – <b>green</b> <b>top</b> tube <b>Serum:</b> SST <b>red top</b> tube	Refrigerate	<b>Male:</b> 0.6 – 1.4 mg/dl <b>Female:</b> 0.5 – 1.2 mg/dl	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Creatinine, Urine</b>	82570	Random urine 10 mL required volume 5 mL minimum volume	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> 24 hours, daily	<b>Stat:</b> 1 hour <b>Routine:</b> 4 hours	
<b>Creutzfeldt-Jakob Disease</b>  <b>See:</b> .14-3-3 Protein Tau/Theta	84182 86317	Collect 5 mL of CSF in a sterile container. 5 mL required volume 2 mL minimum volume	Frozen	<i>Interpretive Data</i>	<b>Set up:</b> <b>Varies</b>	<b>7 – 17 days</b>	The first 2 mL of CSF that flows from the tap should be discarded.
<b>Cryo Crit 7 Day</b>	85013	Collect 8 mL in a pediatric <b>Red</b> top tube.	Ambient	Negative	<b>Set up:</b> 24 hours daily	<b>7 days</b>	
<b>Cryocrit 24 Hour</b>	85013	Collect 8 mL in a pediatric <b>Red</b> top tube.	Ambient	Negative	<b>Set up:</b> 24 hours daily	<b>7 days</b>	

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cryofibrinogen</b>	<b>82585</b>	Collect whole blood in a pre-warmed (37°C) syringe. Specimen may be drawn directly into a pre-warmed lt. blue (sodium citrate) or black (sodium citrate). 3 mL required volume 1 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	4 – 5 days	<b>Outside Reference Laboratory Collect: Whole blood must be drawn in a pre-warmed (37°C) syringe and kept at 37°C.</b> Immediately after blood has been obtained, transfer specimen to a pre-warmed (37°C) 5 mL lt. blue (sodium citrate) tube and keep sample at 37°C. Specimen may be drawn directly into a pre-warmed collection tube and maintained at 37°C until centrifugation. Separate plasma from cells using a 37°C centrifuge, if possible. <b>Remarks:</b> Fasting specimen recommended. <b>Do not refrigerate or freeze at any time.</b> Proper collection and transport of specimen is critical to the outcome of the assay. Quantities less than 3 mL may affect the sensitivity of the assay.
<b>Cryoglobulin</b>	<b>82595</b>	2 – Pediatric <b>red top</b> tubes, must be kept at 37° for 1 hour after collection.	37°	Negative	<b>Set up: 24 hours, daily</b>	7 days	Cryocrit is performed if cryoglobulin is positive.
<b>Cryptococcal Antigen</b>	86403	serum in plain <b>red</b> vacutainer 2 mL required volume 1 mL minimum volume	Refrigerate	Negative	<b>Set up: 24 hours, daily</b>	2 hours	Latex Agglutination Test
<b>Cryptococcal Antigen, CSF</b>  (India Ink not performed)	86403	Collect CSF specimen in sterile tube or plain vacutainer tube. Refrigerate if delayed delivery necessary. 1 mL required volume 0.5 mL minimum volume	Refrigerate	Negative	<b>Set up: 24 hours, daily</b>	2 hours after received	Latex Agglutination. Titers (CRYT) are performed as a reflex test on all positive samples.
<b>Cryptococcal Ab, CSF</b>	<b>86641</b>	Collect 1 mL of CSF in sterile container.	Ambient	<i>Interpretive Data</i>	<b>Set up: 24 hours, daily</b>	24 hours	
<b>Cryptococcus Antibody</b>	<b>86641</b>	0.5 mL serum in plain <b>red</b> vacutainer	Ambient	<i>Interpretive Data</i>	<b>Set up: 24 hours, Daily</b>	24 hours	

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cryptosporidia and Giardia Antigen</b>	<b>87328 87329</b>	1 mL diarrheal stool – fresh or 10% formalin: No PVA	Refrigerate	Negative	<b>Set up: Monday, Wednesday, Friday 11:00 p.m. to 7:00 a.m.</b>	<b>24 – 72 hours</b>	Detects antigens in stool samples.
<b>CSF Fungus Culture</b>  (Order as Fungus Culture and specify CSF as source)	<b>87102</b>	<b>Specimen:</b> Cerebrospinal fluid  <b>Container:</b> Sterile test tube,	Ambient	“No Growth at 4 weeks”	<b>Set up: 24 hours, daily</b>	<b>Final report in 4 weeks.</b>	Preliminary reports are updated weekly. Physician will be notified of positive cultures. The laboratory should be informed of the fungal species suspected. Every effort should be made to collect the specimen early in the day so that it may be processed promptly, assuring optimal yield. <b>Storage Instructions:</b> Transport specimen to the laboratory immediately. CSF and other normally sterile fluids or sites should <b>not</b> be refrigerated.
<b>Collagen Type 1 C-Telopeptide</b>  <i>Formerly: C-Telopeptide Collagen Type 1</i>	<b>82523</b>	Serum, Plain red top tube, no gel 3 mL required volume 0.5 minimum volume	Frozen	<i>See Report or Scanned Document</i>	<b>Set up: Tuesday, Thursday, Saturday</b>	<b>2 – 4 days</b>	<b>Outside Reference Laboratory Fasting is required!</b> Non-Fasting specimens are unacceptable. Fasting morning collection 8-10 am. (Diurnal variations cause elevated levels at night). Allow blood to clot (10-15 minutes) at room temperature. Centrifuge and separate the serum from the cells and place into plastic aliquot tube. Label aliquot tube as Serum and Freeze as soon as possible.
<b>Cryptosporidium Antigen</b>	<b>87328</b>	Collect stool specimen in sterile container. 5 g required volume 1g minimum volume	Frozen if specimen is unpreserved Ambient if Specimen is Preserved	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	<b>48 hours</b>	<b>Outside Reference Laboratory</b>
<b>Crystals, Body Fluid</b>	<b>89060</b>	Specimens can be received fresh or in cytologic fixative. Fresh specimens should be refrigerated. 2 mL required volume 1 mL minimum volume	Refrigerate	<i>Interpretive Data</i>	<b>Set up: Monday - Friday 7:00 a.m. – 6:00 p.m.</b>	<b>24 - 48 hours</b>	

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cucumber Allergen</b> <i>Formerly: Cucumber IgE</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Cumin Allergen</b> <i>Formerly: Cumin Seed IgE Allergen Specific</i>	86003	Serum SST, <b>tiger top tube</b> 1 mL required volume 0.1 mL minimum volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Monday – Friday</b>	2 - 4 days	<b>Outside Reference Laboratory</b>
<b>Cyclic Citrulline Peptide</b> <i>Formerly: Cyclic Citrullinated Peptide, Antibody IgG</i>	86200	Serum SST, <b>tiger top tube</b> 1 mL required volume	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: Sunday – Saturday</b>	24 hours	
<b>Cyclosporine Level</b>	80158	Whole blood, EDTA ( <b>Lavender top tube</b> ) 4 mL required volume	Refrigerated	Guidelines: Kidney Transplant: 200 – 300mcg/L Other Organ Transplants: 200 – 300 mcg/L	<b>Set up: daily 8:00 a.m. – 4:00 p.m.</b>	24 hours	No definitive therapeutic or toxic ranges are established for Cyclosporin. Optimal blood drug levels are influenced by type of transplant, patient response, time post-transplant, administration of other drugs, and drug formulation.
<b>Cystic Fibrosis DNA Analysis</b>	81220	Whole blood, EDTA ( <b>Lavender top tube</b> ) 5 mL required volume 3.0 mL minimum volume	Ambient	<i>See Report or Scanned Document</i>	<b>Set up: Monday and Thursday</b>	7 -10 days	<b>Outside Reference Laboratory</b> Include clinical indication for testing on the test request form. Please indicate the ethnicity of the patient. Room temperature or Refrigerated is acceptable. Specimen cannot be shared with other testing for risk of DNA contamination.
<b>Cystine Urine</b> <i>Formerly: Cystine, 24 Hour Urine</i>	82131	24 hour urine collections should be collected in a 24 hour urine container with no preservatives	Refrigerate	<i>See Report or Scanned Document</i>	<b>Set up: 3 time per week</b>	8 days	<b>Outside Reference Laboratory Collection:</b> Instruct the patient to void at 8:00 a.m. and discard the specimen. Then collect all urine, including the final specimen voided at the end of the 24-hour collection period (i.e. 8:00 a.m. the next morning). Screw the lid on securely. Keep specimen refrigerated during collection. Transport the specimen promptly to the Laboratory. <b>Inpatient Collection:</b> Container <b>must</b> be labeled with patient's full name, medical record number, room number; date and

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cystine Urine</b> <i>-continued-</i>							time collection started and date and time collection finished. <b>Outpatient Collection:</b> Container <b>must</b> be labeled with patient's full name and date of birth; date and time collection started and date and time collection finished.
<b>Cytology</b> <b>Body Cavity Fluid</b> <b>Effusions</b>	<b>88108</b> <b>88112</b> <b>88305</b>	Specimens can be received fresh or in cytologic fixative. 5 mL minimum volume.  Add 1 mL of heparin per 100 mL fluid if needed.	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> <b>Monday -</b> <b>Friday</b> <b>7:00 a.m. –</b> <b>6:00 p.m.</b>	<b>24 - 48</b> <b>hours</b>	<b>Outside Reference Laboratory</b> Add 1 mL of heparin per 100 mL fluid if needed. Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday
<b>Cytology</b> <b>Bronchial Lavage Cell</b>	<b>88108</b> <b>88112</b> <b>88305</b>	Specimens can be received fresh or in cytologic fixative. 40 –70 mL minimum volume.	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> <b>Monday -</b> <b>Friday</b> <b>7:00 a.m. –</b> <b>6:00 p.m.</b>	<b>24 - 48</b> <b>hours</b>	<b>Outside Reference Laboratory</b> Specify if examination is for organisms or differential cell count. Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.
<b>Cytology</b> <b>Bronchial Washings</b>	<b>88108</b> <b>88112</b> <b>88305</b>	Specimens can be received fresh or in cytologic fixative. 5 mL minimum volume	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> <b>Monday -</b> <b>Friday</b> <b>7:00 a.m. –</b> <b>6:00 p.m.</b>	<b>24 - 48</b> <b>hours</b>	<b>Outside Reference Laboratory</b> Specify if examination is for infectious organisms. Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.
<b>Cytology</b> <b>Brushing Bronchial,</b> <b>Colonic,</b> <b>Gastrointestinal,</b> <b>Esophageal, Urinary</b> <b>Tract</b>	<b>88104</b>	Specimens should be collected in cytologic fixative.	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> <b>Monday -</b> <b>Friday</b> <b>7:00 a.m. –</b> <b>6:00 p.m.</b>	<b>24 - 48</b> <b>hours</b>	
<b>Cytology</b> <b>Cerebrospinal Fluid</b>	<b>85108</b>	Specimens can be received fresh or in cytologic fixative. Transport to Cytology immediately. 1 – 2 mL minimum volume.	Refrigerate	<i>Interpretive Data</i>	<b>Set up:</b> <b>Monday -</b> <b>Friday</b> <b>7:00 a.m. –</b> <b>6:00 p.m.</b>	<b>24 - 48</b> <b>hours</b>	<b>Outside Reference Laboratory</b> Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
<b>Cytology Cervical /Vaginal Pap Smear</b>  <b>ThinPrep Pap</b>	<b>88142</b> or <b>88143</b> <small>if reviewed by pathologist add 88141</small>	Specimen should be collected in PresevCyt for ThinPrep Pap Processing. (No direct smears/pap smears.)	Ambient	<i>Interpretive Data</i>	<b>Set up: Monday - Friday 7:00 a.m. – 6:00 p.m.</b>	<b>24 - 48 hours</b>	<b>Outside Reference Laboratory</b> Site of smear and last menstrual period needed. Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.
<b>Cytology Cyst Fluid</b>	<b>88108</b> <b>88112</b>	Specimens can be received fresh or in cytologic fixative. Fresh specimens should be refrigerated. 1 – 2 mL minimum volume	Refrigerate	<i>Interpretive Data</i>	<b>Set up: Monday - Friday 7:00 a.m. – 6:00 p.m.</b>	<b>24 - 48 hours</b>	<b>Outside Reference Laboratory</b> Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.
<b>Cytology Fine Needle Aspiration, Palpable and Non Palpable Lesions</b>	<b>88170</b> <small>(FNA superficial)/88171 (FNA Deep)/ 88172 (FNA immediate read)/ 88173 (FNA interp and report)</small>	Cytotechnologist is available for assistance during procedures. Direct smears are prepared and submitted in cytologic fixative. Residual specimens are submitted in cytologic fixative for cellblock or cytospin preparation.	Refrigerate	<i>Interpretive Data</i>	<b>Set up: Monday - Friday 7:00 a.m. – 5:00 p.m.</b>	<b>Set up: Monday – Friday 24 hours – longer if special studies are required.</b>	<b>Outside Reference Laboratory</b> Procedures should be scheduled in advance with the department. Cytotechnologists are available for assistance with specimen collection and slide preparation. Rapid assessments / specimen adequacy assessments are available upon request. Pathologists are available to perform fine needle aspiration procedures on palpable lesions. Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.
<b>Cytology Nipple Discharge Smears</b>	<b>88160</b>	Smears should be prepared on labeled glass slides and immediately fixed with cytologic fixative.	Ambient	<i>Interpretive Data</i>	<b>Set up: Monday - Friday 7:00a.m. – 6:00 p.m.</b>	<b>24 hours</b>	<b>Outside Reference Laboratory</b> Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.
<b>Cytology Sputum</b>	<b>88108</b> <b>88112</b> <b>88305</b>	Specimens should be received fresh or in cytologic fixative. Fresh specimens should be refrigerated. 1- 2 mL minimum volume.	Refrigerate	<i>Interpretive Data</i>	<b>Set up: Monday – Friday 7:00 a.m. – 6:00 p.m.</b>	<b>24 - 48 hours</b>	<b>Outside Reference Laboratory</b> Specify if examination is for infectious organisms. Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.

Test Name	CPT Code	Specimen Requirement	Temp	Reference Range	Availability	TAT	Comments
Cytology Urinary	88108	Specimens should be received fresh or in cytologic fixative. Fresh specimens should be <i>Refrigerate</i> . 5 mL minimum volume.	Refrigerate	Interpretive Data	Set up: Monday - Friday 7:00 a.m. – 6:00 p.m.	24 - 48 hours	<b>Outside Reference Laboratory</b> Specify if specimen is voided or catheterized. Call the Cytology Laboratory at St Thomas Midtown Hospital at 615-284-5576 7:00 a.m. – 6:00p.m. Monday through Friday.