

Abbott Pathology Test Reference Manual
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Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
1,25-Dihydroxy Vitamin D 1,25-Dihydroxycholecalciferol.1	Blood	GEL	8.5	Lab: Separate and freeze (This test is different from 25-Hydroxy Vitamin D)
17b-Oestradiol (Serum)				See Oestradiol
17-Hydroxy Progesterone	Blood	GEL	8.5	Collect sample between 8am and 10am
17-Ketosteroids (Urine)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr general urine collection information)
17-OH Progesterone (17-OH-P)				See 17-Hydroxy Progesterone
2,4-D				See Herbicides
2,4,5-DB				See Herbicides
2,4,5-T				See Herbicides
25 (OH) D / 25 (OH) D3				See Vitamin D
25-Hydroxy Cholecalciferol				See Vitamin D
25-Hydroxy Vitamin D				See Vitamin D
5 SRT (Serotonin)				See Serotonin
5-Flucytosine (5-FC)				See Flucytosine
5-HIAA (5-Hydroxy Indole Acetic Acid)				See Hydroxy Indole Acetic Acid
5-HT (Serotonin)				See Serotonin
5-Hydroxy Indole Acetic Acid				See 5-HIAA
5-Hydroxy Tryptamine				See Serotonin
6-MMP				See Thiopurine Metabolites
6-TGN				See Thiopurine Metabolites
A A A A A A				
A-1-Antitrypsin (A1AT)				See Alpha-1-Antitrypsin
A-9-THC (urine-screen)				See Marijuana
Ab screen (Antibody Screen)				See Antibody Screen (Blood)
ABG (Arterial Blood Gases)				See Arterial Blood Gases
ABO (ABO group)				See Blood Group
ABO & antibodies				See Blood Group and Antibodies
ABO & RH				See Blood Group
ABO & RH antibodies				See Blood Group and Antibodies
ABO & RH status				See Blood Group
ABO & RHESUS				See Blood Group
ABO & Rhesus antibodies				See Blood Group and Antibodies
ABPA				See Aspergillus precipitins
ACA (Anti-Cardiolipin Antibodies)				See Anti Cardiolipin
ACE (Angiotensin Converting Enzyme)	Blood	GEL	8.5	
Acetaminophen				See Paracetamol
Acetaminophen (urine - screen)	Urine	Jar	20	See Urine Drug Screen

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Acetoacetate	Blood	Li Hep	6	Spin and separate. Serum (Gel tube) also acceptable. Note: B-Hydroxybutyrate is a better test for detecting ketones. See B-Hydroxybutyrate (fluoride plasma)
Acetone (solvent screen)	Blood	Lith Hep	6	Fill tube. Do not spin sample. Do not aliquot.
Acetylcholine Receptor Antibodies	Blood	GEL	8.5	
Acetylcholinesterase				See Cholinesterase
Acid Base (syringe)				See Arterial Blood Gas
Acid elution for foetal haemoglobin	Blood	EDTA Plain	2 6	If post delivery, send the cord blood specimen with the mother's blood also.
Acid Fast Bacilli				See AFB
ACR				See Microalbumin
Acromegaly testing				See IGF-1
ACTH	Blood	EDTA	4	Collect on ICE just before next courier to lab. Sample will be rejected if not collected on ice. Lab: Centrifuge, separate, and freeze on arrival at lab.
ACTH Stimulation test				See Synacthen Stimulation Test.
Actin autoantibody	Blood	GEL	8.5	
Activated partial thromboplastin time (APTT)				See APTT
Activated Protein C Resistance				See Factor V Leiden as this is now done instead of Activated Protein C Resistance
Active B12 (Holo transcobalamin)	Blood	GEL	8.5	
Acute Promyelocytic Leukaemia - RAR				See PML-RAR-Alpha
Acyl carnitine - Neonatal	Blood	Guthrie Card		Guthrie card dried blood spot. Contact lab for card and instructions. Transport card in a paper envelope, NOT a plastic biohazard bag.
ADB				See Anti-DNAse B
Addison's Disease				See Synacthen Stimulation Test
Adenovirus	Faeces	Jar		
Adenovirus PCR	Swab	Dry		Dry swab of respiratory and eye sites. Also urine. Will accept Viral Transport Medium, not SWT (blue swab)
Adenovirus Serology	Blood	GEL	8.5	
ADH (Anti-Diuretic Hormone, Vasopressin)	Blood	EDTA	10	Pre-chill EDTA tube. Collect on wet ice. Lab: Separate plasma and freeze immediately.
Adrenal antibodies				See Anti-Adrenal antibodies
Adrenaline				See Catecholamines
Adrenocorticotrophic hormone				See ACTH
Aetiocholanolone	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr general urine collection information)
AFB - Sputum (Acid Fast Bacilli, Tuberculosis, TB, Mycobacteria, ZN Stain)	Sputum	Jar x 3	20	Collect early morning specimen. Ensure that deep sputum (phlegm) is collected and not saliva. Patient to take 3 or 4 deep breaths and "huff" on expiration. Sputum in plain jars, on 3 consecutive days. Specimens may all be returned on 3rd day. Same lab number for all 3 specimens. Store in cool, dark place.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
AFB - Urine (Acid Fast Bacilli, Tuberculosis, TB, Mycobacteria, ZN Stain)	Urine	Jar x 3	20	Collect early morning specimen. Urine in plain jars, on 3 consecutive days. Specimens may all be returned on 3rd day. Same lab number for all 3 specimens. Store in cool, dark place.
AFP (Alpha Feto Protein)	Blood	GEL	8.5	
Ag				See Silver
Agarose Gel Protein Electrophoresis (Serum)				See Protein Electrophoresis
AIDS serology				See HIV
Al			6	See Aluminium
ALAD				See Amino Laevulinic Acid Dehydratase
Alanine Aminotransferase				See ALT
Alb creat ratio				See Microalbumin
Albumin - Fluid	Fluid	Jar	2	
Albumin - Serum	Blood	GEL	8.5	
Albumin / Creatinine ratio				See Microalbumin
Albumin excretion rate (urine)				See Microalbumin
Alcohol (legal) (Ethanol)	Blood	Blue Seal		This test not available at Abbott Pathology. Please direct patient to Healthscope Pathology. A prepaid fee of approximately \$250.00, payable to Healthscope is required before this test can be performed. Sealed sample is stable up to 12 months.
Alcohol (non-legal) (C ₂ H ₅ OH, Ethanol, ETOH)	Blood	Flu-ox or GEL or Li Hep or EDTA	4	Do not use alcohol skin wipe to clean skin. Use a non-alcohol alternative.
Alcohol (urine) (Ethanol)	Urine	Jar	20	Important: refer to Urine Drug Screen for instructions. Not included in general urine drug screen analysis unless specifically requested.
Alcoholism Marker (for heavy drinkers)				See Carbohydrate-Deficient Transferrin
Aldosterone (serum)				Please order Aldosterone/Renin Ratio as Aldosterone has limited value without Renin. See Aldosterone/Renin Ratio. Special procedures apply.
Aldosterone (urine)	Urine	24hr Bottle		Plain bottle. Must be kept cold and sent to lab immediately after collection. (See Appendix 1 for general 24 hr urine collection information) At lab, aliquot 10mL and transport frozen.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Aldosterone/Renin Ratio	Blood	EDTA + GEL		<ol style="list-style-type: none"> 1. Aldosterone and Renin collected. Cortisol may also be useful for diagnosis in some cases. 2. If postural studies are required, please specify Erect and Supine. If Erect/Supine not specified, random sampling will be assumed. 3. Preferably, all diuretics and antihypertensive drugs should be stopped for 2 weeks prior to the test. 4. Please state all drugs including if on oral contraceptives. 5. Please state date of last menstrual cycle. 6. All sampling should be completed before 11 am. 6. There are complex collection requirements. See Appendix 4 for more information.
Aldrin				See Organochlorine Pesticides
Alkaline phosphatase				See ALP
Alkaline phosphatase bone fraction (specific)				See ALP - Bone Isoenzyme
Alkaline phosphatase isoenzymes (screening test)				See ALP Isoenzymes (Screening Test)
Alkaptonuria (urine)	Urine	Jar	50	
Allegron				See Nortriptyline
Allergy testing (RAST)				See RAST
ALP	Blood	GEL	8.5	
ALP - Bone Isoenzyme	Blood	GEL	8.5	Used to test specifically for bone isoenzyme. The ALP isoenzyme screening test below is generally done first.
ALP Isoenzymes (Screening Test) - Liver, Bone, Intestinal, Placental ALP (includes heat stable fraction)	Blood	GEL	8.5	Electrophoretic screening test for patients with a raised ALP to qualitatively compare fractions and determine the source of the ALP causing the rise.
Alpha-1-antitrypsin (A1AT)	Blood	GEL	8.5	
Alpha-1-Antitrypsin Phenotypes	Blood	GEL	8.5	
Alpha-1-Phenotyping				See Alpha-1-Antitrypsin Phenotypes
Alpha-Feto Protein				See AFP
Alpha-Galactosidase				See Galactosidase-Alpha
Alpha-Interferon				See Interferon
Alpha-synuclein mutations	Blood	EDTA	10	Transport to testing lab within 48 hours at room temperature. (Parkinson's Disease). Patient may be charged several hundred dollars.
Alpha-Thalassaemia				See Thalassaemia
Alpha-Tocopherol				See Vitamin E
ALT (Alanine Aminotransferase, SGPT)	Blood	GEL	8.5	
Aluminium (Al) (Blood)	Blood	Trace element	6	Collect in special trace metal tube. If more than 3 trace elements are required, collect 2 tubes. Do not separate plasma.
Aluminium (Al) (Urine)	Urine	24hr Bottle		Collect in acid washed (trace metal free) urine container. (See Appendix 1 for 24 hr general urine collection information). Spot urine also acceptable.
AMA				See Mitochondrial Antibody
AMA-M2 Antibodies	Blood	GEL	8.5	See M2 Anti-Mitochondrial Abs

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
American Trypanosomiasis				See Trypanosoma cruzi Serology
AMH - Anti Mullerian Hormone	Blood	GEL	8.5	Sent off to Repromed - upfront payment of \$85 from patient.
Amikacin	Blood	GEL	8.5	If dose is daily, monitor 6-14 hours after injection. Pre-dose level (trough) collection if required is immediately prior to injection. Peak level collection if required is 60 min post IM injection. Record times on tubes.
Amino acid (plasma)	Blood	Lith Hep NO GEL	6	Collect on ice. Deliver to lab immediately - within one hour of collection. Lab: Separate and freeze within one hour of collection.
Amino acids (urine)	Urine	Jar	10	Early morning urine. Freeze after collection. Referred work: Transport frozen.
Amino Laevulinic Acid (Urine)	Urine	24hr Bottle		Plain bottle. Foil wrap. (See Appendix 1 for general 24 hr urine collection information). Lab: Foil wrap aliquot and transport frozen.
Amino Laevulinic Acid Dehydratase (Blood)	Blood	Lith Hep EDTA	6 4	Foil wrap. Collect both EDTA and Lith Hep. Referred work: Transport whole blood at 4'C.
Aminoglutethimide	Urine	Jar	10	
Aminophylline				See Theophylline
Amiodarone (Cordaron)	Blood	GEL	8.5	White or Green tube accepted. Pre-dose sampling is preferred but should not be less than 6 hrs post dose.
Amitriptyline (Amitrol)	Blood	Plain	6	Note time and date of last dose. Predose preferred, but not less than 12 hours post dose.
Amitvole				See Herbicides
Ammonia	Blood	EDTA	10	Ideally, plasma must be separated from cells and frozen within 15 min of collection. However, up to an hour before separation is allowable if the sample has been kept cold. False elevations are a problem due to deamination of amino acids immediately after collection - even at refrigerator temperatures.
Amniotic Fluid for Chromosomes				See Cytogenetics
Amoeba (Faecal Examination)				See OCP
Amoebic serology				See Entamoeba histolytica serology
Amphetamines (Urine - screen)				See Urine Drug Screen
Amy				See Amylase
Amylase (Ascitic, pericardial, peritoneal, or pleural fluid)	Fluid	Jar		Doctor collection
Amylase (Pancreatic)				See Amylase (serum)
Amylase (Serum)	Blood	GEL	8.5	
Amylase (Urine – 24hr) (Diastase)	Urine	24h Bottle		Plain Bottle. (See Appendix 1 for general 24 hour urine collection information)
Amylase (Urine – Random) (Diastase)	Urine	Jar	10	
Amylase isoenzymes	Blood	GEL	8.5	
ANA (ANF, Anti Nuclear Ab, Lupus Erythematosus Screening, SLE screen)	Blood	GEL	8.5	
Anabolic steroids				See Drug Screen (Anabolic steroids)
Anafranil (Placil)				See Clomipramine
Anal swab	Swab	Amies		Rectal swab

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
ANCA (Anti Neutrophil Cytoplasmic Antibodies)	Blood	GEL	8.5	
Androgen Metabolites (Urine)				See Androgens (Urine)
Androgens	Blood	GEL	8.5	Includes Total Testosterone, SHBG, FAI, DHEAS and Free Testosterone.
Androgens (Urine)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for general 24 hr urine collection information).
Androstenedione	Blood	GEL	8.5	
Androsterone - Urine	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for general 24 hr urine collection information).
ANF (Anti Nuclear Factor)				See ANA
Angelman Syndrome (AS)	Blood	EDTA	6	Dedicated EDTA tube required. Send whole blood. Non-rebatable
Angiotensin Converting Enzyme				See ACE
Ankylosing spondylitis				See HLA-B27
Antenatal serology	Blood	GEL x2 EDTA s2	8.5 4	Includes FBE, Blood group and antibodies, Rubella IgG, Hepatitis C, HIV, Syphilis.
Anti-10 Assay				See Anti-Xa
Anti-Adrenal Antibodies	Blood	GEL	8.5	
Anti-B2 Glycoprotein	Blood			See Beta 2 Glycoprotein
Anti-Basement Membrane antibodies				See Pemphigoid Antibodies
Antibody Screen - Blood (IDC, Indirect Coombs, Indirect Antiglobulin Test)	Blood	EDTA	6	If previously detected antibody, collect an extra EDTA tube. Titre is performed for significant antibodies detected. Phenotyping is performed when requested.
Anti-Cardiolipin Ab	Blood	GEL	8.5	
Anti-CCP (Anti-Cyclic Citrullinated Peptide)	Blood	GEL	8.5	
Anti-Centromere Antibody	Blood	GEL	8.5	Part of ANA (Anti Nuclear Antibodies)
Anti-Cyclic Citrullinated Peptide				See Anti-CCP
Anti-D - blood antibodies				See Antibody Screen - Blood
Anti-Diphtheria IgG				See Diphtheria Antibody
Anti-Diuretic Hormone				See ADH
Anti-DNA Abs / Anti DNA Factor / DNA binding	Blood	GEL	8.5	
Anti-DNAse B	Blood	GEL	8.5	
Anti-ENA (Extractable Nuclear Antigen)				See ENA
Anti-Endomysial Antibodies (EMA)	Blood	GEL	8.5	Part of Coeliac Disease Screening
Anti-Factor Xa assay Note: low molecular weight heparin				See Anti-Xa
Anti-GAD antibodies				See GAD Abs
Anti-Ganglioside Abs - GM1	Blood	GEL	8.5	
Anti-Ganglioside Abs - GQ1B	Blood	GEL	8.5	
Anti-Gastric Parietal Cell				See Gastric Parietal Cell A/b
Anti-GBM				See Anti Glomerular Basement Membrane Abs

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Anti-Gliadin antibodies (IgG, IgA) (Gliadin Abs, Gluten Abs)	Blood	GEL	8.5	Part of Coeliac Disease screen
Anti-Glomerular Basement Membrane Abs	Blood	GEL	8.5	
Anti-GM-1 antibodies (Gangliosides antibodies - GM-1)				See Anti-Ganglioside Abs - GM1
Anti-Heat Shock Protein 70 Abs)				See Heat Shock Protein Abs
Anti-Histone Ab				See ENA
Anti-HLA antibodies				See HLA antibodies
Anti-HSP-70				See Heat Shock Protein Abs
Anti-Hu antibodies				See Cerebellum Antibodies
Anti-IA2 Ab				See IA2 Antibody
Anti-IgA (Antibodies to IgA)	Blood	GEL	8.5	
Anti-Intercellular Antibodies (Anti- Intercellular Cement Substance Abs)				See Pemphigus Antibody
Anti-Intermediate Filaments Antibody				See Intermediate Filaments Antibody
Anti-Intrinsic Factor Abs				See Intrinsic Factor Abs
Anti-Islet Cell Antigen-2 Antibodies				See IA2 Antibodies
Anti-Jo				See ENA
Anti-Liver Cytosol 1	Blood	GEL	8.5	
Anti-Liver / Kidney Microsomal A/b (LKM)	Blood	GEL	8.5	
Anti-LKM Antibodies				See Anti Liver / Kidney Microsomal A/b
Anti-MAG Antibodies				See Myelin Associated Glycoprotein Abs
Anti-Microsomal Antibodies (Thyroid)	Blood	GEL	8.5	An Anti-Thyroid Antibody
Anti-Mitochondrial Antibodies				See Mitochondrial Antibodies
Antimony (Sb)	Blood	Lith Hep	6	Send whole blood
Anti-Motor End Plate Antibodies	Blood	GEL	8.5	Labs: Centrifuge, separate and transport frozen.
Anti-Mullerian Hormone	Blood	GEL	8.5	Non-rebatable
Anti-Musk Antibody				See Musk Antibody
Anti-Myocardial Antibody	Blood	GEL	8.5	
Anti-Neuronal Abs				See Cerebellum Antibodies
Anti-Neutrophil Antibodies				See Neutrophil Antibodies
Anti-Neutrophil Cytoplasmic Antibodies (ANCA)				See ANCA
Anti-Nuclear Antibodies (ANA)				See ANA
Anti-Nucleosome Ab's	Blood	GEL	8.5	
Anti-Ovarian Antibodies	Blood	GEL	8.5	
Anti-Parietal Cell Antibodies	Blood	GEL	8.5	
Anti-Phospholipid Ab Inhibitor				See Lupus Inhibitor

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Anti-Phospholipid Antibodies				Includes Anti-Cardiolipin Abs, Lupus Inhibitor, and Beta-2-Glycoprotein 1 Ab See individual entries for collection information.
Anti-Platelet Antibodies				See Platelet Antibodies
Anti-Promyelocytic Leukaemia Ab				See PML Antibody
Anti-Reticulin Antibodies	Blood	GEL	8.5	
Anti-Saccharomyces cerevisiae Ab IgG, IgA				See ASCA
Anti-Salivary Duct Antibodies				See Salivary Duct Antibodies
Anti-SCL-70				See ENA
Anti-Skeletal Muscle Antibody	Blood	GEL	8.5	
Anti-Skin Antibodies				See Skin Antibodies
Anti-Sperm Antibody				See Sperm Antibody
Anti-Streptolysin O Titre (ASOT)				See ASOT
Anti-Striated Muscle Antibody				See Anti-Skeletal Muscle Antibody
Anti-TG Antibodies				Anti-Thyroglobulin Abs. See Anti-Thyroid Abs
Anti-thrombin (Antithrombin III; AT; ATIII)	Blood	Sod Cit	4	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Tube must be kept cold and reach laboratory within 4 hours.
Anti-Thyroglobulin Antibodies	Blood	GEL	8.5	An Anti-Thyroid Antibody
Anti-Thyroid Antibodies (various alternative names for test involved: Anti-TPO Abs, Peroxidase Abs, Microsomal Abs, Thyroglobulin Abs, Thyroid antibodies/autoantibodies)	Blood	GEL	8.5	Includes Anti-Thyroid Peroxidase Ab, Anti-Microsomal Abs, Anti-Thyroglobulin Abs
Anti-Thyroid Peroxidase Antibodies	Blood	GEL	8.5	An Anti-Thyroid Antibody
Anti-Tissue Transglutaminase Ab				See Anti-Transglutaminase Ab
Anti-TPO Antibodies				See Anti-Thyroid Peroxidase Antibodies
Anti-Transglutaminase Ab (Tissue Transglutaminase Ab, TTG)	Blood	GEL	8.5	Part of Coeliac screen

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Anti-Xa (Anti-10 Assay, Clexane Assay, Organon Assay, Heparin - Low Molecular Weight Assay, Fragmin Assay, Fondaparinux Assay, Danaparoid Assay)	Blood	Sod Cit	2.7	For monitoring low molecular weight heparin. Take 4 hrs post-dose. Must state name of drug used for treatment on request form as this is essential for interpretation. Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Deliver to lab within 4 hours of collection. Keep cold. Lab: Centrifuge and freeze plasma upon receipt.
Anti-Yo antibodies				See Cerebellum Antibodies
APC Resistance (Activated Protein C Resistance)				See Activated Protein C Resistance
APML Gene Rearrangement (APML PCR)				See PML-RAR-Alpha
Apolipoprotein a (Lipoprotein a)	Blood	GEL	8.5	Fasting specimen preferred. (Different to Apolipoprotein A1)
Apolipoprotein A1 (APO A1)	Blood	GEL	8.5	Fasting specimen
Apolipoprotein B (APO B)	Blood	GEL	8.5	Fasting specimen
Apolipoprotein E Phenotype (APO E Phenotype/Genotype)	Blood	EDTA	4	Fasting specimen. Do not centrifuge. Non-rebatable bill.
APTT (Activated partial thromboplastin time, KPTT, PTT, PTTK)	Blood	Sod Cit	3.5	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Keep cold. Blood to reach laboratory within 4 hours of collection.
Arachidonic Acids	Blood	Lith Hep	6	Must be a fasting sample.
Arbovirus Antibody	Blood	GEL	8.5	Includes Ross River Virus and Barmah Forest Virus
Aromatic Hydrocarbons	Blood	Lith Hep	6	Petrol toxicity
Array CGH				See Cytogenetics
Arsenic (Blood) (As)	Blood	Trace Element or EDTA or Lith Hep	4	Blood test not preferred. Urine is preferred for toxicity and occupational monitoring. Must abstain from all seafood for 7 days prior to and during test collection. If more than 3 trace elements are required, collect 2 tubes. SEND via DOR SENDOUTS

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Arsenic (Urine-24 Hr and Random) (As)	Urine	24hr Trace Metal Free Bottle or spot		For 24 hr urine, collect in acid washed (trace metal free) urine container. (Obtain from lab). Must abstain from all seafood for 7 days prior to and during test collection. 24 hr urine used for monitoring treatment. (See Appendix 1 for 24 hour urine collection information) Spot urine used for occupational exposure testing - SEND via DOR
Arterial Blood Gases (ABG)	Blood	ABG syringe		1 mL of arterial blood in an arterial blood syringe. Do not send to lab with needle attached. Transport immediately to lab on wet ice. Lab must be notified prior to collection.
As				See Arsenic
AS (Angelman Syndrome)				See Angelman Syndrome. Do not confuse with As (Arsenic)
ASCA (Anti-Saccharomyces cerevisiae Abs IgG, IgA)	Blood	GEL	8.5	
Ascitic Fluid for cytology, micro and culture, amylase, or protein	Fluid	Jar		Doctor Collection. State tests required.
Ascorbic Acid (Serum)				See Vitamin C
ASOT (Anti Streptolysin O Titre, Scarlet fever)	Blood	GEL	8.5	
Aspartate Aminotransferase				See AST
Aspergillus Culture	Sputum	Jar		Ideally collect when sputum is most productive - usually early morning. Ensure that deep sputum (phlegm) is collected and not saliva. Patient to take 3 or 4 deep breaths and "huff" on expiration.
Aspergillus Precipitins (ABPA)	Blood	GEL	8.5	
Aspirate Culture and Sensitivity	Fluid	Jar	2	
Aspirin	Blood	Plain	6	Note time and date of last dose. Predose preferred, but not less than 6 hours post dose.
AST (Aspartate Aminotransferase, SGOT)	Blood	GEL	8.5	
AT or ATIII or AT3				See Antithrombin
Atazanavir protease inhibitor (Reyataz, Atazatavir)	Blood	EDTA	6	Should be trough level (wait 3 days).
Atenolol				Not available.
Atypical Lymphocyte Count				Lab to add extra panel code to FBE (FBE + BLF)
Atypical Pneumonia Serology	Blood	GEL	8.5	Includes Mycoplasma, Legionella, Chlamydia.
Au (Tissue)				Not available.
Au (Urine)				Not available.
Au (Whole blood)	Blood	EDTA	4	Note time and date of last dose. Predose preferred, but not less than 6 hours post dose.
Australia Antigen				See Hep B sAg
Autoantibodies	Blood	GEL	8.5	ANA is assumed if there are no clinical notes and specific tests not named.
Autogenous Vaccine				Not available.
Autohaemolysis				Not available.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Autologous Blood Donation (Only collected by authorised collectors using separately documented procedures)	Blood	Pre-Donation Urine Donation visits EDTA (mauve) EDTA (pink) GEL x2 Before surgery EDTA (mauve) EDTA (pink)		Pre-Donation Urine 2-3 days prior to first collection 1st Visit for Donation FBE Blood Group and Antibody Hep BsAg Hep C HIV HTLV Each Other Visit for Donation Hb Hep BsAg Hep C HIV HTLV Visit just before surgery Hb Crossmatch Back of request form MUST be completed for crossmatch
Avian Precipitins (Bird fanciers disease, Pigeon precipitins, Budgerigar precipitins, Poultry precipitins)	Blood	GEL	8.5	Types of birds MUST be documented on request form
B B B B B B B				
B Cell Markers (B Cell Subsets)				See Lymphocyte surface markers
B1 (Vitamin)				See Vitamin B1
B12 (Vitamin)				See Vitamin B12
B12 (Vitamin) + Serum Folate				See Vitamin B12 and Folate
B19 Parvovirus Serology				See Parvovirus B19 Serology
B2 (Vitamin)				See Vitamin B2
B2 Glycoprotein 1 Abs				See Beta 2 Glycoprotein 1 Antibodies
B2 Microglobulin				See Beta 2 Microglobulin
B27 (HLA B27)				See HLA-B27
B2GP1 (B2G, B2GP)				See Beta 2 Glycoprotein 1 Antibodies
B2M				See Beta 2 Microglobulin (Serum)
B3 (Vitamin)				See Vitamin B3
B6 (Vitamin)				See Vitmain B6
Babesia	Blood	EDTA		
Baby Bilirubin-Neonate/baby				See Bilirubin Neonatal
Bancrofti filarial microscopy				See Filaria microscopy
Bancrofti filarial serology				See Filaria serology
Band-3 testing	Blood	EDTA	4	Collect Mon - Wed only. (Testing should be completed within 24 to 36 hours from collection)

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Banded Chromosomes Analysis	Blood	Lith Hep	6	
Barbiturates (Urine-Screen)				See Urine Drug Screen
Barium (24hr urine)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for general 24 hr urine collection information). Non-rebatable.
Barium (Urine)	Urine	Jar	50	Random specimen. Non-rebatable.
Barmah Forest Virus (IgG & IgM)	Blood	GEL	8.5	
Bartonella Antibodies	Blood	GEL	8.5	Cat scratch disease
Basement Membrane Antibody				See Pemphigoid Antibodies
BCL 1 gene rearrangement PCR	Blood, Bone Marrow, or Paraffin sections	EDTA for blood and bone marrow	4	Dedicated sample required. Collect Mon - Thurs only. Not rebatable. Fee applies
BCL 2 gene rearrangement PCR	Blood, Bone Marrow, or Paraffin sections	EDTA for blood and bone marrow	4	Dedicated sample required. Collect Mon - Thurs only. Not rebatable. Fee applies
BCR-ABL Gene (q PCR)	Blood	EDTA	10	Dedicated sample. Keep at Room Temp. Collect Mon - Thurs only. (Testing must be completed within 24 to 36 hours from collection). Non-rebatable. Fee applies.
Bee Venom IgE	Blood	GEL	8.5	
Bence Jones Protein (Urine) (Urine protein electrophoresis, Urine light chains, BJP)	Urine	Jar	25	Spot urine (early morning sample preferred) or 24 hr plain urine.
Benzene	Blood	Lith Hep	6	Do not centrifuge.
Benzodiazepines (Urine-Screen)				See Urine Drug Screen
Benzoylecgonine (Urine-Screen)				See Urine Drug Screen
Beryllium (24 hr urine)	Urine	24hr Bottle		Collect in acid washed (trace metal free) urine container. (See Appendix 1 for collection information)
Beryllium (Spot Urine)	Urine	Jar	50	Early morning sample preferred.
Beta-2-Glycoprotein 1 Antibodies (B2GP, B2G)	Blood	GEL	8.5	Keep cold.
Beta-2-Microglobulin (CSF)	Fluid	Jar	2	Doctor collect
Beta-2-Microglobulin (Serum) (B2M)	Blood	GEL	8.5	
Beta-2-Microglobulin (Urine) (Urine B2M)	Urine	Jar	50	Patient should empty bladder, then drink 250mL of water. Collect urine sample within one hour.
Beta-2-Transferrin	Fluid	Jar		Used to detect CSF leak in rhinorrhoea or otorrhoea

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Beta-Endorphin	Blood	EDTA	4	Transport on ice. Must be early morning collection. Lab: Centrifuge, separate and transport frozen.
Beta-Galactosidase				See Galactosidase-Beta
Beta-HCG (Serum - Qualitative)	Blood	GEL	8.5	
Beta-HCG (Serum - Quantitative)	Blood	GEL	8.5	
Beta-HCG (Serum)	Blood	GEL	8.5	
Beta-HCG (Urine - Qualitative)	Urine	Jar	10	Serum preferred. Quantitative not possible on urine.
Beta-Hexosaminidase A				See Tay-Sachs disease screening
Beta-Thalassaemia				See Thalassaemia
B-Hexosaminidase A				See Tay-Sachs disease screening
B-Hydroxybutyrate (Ketones) (BOHB)	Blood	Flu Ox	4	Send to lab within 4 hrs Haemolysed sample not acceptable. Lab: Separate immediately and freeze plasma.
Bi				See Bismuth
Bicarbonate	Blood	GEL	8.5	
Bifenthrin				See Pyrethrins - Synthetic
Bile Acid Breath Test				Test performed at Royal Children's Hospital only
Bile Salts (Bile Acids)	Blood	GEL	8.5	Fasting sample. Non-rebatable. Fee may be charged.
Bilharzia				See Schistosomiasis
Bilirubin - Amniotic Fluid	Fluid	Jar	1	Protect from light by transporting wrapped in foil.
Bilirubin - Conjugated (Direct bilirubin)	Blood	GEL	8.5	Protect from light by transporting wrapped in foil. Indirect bilirubin, if required = Total minus Direct
Bilirubin - Cord Blood	Blood	GEL (Not Li Hep)	8.5	Heparin tube not acceptable. Must be protected from light by alfoil or collected in brown paediatric bilirubin tube.
Bilirubin - Neonatal	Blood	GEL (Not Li Hep)	0.2	Heparin tube not acceptable. Must be protected from light by alfoil or collected in brown paediatric bilirubin tube.
Bilirubin - Total	Blood	GEL	8.5	Protect from light - wrap in alfoil.
Bilirubin (Adult)				See Bilirubin - Total
Biotinidase assay	Blood	Lith Hep	6	For neonatal screen – see Biotinidase assay – Neonatal
Biotinidase assay - Neonatal	Blood	Guthrie Card		Guthrie card dried blood spot. Contact Duty Scientist for card and instructions. Transport card in a paper envelope, NOT a plastic biohazard bag.
Bipyridyl Compounds				Not available
Bird Fancier's Disease				See Avian Precipitins
Bisacodil				See Laxative abuse
BJP (Bence Jones Protein)				See Bence Jones Protein
BK Virus	Blood or urine	EDTA or spot urine	4 / jar	Also known as Polyoma Virus PCR, BKV, JC Virus - can be done on blood or spot urine.
Bleeding and clotting profile				See Coagulation Screen
Bleeding time (Skin Bleeding Time)				See Platelet Function Analysis
Blood Antibodies				See Ab screen

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Blood Culture		Aerobic and Anaerobic bottles		Aseptic technique critical. Very thoroughly clean bleed site with alcohol swabs. Remove caps from bottles and keep protected with alcohol wipes. Use butterfly needle or syringe. Collect aerobic bottle first in case of difficult bleed. (Aerobic bottle has preference over anaerobic bottle). If connecting bottles directly to needle in vein, keep bottles below bleed site to avoid backflow. Ensure all labelling is completed. Do not refrigerate.
Blood Film	Blood	EDTA	4	
Blood Gases				See Arterial Blood Gases
Blood GP/AB screen				See Blood Group and Antibodies
Blood Group	Blood	EDTA	4	
Blood group and Ab				See Blood Group and Antibodies
Blood group and antibodies	Blood	EDTA	6	If previously detected antibody collect an extra tube.
Blood group and hold (Blood group and save)	Blood	EDTA (pink)	6	Collector must fill out back of request. Collector must initial tube.
Blood pressure monitor				Applied by Abbott Pathology nurses
Blood typing				See Blood Group
BMT (Bone Metabolism Test)				See Bone Metabolism Test
BNP (Brain Natriuretic Peptide, NT-pro BNP, Pro-BNP)	Blood	EDTA	4	NT-pro-BNP and BNP are different tests to monitor the same thing. Repeat monitoring of heart failure must be done through the same lab. Test is non-rebatable (payment of \$40 from patient) unless presenting with dyspnoea at an emergency dept. Lab: Spin and freeze EDTA plasma. Specimen must not be more than 1 day old. Serum (GEL tube) not suitable.
BOHB	Blood	GEL	8.5	See B-Hydroxybutyrate
Bone / Liver Alkaline Phosphatase				See ALP Isoenzymes - Liver and Bone
Bone Alkaline Phosphatase				See ALP - Bone isoenzyme
Bone ALP				See ALP - Bone isoenzyme
Bone Glial Protein				Not available
Bone Marrow Aspiration	BM			Haematologist collect
Bone metabolism test	Blood	GEL	8.5	Do Calcium, Phosphate, ALP as initial screen. No tourniquet
Bone Mineralisation Test				See Bone Metabolism Test
Bone Tumour Markers				See Crosslaps

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Bordetella Pertussis PCR (Whooping cough PCR, Pertussis PCR)	Swab or NPA	VTM or Dry		* Nasopharyngeal aspirate or swab. Throat swab or sputum also suitable. Use dry swab or Viral Transport Media only. Will not accept SWT (blue media swab). * PCR test replaces culture. * Use thin wire swab. * To collect swab from nose, measure length of patient's index finger from tip to knuckle: this is the distance that the swab needs to be (gently) inserted into the nostril. If the nostril is dry, the swab can be moistened with sterile saline.
Bordetella Pertussis Serology (Whooping cough serology, Pertussis serology)	Blood	GEL	8.5	For recent infection, IgA analysed
Boron	urine or 24 hour urine	spot urine, 24 hr ur		Occupational exposure - sport urine, if +ve 24 hour urine needed to confirm. Non exposure - spot urine.
Borrelia serology (Borrelia burgdorferi)				See Lyme disease
Br				See Bromide
Brain Natriuretic Peptide				See BNP
BRCA 1, 2				See Breast Cancer Genetic Screening
Breast Cancer Gene Analysis				Patient must contact Familial Cancer Unit (phone 8161 6995) at Womens and Childrens Hospital. Testing is funded by South Australian Govt for eligible South Australian patients only.
Breast Cancer marker				See CA 15-3 (CEA can also additionally be requested for breast cancer monitoring)
Breast Cyst (cytology)	Fluid			Dr Collection
Breast Cyst (micro)	Fluid			Dr collection.
Breast FNA (Fine Needle Aspirate)				See Fine needle aspirate

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Breath Test – Helicobacter pylori (C14 Breath Test, Carbon breath test, Urea/Urease Breath Test) This test is gluten free	Breath	PY Test Balloon	Balloon must be full (firm)	<p>Only the "PYtest" kit is to be used.</p> <p>PREPARATION OF PATIENT:</p> <p><u>The following drugs must be avoided:</u></p> <p>(1) <i>During fasting and during test:</i> Antacids H2 Receptor Antagonists for blocking histamine action on gastric parietal cells</p> <p>(2) <i>For 7 days (1 week) prior to test:</i> All Proton Pump Inhibitors for reducing gastric acid production (e.g. Losec, Zoton, Somac)</p> <p>(3) <i>For 14 days (2 weeks) prior to test:</i> Cytoprotectives (Sucralfate) for increasing mucosal protection for ulcers</p> <p>(4) <i>For 28 days (4 weeks) prior to test :</i> All Antibiotics Bismuth</p> <p><u>Fasting requirements:</u> Patient must not have any food or drink (including water) for at least 4 hours prior to test but 6 hours preferred.</p> <p>TESTING Follow instructions on back of packet.</p> <p>EXCLUSIONS Test should not be performed on pregnant or breast feeding women The safety of the test for children <18 years is unknown.</p>
Breath Test - Hydrogen (for intolerance of Lactose, Lactulose, Fructose, Sucrose, or Xylose or any combination)	Box			Collection details and collection box from Mile End Collection Centre 08 8159 7900
Bromazepam (Lexotan)	Blood	Plain (NO GEL)	6	The time and date of the last dose must be recorded on form.
Bromide (Methyl Bromide, Br)	Blood	Lith Hep (NO GEL)	6	Whole blood only
Brominal				See Herbicides
Bromoxryl				See Herbicides
Bronchial Brushings - Cytology	Slides			Doctor collection
Bronchial Washings - Cytology	Fluid			Doctor collection

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Bronchial Washings - AFB (TB)	Fluid			Doctor collection
Bronchial Washings - Legionella	Fluid			Doctor collection
Bronchial Washings - Microbiology	Fluid			Doctor collection
Bronchial Washings - Viral	Fluid			Doctor collection
Brucellosis Serology (Brucella Ab)	Blood	GEL	8.5	
BSL (Blood Sugar Level)	Blood	Flu Ox	2	
B-type Natrurietic Peptide				See BNP
Budgerigar Precipitins				See Avian Precipitins
Bullous Ab				See Pemphigoid Antibody
BUN				See Urea
Burkholderia pseudomallei ab				See Melioidosis Serology
Butrylcholinesterase				See Cholinesterase
CCCCCC				
C jejuni serology				See Campylobacter jejuni serology
C1 Esterase Inhibitor (C1 INH, C1 Inhibitor, C1 Esterase))	Blood	EDTA	4	Collect EDTA tube. Transport on ice. Lab: Separate and freeze immediately.
C1 INH (C1 Inhibitor)	Blood	GEL	8.5	See C1 Esterase Inhibitor
C13 Breath Test, also called C13 Urea/Urease breath test for Helicobacter pylori				Do C14 Breath Test instead. Note that if a completed test kit for C13 analysis is received at the lab then this cannot be performed by Abbott Pathology. Only the "PYtest" kit can be processed.
C14 Breath Test, also called C14 Urea/Urease breath test for Helicobacter pylori				See Breath Test - Helicobacter pylori
C1q (C1q Complement)	Blood	GEL	8.5	Send on ICE. Lab: Spin, separate, and freeze immediately
C282Y Mutation Gene Testing				See Haemochromatosis Screen
C2H5OH (Ethanol)				See Alcohol
C3 and C4 Complement	Blood	GEL	8.5	
Ca				See Calcium
CA 125	Blood	GEL	8.5	For ovarian cancer
CA 15-3	Blood	GEL	8.5	For breast cancer (and others e.g. lung, ovarian)
CA 19-9	Blood	GEL	8.5	For pancreatic cancer, sometimes colorectal and biliary ducts
Ca++				See Calcium - Ionised
Cadmium (Blood) (Cd)	Blood	Trace Element preferred. EDTA can be used.	6	If more than 3 trace elements are required, collect 2 tubes. Whole blood required. Note that some trace element blood tests must only be collected in special trace elemnt tubes. Please see individual listings.
Cadmium (Tissue) (Cd)	Tissue			Doctor collection.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Cadmium (Urine-24hr) (Cd)	Urine	24hr Bottle		Collect in acid washed (trace metal free) urine container. Spot urine can be used as a screen. (See Appendix 1 for 24 hour urine collection information)
Caeruloplasmin	Blood	GEL	8.5	
Caffeine				Not available
Calcitonin	Blood	GEL	8.5	Send to lab on ice. Lab: Separate and freeze serum on arrival
Calcitonin Gene Related Peptide	Blood	GEL	8.5	Send to lab on ice. Lab: Separate and freeze serum on arrival
Calcium - Ionised (Ca++)	Blood	GEL (or blood gas syringe for measured Ca++)	1	Done routinely at Abbott's as a calculated value with every calcium. Only collect venous blood in blood gas syringe if "measured" ionised Ca is requested.
Calcium (Serum)	Blood	GEL	6	If possible, avoid stasis when collecting (no tourniquet and no fist clenching). Fasting specimen is preferred but not essential.
Calcium (Tissue)	Tissue			Doctor Collection
Calcium (Urine-24hr)	Urine	24hr Bottle		Plain bottle. Can also be performed on an acid preserved urine. If acidified, oxalate can be done on the same specimen. (See Appendix 1 for 24 hr urine collection information)
Calcium (Urine-Random)	Urine	Spot	10	Plain urine (no preservative needed)
Calcium / Creatinine Ratio (Urine-24hrs)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr urine collection information).
Calcium / Creatinine Ratio (Urine-Spot)	Urine	Spot	10	Fast for 12 hours. Discard first urine after fast period. Drink approximately 250 mL water. At 2 hrs after drinking water, collect spot urine.
Calcium Studies	Blood	GEL	8.5	Calcium + Albumin
Calculated Free Testosterone				See Testosterone - Free (Calculated)
Calculi		Jar		Renal stones
Calprotectin - Faecal				See Faecal Calprotectin
Campylobacter jejuni Serology (C. jejuni serology)	Blood	GEL	8.5	
Cancer Antigen 125 (CA 125)				See CA 125
Cancer Associated Serum Antigen				See CASA
Candida albicans	Swab	Amies		
Cannabinoids, Synthetic - urine				See Urine Drug Screen
Cannabinoids (Urine-Screen)				See Urine Drug Screen
Carbamate poisoning				See Cholinesterase
Carbamazepine (Tegretol)	Blood	GEL	8.5	Note time and date of last dose. Predose preferred but not less than 6 hrs post dose.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Carbohydrate-Deficient Transferrin (CDT, Alcoholism marker)	Blood	GEL	8.5	Unstable. Keep cold and send to lab within one hour of collection. (No add-ons) Inform patient test is nonrebatable. Non-rebatable. Raised in moderate to heavy regular drinkers. Lab: Separate and freeze within 1 hour of collection.
Carbon Monoxide (CO)				See Carboxyhaemoglobin
Carbon Urea Breath Test				See Breath Test - Helicobacter pylori
Carboxy Terminal Collagen				See Crosslaps
Carboxyhaemoglobin (Carbon Monoxide, CO, COHB, Methaemoglobin)	Blood	EDTA or Lith Hep	4	Dedicated whole blood tube required. Do not spin or open tube. (Used to measure carbon monoxide exposure)
Carcino Embryonic Antigen				See CEA
Carcinoid Syndrome				See Hydroxy Indole Acetic Acid (5-HIAA)
Cardiac Enzymes (CE)	Blood	GEL	8.5	Troponin and CK done
Cardiac Muscle Abs				See Anti-Myocardial Antibody
Cardiolipin Antibody				See Anti-Cardiolipin Ab
Carnitine (Plasma)	Blood	Lith Hep	6	Transport chilled.
Carnitine (Urine)	Urine	Spot	10	Transport chilled.
Carotene	Blood	GEL	8.5	Fasting sample preferred. Protect from light (wrap in foil). Lab: Separate, foil wrap, and freeze serum
Carotenoids				see Carotene
CASA (Cancer Associated Serum Antigen)	Blood	GEL	8.5	No longer performed.
Casoni Test				See Hydatid Serology
CAT				See Catecholamines
Cat Scratch Serology				See Bartonella Antibodies
Catecholamines - Plasma	Blood			Plasma catecholamines are not preferred. Plasma adrenaline and noradrenaline are unstable and require special processing using special tubes and immediate freezing. The preferred test is plasma Metanephrines (see Metanephrines).
Catecholamines - Urine-24hr. (CAT, Adrenaline, Epinephrine, Noradrenaline, Norepinephrine, Dopamine)	Urine	24hr Acid Bottle		The preferred test is Metanephrines (see Metanephrines). Preservative - 50mL 3M HCL. No dietary restrictions apply. (See Appendix 1 for 24 hr urine collection information). Lab: Check that pH is 1-4
CBA				See Collagen Binding Assay
CBC (FBE, CBE, FBC)				See FBE
CCP				See Anti-CCP
Cd				See Cadmium
CD, CD4/CD8				See Lymphocyte surface markers
CD59/C55				See PNH
CDI (Clostridium difficile)				See Clostridium difficile - toxin

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
CDT				See Carbohydrate-Deficient Transferrin
CE (Cardiac Enzymes)				See Cardiac Enzymes
CEA	Blood	GEL	8.5	For bowel, breast, thyroid, pancreas, cervix, liver cancer and also lung and bladder.
Cell markers (Lymphocyte)				See Lymphocyte surface markers
Celontin				Not available
Centromere antibodies				Part of ANA, See ANA
Cerebellum Antibodies (Hu & Yo; Anti Neuronal abs; Paraneoplastic abs; Purkinje Cell Abs)	Blood	GEL	8.5	
Cerebrospinal Fluid (CSF)				See CSF
Certican				See Everolimus
Ceruloplasmin				See Caeruloplasmin
Cervical Cytology (Pap Smear)	Smear	Slide		Dr Collect
Cervical Swab (M&C)	Swab	Amies		
CGH (Microarray)				See Cytogenetics
CH100				See Haemolytic Complement - Total
CH50 - Total Haemolytic Complement				See Haemolytic Complement - Total
Chagas Disease Serology				See Trypanosoma cruzi Serology
Chicken Pox (Varicella zoster)				See Varicella zoster
Chikungunya serology	Blood	GEL	8.5	
Chlamydia Antigen Tests (C. Trachomatis - eye)	Swab	Dry swab		Send for PCR - will accept Viral Transport Media.
Chlamydia Antigen Tests (C. Trachomatis - urine)	Urine	Spot	10	Send for PCR - prefer first/initial pass urine. Do not clean perineum before collection.
Chlamydia Antigen Tests (C. Trachomatis Genital)	Swab	Dry swab		Send for PCR - will accept Viral Transport Media
Chlamydia PCR swab	Swab	Dry swab		Will accept Viral Transport Media
Chlamydia PCR urine	Urine	Spot	10	Prefer first/initial pass urine. Do not collect a mid-stream urine. Do not clean perineum before collection. If patient has recently urinated, wait at least 2 hours before collection of first part of urine.
Chlamydia pneumoniae serology	Blood	GEL	8.5	
Chlamydia psittaci serology	Blood	GEL	8.5	
Chlamydia serology	Blood	GEL	8.5	
Chlordane				See Organochlorine Pesticides
Chlordiazepoxide	Blood	Plain (NO GEL)	6	
Chloride (CSF)				See CSF (Chloride)
Chloride (Pleural Fluid)	Fluid			Doctor collection
Chloride (Serum) (Cl)	Blood	GEL	8.5	
Chloride (Urine)	Urine	24hr Bottle	6	Plain bottle - No acid. (See Appendix 1 for 24 hr general urine collection information)

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Chlorinated Hydrocarbon	Blood	Lith Hep	6	Solvent screen
Chlorinated Hydrocarbon Insecticides (Adipose)	Tissue			Doctor Collection.
Chlorpromazine (Largactil)	Blood	Plain (NO GEL)	6	Predose preferred but not less than 6 hrs post dose.
Chlorpyrifos (Chlorpyrifos Methy)	Blood	Lith Hep	6	Do not centrifuge
CHO Deficient Transferrin				See Carbohydrate-Deficient Transferrin
Chol (Cholesterol)				See Cholesterol
Chol/HDL ratio	Blood	Gel	8.5	Fasting sample preferred.
Cholecalciferol				See Vitamin D
Cholesterol (Chol)	Blood	GEL	8.5	
Cholesterol (Pleural Fluid)	Fluid			Doctor collection
Cholesterol + Triglyceride	Blood	GEL	8.5	Fasting sample preferred.
Cholinesterase	Blood	Li Hep + GEL	6 + 8.5	<p><i>Cholinesterase - Red Cell</i> (Acetylcholinesterase, Red cell cholinesterase) For assessing occupational exposure to organophosphate and carbamate insecticides. Also used in conjunction with seum cholinesterase to assess acute poisoning. Li Hep whole blood required.</p> <p><i>Cholinesterase - Serum</i> (Pseudocholinesterase, Serum cholinesterase, Butyrylcholinesterase) For assessing acute poisoning with organophosphates and used in conjunction with red cell cholinesterase. Also used in assessing Dibucaine Number for Scoline Apnoea (see below). Collect both Lith Hep whole blood and serum GEL.</p> <p><i>Dibucaine Number and Fluoride Number.</i> (For Scoline (suxamethonium) Apnoea, Cholinesterase inhibitors). Collect serum for pseudocholinesterase (serum cholinesterase)</p>
Cholinesterase (Serum) Dibucaine Number	Blood	GEL	8.5	See Cholinesterase
Cholinesterase Inhibitors				See Cholinesterase
Chromatin Ab's (see ANA)				
Chromium (Cr) - Blood	Blood	Trace Element only x2	2 x 4	Send whole blood (2 tubes required).
Chromium (Cr) - Hair	Hair	Jar		Approx 50 hairs plucked from roots.
Chromium (Cr) - Tissue	Tissue			Doctor collect
Chromium (Cr) - Urine	Urine	24hr Bottle or spot		Collect in trace metal free urine container (available from lab). Spot urine is also acceptable. (See Appendix 1 for 24 hr urine collection information)
Chromosome studies				See Cytogenetics

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
CK (CPK , Creatine kinase)	Blood	GEL	8.5	
CK Isoenzymes				See CKMB
CK-MB	Blood	GEL	8.5	Troponin done instead of CKMB
Cl				See Chloride
Clexane				See Anti-Xa
Clobazam (Frisium)	Blood	Plain or Lith Hep (NO GEL)	6	Pre dose preferred but not less than 6 hours post dose. Note time and date of last dose. Foil wrap to protect from light
Clomipramine (Anafranil, Norclomipramine)	Blood	Plain or Lith Hep (NO GEL)	6	Predose preferred but not less than 6 hrs post dose. Note time and date of last dose
Clonazepam (Rivotril)	Blood	Plain or Lith Hep (NO GEL)	8.5	Pre dose preferred but not less than 6 hours post dose. Note time and date of last dose. Foil wrap to protect from light
Clopyralid				See Herbicides
Clostridium Difficile Toxin (CDI)	Faeces	Jar	10 cent piece size	Low stability. Deliver to collection centre on day of collection. If a delay, refrigerate and deliver next day. Dedicated faeces sample not required. Use same sample for general faecal culture.
Clotting factor assays				See Factor Assays
Clotting profile				See Coagulation Profile
Clotting time				See Coagulation Profile
Clozapine (Norclozapine, Clozaril)	Blood	Lith Hep or EDTA. (NO GEL)		Must be collected immediately prior to next dose.
Clozaril				See Clozapine
CMV Avidity	Blood	GEL		
CMV PCR - Swab	Swab			Dry swab. If EBV PCR is also required, collect two swabs.
CMV PCR - Urine	Urine	Jar	Spot	
CMV PCR Screen - Blood	Blood	EDTA	4	Dedicated tube required
CMV PCR Viral load (quantitative) - PCR	Blood	EDTA	4	Dedicated tube required
CMV Serology (Cytomegalovirus)	Blood	GEL	8.5	IgG and IgM tested for all requests unless otherwise specified.
CO (COHB, Carbon monoxide)				See Carboxyhaemoglobin
Coagulation Screen (includes PT/INR, APTT, Fibrinogen, Platelets)	Blood	Sod Cit EDTA	To fill line 4	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). EDTA required for Platelet Count - use same EDTA tube if FBE required Tube must be kept cold and reach laboratory within 4 hours.
Coagulation Factors				See Factor Studies
Coagulation Studies				See Coagulation Screen
Cobalamin				See Vitamin B12

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Cobalt (Co) - Serum	Blood	GEL or EDTA	8.5 or 4	Non-rebatable
Cobalt (Co) - Urine	Urine	Jar	20	For occupational exposure, take sample at end of shift. Non-rebatable.
Cocaine/metabolites (Urine-Screen)				See Urine Drug Screen
Codeine				See Urine Drug Screen
Coeliac Disease Screening	Blood	GEL	8.5	Includes Anti-Transglutaminase antibodies, Anti-Gliadin antibodies (IgG, IgA), Anti-Endomysial Abs
Coeliac Gene HLA-DQ				See HLA-DQ
Co-Enzyme Q10	Blood	Lith Hep	6	Wrap in foil and transport to lab on ice. Lab: Centrifuge immediately, separate, wrap in foil, and freeze.
Cold agglutinins (Cold aggs)	Blood	Plain EDTA	6 10	Mile End collect only. If this is not possible, contact lab to discuss alternatives.
Collagen Binding Assay (CBA)	Blood	Sod Cit x3	4	Done if indicated by VWF screen results. Correct fill required. Keep cold. Blood to reach laboratory within 4 hours of collection
Collagen Vascular Screen	Blood	GEL	8.5	Includes ANA, ANCA, RA, ENA
Complement C1q				See C1q
Complement C3+C4				See C3 and C4 Complement
Complement Profile				See C3 and C4 Complement
Complete blood count (complete blood examination)				See FBE
Conjugated Bilirubin				See Bilirubin (Conjugated)
Connexin 26 and 30	Blood	EDTA	10	10mL whole blood required. Non-rebatable.
Coombs – Direct				See Direct Coombs'
Coombs - Indirect				See Antibodies (Blood)
Copper - Red Blood Cell	Blood	Trace element tube		
Copper (Cu) - Serum	Blood	Trace element preferred (GEL can be used)	4	
Copper (Cu) - Tissue	Tissue			Doctor collection
Copper (Cu) - Urine	Urine	24hr Bottle		Collect in trace metal free urine container (available from lab). (See Appendix 1 for 24 hr urine collection information)
Coproporphyrin Quantitation (Urine-24hr)				See Porphyrin - Urine Quantitation (24 hr)
Coproporphyrins (Faeces)				See Porphyrins - Faeces
Coproporphyrins (Urine)				See Porphyrins - Urine Spot
Cordarone (Amiodarone)				See Amiodarone

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Corrected Calcium	Blood	GEL	8.5	
Cortisol (Serum)	Blood	GEL	8.5	Collect as random unless specified as a.m. and p.m. Collect a.m. specimen between 8am - 10am and p.m. specimen at 4pm or later.
Cortisol (Urine-24hr)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for general 24 hr collection information)
Cotinine - Serum (Nicotine metabolite)	Blood	Plain	6	
Cotinine - Urine Random (Nicotine metabolite)	Urine	Spot	10	
Coxiella burnetii Serology				See Q Fever Serology
Coxsackie PCR (Enterovirus serology, Hand, foot, and mouth disease)	Faeces, CSF, Dry Throat swab, or other body fluid			Will accept viral transport medium. This test replaces Enterovirus (Coxsackie) Serology
Coxsackie serology (Enterovirus serology, Hand, foot, and mouth disease)	Blood	GEL	8.5	Coxsackie PCR preferred from swab.
C-Peptide	Blood	GEL	8.5	Lab to separate and freeze within 3 hours
CPK				See CK
Cr				See Chromium
Cr, U & E	Blood	GEL	8.5	
C-Reactive Protein				See CRP
Creat				See Creatinine
Creatine Kinase				See CK
Creatine Kinase Mb Isoenzyme				See CKMB
Creatinine (Serum)	Blood	GEL	8.5	
Creatinine (Urine-Random)	Urine	Spot	10	
Creatinine Clearance (Urine-24hr)	Blood Urine	GEL + 24hr Bottle	8.5	Plain bottle. Record height and weight on request. Need to collect blood sample (GEL) straight after end of urine collection (within 6h) or can be taken during the 24 hr collection period. (See Appendix 1 for 24hr urine collection information)
Creatinine/Calcium Ratio (Urine-Random)				See Calcium/Creatinine Ratio
Crest -Scleroderma test				Part of ANA. See ANA

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Crosslaps (CTX, Bone Turnover Marker)	Blood	GEL	8.5	Fast overnight. Collect in morning. (Test is affected by diet and has diurnal variation) Bone Turnover Marker This test run instead of urine crosslinks, telopeptides, and hydroxyproline. However , if N-Telopeptide required on urine, needs to be a fasting urine sample which the laboratory will forward to Melbourne for testing. Will accept Lith Hep plasma
Crosslinks (Crosslinked Collagen)				Serum Crosslaps on fasting specimen done instead. (See Crosslaps)
Crossmatch (X-Match)	Blood	EDTA (Pink top)	6	Collector MUST fill out back of request form confirming identity of patient. All tubes MUST be initialled by the collector due to regulations for crossmatches. Collect an extra tube if patient has known antibodies.
CRP - Sensitive / Ultrasensitive (CRP-Low Level, CRP-High Sensitive, hs-CRP)	Blood	GEL	8.5	Cardiovascular disease indicator. (For general acute inflammatory response monitoring, order CRP)
CRP (C-Reactive Protein)	Blood	GEL	8.5	C-Reactive Protein
Cryofibrinogen	Blood			See Cryoglobulins
Cryoglobulins	Blood	Plain EDTA	10 10	Mile End collect only. If this is not possible, contact lab to discuss alternatives.
Cryptococcus Antigen Detection (Cryptococcal latex test)	Blood	GEL	8.5	
Cryptosporidia	Faeces	Jar		Part of OCP's
Crystals - Fluid	Fluid	Jar	2	
Crystals - Urine	Urine	Jar	2	
CSA				See Cyclosporin
CSF (Biochemical analysis)	CSF			Doctor collection. Protein and Glucose done.
CSF (Cerebrospinal Fluid) Analysis	CSF			Doctor collection. URGENT
CSF (Cytology)	CSF			Doctor Collection.
CSF ?SAH (Sub-Arachnoid Haemorrhage)	CSF			Doctor collection - URGENT
CSF Chloride	CSF			Doctor Collection. Not done routinely as part of CSF
CSF Electrophoresis (Oligoclonal bands, IgG)	CSF Blood	CSF + GEL	CSF (0.5), GEL (8.5)	Doctor Collection. Need GEL tube also.
CSF Fluid Identification (?CSF Leak)				See Beta-2-Transferrin (used to detect if there has been a CSF leak in rhinorrhoea or otorrhoea)
CSF Glucose				See CSF (Biochemical analysis)
CSF IgG				See CSF Electrophoresis
CSF Lactate	CSF			Doctor Collection.
CSF LDH	CSF			Doctor Collection.
CSF Leak				See Beta-2-Transferrin (used to detect if there has been a CSF leak in rhinorrhoea or otorrhoea)
CSF M + C	CSF			Doctor Collection. Send URGENTLY
CSF Oligoclonal Bands				See CSF Electrophoresis

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
CSF Protein				See CSF (Biochemical analysis)
CSF viral	CSF			Doctor Collection. Non-rebatable.
C-Telopeptide				See Crosslaps
CTX				See Crosslaps
Cu / Cu2+				See Copper
Cushing's Syndrome (Hyperadrenalism)				Can do either a 24 hr urine collection for Cortisol (needs to be accurate collection), or a Dexamethasone Suppression Test
CyA				See Cyclosporin A
Cyanide				See Thiocyanate
Cyanocobalamin				See Vitamin B12
Cyclic AMP				Not available
Cyclic Citrullinated Peptide				See Anti-CCP
Cyclosporin (Neoral, CyA, CSA)	Blood	EDTA	2	Note time and date of last dose. Do not centrifuge. Sample should be collected 2 hours post dose (peak level), unless doctor has specified otherwise (e.g. pre-dose, 8 hr post-dose)
Cystatin C	Blood	GEL	8.5	Lab: Centrifuge, separate ,and freeze
Cysteine (Urine)	Urine	24hr Acid Bottle		Preservative - 50mL 3M HCL.(See Appendix 1 for 24 hr collection information). For children, collect spot urine with no preservative.
Cystic Fibrosis studies/screen	Blood	EDTA		Send whole blood. Dedicated tube required. Non-rebatable.
Cysticercosis Serology (Taenia solium serology, tape worm serology)	Blood	GEL	8.5	
Cytogenetics (Chromosome Studies) Specify any specific requirements e.g. Fragile X, Microarray	Blood, Tissue, Bone marrow, etc	Lith Hep, EDTA, Chorionic villi, Bone marrow, Tissue, etc.	4 ml for blood	* For blood tests, always collect dedicated Lith Hep (green top) with NO gel. * For Fragile X and Microarray, also collect dedicated EDTA with Lith Hep. * For Bone Marrow, collect in Lith Hep. * For tissues, do not put in formalin. Send to laboratory without delay. Some tests are not covered by Medicare, e.g. haematology oncology chromosome studies. DO NOT SPIN any tubes. Send whole blood
Cytokines	Blood	EDTA	10	
Cytology - Various sites				For pap smears and fine needle aspirates of solid tissue (FNA), see under separate headings. For sputum , collect 3 deep cough specimens on different days. Each specimen must be brought in each day. Patient is not to store samples. Ideally collect when sputum is most productive - usually early morning. Ensure that deep sputum (phlegm) is collected and not saliva For urine , collect 3 specimens on different days. Do not collect the first urine of the day as cells may have degenerated. Collect 2nd specimen of day. Each specimen must be brought in each day. Patient is not to store samples. For small samples (e.g. small discharges), a film is to be made and fixed immediately with cytology fixative. An air-dried slide should also be collected. For larger fluid volumes (e.g. washings, ascitic fluid etc) place in sterile container and deliver whole specimen as soon as possible to lab. Do not add fixatives.
Cytomegalovirus (CMV)				See CMV

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
DDDDDD				
Danaparoid assay				See Anti-Xa
Danthron (Urine-Screen)				See Urine Drug Screen
DAT (Direct antiglobulin test)				See Direct Coombs'
DBIL				See Bilirubin - Conjugated
DCT (Direct Coomb's test)				See Dirct Coombs
DDD, DDE, DDT				See Organochlorine Pesticides
D-Dimer	Blood	Sod Cit	4	Include related patient history if available. (eg: ?DVT ?PE ?DIC). (Test replaces FDP - Fibrin Degradation Products)
DDT				See Organochlorine Pesticides
Dehydro epiandrosterone sulphate				See DHEAS
Delta Agent (Hepatitis D)				See Hepatitis D
Dengue Fever Antibody	Blood	GEL	8.5	
Deoxyypyridinoline (DPD)				Serum Crosslaps on fasting specimen done instead. (See Crosslaps)
Desipramine (Pertofran)	Blood	Plain	6	Note last dose. Predose preferred, but not less than 12 hours post dose.
Desmethylclobazam				See Clobazam
Dexamethasone Suppression Test	Blood	GEL	8.5	An aid in the diagnosis of Cushings Syndrome and Endogenous Depression. <u>For Cushings Syndrome</u> (1) Patient takes Dexamethasone 1 mg as a single dose at 2300 hours (11.00pm) (2) Collect blood (GEL) for serum cortisol at 0900 hours the next morning. All times need to be adhered to. <u>For Endogenous Depression</u> (1) Patient takes Dexamethasone 1 mg as a single dose at 2300 hours (11.00 pm) (2) Collect blood (GEL) for serum cortisol at 1600 hours (4.00 pm) the next day. (3) Some doctors may also request a blood sample for cortisol be taken at 0900 hours in the morning (10 hours post dexamethasone dose) All times need to be adhered to.
DHEAS (DHEA-Sulphate)	Blood	GEL	8.5	
DHPG				See Dihydroxyphenyl Glycol
DHT (Dihydrotestosterone)				See Dihydrotestosterone
Diabetes Autoantibodies (Pancreatic antibody screen)	Blood	GEL	8.5	GAD Antibody and IA2 Antibody
Diabetic Exclusion Test				See GTT
Diastase (Urine-24hr)				See Amylase (Urine) 24 hour
Diastase (Urine-Random)				See Amylase (Urine Random)
Diazepam (Valium)	Blood	Lith Hep NO GEL	6	Note time and date of last dose. Predose preferred, but not less than 6 hours post dose. Wrap in foil.
Diazinon				An organophosphate. See Cholinesterase
Dibucaine Number				See Cholinesterase

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
DIC screen (Disseminated Intravascular coagulation screen)	Blood	Sod Cit EDTA	4 4	Do Coagulation Screen and D-Dimer. Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Keep cold. Blood to reach laboratory within 4 hours of collection.
Dicamba				See Herbicides
Dichlorvos				An organophosphate. See Cholinesterase
Dieldrin	Blood	Lith Hep	6	An organochlorine. See Organochlorine pesticides
Diff (differential count)	Blood	EDTA	4	Part of FBE
Differential ALP				See ALP Isoenzymes - Liver and Bone
Dig				See Digoxin
Digene				See HPV PCR
Digoxin (Lanoxin, Digitalis)	Blood	GEL	8.5	Note last dose. Predose preferred, but not less than 6 hours post dose.
Dihydrotestosterone (DHT)	Blood	GEL	8.5	Lab: Centrifuge, separate, and freeze.
Dilantin				See Phenytoin
Dimethoate				An Organophosphate Insecticide. See Cholinesterase
Diphtheria Antibody	Blood	GEL	8.5	
Diquat				See Paraquat and Diquat
Direct Antiglobulin Test				See Direct Coombs
Direct Bilirubin				See Bilirubin (Conjugated)
Direct Coombs ' (DAT, Direct Antiglobulin Test, DCT)	Blood	EDTA	2	
Disopyramide (Rythmodan)	Blood	Plain (NO GEL)	8.5	Note last dose. Predose (trough) preferred, but not less than 6 hours post dose. If peak level is required, collect 2-3 hours post-dose.
Disseminated Intravascular Coagulation Screen				See DIC Screen
Diuretic Screen (Frusemide + Thiazide)	Blood Urine	GEL + Jar	8.5	Collect random urine and gel tube.
DNA Antibodies				See Anti-DNA antibodies
DNA Binding				See Anti-DNA Abs
DNA Cholesterol (familial)mutation	Blood	Li Hep + EDTA	8.5 + 4	
DNA Fragile X analysis				See Cytogenetics
DNA Paternity Testing				See Parentage Testing
DNA Studies for Thalassemia				See Thalassaemia - DNA Analysis
DNase B				See Anti-DNase B
Dopamine (Urine)				See Catecholamines - Urine 24 hour
Dothiepin (Prothiaden, Nordothiepin)	Blood	Plain	6	Note last dose. Predose preferred, but not less than 6 hours post dose.
Down's Screen (Triple Test)	Blood	GEL	8.5	Blue form for SAMSAS to WCH required

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Doxepin (Sinequan)	Blood	Plain (NO GEL) or Lith Hep	6	Note last dose. Predose preferred, but not less than 12 hours post dose.
DPD / creatinine ratio on urine (Crosslinks)				Not available. Run Crosslaps on fasting serum instead. (See Crosslaps)
DQ, DQ2, DQ8				See HLA-DQ
DR, DR1, DR2				See HLA-DR
Drug Allergies	Blood	GEL	8.5	
Drug Screen (Anabolic Steroids)				Not available through Abbott Pathology. The urine is tested at Australian Drug Sporting Agency (02 9449 0154). Medical reasons only, not for sport or rehab. Dr to contact ADSA directly prior to testing. Non-rebatable.
Drug Screen (Gastric Contents)				Not available
Drug Screen (Saliva)	Saliva	Kit tube	2	Collect approximately 2 mL of saliva in a clean plain tube.
Drug Screen (Serum/Blood)	Blood	Plain	6	
Drug Screen (Urine-Random)				See Urine Drug Screen
dRVVT				Part of Lupus Inhibitor screen (See Lupus Inhibitor)
ds DNA Antibodies				See Anti-DNA Abs
E E E E E E E				
E. granulosus serology				See Hydatid Serology
E/LFT	Blood	GEL	8.5	Electrolytes + Liver Function Test.d
E2 (Sensitive)				See Oestradiol (Sensitive)
E2 (Serum)				See Oestradiol (Serum)
E3 (Oestriol)				Not available
E5M				See Eosin-5-Maleimide Test
Ear swab	Swab	Amies		
EBV Serology (Epstein-Barr Antibody)	Blood	GEL	8.5	IgG and IgM performed for all requests unless otherwise specified.
EBV PCR blood	Blood	2 x EDTA		Dedicated tubes required
ECG				
Echinococcus granulosus serology				See Hydatid Serology
ECLT (Euglobulin Clot Lysis Time)				Test not performed
eGFR	Blood	GEL	8.5	
Ehrlichiosis antibodies	Blood	GEL	8.5	Serum sent to Australian Rickettsia Reference Laboratory at Geelong
Elastase (Faecal Pancreatic Elastase)				See Pancreatic elastase
Electrocardiograph				See ECG
Electrolytes	Blood	GEL	8.5	Consists of sodium, potassium, chloride, bicarbonate
Electrolytes - Urine 24 hr	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr general urine collection information).
Electrolytes - Urine Random	Urine	Jar	10	24 hour urine preferred
Electrolytes + Creatinine	Blood	GEL	8.5	
Electrolytes + Urea	Blood	GEL	8.5	
Electrolytes + Urea + Creatinine	Blood	GEL	8.5	
Electron Microscopy				Contact lab
Electrophoresis (CSF)				See CSF Electrophoresis

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Electrophoresis (Serum)				See Protein Electrophoresis (Serum)
Electrophoresis (Urine)				See Bence Jones Protein
Electrophoretogram				See Protein Electrophoresis (Serum)
ELT (Euglobulin clot lysis time)				Not available
Elution Studies	Blood	EDTA	6	
EMA				See Anti-Endomysial Antibodies
ENA (Extractable Nuclear Antigens)	Blood	GEL	8.5	Includes Ro, La, Sm, Scl-70, Anti-Mi, RNP (U1), Jo-1.
Enalapril (Urine Random)	Urine	Jar	50	
Enalaprilic Acid (Urine Random)	Urine	Jar	50	
Endomysial antibodies				See Anti-Endomysial Antibodies
Endosulphan				An organochlorine. See Organochlorine pesticides
Endrin				An organochlorine. See Organochlorine pesticides
Entamoeba histolytica serology (Amoebic serology)	Blood	GEL	8.5	
Enterovirus PCR				See Coxsackie PCR
Enterovirus Serology				Serology no longer performed. See Coxsackie PCR.
Enzymes of CHO Metabolism For Glycogen Storage				See GSD
Eosin-5-Maleimide Test (E5M, Osmotic Fragility, Red Cell Fragility, Spherocytosis Flow Cytometry)	Blood	EDTA	4	Fresh EDTA specimen required (up to 72 hours acceptable). Collect Mon - Thur (or Mon - Wed if Frid public holiday)
Eosinophil Count	Blood	EDTA	2	
Eosinophils – Nasal	Slides	Slides		The patient should have no inhalants or anti-histamines for 24 hours prior if possible. 1. Take a swab from middle turbinate area of left nostril and roll swab on to 2 slides. Label one slide "L. nasal, air dried" and the other "L. nasal, fixed". 2. Take another swab from the right nostril, make 2 slides, and label "R. nasal, air dried" and the other "R. nasal, fixed". 3. Additionally label all slides with name of patient and date of birth - otherwise slides cannot be processed. 4. Spray the two slides labelled as fixed with cytology fixative. 5. Allow slides to dry before placing in slide holders.
Eosinophils - Sputum	Sputum	Jar		
EPG (Serum)				See Protein Electrophoresis (Serum)
EPG (Urine)				See Bence Jones Protein
Epilim				See Valproate
Epinephrine (Adrenaline)				See Catecholamines
Epitestosterone				See Drug Screen (Anabolic Steroids)
EPO				See Erythropoietin

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
EPP (serum)				See Protein Electrophoresis (Serum)
Epstein-Barr Virus Antibody				See EBV Serology
Equine Morbilli Virus Serology (Hendra Virus Serology)	Blood	GEL	8.5	Not to be confused with Morbilli Virus Serology (Measles Serology). Check with doctor if in doubt.
Ehrlichiosis antibodies				See Ehrlichiosis antibodies
Erythema infectiosum				See Parvovirus B19 Serology
Erythrocyte count	Blood	EDTA	4	Part of FBE
Erythrocyte indices	Blood	EDTA	4	Red cell profile includes Hb, PCV and Red Cell Count.
Erythropoietin (EPO)	Blood	GEL	5	Non-rebatable.
ESR (Erythrocyte Sedimentation Rate)	Blood	EDTA	4	
Essential Fatty Acids				See Fatty Acids - Essential
Estradiol (Serum)				See Oestradiol
Estriol				Not available
Estrogen (Serum)				See Oestradiol
Ethanol (Medico-Legal)				See Alcohol (Medico-legal)
Ethanol (Non Legal)				See Alcohol (Non-legal)
Ethanol (Urine - Screen)				See Alcohol (Urine)
Ethosuximide				See Zorantin
ETOH				See Alcohol (Non-legal)
EUC	Blood	GEL	8.5	
Euglobulin clot lysis time (ELT)				Not available
Everolimus (Certican)	Blood	EDTA	4	Predose preferred. Referred work: Transport whole blood frozen.
Extractable Nuclear Antigens				See ENA
Eye swab	Swab	Amies		
F F F F F F F				
FA				See Folate
Fabry Test				See Galactosidase-Alpha
Factor II mutation				See Prothrombin Gene Mutation
Factor Studies (Coagulation Factors) Factors II, V, VII, VIII, IX, XI, XII, XIII, VWF. (Factor VIII, Factor VIII Inhibitor, Haemophilia screen - includes VWF-Von Willebrand Factor). Factors need to be named individually on form.	Blood	Na Cit	4	A separate full citrate tube must be collected for each factor requested except for Factor VIII / VWF (Haemophilia screen) which must have 3 citrate tubes collected. State any history of bleeding disorder and state if on heparin or warfarin. Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Tube must be kept cold and reach laboratory within 4 hours. Lab: Spin and freeze. Do not pool aliquots if more than one tube. Each plasma aliquot must go into a separate tube.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Factor V Leiden Mutation (FVL; FVLM)	Blood	EDTA	4	Dedicated whole blood tube required.
Fadal-Nalebuff (Modified RAST)	Blood	GEL	8.5	
Faecal Calprotectin	Faeces	Jar		Need plain (brown top) jar. Transport at room temperature. Patient will receive a non-rebatable bill.
Faecal Clostridium difficile				See Clostridium Difficile Toxin
Faecal Fat Globules	Faeces	Jar		Can share same sample as faecal culture if requested
Faecal Haemoglobin				See Occult Blood
Faecal Micro and Culture (MCS)	Faeces	Jar	10cent piece size or 5 mL if fluid	Can share same sample as ova cyts parasites if requested. Only one sample for m/c/s can be processed per a 7 day period.
Faecal Occult Blood				See Occult Blood
Faecal Ova Cysts Parasites				See OCP
Faecal Pancreatic Elastase				See Pancreatic elastase
Faecal Reducing Substances (Faecal Reducing Sugars)	Faeces	Jar		Freeze faecal sample immediately after collection as analyte unstable unless frozen. Deliver to the laboratory frozen. Other tests on faeces cannot be done from this sample.
Faecal Threadworm & Ova				See Threadworm and Ova
Faecal Viral Culture (Adenovirus and Rotavirus performed)	Faeces	Jar		Collect as soon as possible after symptoms
FAI (Free Androgen Index, Normalised Androgen Ratio)	Blood	GEL	8.5	Calculated from SHBG and Testosterone.
Familial Mediterranean Fever Gene Test	Blood	EDTA	10	Send whole blood. Give clinical details. Non-rebatable.
Fat Soluble Vitamins				Vitamin A, D, E & K (see individual listings)
Fatty Acids - Essential	Blood	Lith Hep	6	12 hour fast required. Must be centrifuged and frozen within 1 hour of collection.
Fatty Acids - Free (Total free fatty acids, Non-esterified fatty acids, FFA)	Blood	Lith Hep	6	12 hour fast required. Must be centrifuged and frozen within 1 hour of collection.
Fatty Acids - Very Long Chain (VLCFA, Long chain fatty acids)	Blood	Lith Hep	6	Must be centrifuged and frozen within 1 hour of collection. Non-rebatable.
FBE (FBC, CBC, CBE, Full Blood Examination, Full Blood Count, Complete Blood Count, Complete Blood Examination))	Blood	EDTA	4	
FBE + Film	Blood	EDTA	4	
FBG (Fasting Blood Glucose)				See Glucose
FBS (Fasting Blood Sugar)				See Glucose
FDP				See D-Dimer
Fe (Iron)				Part of Iron Studies. See Iron Studies
Ferritin (Red Cell)	Blood	EDTA	4	
Ferritin (Serum)				Can be ordered on its own or as part of Iron Studies. Ferritin is not affected by diurnal variation

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Fertility Hormones	Blood	GEL	8.5	FSH, LH, Prolactin, Progesterone, Oestradiol
FHH or FHB				See Occult Blood
Fibrin degradation products (FDP)				See D-Dimer
Fibrinogen	Blood	Sod Cit	4	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Keep cold. Blood to reach laboratory within 4 hours of collection.
Fifth disease				See Parvovirus B19 Serology
Filaments Antibody (Myosin and Actin)	Blood	GEL	8.5	
Filaria antibody (Microfilaria serology, Filariasis serology, dog heart worm serology, Loa Loa serology, Onchocerciasis serology, Wuchereria bancrofti serology)	Blood	GEL	8.5	
Filaria microscopy or antigen (Microfilaria microscopy)	Blood	EDTA	4	Request FBE and Filarial Microscopy. Some types show periodicity and must be collected according to local periodicity. W. bancrofti is collected 10pm to 2am; Loa Loa 10am to 4pm; and others may need collecting in the evening. If collecting at night, leave tube at room temperature and deliver to lab in morning.
Fillagrin Antibodies				Not available. Do Anti-CCP instead
Fine needle aspirate	Slides			Fine Needle Aspirate (FNA). Collection only performed by medico.
FISH (Fluorescence in situ hybridisation)	Blood	Lith Hep	6	Contact lab before sending sample. Keep at room temperature. Medicare rebate not available. Fee charged
FK506				See Tacrolimus
Flecainide (Tambocor)	Blood	GEL or Lith Hep	8.5	Note last dose. Predose preferred, but not less than 6 hours post dose.
Flow Cytometry (Lymphocyte Surface Markers)				See Lymphocyte Surface Markers
Flu Ab				See Influenza - Antibody
Flu PCR				See Influenza - PCR
Flucloxacillin	Blood	Lith Hep	6	Done through IMVS. Contact Clinical Microbiologist at IMVS before collection. Transport on iced water. Usually pre dose and 1 hour post dose specimens. Record dose and collection times. Lab: Centrifuge, separate, and transport frozen.
Flucytosine	Blood	Plain	6	Predose preferred. Post Dose samples collected 1hr post dose. .

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Fluid Synovial etc., Culture and Sensitivity	Fluid	Jar	10	
Fluorescent in-situ hybridisation				See FISH
Fluorescent Treponema Ab (FTA)				See Syphilis Serology
Fluoride (Serum)	Blood	GEL	8.5	
Fluoride (Urine Spot)	Urine	Jar	50	Non-rebatable cost of \$150 from patient.
Fluoride Number				See Cholinesterase
Fluoxetine (Prozac)				See Prozac
FMF				See Familial Mediterranean Fever Gene Test
FNA (Fine Needle Aspirate)				See Fine needle aspirate
FOB				See Occult Blood
Foetal squames	Slide			Doctor Collection.
Folate (Red Cell)	Blood	EDTA	4	Do not centrifuge. 3 test per 12 months.
Folate (Serum)	Blood	GEL	8.5	Fasting specimen is preferred (at least 6 hrs)
Folate + B12				See Vitamin B12 and Folate
Follicle Stimulating Hormone				See FSH
Food Allergy	Blood	GEL	8.5	Please specify which foods
Fondaparinux anti-Xa level				See Anti-Xa
Formaldehyde (Plasma)	Blood	EDTA	2	
Formaldehyde (Urine)	Urine	Jar	50	
Fractionated ALP				See ALP Isoenzymes - Liver and Bone
Fragile X Chromosome				See Cytogenetics
Fragmin				See Anti-Xa
Frederickson Typing				See Lipoprotein Electrophoresis.
Free Androgen Index				See FAI
Free BHCG				Part of Down's screen
Free Fatty Acids				See Fatty acids - free
Free Hb (Haemoglobin)				See Free Plasma Haemoglobin
Free Light Chains	Blood	GEL	8.5	
Free Light Chains - Urine				See Bence Jones Protein
Free Plasma Haemoglobin	Blood	Lith Hep	6	Venipuncture must not be traumatic to avoid lysis of red cells. Do not refrigerate before separating plasma. EDTA plasma acceptable. Lab: Centrifuge and separate plasma without delay.
Free PSA				See PSA Free
Free T3				Complicated Medicare testing rules. See TFT
Free T4				Complicated Medicare testing rules. See TFT
Free Testosterone				See Testosterone - Free (Calculated)
Free Thyroxine Index (FTI)				No longer available
Frisium				See Clobazam
Fructosamine (Glycosylated Protein)	Blood	GEL	8.5	4 tests allowed in a 12 month period
Fructose Intolerance Breath Test				See Breath Test - Hydrogen
Frusemide + Thiazide				See Diuretic Screen

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
FSH (Follicle Stimulating Hormone)	Blood	GEL	8.5	
FT3				Complicated Medicare testing rules. See TFT
FT4				Complicated Medicare testing rules. See TFT
FTA-ABS (or FTA)				See Syphilis Serology
FTI (Free Thyroxine Index)				No longer available
Full Blood Count (Full blood examination, FBC, FBE)				See FBE
Full Complement Screen	Blood	GEL	8.5	See C3 and C4 Complement
Fungal Culture	Various			<p>1. Body fluids, aspirates, washings, tissue. Collect in sterile jar.</p> <p>2. Sputum. Collect early morning. Ensure that deep sputum (phlegm) is collected and not saliva. Patient to take 3 or 4 deep breaths and "huff" on expiration. Collect into sterile jar.</p> <p>3. Skin scrapings. If topical antifungal cream or powder has been applied, then scraping should be done at least 48 hours after this treatment has ceased. Scrape from the active advancing border of the lesions and not from the centre of a lesion. Collect as much material as feasible and place in black scraping card and seal it.</p> <p>4. Nail clippings. If topical antifungal treatment has been applied, then clipping should be done at least 48 hours after this treatment has ceased. Nail polish does not interfere with the test. Clip the edges of the infected parts of the nails. Scrape and collect the heaped debris under the nail or scrape the crumbly surface of the nail. Place all clippings and scrapings in the black scraping card and seal it.</p> <p>5. Hair. Must obtain hair roots. Search affected area for lustreless or broken hairs.</p>
FVIII				See Factor Studies
FVL or FVLM				See Factor V Leiden Mutation
GGGGGG				
G lamblia PCR (Giardia lamblia PCR)				Not available
G1P				See Galactose-1-Phosphate
G6PD				See Glucose-6-Phosphate Dehydrogenase
Gabapentin (Neurontin)	Blood	Plain (NO GEL) or Lith Hep (NO GEL)	8.5	Trough levels to be collected within one hour of next dose. GEL tubes cannot be used.
GAD Antibodies	Blood	GEL	8.5	A Diabetes Autoantibody. Part of Pancreatic antibodies screen

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Galactokinase	Blood	ACD or Lith Hep (NO GEL)	10	Test must be booked by referring doctor. Keep cold and transport urgently at 4°C. Must reach lab within 6 hours of collection. Contact Specimen Reception before collection so they can book with National Referral Laboratory at WCH. Non-rebatable.
Galactose Phosphate Uridyltransferase (GALT, GUT)	Blood	Lith Hep NO GEL	10	Avoid haemolysis on collection.
Galactose Screen (Child)	Blood	EDTA	4	Lab do not centrifuge - send whole blood. Fee may be charged.
Galactose-1-Phosphate (G1P)	Blood	Lith Hep NO GEL	10	Avoid haemolysis on collection.
Galactosidase-Alpha (Fabry Testing)	Blood	EDTA	10	Send whole blood
Galactosidase-Beta (GM1-gangliosidosis testing)	Blood	EDTA	10	Send whole blood
GALT				See Galactose Phosphate Uridyltransferase
Gamma-Glutamyl Transferase				See GGT
Gamma-GT				See GGT
Ganglioside Abs - GM1				See Anti-Ganglioside Abs - GM1
Ganglioside Abs - GQ1B				See Anti-Ganglioside Abs - GQ1B
Ganglioside GM-1 Antibodies				See Anti-Ganglioside Abs - GM1
Ganglioside GQ1B Antibodies				See Anti-Ganglioside Abs - GQ1B
Gangliosidosis GM1 Testing				See Galactosidase-Beta
Gastric aspirate for Group B Streptococcus	Fluid	Jar		Dr collect. Tested on neonates. Treat URGENTLY.
Gastric Contents Drug Screen				Not available
Gastric Parietal Cell A/b				See Anti Parietal Cell Antibodies
Gastrin	Blood	GEL	8.5	Must be fasting sample. Transport to lab on iced water. Lab: Centrifuge, separate, and freeze.
GBS (Group B Strep swab)				See Group B Strep swab
GCSF Granulyte Colony Stimulating Factor				Not available
GCT				See Glucose Challenge Test
Genetic test for Narcolepsy				See Narcolepsy Genotyping
Genta				See Gentamicin
Gentamicin	Blood	GEL	8.5	If dose is daily, monitor 6-14 hours after injection. If dose is not daily, collect pre (before next dose) and post (one hr after IM injection) samples, unless the times are specified. Pre-dose level (trough) collection, if required, is immediately prior to injection. Peak level for post IM collection, if required, is 60 min post IM injection. Record times on tubes.
Gestational Diabetes Screen				See Glucose Challenge Test
GGT	Blood	GEL	8.5	Part of LFT
GH (Growth Hormone)				See Growth Hormone (basal)
GH Stimulation Test				See Growth Hormone Stimulation Test
GH Suppression Test				See Growth Hormone Suppression Test

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Giardia lamblia (Microscopy and Rapid Screen)				See OCP
Giardia lamblia PCR				Not available
Gigantism testing				See IGF-1
Gilbert's Syndrome Gene Test	Blood	EDTA	10	Send whole blood. Non-rebatable.
Glandular fever test (IM)				See IM Test
Gladiin Antibodies (IgG, IgA)				See Anti-Gliadin antibodies (IgG, IgA)
Globulins (Serum)				Part of LFT
Glomerular Basement Membrane Ab				See Anti-Glomerular Basement Membrane Abs
Glucagon	Blood	EDTA + Trasylol		Special collection tube required Must be centrifuged, separated, and frozen within 15 min of collection. (Mile End collection only. Appointment required).
Glucose	Blood	Flu Ox	2	12 hour fast is preferred specimen. State if specimen is fasting or random. Fluoride tube is preferred specimen. If serum only is collected then serum needs to be separated within 4 hours of collection.
Glucose (CSF)				See CSF (Biochemical analysis)
Glucose (Pericardial Fluid)	Fluid			Doctor Collection.
Glucose (Pleural Fluid)	Fluid			Doctor Collection.
Glucose (Urine-Random)	Urine	Jar	10	
Glucose Challenge Test 50g (or 75g if required)	Blood	Flu Ox	2	Performed ideally between 26-28 weeks gestation. If more than 30 weeks gestation, a GTT should be done instead of a glucose challenge test. Patient should not be fasting but have had normal carbohydrate intake before the test. The glucose load (normally 50g unless 75g requested) must be drunk within 5 mins. Blood is collected one hour after finishing drink. (A fasting sample or zero hour sample is not required).
Glucose Postprandial	Blood	Flu ox	2	Collect sample 2 hours postprandial. Record time of last meal and time of collection.
Glucose Tolerance Test (2 Hour)	Blood	Flu Ox x 3	2	For collection details, see Appendix 3
Glucose Tolerance Test Extended	Blood	Flu Ox	2	For collection details, see Appendix 3
Glucose Tolerance Test with Growth Hormone	Blood Blood	GEL x 3 Flu Ox x 3	8.5 2	Growth Hormone level taken with each glucose sample. Ensure samples are labelled with collection times. See Appendix 3 for collection details.
Glucose Tolerance Test with Insulins	Blood Blood	GEL x 3 Flu Ox x 3	8.5 2	Insulin level taken with each glucose sample. Ensure samples are labelled with collection times. See Appendix 3 for collection details.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Glucose-6-Phosphate Dehydrogenase (G6PD)	Blood	EDTA	2	
Glutamic Acid Decarboxylase Antibodies	Blood			See GAD
Glutathione Peroxidase Activity	Blood	Lith Hep	6	Send whole blood
Gluten Antibodies				See Anti-Gliadin antibodies (IgG, IgA)
Gluten-Sensitive Enteropathy				See Coeliac Disease Screening
Glutethimide	Blood	Plain	6	Note last dose. Predose preferred, but not less than 6 hours post dose.
Glycogen Storage Disease				See GSD
Glycosylated Albumin				See Fructosamine
Glycosylated Hb				For diabetes monitoring. See HbA1C
Glycosylated Protein				See Fructosamine
Glyphosate				See Herbicides
GM-1 Abs				See Anti-Ganglioside Abs - GM1
GM1 Gangliosidosis testing				See Galactosidase-Beta
GnRH Stimulation Test Gold (Tissue)				Test not available Refer patient to endocrinology unit of large local hospital.
Gold (Serum)				See Au (Serum)
Gold (Tissue)				Not available
Gold (Urine)				Not available
Gonadotrophins	Blood	GEL	8.5	LH and FSH
Gonorrhoea - culture	Swab	Amies		
Gonorrhoea - PCR (Swab)	Swab	Dry swab		Dry swab required.
Gonorrhoea - PCR (Urine)	Urine	Aptima		
GP RH/ ABS				See Blood Group and Antibodies
GP save serum				See Blood Group and Hold
GP/ RH				See Blood Group
GQ1B Ganglioside				See Anti-Ganglioside Ab - GQ1B
Granulocyte Colony Stimulating Factor				Not available
Group				See Blood Group
Group and AB				See Blood Group and Antibodies
Group and antibody screen				See Blood Group and Antibodies
Group and Hold				See Blood Group and Hold
Group and Rh antibodies				See Blood Group and Antibodies
Group and Rh status				See Blood Group
Group and rhesus				See Blood Group
Group and rhesus antibodies				See Blood Group and Antibodies
Group B Strep swab (GBS)	Swab	Amies		Note on request form if patient is pregnant

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Growth Hormone - Basal. (GH, HGH, Human Growth Hormone)	Blood	GEL	8.5	Patient recumbent 15 minutes prior to specimen collection. Keep cold and send to lab within 8 hrs of collection. Values can fluctuate considerably in normal individuals. Lab: Centrifuge, separate, and transport frozen.
Growth Hormone Stimulation Test (Exercise Test)	Blood	GEL		To investigate hyposecretion in children. (1) Child to fast from midnight prior to test in morning. (Water is allowed). Limited activity only and restrict stair climbing. (2) Take a basal specimen of blood and ensure minimal stress. Label blood with time and specify basal. (3) The child must then exercise for 15 min (pulse rate >100) until completely exhausted. Briskly stepping up and down on a step is the recommended method. Parent can supervise if needed. Hold child's hand if needed. (4) Take a second specimen immediately on completion of exercise and label with time. (5) Take a third specimen 30 min after second specimen and label with time. Lab: Centrifuge, separate, and freeze aliquots
Growth Hormone Suppression Test (Serial Studies)	Blood	GEL		For the diagnosis of acromegaly in children and adults. See Appendix 3 (GTT + growth hormone) (IGF-1 is the preferred screening test for acromegaly and gigantism).
GSD (Glycogen Storage Disease)				Contact Genetic Medicine Laboratory at WCH (08 8161 6701) as special precautions may be required
GTT (2 Hour)	Blood	Flu Ox x 3	2	For collection details, see Appendix 3
GTT with Insulin curve	Blood Blood	GEL x 3 Flu Ox x 3	8.5 2	Insulin level taken with each glucose sample. Ensure samples are labelled with collection times. See Appendix 3 for collection details.
GUT				See Galactose Phosphate Uridytransferase
HHHHHH				
H. pylori Breath Test				See Breath Test - Helicobacter pylori
H. pylori Faecal Antigen				See Helicobacter Faecal Antigen
H1N1				See Swine flu - PCR
H63D Mutation gene testing				See Haemochromatosis Screen
Haematocrit (Hct, PCV)				See PCV
Haemochromatosis Screen (HFE, C282Y Mutation gene testing, H63D Mutation gene testing)	Blood	EDTA	4	Whole blood. There may be a fee charged to patient unless one of the following conditions are met: a) the patient has an elevated transferrin saturation or ferritin on repeat testing; or b) the patient has a first degree relative with haemochromatosis; or c) the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity
Haemoglobin - Free Plasma				See Free Plasma Haemoglobin
Haemoglobin (Hb)				See Hb
Haemoglobin A1c (HbA1C)				For diabetes monitoring. See HbA1C
Haemoglobin A2				See Hb A2
Haemoglobin Electrophoresis				See Hb Electrophoresis
Haemoglobin F				See Hb F

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Haemoglobin- urine	Urine	Jar	50	Dipstick performed
Haemoglobinopathy Gene				See Thalassaemia (Alpha) DNA Analysis
Haemolysis Screen	Blood	GEL EDTA x 2	8.5 6 4	Bilirubin, LD, Reticulocyte count, and Direct Coombs done
Haemolytic Complement - Total (CH100, CH50)	Blood	GEL	8.5	Must be separated and frozen within 2 hours of collection. Labs: Centrifuge, separate and freeze within 2 hours of collection.
Haemophilia screen				See Factor Studies (Factor VIII)
Haemophilus influenzae Antibodies (HIB)	Blood	GEL	8.5	
Haemophilus influenzae	Swab	Amies		Usually from throat.
Haemophilus influenzae	Sputum	Jar		
Haemosiderin (urinary - spot)	Urine	Jar	50	Early morning specimen required.
Haloperidol				Not available
Ham's test				See PNH
Hand, foot, and mouth disease				Serology no longer performed. See Coxsackie PCR.
Haptoglobin	Blood	GEL	8.5	
HAV (Hepatitis A)				See Hepatitis A
Hb (Haemoglobin)	Blood	EDTA	4	
Hb A2 (Haemoglobin A2)	Blood	EDTA	4	Whole blood
Hb Electrophoresis (Hb EPG)	Blood	EDTA	4	Whole blood
HB F (Haemoglobin F)	Blood	EDTA	4	Whole blood
Hb H preparation (Haemoglobin H)	Blood	EDTA	2	Keep at room temperature.
HbA1C (Haemoglobin A1C, Glycosylated Hb)	Blood	EDTA	4	Document if patient is diabetic. Can share sample with FBE. 4 tests allowed in a 12 month period. (If pregnant then 6 tests in 12 months).
HbCO				See Carboxyhaemoglobin
HBLV				See Human B-Lymphotropic Virus
HBV DNA PCR				See Hepatitis B
HCB				An organochlorine. See Organochlorine pesticides
HCG (qualitative - Serum)				See Beta HCG (qualitative)
HCG (qualitative - Urine Random)				See Beta HCG (qualitative - urine)
HCG (quantitative - Serum)				See Beta HCG (quantitative - Serum)
HCG (quantitative 24 hr urine)	Urine	24hr Bottle		For hydatiform mole. Plain bottle. (See Appendix 1 for 24 hr general urine collection information)
HCG (Serum)				See Beta HCG (serum)
Hct (Haematocrit)				See PCV
HCV - Genotyping PCR				See Hepatitis C
HCV – PCR				See Hepatitis C
HCV – Viral Load				See Hepatitis C
HCV (Hepatitis C)				See Hepatitis C
HDL Cholesterol (HDL)	Blood	GEL	8.5	Fasting sample preferred.
Heart Abs				See Anti Myocardial Antibody

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Heat Shock Protein Abs (Heat Shock Protein 70 Abs, HSP-70)	Blood	GEL	8.5	Non-rebatable. Fee charged.
Heat Stable ALP	Blood	GEL	8.5	
Heavy Metal Screen (Blood)				The doctor must specify the particular heavy metals required (e.g. cadmium, lead, mercury). The tests are coded individually. See individual test listings.
Heavy Metal Screen (Urine)				The doctor must specify the particular heavy metals required (e.g. cadmium, lead, mercury, arsenic). The tests are coded individually. See individual test listings.
Heinz bodies	Blood	EDTA	2	Usually ordered with a FBE
Helicobacter (biopsy culture)	Gastric biopsy	Jar		
Helicobacter Breath Test - C14				See Breath Test - Helicobacter pylori
Helicobacter Faecal Antigen	Faeces	Jar	20c piece size	
Helicobacter pylori Serology	Blood	GEL	8.5	
Hendra Virus Serology				See Equine Morbilli Virus Serology
Hep (A, B, C etc)				See relevant Hepatitis listing
Heparin cofactor II				No longer performed
Heparin-induced anti platelet antibody				See HITTS
Hepatic Autoantibody	Blood	GEL	8.5	
Hepatic autoimmune	Blood	GEL	8.5	
Hepatitis - Ordering Guide (Please state history) For collection information, see separate hepatitis listings (Hepatitis A, B, C etc.)				<p>Hepatitis Ordering Guide</p> <p>(1) Acute Hepatitis (e.g. raised LFT's, jaundice, nausea). Order Hep A IgM, HepBsAg, HepB core total Ab, HepC. (If HepBsAg is positive, order HepB core IgM).</p> <p>(2) Antenatal/Prenatal Serology. Order HepBsAg, HepC</p> <p>(3) STD Screen. Order HepBsAg, HepB core total Ab, HepC, (also syphilis)</p> <p>(4) Needle-stick, Body Fluid Exposure - <u>Victim</u>. Order HepBsAg, Hep B core total Ab, HepBsAb, HepC (also HIV Ag/Ab)</p> <p>(5) Needle-stick, Body Fluid Exposure - <u>Source</u>. Order HepBsAg, HepB core total Ab, HepC (also HIV Ag/Ab)</p> <p>(6) Chronic Hepatitis B Carrier Status. Order HepBeAg, HepBeAb</p>

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Hepatitis A	Blood	GEL	8.5	<p>Tests available:</p> <p>(1) Hep A screen (Total IgG/IgM antibody performed). For immune status and general screen.</p> <p>(2) HepA IgM. For acute Hepatitis A infection</p>
Hepatitis B	Blood	<p>GEL (For the PCR test, EDTA is preferred but GEL accepted)</p> <p>(7) The PCR test must have a dedicated tube</p>	8.5	<p>Tests available:</p> <p>(1) HepBsAg (Hepatitis B surface antigen). For Hepatitis B infection - acute or chronic</p> <p>(2) HepB Core Total Ab. For evidence of past or recent infection. Used to complement HepBsAg or HepBsAb. Of limited use on its own.</p> <p>(3) HepBsAb (Hepatitis B surface antibody). For Hepatitis B immunity.</p> <p>(4) HepB Core IgM Ab. For Hepatitis B acute infection. Can be ordered as a further test if HepBsAg is detected</p> <p>(5) HepBeAg (Hepatitis B 'e' antigen). For infectivity status of chronic Hepatitis B patients. Also order HepBeAb.</p> <p>(6) HepBeAb (Hepatitis B 'e' antibody). For infectivity status of chronic Hepatitis B patients. Also order HepBeAg.</p> <p>(7) Hep B DNA PCR. Markers for viral replication. Patient must be positive for HBsAg and Medicare restrictions: 1 test per 12 months if a carrier and not on treatment; 4 tests per 12 mths if on treatment.</p> <p>DEDICATED TUBE REQUIRED FOR PCR.</p>

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Hepatitis C	Blood	GEL. All RNA and Genotyping must have dedicated tubes	8.5	<p>Tests available:</p> <p>(1) HepC Ab (normally written Hep C or HCV, etc). Used for screening of past or present infection. If Hep C screening is positive, can order Hep C PCR to see if patient is currently infected.</p> <p>(2) Hep C PCR (HCV-RNA). Used to check for current infection when Hep C screen is positive. A single negative result does not indicate clearance. Medicare restrictions: 1 test in 12 mths for confirmation of diagnosis; 4 tests in 12 months for monitoring anti-viral therapy. DEDICATED TUBE REQUIRED.</p> <p>(3) Hep C Viral Load (HCV-RNA Viral Load, Quantitative HCV). Used to monitor antiviral therapy. Not used to diagnose HCV infection. Medicare restrictions: 2 tests per 12 mths if on advice of specialist. DEDICATED TUBE REQUIRED</p> <p>(4) Hep C Genotyping. Helpful in predicting response to interferon-based therapy. Medicare restrictions: 1 test per 12 mths if on advice of specialist. DEDICATED TUBE REQUIRED</p>
Hepatitis D (Delta Agent)	Blood	GEL	8.5	Only if patient is Hep B+
Hepatitis E	Blood	GEL	8.5	
Hepatitis G	Blood	GEL	8.5	
Heptachlor				An organochlorine. See Organochlorine pesticides
Herbicides (Urine)	Urine	Jar	50	<p>Includes Glyphosate (Roundup, Zero), Silvex, Simazine, 2,4-D, 2,4,5-DB, 2,4,5-T, Bromoxryl, Brominal, Clopyralid, Dicamba, Amitvole, MCPA (4-chloro-2-methyl phenoxy acetic acid), Picloram.</p> <p>(1) Collect random urine (full jar) at end of shift.</p> <p>(2) Include all details of exposure on request form.</p> <p>(3) If used for screening, test not covered by Medicare. Also see next point.</p> <p>(4) Glyphosate (Roundup) not covered by Medicare.</p> <p>Non-rebatable. Indicate acceptance to be billed on request form.</p>
Hereditary Spherocytosis testing (Testing required: FBE, blood film, reticulocyte count and Eosin-5-Maleimide Test)				See separate listings
Herpes simplex Antibody (HSV Ab, HSV Serotyping)	Blood	GEL	8.5	Antibodies for HSV types 1 and 2 tested
Herpes simplex PCR (Swab)	Swab	Dry		For vesicles, prick with a sterile needle and try and obtain as much fluid as possible.
Herpes zoster PCR				See Varicella zoster PCR
Herpes zoster Serology				See Varicella zoster serology
Heterophile antibodies				See IM Test
Hexachlorobenzene				An organochlorine. See Organochlorine pesticides

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Hexosaminadase A & B				See Tay-Sachs Screening Test for instructions.
Hexose Galactose-1-phosphate Uridyl Transferase				See Galactose Phosphate Uridyltransferase
HFE gene (Haemochromatosis studies)				See Haemochromatosis screen
Hg (Blood) (Mercury)				See Mercury (Blood)
Hg (Tissue) (Mercury)				See Mercury (Tissue)
Hg (Urine-24hr) (Mercury)				See Mercury (Urine)
HGH (Human Growth Hormone)				See Growth Hormone
HHV6 PCR				See Human Herpes Virus 6 PCR
HHV6 Serology				See Human Herpes Virus 6 Serology
HIAA				See Hydroxy Indole Acetic Acid
HIB				See Haemophilus influenza Antibodies
High Density Lipoprotein				See HDL Cholesterol
High Sensitive CRP				See CRP - Sensitive / Ultrasensitive
Hippuric acid (Urine)	Urine	Jar	10	Used as a marker for toluene exposure. Do not centrifuge.
Histamine - Whole blood	Blood	Lith Hep NO GEL	6	Require whole blood. Serum sample not suitable. Lab: Freeze whole blood. Transport whole blood frozen.
Histamine (Methyl Hiistamine) - Urine	Urine	24 hour acid bottle (or jar for random urine)		24 hour urine. Preservative - 50mL 3M HCL.(See Appendix 1 for 24 hr urine collection information). Dietary restrictions for 2 days prior and during test - all nuts (including walnuts), tomatoes, bananas, pineapple, avocado, red plums, egg plant, kiwi fruit, and chocolate. Random urine also acceptable.
Histocompatibility test				See HLA Tissue Typing
Histone (Part of ENA)				See ENA
Histopathology	Biopsy			
Histoplasmosis (Histoplasma serology)	Blood	GEL	8.5	
HITTS (Heparin-induced anti platelet antibody, HITS)	Blood	Sod citrate x 3	3.4	State drug treatment. Send to laboratory cold and urgently. Lab: Centrifuge, separate, amd freeze plasma.
HIV (HIV serology, HIV Ag/Ab, Aids serology)	Blood	GEL	8.5	
HIV RNA PCR (HIV Viral Load)	Blood	EDTAx2	6	Medicare rebate is only available to seropositive patients or neonates of HIV positive parents. DEDICATED TUBES MUST BE COLLECTED FOR THIS TEST. Specimen must reach lab within 6 hours of collection.
HLA antibodies	Blood	GEL	4	Serum required.
HLA antigens				See HLA Tissue typing
HLA screen				See HLA Tissue typing
HLA Tissue Typing (antigens)	Blood	EDTA	10	Whole blood kept at room temperature. Dedicated tubes required.
HLA typing				See HLA Tissue Typing

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
HLA-B27 (Ankylosing spondylitis)	Blood	EDTA	4	Whole blood kept at room temperature. Dedicated tube is preferred.
HLA-B51	Blood	EDTA	4	
HLA-B57 (Abacavir hypersensitivity)	Blood	EDTA	4	Whole blood kept at room temperature. Dedicated tube required
HLA-DQ (DQ2 / DQ8) (Coeliac genes)	Blood	EDTA	4	Whole blood kept at room temperature. Dedicated tube required
HLA-DQ6 (for Narcolepsy Genotyping)				See Narcolepsy Genotyping
HLA-DR (DR1, DR4) (for rheumatoid arthritis)	Blood	EDTA	4	Whole blood kept at room temperature. Dedicated tube required
HLA-DR15 (for Narcolepsy Genotyping)				See Narcolepsy Genotyping
HMBS				See Porphobilinogen Deaminase
HMMA (Hydroxy-Methoxy-Mandelic-Acid, HMMA, MHMA, VMA, Vanillylmandelic acid)	Urine	24 hour acid bottle		Preservative - 50mL 3M HCL.(See Appendix 1 for 24 hr collection information).
Holotranscobalamin				See Active B12
Holter Monitor				Applied by Abbott Pathology nurses
Homocysteine	Blood	EDTA or Gel	4	Fasting sample (12 hr fast). Keep cold. Must be received in lab within 1 hour of collection. Lab: Separate immediately from cells. Once separated, the analyte concentration is more stable.
Homogentisic Acid (Urine-Screen)	Urine	Jar	50	Protect from light. Wrap in foil. Lab: Transport frozen.
Homovanillic acid				See HVA
Hormone profile (female)	Blood	GEL	8.5	LH, FSH, Progesterone, Oestradiol, Prolactin
Hormone profile (male)				See Androgens
HPV PCR	Swab	Dry		Only rebatable if patient has had treated high grade intraepithelial lesions in the last two years. Maximum of two tests allowed per 24 months. Patient will be billed if conditions not met. Referred work. Result can take up to 6 weeks for a dry swab. Preferred sample is Surepath. HPV PCR not available on males.
HPV PCR	Thin Prep or Surepath	Jar		Only rebatable if patient has had treated high grade intraepithelial lesions in the last two years. Maximum of two tests allowed per 24 months. Patient will be billed if conditions not met. HPV PCR not available on males.
hs-CRP				See CRP - Sensitive / Ultrasensitive
HSP-70				See Heat Shock Protein Abs
HSV 1 and 2 Serology				See Herpes simplex Antibody

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
HTLV-1 and 2 Serology	Blood	GEL	8.5	
Hu antibodies				See Cerebellum Antibodies
Huhner's Test				Not available
Human B-Lymphotropic Virus (HBLV)	Blood	GEL	8.5	
Human Chorionic Gonadotrophin (Qualitative, Quantitative -Serum, Urine)	Blood	GEL	8.5	See Beta HCG (various entries)
Human Growth Hormone				See Growth Hormone
Human Herpes Virus 6 PCR (HHV6 PCR)	Blood	GEL	8.5	
Human Herpes Virus 6 Serology (HHV6 Serology)	Blood	GEL	8.5	
Human Placental Lactogen				Test not available
Human T-cell Lymphotropic Virus				See HTLV-1 and 2 Serology
Huntington Disease Genetic Testing	Blood	EDTA x2	8	Collect Mon - Thurs only. Send whole blood at room temperature. Doctor must ring 8204 3980 to discuss before collecting. Non-rebatable. Fee may be charged.
HVA (Urine)	Urine	24hr Acid Bottle		Preservative - 50mL 3M HCL.(See Appendix 1 for 24 hr collection information). Random urine acceptable for children.
Hydatid Serology (Echinococcus granulosus serology)	Blood	GEL	8.5	
Hydrogen Breath Test				See Breath Test - Hydrogen.
Hydroxy Indole Acetic Acid (5-HIAA) (For carcinoid syndrome)	Urine	24hr Acid Bottle		Preservative - 50mL 3M HCL.(See Appendix 1 for 24 hr urine collection information). Dietary restrictions: Do not consume, for 2 days prior and during test, all nuts (including walnuts), tomatoes, bananas, pineapple, avocado, red plums, egg plant, kiwi fruit, chocolate, or juices containing pineapple or tomato.
Hydroxybutyrate (Ketones)				See B-Hydroxybutyrate
Hydroxy-Methoxy-Mandelic-Acid				See HMMA
Hydroxy-Methyl-Bilane Synthetase Activity				See Porphobilinogen Deaminase
Hydroxyperhexiline				See Perhexiline
Hydroxyproline (urine)				This test has been replaced by Crosslaps measured on serum. (See Crosslaps)
Hyperadrenalism				See Cushing's Syndrome
Hypercoagulability Screen				See Thrombophilia Studies
IA2 Antibody (Anti-Islet Cell Antigen-2 Antibodies, Insulinoma-associated antigen, Anti-IA2 Antibody)	Blood	GEL	8.5	A Diabetes Autoantibody. Part of Pancreatic antibodies screen
ICA				See Islet Cell Ab
IDC (Indirect Coomb's test)				See Antibodies (Blood)
IEF or IFE				See Immunofixation Electrophoresis
IEP or IEPP or IEPG				See Immunofixation Electrophoresis

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
IFA Ab (or IFAB)				See Intrinsic Factor Abs
IFE or IEF				See Immunofixation Electrophoresis
Ig				See Immunoglobulins
Ig heavy chain gene rearrangement studies	Blood, Marrow, or Tissue			See Immunoglobulin Gene Rearrangement Studies
IgA (Immunoglobulin A)	Blood	GEL	8.5	
IgA + IgG + IgM (Inclusive)				See Immunoglobulins
IgD (Immunoglobulin D)	Blood	GEL	8.5	
IgE (Immunoglobulin E)	Blood	GEL	8.5	2 tests allowed in 12 month period.
IgE - Specific (RAST, Allergy Testing)				See RAST
IGF-1 (Insulin Growth Factor, Somatomedin C)	Blood	GEL	8.5	To diagnose acromegaly and monitor therapy Keep cold and transport to lab within 24 hrs. No add-ons after 24 hrs. Lab: Centrifuge, separate, and freeze
IGF-2 (Insulin-like Growth Factor)	Blood	GEL	8.5	Keep cold and transport to lab within 1 hrs. Lab: Centrifuge, separate, and freeze
IGF-BP3 (Insulin-like Growth Factor Binding Protein C)	Blood	GEL	8.5	Keep cold and transport to lab within 8 hr. Lab: Centrifuge, separate, and freeze
IgG (CSF)				See CSF Electrophoresis
IgG (Immunoglobulin G)	Blood	GEL	8.5	
IgG subclasses	Blood	GEL	8.5	
IgG1	Blood	GEL	8.5	
IgG2	Blood	GEL	8.5	
IgG3	Blood	GEL	8.5	
IgG4	Blood	GEL	8.5	
IgM (Immunoglobulin M)	Blood	GEL	8.5	
IL6				See Interleukin 6
IM test (Infectious mononucleosis test, Monospot, Paul Bunnell)	Blood	Plain	6	Also collect EDTA tube if FBE is not requested.
Imipramine (Tofranil)	Blood	Plain (NO GEL) or Li Hep (NO GEL)	6	Note last dose. Predose preferred, but not less than 12 hours post dose.
Immature Platelet Fraction				See IPF
Immunolectrophoresis (Serum)				See Immunofixation Electrophoresis (Serum)
Immunolectrophoresis (Urine)				See Immunofixation Electrophoresis (Urine)

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Immunofixation Electrophoresis (Serum) (Immunofixation, IFE, IEF, IEP, IEPP, IEPG, Immunoelectrophoresis, Paraprotein typing, Paraprotein identification)	Blood	GEL	8.5	
Immunofixation Electrophoresis (Urine)	Urine	Jar	50	
Immunofluorescence studies (for pemphigus)	Biopsy	Michel's Transport Fluid		Special fluid (Michel's transport media) obtained from lab.
Immunoglobulin A	Blood	GEL	8.5	See IgA
Immunoglobulin D	Blood	GEL	8.5	See IgD
Immunoglobulin E	Blood	GEL	8.5	See IgE
Immunoglobulin G	Blood	GEL	8.5	See IgG
Immunoglobulin G (CSF)				See CSF Electrophoresis
Immunoglobulin G Subclasses				See IgG subclasses
Immunoglobulin Gene Rearrangement Studies (IgH Gene Rearrangement Studies, Ig Gene, Ig Heavy Chain Gene Rearrangement Studies)	Blood, Marrow, or Tissue	EDTA for blood	4	Keep at room temperature. Non-rebatable test. Patient will be charged unless qualifies for SA grant.
Immunoglobulin M	Blood	GEL	8.5	See IgM
Immunoglobulins (CSF)	CSF Blood	GEL	8.5	Doctor Collection. Need GEL also.
Immunoglobulins (Immunoglobulin, Ig)	Blood	GEL	8.5	Immunoglobulins IgA, IgG, IgM
Immunophenotyping				See Lymphocyte Surface Markers
Immunoreactive Trypsin				See Trypsin/Trypsinogen (Immunoreactive)
Indican (Urine-Screen)	Urine	Jar	50	Protect from light. Wrap in foil. Lab: Transport frozen.
Indirect Antiglobulin Test				See Antibodies (Blood)
Indirect Bilirubin				See Bilirubin Direct.
Indirect Coombs (IDC)				See Antibodies (Blood)
Infectious mononucleosis (EBV)				See EBV Serology
Infectious mononucleosis (IM)				See IM Test
Influenza - Antibody (Flu Ab)	Blood	GEL	8.5	

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Influenza - PCR	Swab	Dry		* Nasopharyngeal aspirate or swab. Throat swab or sputum also suitable. Use dry swab or Viral Transport Media only. Will not accept SWT (blue media swab). * PCR test replaces culture. * Use thin wire swab. * To collect swab from nose, measure length of patient's index finger from tip to knuckle: this is the distance that the swab needs to be (gently) inserted into the nostril. If the nostril is dry, the swab can be moistened with sterile saline.
Inhibin (Ovarian cancer)	Blood	GEL	8.5	Transport to lab next to ice brick promptly. Non-rebatable. Patient will receive an account. Lab: Centrifuge, separate, and freeze.
INR (International Normalised Ratio)	Blood	Sod Cit	4	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Lab: Only use code INR if the patient is a warfarin patient. For non-warfarin patients, see "Prothrombin time".
Insecticide (organophosphate) poisoning				See Cholinesterase. (For Organochloride Pesticides, see under that listing)
Insulin	Blood	GEL	8.5	Fasting sample needed. Note that if insulins with GTT required, then must collect serum tubes for insulin at the same time as fluoride tubes for glucose. Fluoride tubes are not suitable for insulin. Note collection times on all tubes.
Insulin Antibodies	Blood	GEL	8.5	Transport to lab promptly next to ice brick. Lab: Centrifuge, separate, and transport frozen.
Insulin Curve	Blood	GEL x 3	8.5	Note that if insulins with GTT required, then must collect serum tubes for insulin at the same time as fluoride tubes for glucose. Fluoride tubes are not suitable for insulin.
Insulin Growth Factor				See IGF-1
Insulin Receptor Antibodies	Blood	GEL	8.5	Transport to lab promptly next to ice brick. Lab: Centrifuge, separate, and transport frozen.
Insulin-like Growth Factor				See IGF-2
Insulinoma-associated antigen				See IA2 Antibodies
Intercellular Cement Substance Ab (Intercellular Ab)				See Pemphigus Antibody
Interferon (Alpha)	Blood	GEL	8.5	Collect Mon - Wed. Centrifuge and separate serum immediately after clotting and transport on iced water. Lab: Transport frozen.
Interferon B-Neutralising antibodies				Not available
Interleukin 6 (IL6)	Blood	GEL	8.5	Non-rebatable.
Intermediate Filaments Antibody	Blood	GEL	8.5	Includes myosine and actin antibodies
International normalised ratio (INR)				See INR

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Intrinsic Factor Antibodies (IFA Abs, IFAB, Intrinsic Factor Blocking Abs)	Blood	GEL	8.5	
Iodine (urinary)	Urine	Jar or 24hr Plain bottle	20	Early morning random sample preferred. Non rebatable payment of \$68 from patient. For 24hr urine, must use a plain bottle. (See Appendix 1 for general 24hr urine collection information).
Ionised Ca				See Calcium - Ionised
Ionised Calcium				See Calcium - Ionised
IPF (Immature Platelet Fraction, Reticulated Platelets)	Blood	EDTA	4	Whole blood. Can be done off FBE tube
Iron				Part of Iron Studies
Iron (Urine)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for general 24hr urine collection information). Non-rebatable.
Iron + TIBC				Iron and Transferrin performed. See Iron Studies
Iron + TIBC + Ferritin				See Iron Studies
Iron Studies	Blood	GEL	8.5	Consists of Iron, Transferrin, Transferrin Saturation, and Ferritin. Iron, but not ferritin, is affected by diurnal variation and should be collected before 10 am.
Islet Cell Antibodies (ICA, Pancreatic islet cell antibody)	Blood	GEL	8.5	A diabetes autoantibody
Isocyanates (serum)				Not available
Isocyanates (urine)				Not available
ITP Antibody				See Platelet Antibodies
Itraconazole (Sporanox)	Blood	Lith Hep	6	
JJJJJJ				
JAK2 Gene Mutation Analysis	Blood	EDTA or Bone Marrow in EDTA	2	Whole blood at room temp. Must be dedicated sample. Collect Mon to Thu only. Non-rebatable. Fee may be charged.
Joint Aspirate Analysis	Fluid	Jar		Doctor Collection
Joint Aspirate micro & culture	Fluid	Jar		Doctor Collection
Joint Aspirate pH	Fluid	Jar		Doctor Collection
Joint Aspirate Protein	Fluid	Jar		Doctor Collection
KKKKKK				
K+ (Serum) (Potassium)				See Potassium (Serum)
K+ (Tissue) (Potassium)				See Potassium (Tissue)
K+ (Urine - Random) (Potassium)				See Potassium (Urine - Random)
K+ (Urine-24hr) (Potassium)				See Potassium (Urine - 24hr)
Kahn Test				See Syphilis Serology
Karyotype (chromosome studies)				See Cytogenetics
Kell Antibody	Blood	EDTA	4	
Kennedy's Disease gene testing				See Spinobulbar Muscular Atrophy gene testing
Keppra				See Levetiracetam
Ketolase (Red Cell)				See Vitamin B1

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Ketones (Serum)				See B-Hydroxybutyrate
Ketones (Urine)	Urine	Jar	10	
Kinidin				See Quinidine
Kleihauer	Blood	EDTA	6	If post delivery, collect minimum 2 hrs post delivery of placenta
Kleinfelters Syndrome (chromosome studies)	Blood	Li Hep	8.5	
Kunjin Serology	Blood	GEL	8.5	
KPTT				See APTT
LLLLLLL				
Lactate (Lactic acid)	Blood	Flu Ox	2	Deliver to the laboratory as soon as possible
Lactate Dehydrogenase				See LD
Lactate Dehydrogenase Isoenzymes				See LD Isoenzymes
Lactic acid				See Lactate
Lactose Intolerance Breath Test				See Breath Test - Hydrogen
Lactose Tolerance Test (LTT)	Blood	Flu Ox x 5	2	<p>Performed in a similar way to GTT (see Appendix 3) but with the following exceptions:</p> <ul style="list-style-type: none"> * 50g of lactose in 250 mL water is given as the drink. The drink can be ordered from the Mile End Collection Centre. * For patients <50kg weight, a reduced dose is given (contact Mile End Collection Centre for dose). * Test duration is only 60 mins. In addition to the fasting sample, samples are taken every 15 min instead of every 60 min - i.e. Fasting, then 15 min after drink, 30 min, 45 min, 60 min. (Grey fluoride tubes are collected, just as for a GTT, and the times of collection must be recorded on the tubes). * It is important to record any gastrointestinal discomfort or diarrhoea during the test. <p>The Hydrogen Breath Test is useful as an alternative (and somewhat more accurate) test if difficult bleeds are envisaged e.g. children.</p>
Lactulose Intolerance Breath Test				See Breath Test - Hydrogen
Lamictal				See Lamotrigene below
Lamotrigine (Lamictal)	Blood	Lith Hep No Gel	8.5	Or 7 ml EDTA or serum from plain tube. Note last dose. Trough level is collected just before next dose.
Lanoxin				See Digoxin
LAP				See NAP
Largactil				See Chlorpromazine
LATS				See TSH Receptor Antibodies
Laxative Abuse - Urine (Phenolphthalein, Bisacodil)	Urine	Jar	50	Must have past history of laxative abuse and prescribed medicines. Collect within 24hrs of ingestion.
LD (CSF)	CSF	Jar		Doctor Collection
LD (Fluid)	Fluid	Jar		Doctor Collection

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
LD (LDH, Lactate dehydrogenase)	Blood	GEL	8.5	
LD Isoenzymes	Blood	GEL	8.5	
LDL Cholesterol (LDL)	Blood	GEL	8.5	Fasting sample preferred.
LE Screen				See ANA
Lead (Blood) (Pb)	Blood	Trace element preferred (EDTA accepted)	4	Do not centrifuge - send whole blood. If more than 3 trace elements are required, collect 2 tubes. 3 tests allowed in 6 month period. Lith Hep also accepted.
Lead (Urine) (Pb)	Urine	24hr Bottle		Collect in trace metal free urine container. (See Appendix 1 for 24 hr collection information). A spot urine can be used for screening. 3 tests allowed in 6 month period.
Legal Blood Alcohol				See Alcohol - Legal
Legionella Antibody	Blood	GEL	8.5	
Legionella Antigen	Urine	Jar	50	
Legionella Culture	Sputum	Jar		For sputum collection, ideally collect when sputum is most productive - usually early morning. Ensure that deep sputum (phlegm) is collected and not saliva. Patient to take 3 or 4 deep breaths and "huff" on expiration.
Legionnaires Disease Antibody				See Legionella Antibody
Leiden factor [Factor V Leiden]				See Factor V Leiden Mutation
Leptin	Blood	GEL	8.5	Must be Fasting. Sample must be kept cold and reach lab within 1 hour of collection or serum separated and frozen. If frozen, transport on dry ice. Non-rebatable. Lab: Centrifuge, separate and freeze immediately on arrival
Leptospirosis Serology (Leptospira sp. Serology, Wels disease serology)	Blood	GEL	8.5	
Leucocyte Alkaline Phosphatase				See NAP (Neutrophil Alkaline Phosphatase)
Levetiracetam (Keppra)	Blood	Li Hep	6	Peak level - 1 hr post oral dose. Trough level - 8 hrs post oral dose. Sample must reach laboratory within 1 hour of collection.
Lexotan				See Bromazepam
LFT	Blood	GEL	8.5	Liver Function Test. Lab: Code MBA if serum only received; code MBX if fluoride tube also received
LGV				See Lymphogranuloma venereum serology
LGV (Lymphogranuloma venereum)				See Lymphogranuloma venereum serology
LH (Serum) (Lutenising Hormone)	Blood	GEL	8.5	Luteinising Hormone
Li				See Lithium
Lidocaine				See Lignocaine
Light chains (Urine)				See Bence Jones Protein
Lignocaine (Lidocaine, Xylocaine)	Blood	GEL	8.5	
Lindane				An organochlorine. See Organochlorine pesticides
Lindane (Adipose Tissue)	Tissue			Doctor Collection
Linoleic, Linoleic and Arachidonic Acids				See "Fatty Acids - Essential" for collection instructions

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Lipase	Blood	GEL	8.5	
Lipid EPG (Lipid electrophoresis)				See Lipoprotein Electrophoresis
Lipid Studies	Blood	GEL	8.5	Fasting sample preferred. If HDL is required then this must be requested due to Medicare requirements.
Lipids / Lipid profile	Blood	GEL	8.5	Fasting sample preferred. If HDL is required then this must be requested due to Medicare requirements.
Lipids with fractionate / ratio / HDL	Blood	GEL	8.5	Fasting sample preferred.
Lipoprotein a (Lpa)	Blood	GEL	8.5	Fasting sample preferred. Non-rebatable.
Lipoprotein Electrophoresis (Lipid EPG, Frederickson Typing)	Blood	EDTA or GEL	4 or 8.5	Fasting sample. Can use EDTA or GEL. 2 test allowed per 12 months.
Lipoprotein Lipase	Blood	EDTA or GEL	4 or 8.5	Fasting sample. Can use EDTA or GEL.
Listeria Antibody				Not available. Culture of faeces or blood can be done if required.
Lithium (Li)	Blood	GEL	8.5	Note last dose. Collect just prior to next dose or at least 12 hours post dose. Do not collect in lithium heparin tube.
Liver / Kidney Microsomal A/b				See Anti Liver / Kidney Microsomal A/b
Liver Biopsy - Iron	Tissue	Jar		
Liver Function Test				See LFT
Livial (urinary)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr urine collection information).
LKM				See Anti Liver / Kidney Microsomal A/b
Loa Loa serology				See Filaria antibody
Long Acting Thyroid Stimulator				See TSH Receptor Antibodies
Long Chain Fatty Acids	Blood	Lith Hep	6	Transport on ice ASAP. Labs: Centrifuge first, separate plasma & transport frozen.
Low Density Lipoprotein	Blood	GEL	8.5	Fasting sample preferred.
Low Level CRP				See CRP - Sensitive / Ultrasensitive
Low Molecular Weight Heparin				See Anti-Xa
Lpa				See Lipoprotein a
LSM				See Lymphocyte surface markers
LTT				See Lactose Tolerance Test
Luetic Serology				See Syphilis Serology
Lupus Anticoagulant				See Lupus Inhibitor
Lupus Erythematosus Screening				See ANA
Lupus Inhibitor (Russell's Viper Venom Time, dRVVT)	Blood	Sod Cit x 2	4	Tubes must be filled to correct fill. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark at halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all vacuum tube types to full capacity using vacuum (blood should be near top of tube). Must be kept cold and transported to lab within 4 hours of collection.
Luteinizing Hormone (Serum)				See LH (Serum)
Luteinizing Hormone (Urine)				See LH (Urine)
Lyme Disease (Borrelia burgdorferi Serology)	Blood	GEL	8.5	

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Lymph node biopsy				Dr to collect
Lymph node biopsy - Culture				Dr to collect
Lymphocyte gene rearrangement studies				See TCR gene rearrangement studies
Lymphocyte surface markers (LSM, CD, B and T cell markers, B and T subsets, Lymphocyte function, Lymphocyte studies, Lymphocyte subsets, Lymphocyte typing, Lymphoma markers, Lymphoma panel, Lymphocyte immunophenotyping. Includes CD4/CD8)	Blood	Li Hep or EDTA (NO GEL)	10	Collect Mon - Thurs only - keep at ROOM TEMP
Lymphogranuloma venereum serology (LGV)	Blood	GEL	8.5	
Lymphoma markers (Lymphoma panel)				See Lymphocyte surface markers
Lysol	Urine	Jar	50	Protect from light. Wrap in foil. Lab: Transport frozen.
Lysozyme - serum / urine				Not available
M M M M M M				
M band quantitation				See Immunofixation Electrophoresis
M2 Anti-Mitochondrial Antibody (M2 AMA)	Blood	GEL	8.5	
MAG				See Myelin-Associated Glycoprotein Abs
Magnesium (Mg) - Red Cell	Blood	Lith Hep or EDTA no gel	6	Whole blood
Magnesium (Mg) - Urine-24hr	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr urine collection information)
Magnesium (Mg) -Serum	Blood	GEL	8.5	
Malaria Screen	Blood	EDTA	4	Includes thick and thin film examination and a rapid screening test from EDTA blood which is highly sensitive to P. falciparum and also screens for an antigen common to P. falciparum, P. vivax, P. malariae, and P. ovale.
Malaria Serology				See instead "Malaria Screen"
Male Sex Hormone				See Testosterone
Manganese (Mn) Red Cell	Blood	Trace Element Preferred or EDTA	2 x 4	Whole blood. If more than 3 trace elements are required, collect 2 tubes. - SEND via DOR
Manganese (Mn) Serum	Blood	EDTA	4	
Manganese (Mn) Urine-24hr	Urine	24hr Bottle		Collect in acid washed (trace metal free) urine container. (See Appendix 1 for 24 hr urine collection information).

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Manganese (Mn) Whole Blood	Blood	Trace Element Preferred or EDTA	2 x 4	Whole blood. If more than 3 trace elements are required, collect 2 tubes. - SEND via DOR
Mantoux Test				Patient to contact the Chest Clinic on (08) 8222 5307 for an appointment. Address is 275 North Terrace, Adelaide.
Marijuana (Urine-Screen)				See Urine Drug Screen
Maternal antibodies	Blood	EDTA	6	If antibody previously detected, collect extra EDTA tube. If post delivery, collect minimum 2 hrs post delivery of placenta.
MBA / MBA20 (Multiple Biochem Analysis)	Blood	GEL +/- Flu Ox	8.5 2	Not a valid request as per Medicare. Please specify individual panels e.g. LFT, UEC etc.
MCH	Blood	EDTA	4	Part of FBE
MCHC	Blood	EDTA	4	Part of FBE
MCHC	Blood	EDTA	4	Part of FBE
MCPA (4-chloro-2-methyl phenoxy acetic acid)				See Herbicides
MCV	Blood	EDTA	4	Part of FBE
Mean cell haemoglobin				See MCH
Mean cell haemoglobin concentration				See MCHC
Mean cell volume				See MCV
Measles PCR	Swab	VTM		Throat swab or conjunctival swab. Will accept Dry, not blue SWT
Measles Serology (Measles IgG IgM, Morbilli Virus Serology)	Blood	GEL	8.5	
Melanin (Urine-Screen)	Urine	Jar	50	Protect from light. Wrap in foil. Lab: Transport frozen.
Melanogen	Urine	Jar	50	Protect from light. Wrap in foil. Lab: Transport frozen.
Melanoma family studies	EDTA X 3			
Melatonin				Not available.
Melioidosis Serology (Burkholderia pseudomallei antibody, Pseudomonas pseudomallei ab)	Blood	GEL	8.5	
Melleril				See Thioridazine
Meningococcal PCR (Neisseria meningitidis PCR)	Blood	EDTA or CSF	4	
Mercury (Blood) (Hg)	Blood	Trace element preferred (EDTA accepted)	4	If more than 3 trace elements are required, collect 2 tubes. Send whole blood
Mercury (Hair) (Hg)	Hair	Jar	50	Pluck approx 50 hairs, with root intact, from scalp.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Mercury (Urine-24hr) (Hg)	Urine	24hr Bottle		Collect in acid washed (trace metal free) urine container. (See Appendix 1 for 24 hour urine collection information). Spot sample also acceptable.
Mesothelioma Test (Mesomark, Soluble mesothelin-related peptide, SMRP)	Blood	GEL	8.5	Non-rebatable. Lab: Centrifuge, separate, and transport frozen.
Met Hb				See Methaemoglobin
Metabolic Screen -Urine (includes amino acids and organic acids)	Urine	Jar	20	Early morning spot urine required. Freeze after collection. Transport frozen. Tests for inborn errors of amino acid metabolism.
Metadrenalines - Urine				See Metanephrines - Urine
Metanephrines - Plasma (Metadrenaline, Normetadrenaline, Normetanephrine)	Blood	EDTA ot Lith Hep (No GEL)	6	Must be kept cold and arrive at lab within 4 hours. Must have 4mL blood minimum. Lab: Centrifuge, separate, and transport frozen.
Metanephrines - Urine (Metadrenaline, Normetadrenaline, Normetanephrine)	Urine	24hr Bottle		Preservative - 50mL 3M HCL. No dietary restrictions apply. (See Appendix 1 for 24 hr urine collection information).
Methadone (Serum)	Blood	GEL	8.5	Ensure times are clearly marked. Trough level is taken before next dose (within 1 hour).
Methadone (Urine-Screen)				See Urine Drug Screen
Methaemalbumin				See Schumms Test
Methaemoglobin (MHB, METHB)	Blood	Lith Hep	6	Dedicated tube required. Do not spin or open tube.
Methaemoglobin Reductase	Blood	Lith Hep	6	Dedicated tube required. Do not spin or open tube.
Methanol (Methyl Alcohol)	Blood	Lith Hep	6	Collect a full tube. Provide exposure and occupation details. Do not open tube after collection.
METHB				See Methaemoglobin
Methicillin Resistant Staph. Screen				See MRSA
Methotrexate	Blood	EDTA or Lith Hep (NO GEL)	4	Clinical notes : Dose, time infusion completed, and time of last dose must be stated. Wrap tube in alfoil to protect from light. Treat as URGENT.
Methoxychlor				An organochlorine. See Organochlorine pesticides
Methsuximide (Celontin)				Not available
Methyl Alcohol				See Methanol
Methyl Bromide				See Bromide
Methyl Histamine				See Histamine
Methylene bis 2-Chloroaniline				See MOCA
Methylene Blue (Urine-Screen)	Urine	Jar	50	Protect from light. Wrap in foil. Lab: Transport frozen.
Methylene Tetrahydrofolate Reductase Gene				See MTHFR
Methylmalonic Acid (MMA) - Blood	Blood	Lith Hep NO GEL	6	Collect on wet ice and send to lab within one hour of collection. Best collected at Mile End. Non-rebatable Lab: Separate and freeze within one hour of collection.
Methylmalonic Acid (MMA) - Urine	Urine	Jar	10	Early morning urine. Freeze after collection. Non-rebatable. Transport frozen.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Methylphenobarbitone (Prominal)	Blood	GEL	8.5	Note last dose. Predose preferred, but not less than 6 hours post dose. Assayed as phenobarbitone.
Mexiletine (Mexitil)	Blood	Lith Hep	6	Note last dose. Predose preferred but should not be less than 6 hours post dose..
Mexitil	Blood			See Mexiletine
Mg / Mg2+				See Magnesium
MHB				See Methaemoglobin
MHMA				See HMMA
Microalbumin - Spot urine (includes albumin/creatinine ratio)	Urine	Jar	20	
Microalbumin / Creatinine ratio				See Microalbumin
Microalbumin Timed 12hr or 24hr (includes albumin/creatinine ratio)	Urine	24hr Bottle		Plain bottle. Doctor to specify timing of collection - 12 hr overnight or 24 hr. (See Appendix 1 for 24 hr urine collection information)
Microarray				See Cytogenetics
Microfilaria Antibody				See Filaria antibody
Microglobulin				See Beta 2 Microglobulin
Microsomal Antibody (Thyroid)				See Anti-Microsomal Antibodies (Thyroid)
Mid-Stream Urine m+c				See MSU M+C
Milontin (Phensuximide)				Not available
MISCELLANEOUS TEST				Use for any extraneous request from a doctor, eg. Lipase on a drain fluid. Specimen reception to ask a scientist for advice before entry.
Mitochondrial Antibody (AMA)	Blood	GEL	8.5	
MMA				See Methylmalonic Acid
MMF				See Mycophenolic Acid
Mn				See Manganese
Mo				See Molybdenum
MOCA (4,4-Methylene bis 2-Chloroaniline)	Urine	Jar	50	
Modified RAST Assay				See RAST
Mogadon				See Nitrazepam
Molecular karyotype (Microarray)				See Cytogenetics
Molybdenum (Mo) Blood	Blood	Trace Element x2 preferred (EDTA x2 accepted)	4	Two tubes required. Please provide exposure details. Non-rebatable.
Monilia culture (C. albicans)	Swabs	Amies		Request may indicate ?Thrush.
Monospot				See IM Test
Morbilli Serology				See Measles Serology
Morphine (Serum or Plasma)	Blood	Lith Hep or GEL	6	
Morphine (Urine Screen)				See Urine Drug Screen

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Motor End Plate Abs				See Anti Motor End Plate Antibodies
MPS				See Mucopolysaccharides
MRSA Screen (Methicillin Resistant Staphylococcus aureus screen)	Swab	Amies		Take swabs from: (1) Nose (both anterior nares using one swab) (2) Throat (both tonsils and posterior pharynx using one swab) (3) Axilla (using one swab for both) (4) Groin (using one swab for both) (5) any Ulcers or broken areas of skin (6) any other site as requested
MSU M+C (Mid stream urine)	Urine	Jar		<p>The important thing in collecting a mid stream urine is to try and ensure that bacteria found in the urine have come only from the urinary tract and not from the vagina, vulva, penile skin etc.</p> <p><u>Female patients</u> are to wash hands, part the labia and clean vulva from front to back with a water moistened towelette and then, with labia still parted (important), urinate into the toilet and catch a small portion of urine, mid-stream, in the urine pot until it is half full. The container is then removed from the continuous urine stream and urination continues into the toilet. Menstrual blood should be prevented from contaminating the urine by using a tampon.</p> <p><u>Male patients</u> are to wash hands, retract foreskin if uncircumcised, clean around the urethral opening with a water moistened towelette, urinate and catch a small portion of urine, mid-stream, in the urine pot until it is half full. The container is then removed from the continuous urine stream and urination continues into the toilet.</p> <p>The urine pot is labelled with name, date of birth, date, and time of collection. If there is a delay in the sample reaching the laboratory, refrigerate the specimen.</p>
MTHFR Gene	Blood	EDTA	1	Dedicated whole blood tube required. Medicare restrictions. Fee may apply. Lab: See Appendix 2 - <i>Special Coagulation Investigations</i> for further details.
Mucopolysaccharides (MPS)	Urine	Jar	20	Early morning urine. Freeze after collection. Referred work: Transport frozen.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
M-Ulcerans PCR				See Mycobacterium ulcerans
Multiple Biochemical Analysis (MBA 20)	Blood	GEL +/- Flu Ox	8.5 2	Not a valid request as per Medicare. Please specify individual panels e.g. LFT, UEC etc.
Mumps Serology	Blood	GEL	8.5	Specify whether IgG and/or IgM required
Murray Valley Encephalitis Serology (MVE)	Blood	GEL	8.5	
Muscle Enzymes	Blood	GEL	8.5	
Muscle Specific Kinase Antibody				See Musk Antibody
Muscular Dystrophy (Myotonic Dystrophy) DNA Testing	Blood	EDTA	10	Require 10mL of EDTA. Contact Diagnostic Molecular Genetics Laboratory at WCH on 08 8161 6304 before collecting to confirm collection requirements. Non-rebatable. Fee may apply.
Musk Antibody (Muscle Specific Kinase Ab)	Blood	GEL	8.5	
MVE				See Murray Valley Encephalitis Serology
Mycobacteria (TB)				See AFB
Mycobacterium ulcerans PCR	Tissue	Fresh Tissue or Swab		Dr Collect
Mycophenolic Acid (Mycophenolate Mofetil, MMF)	Blood	EDTA	4	
Mycoplasma - urine	Urine	Jar	20	Low stability and must refrigerate specimen.
Mycoplasma / Ureaplasma Culture - swab	Swabs	Amies		Urine is the preferred sample. Can use genital swab
Mycoplasma pneumoniae PCR	Swab, Sputum	Dry swab, Sputum		Nasopharyngeal swab required or sputum.
Mycoplasma serology (M. pneumoniae serology) - serum	Blood	GEL	8.5	
Myelin-Associated Glycoprotein Abs (MAG)	Blood	GEL	8.5	
Myeloma screen	Blood, Urine	GEL, Urine	8.5	Test for Protein electrophoresis, Immunoglobulins, Bence-Jones Protein
Myocardial Abs				See Anti Myocardial Antibody
Myoglobin (Serum)	Blood	GEL	8.5	Urine myoglobin testing has been discontinued
Myosin and Actin				See Filaments Antibody
Myotonic Dystrophy DNA Testing				See Muscular Dystrophy DNA Testing.
Mysoline				See Primodone
N N N N N N N				
Na				See Sodium (Na) - Fluid

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
NAP Score (LAP Score, Neutrophil Alkaline Phosphatase, Leucocyte Alkaline Phosphatase)				No longer performed. Contact Haematologist.
NAR (Normalised androgen ratio)				FAI performed. See FAI
Narcolepsy Genotyping (HLA-DQ6, HLA-DR15)	Blood	EDTA	4	Dedicated EDTA tube. Non-rebatable
Nasal cytology	Slides	Slides		The patient should have no inhalants or anti-histamines for 24 hours prior if possible. 1. Take a swab from middle turbinate area of left nostril and roll swab on to 2 slides. Label one slide "L. nasal, air dried" and the other "L. nasal, fixed". 2. Take another swab from the right nostril, make 2 slides, and label "R. nasal, air dried" and the other "R. nasal, fixed". 3. Additionally label all slides with name of patient and date of birth - otherwise slides cannot be processed. 4. Spray the two slides labelled as fixed with cytology fixative. 5. Allow slides to dry before placing in slide holders.
Nasal Swab (Eosinophils)				See Eosinophils - Nasal
Nasal Swab (Micro & Culture)	Swab	Amies		
Natriuretic Peptide - Brain				See BNP
Neisseria gono - PCR - swab	Swab	Aptima		Prefer Dry - will accept Viral Transport Media or SWT (blue)
Neisseria gono - PCR - urine	Urine	Aptima		Must be first / initial stream urine sample.
Neisseria gonorrhoea - culture	Swab	Amies		
Neisseria meningitidis PCR				See Meningococcal PCR
Neonatal Bilirubin				See Bilirubin - Neonatal
Neoral				See Cyclosporin
Neural Tube Defect Screen	Blood	GEL	8.5	Blue WCH FORM required
Neuronal Antibodies				See Cerebellum Antibodies
Neurone Specific Enolase (NSE)	Blood	GEL	8.5	Haemolysed samples not accepted
Neurontin				See Gabapentin
Neurotensin	Blood	Plain	6	Predose specimen required
Neutralising antibodies to Interferon B				Test no longer available
Neutrophil alkaline phosphatase				See NAP
Neutrophil antibodies	Blood	Plain (or GEL) + EDTAx2	6	2 x EDTA plus Plain Clot tube (or GEL). Collect Monday to Wednesday only. Keep at Room Temperature. Must reach lab in morning so that it can be forwarded to WA same day. Must reach WA in 24 hrs.
Neutrophil count	Blood	EDTA	4	Part of FBE

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Neutrophil function	Blood			Refer patient to Womens and Childrens Hospital. Phone 8161 6343
N-Gonorrhoea PCR - swab	Swab	Aptima		Dry swab preferred - will accept Viral Transport Media or SWT (blue swab)
N-Gonorrhoea PCR - urine	Urine	Aptima		Must be first / initial stream urine sample (not mid-stream urine)
NH3				See ammonia
Ni				See Nickel
Niacin				See Vitamin B3
Nickel (Ni) Serum or whole blood	Blood	Trace element preferred (EDTA accepted)		If more than 3 trace elements are required, collect 2 tubes. Please provide exposure details
Nicotine (salivary)	Saliva	Jar	2	
Nicotine (serum)				See Cotinine - Serum
Nicotine (urine)				See Cotinine - Urine
Nitrazepam (Mogadon)	Blood	Lith Hep NO GEL	8.5	Note last dose. Predose preferred, but not less than 6 hours post dose. Wrap in foil.
NO DOCTOR SIGNATURE				Lab add code REQ (Signature required)
Noradrenaline (Plasma)				See Catecholamines - Plasma
Noradrenaline (Urine-24hr)				See Catecholamines - Urine 24 hour
Norclomipramine				See Clomipramine
Norclozapine				See Clozapine
Nordothiepin				See Dothiepin
Norephridrine (Noradrenaline)				See Catecholamines
Norfluoxetine				See Prozac
Normalised Androgen Ratio				FAI performed. See FAI
Normetadrenaline				See Metanephrines - Urine
Normetanephrine				See Metanephrines - Urine
Nortriptyline (Allegron)	Blood	Plain	6	Note last dose. Predose preferred, but not less than 6 hours post dose.
NSE				See Neurone Specific Enolase
N-Telopeptide				See Crosslaps
NT-pro BNP				See BNP
Nucleotidase				Not available
0 0 0 0 0 0				

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Occult Blood (FHH, FHB, FOB, Faecal Haemoglobin)	Faeces			<ol style="list-style-type: none"> 1. Dietary restrictions are not necessary. 2. Do not collect faecal sample during or within 3 days of a menstrual period. 3. Do not collect at times of bleeding haemorrhoids or blood in the urine. 4. Medications that may cause intestinal bleeding (e.g. aspirin) should, if possible, be discontinued 48 hours prior to collection. 5. Collect faeces sample at any time of the day. 6. Use the "Amgenix OnSight" collection tube if possible and unscrew the Sampler Stick and insert it 4-5 times at different sites in the faecal sample. 7. Re-insert the stick in the tube and screw in tightly. 8. Shake the tube to mix the faeces in the buffer. 9. Label with name and date-of-birth. 10. If more than one sample is being collected, the samples can be stored in the fridge until all samples have been collected (one sample per tube) and then brought to the collection centre. 11. If there are no "Amgenix OnSight" tubes available, then a small amount of sample (walnut size) can be placed in a faecal jar and stored in the refrigerator. Separate faecal specimens need to be in separate jars. All samples can be delivered to the collection centre together.
OCP (Ova, cysts and parasites)	Faeces	Jar	10cent piece size or 5 mL if fluid	<p>Only two specimens can be processed in a 7 day period. If a request for amoeba, then specimen must not be refrigerated and reach laboratory on same day of collection.</p> <p>Giardia and Cryptosporidia rapid immunochromatographic test performed in addition to concentration and microscopy.</p>
Oestradiol (Serum) (Estradiol, Oestrogen, E2)	Blood	GEL	8.5	
Oestriol (E3) - Serum				Not available
Oestrogen (Serum)				See Oestradiol (Serum)
Olanzapine	Blood	Li Hep (NO GEL) or EDTA	8.5	<p>Non-rebatable.</p> <p>Lab: Centrifuge, separate, and freeze plasma</p>

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Oligoclonal Bands In Cerebrospinal Fluid				See CSF Electrophoresis
Onchocerciasis serology				See Filaria antibody
Opiates (Screen-Urine)				See Urine Drug Screen
Organic Acids				See Metabolic Screen -Urine
Organochlorine Pesticides	Blood	Lith Hep	8.5	Includes Aldrin, Chlordane, DDD, DDE, DDT, Dieldren, Endrin, Endosulphan, HCB (Hexachlorinebenzene), Heptachlor, Lindane, Methoxychlor, Oxychlordane, TDE. Non-rebatable. (For Organophosphate Insecticides, see Cholinesterase).
Organophosphate Insecticides				See Cholinesterase. (For Organochlorine Pesticides, see under that heading)
Organan				See Anti-Xa
Osmolality (Serum)	Blood	GEL	8.5	
Osmolality (Urine-Random)	Urine	Jar	30	
Osmotic Fragility				See Eosin-5-Maleimide Test
Osteocalcin	Blood	GEL	8.5	Must be received at lab within 4 hours of collection. Non-rebatable Lab: Separate and freeze
O'Sullivans screen				See Glucose Challenge Test
Ova, cysts & parasites				See OCP
Ovarian Antibodies				See Anti-Ovarian Antibodies
Ovarian Cyst	Fluid			Doctor Collection
Oxalate (Urine-24hr)	Urine	24hr Bottle		Preservative - 50mL 3M HCL. Do not refrigerate. Calcium and phosphate can be done on the same acidified urine sample. (See Appendix 1 for 24 hr urine collection information).
Oxazepam (Serapax)	Blood	Li Hep or Plain (NO GEL)	6	Note last dose. Predose preferred, but not less than 6 hours post dose. Wrap in foil.
Oxycodone (Oxycontin)	Blood	Li Hep (NO GEL)		Lith Hep preferred but plain tube with no gel also acceptable
Oxychlordane				An organochlorine. See Organochlorine pesticides
PPPPPP				
P1NP (Procollagen 1 N-Terminal Propeptide, Procollagen Type 1 N-propeptide)	Blood	GEL	8.5	Keep cold. Must be received in lab within 4 hrs of collection. Lab: Centrifuge, separate, and freeze.
P4	Blood	GEL	8.5	
PAI (Plasminogen activated inhibitor)	Blood	Sod Cit x 2	2.7	Citrate tubes to be kep cold and must reach lab within 2 hours of collection. Non-rebatable.
Paliperidone	Blood	Li Hep NO GEL	8.5	

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Panadol (Blood)				See Paracetamol
Panadol (Urine-Screen)	Urine	Jar	20	
p-ANCA				See ANCA.
Pancreatic Antibody Screen (Diabetes Autoantibodies)	Blood	GEL	8.5	GAD Antibody and IA2 Antibody
Pancreatic elastase	Faeces	Jar		Freeze faecal sample after collection and transport frozen.
Pancreatic Enzymes	Blood	GEL	8.5	Amylase and Lipase
Pancreatic Islet Cell Antibody				See Islet Cell Antibodies
Pancreatic Polypeptide (PP)	Blood	GEL	8.5	Fasting sample required. Transport on iced water. Must reach lab within one hour of collection. Lab: Immediately centrifuge, separate, and transport frozen.
Pap - SurePath or Thin Prep				Dr collect
Pap Smear	Slide			Dr collect.
PAPP-A				See Down's Screen
Paracetamol (Panadol, Acetaminophen)	Blood	Li Hep or Plain (NO GEL)	8.5	Urgent for overdose. For toxic levels, maximum absorption is at 4 hours post dose and blood should be collected then, if possible. Record time of dose, collection time, and any other relevant detail.
Parainfluenza PCR	Swab	Dry		Will accept Viral Transport Media
Parainfluenza Serology	Blood	GEL	8.5	
Paraneoplastic Antibodies				See Cerebellum Antibodies
Paraprotein Electrophoresis (Paraproteins, Paraprotein Detection)				See Protein Electrophoresis (Serum)
Paraprotein Typing, Paraprotein Identification				See Immunofixation Electrophoresis
Paraquat and Diquat quantitative				Done at Princess Alexandra Hospital, Dept of Pharmacology, Brisbane. Contact 07-3240 2694 for details of collection.
Paraquat and Diquat screening	Urine	Jar	50	Random urine
Parasites - Faecal				See OCP
Parasite - Whole worm ID				For whole worm in a jar
Parathion				An organophosphate. See Cholinesterase
Parathyroid Hormone (Mid Molecule And C-Terminal)				See PTH for collection information
Parathyroid Hormone (C Terminal)				See PTH for collection information
Parathyroid Hormone (Intact Molecule)				See PTH for collection information
Parathyroid Hormone (PTH)				See PTH for collection information
Parathyroid Hormone Related Peptide				See PTH-rp
Parentage Testing (Paternity Testing)				Refer patient to IMVS
Parietal Cell Antibody				See Anti-Parietal Cell Antibodies
Parkinson's Disease	Blood	EDTA	10	Non-rebatable test. Patient will be charged. Require 10mL EDTA. Collect Mon-Wed and keep at Room Temperature. Must be received in lab on day of collection.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Paroxymal nocturnal haemoglobinuria screen				See PNH
Partial thromboplastin time				See APTT
Parvovirus B19 Serology (Slapped Cheek Syndrome, Erythema infectiosum, fifth disease)	Blood	GEL	8.5	
Paternity Testing				See Parentage Testing
Paul Bunnell (IM / PB)				See IM Test
Pb (Blood)				See Lead (Blood)
Pb (Urine-24hr)				See Lead (Urine)
PB test (Paul Bunnell / IM test)				See IM Test
PBG (Urine-Screen)				See Porphyrin - Urine Spot
PC				See Protein C
PCA				See Anti-Parietal Cell Antibodies
PCB (Polychlorinated biphenyls)	Blood	Li Hep	8.5	
PCV (Hct, Haematocrit)	Blood	EDTA	4	Part of FBE
Pemphigoid Antibody (Anti-Basement Membrane Abs, Bullous Abs)	Blood	GEL	8.5	
Pemphigus Antibody (Anti-Intercellular Ab, Anti-Intercellular Cement Substance Ab)	Blood	GEL	8.5	
Pemphigus Immunoflourescent Studies				See Immunoflourescence studies (for pemphigus)
Pemphigus/Pemphigoid Abs				See Skin Antibodies
Penis swab	Swab	Amies		
PEP				See Protein Electrophoresis
Perhexiline (Pexid) (Includes perhexiline metabolite (hydroxyperhexiline) and perhexiline metabolite ratio)	Blood	Plain	6	Will accept EDTA plasma, or serum from PG
Pericardial Fluid Amylase	Fluid	Jar		Doctor Collection
Pericardial Fluid Analysis	Fluid	Jar		Doctor Collection
Pericardial Fluid Glucose	Fluid	Jar		Doctor Collection
Pericardial Fluid LDH	Fluid	Jar		Doctor Collection
Pericardial Fluid Protein	Fluid	Jar		Doctor Collection
Peritoneal Fluid Amylase	Fluid	Jar		Doctor Collection
Peritoneal Fluid Analysis	Fluid	Jar		Doctor Collection
Peritoneal Fluid Cholesterol	Fluid	Jar		Doctor Collection
Peritoneal Fluid Cytology	Fluid	Jar		Doctor Collection
Peritoneal Fluid LDH	Fluid	Jar		Doctor Collection
Peritoneal Fluid Protein	Fluid	Jar		Doctor Collection

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Pernicious Anaemia Serology	Blood	GEL	8.5	Intrinsic Factor, Anti-Parietal Cell Abs
Peroxidase antibody				See Anti-Thyroid Peroxidase Antibodies
Pertofran				See Desipramine
Pertussis PCR				See Bordetella Pertussis PCR
Pertussis Serology				See Bordetella Pertussis Serology
Pesticide (Organochlorine) poisoning				See Organochlorine Pesticides. (For Organophosphate Insecticides, see Cholinesterase)
Pexid				See Perhexiline
PFA				See Platelet Function Analysis
PGM				See Prothrombin Gene Mutation
pH (Joint Aspirate)	Fluid	Jar		Doctor Collection
pH (Pleural Fluid)	Fluid	Jar		Doctor Collection
pH (Synovial Fluid)	Fluid	Jar		Doctor Collection
Phadiatop				see RAST
Phaeochromocytoma				Do Metanephrines (see Metanephrines)
Phenobarbitone	Blood	GEL	8.5	Note last dose. Predose preferred, but not less than 6 hours post dose.
Phenol (Urine)	Urine	Jar	50	Collect urine immediately after workshift or exposure. Provide exposure and occupation details.
Phenolphthalein (Urine-Screen)				See Laxative abuse
Phenothiazines (Urine-Screen)				See Urine Drug Screen
Phenotyping				See Antibody Screen - Blood
Phensuximide (Milontin)				Not available
Phenylalanine	Blood	Lith Hep	6	Transport to lab on ice water within one hour of collection. Lab: Separate and freeze within one hour of collection.
Phenytoin (Dilantin)	Blood	GEL	8.5	Note last dose. Predose preferred, but not less than 6 hours post dose.
Philadelphia chromosomes				See Cytogenetics
Phosphate (PO ₄ , Phosphorus) - Serum	Blood	GEL	8.5	
Phosphate (PO ₄ , Phosphorus) - Urine 24hr	Urine	24hr Bottle		Plain bottle. Can also be performed on an acid preserved urine. If acidified, oxalate can be done on the same specimen. (See Appendix 1 for 24 hr urine collection information)
Phosphate (PO ₄ , Phosphorus) - Urine Spot	Urine	Jar	10	Plain urine
Phospholipid Antibodies				See Anti-Phospholipid Antibodies
Phosphorus	Blood	GEL	8.5	See Phosphate
Picloram				See Herbicides
PIEP				See Immunofixation Electrophoresis
Pigeon Precipitins				See Avian Precipitins
Pinworm				See Threadworm
Pituitary Antibodies				Not available
Placil				See Clomipramine
Plasma Haemoglobin - Free (Plasma Free Haemoglobin)				See Free Plasma Haemoglobin

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Plasminogen (PLG)	Blood	Sod Cit	4	Tubes must be filled to correct fill. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark at halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all vacuum tube types to full capacity using vacuum (blood should be near top of tube). Must be kept cold and transported to lab within 4 hours of collection.
Plasminogen Activated Inhibitor				See PAI
Platelet Aggregation				This test is only performed if Platelet Function Analysis is abnormal (see Platelet Function Analysis below). Platelet Aggregation test will only be done by appointment with IMVS (Ph 8222 3918) and can only be collected at IMVS.
Platelet Antibodies (ITP antibodies, Platelet Associated Immunoglobulin)	Blood	EDTA x2 + GEL	4 8.5	1. EDTA tubes to be kept at ROOM TEMP at all times. 2. Do not spin EDTA tubes
Platelet Antibody Heparin-Induced				See HITTS
Platelet Associated Immunoglobulin				See Platelet Antibodies
Platelet Count	Blood	EDTA	4	Part of FBE
Platelet Function Analysis (PFA)	Blood	Sod Cit x2	4	DO NOT SPIN - send whole blood. Test invalid if spun. Keep at <25C but do not put on ice. Phone lab before collection to organise a collection time. 1. This test replaces Bleeding Time (Skin Bleeding Time) which is no longer performed. 2. If this test is abnormal, then platelet aggregation may be performed but patient needs an appointment directly with IMVS for collection for platelet aggregation (Ph 8222 3918). Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube).
Pleural Fluid - cytology				See Cytology
Pleural Fluid AFB	Fluid	Jar		Doctor Collection
Pleural Fluid Amylase	Fluid	Jar		Doctor Collection
Pleural Fluid Chloride	Fluid	Jar		Doctor Collection
Pleural Fluid Cholesterol	Fluid	Jar		Doctor Collection
Pleural Fluid Examination - Micro	Fluid	Jar		Doctor Collection
Pleural Fluid Glucose	Fluid	Jar		Doctor Collection
Pleural Fluid LDH	Fluid	Jar		Doctor Collection
Pleural Fluid Ph	Fluid	Jar		Doctor Collection
Pleural Fluid Proteins	Fluid	Jar		Doctor Collection

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
PLG				See Plasminogen
Plt Agg				See Platelet Aggregation
PML Antibody (Anti-Promyelocytic Leukaemia Ab)	Blood	GEL	8.5	
PML-RAR-Alpha (Acute Promyelocytic Leukaemia - RAR, APLM Gene Rearrangement, APLM PCR, Promyelocytic Leukemia - DNA, T(15;17) PCR)	Blood	EDTA	10	For quantitative analysis, collect Mon - Thu only.
Pneumococcal Antibody	Blood	GEL	8.5	
PNH screen (Paroxysmal Nocturnal Haemoglobinuria, CD59/CD55)	Blood	Li Hep or EDTA	4	Collect Mon - Thurs only, EDTA or Lith Hep [NO GEL] : Whole Blood, do not spin. (Test replaces Hams test and Sucrose lysis test)
PO (Potassium)				See Potassium
PO4				See Phosphate
Polio Antibody				Not available
Polychlorinated Biphenyls				See PCB
Porphobilinogen Deaminase (HMBS, Hydroxy-Methyl-Bilane Synthetase Activity)	Blood	Li Hep	6	Whole blood required. Wrap in foil to protect from light. Must be kept cold and sent to lab on same day of collection.
Porphobilinogens				See Porphyrin - Urine spot
Porphyrin - Faeces	Faeces	Jar	15-20 grams (jar half full)	Patient must wrap sample container in foil (or brown paper bag) and freeze after collection. Sample should only be collected at time of attack.
Porphyrin - Red cell	Blood	Lith Hep	6	Wrap in foil immediately after collection and keep cool. Send whole blood.
Porphyrin - Urine Quantitation	Urine	24hr Bottle		Random urine is preferred. Plain bottle. Wrap in foil for the entire time of collection and keep cool. (See Appendix 1 for collection information) Lab: Alfoil and freeze aliquot.
Porphyrin - Urine spot (Porphobilinogen, PBG)	Urine	Jar	30	Patient must wrap sample container in foil (or brown paper bag) and keep cool after collection. Sample must only be collected at time of attack as collection at other times can give unreliable results.
Porphyrin screen	Faeces Urine Blood	Jar Jar Lith Hep	Half full Half full 6	If sample type is not specified, collect urine, faeces, and lith hep blood. Faeces and urine must only be collected at times of attack as results at other times can be unreliable (especially for urine porphyrins). All samples must be immediately wrapped in alfoil or put in a brown paper bag after collection. Freeze faeces after collection.
Post Prandial Glucose				See Glucose Postprandial
Potassium (Serum)	Blood	GEL	8.5	Do not expose tubes to temperatures below 10C before centrifugation as potassium becomes falsely elevated. Haemolysis and delay in centrifugation will also cause elevated results.
Potassium (Urine - 24hr)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24hr urine collection information)

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Potassium (Urine - Random)	Urine	Jar	10	Can test spot but 24 hr preferred.
Poultry Precipitins				See Avian Precipitins
PP				See Pancreatic Polypeptide
PRA (Plasma Renin Activity)				Please order Aldosterone/Renin Ratio as the ratio gives more useful information than Renin alone. See Aldosterone/Renin Ratio. Special procedures apply.
Prader-Willi Syndrome DNA Test	Blood	Lith Hep	6	Dedicated EDTA tube required. Send whole blood. Non-rebatable
Prealbumin (Transthyretin)	Serum	GEL	8.5	
Pregnancy Test				See Beta HCG (Various entries)
Primidone (Mysoline)	Blood	GEL	8.5	Note last dose. Predose preferred, but not less than 6 hours post dose. Assayed as phenobarbitone.
PRL				See Prolactin
PROBLEM REQUEST				Lab add code QFU (query follow up) Exchange for QTF once clinic has been contacted
Pro-BNP				See BNP
Procoagulant Screen	***	***	***	Important: refer to Thrombophilia Screen for instructions.
Prog	Blood	GEL	8.5	Progesterone
Progesterone	Blood	GEL	8.5	
Prolactin	Blood	GEL	8.5	
Prominal				See Methylphenobarbitone
Promyelocytic Leukemia - DNA				See PML-RAR-Alpha
Prostaglandins	Urine	Jar	20	Prepayment required. Not covered by Medicare. Sample must be frozen immediately after collection and be free from seminal contamination.
Prostatic Specific Antigen				See PSA
Protein (Ascitic Fluid)	Fluid	Jar		Doctor Collection
Protein (Aspirate)	Fluid	Jar		Doctor Collection
Protein (CSF)	CSF	Jar		Doctor Collection.
Protein (Pericardial Fluid)	Fluid	Jar		Doctor Collection
Protein (Peritoneal Fluid)	Fluid	Jar		Doctor Collection
Protein (Pleural Fluid)	Fluid	Jar		Doctor Collection
Protein (Serum)	Blood	GEL	8.5	
Protein (Synovial Fluid)	Fluid	Jar		Doctor Collection
Protein (Urine Random)	Urine	Jar	10	Also code for creatinine.
Protein (Urine)	Urine	24hr Bottle		Plain bottle. Do not use preservative. Also code for creatinine. (See Appendix 1 for 24 hr urine collection information).
Protein / Creatinine Ratio	Urine	Jar	50	Spot urine unless otherwise indicated.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Protein C	Blood	Sod Cit	2.7	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Tube must be kept cold and reach laboratory within 4 hours. Lab: Spin and freeze. See Appendix 2 - <i>Special Coagulation Investigations</i> for further details.
Protein Electrophoresis (Serum) (EPG, Electrophoretogram, SEPP, Paraproteins, Paraprotein detection, EPP, PEP)	Blood	GEL	8.5	
Protein Electrophoresis (Urine)				See Bence Jones Protein
Protein S	Blood	Sod Cit	2.7	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Tube must be kept cold and reach laboratory within 4 hours. Lab: Spin and freeze. See Appendix 2 - <i>Special Coagulation Investigations</i> for further details.
Prothiaden				See Dothiepin
Prothrombin 20210A				See Prothrombin Gene Mutation
Prothrombin Gene Mutation (PGM, 20210, Factor II Mutation)	Blood	EDTA	4	Dedicated whole blood tube required. Lab: See Appendix 2 - <i>Special Coagulation Investigations</i> for further details.
Prothrombin Time	Blood	Sod Cit	2.7	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube).
Protoporphyrins				See Porphyrins
Prozac (Fluoxetine, Norfluoxetine)	Blood	Plain	6	Note last dose. Predose preferred, but not less than 6 hours post dose.
PS				See Protein S
PSA Free	Blood	GEL	8.5	Add-on same day only - Free fraction unstable.
PSA Total	Blood	GEL	8.5	For screening, 1 test allowed per 12 months. For previously diagnosed prostatic disease - no limit on ordering.
Pseudocholinesterase				See Cholinesterase
Pseudoephedrine (see drug screen)				Done under amphetamines in drug screen.
Pseudomembranous Colitis	Faeces	Jar	10 cent piece size	Low stability. Deliver to collection centre on day of collection. If a delay, refrigerate and deliver next day. Dedicated faeces sample not required. Use same sample for general faecal culture.
Pseudomonas pseudomallei Ab				See Melioidosis Serology

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Psittacosis Serology				See Chlamydia psittaci serology
PT (Pregnancy test)	Blood	GEL	8.5	
PT (Prothrombin time)				See Prothrombin Time
PTH (Parathyroid Hormone)	Blood	GEL	8.5	Keep cold as low stability. Serum should be separated from cells as soon as possible to enhance stability.
PTH-rp (Parathyroid Hormone Related Peptide).				Not available in Australia.
PTT				See APTT
PTTK				See APTT
Purkinje Cell Antibody (Hu, Ri & Yo)				See Cerebellum Antibodies
Pus Swab	Swab	Amies		e.g. Wound Swab
Pyrethroids - Synthetic (includes Allenthin, Bifenthrin, Phenothrin, and others)	Blood	Li Hep	10	Must collect at least 5 ml. Whole blood required. Charge to patient will be at least \$150.
Pyridoxal Phosphate				See Vitamin B6
Pyridoxine				See Vitamin B6
Pyruvate Kinase	Blood	EDTA	4	Whole blood. Keep cold.
Pyrrroles	Urine	Jar x 2		Plain jar and 1 jar with additive, foil wrapped. Contact lab. Upfront fee to patient \$85, \$65 conc.
Q Q Q Q Q				
Q Fever Serology (Coxiella burnetii)	Blood	GEL	8.5	
q PCR for BCR-ABL				See BCR-ABL Gene
QUAD Test				Not available
Quadruple Test				Not available
Quantiferon Gold (TB)	Blood	QG Kit		For the diagnosis of Tuberculosis as an alternative to, or in addition to, the Mantoux test. Medicare rebate applies for immunosuppressed patients. Special tubes and collection procedures are required.
Quantitative G6PD				See Glucose-6-Phosphate Dehydrogenase
Quantitative HCG	Blood	GEL	8.5	
Quinidine (Kinidin)	Blood	Lith Hep (NO GEL)	6	Pre dose sample. Lab: Centrifuge, separate, and transport frozen.
Quinine	Blood	Lith Hep (NO GEL)	6	Pre dose sample. Lab: Centrifuge, separate, and transport frozen.
Quinine Platelet Antibodies	Blood	EDTA x2 + GEL	4 8.5	1. EDTA tubes to be kept at ROOM TEMP at all times. 2. Do not spin EDTA tubes 3. Quinine should be withheld for 24 hours before collection.
R R R R R R R				
RA Latex				See Rheumatoid Factor
Rabies Antibody	Blood	GEL	8.5	
Radio Allergo Sorbent Test				See RAST
Rapid Plasma Reagin				See Syphilis Serology

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
RAST (Allergy Testing, Specific IgE)	Blood	GEL	8.5	4 requests in 12 months. Please list allergens to be tested.
RAST to Jumper Ant	Blood	GEL	8.5	
RCC (Red Cell Count)	Blood	EDTA	4	Part of FBE
RCF (Red Cell Folate)				See Folate (Red Cell)
Reagin Antibody				See Syphilis Serology
Rectum swab	Swab	Amies		
Red Cell Antibodies				See Antibody Screen - Blood
Red Cell Cholinesterase				See Cholinesterase
Red Cell Count	Blood	EDTA	4	Part of FBE
Red Cell Ferritin	Blood	EDTA	4	See Ferritin (Red Cell)
Red Cell Folate				See Folate (Red Cell)
Red Cell Fragility				See Eosin-5-Maleimide Test
Red Cell Indices	Blood	EDTA	4	Part of FBE
Red Cell Ketolase				See Vitamin B1
Red Cell Morphology - Urine (Part of URC if requested)	Urine	Jar		Fresh sample required.
Red Cell Porphyrins				See Porphyrin - Red cell
Red Cell Transketolase				See Vitamin B1
Reducing Sugars / Reducing Substances (Faeces)				See Faecal Reducing Substances
Renal Function Tests				Not a valid request. Please specify which tests required, e.g. UEC, Creatinine Clearance, Urine Protein
Renal Stones	Stones	Jar		See Calculi
Renin				Please order Aldosterone/Renin Ratio as the ratio gives more useful information than Renin alone. See Aldosterone/Renin Ratio. Special procedures apply.
Respiratory Syncytial Virus PCR (RSV)				See RSV PCR
Respiratory Syncytial Virus Serology (RSV)				See RSV Serology
Reticulated Platelets				See IPF
Reticulin Antibodies				See Anti-Reticulin Antibodies
Reticulocyte Count	Blood	EDTA	4	
Retinol	Blood	Plain	6	Fasting sample preferred. Foil wrap, transport on iced water. Lab: Centrifuge, separate and transport frozen.
Retinol Binding Protein - Serum	Blood	GEL	8.5	Non-rebatable
Reverse T3	Blood	GEL	4	Non-rebatable.
Reyataz				See Atazanavir protease inhibitor
RF (Serum)				See Rheumatoid Factor - Serum
RF (Synovial Fluid)				See Rheumatoid Factor - Synovial Fluid

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Rh				Collectors: Read notes carefully. Decide if this means "Rh Factor" (for Rheumatoid investigation) or "Rh Antibodies (for antenatal red cell antibody investigation)". Add clarification on form if necessary.
Rh ABS				Collectors: Read notes carefully. Do not confuse "Rh Antibodies" with "Rh Factor". See Antibody Screen - Blood
Rh antibodies				Collectors: Read notes carefully. Do not confuse "Rh Antibodies" with "Rh Factor". See Antibody Screen - Blood
Rh antibody titre	Blood	EDTA	6	If previously detected antibody, collect extra 6mL EDTA tube and note antibody(s) previously reported.
RH Latex				See Rheumatoid Factor
Rh phenotype	Blood	EDTA	6	
Rhesus antibodies				See Antibody Screen - Blood
Rheumatoid Factor - Serum (Rh Factor, RA Latex)	Blood	GEL	8.5	Read notes carefully. Do not confuse "Rh Factor" with "Rh Antibodies"
Rheumatoid Factor - Synovial Fluid (Rh Factor, RA Latex)	Fluid	Jar		Doctor Collection
RhF (Serum)				Read notes carefully. Do not confuse "Rh Factor" with "Rh Antibodies". See Rheumatoid Factor
Riboflavin				See Vitmain B2
Rickettsia PCR	Blood	EDTA	10	Send whole tube
Rickettsial Serology (Rickettsia Antibodies, Typhus Serology, Tick Typhus Serology, Scrub Typhus Serology)	Blood	GEL	8.5	
RiCof (Ristocetin Cofactor)				See Factor Studies (Factor VIII/VWF)
Risperidone (Risperdal)	Blood	Plain (NO GEL)	6	Preferably collect pre-dose. Note time of last dose.
Ristocetin Cofactor (VWF)				See Factor Studies (Factor VIII/VWF)
Rivotril				See Clonazepam
Ro / La antibodies				See ENA
Ross River Virus Serology (RRV)	Blood	GEL	8.5	May be requested as Ross River IgG and IgM
Rotavirus	Faeces	Jar		
Roundup				See Herbicides
RPR (Rapid Plasma Reagin)				See Syphilis Serology
RRV				See Ross River Virus Serology
RSV PCR	Swab	Dry		
RSV serology	Blood	GEL	8.5	
Rubella Antibody IgG	Blood	GEL	8.5	
Rubella Specific IgM	Blood	GEL	8.5	
Russell's Viper Venom Time (RVVT)				Part of Lupus Inhibitor screen (See Lupus Inhibitor)
Rythmodan				See Disopyramide

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
S S S S S S				
Sabril				See Vigabatrin
Salicylate	Blood	GEL	8.5	
Saliva Drug Screen				See Drug Screen (Saliva)
Salivary Duct Antibody (Sjogren's Syndrome)	Blood	GEL	8.5	Lab: Centrifuge, separate, and transport frozen
Salivary Cortisol				Collected into special swabs from the Salivette tubes available from laboratory and collection centres.
Salmonella Culture	Faeces	Jar	10 cent piece size	Only one sample can be processed per a 7 day period.
Salmonella Serology				Serology not available. Collect faeces and blood culture
Sb				See Antimony
SBMA				See Spinobulbar Muscular Atrophy gene testing
SBR	Blood	GEL (Not Li Hep)	1	Heparin tube not acceptable. Protect from light by transporting wrapped in foil or collect in a brown paediatric tube.
SBT (Skin bleeding time)				See Platelet Function Analysis
Scabies	Scrape	Dish		Wear gloves. Deep scrapings are required - unlike those for fungal scrapings. Look for the mite in a papule or vesicle or in a tiny burrow. Damage to the papule surface or burrow usually means that the mite has departed. Look for an undamaged, unscratched site. Ask the patient for a current itching location which may indicate an active site. In children, mites can be found all over body. In adults, mites are usually found between fingers, on wrists, on the penis, or the breasts of women. Put a drop of water on the site and scrape until blood appears in the water. Place the scrapings on a slide, put another slide on top, and bind the ends together with tape.
Scarlet fever test				ASOT + Anti-DNAse B (see those listings)
Schistosoma – faeces (Bilharzia)	Faeces	Jar		Only two specimens can be processed in a 7 day period.
Schistosoma - urine (Bilharzia)	Urine	Jar	10	All urine to be collected between 12 noon and 3.00 pm in a 24 hr urine container. Terminal portion of last urine to be collected in a separate container to improve chance of detection. Random urine not ideal for detection. If only a single urine can be collected, patient should exercise first and then, importantly, collect the last part of the urine stream. Must be delivered to lab immediately after collection.
Schistosomiasis Serology (Bilharzia)	Blood	GEL	8.5	
Schumms Test (Methaalbumin)	Blood	Lith Hep (NO GEL)	6	Lab: Centrifuge and separate plasma.
SCL - 70				See ENA
Scleroderma	Blood	GEL	8.5	Test Anti Nuclear Abs; ENA

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Scoline apnoea - Dibucaine Number				See Cholinesterase
Scrub Typhus Serology				See Rickettsial Serology
Se	Blood		6	see Selenium
Sedimentation rate				See ESR
Selenium (Se)	Blood	Trace Element preferred (Lith Hep or GEL accepted)	6	If more than 3 trace elements are required, collect 2 tubes.
Selenium (Urine)	Urine	24hr Bottle or Spot		
Semen - Infertility, Post-Vasectomy, Reversal	Semen	Jar		<p>* Sample to reach laboratory within 2 hours of collection. Post vasectomy samples will be processed if there is a delay of several hours, but if sperm are present then a repeat sample is required 4-6 weeks later, with sample to reach laboratory within 2 hours.</p> <p>* Abstain from all sexual activity for at least 3 days and no more than 7 days prior to collection.</p> <p>* Collect by masturbation rather than interruption of intercourse if possible.</p> <p>* The WHOLE sample must be collected including the first part. If any part is missing, record this on the form.</p> <p>* Condoms, lubricants, and talc, etc. must NOT be used as these interfere with the test.</p> <p>* Sample must NOT be refrigerated or exposed to extremes of temperature (such as in a hot car). It is best for patient to transport sample next to body.</p>
Semen Antibody				See Sperm Antibody
Seminal Fructose				Not available
Sensitive CRP				See CRP - Sensitive
Sensitive Testosterone				See Testosterone - Free (Calculated)
SEPP				See Protein Electrophoresis (Serum)
Serepax				See Oxazepam
Seroquel	Blood	Lith Hep or EDTA		Must not use GEL tubes
Serotonin - Serum (5-Hydroxy Tryptamine, 5-HT) A marker for carcinoid syndrome	Blood	GEL	6	<p>Protect from light during all stages of collection and handling.</p> <p>Dietary restrictions: Do not consume, for 2 days prior and during test, all nuts (including walnuts), tomatoes, bananas, pineapple, avocado, red plums, egg plant, kiwi fruit, chocolate, or juices containing pineapple or tomato.</p> <p>Transport to lab on iced water.</p> <p>Lab: Immediately centrifuge, separate, freeze</p>

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Serotonin - Urine (5-Hydroxy Tryptamine, 5-HT) A marker for carcinoid syndrome	Urine	24hr Acid Bottle		A marker for carcinoid syndrome, however, 5-Hydroxy Indole Acetic Acid is a more sensitive test. Protect from light during all stages of collection. Preservative - 50mL 3M HCL.(See Appendix 1 for 24 hr urine collection information). Dietary restrictions: Do not consume, for 2 days prior and during test, all nuts (including walnuts), tomatoes, bananas, pineapple, avocado, red plums, egg plant, kiwi fruit, chocolate, or juices containing pineapple or tomato.
Serum cholinesterase				See Cholinesterase
Serum Folate + B12				See Vitamin B12 and Folate
Serum pH				See Arterial Blood Gases
Sex Hormone Binding Globulin				See SHBG
SGOT				See AST
SGPT				See ALT
SHBG (Sex Hormone Binding Globulin)	Blood	GEL	8.5	FAI automatically reported when SHBG or Androgen studies ordered
Shingles - PCR				See Varicella zoster PCR
Shingles - serology / antibodies				See Varicella zoster serology
Sickle cell test	Blood	EDTA	4	Send whole blood
Silver - 24hr urine (Ag)	Urine	24hr Bottle		Collect in acid washed (trace metal free) urine container. (See Appendix 1 for 24 hr general urine collection information)
Silver - Blood (Ag)	Blood	EDTA	10	
Silver Spot Urine (Ag)	Urine	Jar	50	Early morning urine required.
Silvex				See Herbicides
Simazine				See Herbicides
Sinequan				See Doxepin
Sjogren's antibodies	Blood	GEL	8.5	
Skeletal muscle antibody				See Anti-Skeletal Muscle Antibody
Skin Antibodies (Pemphigus/Pemphigoid Abs)	Blood	GEL	8.5	
Skin bleeding time				See Platelet Function Analysis
Skin Scrapings (Fungal M & C)				See Fungal Culture
SLA				See Soluble Liver Antigen
Slapped Cheek Syndrome				See Parvovirus B19 Serology
SLE factor				See ANA
SMC (Somatomedin C or IgF-1)	Blood	GEL	8.5	Transport on iced water. Labs: Centrifuge, separate & transport frozen.
Smooth Muscle Antibody	Blood	GEL	8.5	
SMRP (Soluble mesothelin-related peptide)				See Mesothelioma Test
Sn				See Tin
Snake Bite Venom Detection				Refer patient to nearest Hospital Emergency Department
SNP Array (Microarray)				See Cytogenetics
Sodium (Na) - Fluid	Tissue	Jar	0.5	

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Sodium (Na) - Serum	Blood	GEL	8.5	
Sodium (Na) - Urine-24hr	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24hr general urine collection information).
Sodium (Na) - Urine-Random	Urine	Jar	10	Can test spot but 24 hr urine preferred
Soluble Liver Antigen (SLA)	Blood	GEL	8.5	
Soluble mesothelin-related peptide (SMRP)				See Mesothelioma Test
Soluble Transferrin Receptor	Blood			See Transferrin Receptor
Solvent Screen (Blood)	Blood	Li Hep	6	Fill collection tube. Provide exposure details. Non-rebatable. Lab: Do not open tube. Send whole blood.
Somatomedin-C				See IGF-1
Specific Gravity (Urine-Random)	Urine	Jar	50	Osmolality preferred test.
Specific IgE				See RAST
SPECIMEN UNKNOWN e.g. ?bug, ?tissue				Use this code for specimen unknown
SPEP Protein Electrophoresis				See Protein Electrophoresis
Sperm Antibody (Sperm Immobilisation Abs, Semen Abs)	Blood	GEL	8.5	Lab: Separate and freeze
Spherocytosis testing (Testing required: FBE, blood film, reticulocyte count and Eosin-5-Maleimide Test)				See separate listings
SPIEP				See Immunofixation Electrophoresis
Spinobulbar Muscular Atrophy gene testing (Kennedy's Disease, SBMA)	Blood	Lith Hep NO GEL	6	Collect Mon - Thurs only. Transport cool and keep cold at lab. Non-rebatable.
Spirometry				Not performed
Sporanox				See Itraconazole
Sputum - cytology				See Cytology
Sputum - TB Culture (AFB Culture)				See AFB - Sputum
Sputum Micro and Culture	Sputum	Jar		Ideally collect when sputum is most productive - usually early morning. Ensure that deep sputum (phlegm) is collected and not saliva. Patient to take 3 or 4 deep breaths and "huff" on expiration.
SS-A, SS-B	Blood	GEL	8.5	
Staph Screening / Carriage				See MRSA Screen
STD Screen				Not a valid request. Please specify individual tests.
Sterility Control		Jar		
Steroid Profile -Androgen Metabolites	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24hr collection information). Not for anabolic steroids. If anabolic steroids are required, see Drug Screen (Anabolic Steroids)
Steroids (Drug)				See Drug Screen (Anabolic Steroids)
Stones - Renal stones				See Calculi
Stools - Micro & Culture				See Faecal Micro and Culture (MCS)
Streptococcal Serology				ASOT + Anti-DNAse B (see those listings)
Striated muscle antibody				See Anti-Skeletal Muscle Antibody
Strongyloides Antibody	Blood	GEL	8.5	Used to augment faecal and clinical examination

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Strychnine - Urine	Urine	Jar	20	
Strychnine - Whole Blood	Blood	Lith Hep	6	
Styrene	Blood	Lith Hep	6	
Sucrose Intolerance Breath Test				See Breath Test - Hydrogen
Sucrose lysis test				See PNH Screen
Sugar water test	Blood	Lith Hep EDTA	6.4	See PNH Screen
SurePath - Pap				See Pap - SurePath
Surmontil				See Trimipramine
Suxamethonium (Scoline) Apnoea - Dibucaine Number				See Cholinesterase
Swab M&C – Anus/Anal	Swab	Amies		
Swab M&C - Cervix (Cx Genital)	Swab	Amies		
Swab M&C - Ear (General)	Swab	Amies		
Swab M&C - Eye (General)	Swab	Amies		
Swab M&C - Hair (Fungal M&C)				See Fungal Culture
Swab M&C - Nail (Fungal M&C)				See Fungal Culture
Swab M&C - Nasopharyngeal	Swab	Amies		
Swab M&C - Nose	Swab	Amies		
Swab M&C - Penis	Swab	Amies		
Swab M&C - Pus (Wound)	Swab	Amies		
Swab M&C - Rectum	Swab	Amies		
Swab M&C - Throat				See Throat swab
Swab M&C - Urethra (Female)	Swab	Amies		
Swab M&C - Urethra (Male)	Swab	Amies		
Swab M&C - Vaginal	Swab	Amies		
Swab M&C - Wound	Swab	Amies		
Swab M&C GBS (Group B strep)	Swab	Amies		Note on request form if patient is pregnant
Swine Flu - PCR (H1N1 PCR)				See Influenza PCR
Swine Flu - Serology				Not available
Synacthen Stimulation Test	Blood	GEL	8.5	To assess adrenocortical hypofunction. Mile End collection only. Appointment required with pathologist. Phone: 8159 7900
Synovial Fluid	Fluid	Jar		Doctor Collection
Synovial Fluid Crystals	Fluid	Jar		
Synovial Fluid Culture	Fluid	Jar		Doctor Collection
Synovial Fluid Protein	Fluid	Jar		Doctor Collection
Synovial Fluid Urate	Fluid	Jar		Doctor Collection
Synthetic Cannabinoids				See Urine Drug Screen

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Syphilis Serology (TPHA, FTA-ABS, Treponemal Abs, Luetic serology, Fluorescent Treponema abs, VDRL, Kahn, Wasserman, TPI, RPR, Rapid Plasma Reagin))	Blood	GEL	8.5	
Syphilis PCR	Swab	Dry		Swab must be taken from lesions.
T T T T T T T				
T and B cell gene rearrangement studies				See TCR gene rearrangement studies
T and B cell markers				See Lymphocyte Surface Markers (LSM)
T Cell Markers (T Cell Subsets)				See Lymphocyte surface markers
T Cell Receptor Gene Studies				See TCR gene rearrangement studies
T(15;17) PCR				See PML-RAR-Alpha
T3				FT3 done instead. Complicated Medicare testing rules. See TFT
T3 Reverse				see Reverse T3
T4				FT4 done instead. Complicated Medicare testing rules. See TFT
T4/T8 ratio	Blood			See Lymphocyte Surface Markers
Tacrolimus (FK506)	Blood	EDTA	4	
TADS (Urine-Screen)				See Urine Drug Screen
Taenia solium Serology	Blood	GEL	8.5	See Cysticercosis serology
Tambocor				See Flecainide
Tay-Sachs disease screening (Beta-Hexosaminidase A)	Blood	EDTA (10mL needed) + GEL tube		Collect in morning. Sample to reach lab by 12 noon. Collect Mon-Wed only. If sample is for pre-natal screening, then contact WCH National Referral Laboratory (08-8161 6701) before collecting as samples will probably be needed from the parents of the patient as well.
TB (Tuberculosis, A.F.B.)				See AFB
TB Quantiferon Gold Blood Test				See Quantiferon Gold
TBG				See Thyroxine Binding Globulin
TBIL	Blood	GEL	8.5	Protect from light by transporting wrapped in foil.
TCR gene rearrangement studies - whole blood. (T and B cell gene rearrangement studies, Lymphocyte gene rearrangement studies)	Blood	EDTA	4	Must be dedicated tube. Send whole blood. Non-rebatable.
TCR gene rearrangement studies (bone marrow)	Bone Marrow	EDTA	2	Non-rebatable.
TCR gene rearrangement studies (paraffin sections)	Paraffin Sections			Non-rebatable.
TCT				See Thrombin Clotting Time
TDE				An organochlorine. See Organochlorine pesticides
Tegretol				See Carbamazepine
Telopeptides				See Crosslaps

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
TES (testosterone)				See Testosterone - Total
Testicular tumour markers	Blood	GEL	8.5	AFP, HCG
Testosterone - Free (Calculated)	Blood	GEL	8.5	Calculated from Testosterone, Sex Hormone Binding Globulin (SHBG) and Albumin
Testosterone - Total (TES)	Blood	GEL	8.5	
Tetanus Antibody	Blood	GEL	8.5	
Tetrahydrocannabinol (Urine-Screen)				See Urine Drug Screen
TFT	Blood	GEL	8.5	<p>*TSH is always performed</p> <p>*free T4 is only performed if the TSH is abnormal or the history on the request form satisfies the following Medicare conditions:</p> <p>The tests are performed:</p> <p>(i) for the purpose of monitoring thyroid disease in the patient; or</p> <p>(ii) to investigate the sick euthyroid syndrome if the patient is an admitted patient; or</p> <p>(iii) to investigate dementia or psychiatric illness of the patient; or</p> <p>(iv) to investigate amenorrhoea or infertility of the patient; or</p> <p>(v) to investigate a suspicion of pituitary dysfunction; or</p> <p>(vi) to investigate drug interference with thyroid hormone metabolism or function</p> <p>*free T3 is only performed if specifically requested (and also meets the above requirements).</p>
TG	Blood	GEL	8.5	Fasting sample preferred. Code CT if cholesterol ordered.
Thalassaemia (Alpha) DNA Analysis	Blood	EDTA	10	Collect 10 mL EDTA whole blood if possible. Non-rebatable. Fee charged.
Thalassaemia (Beta) Gene Sequencing	Blood	EDTA	10	Collect 10 mL EDTA whole blood if possible. Non-rebatable. Fee charged.
Thalassemia screen	Blood	EDTA	4	
Thallium (24hr urine)	Urine	24hr Bottle		Collect in acid washed (trace metal free) urine container. (See Appendix 1 for 24 hour general urine collection information). Non-rebatable.
Thallium (Blood)	Blood	EDTA	6	Non-rebatable.
Thallium (Urine)	Urine	Jar	50	Early morning urine required. Non-rebatable.
THC (Urine-Screen)				See Urine Drug Screen
Theophylline (Theo, Theodur, Aminophylline)	Blood	GEL	8.5	Note time and date of last dose. Predose (trough) preferred. If peak levels required, collect 2 hours post dose.
Thiamine				See Vitamin B1
Thiazide + Frusemide				See Diuretic Screen
Thick and thin films (malaria)	Blood	EDTA	4	Process URGENTLY
Thin Prep (Pap)				See Pap - SurePath
Thiocyanate (Blood)				Cyanide. Contact Lab for collection advice
Thiocyanate (Urine)				Cyanide. Contact Lab for collection advice
Thiopurine Metabolites (6-TGN, 6-MMP)	Blood	Li Hep + EDTA (NO GEL)	10 + 4	Send whole blood.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Thiopurine Methyl Transferase (TPMT)	Blood	EDTA	4	Do not spin or freeze.
Thioridazine (Melleril)	Blood	Plain (NO GEL)	6	Note last dose. Predose preferred, but not less than 6 hours post dose.
Threadworm (Pinworm) and Ova	Faeces	Jar		As the eggs are deposited in the anal folds during the night, threadworm eggs are best detected by pressing clear cellotape on the anal folds in the morning and before washing or bowel action . Send the cellotape to the lab in a container as soon as possible. Otherwise a faecal sample is examined as for general OCP examination. Only two specimens can be processed in a 7 day period.
Throat Swab	Swab	Amies		Depress the back of the tongue firmly with a tongue depressor and swab both tonsils and the posterior pharynx quickly - without contamination from the mouth or tongue.
Thrombin clotting time (Thrombin time, TCT, TT)	Blood	Sod Cit	2.7	Correct fill required. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube). Keep cold. Blood to reach laboratory within 4 hours of collection.
Thrombophilia Screen (Hypercoagulability Screen)	Blood			Order from the following tests: * Coagulation Studies (includes INR, APTT, Fibrinogen, Platelets) * FBE * Platelets * Anticardiolipin Antibodies * Beta-2-Glycoprotein-1- Antibodies * Homocysteine (Fasting preferred) * Factor V Leiden Mutation * Prothrombin Gene Mutation * MTHFR Gene * Lupus Inhibitor * Antithrombin 3 * Protein C and S See Appendix 2 for collection tube details. Specimens must be kept cold and reach lab within 1 hour of collection (for homocysteine) and within 4 hrs for other tests. If cannot get samples to lab within required timeframe, then samples must be treated as per Appendix 2.
Thrombotic Screen				See Thrombophilia Screen
Thyrogastric Auto Antibody Screen	Blood	GEL	8.5	Thyroid Antibodies and Gastric Parietal Cell Antibody
Thyroglobulin	Blood	GEL	8.5	
Thyroglobulin Antibody				See Anti-Thyroglobulin Antibodies
Thyroid Antibody/Autoantibody				See Anti-Thyroid Antibodies
Thyroid Binding Globulin				See Thyroxine Binding Globulin
Thyroid Function Test				Complicated Medicare testing rules. See TFT

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Thyroid Peroxidase Ab				See Anti-Thyroid Antibodies
Thyroid Receptor Antibodies				See TSH Receptor Antibodies
Thyroid Stimulating Antibodies (Thyroid Stimulating Immunoglobulin)				See TSH Receptor Antibodies
Thyroid Stimulating Hormone	Blood	GEL	8.5	Complicated Medicare testing rules. See TFT
Thyrotropin Receptor Antibodies				See TSH Receptor Antibodies
Thyrotropin Releasing Hormone	Blood	GEL	8.5	
Thyroxine (Free)				Complicated Medicare testing rules. See TFT
Thyroxine (Total)				Complicated Medicare testing rules. See TFT
Thyroxine Binding Globulin (TBG, Thyroid Binding Globulin)	Blood	GEL	8.5	Send to lab on wet ice. Lab: Centrifuge immediately, separate, and freeze.
TIBC				Transferrin performed. See Iron Studies
TIBC + Iron				Transferrin and iron performed. See Iron Studies
Tick Typhus Serology				See Rickettsial Serology
Tin (Sn)	Blood	EDTA	6	Non-rebatable. Lab: Centrifuge and separate plasma
Tissue compatibility				See HLA Tissue Typing
Tissue Plasminogen Activator (TPA)	Blood	Citrate	4	Patients must rest 15 min prior to collection. Collect without tourniquet. Tubes must be filled to correct fill. 1. For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark at halfway for half draw tubes). 2. For Becton Dickinson (BD) tubes - fill all vacuum tube types to full capacity using vacuum (blood should be near top of tube). Must be kept cold and transported to lab within 4 hours of collection.
Tissue Transglutaminase Abs				See Anti-Transglutaminase Ab
Tissue typing				See HLA Tissue Typing
TnT (Troponin T)				See Troponin T
TO FOLLOW SAMPLES				If collector notes a sample is to follow, (bracket test) QTF. If pre-scanned off-site, change panel to QTF
Tobramycin	Blood	Plain	6	If dose is daily, monitor 6-14 hours after injection. Pre-dose level (trough) collection if required is immediately prior to injection. Peak level collection if required is 60 min post IM injection. Record times on tubes.
Tocopherol				See Vitamin E
Tocotrienols				See Vitamin E
Tofranil				See Imipramine
Toluene (Urine)				See Hippuric acid

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Topamax / Topiramate	Blood	Plain (NO GEL) or Li Hep (NO GEL)	6	Note last dose. For peak levels, collect 2-4 hours post-dose.
TORCH screen	Blood	GEL	8.5	Not a valid request. Please specify tests required e.g. Toxoplasma, Rubella, CMV, HSV
Total Bilirubin				See Bilirubin - Total
Total Complement				See Haemolytic Complement - Total
Total Haemolytic Complement (Serum)				See Haemolytic Complement - Total
Total IgE	Blood	GEL	8.5	
Total Iron Binding Capacity	Blood	GEL	8.5	Part of Iron Studies (FES)
Total Protein				see Protein (Serum)
Total T3				Complicated Medicare testing rules. See TFT
Total T4				Complicated Medicare testing rules. See TFT
Total Testosterone				See Testosterone
Toxicology Screen				See Urine Drug Screen
Toxoplasma Antibody	Blood	GEL	8.5	Note on request form if patient is pregnant.
TPA (Tissue plasminogen activator)				See Tissue Plasminogen Activator
TPHA				See Syphilis Serology
TPHA (Treponema Pallidum Hemagglutination Test)				See Syphilis Serology
TPI (Treponema pallidum Immobilisation)				See Syphilis Serology
TPMT				See Thiopurine Methyl Transferase
TRAB				See TSH Receptor Antibodies
Transcobalamin	Blood	GEL	8.5	
Transferrin				Part of Iron Studies. See Iron Studies
Transferrin - Carbohydrate-Deficient (Alcoholism marker)				See Carbohydrate-Deficient Transferrin
Transferrin isoforms	Blood	Plain (NO GEL) or Li Hep (NO GEL)		Unstable. Keep cold and send to lab within one hour of collection. (No add-ons) Inform patient test is nonrebatable. Lab: Separate and freeze within 1 hour of collection.
Transferrin Receptor	Blood	GEL	8.5	Keep cool. Non-rebatable. Lab: Centrifuge, separate, and freeze
Transferrin Saturation				Part of Iron Studies. See Iron Studies
Transglutaminase Antibodies				See Anti-Transglutaminase Ab
Transketolase (RBC)				See Vitamin B1
Transplantation antigens				See HLA Tissue Typing
Transthyretin				See Prealbumin
Treponema pallidum Hemagglutination Test (TPHA)				See Syphilis Serology

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Trichomonas Microscopy	Swab	Amies		Ideally should get to lab within 2-4 hours and must be kept at room temperature.
Trichomonas PCR	Urine	Jar	10-20 mL	First pass urine required.
Triclopyr				See Herbicides
Tricyclic Antidepressants	Blood	GEL	8.5	
Tricyclic Antidepressants (Urine Drug Screen)				Important: refer to Urine Drug Screen for instructions. Not included in general urine drug screen analysis unless specifically requested.
Triglycerides (Trig)	Blood	GEL	8.5	Fasting sample preferred. If with Cholesterol, code CT.
Triiodothyronine (Free)				Complicated Medicare testing rules. See TFT
Trimethylamine	Urine	Jar	>10	Volatile. Container must be well sealed and frozen immediately after collection to avoid loss.
Trimipramine (Surmontil)	Blood	Plain (NO GEL) or Li Hep	6	Note last dose. Predose preferred, but not less than 12 hours post dose.
Triple Test (Maternal Screen)				See Down's Screen
Troponin T (TnT)	Blood	GEL	8.5	Process urgently.
Trypanosoma cruzi Serology (Chagas Disease serology, American Trypanosomiasis)	Blood	GEL	8.5	Note history of travel and date of onset of symptoms.
Trypsin/Trypsinogen (Immunoreactive)	Blood	GEL	8.5	For the diagnosis of cystic fibrosis. Only available on babies up to a few weeks old. Transport on iced water. Lab: Centrifuge, separate, and transport frozen.
Tryptanol	Blood	Plain	6	Note last dose. Predose preferred, but not less than 6 hours post dose.
Tryptase	Blood	GEL	8.5	Collect between 1 and 6 hours of suspected anaphylaxis.
TSH (Thyroid Stimulating Hormone)				Complicated Medicare testing rules. See TFT
TSH Receptor Antibodies (TRAB, Long-Acting Thyroid Stimulator, LATS, Thyroid Receptor Abs, TSI, Thyrotrophin Receptor Abs)	Blood	GEL	8.5	
TSI				See TSH Receptor Antibodies
Tsutsugamushi Ab (see Rickettsia Serol)				
TT (Thrombin Time)				See Thrombin Clotting Time
TTG				See Anti-Transglutaminase Ab
Tuberculosis				See AFB
Typhoid Serology	Blood	GEL	8.5	
Typhoid				Collect faeces and blood culture
Typhus Serology				See Rickettsial Serology
Tyrosine (Serum)	Blood	Lith Hep	6	Transport on iced water. Lab: Centrifuge, separate, and freeze within 2 hours of collection.
Tyrosine (Urine-Screen)	Urine	Jar	50	Protect from light (alfoil) and freeze within 2 hours of collection.
U U U U U U U				
U, E & C	Blood	GEL	8.5	Urea, electrolytes and creatinine.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
UA (Serum)	Blood	GEL	8.5	Uric acid
UA (Urine-24 Hr)				See Uric Acid (Urine-24hr)
UA (Urine-Random)				See Uric Acid (Urine-Random)
UDS (Urine Drug Screen)				See Urine Drug Screen
UFC (Urine-24hr)				See Urine Free Cortisol
Unconjugated Bilirubin	Blood	GEL	8.5	Protect from light by transporting wrapped in FOIL.
UPE (Urine Protein Electrophoresis)				See Bence Jones Protein
Urate (Serum)				See Uric acid (Serum)
Urate (Synovial Fluid)	Fluid	Jar		Doctor Collection
Urate (Urine-24hr)				See Uric Acid (Urine-24hr)
Urate (Urine-Random)				See Uric Acid (Urine-Random)
Urea (or Urease) Breath Test C14				See Breath Test - Helicobacter pylori
Urea (Serum)	Blood	GEL	8.5	
Urea (Urine-24hr)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr general urine collection information)
Urea (Urine-Random)	Urine	Jar	10	
Ureaplasma Culture (swab)	Swab	Amies		Note site on request (urine is the preferred sample)
Ureaplasma Culture (urine)	Urine	Jar	10	
Urethral Smear m+c	Swab	Amies		
Uric Acid (Serum)	Blood	GEL	8.5	
Uric Acid (Urine-24hr)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr general urine collection information)
Uric Acid (Urine-Random)	Urine	Jar	10	
Urine Albumin / Creatine ratio				See Microalbumin
Urine Androgens	Urine	Jar	50	
Urine B2M				See Beta 2 Microglobulin (Urine)
Urine BHCG (Hydatidiform Mole)	Urine	24hr Bottle		See HCG (quantitative 24 hour urine)
Urine Bone Tumour Markers	Urine			See Crosslaps
Urine Chemistry Dipstick	Urine	Jar	20	
Urine Chloride				See Chloride (Urine)
Urine Cortisol / Cortisone Ratio	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr general urine collection information)
Urine Culture				See MSU M+C
Urine Cytology				See Cytology

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Urine Drug Screen (Synthetic Cannabinoids must be requested separately)	Urine	Jar	20 mL minimum is required	For legal urines (screening for illicit drugs), the sample must be collected under direct supervision using Australian Standard chain of custody procedures (see Collection Manual). Chain of custody form to be filled out. If patient refuses to comply, then this must be noted on the chain of custody form. For non-legal drug screen collections, do not use chain of custody procedures. Synthetic cannabinoids must be asked for separately. Classes of drugs tested for: Opiates, Sympathomimetic amines (e.g. amphetamines, ephedrine), Cannabis metabolites, Cocaine metabolites, Benzodiazepines, Barbiturates, Methadone metabolites
Urine Electrolytes				See Electrolytes - Urine
Urine Electrophoresis				See Bence Jones Protein
Urine Free Cortisol (Urine-24hr) (UFC)	Urine	24hr Bottle		Plain bottle. (See Appendix 1 for 24 hr general urine collection information).
Urine Haemoglobin	Urine	Jar	50	Tested by dipstick
Urine Herbicide				See Herbicides
Urine Light Chains				See Bence Jones Protein
Urine Micro and Culture (MSU)				See MSU M+C
Urine Microalbumin	Urine			See Microalbumin
Urine Microalbumin / Creatinine ratio	Urine			See Microalbumin
Urine Pigment Screen	Urine	Jar	50	Protect from light. Wrap in foil. Lab: Transport frozen.
Urine Potassium				See Potassium (Urine)
Urine Protein Electrophoresis				See Bence Jones Protein
Urine Sodium				Sodium (Urine)
Urine Solvent Metabolites	Urine	Jar	20	
Urine Specific Gravity	Urine	Jar	20	Preferred test is Osmolality.
Urine Steroid Profile - Androgen Metabolites	Urine	Jar	50	Plain bottle. (See Appendix 1 for 24hr collection information). Not for anabolic steroids. If anabolic steroids are required, see Drug Screen (Anabolic Steroids)
Urine TB Culture (AFB urine)	Urine	Jars x 3	20	Collect early morning specimen. Urine in plain jars, on 3 consecutive days. Specimens may all be returned on 3rd day. Same lab number for all 3 specimens. Store in cool, dark place.
Urobilinogen (Urine-Screen)	Urine	Jar	50	
Uroporphyrin Quantitation (Urine-24hr)				See Porphyrins
Uroporphyrinogen Decarboxylase (Blood)	Blood	EDTA	4	Foil wrap immediately after collection.
Uroporphyrinogen -Synthase Assay	Blood	Lith Hep	6	Foil wrap immediately after collection.
V V V V V V V				
Vaginal Swab	Swab	Amies		

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Valium				See Diazepam
Valproate (Epilim, Valproic acid)	Blood	GEL	8.5	Note time and date of last dose. Predose preferred, but not less than 6 hours post dose.
Vanadium (Urine screen)	Urine	Jar	50	
Vanco				See Vancomycin
Vancomycin	Blood	Plain	6	Given intravenously. Pre-dose level (trough) collection is immediately prior to infusion. Peak level collection is 30 min after completion of the IV infusion injection. Record times on tubes.
Vancomycin Resistant Enterococcus Screen (VRE)	Faeces Swab	Jar Amies		Can be done from faeces or rectal swab
Vanillylmandelic acid (VMA)				See HMMA
Varicella zoster PCR (Chicken pox PCR, Herpes zoster PCR, Shingles PCR)	Swab	Dry		For vesicles, prick with a sterile needle and try and obtain as much fluid as possible.
Varicella zoster serology (Herpes zoster serology, chicken pox serology, shingles serology, VZV)	Blood	GEL	8.5	
Vasoactive Intestinal Polypeptide (VIP)	Blood	Special tube		Special tube required. Fasting specimen. Must be collected on ice then centrifuged, separated, and frozen within 30 min of collection.
Vasopressin	Blood			See ADH
VDRL (RPR)				See Syphilis Serology
Venesection				Appointment is required.
Vibrio Cholera	Faeces	Jar		
Very long chain fatty acid	Blood	Lith Hep	6	Non-rebatable, get patient consent prior to test. Mark on request if patient willing to pay. Lab: Centrifuge, separate, and transport frozen.
Vigabatrin (Sabril)	Blood	Lith Hep or Plain (NO GEL)	6	
Vincent's Organisms	Swab	Amies		Swab and slides from Gums for micro and culture
VIP				See Vasoactive Intestinal Polypeptide
Viral Antibody / Studies				Not a valid request. Please specify individual tests.
Viscosity (Serum viscosity studies)	Blood	GEL	8.5	SEND at least 2mls of serum - Plasma not suitable. Keep at room temperature.
Vitamin A (Retinol)	Blood	GEL	8.5 or 4	Collect in morning before any vitamins taken. Fasting sample preferred. Unstable. Foil wrap to protect from light, keep cold and transport to lab within 6 hours. 1 test per 6 months. Lab: Separate, foil wrap an aliquot, and freeze.
Vitamin B1 (Thiamine, formerly Red cell transketolase)	Blood	EDTA	4	Dedicated EDTA tube required. Collect in morning before any vitamins taken. 1 test per 6 months. Foil wrap. Keep cold. Send whole blood next courier.
Vitamin B12 (Cobalamin, Cyanocobalamin)	Blood	GEL	8.5	Fasting specimen preferred (at least 6 hrs). 3 test per 12 months.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Vitamin B12 and Folate	Blood	GEL	8.5	Fasting specimen preferred (at least 6 hrs). 3 test per 12 months.
Vitamin B2 (Riboflavin)	Blood	EDTA	4	Dedicated EDTA tube required. Collect in morning before any vitamins taken. Foil wrap, keep cold and deliver to lab within 8 hours. 1 test per 6 months. Lab: Freeze whole blood and keep in foil.
Vitamin B3 (Niacin)	Urine	24hr Acid Bottle		Preservative - 40mL 3M HCL. See Appendix 1 for 24 hr urine collection details. 1 test per 6 months.
Vitamin B6 (Pyridoxine, Red cell transaminase, Red cell AST)	Blood	EDTA	4	Dedicated EDTA tube required. Collect in morning before any vitamins taken. Foil wrap. Keep cold. Send whole blood next courier. 1 test per 6 months.
Vitamin C (Serum) (Ascorbic acid)	Blood	GEL or Li Hep (Not EDTA)	8.5	Collect in morning before any vitamins taken. Foil wrap to protect from light. Unstable. Deliver to lab on ice within 2 hours of collection. 1 test per 6 months. Lab: Separate, foil wrap and freeze immediately.
Vitamin D	Blood	GEL	8.5	
Vitamin D3	Blood	GEL	8.5	
Vitamin E (Tocopherol)	Blood	GEL	8.5	Collect in morning before any vitamins taken. Fasting sample preferred but not essential. Unstable. Foil wrap to protect from light, keep cold and transport to lab within 6 hours. 1 test per 6 months. Lab: Centrifuge, separate, wrap aliquot in foil, freeze.
VLDL-C	Blood	EDTA GEL	4 8.5	Fasting sample preferred Can use either GEL or EDTA. Non-rebatable.
VMA (Urine-24hr)				See HMMA
Von Willebrand Factor				See Factor Studies (Factor VIII/VWF)
Voriconazole	Blood	EDTA		State time of last dose. Collect just prior to next dose or no less than 12 hours post-dose. Send whole blood.
VRE				See Vancomycin Resistant Enterococcus Screen
VWF (Von Willebrand Factor)				See Factor Studies (Factor VIII/VWF)
VZV (Varicella Zoster) Antibodies				See Varicella zoster serology
VZV (Varicella Zoster) Culture				See Varicella zoster PCR
W W W W W W W				
Wasserman (WR)				See Syphilis Serology
Water Testing				Not done through Abbott Pathology. Phone SA Water 1300653366 and ask for Australian Water Quality Centre. Testing of water may be several hundred dollars. Could also call the SA Health Advisory Service on 82267107 to discuss what testing may be appropriate.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
WCC (White cell count)	Blood	EDTA	4	Part of FBE
Weedicides				See Herbicides
Weil – Felix				See Rickettsial Serology
Weils Disease Serology				See Leptospirosis Serology
White cell count	Blood	EDTA	4	Code FBE for any part FBE
Whooping Cough PCR (Bordetella Pertussis) PCR				See Bordetella Pertussis PCR
Whooping Cough Serology				See Bordetella Pertussis Serology
Widal Test (Salmonella) (Typhoid Agglutination Test)				Serology not available. Collect faeces and blood culture
Worm Identification				For worm in a jar
Wound Swab M&C	Swab	Amies		
Wuchereria bancrofti serology				See Filaria antibody
X X X X X X				
Xa assay				See Anti-Xa
X-Links				Serum Crosslaps on fasting specimen done instead. (See Crosslaps)
X-Match	Blood	EDTA (Pink top)	6	Collector MUST fill out back of request form confirming identity of patient. All tubes MUST be initialled by the collector due to regulations for crossmatches. Collect an extra tube if patient has known antibodies.
Xylene (Urine)	Urine	Jar	20	
Xylenes	Blood	Lith Hep	8	Collect full tube. Do not centrifuge or aliquot.
Xylocaine				See Lignocaine
Xylose Absorption Test				Not performed
Xylose Intolerance Breath Test				See Breath Test - Hydrogen
Y Y Y Y Y Y				
Yellow Fever Antibody	Blood	GEL	8.5	
Yersinia Enterocolitica - Investigation – Culture	Faeces	Jar		Only one sample can be processed per a 7 day period
Yersinia Enterocolitica - Investigation - Serology	Blood	GEL	8.5	
Yo antibodies				See Cerebellum Antibodies
Z Z Z Z Z Z				
Zarontin (Ethosuximide)	Blood	Plain or Lith Hep (NO GEL)	6	Note time and date of last dose. Predose preferred, but not less than 6 hours post dose.
Zero				See Herbicides
Zinc (Zn) (Red Cell)	Blood	Trace Element ONLY	4	If more than 3 trace elements are required, collect 2 tubes. Lab do not spin - send whole blood. Non-rebatable.
Zinc Porphyrin (ZPP)	Blood	Trace Element	4	Tested with lead.

Test Name	Spec	Sample	Container size (mL)	Special Instructions or Information
Zinc (Zn) (Serum)	Blood	Trace Element ONLY	8.5	If more than 3 trace elements are required, collect 2 tubes.
Zn				See Zinc
ZN Stain (Ziehl-Neelson Stain)				See AFB
Zoloft	Blood	LiHep	8.5	Send to lab ASAP.

APPENDIX 1
24 HOUR URINE COLLECTIONS

1. Establish whether any dietary restrictions are required before the collection.
2. Establish which type of bottle is required (plain, strong acid, acid washed). If a combination of bottle types is required see "Combining Different Tests" below.
3. Write patient's full name, date of birth, and tests requested on the label.
4. Give patient instruction leaflet (if available).
5. Explain to patient the importance of accuracy in collecting a 24 hour urine e.g. 7.00 a.m. to 7.00 a.m.
6. Explain to patient that it is important not to discard any liquid preservative in the container.
7. At commencement time, completely empty bladder into toilet (i.e. don't collect this sample).
8. This time is the start time of the 24 hour period. The patient is to record this time and the date on the bottle.
9. **ALL URINES** after this time are to be collected into the 24 hour container. Don't miss any.
10. If it looks like the container will be filled and a new container is required before the 24 hour period is up, ensure that the patient can obtain a second container. If there is a problem with obtaining a second container, the patient can use a very clean container to collect the extra urine but this may compromise some test results.
11. The bottle is to be kept cool throughout collection until delivery.
12. 24 hours after the start time, collect the last urine into the container (i.e. don't void into toilet).
13. The patient is to record the finishing time and date on the label.
14. The container should be returned to the collection site within 6 hours.
15. See further notes below.

Example:

- Collection for Catecholamines.
- Use strong acid bottle with safety precautions explained to patient.

PATIENT INSTRUCTIONS – EXAMPLE FOR AN ACID BOTTLE	
	<ul style="list-style-type: none"> • Do not discard any liquid preservative that is in bottle. • Do not urinate directly into container but use clean plastic container and transfer urine into bottle.
7.00 am 9/8/10 (for example)	Empty bladder into toilet. Do not collect this sample. Record on label "Started 7.00 a.m. 9/8/10" (for example).
Next 24 hours	Collect ALL urine into bottle. Obtain a second bottle if one is not sufficient. Keep bottle cool.
7.00 am 10/8/10 (for example)	Collect urine and put into bottle. Record on label "Finished 7.00 a.m. 10/8/10" (for example)
Within 6 hours of finishing.	Return bottle to collection site.

Notes

For Creatinine Clearance	<ol style="list-style-type: none"> 1. Patient's height and weight must be recorded on request form. 2. The urine must be returned within 6 hours of finishing and blood for creatinine is to be collected. Blood can also be collected during the collection period. Blood collected outside this time frame may cause unreliable results. 3. Vigorous exercise is to be avoided during collection of urine.
For 5-HIAA (5-Hydroxy Indole Acetic Acid)	Dietary restrictions apply for 2 days prior and during test – avoid all nuts (including walnuts), tomatoes, bananas, pineapple, avocado, red plums, egg plant, kiwi fruit, and chocolate.

Combining Different Tests

1. Calcium, Creatinine, Urate, Phosphate, Urea, Sodium, Potassium, Protein, Microalbumin, Magnesium may be collected in the one "Plain Bottle" container and if preservative is required, this will be added at the lab.
2. If Catecholamines and VMA are requested with tests that require a plain bottle, it is possible to collect the tests into the plain bottle **but notify lab of this**. The sample **must arrive at the lab on the morning of completion**.
3. For other combinations, contact the lab.

Preservatives.

1. Strong acid - 50 mL 3M HCL (Hydrochloric acid)
2. Acid washed - Obtain urine bottle from lab.

APPENDIX 2
SPECIAL COAGULATION INVESTIGATIONS

Thrombophilia Studies / Platelet Function

The clinician may request several or all of these tests.

- As a general rule, collect:
 - (i) Plain Gel x2(white) (ii) EDTA x2(purple) (iii) Citrate x4(blue) (iv) Fluoride x1(grey)
- **For Citrate tubes, correct fill is required.**
 - (i) For Greiner brand tubes - fill to indicated level (fill either to mark at top for full draw tubes or to mark near halfway for half draw tubes).
 - (ii) For Becton Dickinson (BD) tubes - fill all tubes to full capacity using vacuum (blood should be near top of tube).
- Get samples to lab within 1 hour of collection if homocysteine required; or 4 hours for frozen tests (e.g. Lupus).

	Tube	Comments
Coagulation Studies	Citrate x1, EDTA x1	Keep cold. To reach lab within 4 hours of collection.
Platelet Count	EDTA x1	
Anticardiolipin	GEL x1	
Beta 2 Glycoprotein 1 Antibodies	GEL x1	Keep cold
Fibrinogen	Citrate x1	Keep cold.
Homocysteine (Fasting)	Grey x2 or EDTA x1 or GEL x1 (in order of preference)	12 hr fast. Keep cold. Must reach lab within 1 hour of collection. Lab: Separate immediately from cells. Once separated, the analyte is more stable.
(i) Factor V Leiden Mutation (ii) Prothrombin gene mutation (20210A) (iii) MTHFR gene	EDTA Whole Blood (Dedicated tube required)	Factor V Leiden Mutation is done instead of Activated Protein C Resistance. Keep tubes at room temp.
Lupus Inhibitor	Citrate x1	Keep cold. Must reach lab within 4 hours of collection.
Antithrombin 3	Citrate x1	Keep cold. To reach lab within 4 hours of collection
Protein C and S	Citrate x1	Keep cold. To reach lab within 4 hours of collection
Factor studies, e.g. Factor VIII, Factor VIII Inhibitor vWF	Citrate (1 tube per factor, 3 tubes for FIII/VWF)	Keep cold. To reach lab within 4 hours of collection
Platelet Antibodies		
Platelet Antibodies		See main index
Platelet Function		See main index
Platelet Aggregation		See main index

APPENDIX 3

GLUCOSE TOLERANCE TEST (+/- Insulins or Growth Hormone)

Preliminary

- Patient must **not** restrict normal intake of carbohydrates for 3 days prior to test (unless instructed by doctor). Normal amounts of bread, meat, potatoes, pasta, sugar, etc. should be eaten.
- A 10-12 hour fast is required before the test but no more than 16 hours. A couple of glasses of water should be drunk on the morning of the test to prevent dehydration. **No other liquid is permitted** (including tea, coffee and milk). Ideally, no nicotine should be taken during the fasting period and testing periods.
- **The test must not proceed if the patient is a known diabetic.**
- One glass of water is permitted during the 2 hour testing period.
- The patient is to avoid any undue activity during the testing period (some walking permitted but patient must remain at the rooms during the test – approximately 2½ hours).
- If patient is on corticosteroids (e.g. prednisolone), record this on the form as this can interfere with the test.

Postpone Test If:

- Any food or liquid (other than water) is consumed in the 10 hours before test, or fasting has been longer than 16 hours.
- Patient has recently been acutely ill or had prolonged bed-rest (postpone for 2 weeks).
- Patient has developed flu or gastritis.

GTT Collection Process

- Take a fasting glucose sample (grey fluoride tube) and label with time of collection.
- Collect a urine specimen and test with dipstick for glucose. If test is positive, inform doctor to see if only the fasting sample should be tested.
- Patient is given 75 gram of glucose to drink. This must be drunk within 5 min. **For children (<16y), contact lab for dose.**
- Zero time starts when the last of the drink has been consumed. Note that zero time is not when the fasting specimen is taken but is when the drink is completely consumed.
- Collect a glucose sample at exactly 2 hours after the finish of the drink. A one hour sample should be collected as well because a value >11.0 mmol/L may indicate a degree of glucose intolerance that may need to be followed up at a later date. Label each tube as it is collected with time of collection.

EXTENDED GTT; GTT WITH INSULIN; OR GTT WITH GROWTH HORMONE (GH)

- If an extended GTT is requested, then collect blood samples every hour for the requested time.
- If insulins or growth hormone samples are required, collect these into serum **gel** tubes (gold top) at the same time as the fluoride tubes. Note that if insulins or GH have been requested with a GTT, do not collect only a fasting gel tube, but collect **gel** tubes for insulin or GH **throughout** the testing period. Label each tube as it is collected with time of collection.

ERRORS TO AVOID

1. Avoid labelling tubes with the wrong time. It is important to label each tube immediately after collection.
2. Make sure a collection time is recorded on every tube. It is important to label each tube immediately after collection.

APPENDIX 4

ALDOSTERONE AND RENIN COLLECTION

PRELIMINARY

- Measurement of the aldosterone/renin ratio is useful in the investigation of patients with hypertension or disorders of mineralocorticoid secretion.
- This is a complex test and many factors can influence the interpretation of results.
- A random test can be performed, and then postural studies can be performed if further investigation is required.

PATIENT PREPARATION ISSUES

A number of factors can influence this test:

- Adequate sodium intake is required.
- Diuretics, antihypertensives, ACE inhibitors, and oral contraceptives affect the results. All medications should be named. It is preferable to cease diuretic and hypertensive drugs for two weeks prior to the test.
- The date of the last menstrual cycle should be stated.
- For postural studies, interpretation depends on knowing the posture of the patient at time of collection i.e. Supine (Recumbent), Erect (Upright). Please specify when Supine and Erect testing is required. If nothing is specified, then a random test is assumed.

COLLECTION PROCEDURE

(A) If Erect/Supine Has Not Been Ordered

1. Collect bloods before 11.00 am.
2. The patient must be seated calmly for 10 min.
3. Collect a GEL (gold top) tube immediately followed by an EDTA (mauve top) tube (must be dedicated tube).
4. Label each sample as "SITTING".
5. It is important that the tubes are kept at room temperature (no ice or cooling, and no high temperatures) and transported immediately to the laboratory. They must reach the laboratory within 2 hours of collection.

(B) If Erect/Supine Has Been Ordered

1. Collect bloods before 11.00 am.
2. The **Erect** sample is collected after the patient has been erect and ambulatory for at least 30 min.
3. Collect a GEL (gold top) tube immediately followed by an EDTA (mauve top) tube (must be dedicated tube).
4. Label each sample as "ERECT". The tubes must be kept at room temperature (no cooling).
5. The **Supine** sample is collected after the patient has been lying **calmly** for at least 30 min (no getting off bed or unnecessary movement).
6. Collect a GEL (gold top) tube immediately followed by an EDTA (mauve top) tube (must be dedicated tube).
7. Label each sample as "SUPINE". The tubes must be kept at room temperature (no cooling). Transport the samples immediately to the laboratory. They must reach the laboratory within 2 hours of collection.

AT THE LABORATORY

1. Immediately process the samples. The samples must not be more than 2 hours old.
2. Spin all tubes, separate serum and plasma.
3. Do not mix up serum and plasma or erect or supine samples.
4. Label all aliquots accurately and include time of collection, sitting, erect or supine, and whether serum or EDTA plasma.
5. Immediately freeze all aliquots.