

DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
Fort Sam Houston, Texas 78234-6200

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Medical Services
GUIDE FOR OBTAINING LABORATORY SUPPORT

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1. **PURPOSE.** This pamphlet is designed to assist the medical staff of Brooke Army Medical Center (BAMC) and outside submitting stations in utilizing laboratory resources.

2. **APPLICABILITY.** This pamphlet applies to all direct Health Care Providers (HCP) assigned or attached to BAMC and to all submitting stations requesting services or support from the Department of Pathology and Area Laboratory Services (DPALS) at BAMC.

3. **REFERENCES.**
 - a. Comprehensive Accreditation Manual for Hospitals, Joint Commission on Accreditation of Healthcare Organization, current edition.

 - b. College of American Pathologists Laboratory Accreditation Program Guidelines and Checklists, College of American Pathologists, current edition.

*This pamphlet supersedes BAMC Pamphlet 40-4, dated 18 September 2000.

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4. EXPLANATION OF ABBREVIATION AND TERMS. Appendix A.

5. BACKGROUND.

a. The Department of Pathology and Area Laboratory Services is responsible for providing responsive, high quality laboratory testing in support of patient care. Use of this pamphlet will reduce ordering errors and conserve resources.

b. Access to this pamphlet is also provided on the BAMC intranet and on the BAMC internet web page, <http://www.bamc.amedd.army.mil>. From the BAMC home page, click on Departments and then Pathology. A link to the pamphlet is included on the Department of Pathology and Area Laboratory Services page.

6. RESPONSIBILITIES.

a. Chief, DPALS will develop, maintain, and implement guidance for HCP to obtain laboratory support, BAMC Pamphlet 40-4.

b. Department/Division/Service Chiefs and Clinic/Hospital staff will familiarize themselves with the BAMC Pamphlet 40-4, and obtain laboratory support and service using guidelines found within the pamphlet.

c. DPALS staff will monitor current laboratory practices and when technical and/or procedural guidance change, they will develop and broadcast Laboratory Bulletins updating HCP to the new laboratory guidance.

7. GENERAL INFORMATION.

a. Location. DPALS is located on the fourth floor, Building 3600, BAMC, Fort Sam Houston, Texas. Ambulatory patient specimen collection and processing service is located on the first floor, opposite the Family Medicine Services clinic in the Medical Mall.

b. Telephone Numbers. Appendix B.

c. Information. HCP may request information on the current test methods utilized by DPALS, to include method performance specifications, by calling the appropriate section chief or the laboratory manager.

d. Laboratory Hours.

(1) The laboratory maintains 0700-1630, Monday-Friday, as normal duty hours. Routine services (first floor outpatient specimen collection, processing, and testing) are offered during these times. Routine services are NOT offered on weekends, Federal holidays, and designated training holidays.

(2) Core Laboratory services are offered 24 hours a day, 7 days a week. When laboratory testing is required during a time other than normal duty hours, the specimen is to be collected by the requesting service and brought to the fourth floor laboratory for processing and testing.

(3) Emergency (STAT) testing is performed 24 hours a day, 7 days a week. HCP are given the opportunity to order a laboratory test using the STAT priority if the test is found on the DPALS Emergency (STAT) Test Menu (Appendix C) or any other assay after seeking Pathologist's approval. The collection and delivery of STAT laboratory specimens are the responsibility of the physician/clinic/ward. Because of their emergency or critical nature, the laboratory will not collect these specimens on morning ward rounds. ASAP is the highest priority recognized by ward round and phlebotomy room staff. STAT priority requests must be collected and transported to the laboratory by clinic/ward personnel.

e. Phlebotomy Hours.

(1) Ward Round Collection. Ward rounds are conducted at 0500 everyday with the exception of Federal and training holidays. Appropriately marked laboratory requests must be received by the fourth floor laboratory no later than 0300. Collection of specimens other than blood or collection of blood at times other than 0500 will be performed by the physician or ward personnel. Certain laboratory requests requiring special handling are not collected on ward rounds. TESTS NOT COLLECTED ON WARD ROUNDS: Ammonia, Blood Cultures, Urines, Sputum, Timed Drug Levels, Lactic Acid, and Renin.

(2) Outpatient Collection. First floor ambulatory patient specimen collection and processing service is staffed by phlebotomists and processing personnel 0700-1630, Monday through Friday to support outpatient clinic/service operations. This service is NOT offered on weekends, Federal holidays, and training holidays. When the first floor specimen collection service is closed, the requesting clinic/service is responsible for the collection and transportation of the sample to the fourth floor processing area.

(3) Inpatient Processing. Fourth floor inpatient specimen and processing service is staffed 24 hours a day, 7 days a week. This service supports the processing of inpatient/outpatient samples that have been collected by ward personnel and transported to the laboratory. BAMC staff should not send outpatients to the fourth floor for routine specimen collection. The only exceptions to this are for administration and collection of glucose tolerance tests or for special pre-arranged exceptions.

(4) Reference/Commercial Laboratory Service. The laboratory has a variety of military and commercial laboratory services for those tests not performed in-house. All specimens submitted to the laboratory processing section for a civilian referral laboratory other than the reference contracted laboratory will require a properly completed DD Form 2161, Referral for Civilian Medical Care. Failure to correctly fill out the DD Form 2161 may result in shipping delays. In order to ship out a specimen on the same day received the specimen must be submitted prior to 1200.

f. Request Procedures.

(1) CHCS is the primary means by which HCP submit laboratory orders. HCP submitting laboratory orders for outpatients, PreOp patients, and patients being seen in the clinic or service will use CHCS order entry.

(2) Whenever the Hospital Information System (CHCS) is inoperative, when placing an order on an inpatient, or for locations without Order Entry capability, it is necessary for the HCP to submit the appropriate laboratory request slip. See Appendix G, Laboratory Request Forms. All specimens and accompanying request slips must be clearly and appropriately labeled. All request slips MUST be printed legibly and MUST include the following:

- (a) Patient's name (last, first, MI).
- (b) Social security number (SSN) with Family Member Prefix (FMP).
- (c) Ward, clinic, or requesting location, to include the MEPR location code.
- (d) Date/time collected.
- (e) Test(s) requested.
- (f) Priority (ROUTINE, ASAP, PREOP, STAT).

(g) Physician's full name (name stamp if available) and physician's clinic/ward/pager telephone number. Outside provider test requests must include the address of the office/facility of the provider.

- (h) Pertinent clinical information for assays requiring laboratory interpretation.
- (i) Cultures must show specimen source.

(3) For wards/units without CHCS Order Entry capability, laboratory personnel place inpatient clinical laboratory test orders into the computer from the appropriate laboratory requisition slips. These orders are manually completed on the wards or units. All outpatient or referral locations that have CHCS Order Entry capability will place the order in CHCS prior to sending a sample or patient to DPALS for collection and processing.

(4) Decentralized Order Entry using CHCS allows HCP to enter orders for ALL clinical laboratory tests, cytology tests, surgical specimens, and limited blood bank procedures. Because the blood bank module is not available, laboratory orders for blood bank transfusion products CANNOT be entered into CHCS. Orders for blood and blood products will continue to be placed exclusively from written orders. Additionally, autopsy requests will be completed in writing and not by using CHCS.

(a) At the present time, Order Entry is available for all OUTPATIENT locations.

(b) The appropriate laboratory requisition slips must be used for ordering all procedures whenever the computer system is inoperative and patient care would be compromised by waiting until the system is again available for use. If the computer downtime is known to be one hour or less, please refrain from placing manual orders unless absolutely necessary for patient care.

(c) A DD Form 2161, Referral for Civilian Medical Care, must be submitted when ordering tests which are not in the automated Laboratory Test File and the testing is only performed by a commercial reference laboratory. The DD Form 2161 will be completed and submitted by the requesting HCP. DPALS will review and validate the request and coordinate the request with the appropriate commercial laboratory.

g. Laboratory Priorities. The following four processing priorities are used by DPALS:

(1) STAT. The priority STAT will be used ONLY when a patient's life is in danger, or in a situation wherein immediate life-saving treatment is pending the laboratory result. This priority should rarely be used. Rule of thumb: The patient's status should be that or equal to being on the SI or VSI (seriously ill or very seriously ill, respectively) list or in an unstable state in the ED (Emergency Department). Test results submitted with STAT priority will be rigidly managed with a goal to keep turnaround-time (TAT) to one hour or less. ONLY the tests listed in Appendix C may be ordered in CHCS with a STAT priority.

(2) ASAP. The priority ASAP is used only in a situation wherein treatment of a patient is urgent and the results are required as soon as possible to alleviate patient suffering and to ensure the patient's well being. This category will normally be used for the typical ED/ICU request or for requests from Outpatient Clinics when the patient must wait for a laboratory result before treatment is initiated or modified by the appropriate HCP.

(3) PREOP. These tests are given priority by being placed ahead of routine tests and will be available on a same-day basis. PreOp requests and specimens should be received NLT noon the day before surgery.

(4) ROUTINE. This is the usual category for most laboratory orders. Specimens with this priority will be managed in the most efficient way possible. Expected TAT for this priority are provided in the laboratory test list.

h. CHCS Order Entry. See Online User's Manual (OLUM) provided within the Composite Health Care System.

i. Mail In Specimens.

(1) Medical Treatment Facilities (MTFs) on-line with CHCS will process laboratory requests in CHCS. CHCS transmittal lists will be used and accompany all shipments.

(2) Individual request slips must be completed for EACH test/panel requested for those MTFs not on-line with BAMC's CHCS (see Appendix G, Laboratory Request Forms). Each slip must be clearly stamped with the name and address of the submitting activity. Alternatively, a shipping list (e.g., a work document or transmittal list that lists the patient name, SSN, date of birth, and requested tests) containing all necessary information may be used to place the orders within BAMC's CHCS. A copy of the shipping list will be returned immediately to the shipping activity to acknowledge receipt and advise the shipper of any irregularity(ies) found.

(3) Each specimen container must have an appropriate label that includes the patient's full name and FMP/SSN. Specimens will be placed in two ziplock bags to prevent spillage/leakage.

(4) Facilities utilizing Laboratory Interoperability will include a copy of the Shipping List Batch with each shipment. Prior to shipment, it is recommended that a DEERS check be performed on all patients whose specimens are included in the shipment.

j. Specimen Collection, Handling, and Transport.

(1) Laboratory tests reveal and contribute vital information about a patient's health. Correct diagnostic and therapeutic decisions rely, in part, on the accuracy of test results.

(2) Unlabeled samples will not be tested. The accuracy of test results is dependent on the integrity of the specimen (patient preparation, specimen collection, and handling). In all settings in which specimens are collected and prepared for testing, laboratory and health care workers must follow OSHA and local infectious disease regulations and policies. The specimen collection container should be labeled with the following information:

- (a) Patient's complete name.
- (b) Patient's complete SSN with FMP.
- (c) Date and time of specimen collection.
- (d) Initials of individual who collected the specimen.

(e) Specimens for compatibility testing require special labeling. Refer to BAMC Memo 40-84 (Procedures for the Use of Blood and Blood Products).

(3) Because the potential for infectivity of any patient's blood and body fluids is unknown, Blood and Body Fluid Precautions required by OSHA will be adhered to for all patients. These precautions, called Standard Precautions, will be followed regardless of any lack of evidence of the patient's infective status.

(4) The practice of Standard Precautions eliminates the need for using specific warning

labels on specimens obtained from patients infected with Hepatitis B virus or Human Immunodeficiency Virus (HIV). All specimens must be treated as if infectious and capable of transmitting a serious infectious disease.

(5) Upon being collected from the patient, all specimens should be placed into a leak-proof primary container with a secure closure. Care must be taken by the person collecting the specimen not to contaminate the outside of the primary container.

(6) Before being transported to the laboratory, the primary container must be placed into a secondary container that will contain the specimen if the primary container breaks or leaks in transit to the laboratory. Plastic bags with zip-lock or twist-tie closures may be used as secondary containers.

(7) Laboratory requisition slips (or computer-generated orders) should be protected from contamination and separated from the primary container. Contaminated requisition slips will not be accepted. The submitting location will be notified and requested to replace any contaminated slip.

(8) Preparation. Prior to each collection, review the laboratory's specimen requirement(s). (See Clinical Pathology Service Test Manual, Appendix E.) Note the proper specimen to be collected, the amount, the procedure to be used, the collection material, and the storage and handling requirements.

(a) Preparing the Patient. Provide the patient in advance with appropriate collection instructions and information on fasting, diet, and medication restrictions when necessary.

(b) Preparing the Specimen. To avoid incorrect identification, label the specimen container using an adhesive specimen label immediately following the collection. Confirm the accuracy of identification of the specimen in the presence of the patient. Process the specimen as required and store properly. During specimen collection, preparation, and submission, there is a much greater possibility of clerical error than during the actual testing or examination of the specimen. Errors in storage and handling compromise the integrity of the specimen and, thus, the test results.

(c) One specimen should be submitted for each test requested. However, a single tube for a multiple test request may be drawn when a large number of tests are being ordered on a particular patient and the tests are performed on the same test specimen (e.g., serum or plasma). Drawing a tube for multiple test requests helps to ensure that blood draws are limited to the least amount of blood possible, which benefits the patient. When a single tube is collected for a multiple test request, laboratory Specimen Processing personnel will split the specimen and ensure patient demographics are accurately transcribed to each aliquot tube. The individual overseeing the specimen collection must ensure sufficient specimen is provided for performing the requested tests. (NOTE: Serum or plasma normally makes up approximately 40% - 45% of a blood collection. Of this amount, about 75% can be removed from the clot/sedimented cells,

i.e., only about 3 ml of serum/plasma can be obtained from a full 7-ml tube.)

(9) **Specimen Rejection (General Guidelines).** The rejection of unacceptable specimens and the special handling of sub-optimal specimens will be considered very carefully and on a case-by-case basis by the section supervisor. If a specimen must be rejected, the requester will be notified and advised of the reason(s) and a comment will be entered in the laboratory report. Specimens may be rejected in the following situations:

(a) Mismatched specimen and slip - submitting service will be notified and given the opportunity to correct this situation.

(b) Unlabeled specimens - submitting service will be notified and given the opportunity to resubmit.

(c) Contaminated specimen or slip - submitting service will be contacted and given the opportunity to provide a new specimen or slip.

(d) Improper specimen container used for requested assay.

(10) **Avoid Common Errors.** Careful attention to routine procedures can eliminate most of the errors outlined in this section. The complete blood collection system and other collection materials provided by the laboratory can maintain the integrity of the specimen only when they are used in strict accordance with instructional materials. The following are General Specimen Collection Errors:

(a) Some of the common errors affecting all types of specimens include:

- Insufficient quantity (ensure collection container is filled to the appropriate level).
- Failure to use correct container for appropriate specimen preservation.
- Inaccurate/incomplete patient instructions prior to collection.
- Failure to label specimen correctly and to provide all pertinent information.
- Failure to tighten specimen container lids, resulting in leakage and/or contamination of specimens.
- Failure to provide legible physician's full name (name stamp if available), physician's last four of SSN or unique provider number, and physician's clinic/ward/pager telephone number so that results can be sent to the proper provider.

(b) Serum Preparation Errors (Most Common):

- Failure to separate serum from red cells within 30 to 45 minutes after venipuncture.
- Hemolysis - RBCs damaged and intracellular components spilled into serum.
- Turbidity - cloudy or milky serum sometimes due to patient's diet.

(c) Plasma Preparation Error (Most Common):

- Failure to mix with proper additive immediately after collection.
- Hemolysis - damage to RBCs.

- Incomplete filling of the collection tube, thereby creating a an error in the anticoagulant to blood ratio, which can affect the accuracy of the test result(s).
- Failure to separate plasma from cells within 30 to 45 minutes after venipuncture.

(d) Urine Collection Errors (Most Common):

- Failure to obtain a clean-catch, midstream specimen.
- Failure to refrigerate specimen.
- Failure to provide a complete 24-hour collection or other timed specimen.
- Failure to add proper preservative to the urine collection container after receipt of the specimen, prior to aliquoting.
- Failure to provide a sterile collection container and to refrigerate specimen when bacteriological examination of the specimen is required.
- Failure to tighten specimen collection lids, resulting in leakage of specimen.
- Failure to provide patients with adequate instructions for 24-hour urine collection.

(e) Hemolysis. In general, grossly or even moderately hemolyzed blood specimens are not acceptable for testing. Hemolysis occurs when the red blood cells rupture and hemoglobin and other intracellular components spill into the serum/plasma. Hemolyzed serum/plasma is pink or red, rather than the normal, clear, straw color.

(f) Vacuum Tubes Containing Anticoagulants. When using vacuum tubes containing anticoagulants and preservatives:

- Tap the tube gently at a point just below the stopper to release any additive adhering to the tube or stopper.
- Permit the tube to fill completely to ensure the proper ratio of blood to additive.
- To ensure adequate mixing of blood with anticoagulant or preservative, use a slow, rolling wrist motion to invert the tube gently five or six times. Rapid wrist motion or vigorous shaking contributes either to small clot formation or hemolysis and fails to initiate proper mixing action.
- Check to see that all the preservative or anticoagulant is dissolved. If any preservative powder is visible, continue inverting the tube slowly until the powder is dissolved.
- If multiple samples are drawn, invert each as soon as it is drawn. **DO NOT DELAY.**

(g) Vacuum Tubes Without Anticoagulants. Permit the tube to completely fill when using vacuum tubes not containing anticoagulants or preservatives.

(h) Turbidity (Lipemic Serum). Lipid-containing serum/plasma may not be a true indicator of the patient's physiological state. It is important to obtain a representative specimen that will help the physician differentiate between transient dietary lipemia and chronic lipemia caused by other factors. To avoid dietary induced high lipid levels prior to testing, many physicians require patients to exclude the high fat foods from their diets or to fast 10 to 14 hours prior to specimen collection. For morning specimen collection, the laboratory recommends that the patient be required to fast from 8 P.M. on the previous evening.

k. Laboratory Critical (Panic) Values.

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(1) A critical laboratory value is defined as, "a value at such variation with normal as to present a pathophysiologic state that is life-threatening unless some action is taken in a very short time and for which an appropriate action is possible." It is a laboratory's responsibility to communicate these values immediately and flawlessly to the responsible clinician(s).

(2) Whenever possible, CHCS will be programmed to identify and report critical values. Tests whose results are critical will cause a PRIORITY RESULT BULLETIN to be automatically generated. The bulletin is sent to the HCP entered in CHCS as the ordering physician.

(3) Telephonic notification of critical values will also be made. CHCS does not relieve the laboratory of its responsibility to ensure that all critical values are reported. Whenever possible, the requesting physician will be contacted. If that person is unavailable, another clinician or nurse from the requesting location will be notified. After hours, the MOD, on call physician for that service, or POD will be notified.

l. Retrieval of Laboratory Results.

(1) All results for tests ordered STAT, ASAP, all tests whose certified results exceed laboratory "CRITICAL VALUES", and all results that are amended cause a PRIORITY RESULT BULLETIN to be automatically generated in CHCS. The bulletin is sent to the HCP entered in the system as the ordering physician. The bulletin informs the user that Priority Laboratory Results are waiting and instructs the user to use the RNR option to retrieve the results.

(2) Results for tests ordered with PREOP, ASAP, or ROUTINE priorities are NOT automatically printed at the ordering location.

(3) The electronic patient file is considered the official file. HCP should review patient results in CHCS. There are no laboratory cumulative reports printed.

m. Misrouted Laboratory Results.

(1) HCP who receive laboratory results that they have not ordered should not discard/toss the results until contact is made to the DPALS computer systems analyst.

(2) HCP who receive critical laboratory results that they have not ordered should bring the issue to the immediate attention of the pathology resident on call. The pathology resident will take appropriate steps to notify the correct provider of the critical laboratory results. The pathology resident will pass the information to the DPALS computer systems analyst on the next normal duty day.

(3) HCP who receive routine non-critical laboratory results that they have not ordered should bring the issue to the attention of the DPALS computer systems analyst.

(4) The DPALS computer systems analyst will take appropriate steps to determine the correct ordering HCP/department/service from which the order originated. The analyst will then contact the HCP originally receiving the results and request that he/she forward the results to the correct HCP. If that HCP cannot forward the results for whatever reason, the analyst will forward a hard copy of the results to the HCP who originated the orders or to his/her department/service chief. The HCP originally receiving the results may then discard/toss the results.

8. ANATOMIC PATHOLOGY SERVICE. The Anatomic Pathology Service encompasses the sections of Cytology, Surgical, and Autopsy Pathology. The service is centered on the northeast corner of the fourth floor, and is open routinely 0730-1630 Monday through Friday. A pathology resident and a staff pathologist are on call for problems arising during non-duty hours. A pathology on call roster is distributed monthly to all clinical services.

a. Autopsies.

(1) Autopsies are performed in the Anatomic Pathology Service. Indications include clarification of cause of death, manner of death, delineation of extent of disease, evaluation of the effects of therapy, and medicolegal reasons. Permission for autopsy is generally obtained by the attending physician. After the permission form (SF 523) has been signed by the legal next of kin, it must be sent to the Decedent Affairs officer in the Patient Administration Office for authentication.

(2) For those deaths in which there is a question whether or not the Bexar County Medical Examiner has jurisdiction, the attending physician should contact the Decedent Affairs officer in the Patient Administration Office (916-5345) during duty hours. During non-duty hours and on weekends/holidays, the AOD should be contacted. The Medical Examiner's Office (335-4011) will be contacted by either the AOD or the Decedent Affairs officer. If the Medical Examiner has jurisdiction, he may either assume responsibility for the case or relinquish responsibility to BAMC.

(3) Before Anatomic Pathology can schedule an autopsy, both the patient's complete chart and an authenticated autopsy permission must be received. Scheduling of autopsies is at the discretion of the Anatomic Pathology Service. It is our policy to perform autopsies during normal duty hours, Monday through Friday. If there is a need for an autopsy during times other than those listed above, the pathology resident on call should be notified. Autopsies cannot be performed until autopsy permission is authenticated. This stipulation also applies to postmortem needle biopsies.

(4) Physicians requesting postmortem examinations are encouraged to contact the pathologist performing the autopsy to provide information as to the questions expected to be answered by the autopsy (916-4419/1450, morgue tech beeper 513-4046). Attendance at the autopsy by the requesting physician is also encouraged, and pathology personnel will attempt to contact the patient's physician to notify him/her about the time of autopsy.

(5) The Preliminary Autopsy Report of Death and the final autopsy report are submitted directly to the Patient Administration Division and the chief of the service attending the patient. The Preliminary Report is submitted within 3 working days and the final report of uncomplicated cases within 30 days. Physicians needing copies of these reports should contact the Patient Administration Division or the chief of their service.

(6) Any other questions relating to the Autopsy Service may be addressed to the office of the Chief, Anatomic Pathology Service (916-4421).

b. Cytology Section.

(1) General. The following guidelines for the handling and collecting of cytologic specimens have been developed by the Cytology Section to ensure the quality of care, patient safety, and to help the nursing staff and physicians obtain meaningful diagnostic information. Many of the procedures are required in accordance with our certifying agencies, including CAP and JCAHO.

(2) Location. The Cytology Section is located on the 4th floor of the Anatomic Pathology Service, Cytology room 427-8 A. The section telephone # is 916-1716.

(3) General Information.

(a) Specimen Labeling. All cytology specimens should be submitted in properly labeled containers whether they are in a specimen cup, Preservcyt® vial, Cytolyt® vial, specimen trap, Plasma-Lyte® bag, thoracentesis bag, paracentesis bag or bottle, etc. Labels must have the following minimum information:

- Patient's Name
- SSN
- FMP
- HCP Name
- Hospital Area, Clinic or Ward

(b) Submitted Slides. Must have the following information on the frosted end written with a #2 lead pencil or solvent resistant pen.

- Patient's last name and first initial
- Last four digits of SSN
- FMP

(c) Laboratory Requests. All outpatient cytology specimens (Gyn, Non-Gyn, and FNAs) must have a CHCS order entry placed by the submitting HCP before the specimen is accepted by the Cytology Section. All inpatient cytology specimens must be accompanied by a properly and completely filled out Standard Form (submission slip):

- SF 541 for Gyn and Pap Smear specimens
- SF 515 for Tissue Examination for Non-Gyn and FNA specimens
- or Computer generated copy

(d) All Cytology laboratory requests and/or computer-generated copies must be in compliance with CAP and JCAHO requirements and have the following legible data on the submission slip:

- Patient's full name
- SSN
- FMP (cont.)
- Age and/or Date of Birth
- Sex
- Date of Specimen Collection
- Submitting HCP Name (with phone or beeper # and the priority for Non-Gyns and FNAs)
- Hospital Area, Clinic or Ward
- Anatomic Site/Source
- Pertinent Clinical Information
- Reason for the Exam
- Any other pertinent data

(e) Additionally: All SF 541s (Gyn/Pap requests) must include:

- Date of Last Menstrual Period
- Menopausal Status
- Current Pregnancy status
- Oral Contraceptive/IUD use
- Hormone Therapy
- History of Hysterectomy
- Previous Abnormal Gyn Cytology Results

(f) CHCS Order Entry. Procedures for Gyn Cytology Specimen Orders for Paps will be entered into:

- The CHCS ORDER ENTRY-TYPE field by requesting Laboratory for order type.
- At the select LABORATORY TEST prompt, either enter AP to display pick-list (then pick AP: Pap smear Cytologic Gyn or enter AP: PAP.
- Follow the request through to completion by entering the data needed for PAP smear examination.
- For GYN specimens (Pap Smears): All submitting clinics are required to complete a BAMC Form 805, Contributor's List and/or the "Daily Pap Report" OB/GYN clinic form.

Either form should be completed in duplicate with the original going to the Cytology Section and a copy to be kept by the clinic.

(g) Order Entry Procedures for Non-Gyn Cytology Specimens:

- Orders for Non-Gyn specimens (e.g., FNAs, urines, respiratory specimens, fluids, etc.) will be entered into the CHCS ORDER ENTRY- TYPE field by requesting LABORATORY for order type.

- At the Select LABORATORY TEST prompt, either enter AP to display a pick-list (then pick AP: CYTO NON-GYN Cytologic NON-GYN) or enter AP: CYTO.

- Then follow the same steps for Order Entry of routine surgical specimens. Pertinent clinical information should include history, preoperative, operative, and postoperative findings are required.

- If there are multiple Non-Gyn specimens obtained from different sites on the same patient, each specimen site should have a separate order entry. All Non-Gyn specimens should have the submitting HCP's pager or phone number included in the clinical information provided.

(h) Delivery of Specimens.

- Normal Duty Hours: Cytology Specimens are to be delivered to the Cytology Section, Room 427-8A between the hours of 0730 to 1500. Specimens will not be accepted without acknowledgement by a Cytology Prep Tech or a Cytotechnologist. It is strongly recommended that specimens be delivered to the laboratory as early in the normal duty day as possible to enable processing of specimens on the same day. Check the table at paragraph 8.b.(3)(l) for Procedures and Submission Requirements.

- Non-Duty Hours: If an unfixed specimen is obtained when the Cytology Section is closed, deliver the specimen to Specimen Processing, Room 429-8 and sign the Cytology Logbook for specimen acceptance. Specimens can be refrigerated up to 24 hours unfixed.

- If a question arises as to how a specimen should be handled, please contact the Cytology On-Call tech at beeper #513-7503.

(i) Handling of Improperly Submitted Specimens. All improperly submitted specimens (those in a manner other than that required on the SF 541, SF 515, or CHCS Order Entry request) will be held unprocessed until the HCP is contacted. When the proper requests are made/corrected or completed by the submitting HCP the specimen will be processed. The above same will be true for unlabeled specimens which will not be accepted for processing or examination until the submitting clinic and/or HCP is notified. (Unlabeled specimens are automatically rejected by the Cytology Section and will be returned to the submitting HCP/Clinic and the reason for rejection.

(j) Fixation of Specimens Prior to Submission to the Cytology Section. As a general rule, optimal cytologic diagnosis is made on fresh specimens, without addition of Cytolyt® or

Preservcyt® fixative. However, certain specimens and situations require fixation at the bedside or prior to submission to the Cytology Section. Please note the type specimen being sent below for proper handling. Cytolyt® or Preservcyt® fixative solutions are available from the Cytology Section, Room 427-8A. Ordering information will also be made available for any department needing larger amounts. Please contact the Cytology Section at 916-1716 or the Cytology Supervisor at 916-1408.

(k) Any specimen amenable to cytological study will be accepted by the Cytology Section for processing. If questions arise as to how a specimen should be handled, please telephone Cytology at 916-3130/1716. Unusual cases should be coordinated with the Chief of the Cytology Section (916-4224) or the Cytology Supervisor (916-1408).

(l) Procedures and Submission Requirements:

PROCEDURE	SUBMISSION REQUIREMENTS
Abdominal Cavity Washings	Vigorously wash appropriate areas (diaphragm colic gutters, cul-de-sac, etc.) with adequate volumes of physiologic balanced salt solution (Plasmalyte). Normal saline is not recommended. Aspirate washing and submit immediately (within one hour) to the laboratory. If more than a 1 hour delay is expected in delivery to the laboratory, mix washing an equal volume of Cytolyt® fixative solution.
Bladder or Ureteral Washing/Barbotage	Washing/barbotage should be performed with an adequate volume of Plasmolyte. Normal saline is not recommended. After obtaining the specimen, mix with an equal volume of Cytolyt® fixative solution. Optimal diagnostic evaluation requires simultaneous submission of voided urine on a well-hydrated freely-voiding patient immediately prior to any instrumentation procedure.
Breast Cyst Aspiration	Specimens of breast cyst fluid should be submitted unfixed to the Cytology Section. Refer to this table, "Fine Needle Aspirations".
Breast Nipple Discharge Specimens	For obtaining a specimen from a nipple discharge, gently grip the subareolar area and nipple with thumbs and forefinger. When secretion occurs, allow only a pea-sized drop to accumulate. Touch a clean, labeled glass slide (Note: identify the slide by writing on the frosted end with a #2 pencil the patient's name, last four digits of SSN and FMP) to the nipple and withdraw slide quickly. Repeat procedure until all secretions from nipple are collected on two or more slides. Smears of nipple discharge should be air-dried and submitted <u>unfixed</u> without delay to the Cytology Section, Room 427-8A. <u>Do not spray fix or wet fix the slides.</u>
Bronchial Brush Specimens	Prepare patients for bronchoscopy in the usual manner. Any visible lesions can be brushed. Cut brush off catheter and immediately place the brush along with any cell clumps into a pre-filled vial of Preservcyt® fixative. Note: Preservcyt® fixative solution is a poison

	that contains methanol and it must never come in direct contact with the patient. Preservcyt® is available from the Cytology Section.
Bronchial Washings/Lavages (BAL)	Prepare patients for bronchoscopy in the usual manner. Fill the bronchus with Plasmalyte®, Normal Saline is NOT recommended. Aspirate and re-instill the solution several times. Aspirate all the fluid from the bronchus, label, and send <u>immediately</u> , without fixative, to the Cytology Section. If there will be more than a one-hour delay anticipated in forwarding the specimen to Cytology, place the fluid in a pre-filled vial of Cytolyt® fixative immediately after collecting the specimen. Cytolyt® is available from the Cytology Section. BALs should be sent to cytology unfixed especially if special stains are required. BALs performed during non-duty hours require coordination with the Pathologist of the day at pager 513-0626. Note: Cytolyt® fixative solution is a poison that contains methanol and it must never come in direct contact with the patient.
Buccal Smears	Call Cytology Section, 916-3130/1716.
Cerebrospinal Fluid Cytology (CSF)	Perform spinal tap in the usual manner. Collect a CSF sample in a separate container for cytologic examination. As much volume as possible should be obtained. Send the sample <u>immediately (within one hour)</u> to the Cytology Laboratory Room 427-8 <u>without fixative</u> . If a delay is anticipated, mix with an equal volume of Cytolyt® fixative solution and send to the Specimen Processing, Room 429-8 for immediate Cytology processing the next duty day. Samples for cell count, chemical, microbiological studies, and/or flow cytometry should be delivered to the main Specimen Processing Area, Room 429-8 and follow the respective department's protocol.
Cytogenic Studies	Call Bone Marrow Laboratory, 916-2232/2043
Effusions and Fluids	Fluids yield the best cytologic diagnosis if the specimen is immediately processed without fixation. The fluid does not need fixative even when a few days delay is expected but should be sent to the Cytology Section as soon as possible.
Fine Needle Aspirations (FNA)	Aspiration biopsies should be coordinated and scheduled with the Cytology Section at phone #916-1716 and/or Medical Director, Cytology (916-4224) preferably with a one day notice for optimal processing and correlation with clinical and radiographic findings. A cytotechnologist and/or pathologist assistant will be provided upon request. Due to processing requirements, assistance for FNAs cannot be provided after 1530 (regular duty hours). Any FNA assistance needed during non-duty hours requires coordination with the Pathologist-of-the-Day (POD) at pager # 513-0626. •FNA Equipment. A FNA cart with all the necessary equipment and materials is available which allows performance of the procedure in any location of the hospital (clinic, inpatient ward, radiology suite, operating room, etc.). A cytotechnologist is available during normal duty hours to

	<p>assist in preparing smears and/or render a determination of specimen adequacy. If necessary, a preliminary diagnosis can be rendered by a pathologist, only, during or immediately after the procedure. Pathologists are also available to perform FNAs on superficial lesions.</p> <ul style="list-style-type: none"> • Informed Consent. The patients must be counseled about the procedure and any associated risks (infection, bleeding, bruise, pain, swelling, and damage to vital structures). In addition, limitations of representative sampling, to include non-diagnostic or inadequate samples, and the alternative of open tissue biopsy should be discussed. A written informed consent must be completed (SF 522) – refer to BAMC Memo 40-71. • Procedure for FNA of Superficial Palpable Masses. The area to be aspirated is examined and cleansed with alcohol pads. A local anesthetic may or may not be used. In general, superficial palpable masses are aspirated using small gauge needles (25 or 23 gauge, 5/8, 1 or 1 ½ inch long), attached to a 10 or 20 cc syringe in a plastic Inrad syringe holder or metal Cameco holder. After proper mobilization of the mass, the needle is inserted, suction is applied and maintained, and the needle is moved in and out of the mass in short, rapid strokes. When aspirate material (including blood) is visible in the hub of the needle, release suction and remove the needle from the mass and skin. If no obvious material is seen in the hub of the needle, continue the aspiration attempt for at least 15 seconds, then release the suction and remove the needle. Gentle pressure should be applied to the aspiration site. Three to five separate aspiration passes should be performed for each palpable mass being evaluated by FNA. This will improve sampling adequacy. • Slide Staining/Needle Rinsing. One air-dried slide preparation is stained with Diff-Quik solution (Romanowsky-type stain) for immediate review. The other slide is submitted to the Cytology Laboratory for rehydration and subsequent fixation in 95% alcohol and Pap staining. The aspiration needle is rinsed in Cytolyt solution which is sent for preparation of ThinPrep monolayer smear (Pap-stained) and, if enough cellular material is available in the rinse fluid, a paraffin-embedded cell block will be made (hematoxylin and eosin stain). When the differential diagnosis includes lymphoproliferative disorders, flow cytometry for lymphoid surface marker analysis can be performed on any material rinsed into a vial of pink-colored RPMI sterile solution (provided by the Cytology Laboratory). In addition, aspiration material can be submitted in sterile saline for culture, or glutaraldehyde for electron microscopy (prior coordination with Cytology Laboratory is required in the request of a culture or EM). • Smear Preparation. Place bevel of needle directly on one of the glass slides, in approximately the center of the slide. A small drop of fine
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	<p>needle aspirate material is expressed onto the glass slide. Lay another slide parallel or cross-way to and on top of the first so that the aspirate spreads to create a thin smear. Air-dry both slides completely.</p>
<p>Gastrointestinal Tract Brushings or Washings</p>	<p>Prepare patients for endoscopy as usual. Any visible lesions (esophageal, gastric, small intestinal, colonic) can be brushed or lavaged. The disposable brush tip (“brush cut”) can be placed into a pre-filled vial of Cytolyt solution. Note: Cytolyt® fixative solution is a poison that contains methanol and it must never come in direct contact with the patient. Gastrointestinal tract washings or lavages can be sent in the trap bottles and/or placed into sterile specimen cup(s) with approximately 30 ml of Cytolyt® labeled with the patient’s name, SSN, specimen source, and type of specimen (e.g., washing).</p>
<p>Pap Smear: Thin Prep® Collection with Medscand Cytobrush® Plus GT, gentle touch tip and Pap-Perfect® plastic spatula</p>	<ul style="list-style-type: none"> •To collect specimen from the ectocervix, select contoured end of the plastic spatula and rotate it 360° around the entire ectocervix while maintaining tight contact with the ectocervical surface. Remove spatula. •Rinse contoured end of plastic spatula in a vial of Preservcyt® solution by swirling vigorously 10 times. Discard the spatula. Place the cap on the vial. •Insert Cytobrush® Plus GT device into the endocervix until the bottom-most fibers are exposed. Slowly rotate one-quarter to one-half turn in one direction. Remove device. <u>Do not over rotate. Additional rotation may cause bleeding and contaminate the specimen.</u> •Remove the cap from the original Preservcyt® vial and rinse the Cytobrush® Plus GT in the Preservcyt® solution by rotating the device in the solution 10 times while pushing it against the wall of the vial. Swirl the device vigorously to further release material. Discard the device. •Tighten the Preservcyt® vial cap so that the torque line on the cap passes the torque line on the vial. •Warning: Do Not use the Cytobrush® Plus GT cell collector gentle touch tip for endometrial sampling.
<p>Pap Smear: Thin Prep® Collection with Broom-like Device</p>	<p>Prepare the patient for Pap procedure in the usual manner. For collection with the Broom-like device:</p> <ul style="list-style-type: none"> •<u>Obtain</u>: Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction five times. •<u>Rinse</u>: Rinse the broom as quickly as possible into the Preservcyt® solution vial by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the collection device. •<u>Tighten</u>: Tighten the cap so that the torque line on the cap passes the torque line on the vial.

	<ul style="list-style-type: none"> ●<u>Record</u>: Record the patient's name and SSN/FMP on the vial. ●<u>Place</u>: Place the vial and appropriate requisition form in a specimen bag for transport to the Cytology Section.
Pap Smear: Conventional Pap Smear (Cervical-Vaginal Cytology)	<p>Prior to obtaining the smear, identify the slide by writing on the frosted end with a #2 pencil the patient's name, last four digits of SSN, and FMP. Utilize the spatula for the ectocervical sample first and spread the material onto the glass slide, then use the cytobrush for the endocervical sample and spread the brush material directly over the previously spread spatula sample by gently twirling the handle. Spray fix the slide IMMEDIATELY with a spray Pap fixative (Cyto-fix, Pro-fix, etc.). Make sure the nozzle of the spraying apparatus is held approximately 8 – 10 inches from the slide. An alternative to the spatula and brush is the Broom-like device which takes a sample from both the ectocervix and endocervix simultaneously and this is then spread onto a glass slide with a single smooth stroke again as above spray fix the slide IMMEDIATELY with Pap fixative (Cyto-fix, Pro-fix, etc.) and the nozzle apparatus about 8 – 10 inches from the slide. For cytohormonal evaluation, a lateral vaginal wall scraping smear from the middle third of the vagina is required (for evaluation of possible vaginal adenosis, the vagina should be free of mucus before smears are made.)</p>
Post-Bronchial Sputum	<p>Give the patient a specimen cup <u>before</u> the bronchoscope is withdrawn. All sputum expectorated after bronchoscopy and for the next one hour should be collected in the patient's specimen cup and then have approximately 30 ml of Cytolyt fixative added to cover the sputa.</p> <p>Note: Cytolyt® fixative solution is a poison that contains methanol and it must never come in direct contact with the patient.</p>
Skin Scrapings or Mucosal Vesicular Fluid (Tzanck Cell Preparation)	<p>Submit two smears, one spray fixed with a Pap fixative and one air dried un-fixed for Diff-Quik staining.</p>
Sputum	<p>Upon awakening in the morning, the patient should be instructed to cough deeply and expectorate into a specimen a pre-filled specimen cup with Cytolyt® fixative and refrigerate. Note: Cytolyt® fixative solution is a poison that contains methanol and it must never come in direct contact with the patient. Any additional sputum from deep coughing after the initial specimen may be included in the same sample. For maximum diagnostic accuracy, repeat for three consecutive days. The specimen should be brought to the Cytology Section, fourth floor, Room 427-8A during normal duty hours.</p>
Voided Urine	<p>Patient should be well hydrated prior to obtaining the specimen. Collect a clean catch specimen after the first morning sample has been voided (50-100ml of midstream urine) and immediately mix with an equal volume of cytolyt fixative. Alternatively, the specimen can be submitted fresh (unfixed) to the Cytology Section within one hour after</p>

	collection. <u>Note: 24 hour urine specimens or those obtained from a Foley catheter bag cannot be evaluated cytologically.</u>
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c. Surgical Pathology Section.

(1) All tissue removed from patients at this institution must be submitted to the Anatomic Pathology Service for examination. The specimens must be delivered to the Histology Laboratory Grossing Room 427-13 between 0700 – 1500 Monday through Friday. Tissue should be placed in a 10% formalin solution unless special procedures are required (i.e., frozen sections, lymph nodes, etc.) For special procedures, contact the grossing room @ 916-2160 during normal duty hours. After hours, deliver the specimen to Specimen Processing, Room 429-8 and sign the Histology log book. For any questions, contact the Resident-on-call @ 513-0626.

(2) Specimen containers must be labeled properly with the patient's hospital medical card and contain the following items:

- Patient's name, SSN, and registration number.
- Patient's location (ward or clinic).
- Physician's name.
- Clinic's telephone number or physician's pager number.
- What the specimen represents (e.g., "liver biopsy").

(3) The LAB ORDERS must be placed into CHCS under “TISSUE EXAM~WARD/CLINIC COLLECT~TISSUE CUP”. The printed orders should accompany the specimen. Each container should be identified as “A”, “B”, etc.

(4) For in-patient, Operating Room specimens, a single copy of the Tissue Examination Form (SF 515) should accompany the specimen. For **frozen sections or other special procedures**, adequate clinical information to aid the pathologist in making an accurate and rapid diagnosis must be included. SF 515 must be stamped with the patient's hospital medical card and must contain the same information as listed above in paragraph 8. c. (2). All handwritten information **MUST BE CLEAR, PRICISE, AND LEGIBLE**. Most importantly, an accurate UCA code and clinic/service where the specimen is originating should be clearly indicated on SF 515.

(5) Surgical Pathology reports (routine, non-complicated cases) are completed within two working days (48 hours), with cases complicated by special procedures such as electron microscopy, special stains, decalcification, or extensive consultation taking longer. Inquiries concerning status of cases will be facilitated by knowledge of the date the specimen was accessioned, the accession number, and the Pathology resident involved in the case. Inquiries should be directed to the Pathology Medical Records Section, 916-5303/5162/4208. It is emphasized that definitive therapy or invasive diagnostic procedures predicated by the results of the surgical biopsy should be taken only after a final written Surgical Pathology report is in hand.

(6) All slides and tissue submitted to the Anatomic Pathology Service are the medical and legal responsibility of the Anatomic Pathology Service and, therefore, require stringent control to maintain the integrity of our files. Specimen carriers from the clinics and the operating rooms should bring the unit's specimen log book/ledger that will be reviewed, checked against the specimen on hand, and signed for by the DPALS technician located in the grossing room. The technician will verify that each sample is appropriately labeled and that a proper surgical order accompanies each. **No sample will be accepted by DPALS without logbook/ledger verification.** The DPALS control over these materials must also comply with requirements of the 1974 Privacy Act. Physicians are required to sign for all slides borrowed from the Service's files and must return them promptly.

(7) All patients admitted to BAMC for therapy (particularly for cancer therapy) based on a tissue diagnosis rendered at another institution must have a tissue diagnosis from BAMC Anatomic Pathology based on a review of the outside slides and tissue examination report.

(8) To request review of outside slides by BAMC, submit a completed SF 515, to include the patient's name, age, SSN, type of specimen, date tissue was obtained, and referring hospital. Completed DD Form 2005 (Privacy Act statement) signed by the patient must accompany the SF 515. BAMC Anatomic Pathology will then request the material and upon its arrival will render a tissue examination report and will return the material to the original contributor. If the patient arrives at BAMC with outside slides, they should be submitted to the Anatomic Pathology Service with a copy of the outside report, if available (for gross information to document the accuracy of the slides), and a completed SF 515 requesting review of this material.

(9) Electron Microscopy (EM) and Tissue Immuno-fluorescence Microscopy (IFM). The EM Section of the Anatomic Pathology Service is inactive; however, specimens for EM/IFM are still submitted to Histology, BAMC and will be processed at WHMC. All renal biopsies are examined routinely; in addition, any other tissue or specimen of unusual interest can be processed for EM and IFM. These special microscopy procedures require special handling and fixation of the tissues submitted. Submit tissue in fresh state.

(a) EM specimens must be cut into one mm³ pieces and immediately placed into a special EM fixative (1% Glutaraldehyde).

(b) IFM specimens must be placed directly into a special fixative (Zeus tissue fixative) which preserves the reactivity of immunoglobulins. Although fixative for EM is available in Anatomic Pathology Service at BAMC, persons who are to perform biopsies on which EM and/or IFM may be useful should contact Histology Section personnel (916-4419) or the Medical Director of Surgical Pathology (916-4421) prior to the biopsy in order to coordinate activities and ensure proper handling of the specimens. Routine formalin fixation is UNACCEPTABLE for EM and IFM. It is requested that all tissues submitted for EM and/or IMF studies be labeled properly with the following information:

- Patient's name and SSN.

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- Description (what the specimen represents).
- Requesting physician's name.
- Exact time of excision.

(c) Specimens must be accompanied with the computer printed order. In any case where there is doubt as to the value of EM or IFM, the physician should feel free to consult with Medical Director of Surgical Pathology Service (916-4421).

(10) Special Procedures.

SPECIAL PROCEDURE	SUBMITTING REQUIREMENTS
Estrogen/Progesterone Assays (ER/PR)	Estrogen and progesterone receptor studies will be performed by the immuno-histochemical method at the IMPATH Laboratory. Request for quantitative assay of ER/PR should be prearranged with the Histology Laboratory.
Intraoperative Consultations	Tissue specimens should be taken to the Laboratory in a fresh state. The purpose of the frozen section is to assist the surgeon in making intraoperative or immediate postoperative decisions on patient management. Frozen sections for reasons other than immediate therapeutic decisions are strongly discouraged, particularly when only small pieces of tissue are available for examination. Diagnosis demanding evaluation of subtle microscopic changes cannot be made with certainty on frozen sections. Furthermore, the process of freezing induces severe cellular artifacts that usually impair the evaluation of permanent sections. Under normal circumstances, frozen sections will not be performed on lymph nodes suspected of harboring a lymphoproliferative disorder. The SF 515 sent with tissue for frozen section must contain adequate information and the exact question that is expected to be answered by the procedure; this will aid the pathologist in arriving quickly at the correct diagnosis and shorten patient's anesthesia time. If multiple specimens from the same surgical event are to be sent at different times, carbon copies of the SF 515 should be utilized as follows: record the specimen and source on the original (front page) for each specimen; send a carbon copy of the document with each additional specimen; and submit the original SF 515 with the final specimen(s). This will ensure that all specimens are properly identified and will aid in preventing errors in specimen control.
Lymph Nodes	Lymph nodes removed for diagnostic evaluation should be brought immediately to Anatomic Pathology Service in the fresh state wrapped (not suspended) in saline-wet gauzes (without fixative). This is essential. Whenever bacteriologic or fungal cultures are desired, a portion of the lymph node should be removed in a sterile

	<p>manner by the surgeon and placed in an appropriate container for microbiologic studies before the remainder of the node is delivered to the pathologist. Studies that can be performed on lymph nodes received in the above manner include EM, histochemistry, flow cytometry, IFM, and light microscopy, and touch preparations. Delay in handling lymph nodes can result in a degree of autolysis that renders the material diagnostically inadequate.</p>
Muscle and Nerve Biopsies	<p>Muscle specimens are handled in a unique manner. To obtain maximum benefit (histochemistry, light microscopy, and EM) tissue must be submitted fresh. To ensure an adequate specimen for proper handling, it is necessary to notify the Anatomic Pathology resident on call 24 hours prior to the biopsy procedure. Nerve biopsies require special handling, including light microscopy and EM, teasing, and flash-freezing (in certain cases). Submit fresh. The pathology staff will take care of the specimen right after it has been obtained; and coordination with the pathologist, preferably 24 hours in advance, is necessary to assure proper preservation and processing of the biopsies.</p>
Renal Biopsies	<p>EM, IFM, and light microscopy are routinely performed on all renal biopsies. It is imperative that the special fixatives for EM and IFM be available at the time tissue is removed from its blood supply and that the biopsy be placed into the fixative IMMEDIATELY. Personnel from the Histology Section are available for assisting in the collection and fixation of specimens, and should be contacted at least 4 hours (preferably 24 hours) in advance of the biopsy. For scheduling of Renal Biopsies, call the Histology Section, 916-4419. A completed Renal Biopsy Clinical History Form should be submitted with every renal biopsy in addition to the other required documents.</p>
Spleens	<p>On all spleens that are to be removed for other than trauma or incidental reasons, the Anatomic Pathology Service should be notified in advance of the procedure. The spleen should be handled in a manner similar to diagnostic lymph node biopsies and delivered immediately to Anatomic Pathology Service in the fresh state. Spleens removed as incidental specimens in other operations or removed for splenic trauma should be handled as routine surgical specimens and placed in formalin fixative.</p>

9. **CLINICAL PATHOLOGY SERVICE.** DPALS offers clinical pathology services to BAMC, Great Plains Regional Medical Command, and other medical treatment facilities world wide using qualified professionals and state of the art methods and instrumentation. Clinical Pathology Service consists of the following services: Core Laboratory (Hematology and Chemistry), Microbiology, and Blood Bank. Our service captures in excess of one million

MEPR weighted workload units per year. Quality is the top priority and will not be compromised in any situation. Test results from all sections are continuously monitored for reliability, precision, and accuracy by both internal and external quality control programs. All laboratories are directed by board-certified pathologists. The laboratory's accreditation, licensure, and other inspections include: Joint Commission for the Accreditation of Healthcare Organizations (JCAHO); College of American Pathologists (CAP); Inspector General; DoD Center for Clinical Laboratory Management (CCLM); U.S. Army Environmental Hygiene Agency; American Association of Blood Banks (AABB); Food and Drug Administration (FDA); Occupational, Safety and Health Administration (OSHA); and the Nuclear Regulatory Commission (NRC).

a. Microbiology. The Microbiology Laboratory offers services in bacteriology, mycobacteriology, mycology, parasitology, serology, immunology, and virology.

(1) Specimen Collection. Proper specimen selection, collection, and transport are critical to ensure that the specimen is representative of the disease process with minimal contamination from the microorganisms present in adjacent tissues. When possible, indicate disease process or etiologic agent suspected. For questions regarding specimens containing agents of emerging disease or bioterrorism, please contact Microbiology Chief at 916-0329. Specimen containers should be transported within a sealable, leak-proof, plastic bag. Do not transport syringes with needles to the laboratory. Instead, contents should be transferred to a sterile container or the needle should be removed with a protective device and the capped syringe placed in a sealable, leak-proof, plastic bag.

(2) Specimen Suitability. Specimens which have not been properly collected or transported will be subject to rejection. Irretrievable specimens will be judged on an individual basis and the specimen will be salvaged whenever possible. The HCP will be contacted to help resolve the deficiency or to explain the rejection.

(3) General Rejection (Microbiology Guidelines).

- (a) Delays in transport which affect test result.
- (b) Duplicate specimens (except for blood culture) in a 24-hour period.
- (c) Improper collection container, handling, or collection, including unsuitable preservation and incorrect use of transport media.
- (d) Inadequate volume.
- (e) Inappropriate specimen for a given test.
- (f) Leaking specimen or gross external contamination of collection container.

- (g) Sample contaminated with barium.
- (h) Specimen received in fixative.
- (i) Specimen received without a label or improper label.

b. Blood Bank (Transfusion Medicine and Akeroyd Blood Donor Center).

(1) General Information.

(a) The Blood Bank consists of Transfusion Medicine (TM) at the hospital and the Akeroyd Blood Donor Center (Building 1240). The role of TM is to provide safe, quality, compatible blood products to support BAMC patient transfusion needs. The role of the Donor Center is to collect and manufacture those blood products.

(b) TM is located on the fourth floor of the hospital (phone: 916-3315 or 5185) and is operational 24 hours a day, 7 days a week.

(c) The Akeroyd Blood Donor Center is located on Harney Road, Building 1240. Donor Center operations usually occur Monday through Friday during normal duty hours. Special requests/procedures or blood products require direct consultation with the Medical Director or Chief of the Blood Bank. These products and/or services may be available in limited quantities, have relatively short shelf life, or require mobilization of donors and/or specialized technical personnel, therefore they require consultation prior to approval or release.

(d) Any issues regarding TM or Donor Center operations should be addressed to the Medical Director at 916-1115 or the Chief of the Blood Bank at 916-1180.

(e) Policies governing TM and Donor Center operations are available in BAMC Memo 40-84 (Procedures for the Use of Blood and Blood Products) and BAMC Memo 40-38 (Blood Donor Program). It is critical that BAMC staff become familiar with these BAMC memos in order to ensure effective and efficient use of available TM and Donor Center resources.

(2) Test and Blood Ordering Categories.

(a) Routine Type and Crossmatch (T&C). Pretransfusion testing is performed on the patient's blood including ABO group, Rh type, antibody screen, and a crossmatch. An immediate-spin crossmatch is performed when the patient's antibody screen is negative and no history of antibody formation is documented. Routine T&C procedures are usually performed for elective surgical procedures associated with blood loss. See Maximum Surgical Blood Ordering Schedule (MSBOS), Appendix C, BAMC Memo 40-84, Procedures for the Use of Blood and Blood Products. Blood is usually available within four hours.

(b) Type and Screen (T&S). The ABO group, Rh type and antibody screen is

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performed on the patient's blood. A crossmatch is performed if unexpected antibodies are present in the antibody screen. T&S procedures are used primarily for elective surgical procedures not usually associated with blood loss (see MSBOS, Appendix C, BAMC Memo 40-84). The SF 518 and corresponding specimen are valid for 3 days from the date requested. An extension of up to 10 days will be approved if the SF 518 and specimen is accompanied by documentation verifying the patient's transfusion status (BAMC Form 1130). T&S requests are usually processed within two hours. In the unlikely event that blood is required for the patient, an immediate-spin crossmatch will be performed on an expedited basis (10 to 20 minutes).

(c) ASAP. TM doesn't utilize this category due to the nature of a patient's need for blood; all requests are performed as soon as possible.

(d) STAT. This refers to the performance of expedited pretransfusion T&C procedures requested for emergency or semi-emergency surgical procedures and is usually completed within the hour. Previously submitted T&S blood requests are converted to STAT after a subsequent need for blood develops.

(e) Emergency Medical Release (EMR). See paragraph 19, Emergency Medical Release Procedures, BAMC Memo 40-84.

(3) Maximum Surgical Blood Ordering Schedule (MSBOS).

(a) The transfusion guidelines listed in Appendix F are recommended average transfusion levels derived by tabulating blood usage over several years for each elective surgical procedure performed in this hospital. Those procedures that have a historically low probability of requiring blood transfusion are listed as Type and Screen (T&S). T&S includes an ABO/Rh typing and antibody screen performed preoperatively (see paragraph 12. h. (2) for discussion of T&S procedures in BAMC Memo 40-84, Use of Blood and Blood Products). Elective surgical procedures that have a greater risk and a historically higher probability of requiring transfusion are crossmatched (see Paragraph 12. h. (1) for discussion of crossmatch procedures in the BAMC Memo 40-84). The maximum number of blood units that should be crossmatched are listed at the end of the schedule.

(b) T&S procedures listed in the schedule may be converted to crossmatch (T&C) procedures if the physician determines that the probability for transfusion is likely based on the patient's clinical condition. In such cases, the SF 518 must be clearly annotated "T&C"; otherwise, a T&S procedure will be performed.

(c) The Hospital Transfusion Practices Committee annually reviews the transfusion data on elective surgical procedures to ensure compliance with the MSBOS. The committee will also change the schedule as needed when transfusion levels dictate modifications.

APPENDIX A

Explanation of Abbreviations and Terms

AABB	American Association of Blood Banks
Ab	Antibody
ACTH	Adrenocorticotrophic Hormone
AF	Air Force
AFB	Acid Fast Bacillus
AG	Antigen
ALK	Alkaline
ALT	Alanine Aminotransferase
ANA	Anti Nuclear Antibody
AOD	Administrative Officer of the Day
AP	Anatomic Pathology
APTT	Activated Partial Thromboplastin Time
ASAP	As Soon As Possible
ASO	Antistreptolysin O
AST	Aspartate Aminotransferase
BAMC	Brooke Army Medical Center
BASO	Basophile
BATT	Battery
BBF	Blood Body Fluid
BC	Blood Culture
BUN	Blood Urea Nitrogen
BNP	B-Type Natriuretic Peptide
C	Clostridium
CA	Calcium
CAP	College of American Pathologists
CBC	Complete Blood Count
cc	cubic centimeter
CCMS	Clean Catch Midstream
CDC	Center for Disease Control
CHCS	Composite Health Care System
CK	Creatine Kinase
CK-MB	Creatine Kinase Muscle/Brain
CCLM	Center for Clinical Laboratory Management
CMV	Cytomegalovirus
CO ₂	Carbon Dioxide
COAG	Coagulation
COMP	Complete
CP	Clinical Pathology

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CSF	Cerebrospinal Fluid
CT	Cell Titer
CULT	Culture
Cytotech	Cytology Technologist
DFA	Direct Fluorescent Antibody
dL	deciliter
DNA	Deoxyribonucleic Acid
DoD	Department of Defense
DPALS	Department of Pathology and Area Laboratory Services
DSN	Defense Switched Network
ED	Emergency Department
EDTA	Ethylenediaminetetraacetate
EIA	Enzyme Immunoassay
EM	Electron Microscopy
EMR	Emergency Medical Release
ENA	Extractable Nuclear Antigen
EOS	Eosinophile
ER/PR	Estrogen/Progesterone
FBS	Fasting Blood Sugar (Glucose)
FDA	Food and Drug Administration
FFP	Fresh Frozen Plasma
FIB	Fibrinogen
FMP	Family Member Prefix
FNA	Fine Needle Aspiration
FTA	Fluorescent Treponemal Antibody
GGT	Gamma Glutamyltransferase
gm	gram
GYN	Gynecological
HC ₂ HPV	Hybrid Capture 2 Human Papillomavirus
HCG	Human Chorionic Gonadotropin
HCP	Healthcare Providers
HCT	Hematocrit
HDL	High Density Lipoprotein
Hem/Onc	Hematology/Oncology Service
HGB	Hemoglobin
HIAA	Hydroxyindoleacetic Acid
HIV	Human Immunodeficiency Virus
HLA	Human Leukocyte Antigen
HR	Hour
HSC	Health Services Command
IAW	In Accordance With
ICU	Intensive Care Unit

IFA	Immunofluorescent Antibody
IFM	Immunofluorescence Microscopy
IgA	Immunoglobulin A
IgG	Immunoglobulin G
IgM	Immunoglobulin
INR	International Normalized Ratio
IRR	Immediate Result Reporting
IV	Intravenous
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LCX	Ligase Chain Reaction
LD	Lactate Dehydrogenase
MCH	Mean Corpuscular Hemoglobin
MCHC	Mean Corpuscular Hemoglobin Concentration
MCV	Mean Corpuscular Value
MEPR	Medical Expense and Performance Reporting
mg	milligrams
MI	Middle Initial
mL	milliliter
MLT	Medical Laboratory Technician
mm	millimeter
MONO	Monocyte
MPV	Mean Platelet Volume
MRSA	Methicillin Resistant Staphylococcus Aureus
MSBOS	Maximum Surgical Blood Ordering Schedule
MTF	Medical Treatment Facility
NCOIC	Non Commissioned Officer in Charge
NCR	Nuclear Regulatory Commission
NLT	Not Later Than
NRC	Nuclear Regulatory Commission
O&P	Ova and Parasite
OIC	Officer in Charge
OSHA	Occupational, Safety, and Health Administration
PAN	Panel
Ped	Pediatric
PERI	Peripheral
PLT	Platelet
POD	Pathologist-of-the-Day
PREOP	Preoperative
PT	Prothrombin Time
PTT	Partial Thrombin Time
PVA	Polyvinylalcohol
QUAL	Qualitative

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QUANT	Quantitative
R/O	Rule Out
RBC	Red Blood Cells
RDW	Red Cell Distribution Width
RIA	Radioimmunoassay
RIBA	Recombinant Immunoblot Assay
RNP	Ribonucleoprotein
RPMI	Roswell Park Medical Institute
RPR	Rapid Plasma Reagin
RSV	Respiratory Syncytial Virus
SCR	Screen
SI	Seriously Ill
SPEP	Serum Protein Electrophoresis
SSA	Sjögrens Syndrome, A Marker
SSB	Sjögrens Syndrome, B Marker
SSN	Social Security Number
SST	Silicone (Serum) Separator Tube
STAT	Emergency, Request Priority
SUM	Summation
T&C	Type and Crossmatch
T&S	Type and Screen
TAT	Turn Around Times
TB	Tuberculosis
TdT	Terminal Deoxyribonucleic Transferase
TM	Transfusion Medicine
TOT	Total
TSH	Thyroid Stimulating Hormone
UA	Urinalysis
UCA	Uniform Charge Account
URN	Urine
UUN	Urine Urea Nitrogen
vCJD	variant Creutzfeldt-Jakob Disease
VDRL	Venereal Disease Research Laboratory
VRE	Vancomycin Resistant Enterococcus
VSI	Very Seriously Ill
WBC	White Blood Count
WHMC	Wilford Hall Medical Center
β-HCG	Beta Human Chorionic Gonadotropin

APPENDIX B

DPALS Telephone Numbers

Commercial (210) 916-xxxx, DSN is 429-xxxx.

Commercial (210) 295-xxxx, DSN is 421-xxxx.

Chief, DPALS	916-3311
Secretary	916-2352
NCOIC	916-4114
Laboratory Manager	916-1817
Computer Operations	916-1448
Performance Improvement Coordinator	916-4325
Point-of-Care Testing Coordinator	916-1641
Chief, Pathology Support Service	916-9039
91K (MLT) Phase II Coordinator	916-3008
Accounting and Supply Section	916-0318
Specimen Processing NCOIC	916-1220
Commercial Laboratory Representative	916-2751
Receptionist (first floor processing)	916-1412
Receptionist (fourth floor processing)	916-2833/4333
Shipping/Receiving	916-1538/0595
Chief, Anatomic Pathology Service	916-4421
Secretary	916-1845
NCOIC	916-7167
Chief, Cytology	916-4224
Cytology Supervisor	916-1408
Reports	916-1716
Histology	916-4419/3755
Morgue	916-0917/5998
Surgical Reports	916-5162/4208
Chief, Clinical Pathology Service	916-1921
Secretary	916-1230
NCOIC	916-0804
Chief, Blood Bank	916-1180/3047
Blood Bank Medical Director	916-1115
Transfusion Medicine	916-3315/5585
Blood Donor Center	295-4109/4989
Chief, Core and Reference Laboratory Services	916-4749
Asst Chief, Core and Reference Laboratory Services	916-4393
Chemistry Supervisor	916-3386
Chemistry	916-2043
Therapeutic Drug Monitoring	916-2190

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Urinalysis	916-2167
Hematology Supervisor	916-1633
Hematology	916-4454
Coagulation	916-1462
Bone Marrow	916-4172
Flow Cytometry	916-4123
Troop Medical Clinic Laboratory	295-4897/4949
Electrophoresis	916-5710
Reference Chemistry Supervisor	916-7793
Reference Chemistry Processing	916-6813
Chief, Microbiology Section	916-0329
Microbiology Section Medical Director	916-0329
Bacteriology Section Supervisor	916-3168/3353
Immunology Section Supervisor	916-0876
Hepatitis Section	916-3353/0876
Mycology	916-5360
Mycobacteriology	916-5851
Parasitology	916-3028
Serology	916-1746/0876
Virology	916-2421/0876

APPENDIX C

Emergency (STAT) Test Menu
Procedures authorized to be ordered and performed as Emergency (STAT)

The tests listed in this appendix may be ordered STAT, individually. If other tests are ordered on the same laboratory specimen, the request will automatically be reprioritized to an ASAP request. ASAP turnaround time is within 2 hours.

BLOOD BANK (see BAMC Memo 40-84 for specific policies)	
Crossmatch and emergency release of components	
Transfusion reaction evaluation	
CHEMISTRY SECTION, CORE LABORATORY	
Basic Metabolic Panel (BMP): Anion Gap, BUN, Calcium, Chloride, CO ₂ , Creatinine, Glucose, Potassium, Sodium	
Acetaminophen	Digoxin
Albumin	Dilantin
Alcohol	Lactic Acid
Ammonia	Magnesium
Amylase	Myoglobin
β-HCG, quantitative	Phenobarbital
B-Type Natriuretic Peptide (BNP)	Phosphorus
Calcium	Salicylate
CK	Serum or Urine HCG, qualitative
CK-MB	Theophylline
Cyclosporine	Troponin I
	Urinalysis, macroscopic
HEMATOLOGY SECTION, CORE LABORATORY	
Body fluid cell count	
CBC with automated differential	
D-Dimer	
Monospot	
PT/PTT/FIB/Thrombin Time	
MICROBIOLOGY	
Gram stain on sterile body site (CSF, peritoneal fluid, etc.)	

APPENDIX D

Tube Requirements for Laboratory Specimen Submission

The following table lists the collection tubes that should be used when drawing and/or submitting specimens. Point of contact for questions or additional guidance is Ms. Linda Speights at (210) 916-3386 or DSN 429-3386.

Test	Tube(s)	Other Instructions
Coagulation	Blue BD Vacuette, 2.8 mL or 1.8 mL	Fill to middle of blue area
Hematology CBC Hemoglobin Electrophoresis HGb A1C	BD Lavender, 4 mL Or Greiner Vacuette 4.5 mL	
Chemistry	Red, Marble, or Green (Lithium Heparin) BD with or without gel Or Greiner Vacuette	
Lipid Profiles	Marble/Red BD with or without gel Or Plain Red Glass Or Red Greiner Vacuette with or without gel	
Hormone and Cancer Markers	Plain Red BD Glass	
Blood Bank	Pink BD, 7 mL	
Cardiac Profiles	Green BD Or Green Greiner Vacuette	
Immunology/Serology	Marble/Red BD with or without gel Or Marble/Red Greiner Vacuette	
Nuclear Medicine: Thyroid Panel	Marble/Red BD with or without gel Or Marble/Red Greiner Vacuette	
Nuclear Medicine: Renin	Lavender BD Vacuette Or Lavender Greiner	
Nuclear Medicine: Other	Plain Red BD without gel Or Red Greiner Vacuette	
Sed Rates	Black top Vacu-tec	Fill to clear line
Urine Cultures	Light gray BD	Shake well to mix
Urinalysis	Plain Red BD glass Or Yellow BD tube	

APPENDIX E

Clinical Pathology Service Test Manual

TEST NAME	SUBMITTING REQUIREMENTS
1:1 COAG MIX STUDY	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Two 2.7 mL blue top tubes (sodium citrate). 3. Specimen and Volume Required: Fill to line on tube that indicates "sodium citrate". 4. Specimen Processing Instructions: Gently mix. Performed only on patients not on Coumadin or Heparin with abnormal PT and/or APTT. 5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient. 6. Expected TAT: 4 hours. 7. Test Performed in Hematology Section, 916-1462.
17-ALPHA HYDROXYPROGESTERONE (17-OHP)	<ol style="list-style-type: none"> 1. Patient Preparation: Early morning specimen preferred 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Freeze serum. Record patient age and collect time on request form. Ship on dry ice. 5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source. 6. Expected TAT: 10 days. 7. Test Performed in Nuclear Medicine, 916-5579.
17-HYDROXYCORTICOSTEROID PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 25 mL of 24-hour urine collection. 4. Specimen Processing Instructions: Laboratory will add 1-2 gm of Boric Acid to the 24-hour urine collection. After mixing well, aliquot 25 mL of the 24-hour urine collected into a labeled separate container. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: pH of urine must be between 4-7. 6. Expected TAT: 7 days. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: 17-HYDROXYCORTICOSTEROIDS;URINE TOTAL VOLUME;17-HYDROXYCORTICOSTEROIDS 24-HR

TEST NAME	SUBMITTING REQUIREMENTS
1HR GLUCOSE CHALLENGE, PREGNANT	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Sodium Fluoride tube (gray top). 3. Specimen and Volume Required: 1 mL plasma. 4. Specimen Processing Instructions: Give patient 50 grams Glucola. Draw 1 hour after ingestion. If utilizing any tube other than a gray top, centrifuge and remove from clot within 30 minutes of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
24 HR URINE CALCIUM (PANEL)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of random or 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: URINE TOTAL VOLUME; CALCIUM, URINE (24HR); URN CALCIUM CONCENTRATION
24 HR URINE CATECHOLAMINES	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 50 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: Must be frozen. Do not add preservative. 6. Expected TAT: 7 days. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: URINE TOTAL VOLUME; DOPAMINE, URINE; DOPAMINE, URINE (24HR); EPINEPHRINE, URINE (24HR); EPINEPHRINE, URINE (24HR); NOREPINEPHRINE, URINE; NOREPINEPHRINE, URINE (24HR)
24 HR URINE CHLORIDE (PANEL)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is

TEST NAME	SUBMITTING REQUIREMENTS
	<p>made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period.</p> <ol style="list-style-type: none"> 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection . 4. Specimen Processing Instructions: No preservative required. Laboratory staff will mix the 24-hour urine well before pouring off a 10 mL aliquot. Record total volume of 24-hour urine on accession labels. Store refrigerated. Ship on wet ice. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043. 8. Tests in Panel: CHLORIDE, URINE (24HR); URINE TOTAL VOLUME; URN CHLORIDE CONCENTRATION
24 HR URINE CITRATE (PANEL)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 25 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: Must be frozen. Do not add preservative. 6. Expected TAT: 7 days. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: CITRATE, URINE; URN CITRATE CONCENTRATION; URINE TOTAL VOLUME
24 HR URINE COPPER (PANEL)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: Acid-washed 24-hour urine container. 3. Specimen and Volume Required: 25 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Mix urine in 24-hour urine container well. Aliquot 25 mL of 24-hour collection into a separate labeled container. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: Must be collected in acid-washed container. 6. Expected TAT: 7 days. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: COPPER, URINE (24HR); URN COPPER

TEST NAME	SUBMITTING REQUIREMENTS
24 HR URINE CREATININE (PANEL)	<p data-bbox="571 310 1437 344">CONCENTRATION; URINE TOTAL VOLUME</p> <ol data-bbox="571 352 1437 852" style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: CREATININE, URINE (24HR); URINE TOTAL VOLUME; URN CREATININE CONCENTRATION
24 HR URINE GLUCOSE (PANEL)	<ol data-bbox="571 861 1437 1478" style="list-style-type: none"> 1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Laboratory staff will mix the 24-hour urine well before pouring off a 10 mL aliquot. Record total volume on accession labels. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043. 8. Tests in Panel: GLUCOSE, URINE (24HR); URINE TOTAL VOLUME; URN GLUCOSE CONCENTRATION
24 HR URINE MAGNESIUM (PANEL)	<ol data-bbox="571 1486 1437 1871" style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours.

TEST NAME	SUBMITTING REQUIREMENTS
	<p>7. Test Performed in Reference Chemistry, 916-7793.</p> <p>8. Tests in Panel: MAGNESIUM, URINE (24HR); URINE TOTAL VOLUME; URN MAGNESIUM CONCENTRATION</p>
24 HR URINE METANEPHRINE PANEL	<p>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</p> <p>2. Collection Container: 24-hour urine container.</p> <p>3. Specimen and Volume Required: 50 mL aliquot of 24-hour urine collection.</p> <p>4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</p> <p>5. Cause for Rejection: Must be frozen. Do not add preservative.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p> <p>8. Tests in Panel: URINE TOTAL VOLUME; METANEPHRINE, URINE (24HR); URN METANEPHRINE CONCENTRATION; NORMETANEPHRINE, URINE (24HR); URN NORMETANEPHRINE CONC; URN 3-METHOXYTYRAMNE CONC; 3-METHOXYTYRAMNE, URINE (24HR); TOTAL METANEPHRINE, URINE (24HR)</p>
24 HR URINE OXALATE PANEL (BAMC)	<p>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</p> <p>2. Collection Container: 24-hour urine container.</p> <p>3. Specimen and Volume Required: 20 mL aliquot of 24-hour urine collection.</p> <p>4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</p> <p>5. Cause for Rejection: Must be frozen. Do not add preservative.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p> <p>8. Tests in Panel: URN OXALATE CONCENTRATION; OXALATE, URINE (24HR); URINE TOTAL VOLUME</p>
24 HR URINE PHOSPHORUS (PANEL)	<p>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</p> <p>2. Collection Container: 24-hour urine container.</p> <p>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</p> <p>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</p> <p>5. Cause for Rejection: None.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: PHOSPHORUS, URINE (24HR); URINE TOTAL VOLUME; URN PO4 CONCENTRATION</p>
<p>24 HR URINE POTASSIUM (PANEL)</p>	<p>1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Laboratory staff mix the 24-hour urine collection well before pouring off a 10 mL aliquot. Record total volume on accession labels. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043. 8. Tests in Panel: POTASSIUM, URINE (24HR); URINE TOTAL VOLUME; URN POTASSIUM CONCENTRATION</p>
<p>24 HR URINE PROTEIN (PANEL)</p>	<p>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: Do NOT add acid, acidified specimen cannot be run. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: PROTEIN, URINE (24HR); URINE TOTAL VOLUME; PROTEIN, URINE</p>
<p>24 HR URINE SODIUM (PANEL)</p>	<p>1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Laboratory staff mix the 24-hour urine well before pouring off a 10 mL aliquot. Record total volume on accession labels. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043. 8. Tests in Panel: URINE TOTAL VOLUME; SODIUM, URINE (24HR); URN SODIUM CONCENTRATION
24 HR URINE URIC ACID (PANEL)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required, mix urine in 24-hour urine container well before pouring off aliquot. Note date, time of collection and total volume on request slip. 5. Cause for Rejection: Do NOT add acid, acidified specimen cannot be run. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: URIC ACID, URINE (24HR); URINE TOTAL VOLUME; URN URIC ACID CONCENTRATION
24 HR URINE UUN (PANEL)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. From then on collect in a clean bottle all urine during the day and night. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Laboratory staff mix the 24-hour urine well before pouring off a 10 mL aliquot. Record total volume on accession labels. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043. 8. Tests in Panel: UUN, URINE (24HR); URINE TOTAL VOLUME; URN UUN CONCENTRATION

TEST NAME	SUBMITTING REQUIREMENTS
24 HR URINE ZINC (PANEL)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 25 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: Laboratory will add 15 mL of concentrated Hydrochloric Acid (12N) to the 24-hour urine collection. After mixing well, aliquot 25 mL of the 24-hour urine collected into a labeled separate container. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: Container must be acid-washed. 6. Expected TAT: 7 days. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: URN ZINC CONCENTRATION; URINE TOTAL VOLUME; ZINC, URINE (24HR)
2HR POSTPRANDIAL GLUCOSE	<ol style="list-style-type: none"> 1. Patient Preparation: Patient is to eat 2 hours prior to having their blood drawn. 2. Collection Container: Sodium Fluoride tube (gray top). 3. Specimen and Volume Required: 1 mL plasma. 4. Specimen Processing Instructions: Draw 2 hours after meal. If utilizing any tube other than a gray top, centrifuge and remove from clot within 30 minutes of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
2HR URINE AMYLASE (BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. From then on collect in a clean bottle all urine during the 2-hour time period. Keep 2-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 2-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Laboratory staff mix the 2-hour urine well before pouring off a 10 mL aliquot. Record total volume on accession labels. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043. 8. Tests in Panel: URINE TOTAL VOLUME; AMYLASE, URINE (TIMED)
5 HIAA URINE	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 50 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: Must be frozen. Do not add preservative. 6. Expected TAT: 7 days. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: URINE TOTAL VOLUME; 5 HIAA; 5 HIAA (24 HR)
ABO GROUP & RH TYPE	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: EDTA pink top. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled; hemolysis. 6. Expected TAT: 4 hours. 7. Test Performed in Transfusion Medicine, 916-3315/5185.
ACETAMINOPHEN	<ol style="list-style-type: none"> 1. Patient Preparation: Plasma levels most accurately predict toxicity when samples are drawn between four and 12 hours after ingestion. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
ACETEST	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Urinalysis, 916-2167 and Troop Medical Clinic, 295-4503.
ACETYLCHOLINE RECEPTOR ANTIBODY	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Freeze within 1 hour. Ship on dry ice. 5. Cause for Rejection: Hemolysis or lipemia.

TEST NAME	SUBMITTING REQUIREMENTS
	<p>6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p>
<p>ACID FAST CULTURE AND STAIN (MYCOBACTERIAL CULTURE)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: NA. 2. Collection Container: See number 3 below. 3. Specimen and Volume Required: <ol style="list-style-type: none"> a. 3-10 mL ascitic fluid, sterile tube b. 10 mL blood, isolator tube (call Microbiology Laboratory for tubes/bottles and consult with Infectious Disease Service) c. 5 mL blood, BACTEC 13A (call Microbiology Laboratory for tubes/bottles and consult with Infectious Disease Service) d. 1-3 mL CSF, sterile tube e. Greater than 1 gram feces, specimen cup. Clean, dry, wax-free cup without preservatives. f. Gastric fluid, representative portion, sterile cup. g. Pericardial, representative portion, sterile cup. h. 3-5 mL pleural fluid, sterile tube. i. Tissue/bone, sterile cup. Do not allow specimen to dry out, small amount of saline may be added. j. Bronchial wash, representative portion, sterile cup. k. 5-10 mL sputum, sterile cup. l. Minimum 40 mL urine, sterile cup. Early morning CCMS, 3 consecutive days. Do not submit 24-hour urines. 4. Specimen Processing Instructions: If submitted from off-post, ship on ice. 5. Cause for Rejection: See Microbiology Section, general rejection criteria. Transport delay more than 24 hours for local specimens, and more than 72 hours for off-post specimens. 6. Expected TAT: 6 weeks (Acid-Fast Bacilli stain results are normally available within 24 hours). 7. Test Performed in Microbiology Section, 916-3353.
<p>ACID FAST STAIN FOR CRYPTOSPORIDIUM (INCLUDED IN ROUTINE O&P REQUESTS)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: Collect 1 stool each day for 3 consecutive days. Select the bloody or slimy portion of sample for submission. 2. Collection Container: O&P Collection Kit. 3. Specimen and Volume Required: Preserved or fresh stool. Add stool to the sample vial until formalin liquid reaches the reference line on the bottle. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled. Specimens submitted in PVA. Specimen taken from toilet bowl or contaminated with urine or water. Specimen containing barium or bismuth compounds. 6. Expected TAT: 2 days.

TEST NAME	SUBMITTING REQUIREMENTS
	7. Test Performed in Microbiology Section, 916-3353.
ACTH	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Pre-chilled siliconized EDTA. 3. Specimen and Volume Required: 2 mL plasma. 4. Specimen Processing Instructions: Separate cells from plasma and freeze plasma immediately. Ship on dry ice. 5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source. 6. Expected TAT: 7 days. 7. Test Performed in Immunochemistry, 916-9436.
ACUTE HEPATITIS B PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 4-5 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353. 8. Tests in Panel: HEPATITIS B SURFACE AG; HEPATITIS B CORE ANTIBODY IGM; HEPATITIS B CORE ANTIBODY TOT
ACUTE VIRAL HEPATITIS PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 4-5 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353. 8. Tests in Panel: HEPATITIS B SURFACE AG; HEPATITIS B CORE ANTIBODY IGM; HEPATITIS A VIRUS ANTIBODY IGM; HEPATITIS C VIRUS ANTIBODY
ALBUMIN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
ALBUMIN/ CREATININE RATIO (Urine)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Plastic vial. 3. Specimen and Volume Required: 2 mL urine. 4. Specimen Processing Instructions: Ship on wet ice.

TEST NAME	SUBMITTING REQUIREMENTS
	5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3-5 days. 7. Test Performed by WHMC Electrophoresis, (210)292-5466.
ALDOLASE	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Store frozen. Ship on dry ice. 5. Cause for Rejection: Specimen must be frozen if not analyzed within 24 hours. 6. Expected TAT: 72 hours. 7. Test Performed in Reference Chemistry, 916-7793.
ALDOSTERONE, SERUM	1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. 5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source. 6. Expected TAT: 10 days. 7. Test Performed in Nuclear Medicine, 916-5579.
ALK PHOSPHATASE	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
ALKALINE PHOSPHATASE ISOENZYMES	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 4 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 48 hours. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
ALLERGENS (20)	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 10 mL serum.

TEST NAME	SUBMITTING REQUIREMENTS
	4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 48 hours. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
ALPHA FETOPROTEIN (AFP)	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 3-5 days. 7. Test Performed by WHMC RIA, (210)292-5501.
ALPHA-1 ANTITRYPSIN	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Store frozen. Ship on dry ice. 5. Cause for Rejection: Specimen must be frozen if not analyzed within 24 hours. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
ALT	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
AMIKACIN PEAK	1. Patient Preparation: For intravenous therapy, peak concentrations occurs 15 to 30 minutes following completion of infusion. For intramuscular therapy, peak concentration occurs 45 to 75 minutes following administration. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
AMIKACIN RANDOM	1. Patient Preparation: None. 2. Collection Container: Red top tube or Lithium Heparin tube

TEST NAME	SUBMITTING REQUIREMENTS
	<p>(green top).</p> <ol style="list-style-type: none"> 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
<p>AMIKACIN TROUGH</p>	<ol style="list-style-type: none"> 1. Patient Preparation: For intravenous therapy and intramuscular therapy, trough concentration occurs not more than 30 minutes before next dose. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
<p>AMMONIA (BAMC)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: EDTA lavender top (preferred) or Sodium/Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL plasma. 4. Specimen Processing Instructions: Submit on ice or frozen. Centrifuge and separate within 15 minutes from cells. 5. Cause for Rejection: Submitted at room temperature or unfrozen. 6. Expected TAT: 1 hour. 7. Test Performed in Clinical Chemistry, 916-2043.
<p>AMYLASE</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
<p>AMYLASE, URINE (RANDOM)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 1 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.

TEST NAME	SUBMITTING REQUIREMENTS
AMYLASE, URINE (TIMED)	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clear 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Laboratory staff mix this 24-hour urine well before pouring off a 10 mL aliquot. Record time and total volume on accession labels. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
ANCA (NEUTROPHIL CYTOPLASMIC ANTIBODY)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3-5 days. 7. Test Performed by WHMC Diagnostic Immunology, (210)292-5897.
ANGIOTENSIN CONVERTING ENZYME	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Gross hemolysis. 6. Expected TAT: 48 hours. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
ANTI DNA (EIA)	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Serology, 916-0402.
ANTI ENA PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled.

TEST NAME	SUBMITTING REQUIREMENTS
	6. Expected TAT: 5 days. 7. Test Performed in Serology, 916-0402. 8. Tests in Panel: ANTI-RNP; ANTI-SMITH; ANTI-SSA; ANTI-SSB
ANTI NUCLEAR ANTIBODIES (BAMC)	1. Patient Preparation: Aseptic technique. Not performed on CSF or Body Fluids. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days. 7. Test Performed in Serology, 916-0402. 8. Tests in Panel: ANA SCR; ANA TITER; ANA PATTERN; ANA TITER2; ANA PATTERN2
ANTIBODY SCREEN/ IDENTIFICATION	1. Patient Preparation: Aseptic technique. 2. Collection Container: EDTA pink top. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled; hemolysis. 6. Expected TAT: 4 hours. 7. Test Performed in Transfusion Medicine, 916-3315/ 5185.
ANTIBODY TITER	1. Patient Preparation: Aseptic technique. 2. Collection Container: EDTA lavender top. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 hours. 7. Test Performed in Blood Bank, 916-3315/ 5185.
ANTI-CARDIOLIPIN PANEL	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3-5 days. 7. Test Performed by WHMC Diagnostic Immunology, (210)292-5897.
ANTIGLOBULIN TEST, DIRECT (DAT)	1. Patient Preparation: Aseptic technique. 2. Collection Container: EDTA pink top. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled.

TEST NAME	SUBMITTING REQUIREMENTS
	6. Expected TAT: 4 hours. 7. Test Performed in Transfusion Medicine, 916-3315/ 5185.
ANTIGLOBULIN TEST, INDIRECT	1. Patient Preparation: Aseptic technique. 2. Collection Container: EDTA pink top. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled; hemolysis. 6. Expected TAT: 4 hours. 7. Test Performed in Transfusion Medicine, 916-3315/ 5185.
ASO PANEL (BAMC)	1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 7 days. 7. Test Performed in Serology, 916-0402. 8. Tests in Panel: ANTI DNASE B; ANTI STREP O
AST	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
AUTOLOGOUS TRANSFUSION, PREOPERATIVE DEPOSIT	1. Patient Preparation: The request for autologous donation is made using BAMC Form 109, Authorization for Autologous Transfusion. After completion of the authorization form, the patient's physician must refer the patient to the Akeroyd Blood Donor Center. 2. Collection Container: NA. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: NA. 6. Expected TAT: NA. 7. Request processed at the Akeroyd Blood Donor Center, Building 1240, 295-4989.
BASIC METABOLIC PANEL	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum or plasma.

TEST NAME	SUBMITTING REQUIREMENTS
	<p>4. Specimen Processing Instructions: Centrifuge and remove from clot within 2 hours of collection.</p> <p>5. Cause for Rejection: Hemolysis.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p> <p>8. Tests in Panel: GLUCOSE; UREA NITROGEN; CREATININE; SODIUM; POTASSIUM; CHLORIDE; CARBON DIOXIDE; ANION GAP (NA-CL-CO₂); CALCIUM</p>
<p>BETA 2 MICROGLOBULIN</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Store frozen. Ship on dry ice.</p> <p>5. Cause for Rejection: Specimen must be frozen if not analyzed within 24 hours.</p> <p>6. Expected TAT: 72 hours.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>
<p>BILIRUBIN, DIRECT</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 1 mL serum or plasma.</p> <p>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. Protect from light.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p>
<p>BILIRUBIN, INDIRECT</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 1 mL serum or plasma.</p> <p>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. Protect from light.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p>
<p>BILIRUBIN, TOTAL</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 1 mL serum or plasma.</p> <p>4. Specimen Processing Instructions: Centrifuge and remove</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>from clot within 4 hours of collection. Protect from light.</p> <p>5. Cause for Rejection: Hemolysis.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p>
BLEEDING TIME	<p>1. Patient Preparation: Patient will be subjected to a small cut on the surface of the skin (usually on the inside of the forearm). The time it takes for a clot to form and bleeding to stop will be monitored. Patient must remain in the collection room during the procedure. Procedure will last approximately 15 minutes.</p> <p>2. Collection Container: NA</p> <p>3. Specimen and Volume Required: NA.</p> <p>4. Specimen Processing Instructions: NA.</p> <p>5. Cause for Rejection: NA.</p> <p>6. Expected TAT: 1 hour.</p> <p>7. Test Performed in Specimen Processing, 916-1412/2833/4333.</p>
BLOOD CULTURE	<p>1. Patient Preparation:</p> <p>a. Site preparation. Decontaminate venipuncture site with 1-step chloraprep. If kits are unavailable or patient is allergic to this type of preparation, use 70% isopropyl. Vigorously cleanse the site with 70% isopropyl or ethyl alcohol, repeat two times. Allow the site to dry. Do not palpate vein.</p> <p>b. Specimen collection. Disinfect top of bottle with 70% alcohol or iodine, allow to sit on bottle tops for 1 minute. Wipe off excess with sterile gauze. Collect the blood aseptically. If vein is missed, redraw using a new needle and syringe. For difficult to draw patients, direct draw with a butterfly adapter can be performed. After venipuncture remove iodine from skin with alcohol.</p> <p>2. Collection Container:</p> <p>a. Adults: BacT/Alert FA(aerobic)/SN(anaerobic) set.</p> <p>b. Pediatric patients: BacT/Alert PF pediatric bottle. (Note: can also be used for adults with difficult access and low volume draws).</p> <p>c. Isolator tubes: For fungal and mycobacterial blood cultures.</p> <p>3. Specimen and Volume Required:</p> <p>a. Adults: 8 to 10 mL blood/bottle. (Do not overfill)</p> <p>b. Pediatrics: up to 4 mL blood./bottle. (Do not overfill)</p> <p>c. Isolator tubes: 10 mL blood.</p> <p>4. Specimen Processing Instructions: Label bottle with patient information. Do not cover bottle bar code. Do not cover bottle sensor on bottom. Submit to specimen processing immediately.</p> <p>5. Cause for Rejection: Improperly collected or labeled blood</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>cultures, and items listed under Microbiology general rejection criteria. Transport delays more than 24 hours. Bottles which have been refrigerated.</p> <p>6. Expected TAT: 5-7 days. Positive blood culture bottles are Gram stained and reported immediately after detection of growth.</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
<p>BLOOD PARASITES (MALARIA SMEARS)</p>	<p>1. Patient Preparation: Aseptic technique.</p> <p>2. Collection Container: Aseptically obtain capillary blood from finger sticks for slide preparation, 3 thick and 3 thin smears. For thick smears, place 2 drops of blood on a slide and spread each drop out to the size of a dime. For thin smears, place a drop of blood on a slide and using another slide, streak out the blood as you would for a differential slide. Allow both thick and thin smears to dry. Whole blood may also be submitted in an EDTA lavender top tube.</p> <p>3. Specimen and Volume Required: Capillary blood or 7 mL whole blood.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: Improperly labeled or collected.</p> <p>6. Expected TAT: Preliminary report available within 24 hours during normal duty hours. Final report available within 3 days.</p> <p>7. Test Performed in Microbiology Section, 916-3353/916-3028.</p>
<p>BODY FLUID CELL COUNT AND DIFFERENTIAL (PLEURAL, PERICARDIAL, PERITONEAL, SYNOVIAL)</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: EDTA lavender tube top, gently mix tube immediately after collection.</p> <p>3. Specimen and Volume Required: ½ volume of tube.</p> <p>4. Specimen Processing Instructions: Gently mix tube immediately to assure anti-coagulant is effective.</p> <p>5. Cause for Rejection: Clotted specimens.</p> <p>6. Expected TAT: 2 hours.</p> <p>7. Test Performed in Hematology Section, 916-4454.</p> <p>8. Tests in Panel: COLOR; APPEARANCE; RBC; NUCLEATED CELLS; POLYMORPHONUCLEAR CELLS; MONONUCLEAR CELLS</p>
<p>BODY FLUID CELL COUNT AND DIFFERENTIAL (CEREBROSPINAL FLUID, CSF)</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Sterile screw capped (CSF) tubes.</p> <p>3. Specimen and Volume Required: 3-5 mL CSF.</p> <p>4. Specimen Processing Instructions: All CSFs must be collected in a sterile screw capped tube, labeled #1, #2, #3, #4, in the order they are filled. Tube #1 is for Chemistry and Serology testing. Do not perform a cell count as this tube contains cells introduced by the spinal tap procedure. Tube #2 is for Hematology for a cell count and differential. Tube #3 is for Microbiology (keep at room</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>temperature). This tube is least likely to contain skin contaminants. Tube #4 may be used for a second cell count if requested and for Microbiology. If a cell count and microbiology request is ordered on Tube #4, deliver to Hematology with Microbiology labels. The Hematology technologist will pour off fluid for the cell count to avoid contamination and deliver Tube #4 to Microbiology with the correct labels. Chemistry and Hematology tubes are to be refrigerated following test.</p> <ol style="list-style-type: none"> 5. Cause for Rejection: Quantity not sufficient; clotted. 6. Expected TAT: 2 hours. 7. Test Performed in Hematology Section, 916-4454.
<p>BODY FLUID CRYSTAL EXAM (SYNOVIAL FLUID)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: EDTA lavender top tube, gently mix tube after collection to ensure anti-coagulant is effective. 3. Specimen and Volume Required: ½ volume of tube. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Quantity not sufficient. 6. Expected TAT: 2 hours. 7. Test Performed in Hematology Section, 916-4454.
<p>BODY FLUID CULTURE</p>	<ol style="list-style-type: none"> 1. Patient Preparation: Disinfect overlying skin with iodine. Obtain specimen via percutaneous needle aspiration or surgery. Transport to the laboratory immediately. May be submitted in blood culture bottles. 2. Collection Container: Blood culture bottle set. 3. Specimen and Volume Required: Peritoneal, ascites, dialysates, synovial, and pleural fluid. (8-10 mL into blood culture bottles). (For other body fluids see Wound Culture, Deep). 4. Specimen Processing Instructions: Order gram stain separately, transport to laboratory immediately. 5. Cause for Rejection: Items listed under Microbiology general rejection criteria. 6. Expected TAT: 5 days. 7. Test Performed in Microbiology Section, 916-3353.
<p>BONE-LYMP BATT</p>	<ol style="list-style-type: none"> 1. Patient Preparation: Medical Record Consultation (SF 513) and Tissue Report Form (SF 515) are required. 2. Collection Container: <ol style="list-style-type: none"> a. 1 Yellow Top Tube (ACD) for Bone Marrow Aspirate. b. Sterile Container with (RPMI) 1640 Cellgro for Tissue or Lymph Node. 3. Specimen and Volume Required: <ol style="list-style-type: none"> a. 2 – 5 cc in ACD tube for Bone Marrow. b. 3 mm or larger Fragment of Tissue or Lymph Node. 4. Specimen Processing Instructions: Specimen submissions

TEST NAME	SUBMITTING REQUIREMENTS
	<p>require prior coordination with Medical Director or Flow Cytometry Technician. Specimens must be received by the laboratory prior to 1500 hours. Keep specimens at room temperature.</p> <p>5. Cause for Rejection: Improperly collected, labeled, or stored incorrectly. Specimens that are bacterially contaminated, hemolyzed, clotted, exposed to extreme temperature, or specimens with low viability. Specimens received after 1500 hours.</p> <p>6. Expected TAT: 3-5 days.</p> <p>7. Test Performed in Flow Cytometry, 916-4123.</p> <p>8. Tests in Panel: T CELLS: CD1a; CD2; CD3; CD4; CD5; CD7; CD8; PRE B CELLS; CD10 (CALLA) B CELLS: CD19; CD20; CD22; CD23; Lambda LtChn; Kappa LtChn MONO/MYEL CELLS: CD11c; CD13; CD14; CD15; CD33; HLA DR; CD16; CD25; CD34 (HPCA-1); CD42a (Plt); CD45; CD56 (NKH-1); CD62 (Plt Glyco); CD71 (Tran Rec); TdT; FMC-7; Glycophorin-A</p>
<p>BORDETELLA CULTURE/DFA</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Casamino Acid Solution (1%) for transport. Request from Microbiology.</p> <p>3. Specimen and Volume Required: Nasopharyngeal calcium alginate or dacron swab (request from microbiology) or nasopharyngeal aspirates (0.5 ml volume).</p> <p>4. Specimen Processing Instructions: Transport to laboratory immediately.</p> <p>5. Cause for Rejection: Submission of cotton or rayon swab. Items listed under the Microbiology general rejection criteria.</p> <p>6. Expected TAT: 48 hours for DFA during normal duty hours; 7 days for culture.</p> <p>7. Test performed in Microbiology Section, 916-3353.</p>
<p>B-TYPE NATRIURETIC PEPTIDE (BNP)</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: EDTA lavender top.</p> <p>3. Specimen and Volume Required: 1 mL whole blood or plasma.</p> <p>4. Specimen Processing Instructions: If testing will not be performed within 4 hours, centrifuge and freeze plasma.</p> <p>5. Cause for Rejection: Whole blood specimens older than 4 hours or samples received unfrozen from off-post facilities.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test performed in Clinical Chemistry, 916-2190.</p>
<p>B-TYPE NATRIURETIC PEPTIDE (BNP,</p>	<p>1. Patient Preparation: None. Baseline BNP levels should be drawn on CHF patients once they appear compensated and</p>

TEST NAME	SUBMITTING REQUIREMENTS
BASELINE)	clinically euvolemic. 2. Collection Container: EDTA lavender top. 3. Specimen and Volume Required: 1 mL whole blood or plasma. 4. Specimen Processing Instructions: If testing will not be performed within 4 hours, centrifuge and freeze plasma. 5. Cause for Rejection: Whole blood specimens older than 4 hours or samples received unfrozen from off-post facilities. 6. Expected TAT: 1-4 hours. 7. Test performed in Clinical Chemistry, 916-2190.
C DIFFICILE A/B TOXIN	1. Patient Preparation: NA. 2. Collection Container: Sterile, leak-proof container. 3. Specimen and Volume Required: 5 mL fresh stool. 4. Specimen Processing Instructions: Deliver to laboratory immediately. Specimens from off-post should be kept frozen and shipped on ice. 5. Cause for Rejection: Specimens submitted on swabs. Preserved or formed stool specimens. 6. Expected TAT: Test performed Monday, Wednesday, and Friday. Results available within 24 hours of test date. 7. Test Performed in Microbiology Section, 916-3353.
CA 15-3	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 48 hours. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
CA 27-29	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 48 hours. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
CADMIUM (BLOOD)	1. Patient Preparation: Occupational Health must be consulted prior to submission. 2. Collection Container: Royal blue top trace metal tube, Sodium Heparin tube (green top). 3. Specimen and Volume Required: 3 mL whole blood. 4. Specimen Processing Instructions: Store refrigerated. Ship on wet ice. 5. Cause for Rejection: Frozen specimens or serum cannot be

TEST NAME	SUBMITTING REQUIREMENTS
	<p>run.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>
<p>CADMIUM EXPOSURE PANEL (OSHA)</p>	<p>1. Patient Preparation: Occupational Health must be consulted prior to submission.</p> <p>2. Collection Container:</p> <p>a. Royal blue top trace metal tube, Sodium Heparin.</p> <p>b. Clean sealable urine container.</p> <p>3. Specimen and Volume Required:</p> <p>a. 10 mL heparinized whole blood.</p> <p>b. 100 mL urine.</p> <p>4. Specimen Processing Instructions:</p> <p>a. DO NOT FREEZE whole blood. Ship at room temperature.</p> <p>b. Urine must be collected as follows: The bladder should first be emptied, and then a large glass of water should be consumed; the sample may be collected within an hour after the water is consumed. Check the pH of the urine collected immediately, it must be between 6.0 and 8.0. Seal the urine collection container, freeze the specimen, maintain the specimen frozen during storage and shipment to the laboratory prior to analysis. Every effort should be made to collect initial and subsequent specimens during the same time of the day. Please call the laboratory at (210)916-7793 before beginning collections.</p> <p>5. Cause for Rejection:</p> <p>a. If whole blood is frozen.</p> <p>b. If urine is not received frozen.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p> <p>8. Tests in Panel: CADMIUM (BLOOD); CADMIUM EXPOSURE PANEL CREAT; CADMIUM (URINE); CADMIUM/CREATININE RATIO; BETA 2 MICROGLOBULIN; B2M/CREATININE RATIO</p>
<p>CALCITONIN</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on dry ice.</p> <p>5. Cause for Rejection: Hemolysis or lipemia.</p> <p>6. Expected TAT: 5-7 days.</p> <p>7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p>
<p>CALCIUM</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 1 mL serum or plasma.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>4. Specimen Processing Instructions: Maintain integrity of sample by keeping sample container closed until testing.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p>
CALCIUM/ PHOSPHORUS URINE PANEL (BAMC)	<p>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</p> <p>2. Collection Container: 24-hour urine container.</p> <p>3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection.</p> <p>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p> <p>8. Tests in Panel: PHOSPHORUS, URINE (24HR); URN PO4 CONCENTRATION; CALCIUM, URINE (24HR); URN CALCIUM CONCENTRATION; URINE TOTAL VOLUME</p>
CANCER ANTIGEN 125 (CH 125)	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL serum.</p> <p>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</p> <p>5. Cause for Rejection: Non-frozen specimen from outside source. Heterophilic antibodies in human serum can react with the immunoglobulins included in the assay components causing interference with in vitro immunoassays. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Immunochemistry, 916-9436.</p>
CARBAMAZEPINE	<p>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</p> <p>2. Collection Container: Red top tube or Lithium Heparin tube</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>(green top).</p> <ol style="list-style-type: none"> 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
CARBOHYDRATE ANTIGEN 19-9	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 48 hours. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
CARBON DIOXIDE	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. Maintain integrity of sample by keeping sample container closed until testing. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
CARCINOEMBRYONIC ANTIGEN (CEA)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. 5. Cause for Rejection: Turbid or lipemic serum. Heterophilic antibodies in human serum can react with the immunoglobulins included in the assay components causing interference with in vitro immunoassays. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose. 6. Expected TAT: 7 days. 7. Test Performed in Immunochemistry, 916-9436.
CAROTENE	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum.

TEST NAME	SUBMITTING REQUIREMENTS
	<p>4. Specimen Processing Instructions: Separate serum from cells within 1 hour, place serum tube in light protective barrier (aluminum foil) to protect from light and freeze until analysis. Ship on dry ice.</p> <p>5. Cause for Rejection: Hemolyzed specimens cannot be analyzed, nor can specimens that are unfrozen or unprotected from light.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p>
CATHETER IV TIP	<p>1. Patient Preparation:</p> <ol style="list-style-type: none"> Cleanse skin around catheter site with alcohol. Aseptically remove catheter and clip 5-cm distal tip and catheter segment that passes through the skin surface. Place in a sterile container. <p>2. Collection Container: Sterile screw-cap tube or cup.</p> <p>3. Specimen and Volume Required: 5 cm distal tip.</p> <p>4. Specimen Processing Instructions: Transport directly to the laboratory to avoid drying out.</p> <p>5. Cause for Rejection: Items listed under the Microbiology general rejection criteria.</p> <p>6. Expected TAT: 72 hours.</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
CBC PROFILE	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: EDTA lavender top tube or Pediatric bullet tube.</p> <p>3. Specimen and Volume Required: Minimum 3-5 mL whole blood.</p> <p>4. Specimen Processing Instructions: Allow vacutainer to draw to the level of its vacuum, mix gently. Transport sample to the laboratory at room temperature. Must be received by the laboratory within 8 hours of collection.</p> <p>5. Cause for Rejection: Hemolysis, clots, or quantity not sufficient.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Hematology Section, 916-4454 and at Troop Medical Clinic, 295-4503.</p> <p>8. Tests in Panel: HGB; HCT; WBC; RBC; MCV; MCH; MCHC; RDW; PLT; MPV; %:NEUTRO; %:LYMPH; %:MONO; %:EOS; %:BASO; EOS; BASO; NEUTRO; LYMPH; MONO</p>
CDC BASIC PANEL	<p>1. Patient Preparation: Prior coordination with Flow Cytometry required. Medical Record Consultation (SF 513) and Tissue Report Form (SF 515) are required. Requesting physician must</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>order a CBC in conjunction with this request.</p> <p>2. Collection Container:</p> <p>a. EDTA lavender top tube (local request) or</p> <p>b. ACD yellow top tube (regional requests).</p> <p>3. Specimen and Volume Required:</p> <p>a. One 7 mL EDTA lavender top tube or</p> <p>b. 7 mL yellow top tube.</p> <p>4. Specimen Processing Instructions: Specimens must be received prior to 0900 hours. Keep specimens at room temperature.</p> <p>5. Cause for Rejection: Specimens improperly collected or labeled. Specimens that are bacterially contaminated, hemolyzed, clotted, exposed to extreme temperature. Specimens older than 24 hours for EDTA and 48 hours for ACD collected specimens.</p> <p>6. Expected TAT: 1 day.</p> <p>7. Test Performed in Flow Cytometry, 916-4123.</p> <p>8. Tests in Panel: WBC COUNT/CELL DYN; PERCENT LYMPHS; ABSOLUTE LYMPHS; CD3/T3 & CD8/T8; CD3/T3 PAN T; CD8/T8 SUPPRSS; CD3/T3 & CD4/T4; CD4/T4 HELPER; CD3- & CD19; CD3- & CD56; CD56/NKH-1 LGL; ABSOULTE CD4; ABS CD3 & CD8; CD4/ (CD8 & CD3); CD45 & CD14; T SUM; LYMPH SUM; LYMPHOCYTE PURITY; LYMPHOCYTE RECOVERY</p>
CERULOPLASMIN	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL serum.</p> <p>4. Specimen Processing Instructions: Freeze specimen. Ship on dry ice.</p> <p>5. Cause for Rejection: Non-frozen specimen received from outside source.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>
CHLAMYDIA IgG ANTIBODY	<p>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset of illness and convalescent sample 2-4 weeks from onset.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Serology, 916-0402.</p>
CHLAMYDIA/	<p>1. Patient Preparation: Aseptic technique. Sample to be collected</p>

TEST NAME	SUBMITTING REQUIREMENTS
GONORRHEA TEST BATTERY	<p>in clinic or ward. Female: use first swab to clean cervix, use second swab for sample collection. Male: insert swab 2-3 cm into urethra and rotate.</p> <ol style="list-style-type: none"> 2. Collection Container: PACE-2 Collection Kit. 3. Specimen and Volume Required: Male urethra, female endocervical canal using the Gen-Probe Pace specimen collection kit. 4. Specimen Processing Instructions: Transport ASAP at room temperature. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days. 7. Test Performed in Serology, 916-0402.
CHLAMYDIA/ GONORRHEA (TMA, TRANSCRIPTION- MEDIATED AMPLIFICATIONS)	<ol style="list-style-type: none"> 1. Patient Preparation: Patient should not have urinated for at least one hour prior to sampling. 2. Collection Container: Urine collection cup. 3. Specimen and Volume Required: Patient provides a first catch urine (approximately 20 to 30 mL). 4. Specimen Processing Instructions: Transfer 2 mL of urine into the urine specimen transport tube using the disposable pipette provided. This must be done within 24 hours of collection. Transport at room temperature. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: No longer than 5 working days. 7. Test Performed in Serology, 916-0402.
CHLORIDE	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
CHLORIDE, URINE (RANDOM)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 1 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
CHOLESTEROL	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST).

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Refrigerate. Ship on wet ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
<p>CHOLINESTERASE</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or EDTA plasma. 3. Specimen and Volume Required: 2 mL serum or EDTA plasma. 4. Specimen Processing Instructions: Freeze serum or plasma if not analyzed within 24 hours. Ship on dry ice. 5. Cause for Rejection: Hemolyzed specimens cannot be analyzed. Non-frozen specimens from outside source. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
<p>CHROMOSOME ANALYSIS</p>	<ol style="list-style-type: none"> 1. Patient Preparation: Complete Keesler AFB Form 345 and submit with sample. 2. Collection Container: Sodium Heparin tube (green top). 3. Specimen and Volume Required: 3 mL whole blood. 4. Specimen Processing Instructions: Ship at room temperature. 5. Cause for Rejection: Call (210) 916-1220. 6. Expected TAT: 3-4 weeks. 7. Test Performed by AF Genetics Center, (228) 377-6393.
<p>CHRONIC HEPATITIS B PAN</p>	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 4-5 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353. 8. Tests in Panel: HEPATITIS B SURFACE AG; HEPATITIS B SURFACE ANTIBODY; HEPATITIS B CORE ANTIBODY TOT
<p>CHRONIC VIRAL HEPATITIS PANEL</p>	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 4-5 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353. 8. Tests in Panel: HEPATITIS B SURFACE AG; HEPATITIS B

TEST NAME	SUBMITTING REQUIREMENTS
	SURFACE ANTIBODY; HEPATITIS B CORE ANTIBODY TOT; HEPATITIS C VIRUS ANTIBODY
CK	<ol style="list-style-type: none"> 1. Patient Preparation: Avoid exercise and/or intramuscular injections prior to venipuncture. 2. Collection Container: Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190/2043.
CK-MB BATTERY (BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190/2043. 8. Tests in Panel: CK; CK-MB
CLINITEST	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in: Urinalysis, 916-2167 and Troop Medical Clinic, 295-4503.
CLO TEST (PRESUMPTIVE DIAGNOSIS OF <i>HELICOBACTER PYLORI</i> INFECTION)	<ol style="list-style-type: none"> 1. Patient Preparation: Discontinue the use of antibiotics and bismuth preparations 3 weeks before biopsy. Patient should not have ingested proton pump inhibitors 2 weeks prior to test. 2. Collection Container: CLO test rapid urease test slide. 3. Specimen and Volume Required: 1-3 mm biopsy sample collected using standard biopsy forceps and procedures. 4. Specimen Processing Instructions: <ol style="list-style-type: none"> a. With clean applicator device, push the entire sample beneath the surface of the gel on the test slide, ensuring the entire sample is immersed into the gel. b. Transport to the laboratory within 1 hour. c. With each shipment of samples, send one uninoculated CLO test slide for Quality Control, which will be performed in the laboratory. 5. Cause for Rejection: Biopsy material contaminated with blood or items listed under Microbiology general rejection criteria. 6. Expected TAT: 24 hours, Monday - Friday.

TEST NAME	SUBMITTING REQUIREMENTS
COAG3	<p>7. Test Performed in Microbiology Section, 916-3353.</p> <ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 2.7 mL or 1.8 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube. 4. Specimen Processing Instructions: Gently mix tube after collection to ensure effectiveness of anti-coagulant. 5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient. 6. Expected TAT: 1-4 hours. 7. Test Performed in Hematology Section, 916-1462. 8. Tests in Panel: PT; APTT; FIBRINOGEN; INR THROMBIN TIME
COAGULATION PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 2.7 mL or 1.8 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube. 4. Specimen Processing Instructions: Gently mix tube after collection to ensure effectiveness of anti-coagulant. 5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient. 6. Expected TAT: 1-4 hours. 7. Test Performed in Hematology Section, 916-1462. 8. Tests in Panel: PT; APTT; INR
COAGULATION PANEL AND FIBRINOGEN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 2.7 mL or 1.8 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube. 4. Specimen Processing Instructions: Gently mix tube after collection to ensure effectiveness of anti-coagulant 5. Cause for Rejection: Clotted, hemolysis, or quantity not

TEST NAME	SUBMITTING REQUIREMENTS
	<p>sufficient.</p> <p>6. Expected TAT: 1- 4 hours.</p> <p>7. Test Performed in Hematology Section, 916-1462.</p> <p>8. Tests in Panel: PT; APTT; INR; FIBRINOGEN</p>
COCCIDIOIDES TITER	<p>1. Patient Preparation: Aseptic technique. Prior approval required. Contact Infectious Disease Service for approval.</p> <p>2. Collection Container: Red top tube.</p> <p>3. Specimen and Volume Required: 2.5 mL serum.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old.</p> <p>6. Expected TAT: 10 day.</p> <p>7. Test Performed in a commercial laboratory (Pappagianis). Contact Mycology Section, 916-3353.</p>
COMP METABOLIC PANEL (NEW)	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 2 mL serum or plasma.</p> <p>4. Specimen Processing Instructions: Centrifuge and remove from clot within 2 hours of collection.</p> <p>5. Cause for Rejection: Hemolysis.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p> <p>8. Tests in Panel: ALK PHOSPHATASE; ALBUMIN; BILIRUBIN, TOTAL; CALCIUM; CHLORIDE; CREATININE; GLUCOSE; POTASSIUM; PROTEIN TOTAL; SODIUM; AST; CARBON DIOXIDE; UREA NITROGEN; ALT</p>
COMPLEMENT C3	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL serum.</p> <p>4. Specimen Processing Instructions: Freeze specimen if not analyzed within 24 hours. Ship on dry ice.</p> <p>5. Cause for Rejection: Non-frozen specimen from outside source.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>
COMPLEMENT C4	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL serum.</p> <p>4. Specimen Processing Instructions: Freeze specimen if not analyzed within 24 hours. Ship on dry ice.</p> <p>5. Cause for Rejection: Non-frozen specimen from outside</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>source.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>
CONNECTIVE TISSUE (CT) IMMUNO SCREEN PANEL	<p>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 4 days.</p> <p>7. Test Performed in Serology, 916-0402.</p> <p>8. Tests in Panel: ANTI-MITOCHONDRIAL SCREEN; ANTI-MITOCHONDRIAL TITER; ANTI-SMOOTH MUSCLE SCREEN; ANTI-SMOOTH MUSCLE TITER; ANTI-PARIETAL CELL SCREEN; ANTI-PARIETAL CELL TITER</p>
COPPER, SERUM	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Royal blue acid-washed trace metal vacutainer (no preservative).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Laboratory should draw royal blue acid-washed trace metal tube and allow to clot. Centrifuge and transfer serum into another royal blue acid-washed trace metal tube. Refrigerate. Ship on wet ice.</p> <p>5. Cause for Rejection: Specimens not drawn in trace metal royal blue tubes.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>
CORD BLOOD SCREEN	<p>1. Patient Preparation: Aseptic technique.</p> <p>2. Collection Container: EDTA pink top tube.</p> <p>3. Specimen and Volume Required: 4-7 mL whole blood.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 4 hours.</p> <p>7. Test Performed in Transfusion Medicine, 916-3315/ 5185.</p>
CORTISOL AM	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 2 mL serum.</p> <p>4. Specimen Processing Instructions: Record time of day specimen was collected on laboratory request.</p> <p>5. Cause for Rejection: Grossly hemolyzed specimens.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2190.</p>

TEST NAME	SUBMITTING REQUIREMENTS
CORTISOL PM	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Record time of day specimen was collected on laboratory request. 5. Cause for Rejection: Grossly hemolyzed specimens. 6. Expected TAT: 48 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
CORTISOL UA PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: Patient must be given instructions to keep urine collection refrigerated during the collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 50 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative required. Mix well before pouring off 50 mL aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice. 5. Cause for Rejection: Unfrozen specimens cannot be analyzed. 6. Expected TAT: 7 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448. 8. Tests in Panel: CORTISOL,FREE, (24HR URINE); URN CORTISOL CONCENTRATION; URINE TOTAL VOLUME
CORYNEBACTERIUM DIPHThERIAE CULTURE (DIPHThERIA)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Requires special transport conditions and media. Contact laboratory prior to submission. 3. Specimen and Volume Required: Throat swab or nasopharyngeal specimen. 4. Specimen Processing Instructions: Transport to the laboratory immediately. 5. Cause for Rejection: Items listed under the Microbiology general rejection criteria. 6. Expected TAT: 1 week if toxin confirmation is required at a reference laboratory. 7. Test Performed in Microbiology Section, 916-3353.
C-PEPTIDE	<ol style="list-style-type: none"> 1. Patient Preparation: Fasting (12 hours). 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. 5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source.

TEST NAME	SUBMITTING REQUIREMENTS
	6. Expected TAT: 7 days. 7. Test Performed in Immunochemistry, 916-9436.
C-REACTIVE PROTEIN	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Store frozen. Ship on dry ice. 5. Cause for Rejection: Specimen must be frozen if not analyzed within 24 hours. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
CREATININE	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
CREATININE CLEARANCE PANEL	1. Patient Preparation: Patient must be given instructions to keep urine collection refrigerated during the collection period. 2. Collection Container: a. Silicone Stopper Tube (SST) for serum. b. 24-hour urine container. 3. Specimen and Volume Required: a. 1 mL serum. b. 10 mL aliquot urine. 4. Specimen Processing Instructions: a. Refrigerate serum. Ship on wet ice. b. No preservative required for urine collection. Mix well before pouring off aliquot. Record 24-hour collection total volume and date and time of collection on request. Urine are stored refrigerated. Ship on wet ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-9436. 8. Tests in Panel: URINE TOTAL VOLUME; CREATININE CLEARANCE; URN CREATININE CONCENTRATION; xCREATININE, SERUM
CRYOGLOBINLIN BATTERY (CRYOBAT)	1. Patient Preparation: Patient must be fasting 10-14 hours. Patient should be sent to laboratory collection area on the fourth

TEST NAME	SUBMITTING REQUIREMENTS
	<p>floor for specimen collection.</p> <p>2. Collection Container: 1 red top (no serum separator gel) and 2 blue top (sodium citrate) vacutainer tubes.</p> <p>3. Specimen and Volume Required: 7 mL whole blood in red top tube and two 2.7 mL in blue top tubes. Once blood is drawn, place all 3 tubes at 37° C immediately.</p> <p>4. Specimen Processing Instructions: Blood must be placed at 37° C immediately after drawing. Specimen must be received within 48-hours of collection. Mail-in specimens. Battery cannot be performed on this sample. Cryoglobulin only will be assayed: whole blood drawn in plain red top; specimen placed in 37° C incubator to clot; centrifuge specimen at 3600 RPM for 3-5 minutes; immediately separate serum from cells and ship serum at room temperature; do not ship refrigerated; minimum 2 mL serum must be received within 48 hours.</p> <p>5. Cause for Rejection: Test CANNOT be performed on lipemic specimens. Accurate testing CANNOT be performed if blood is not maintained at 37° C prior to testing.</p> <p>6. Expected TAT: The next duty day following a 48-hour incubation. Test is performed 0730-1530, Monday-Friday.</p> <p>7. Test Performed in Hematology Bone Marrow Section, 916-4172.</p> <p>8. Tests in Panel: CRYOGLOBULIN; CRYOFIBRINOGEN; FIBRINOGEN</p>
CRYOPRECIPITATE	<p>1. Patient Preparation: Requests for Cryoprecipitate are made using a completed SF 518.</p> <p>2. Collection Container: NA.</p> <p>3. Specimen and Volume Required: NA.</p> <p>4. Specimen Processing Instructions: NA.</p> <p>5. Cause for Rejection: Incomplete requests (SF 518s).</p> <p>6. Expected TAT: 1 hour.</p> <p>7. Test Performed in Transfusion Medicine, 916-3315/ 5185.</p>
CRYPTOCOCCAL ANTIGEN (BAMC)	<p>1. Patient Preparation: Aseptic technique.</p> <p>2. Collection Container: Red top tube or CSF container.</p> <p>3. Specimen and Volume Required: 2.5 mL serum or CSF.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old.</p> <p>6. Expected TAT: 10 days.</p> <p>7. Test Performed in Mycology Section, 916-3353.</p>
CRYPTOSPORIDIUM EIA (SEE ACID FAST	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Sterile screw-top cup. May be</p>

TEST NAME	SUBMITTING REQUIREMENTS
STAIN FOR CRYPTOSPORIDIUM)	<p>submitted in a formalin O&P collection.</p> <p>3. Specimen and Volume Required: Stool, 1 gm.</p> <p>4. Specimen Processing Instructions: Transport directly to the laboratory. If delay is anticipated, submit in a formalin O&P, SAF, or C&S collection kit.</p> <p>5. Cause for Rejection: Items listed under the Microbiology general rejection criteria.</p> <p>6. Expected TAT: 48 hours during Monday – Friday. Requests received on weekends and holidays will be performed on the next working day.</p> <p>7. Test Performed in Microbiology, 916-3353/916-3028.</p>
CSF CULTURE	<p>1. Patient Preparation: Disinfect site with iodine. Use aseptic technique to aspirate spinal fluid. Submit samples to the laboratory in labeled tubes as follows: Tube 1 – Chemistry (Tube 1 can never be used for culture). Tube 2 – Hematology. Tube 3 – Microbiology (Gram stain included in culture). Tube 4 – Additional requests.</p> <p>2. Collection Container: Sterile leak-proof CSF collection set.</p> <p>3. Specimen and Volume Required: Approximately 5 mL into Tube #3 for complete Microbiology work-up (1 mL for bacterial culture only).</p> <p>4. Specimen Processing Instructions: For volumes less than 3 mL, prioritize order of requests (bacterial, fungal, viral, etc.). Transport immediately to the laboratory. Do not refrigerate.</p> <p>5. Cause for Rejection: Quantity not sufficient when small volumes are submitted.</p> <p>6. Expected TAT: 72 hours for bacterial culture. 6 weeks for AFB culture. Gram stains available within 1 hour. AFB smears available within 24 hours of receipt.</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
CYCLOSPORIN MONOCLONAL	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: EDTA lavender top tube.</p> <p>3. Specimen and Volume Required: 2 mL plasma.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: Clotted.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2190.</p>
CYSTINE URN QUAL	<p>1. Patient Preparation: Patient must be given instructions to keep urine collection refrigerated during the collection period.</p> <p>2. Collection Container: 24-hour urine container.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>3. Specimen and Volume Required: 5 mL aliquot of 24-hour urine collection or random urine.</p> <p>4. Specimen Processing Instructions: No preservative required. Mix well before pouring off 5 mL aliquot. Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p>
CYTAPHERESIS, THERAPEUTIC	<p>1. Patient Preparation: Specialized procedures that require the use, collection, or removal of blood and blood products for therapeutic reasons require approval and direct consultation with the Transfusion Medicine Medical Director. A request for the therapeutic procedure must be submitted by the requesting physician using the standard consultation form SF 513, which summarizes all pertinent clinical information including diagnosis, type of procedure requested, indications for therapy, suggested frequency of the procedure, and anticipated benefits weighed against potential risks of the procedure.</p> <p>2. Collection Container: NA.</p> <p>3. Specimen and Volume Required: NA.</p> <p>4. Specimen Processing Instructions: NA.</p> <p>5. Cause for Rejection: Incomplete SF 513.</p> <p>6. Expected TAT: NA.</p> <p>7. Test Performed in the Akeroyd Blood Donor Center, Building 1240, 295-4989 or at the patient bedside.</p>
CYTOMEGALOVIRUS IgG/IgM	<p>1. Patient Preparation: Aseptic technique.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 5 days.</p> <p>7. Test Performed in Serology, 916-0402.</p>
D-DIMER	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Blue top tube (sodium citrate).</p> <p>3. Specimen and Volume Required: 2.7 mL or 1.8 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube.</p> <p>4. Specimen Processing Instructions: Allow vacutainer tube to draw to level of its vacuum. Gently mix tube after collection to</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>ensure effectiveness of anti-coagulant. Transport to laboratory immediately.</p> <p>5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Hematology Section, 916-1462.</p>
DEHYDROEPIANDRO- STERONE SULFATE (DHEA-S)	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL serum.</p> <p>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice.</p> <p>5. Cause for Rejection: Hemolyzed or lipemic sample. Non-frozen sample from outside source. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Immunochemistry, 916-9436.</p>
DIALYSATE FLUID	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Sterile container.</p> <p>3. Specimen and Volume Required: 1 mL dialysate fluid.</p> <p>4. Specimen Processing Instructions: Label with source (port).</p> <p>5. Cause for Rejection: See Microbiology Section, general rejection criteria.</p> <p>6. Expected TAT: 72 hours.</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
DIGOXIN LEVEL	<p>1. Patient Preparation: Collect 8 to 12 hours after last oral dose, 12 to 14 hours after last intramuscular dose, and 4 to 6 hours after last intravenous dose.</p> <p>2. Collection Container: Red top tube or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 2 mL serum/plasma.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043.</p>
DILANTIN LEVEL	<p>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</p> <p>2. Collection Container: Red top tube or Lithium Heparin tube</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>(green top).</p> <p>3. Specimen and Volume Required: 2 mL serum/plasma.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2190.</p>
DISOPYRAMIDE	<p>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</p> <p>2. Collection Container: Red top tube or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 2 mL serum/plasma.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2190.</p>
DONATION, BLOOD	<p>1. Patient Preparation: Donors should be at least 18 years of age. Donors of age 17 must have parental consent. Donor should weigh at least 110 pounds, be in generally good health, and afebrile.</p> <p>2. Collection Container: NA.</p> <p>3. Specimen and Volume Required: NA.</p> <p>4. Specimen Processing Instructions: NA.</p> <p>5. Cause for Rejection: History of hepatitis, intravenous drug addiction, high risk sexual behavior, coronary heart disease permanently disqualify potential donors. Temporary disqualifications include hypotension, hypertension, anemia, positive syphilis serology (STS), travel to malaria endemic areas, travel to UK or European countries with vCDJ risk, exposure to hepatitis, pregnancy, recent surgery, transfusion/transplantation within 12 months, tattoo within 12 months, and certain other medical conditions. Donors who have taken penicillin should be excluded from donation for 7 days. Use of vitamins, thyroid preparations, or oral contraceptives does not disqualify donors. See BAMC Memo 40-38 for additional details.</p> <p>6. Expected Procedure Time: 1.5 hours.</p> <p>7. Appointments can be made at the Akeroyd Blood Donor Center, Building 1240, 295-4989.</p>
ELECTROLYTES PANEL	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 2 mL serum or plasma.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 4. Specimen Processing Instructions: Centrifuge and remove from clot within 2 hours of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503. 8. Tests in Panel: SODIUM; POTASSIUM; CHLORIDE; CARBON DIOXIDE; ANION GAP (NA-CL-CO2)
<p>ELECTROPHORESIS, SERUM PROTEIN (SPEP)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Gross hemolysis or lipemia. 6. Expected TAT: 14 days (TAT may vary depending on results obtained). 7. Test Performed in Electrophoresis, 916-5710. 8. Tests in Panel: ALBUMIN FRACTION; ALPHA-1 FRACTION; ALPHA-2 FRACTION; BETA FRACTION; GAMMA FRACTION; ALBUMIN/GLOBULIN (SPEP); PROTEIN, (SPEP) (TOTAL); IG G (SPEP); IG A (SPEP); IG M (SPEP); IMMUNOFIXATION TEST; PATH REVIEW ELECTROPHORESIS
<p>EMERGENCY RELEASE OF BLOOD/COMPONENTS</p>	<ol style="list-style-type: none"> 1. Patient Preparation: NA. 2. Collection Container: NA (submit a pre-transfusion specimen at earliest opportunity). 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: Follow-up should occur as time permits. This entails: <ol style="list-style-type: none"> a. Completed BAMC OP 698. b. Collect one appropriately labeled EDTA pink top tube. 5. Cause for Rejection: No patient ID (as a minimum, require name and unique number). 6. Expected TAT: 5 minutes. 7. Test Performed in Blood Bank, 916-3315/ 5185.
<p>ENDOMYSIAL ANTIBODY (IgA)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 0.5 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 7-10 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.

TEST NAME	SUBMITTING REQUIREMENTS
EPSTEIN BARR VIRAL (EBV) PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 7 days. 7. Test Performed in Serology, 916-1746. 8. Tests in Panel: EBNA IgG; EBV IgG; EBV IgM
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Black top tube. 3. Specimen and Volume Required: Citrated plasma, fill to fill line of black top tube. 4. Specimen Processing Instructions: Gently mix tube after collection to ensure anti-coagulant is effective. 5. Cause for Rejection: Over and under filled tubes. 6. Expected TAT: 4 hours. 7. Test Performed in Hematology Section, 916-4454 and at Troop Medical Clinic, 295-4503.
ERYTHROPOIETIN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis or lipemia. 6. Expected TAT: 3 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
ESTRADIOL, SERUM (E2)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. 5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose. 6. Expected TAT: 7 days. 7. Test Performed in Immunochemistry, 916-9436.
ESTRIOL, TOTAL	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Separate serum from cells,

TEST NAME	SUBMITTING REQUIREMENTS
	<p>transfer serum to another transport tube and freeze. Ship on dry ice.</p> <p>5. Cause for Rejection: Must be stored frozen until analysis.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p>
ETHANOL (MEDICAL)	<p>1. Patient Preparation: Do not use alcohol wipe to clean arm before drawing blood. Disinfect arm using Betadine wipe.</p> <p>2. Collection Container: Gray top tube (sodium fluoride) or red top tube.</p> <p>3. Specimen and Volume Required: 2 mL serum or plasma.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043.</p>
ETHOSUXIMIDE	<p>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</p> <p>2. Collection Container: Red top tube or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 2 mL serum/plasma.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2190.</p>
ETHYLENE GLYCOL	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 2 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected and improperly labeled.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p>
FACTOR V LEIDEN	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: EDTA lavender top tube.</p> <p>3. Specimen and Volume Required: 3 mL whole blood.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected and improperly labeled.</p> <p>6. Expected TAT: 3-7 days.</p> <p>7. Test Performed by WHMC Hem/Onc Laboratory, 210-292-5523.</p>
FEBRILE AGGLUTIN	<p>1. Patient Preparation: Aseptic technique.</p>

TEST NAME	SUBMITTING REQUIREMENTS
PANEL	<ol style="list-style-type: none"> 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected, labeled, or hemolyzed specimen. 6. Expected TAT: 7 days. 7. Test Performed in Serology, 916-0402. 8. Tests in Panel: BRUCELLA TITER; FRANCISELLA TITER
FECAL FAT, QUAL (QUALITATIVE)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Fresh, unpreserved stool. Do not submit 24, 48, or 72-hour samples. 4. Specimen Processing Instructions: Do NOT preserve. Refrigerate if transport is delayed. Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. Presence of preservative. 6. Expected TAT: 2 days. 7. Test Performed in Microbiology Section, 916-3353.
FECAL LEUKOCYTE	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Sterile jar-type container. 3. Specimen and Volume Required: Fresh, unpreserved stool. Routine requests may be submitted in PVA. 4. Specimen Processing Instructions: Do NOT preserve. Refrigerate if transport is delayed. Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. Presence of preservative. Contaminated with urine. 6. Expected TAT: 1-4 hours. 7. Test Performed in Microbiology Section, 916-3353 during normal duty hours (can be ordered as O&P). Test performed in Hematology Section, 916-4454, STAT, only when Microbiology Section is not available.
FERRITIN/IRON PANEL (BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Separate from cells, transfer to transport tube, refrigerate. Ship on wet ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: IRON BINDING CAPACITY, TOTAL; IRON; FERRITIN; FE SAT%
FIBRINOGEN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Blue top tube (sodium citrate).

TEST NAME	SUBMITTING REQUIREMENTS
	<p>3. Specimen and Volume Required: 2.7 mL or 1.8 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube.</p> <p>4. Specimen Processing Instructions: Tube must be filled to the fill line. The tube(s) must be mixed gently after collection. Avoid specimen hemolysis and clotting. Transport to the laboratory at room temperature.</p> <p>5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Hematology Section, 916-1462.</p>
FRAGILE X	<p>1. Patient Preparation: Complete Keesler AFB Form 345 and submit with sample.</p> <p>2. Collection Container: EDTA lavender top tube or ACD yellow top tube.</p> <p>3. Specimen and Volume Required: 3 mL whole blood.</p> <p>4. Specimen Processing Instructions: Ship at room temperature.</p> <p>5. Cause for Rejection: Call (210) 916-1220.</p> <p>6. Expected TAT: 3-4 weeks.</p> <p>7. Test Performed by AF Genetics Center, Keesler AFB (228) 377-6393.</p>
FSH/LH (FOLLICLE STIMULATING HORMONE/ LUTENINIZING HORMONE)	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 2 mL serum.</p> <p>4. Specimen Processing Instructions: Frozen. Ship on dry ice.</p> <p>5. Cause for Rejection: Non-frozen specimens from outside source. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Immunochemistry, 916-9436.</p> <p>8. Tests in Panel: FOLLICLE STIMULATING HORMONE; LUTENINIZING HORMONE</p>
FTA PANEL (BAMC)	<p>1. Patient Preparation: Aseptic technique, not performed on CSF or body fluids only.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Serology, 916-0402. 8. Tests in Panel: RPR, (RAPID PLASMA REAGIN) SCREEN; RPR QUANTITATIVE; FTA
FUNGAL BLOOD	1. Patient Preparation: Aseptic technique. 2. Collection Container: ®Isolator tube or Bactec bottle. Isolator tubes are available at Infectious Disease Service. 3. Specimen and Volume Required: 8 mL blood. 4. Specimen Processing Instructions: Consult Infectious Disease Service for approval, and notify Mycology Section. 5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old. 6. Expected TAT: 6 weeks. 7. Test Performed in Mycology Section, 916-3353.
FUNGAL MISC	1. Patient Preparation: Aseptic technique. 2. Collection Container: See number 3 below. 3. Specimen and Volume Required: <ol style="list-style-type: none"> a. 3-10 mL abscess, sterile tube. b. 10 mL blood, ®Isolator tube. Call Infectious Disease Service for Isolator tubes. c. 5-10 mL CSF, sterile tube. d. Eye, corneal, scrapings, submitted on specialized fungal plated media, submitted in sterile containers. e. 3-10 mL fluid, sterile cup. f. Hair, skin, and nails, representative portion, specialized fungal plated media, or sterile container. g. Oral thrush, submit portion, sterile cup. h. Lesion, place in 1 mL saline, sterile cup. i. 5-10 mL sputum, sterile cup. j. Tissue/bone, sterile cup. Do not allow specimen to dry out, small amount of saline may be added. 4. Specimen Processing Instructions: Ship sample ASAP. Refrigerate if transport is delayed. Ship on wet ice. 5. Cause for Rejection: Transport delay more than 24 hours for local specimens, and shipped specimens must be received within 72 hours. 6. Expected TAT: 6 weeks. 7. Test Performed in Mycology Section, 916-3353.
FUNGAL PANEL (EIA)	1. Patient Preparation: Aseptic technique.

TEST NAME	SUBMITTING REQUIREMENTS
(BAMC)	<ol style="list-style-type: none"> 2. Collection Container: Red top tube or CSF tube. 3. Specimen and Volume Required: 2.5 mL serum or CSF. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old. 6. Expected TAT: 10 days. 7. Test Performed in Mycology Section, 916-3353. 8. Tests in Panel: CRYPTOCCOCCAL ANTIGEN (BAMC); COCCIDIODIES IgM EIA (BAMC); COCCIDIODIES IgG EIA (BAMC)
FUNGAL SEROLOGIES (IMMUNODIFFUSION (BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Red top tube. 3. Specimen and Volume Required: 2.5 mL serum. 4. Specimen Processing Instructions: Collect blood in a red top tube, separate serum prior to submission. 5. Cause for Rejection: Less than 2 mL, leaking specimens, or specimens over 24 hours old. 6. Expected TAT: 10 days. 7. Test Performed in Mycology Section, 916-3353. 8. Tests in Panel: HISTO H BAND ID; HISTO M BAND ID; COCCIDIO IDTP ID; COCCIDIO IDCF ID; BLASTOMYCES ID
G-6-PDH QUANTITATIVE (BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: EDTA lavender top tube. 3. Specimen and Volume Required: 5 mL whole blood. 4. Specimen Processing Instructions: Submit whole blood, do NOT separate cells or freeze specimen. Refrigerate. Ship on wet ice. 5. Cause for Rejection: Specimen cannot be analyzed if over 7 days old, separated, or frozen. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
GASTRIN	<ol style="list-style-type: none"> 1. Patient Preparation: Fasting. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. 5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source. 6. Expected TAT: 10 days.

TEST NAME	SUBMITTING REQUIREMENTS
	7. Test Performed in Nuclear Medicine, 916-5579.
GENITAL CULTURE (INCLUDES N. GONORRHOEAE)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Selective media. Submit selective media to the laboratory in closed CO₂ pouch. 3. Specimen and Volume Required: Genital exudate. 4. Specimen Processing Instructions: Inoculate specimen using Dacron or Rayon swab onto selective media by streaking the media by the swab in a "Z" pattern. Place in CO₂ pouch and transport to Specimen Processing immediately. Indicate source. 5. Cause for Rejection: Plate not delivered immediately; plate received cold to touch (refrigerated). Out-dated media. 6. Expected TAT: 72 hours. 7. Test Performed in Microbiology Section, 916-3353.
GENTAMICIN PEAK	<ol style="list-style-type: none"> 1. Patient Preparation: For intravenous therapy, peak concentrations occurs 15 to 30 minutes following completion of infusion. For intramuscular therapy, peak concentration occurs 45 to 75 minutes following administration. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
GENTAMICIN RANDOM	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
GENTAMICIN TROUGH	<ol style="list-style-type: none"> 1. Patient Preparation: For intravenous/ intramuscular therapy, trough concentration occurs not more than 30 minutes before next dose. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
GGT	1. Patient Preparation: None.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
GIARDIA EIA	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Sterile screw-top cup. May be submitted in a formalin O&P collection. 3. Specimen and Volume Required: Stool, 1 gm. 4. Specimen Processing Instructions: Transport directly to the laboratory. If delay is anticipated, submit in a formalin O&P, SAF, or C&S collection kit. 5. Cause for Rejection: Items listed under the Microbiology general rejection criteria. 6. Expected TAT: 48 hours during Monday – Friday. Requests received on weekends and holidays will be performed on the next working day. 7. Test Performed in Microbiology, 916-3353/916-3028.
GIARDIA LAMBLIA ANTIBODY IFA	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
GLIANDIN ANTIBODIES (IgG, IgA)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 0.5 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
GLUCOSE	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Sodium fluoride (gray top), Silicone Stopper Tube (SST), or Lithium Heparin tube (green top).

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: If utilizing any tube other than a gray top, centrifuge and remove from clot within 30 minutes of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
GLUCOSE TOLERANCE TEST (GTT)	<ol style="list-style-type: none"> 1. Patient Preparation: Procedure must be scheduled. Patient is to follow a 150 carbohydrate meal for three consecutive days prior to the procedure. Patient is required to fast 10 to 14 hours prior to the start of this test. Alcohol should not be consumed seven days prior. Smoking and mild exercise should be avoided during the test. 2. Collection Container: Sodium fluoride (gray top tube). 3. Specimen and Volume Required: 1 mL plasma. 4. Specimen Processing Instructions: If utilizing any tube other than a gray top, centrifuge and remove from clot within 30 minutes of collection. Procedure is halted if FBS is greater than 126 mg/dL. Once FBS result is obtained, give pregnant patient 100 grams of Glucola and all others 75 grams of Glucola. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 30 minutes. 7. Test Performed in Clinical Chemistry, 916-2043.
GLUCOSE,2 HOUR POST PRANDIAL	<ol style="list-style-type: none"> 1. Patient Preparation: Patient is to eat 2 hours prior to having their blood drawn. 2. Collection Container: Sodium fluoride (gray top tube). 3. Specimen and Volume Required: 1 mL plasma. 4. Specimen Processing Instructions: Draw 2 hours after meal ingestion. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
GLUCOSE,CSF	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Sterile CSF collection container. 3. Specimen and Volume Required: 1 mL CSF. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1 hour. 7. Test Performed in Clinical Chemistry, 916-2043.
GLYCOHEMOGLOBIN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: EDTA lavender top tube. 3. Specimen and Volume Required: 5 mL whole blood.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 4. Specimen Processing Instructions: Refrigerate. Ship on wet ice. 5. Cause for Rejection: More than 7 days old, gross lipemia, clots. 6. Expected TAT: 7 days. 7. Test Performed in Electrophoresis, 916-5710.
GRAM STAIN	<ol style="list-style-type: none"> 1. Patient Preparation: Gram stains are normally performed as routine on sputum cultures, wound cultures, sterile body fluids (except those submitted in blood bottles) and tissues. For optimal gram stain results a second swab or specimen should be submitted. Gram stains are not normally performed on urine, vaginal, catheter tips, or stool samples. 2. Collection Container: Transport swab or second specimen. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: Items listed under Microbiology general rejection criteria 6. 6. Expected TAT: 2 hours, STAT within 1 hour. 7. Test Performed in Microbiology Section, 916-3353 and Troop Medical Clinic, 295-4503. Test performed in Hematology Section, 916-4454, as STAT, only when Microbiology Section is not available.
GRANULOCYTES, APHERESIS, DONATION	<ol style="list-style-type: none"> 1. Patient Preparation: Direct consultation with the Medical Director or Chief is required. 2. Collection Container: NA. 3. Specimen and Volume Required: NA 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: NA. 6. Expected TAT: NA. 7. Procedure Performed in the Akeroyd Blood Donor Center, Building 1240, 295-4989.
HANSEL STAIN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Urine samples received more than 2 hours from collection time. 6. Expected TAT: 1-3 days. 7. Test Performed in Urinalysis, 916-2167.
HAPTOGLOBIN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Serum must be stored

TEST NAME	SUBMITTING REQUIREMENTS
	<p>frozen. Ship on dry ice.</p> <p>5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>
<p>HC₂ HPV Assay (Hybrid Capture 2 Human Papillomavirus)</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: PreservCyt Thin Prep Pap Test vial.</p> <p>3. Specimen and Volume Required: 4 mL.</p> <p>4. Specimen Processing Instructions: Must be received within 20 days of collection.</p> <p>5. Cause for Rejection: Less than 4 mL; PresevCyt solution greater than 20 days old.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Virology, 916-2421/0876.</p>
<p>HDL</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 2 mL serum.</p> <p>4. Specimen Processing Instructions: Normally performed as part of Lipid Profile. Ship on dry ice.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>
<p>HEAVY METALS SCREEN, URINE (PANEL)</p>	<p>1. Patient Preparation: Instruct patient to keep 24-hour urine collection refrigerated during collection period.</p> <p>2. Collection Container: 24-hour urine container.</p> <p>3. Specimen and Volume Required: 50 mL aliquot of 24-hour urine collection.</p> <p>4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</p> <p>5. Cause for Rejection: Must be frozen. Do not add preservative.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p> <p>8. Tests in Panel: URINE TOTAL VOLUME; LEAD SCREEN; MERCURY; ARSENIC</p>
<p>HELICOBACTER PYLORI ANTIGEN</p>	<p>1. Patient Preparation: NA.</p> <p>2. Collection Container: Sterile, leak-proof container.</p> <p>3. Specimen and Volume Required: 5 mL fresh stool.</p> <p>4. Specimen Processing Instructions: Deliver to laboratory immediately. Specimens from off-post should be kept frozen and shipped on ice.</p> <p>5. Cause for Rejection: Specimens submitted on swabs. Preserved or formed stool specimens.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>6. Expected TAT: Test performed Monday, Wednesday, and Friday. Results available within 24 hours of test date.</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
<p>HELICOBACTER PYLORI IgG</p>	<p>1. Patient Preparation: Aseptic technique.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected or labeled, hemolyzed specimen.</p> <p>6. Expected TAT: 4 days.</p> <p>7. Test Performed in Serology, 916-0402.</p>
<p>HELICOBACTER PYLORI IgM</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on dry ice.</p> <p>5. Cause for Rejection: Improperly collected and improperly labeled.</p> <p>6. Expected TAT: 3-4 days.</p> <p>7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p>
<p>HEMATOCRIT BODY FLUID (SPUN)</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Lavender top tube (EDTA). Gently mix tube immediately after collection.</p> <p>3. Specimen and Volume Required: Body fluid, ½ volume of tube.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: Clotted specimen.</p> <p>6. Expected TAT: 1 hour.</p> <p>7. Test Performed in Hematology Section, 916-4454.</p>
<p>HEMOGLOBIN VARIANT PANEL (BAMC)</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: EDTA lavender top tube.</p> <p>3. Specimen and Volume Required: 5 mL whole blood.</p> <p>4. Specimen Processing Instructions: Refrigerate. Ship on wet ice.</p> <p>5. Cause for Rejection: Gross lepenia, more than 7 days old, clots.</p> <p>6. Expected TAT: 10 days.</p> <p>7. Test Performed in Electrophoresis, 916-5710.</p> <p>8. Tests in Panel: HEMOGLOBIN A (BAMC); HEMOGLOBIN S (BAMC); HEMOGLOBIN C (BAMC); HEMOGLOBIN OTHER (BAMC); HEMOGLOBIN A2 (BAMC); HEMOGLOBIN F (BAMC); PATH REVIEW ELECTROPHORESIS</p>
<p>HEMOSIDERIN (HSID)</p>	<p>1. Patient Preparation: Follow clean catch urine instructions.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 2. Collection Container: Sterile urine container. 3. Specimen and Volume Required: Minimum 10 mL urine. 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: Specimen more than 48 hours old. 6. Expected TAT: 24 hours. Specimen arriving in the afternoon will be processed the following workday. Test performed Monday-Friday. 7. Test Performed in Hematology Bone Marrow Section, 916-4172.
HEPATIC FUNCTION PAN (WHMC/BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503. 8. Tests in Panel: ALBUMIN; BILIRUBIN, TOTAL; ALK PHOSPHATASE; AST; ALT; BILIRUBIN, DIRECT; TOTAL PROTEIN
HEPATITIS A ANTIBODY, TOTAL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.
HEPATITIS A VIRUS ANTIBODY IGM	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.
HEPATITIS B CORE ANTIBODY IGM	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.

TEST NAME	SUBMITTING REQUIREMENTS
HEPATITIS B CORE ANTIBODY TOTAL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.
HEPATITIS B SURFACE ANTIBODY	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.
HEPATITIS B SURFACE ANTIGEN	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.
HEPATITIS Be ANTIBODY	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.
HEPATITIS Be ANTIGEN	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.
HEPATITIS C RIBA	<ol style="list-style-type: none"> 1. Patient Preparation: None; this test is performed to confirm positive HCV EIA. 2. Collection Container: Silicone Stopper Tube (SST) or K3 ED TA. 3. Specimen and Volume Required: 1-2 mL serum or plasma 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 7 days.

TEST NAME	SUBMITTING REQUIREMENTS
	7. Test Performed at Walter Reed Army Institute of Research (WRAIR).
HEPATITIS C VIRUS ANTIBODY	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353. <p>Note: Positive specimens that are ≥ 3.8 (s/co) will not be submitted for confirmation assay (RIBA). Positive specimens that are < 3.8 (s/co) will be submitted for RIBA test.</p>
HEPATITIS SURFACE ANTIGEN, CONFIRMATION (HBSAG CONFIRMATION)	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1-2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Hepatitis, 916-3353.
HERPES 1 & 2 ANTIBODIES	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect acute sample upon onset of illness and convalescent sample 2-4 weeks from onset. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected, labeled, or hemolyzed specimen. 6. Expected TAT: 5 days. 7. Test Performed in Serology, 916-0402.
HERPES CULTURE	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms. 2. Collection Container: Virocult swab or sterile container. 3. Specimen and Volume Required: Body fluid or tissue (except serum or plasma). 4. Specimen Processing Instructions: Transport delays over 48 hours, the sample should be frozen. Ship on dry ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 7 days. 7. Test Performed in Virology, 916-2421.
HERPES DIRECT EXAMINATION (DFA)	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms. Coordination with laboratory required. 2. Collection Container: Sterile container.

TEST NAME	SUBMITTING REQUIREMENTS
	<p>3. Specimen and Volume Required: Cellular material from lesion.</p> <p>4. Specimen Processing Instructions: Collect cellular sample using sterile swab. Smear cellular material onto labeled glass slide. Place slide in sterile container and transport. Each request should be accompanied with a separate order and sample for Herpes culture.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 1 day for DFA slides.</p> <p>7. Test Performed in Virology, 916-2421.</p>
<p>HERPES I/II AB PROFILE IgG</p>	<p>1. Patient Preparation: Complete IERA Form 03 and submit with sample.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected and improperly labeled.</p> <p>6. Expected TAT: 5-7 days.</p> <p>7. Test Performed by Epidemiology Lab, Brooks AFB, (210) 536-8378.</p>
<p>HISTOPLASMA ANTIGEN</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Plastic vial.</p> <p>3. Specimen and Volume Required: 10 mL urine/serum/CSF.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected and improperly labeled.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p>
<p>HIV RAPID TEST (BLOOD BODY FLUID EXPOSURE) (BBF - HIV)</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or red top tube.</p> <p>3. Specimen and Volume Required: 5 mL serum, minimum volume 2 mL.</p> <p>4. Specimen Processing Instructions: Draw separate tube for this test. Ship refrigerated.</p> <p>5. Cause for Rejection: : Improperly collected or labeled</p> <p>6. Expected TAT: ASAP</p> <p>7. Test Performed in Diagnostic Immunology, 916-3353.</p>
<p>HIV-1/2 ANTIBODY SCREEN</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or red top tube.</p> <p>3. Specimen and Volume Required: 5 mL serum, minimum volume 2 mL.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	4. Specimen Processing Instructions: Draw separate tube for this test. Ship refrigerated. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 7 days. 7. Test Performed in Diagnostic Immunology, 916-3353.
HLA B27	1. Patient Preparation: None. 2. Collection Container: 2 ACD yellow top tubes. 3. Specimen and Volume Required: 20 mL whole blood. 4. Specimen Processing Instructions: Ship at room temperature. 5. Cause for Rejection: More than 48 hours old specimen. 6. Expected TAT: 7-10 days. 7. Test Performed by WHMC TPLT Immunology, (210)292-7510.
HOMOCYSTEINE	1. Patient Preparation: None. 2. Collection Container: Lithium/Sodium Heparin tube (green top) 3. Specimen and Volume Required: 1 mL plasma (separated within 1 hour of collection). 4. Specimen Processing Instructions: Ship frozen. 5. Cause for Rejection: Improperly collected or labeled. Gross hemolysis or lipemia. 6. Expected TAT: 3 days. 7. Test Performed in Reference Chemistry, 916-7793.
HUMAN GROWTH HORMONE (HGH)	1. Patient Preparation: Fasting. Patient must avoid stress and be at rest at least 30 minutes prior to specimen collection. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Freeze serum. Record patient age on request. Ship on dry ice. 5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source. 6. Expected TAT: 10 days. 7. Test Performed in Immunochemistry, 916-9436.
HUMAN PARVOVIRUS B19 ANTIBODY	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 0.5 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis, lipemia, or icteric. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
ICTOTEST	1. Patient Preparation: None. 2. Collection Container: Urine collection container.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in: Urinalysis, 916-2167 and Troop Medical Clinic, 295-4503.
IMMUNOGLOBULIN A	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Serum must be stored frozen. Ship on dry ice. 5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
IMMUNOGLOBULIN E	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. 5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source. 6. Expected TAT: 7 days. 7. Test Performed in Reference Chemistry, 916-7793.
IMMUNOGLOBULIN G	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Serum must be stored frozen. Ship on dry ice. 5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
IMMUNOGLOBULIN M	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Serum must be stored frozen. Ship on dry ice. 5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.

TEST NAME	SUBMITTING REQUIREMENTS
IMMUNOGLOBULINS, QUANTITATIVE	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Serum must be stored frozen. Ship on dry ice. 5. Cause for Rejection: Specimens stored unfrozen for more than 24 hours CANNOT be analyzed. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: IMMUNOGLOBULIN G; IMMUNOGLOBULIN A; IMMUNOGLOBULIN M
INFLUENZA A ANTIGEN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Sterile container for nasal wash, or two sterile swabs. 3. Specimen and Volume Required: 2-3 mL nasal wash, nasal aspirate, or two sterile swabs. Pharyngeal swabs are less optimal. 4. Specimen Processing Instructions: Transport to laboratory immediately. 5. Cause for Rejection: Bloody specimens. 6. Expected TAT: During influenza season (January through April), influenza antigens will be run within 1 hour of arrival in lab, from 0730-2100, Monday-Friday and 0730-1530 on Saturday and Sunday. Specimens submitted at other times will be run at the beginning of the next duty day. 7. Test Performed in Microbiology Section, 916-3353.
INSULIN	<ol style="list-style-type: none"> 1. Patient Preparation: Fasting. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Separate serum from cells ASAP and freeze serum. Ship on dry ice. 5. Cause for Rejection: Hemolysis. Non-frozen specimen from outside source. Circulating anti-insulin antibodies are often found in-patients who have been treated with nonhuman forms of insulin. If present, these antibodies may interfere with the assay. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken from patients who have been treated with bovine, porcine, or human insulin sometimes contain anti-insulin antibodies, which can affect the results. Erroneous findings may be obtained from samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.

TEST NAME	SUBMITTING REQUIREMENTS
	6. Expected TAT: 10 days. 7. Test Performed in Immunochemistry, 916-9436.
INSULIN-LIKE GROWTH FACTOR I	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Hemolysis or lipemia. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
IRON	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Refrigerate serum. Ship on wet ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
IRRADIATED BLOOD COMPONENTS	1. Patient Preparation: Direct consultation with the Medical Director or Chief is required. 2. Collection Container: NA. 3. Specimen and Volume Required: NA 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: NA. 6. Expected TAT: After component processing, irradiation requires an additional 8-10 minutes. 7. Test Performed in the Transfusion Medicine, 916-3315/5185.
JO-1 ANTIBODY	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis or lipemia. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
KETONE BODIES	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum or plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
LACTIC ACID	1. Patient Preparation: Patient should avoid exercise of arm prior

TEST NAME	SUBMITTING REQUIREMENTS
	<p>and during collection.</p> <ol style="list-style-type: none"> 2. Collection Container: Sodium fluoride (gray top tube). 3. Specimen and Volume Required: 1 mL plasma. 4. Specimen Processing Instructions: Submit on ice or frozen. Centrifuge and separate cells from plasma within 15 minutes of receipt. 5. Cause for Rejection: Submitted at room temperature or unfrozen. 6. Expected TAT: 1 hour. 7. Test Performed in Clinical Chemistry, 916-2043.
LD	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove serum from clot within 1 hour of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
LEAD SCREEN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: EDTA lavender top tube; capillary tube (pediatric); 7 mL (adult). 3. Specimen and Volume Required: 7 mL whole blood (adult); 3 mL or capillary whole blood (pediatric). 4. Specimen Processing Instructions: Mix specimen after collection to prevent clotting. Refrigerate whole blood if transport delayed. Ship on wet ice. 5. Cause for Rejection: Frozen or clotted specimens. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
LEGIONELLA ANTIBODY	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected, labeled, or hemolyzed specimen. 6. Expected TAT: 7 days. 7. Test Performed in Serology, 916-0402.
LEGIONELLA ANTIGEN EIA, URINE	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Sterile containers. 3. Specimen and Volume Required: 2 mL urine. 4. Specimen Processing Instructions: Ship on wet ice.

TEST NAME	SUBMITTING REQUIREMENTS
	5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 7 days. 7. Test Performed in Serology, 916-0402.
LEGIONELLA CULTURE	1. Patient Preparation: Normally performed on respiratory samples. 2. Collection Container: Sterile screw top container. 3. Specimen and Volume Required: 1 mL sputum (for bronchial brush submit brush in 1 mL of fluid). 4. Specimen Processing Instructions: Indicate under comment "culture for Legionella". Transport ASAP, refrigerate if delay of more than 2 hours. 5. Cause for Rejection: Improper collection or improper specimen type submitted such as urine samples. 6. Expected TAT: 48 hours. 7. Test Performed in Microbiology Section, 916-3353.
LEUKOCYTE ALKALINE PHOSPHATASE SCORE (LAPS)	1. Patient Preparation: None. 2. Collection Container: Sodium Heparin tube (green top). 3. Specimen and Volume Required: a. Local: 4.5 mL whole blood in sodium heparin tube (green top). b. Mail-in 4 appropriately labeled glass slides. 4. Specimen Processing Instructions: a. Local: Sample must be delivered to laboratory technologist within 4 hours of collection. b. Mail-in 4 smears made from patient whole blood are required. Smears, glass slides, must be appropriately labeled. 4 appropriately labeled control slides must accompany this request. Control slides can be made from a normal patient (i.e., normal CBC). Ship slides refrigerated. 5. Cause for Rejection: Mail in smears without accompanying control smears. Sodium Heparin tube submitted more than 4 hours post collection. Frozen or broken smears. 6. Expected TAT: 24-48 hours. Specimen arriving in the afternoon will be processed the following workday. Test performed Monday-Friday. 7. Test Performed in Hematology Bone Marrow Section, 916-4172.
LIDOCAINE	1. Patient Preparation: Steady state is usually obtained 30 to 90 minutes following the beginning of infusion if a loading dose is given and 5 to 10 hours without a loading dose. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None.

TEST NAME	SUBMITTING REQUIREMENTS
	5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
LIPASE	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
LIPID PROFILE	1. Patient Preparation: Patient should fast 12-14 hours prior to collection. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Refrigerate if transport is delayed. Ship on wet ice. 5. Cause for Rejection: Patient must fast 12-14 hours. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: CHOL:HDL RATIO; CHOLESTEROL; HDL; LOW DENSITY LIPOPROTEIN; TRIGLYCERIDE
LITHIUM	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Commonly drawn 12 hours after last dose. Centrifuge and remove plasma from clot within 4 hours of collection. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
LUPUS PANEL	1. Patient Preparation: None. 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 3 mL plasma. 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 3-7 days. 7. Test Performed by WHMC Hem/Onc Laboratory, (210)292-7198.
LYME ANTIBODY	1. Patient Preparation: Aseptic technique.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Serology, 916-0402.
LYSOZYME	<ol style="list-style-type: none"> 1. Patient Preparation: Avoid alcohol. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis or lipemia. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
MAGNESIUM	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
MALARIA IDENTIFICATION (SEE BLOOD PARASITES)	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Aseptically obtain capillary blood from finger sticks for slide preparation, 3 thick and 3 thin smears. For thick smears, place 2 drops of blood on a slide and spread each drop out to the size of a dime. For thin smears, place a drop of blood on a slide and using another slide, streak out the blood as you would for a differential slide. Allow both thick and thin smears to dry. Whole blood may also be submitted in an EDTA lavender top tube. 3. Specimen and Volume Required: Capillary blood or 7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly labeled or collected. 6. Expected TAT: 3 days. 7. Test Performed in Microbiology Section, 916-3353/916-3028.
MALARIA SMEARS (SEE BLOOD PARASITES)	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Aseptically obtain capillary blood from finger sticks for slide preparation, 3 thick and 3 thin smears. For thick smears, place 2 drops of blood on a slide and spread each drop out to the size of a dime. For thin smears, place a drop of blood on a slide and using another slide, streak out the blood as

TEST NAME	SUBMITTING REQUIREMENTS
	<p>you would for a differential slide. Allow both thick and thin smears to dry. Whole blood may also be submitted in an EDTA lavender top tube.</p> <ol style="list-style-type: none"> 3. Specimen and Volume Required: Capillary blood or 7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly labeled or collected. 6. Expected TAT: 3 days. 7. Test Performed in Microbiology Section, 916-3353/916-3028.
<p>MANUAL DIFFERENTIAL</p> <p>NOTE: Performed when indicated by automated differential flags or if authorized by supervisor or medical director of hematology.</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: EDTA lavender top tube. 3. Specimen and Volume Required: Minimum 3-5 mL whole blood. 4. Specimen Processing Instructions: Allow vacutainer to draw to the level of its vacuum, mix gently. Transport to laboratory at room temperature. Must be received within 8 hours. 5. Cause for Rejection: Clotted, hemolyzed, or quantity not sufficient, age of specimen more than 12 hours. 6. Expected TAT: 8 hours. 7. Test Performed in Hematology Section, 916-4454. 8. Tests in Panel: SEGS; BANDS; LYMPH; MONO; EOS; BASOPHIL; ATYPICAL LYMPHS; METAMYELOCYTES; PLATELET ESTIMATE; ANISOCYTOSIS; POIKILOCYTOSIS; MACROCYTES; POLYCHROMASIA; HYPOCHROMASIA; MICROCYTOSIS; RBC MORPH; NUCLEATED RBC/100 WBC; BLASTS; PROMYELOCYTE; MYELO; OTHER WBC; BASO STI; TOXIC GRAN; CORRECTED WHITE BLOOD COUNT; ECHINOCYTES; DACROCYTES; ACANTHOCYTES; CODOCYTES; SCHISTOCYTES; OVALOCYTES; STOMATOCYTES; SMUDGE CELLS; DOHLE BODIES; HOWELL JOLLY BODIES
<p>METHOTREXATE</p>	<ol style="list-style-type: none"> 1. Patient Preparation: Collect 24, 48 or 72 hours after dose. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: Protect from light. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
<p>METHYLMALONIC ACID</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
MICROALBUMIN PANEL (RANDOM URINE)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Random urine. 3. Specimen and Volume Required: 10 mL urine, no preservative. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days. 7. Test Performed in Reference Chemistry, 916-7793.
MONOSPOT	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube. 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Hemolysis or quantity not sufficient. 6. Expected TAT: 3-5 days. 7. Test Performed in Hematology Section, 916-4454 and Troop Medical Clinic, 295-4503.
MUMPS ANTIBODY	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Serology, 916-0402.
MYCOPLASMA IgG ANTIBODY	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 7 days. 7. Test Performed in Serology, 916-0402.
MYOGLOBIN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Grossly Hemolyzed. 6. Expected TAT: 1-4 hours.

TEST NAME	SUBMITTING REQUIREMENTS
MYOGLOBIN, URINE	<p>7. Test Performed in Clinical Chemistry, 916-2190.</p> <ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Plastic vial. 3. Specimen and Volume Required: 5 mL urine. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
NASAL SMEAR	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Nasal smear swab. 3. Specimen and Volume Required: Nasal cellular material. 4. Specimen Processing Instructions: Transport to laboratory ASAP. 5. Cause for Rejection: Dry swab. 6. Expected TAT: 8 hours. 7. Test Performed in Hematology Section, 916-4454.
O&P (INTESTINAL PARASITES)	<ol style="list-style-type: none"> 1. Patient Preparation: One fresh stool each day for 3 consecutive days. 2. Collection Container: PVA O&P Collection Kit. 3. Specimen and Volume Required: Fresh stool in PVA preservative (zinc containing formulations is preferred over mercury). 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled. Specimens from inpatients will not be accepted after the fourth hospital day without prior consultation. 6. Expected TAT: 3 days. 7. Test Performed in Microbiology Section, 916-3353.
OCCULT BLOOD	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Hemocult card. 3. Specimen and Volume Required: Fresh stool. 4. Specimen Processing Instructions: Transfer fresh stool from collection container to Hemocult card using a clean wooden disposable applicator stick. 5. Cause for Rejection: Improperly collected or unlabeled. 6. Expected TAT: 2 days. 7. Test Performed in Microbiology Section, 916-3353 and Troop Medical Clinic, 295-4503.
OCCUPATIONAL HEALTH PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 4. Specimen Processing Instructions: Refrigerate if transport is delayed. Ship on wet ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793. 8. Tests in Panel: HDL; CHOLESTEROL
OSMOLALITY	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST), Lithium Heparin tube (green top), or urine collection container. 3. Specimen and Volume Required: 2 mL serum, plasma, or urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
P24 ANTIGEN	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 7 days. 7. Test Performed at ViroMed Laboratories, 916-0402.
PARASITE CULTURE	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: CSF, cornea scraping, or conjunctival fluid. 4. Specimen Processing Instructions: Notify Microbiology Section prior to collection of specimen to coordinate media preparation. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days for preliminary results; final results after 14 days. 7. Test Performed in Microbiology Section, 916-3353/916-3028.
PARATHORMONE (PTH)	<ol style="list-style-type: none"> 1. Patient Preparation: Fasting. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Separate serum from cells ASAP and freeze serum. Ship on dry ice. 5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Samples taken

TEST NAME	SUBMITTING REQUIREMENTS
	<p>from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Immunochemistry, 916-9436.</p> <p>8. Tests in Panel: PARATHYROID HORMONE; CALCIUM (PTH)</p>
PERI STEM CELL	<p>1. Patient Preparation: Procedure performed in Bone Marrow Transplant Laboratory.</p> <p>2. Collection Container: Disposable sterile cryogenic vial.</p> <p>3. Specimen and Volume Required: 0.5 mL peripheral blood stem cells.</p> <p>4. Specimen Processing Instructions: After collection, transport to laboratory ASAP at room temperature.</p> <p>5. Cause for Rejection: Specimen contamination.</p> <p>6. Expected TAT: Same day.</p> <p>7: Test Performed in Flow Cytometry, 916-4123.</p> <p>8. Tests in Panel: CD34; CD33; CD11b; CD15</p>
PERIPHERAL BLOOD STEM CELLS, AUTOLOGOUS	<p>1. Patient Preparation: Direct consultation with the Medical Director or Chief is required.</p> <p>2. Collection Container: NA.</p> <p>3. Specimen and Volume Required: NA</p> <p>4. Specimen Processing Instructions: NA.</p> <p>5. Cause for Rejection: NA.</p> <p>6. Expected TAT: NA.</p> <p>7. Test Performed at the Akeroyd Blood Donor Center, Building 1240, 295-4989 or at the patient's bedside.</p>
PHENOBARBITAL	<p>1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time.</p> <p>2. Collection Container: Red top tube or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 2 mL serum/plasma.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: None.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2190.</p>
PHLEBOTOMY, THERAPEUTIC	<p>1. Patient Preparation: Specialized procedures that require the use, collection, or removal of blood and blood products for therapeutic purposes require approval and direct consultation with the Transfusion Medicine Medical Director. A request for the therapeutic procedure must be submitted by the requesting</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>physician using the standard consultation form SF 513, which summarizes all pertinent clinical information including diagnosis, type of procedure requested, indications for therapy, suggested frequency of the procedure, and anticipated benefits weighed against potential risks of the procedure.</p> <ol style="list-style-type: none"> 2. Collection Container: NA. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: NA. 6. Expected TAT: NA. 7. Procedure Performed in the Akeroyd Blood Donor Center, Building 1240, 295-4989.
PHOSPHORUS	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove plasma from clot within 4 hours of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
PINWORM PREPARATION	<ol style="list-style-type: none"> 1. Patient Preparation: Avoid fecal contamination. 2. Collection Container: Pinworm paddle, clear Scotch tape prep. 3. Specimen and Volume Required: Apply paddle to perianal area in the morning. Avoid fecal contamination. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 2 days. 7. Test Performed in Microbiology Section, 916-3353.
PLASMA EXCHANGE	<ol style="list-style-type: none"> 1. Patient Preparation: Specialized procedures that require the use, collection, or removal of blood and blood products for therapeutic purposes require approval and direct consultation with the Transfusion Medicine Medical Director. A request for the therapeutic procedure must be submitted by the requesting physician using the standard consultation form SF 513, which summarizes all pertinent clinical information including diagnosis, type of procedure requested, indications for therapy, suggested frequency of the procedure, and anticipated benefits weighed against potential risks of the procedure. 2. Collection Container: NA. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: NA.

TEST NAME	SUBMITTING REQUIREMENTS
	5. Cause for Rejection: NA. 6. Expected TAT: NA. 7. Procedure Performed at the Akeroyd Blood Donor Center, Building 1240, 295-4989 or at the patient's bedside.
PLASMA FIBRINOGEN SPLIT PRODUCTS	1. Patient Preparation: None. 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 3 mL plasma. 4. Specimen Processing Instructions: Tube must be filled to fill line. The tube(s) must be mixed gently after collection. Avoid specimen hemolysis and clotting. Transport to the laboratory room temperature. Centrifuge 10 minutes, 2500 RPM, remove plasma, freeze. Ship on dry ice. 5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient. 6. Expected TAT: 8 hours. 7. Test Performed by WHMC Hem Laboratory, (210)292-5415.
PLASMA HEMOGLOBIN	1. Patient Preparation: Usually performed as a STAT procedure for dialysis. Patients coordinate request with Reference Processing, 916-6813. 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 2 mL plasma. 4. Specimen Processing Instructions: Separate plasma immediately. 5. Cause for Rejection: Whole blood or severely hemolyzed specimens. 6. Expected TAT: STAT procedure by appointment only. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
PLASMA, FRESH FROZEN (FFP)	1. Patient Preparation: Completed SF 518. 2. Collection Container: EDTA pink top tube. 3. Specimen and Volume Required: 7 mL whole blood. 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: Incomplete SF 518. 6. Expected TAT: 45 minutes. 7. Test Performed in Transfusion Medicine, 916-3315/ 5185.
PLATELET CONCENTRATE	1. Patient Preparation: NA. 2. Collection Container: NA. Specimen not necessary if Blood Bank has previous patient history (ABO/Rh). If not, EDTA pink top tube. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: Incomplete requests (SF 518s). 6. Expected TAT: 45 minutes.

TEST NAME	SUBMITTING REQUIREMENTS
PLATELETS, APHERESIS, DONATION	<p>7. Test Performed in Transfusion Medicine, 916-3315/ 5185.</p> <ol style="list-style-type: none"> 1. Patient Preparation: Donors should be at least 18 years of age. Donors of age 17 must have parental consent. Donor should weigh at least 110 pounds, be in generally good health, and afebrile. Donor must not have taken aspirin or aspirin containing products within 72 hours before donation. 2. Collection Container: NA. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: History of hepatitis, intravenous drug use, high risk sexual behavior, and coronary heart disease permanently disqualify potential donors. Temporary disqualifications include hypotension, hypertension, anemia, positive syphilis serology (STS), travel to malaria endemic areas, travel to UK or European countries with vCJD risk, exposure to hepatitis, pregnancy, recent surgery, transfusion/transplantation within 12 months, tattoo within 12 months, and certain other medical conditions. Donors who have taken penicillin should be excluded from donation for 7 days. Use of vitamins, thyroid preparations, or oral contraceptives does not disqualify donors. See BAMC Memo 40-38 for additional details. 6. Expected Procedure Time: 1.5 hours. 7. Appointments can be made at the Akeroyd Blood Donor Center, Building 1240, 295-4989.
PORPHOBILINOGEN, URINE	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Random urine container. 3. Specimen and Volume Required: 25 mL random urine. 4. Specimen Processing Instructions: Freeze immediately and wrap in aluminum foil to protect from light. Ship on dry ice. 5. Cause for Rejection: Specimen received unfrozen or unprotected from light. 6. Expected TAT: 7 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
POST VASECTOMY	<ol style="list-style-type: none"> 1. Patient Preparation: Collected in Pathology. 2. Collection Container: Sterile urine cup. 3. Specimen and Volume Required: 1 mL semen. 4. Specimen Processing Instructions: Sample must be delivered to laboratory within 1 hour of collection. Test performed during normal duty hours only. 5. Cause for Rejection: Quantity not sufficient. 6. Expected TAT: 8 hours. 7. Test Performed in Hematology Section, 916-4454.
POTASSIUM	<ol style="list-style-type: none"> 1. Patient Preparation: None.

TEST NAME	SUBMITTING REQUIREMENTS
	2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 2 hours of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
POTASSIUM, URINE (RANDOM)	1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 1 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
PREALBUMIN	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. 5. Cause for Rejection: Specimen received unfrozen from outside source. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
PREGNANCY TEST (HCG), QUANT	1. Patient Preparation: None. 2. Collection Container: Red top tube, Silicone Stopper Tube (SST), or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
PREGNANCY TEST, QUAL	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or urine collection container. 3. Specimen and Volume Required: 1 mL serum or urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in: Urinalysis, 916-2167 and Troop Medical Clinic, 295-4503.
PRENATAL SCREEN	1. Patient Preparation: Aseptic technique.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 2. Collection Container: EDTA lavender top tube. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 hours. 7. Test Performed in Blood Bank, 916-3315/ 5185.
PRIMIDONE PANEL (BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190. 8. Tests in Panel: PRIMIDONE; PHENOBARBITAL
PROGESTERONE	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. 5. Cause for Rejection: Gross hemolysis or lipemia. Non-frozen specimen from outside source. Patients receiving phenylbutazone at therapeutic dosage levels showed interference with the assay (below PGN levels). In patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last administration. Erroneous findings may be obtained from samples taken from patients who have been treated with monoclonal mouse antibodies or who have received them for diagnostic purpose. 6. Expected TAT: 7 days. 7. Test Performed in Immunochemistry, 916-9436.
PROLACTIN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Frozen. Ship on dry ice. 5. Cause for Rejection: Non-frozen specimen from outside source. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after

TEST NAME	SUBMITTING REQUIREMENTS
	<p>the last biotin administration. Samples taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purpose.</p> <p>Note: When determining prolactin, it should be remembered that the measured concentration is dependent upon when the blood sample was taken, since the secretion of prolactin occurs in episodes and is also subject to a 24-hour cycle. The release of prolactin is promoted physiologically by suckling and stress. In addition, elevated serum prolactin concentrations are caused by a number of pharmaceuticals (e.g. dibenzodiazepines, phenothiazine), TRH, and estrogen. The release of prolactin is inhibited by dopamine, L-dopa, and ergotamine derivatives. A number of publications report the presence of macroprolactin in the serum of female patients with various endocrinological diseases or during pregnancy.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Immunochemistry, 916-9436.</p>
PRONESTYL PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: During intravenous maintenance, specimens for procainamide levels should be collected no sooner than one to two hours after initiation of therapy. Specimens for N-acetyl-procainamide and procainamide should be collected no sooner than 12 to 24 hours after initiation of therapy. If peak level is desired, draw two hours post oral dose. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190. 8. Tests in Panel: N-ACETYL-PROCAINAMIDE; PROCAINAMIDE
PROSTATE SPECIFIC ANTIGEN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Frozen. Ship on dry ice. 5. Cause for Rejection: Gross hemolysis. Non-frozen specimen from outside source. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last biotin administration. Patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies. These

TEST NAME	SUBMITTING REQUIREMENTS
	specimens may show erroneous results in such assay. 6. Expected TAT: 7 days. 7. Test Performed in Immunochemistry, 916-9436.
PROTEIN TOTAL	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove serum from clot within 4 hours of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
PROTEIN, (SPEP) (TOTAL)	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Refrigerate. Ship on wet ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
PROTEIN, URINE	1. Patient Preparation: Patient should be given instructions to keep urine collection refrigerated during the collection process. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 10 mL aliquot of 24-hour urine collection. 4. Specimen Processing Instructions: No preservative is required. Mix 24-hour urine collection well. Aliquot 10 mL of the 24-hour urine collection into a separate labeled container. Record 24-hour collection total volume and date and time of collection on request. Refrigerate. Ship on wet ice. 5. Cause for Rejection: Acidified specimens cannot be analyzed. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
PROTEIN,CSF	1. Patient Preparation: None. 2. Collection Container: Sterile CSF collection container. 3. Specimen and Volume Required: 1 mL CSF. 4. Specimen Processing Instructions: Transport to the Laboratory ASAP. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
PT/INR	1. Patient Preparation: Coumadin patients only.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 2.7 mL or 1.8 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube. 4. Specimen Processing Instructions: Tube must be filled to fill line. The tube(s) must be mixed gently after collection. Avoid specimen hemolysis and clotting. Transport to the laboratory room temperature 5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient. 6. Expected TAT: 1-4 hours. 7. Test Performed in Hematology Section, 916-1462.
PTT	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 2.7 mL or 1.8 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube. 4. Specimen Processing Instructions: Tube must be filled to fill line. The tube(s) must be mixed gently after collection. Avoid specimen hemolysis and clotting. Transport to the laboratory room temperature. 5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient. 6. Expected TAT: 1-4 hours. 7. Test Performed in Hematology Section, 916-1462.
QUINIDINE	<ol style="list-style-type: none"> 1. Patient Preparation: For periodic testing and in situations of suspected inadequate dosage, sampling should be performed just prior to the next dose. In suspected toxicity, sampling is performed at any time. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
R/O (RULE OUT) BETA	<ol style="list-style-type: none"> 1. Patient Preparation: None.

TEST NAME	SUBMITTING REQUIREMENTS
STREP	<ol style="list-style-type: none"> 2. Collection Container: Dacron or rayon bacterial swab. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: Identify "vaginal" as source for this group B Streptococcus screen. 5. Cause for Rejection: Improper collection. 6. Expected TAT: 72 hours. 7. Test Performed in Microbiology Section, 916-3353.
R/O (RULE OUT) MRSA	<ol style="list-style-type: none"> 1. Patient Preparation: Remove surface exudate by wiping with sterile saline or 70% alcohol. For superficial and/or open wounds aspirate or swab deep into lesion at the lesion's advancing edge. For deep or closed wounds, aspirate material with a needle and syringe and aseptically transfer all material into anaerobic transport device or vial. 2. Collection Container: Sterile container with aspirate, swab. 3. Specimen and Volume Required: Representative portion. 4. Specimen Processing Instructions: Identify source on request form. 5. Cause for Rejection: See Microbiology Section, general rejection criteria. 6. Expected TAT: 72 hours aerobic culture (7 days for anaerobic culture). 7. Test Performed in Microbiology Section, 916-3353.
R/O (RULE OUT) VRE	<ol style="list-style-type: none"> 1. Patient Preparation: Prior approval by Chief, Microbiology is required. 2. Collection Container: NA. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: NA. 5. Cause for Rejection: NA. 6. Expected TAT: NA. 7. Test Performed in Microbiology Section, 916-3353.
RAPID PLASMA REAGIN (BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days. 7. Test Performed in Serology, 916-0402. 8. Tests in Panel: RPR SCREEN; RPR QUANTITATIVE
REDUCING SUBSTANCES, STOOL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Random, unpreserved stool, minimum 1 gm. 4. Specimen Processing Instructions: Refrigerate if transport is

TEST NAME	SUBMITTING REQUIREMENTS
	<p>delayed.</p> <p>5. Cause for Rejection: Improperly collected, such as in preservative or submission of diapers, or improperly labeled.</p> <p>6. Expected TAT: 2 days.</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
RENAL PANEL	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top).</p> <p>3. Specimen and Volume Required: 2 mL serum or plasma.</p> <p>4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection.</p> <p>5. Cause for Rejection: Hemolysis.</p> <p>6. Expected TAT: 1-4 hours.</p> <p>7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p> <p>8. Tests in Panel: ALBUMIN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM, UREA NITROGEN</p>
RENIN	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Pre-chilled EDTA lavender top tube.</p> <p>3. Specimen and Volume Required: 2 mL plasma.</p> <p>4. Specimen Processing Instructions: Collect on ice, separate cells from plasma, and freeze plasma ASAP. Ship on dry ice.</p> <p>5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source.</p> <p>6. Expected TAT: 10 days.</p> <p>7. Test Performed in Nuclear Medicine, 916-5579.</p>
RESERVE CHEMISTRY PANEL	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 2 mL serum.</p> <p>4. Specimen Processing Instructions: Cells must be separated from serum within 1 hour after collection. Refrigerate serum. Ship on wet ice.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p> <p>8. Tests in Panel: GLUCOSE; LIPID PROFILE</p>
RESPIRATORY CULTURE (INCLUDES GRAM STAIN)	<p>1. Patient Preparation: Lower respiratory sample is optimal.</p> <p>2. Collection Container: Sterile screw top container.</p> <p>3. Specimen and Volume Required: 1 mL sputum, aspirate, or washing (for bronchial brush submit brush in 1 mL of bronchial washing).</p> <p>4. Specimen Processing Instructions: Transport ASAP, refrigerate in delay of more than 2 hours. Requests for</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<p>Corynebacterium diphtheriae requires special media and transport. Coordinate with Bacteriology, Microbiology Section.</p> <p>5. Cause for Rejection: Inadequate sample. Oral contamination noted.</p> <p>6. Expected TAT: 48 hours.</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
<p>RETIC PANEL AUTOMATED</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Lavender top tube (EDTA) or pediatric bullet tube (EDTA). Gently mix sample immediately following collection.</p> <p>3. Specimen and Volume Required: Minimum 3-5 mL whole blood.</p> <p>4. Specimen Processing Instructions: Allow vacutainer to draw to the level of its vacuum, mix gently. Transport to the laboratory at room temperature. Must be received within 8 hours.</p> <p>5. Cause for Rejection: Hemolysis, clots, or quantity not sufficient.</p> <p>6. Expected TAT: 4 hours.</p> <p>7. Test Performed in Hematology Section, 916-4454.</p>
<p>RHEUMATOID PANEL</p>	<p>1. Patient Preparation: Aseptic technique.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected, labeled, or hemolyzed specimen.</p> <p>6. Expected TAT: 3 days.</p> <p>7. Test Performed in Serology, 916-0402.</p> <p>8. Tests in Panel: RHEUMATOID FACTOR; RHEUMATOID TITER</p>
<p>RHO(D) IMMUNE GLOBULIN (HUMAN)</p>	<p>1. Patient Preparation: Aseptic technique. Patient requires a current (less than one week old) ABO, Rh, and antibody screen to initiate the 28-week prophylactic immune globulin.</p> <p>2. Collection Container: EDTA pink top tube.</p> <p>3. Specimen and Volume Required: 4-7 mL whole blood.</p> <p>4. Specimen Processing Instructions: None.</p> <p>5. Cause for Rejection: Improperly collected or labeled specimen; no prescription.</p> <p>6. Expected TAT: 10 minutes.</p> <p>7. Test Performed in Transfusion Medicine, 916-3315/ 5185.</p>
<p>RIBOSOMAL Ab</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on dry ice.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
ROSETTE TEST FOR FETOMATERNAL HEMORRHAGE	1. Patient Preparation: Aseptic technique. 2. Collection Container: EDTA pink top tube. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 30 minutes. 7. Test Performed in Transfusion Medicine, 916-3315/ 5185.
ROTAVIRUS ANTIGEN	1. Patient Preparation: Fresh stool sample required. Collect specimens 1 to 3 days after onset of symptoms. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: More than 1 gram fresh stool. 4. Specimen Processing Instructions: Freeze sample if transportation is delayed. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 2 days. 7. Test Performed in Virology, 916-2421.
RSV ANTIGEN	1. Patient Preparation: None. 2. Collection Container: Sterile container or swab. 3. Specimen and Volume Required: 2-3 mL nasopharyngeal washes or aspirates, or nasopharyngeal swabs. 4. Specimen Processing Instructions: Transport to laboratory immediately. 5. Cause for Rejection: Improper specimen submission. 6. Expected TAT: 4 hours during normal operating hours. If sample is submitted at other times, sample will be tested next duty day. 7. Test Performed in Microbiology Section, 916-3353.
RUBELLA IgG	1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Serology, 916-0402.
RUBEOLA IgG	1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset. 2. Collection Container: Silicone Stopper Tube (SST).

TEST NAME	SUBMITTING REQUIREMENTS
	3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 4 days. 7. Test Performed in Serology, 916-0402.
SALICYLATE	1. Patient Preparation: For therapeutic monitoring, collect just prior to next dose. For overdose, specimens should be collected as soon as possible and at least 6 hours after ingestion. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
SCLERODERMA ANTIBODIES (SCL-70)	1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Hemolysis or lipemia. 6. Expected TAT: 3-4 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
SEMEN ANALYSIS	1. Patient Preparation: Abstain from sexual activity for 72 hours. Patient should be instructed to schedule an appointment and report to the laboratory collection processing area, fourth floor to receive specimen collection instructions. 2. Collection Container: Sterile urine cup. 3. Specimen and Volume Required: Semen, representative portion. 4. Specimen Processing Instructions: The laboratory must receive sample within 1 hour after collection. Performed only between 0800 and 1400 on Tuesday and Thursday. 5. Cause for Rejection: Quantity not sufficient. 6. Expected TAT: 8 hours. 7. Test Performed in Hematology Section, 916-4454. 8. Tests in Panel: VOLUME; COLOR; VISCOSITY; PH; COUNT; MOTILITY; VIABILITY; FORWARD PROGRESSION; FORWARD PROGRESSION AVG; NORMAL FORMS; TAPERED HEAD; HEAD ABNORMALITY; MIDPIECE ABNORMALITY; TAIL ABNORMALITY; CYTOPLASMIC DROPLET; ABNORMAL FORMS; IMMATURE FORMS; WBCS
SEMEN FRUCTOSE	1. Patient Preparation: Abstain from sexual activity for 72 hours.

TEST NAME	SUBMITTING REQUIREMENTS
	<p>Laboratory must receive sample within 1 hour after collection. Assay not performed when sperm are absent from sample.</p> <ol style="list-style-type: none"> 2. Collection Container: Sterile urine cup. 3. Specimen and Volume Required: Semen, representative portion. 4. Specimen Processing Instructions: The laboratory must receive sample within 1 hour after collection. Performed only between 0800 and 1400 on Tuesday and Thursday. 5. Cause for Rejection: Quantity not sufficient. 6. Expected TAT: 8 hours. 7. Test Performed in Hematology Section, 916-4454.
SHELL VIAL, CMV (BAMC)	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Any body fluid or tissue (except serum or plasma). 4. Specimen Processing Instructions: Add sterile saline to biopsy specimens. For transport delays over 48 hours, the sample should be frozen (except buffy coat). 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days. 7. Test Performed in Virology, 916-2421.
SHELL VIAL, ENTEROVIRUS	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Any body fluid or tissue (except serum or plasma). 4. Specimen Processing Instructions: Add sterile saline to biopsy specimens. For transport delays over 48 hours, the sample should be frozen. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days. 7. Test Performed in Virology, 916-2421.
SHELL VIAL, HERPES	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Any body fluid or tissue (except serum or plasma). 4. Specimen Processing Instructions: Add sterile saline to biopsy specimens. For transport delays over 48 hours, the sample should be frozen. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days.

TEST NAME	SUBMITTING REQUIREMENTS
SHELL VIAL, VARICELLA	<p>7. Test Performed in Virology, 916-2421.</p> <ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Any body fluid or tissue (except serum or plasma). 4. Specimen Processing Instructions: Add sterile saline to biopsy specimens. For transport delays over 48 hours, the sample should be frozen. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 3 days. 7. Test Performed in Virology, 916-2421.
SICKLE CELL	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: EDTA lavender top tube. 3. Specimen and Volume Required: 5 mL whole blood. 4. Specimen Processing Instructions: Mix well to avoid clots. Ship on wet ice. 5. Cause for Rejection: Gross hemolysis, clots. 6. Expected TAT: 7 days. 7. Test Performed in Electrophoresis, 916-5710.
SODIUM	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.
SPECIFIC GRAVITY	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in: Urinalysis, 916-2167 and Troop Medical Clinic, 295-4503.
SPUTUM EXAM FOR PARASITES	<ol style="list-style-type: none"> 1. Patient Preparation: Lower respiratory specimen collection required. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: No less than 1 mL fresh sputum. 4. Specimen Processing Instructions: Do NOT use preservatives.

TEST NAME	SUBMITTING REQUIREMENTS
	Refrigerate if transport is delayed. Ship using wet ice. 5. Cause for Rejection: Improperly collected or labeled. Saliva submissions. 6. Expected TAT: 3 days. 7. Test Performed in Microbiology Section, 916-3353/916-3028.
STERILITY TEST	1. Patient Preparation: NA. 2. Collection Container: NA 3. Specimen and Volume Required: Spore strip or ampule. 4. Specimen Processing Instructions: Label with autoclave location and transport to laboratory ASAP. 5. Cause for Rejection: Ampule not crushed. 6. Expected TAT: 3-7 days. 7. Test Performed in Microbiology Section, 916-3353.
STONE RISK ANALYSIS (URORISK)	1. Patient Preparation: Mission Pharmacal request form must be completed and submitted with sample. 2. Collection Container: 24 hour special container. 3. Specimen and Volume Required: 24-hour urine. 4. Specimen Processing Instructions: Call (210) 916-1220. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 7-10 days. 7. Test Performed by Mission Pharmacal, 1-800-771-1048.
STOOL CULTURE (SALMONELLA, SHIGELLA, CAMPYLOBACTER, AND E.COLI 0157:H7)	1. Patient Preparation: Pass specimen directly into clean, dry container. Do not contaminate with urine, barium, or toilet paper. For rectal swabs, carefully insert transport swab 2.5 cm beyond anal sphincter, gently rotate swab to sample crypts. Test should not be requested on patients hospitalized for more than 3 days. 2. Collection Container: Leak-proof, wide month container or rectal swab. 3. Specimen and Volume Required: Greater than 2 gram fresh sample or rectal swab. 4. Specimen Processing Instructions: Transport to the laboratory within 1 hour. Cultures are screened for Salmonella, Shigella, Campylobacter, and E. coli O157:H7. Requests for other bacterial agents, such as Vibrio or Yersinia species, must be noted in comment section of test request. Consider ordering a C. difficile toxin request if patient has been hospitalized for over 3-day duration. 5. Cause for Rejection: Formed or preserved specimen or items listed under Microbiology general rejection criteria. 6. Expected TAT: 72 hours. 7. Test Performed in Microbiology Section, 916-3353.

TEST NAME	SUBMITTING REQUIREMENTS
STOOL GROSS EXAMINATION	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Unpreserved stool. 4. Specimen Processing Instructions: Refrigerate if transport is delayed. Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. Specimen submitted in preservatives. 6. Expected TAT: 2 days. 7. Test Performed in Microbiology Section, 916-3353. 8. Tests in Panel: COLOR, STOOL; CONSISTENCY; MUCUS; GROSS BLOOD
STOOL pH	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Fresh stool. 4. Specimen Processing Instructions: Refrigerate if transport is delayed. 5. Cause for Rejection: Improperly labeled. Specimen submitted in preservatives. 6. Expected TAT: 2 days. 7. Test Performed in Microbiology Section, 916-3353.
STREPTOCOCCUS PYOGENES ANTIGEN, DIRECT	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Swab transport device. DO NOT CRUSH AMPULE. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: Transport to the laboratory immediately. This request is to identify Group A Strep only as a POC test. Pediatrics, Acute Care, Emergency Department, and Troop Medical Clinics are authorized to order this test. Other clinics/wards should contact Chief, Microbiology for approval. 5. Cause for Rejection: Improper swab. 6. Expected TAT: One hour during normal duty hours. 7. Test Performed in Microbiology Section, 916-3353.
SULFOSALICYLIC ACID	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in: Urinalysis, 916-2167 and Troop Medical Clinic, 295-4503.
TAPE WORM	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Sterile container. 3. Specimen and Volume Required: Entire segment of worm

TEST NAME	SUBMITTING REQUIREMENTS
	<p>placed in saline.</p> <p>4. Specimen Processing Instructions: Refrigerate if transportation is delayed. Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 3 days.</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
<p>TB GENE AMPLIFICATION (MYCOBACTERIUM TUBERCULOSIS AMPLIFIED DIRECT DETECTION)</p>	<p>1. Patient Preparation: This test is run on respiratory specimens with a positive AFB smear. Other requests must have Chief, Microbiology approval. For other details, please see "Acid Fast Culture and Stain".</p> <p>2. Collection Container: See number 3 below.</p> <p>3. Specimen and Volume Required:</p> <p>a. Bronchial wash, representative portion, sterile cup.</p> <p>b. 5-10 mL sputum, sterile cup.</p> <p>4. Specimen Processing Instructions: NA.</p> <p>5. Cause for Rejection: See Microbiology Section, general rejection criteria. Transport delay more than 24 hours for local specimens, and more than 72 hours for off-post specimens.</p> <p>6. Expected TAT: 24-48 hours.</p> <p>7. Test referred to WHMC (210)292-5523 after being initially processed at BAMC and having a positive AFB smear.</p>
<p>TESTOSTERONE</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Red top tube or Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 2 mL serum.</p> <p>4. Specimen Processing Instructions: Freeze serum. Ship on dry ice. Patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last administration. Erroneous findings may be obtained from samples taken from patients who have been treated with monoclonal mouse antibodies or who have received them for diagnostic purpose.</p> <p>5. Cause for Rejection: Hemolyzed sample. Non-frozen specimen from outside source.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Immunochemistry, 916-9436.</p>
<p>TETANUS ANTIBODIES</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 0.5 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected and improperly labeled.</p> <p>6. Expected TAT: 1-4 days.</p>

TEST NAME	SUBMITTING REQUIREMENTS
THEOPHYLLINE	<p>7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.</p> <ol style="list-style-type: none"> 1. Patient Preparation: Collect just prior to next oral dose, at steady state concentration during IV administration or 30 minutes after completion of IV dose. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
THROAT CULTURE (N. GONORRHOEAE)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Selective media. Submit selective media to the laboratory in closed CO₂ pouch. 3. Specimen and Volume Required: Throat swabs. 4. Specimen Processing Instructions: Inoculate specimen using Dacron or Rayon swab onto selective media by streaking the media by the swab in a "Z" pattern. Place in CO₂ pouch and transport to Specimen Processing immediately. Indicate source. 5. Cause for Rejection: Plate not delivered immediately; plate received cold to touch (refrigerated). Out-dated media. 6. Expected TAT: 72 hours. 7. Test Performed in Microbiology Section, 916-3353.
THROAT CULTURE (STREPTOCOCCAL GROUP A CULTURE)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Swab transport device. 3. Specimen and Volume Required: NA. 4. Specimen Processing Instructions: Transport to laboratory immediately, store at room temperature if delay occurs. <ol style="list-style-type: none"> a. This request is to rule out beta-hemolytic group A streptococci, (<i>Streptococcus pyogenes</i>). Contact Chief, Microbiology for special requests. b. A request to rule out <i>Neisseria gonorrhoeae</i> requires special media and transport and should be coordinated with Bacteriology prior to request. Inoculate specimen using Dacron or Rayon swab onto selective media by streaking the media by the swab in a "Z" pattern. Place in CO₂ pouch and transport to Specimen Processing immediately. c. Requests for <i>Corynebacterium diphtheriae</i> requires special media and transport. Coordinate with Bacteriology, Microbiology Section. 5. Cause for Rejection: Items listed under Microbiology general rejection criteria. 6. Expected TAT: 24-48 hours.

TEST NAME	SUBMITTING REQUIREMENTS
THROMBIN TIME	<p>7. Test Performed in Microbiology Section, 916-3353.</p> <ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Blue top tube (sodium citrate). 3. Specimen and Volume Required: 2.7 mL or 1.8 mL, fill to line on tube that indicates "sodium citrate". CAUTION: A discard tube (without additives) must be used before a citrate tube is drawn with a winged blood collection set. If blood is drawn with a syringe, allow the tube to draw the blood from the syringe, using a blood transfer device. Do not force blood into tube. 4. Specimen Processing Instructions: Tube must be filled to fill line. The tube(s) must be mixed gently after collection. Avoid specimen hemolysis and clotting. Transport to the laboratory room temperature. 5. Cause for Rejection: Clotted, hemolysis, or quantity not sufficient. 6. Expected TAT: 1-4 hours. 7. Test Performed in Hematology Section, 916-1462.
THYROGLOBULIN QUANT	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube. 3. Specimen and Volume Required: 2.0 mL serum. 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 3 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
THYROID ANTIBODY PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected, labeled or hemolyzed specimens unsuitable for testing. 6. Expected TAT: 5 days. 7. Test Performed in Serology, 916-0402. 8. Tests in Panel: THYROGLOBULIN ANTIBODY; THYROID MICROSOMAL ANTIBODIES
THYROID PEROXIDASE ANTIBODIES	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 24 hours. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.

TEST NAME	SUBMITTING REQUIREMENTS
<p>THYROID STIMULATING HORMONE (TSH)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
<p>THYROID STIMULATING IMMUNOGLOBULIN</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 5-7 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
<p>TOBRAMYCIN PEAK</p>	<ol style="list-style-type: none"> 1. Patient Preparation: For intravenous therapy, peak concentration occurs 15 to 30 minutes following completion of infusion. For intramuscular therapy, peak concentration occurs 45 to 75 minutes following administration. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
<p>TOBRAMYCIN RANDOM</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
<p>TOBRAMYCIN TROUGH</p>	<ol style="list-style-type: none"> 1. Patient Preparation: For intravenous therapy and intramuscular, trough concentration occurs not more than 30 minutes before next dose. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours.

TEST NAME	SUBMITTING REQUIREMENTS
TOTAL COMPLEMENT (CH 50)	<p>7. Test Performed in Clinical Chemistry, 916-2190.</p> <ol style="list-style-type: none"> 1. Patient Preparation: Complete IERA Form 03 and submit with sample. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 5-7 days. 7. Test Performed by Epidemiology Lab, Brooks AFB (210) 536-8378.
TOTAL EOSINOPHIL COUNT	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: EDTA lavender top tube or pediatric bullet tube. Gently mix immediately following collection. 3. Specimen and Volume Required: Minimum 3-5 mL whole blood. 4. Specimen Processing Instructions: Allow vacutainer to draw to the level of its vacuum, mix gently. Transport to laboratory at room temperature. Must be received within 8 hours. 5. Cause for Rejection: Hemolysis, clots, or quantity not sufficient. 6. Expected TAT: 1-4 hours. 7. Test Performed in Hematology Section, 916-4454.
TOXICOLOGY SCREEN (SERUM)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 7 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 1-2 days 7. Test Performed by WHMC Toxicology, (210)292-5503.
TOXICOLOGY SCREEN (URINE)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Plastic vial. 3. Specimen and Volume Required: 20 mL urine. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 1-2 days. 7. Test Performed by WHMC Toxicology, (210)292-5503.
TOXOPLASMA PANEL	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice.

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 5 days. 7. Test Performed in Serology, 916-0402. 8. Tests in Panel: TOXOPLASMA IgG; TOXOPLASMA IgM
TRANSFERRIN	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 1 mL serum. 4. Specimen Processing Instructions: Separate cells from serum ASAP. Freeze serum. Ship on dry ice. 5. Cause for Rejection: None. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
TRANSFUSION REACTION WORKUP	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: <ol style="list-style-type: none"> a. EDTA pink top tube. b. Urine cup. 3. Specimen and Volume Required: <ol style="list-style-type: none"> a. 4-7 mL whole blood. b. 3-5 mL random urine. 4. Specimen Processing Instructions: Transport the following to the Blood Bank: <ol style="list-style-type: none"> a. Completed BAMC OP 437. b. Original copy of completed SF 518. c. One EDTA pink top tube blood specimen. d. A container with first available urine sample. e. The discontinued blood bag, IV set, and any attached solutions. 5. Cause for Rejection: NA. 6. Expected TAT: 30 minutes. 7. Test Performed in Transfusion Medicine, 916-3315/ 5185.
TREPONEMA PALLIDUM ANTIBODY TP-PA	<ol style="list-style-type: none"> 1. Patient Preparation: Aseptic technique. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 5 days. 7. Test Performed in Serology, 916-0402.
TRICYCLIC SCREEN	<ol style="list-style-type: none"> 1. Patient Preparation: Sampling should be performed during the elimination phase of the drug, which is a minimum of eight hours after the last dose. 2. Collection Container: Red top tube. 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None.

TEST NAME	SUBMITTING REQUIREMENTS
	6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
TRIGLYCERIDE	1. Patient Preparation: Patient should fast 12-14 hours prior to collection. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 2 mL serum. 4. Specimen Processing Instructions: Refrigerate serum. Ship on wet ice. 5. Cause for Rejection: Non-fasting specimen. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.
TRIPLE MARKER PROFILE	1. Patient Preparation: Complete IERA Form 03 and submit with sample. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on wet ice. 5. Cause for Rejection: Improperly collected and improperly labeled. 6. Expected TAT: 5-7 days. 7. Test Performed by Epidemiology Lab, Brooks AFB, (210) 536-8593.
TROPONIN I	1. Patient Preparation: None. 2. Collection Container: Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
TYPE AND CROSSMATCH	1. Patient Preparation: Aseptic technique. Appropriately completed SF 518. 2. Collection Container: EDTA pink top tube. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled; incomplete requests (SF 518s); hemolysis. 6. Expected TAT: 4 hours. 7. Test Performed in Transfusion Medicine, 916-3315/ 5185.
TYPE AND SCREEN	1. Patient Preparation: Aseptic technique. Appropriately completed SF 518. 2. Collection Container: EDTA pink top tube. 3. Specimen and Volume Required: 4-7 mL whole blood. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Improperly collected or labeled;

TEST NAME	SUBMITTING REQUIREMENTS
	<p>incomplete requests (SF 518s); hemolysis. 6. Expected TAT: 2 hours. 7. Test Performed in Transfusion Medicine, 916-3315/ 5185.</p>
UREA NITROGEN	<p>1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p>
URIC ACID	<p>1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST) or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 1 mL serum or plasma. 4. Specimen Processing Instructions: Centrifuge and remove from clot within 4 hours of collection. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043 and Troop Medical Clinic, 295-4503.</p>
URIC ACID, URINE (RANDOM)	<p>1. Patient Preparation: None. 2. Collection Container: Urine cup. 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: NO preservative. Refrigerate if transport delayed. Ship on dry ice. 5. Cause for Rejection: Acidified specimens cannot be analyzed. 6. Expected TAT: 48 hours. 7. Test Performed in Reference Chemistry, 916-7793.</p>
URINE ANALYSIS	<p>1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Urine samples received more than 4 hours from collection time. 6. Expected TAT: 1-4 hours. 7. Test Performed in: Urinalysis, 916-2167 and Troop Medical Clinic, 295-4503. 8. Tests in Panel: URN:GLUCOSE; URN:COLOR; URN:APPEARANCE; URN:BILIRUBIN; URN:KETONES; URN:SPECIFIC GRAVITY; URN:BLOOD; URN:PH;</p>

TEST NAME	SUBMITTING REQUIREMENTS
	URN:PROTEIN; URN:UROBILINOGEN; URN:NITRITE; URN:LEUKOCYTE ESTERASE; MIC:RBC; MIC:WBC; MIC:BACTERIA; MIC:YEAST; MIC:EPITHELIAL CELLS; MIC:MUCUS; MIC:TRICHOMONAS; MIC:CASTS; MIC:CRYSTALS
URINE CULTURE	<ol style="list-style-type: none"> 1. Patient Preparation: Obtain a clean catch, midstream urine (CCMS) specimen, after cleaning the external genitalia. First morning specimens are preferred. Catheterized and bladder samples may also be submitted. Identify the specific source when ordering. Do NOT submit Foley catheter tips. 2. Collection Container: Sterile urine cup, screw top container, or urine transport kit. 3. Specimen and Volume Required: Greater than 1 mL urine. 4. Specimen Processing Instructions: Transport specimen to laboratory within 2 hours of collection for unpreserved specimen. Store refrigerated or use appropriate transport device, if transport is delayed. 5. Cause for Rejection: Specimens not properly preserved. Preserved specimens more than 24 hours old. Pooled 24-hour sample. Urine submitted from catheter bag or Foley catheter tip. Items listed under Microbiology general rejection criteria. 6. Expected TAT: 24-48 hours. 7. Test Performed in Microbiology Section, 916-3353.
URINE LYTES/CREAT	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 1 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043. 8. Tests in Panel: POTASSIUM; SODIUM; CHLORIDE; CREATININE
URINE MACROSCOPIC ONLY	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine collection container. 3. Specimen and Volume Required: 10 mL urine. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: Urine samples received more than 4 hours from collection time. 6. Expected TAT: 1 hour. 7. Test Performed in Urinalysis, 916-2167 and Troop Medical Clinic, 295-4503. 8. Tests in Panel: URN:COLOR; URN:GLUCOSE; URN:APPEARANCE; URN:BILIRUBIN; URN:KETONES;

TEST NAME	SUBMITTING REQUIREMENTS
	<p>URN:SPECIFIC GRAVITY; URN:BLOOD; URN:PH; URN:PROTEIN; URN:UROBILINOGEN; URN:NITRITE; URN:LEUKOCYTE ESTERASE</p>
<p>URINE PROTEIN ELECTROPHORESIS (UPEP) (BAMC)</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 25 mL urine well mixed. 4. Specimen Processing Instructions: NO preservatives added. Aliquot 25 mL urine from the total volume of the 24-hour collection. Record total volume on laboratory request. State if other than 24-hour urine sent. Notify laboratory if request is accompanied by serum protein electrophoresis request. Ship on wet ice. 5. Cause for Rejection: NA. 6. Expected TAT: 14 days (TAT may vary depending on results obtained). 7. Test Performed in Electrophoresis, 916-9436. 8. Tests in Panel: URINE TOTAL VOLUME; PROTEIN, URINE; UPE ALBUMIN FRACTION (BAMC); PROTEIN/24 HR (BAMC); UPE ALPHA-1 FRACTION; UPE ALPHA-2 FRACTION; UPE BETA FRACTION; UPE GAMMA FRACTION; PATH REVIEW ELECTROPHORESIS; UPE GLOBULIN FRACTION; IMMUNOFIXATION TEST
<p>URINE TOTAL VOLUME</p>	<ol style="list-style-type: none"> 1. Patient Preparation: Instruct patient to empty bladder first thing in the morning. All future urine voids should be collected in a clean 24-hour urine collection container. Final collection is made when patient empties their bladder the next morning at the same time. Keep 24-hour urine collection refrigerated during collection period. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: Not applicable. 4. Specimen Processing Instructions: No preservative required. Record total volume and enter result in the computer. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2043.
<p>UROBILINOGEN</p>	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Urine cup. 3. Specimen and Volume Required: 25 mL random urine. 4. Specimen Processing Instructions: Do NOT add preservative. Wrap specimen in aluminum foil to protect from light and freeze. Ship in dry ice. 5. Cause for Rejection: Unfrozen or specimens unprotected from light cannot be analyzed.

TEST NAME	SUBMITTING REQUIREMENTS
	6. Expected TAT: 7 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
VALPROIC ACID	1. Patient Preparation: Blood samples should be drawn immediately prior to the next dose. A prerequisite for monitoring serum levels is that dosage must be stable for at least two days; doses should not be changed or missed. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
VANCOMYCIN PEAK	1. Patient Preparation: Peak serum levels should be obtained one to two hours after intravenous administration. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
VANCOMYCIN RANDOM	1. Patient Preparation: None. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
VANCOMYCIN TROUGH	1. Patient Preparation: Trough levels are reflected by samples obtained immediately prior to the next dose. 2. Collection Container: Red top tube or Lithium Heparin tube (green top). 3. Specimen and Volume Required: 2 mL serum/plasma. 4. Specimen Processing Instructions: None. 5. Cause for Rejection: None. 6. Expected TAT: 1-4 hours. 7. Test Performed in Clinical Chemistry, 916-2190.
VANILLYLMANDELIC ACID (VMA)	1. Patient Preparation: Patient should be given instructions to keep urine collection refrigerated during the collection process. 2. Collection Container: 24-hour urine container. 3. Specimen and Volume Required: 25 mL aliquot of 24-hour

TEST NAME	SUBMITTING REQUIREMENTS
	<p>urine collection.</p> <p>4. Specimen Processing Instructions: Record 24-hour collection total volume and date and time of collection on request. Ship on dry ice.</p> <p>5. Cause for Rejection: Must be frozen. Do not add preservative.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p> <p>8. Tests in Panel: URINE TOTAL VOLUME; URN VMA CONCENTRATION; VANILLYLMANDELIC ACID, URINE</p>
<p>VARICELLA ANTIBODY</p>	<p>1. Patient Preparation: Aseptic technique. Collect acute sample upon onset and convalescent sample 2-4 weeks from onset.</p> <p>2. Collection Container: Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: Ship on wet ice.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 4 days.</p> <p>7. Test Performed in Serology, 916-0402.</p>
<p>VARICELLA ANTIGEN (DFA)</p>	<p>1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms. Coordination with Virology Section requested.</p> <p>2. Collection Container: Sterile container.</p> <p>3. Specimen and Volume Required: 2 slides and 1 viral swab for culture.</p> <p>4. Specimen Processing Instructions: Collect cellular sample using sterile swab. Smear cellular material onto labeled glass slide. Place slide in sterile container and transport. Each request should be accompanied with a separate order and sample for Herpes culture.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 1 day for slides.</p> <p>7. Test Performed in Virology, 916-2421.</p>
<p>VDRL</p>	<p>1. Patient Preparation: Aseptic technique.</p> <p>2. Collection Container: Sterile CSF tube or Silicone Stopper Tube (SST).</p> <p>3. Specimen and Volume Required: 1 mL CSF or 3 mL serum.</p> <p>4. Specimen Processing Instructions: Serum testing completed upon HCP request.</p> <p>5. Cause for Rejection: Improperly collected or labeled.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Serology, 916-0402.</p>
<p>VIRUS CULTURE</p>	<p>1. Patient Preparation: Aseptic technique. Collect specimens 1 to 3 days after onset of symptoms.</p> <p>2. Collection Container: Sterile container.</p>

TEST NAME	SUBMITTING REQUIREMENTS
	<ol style="list-style-type: none"> 3. Specimen and Volume Required: CSF, respiratory fluids and swabs, urine, stool, and lesions. 4. Specimen Processing Instructions: Add sterile saline to biopsy specimens. Freeze sample if transport is delayed. 5. Cause for Rejection: Improperly collected or labeled. 6. Expected TAT: 14 days. 7. Test Performed in Virology, 916-2421.
VITAMIN B-12 AND FOLATE LEVEL	<ol style="list-style-type: none"> 1. Patient Preparation: Fasting (12 hours). 2. Collection Container: Red top tube or Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Frozen within 8 hours, protect serum from light. 5. Cause for Rejection: Hemolysis sample. Non-frozen specimen from outside source. No Folate determination should be performed on patients receiving methotrexate due to a cross-reactivity. In patients receiving therapy with high biotin doses (>5mg/day) no sample should be taken until at least 8 hours after the last administration. Erroneous findings may be obtained from samples taken from patients who have been treated with monoclonal mouse antibodies or who have received them for diagnostic purpose. 6. Expected TAT: 7 days. 7. Test Performed in Immunochemistry, 916-9436. 8. Tests in Panel: VITAMIN B-12 LEVEL; FOLATE LEVEL
VITAMIN D (1.25 DIHYDROXY)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Hemolysis. 6. Expected TAT: 3 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
VITAMIN D (25 HYDROXY)	<ol style="list-style-type: none"> 1. Patient Preparation: None. 2. Collection Container: Silicone Stopper Tube (SST). 3. Specimen and Volume Required: 3 mL serum. 4. Specimen Processing Instructions: Ship on dry ice. 5. Cause for Rejection: Hemolysis or lipemia. 6. Expected TAT: 3 days. 7. Test Performed by Quest Diagnostics Lab, 1-800-377-8448.
WOUND CULTURE, DEEP (INCLUDES GRAM STAIN)	<ol style="list-style-type: none"> 1. Patient Preparation: Remove surface exudate by wiping with sterile saline or 70% alcohol. For superficial and/or open wounds aspirate or swab deep into lesion at the lesion's advancing edge. For deep or closed wounds, aspirate material with a needle and

TEST NAME	SUBMITTING REQUIREMENTS
	<p>syringe and aseptically transfer all material into anaerobic transport device or vial.</p> <p>2. Collection Container: Sterile container with aspirate, swab, anaerobic transport device for anaerobes when required.</p> <p>3. Specimen and Volume Required: Representative portion.</p> <p>4. Specimen Processing Instructions: Deliver promptly to the laboratory. Indicate source of specimen and when appropriate type of infection and/or organism suspected. Please note if wound is from a bite. For optimal Gram stain results, request a separate swab be submitted.</p> <p>5. Cause for Rejection: See Microbiology Section, general rejection criteria.</p> <p>6. Expected TAT: 72 hours aerobic culture (7 days for anaerobic culture).</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
<p>WOUND CULTURE, SUPERFICIAL (INCLUDES GRAM STAIN)</p>	<p>1. Patient Preparation: Remove surface exudate by wiping with sterile saline or 70% alcohol. For superficial and/or open wounds aspirate or swab deep into lesion at the lesion's advancing edge. For deep or closed wounds, aspirate material with a needle and syringe and aseptically transfer all material into anaerobic transport device or vial.</p> <p>2. Collection Container: Sterile container with aspirate, swab, anaerobic transport device for anaerobes when required.</p> <p>3. Specimen and Volume Required: Representative portion.</p> <p>4. Specimen Processing Instructions: Indicate site. Please note if wound is from a bite. For optimal Gram stain results, request a separate swab be submitted.</p> <p>5. Cause for Rejection: See Microbiology Section, general rejection criteria.</p> <p>6. Expected TAT: 72 hours aerobic culture (7 days for anaerobic culture).</p> <p>7. Test Performed in Microbiology Section, 916-3353.</p>
<p>ZINC</p>	<p>1. Patient Preparation: None.</p> <p>2. Collection Container: Royal blue acid-washed tube.</p> <p>3. Specimen and Volume Required: 3 mL serum.</p> <p>4. Specimen Processing Instructions: After drawing in royal blue acid-washed tube, separate cells from serum promptly and transfer serum into another labeled royal blue acid-washed tube.</p> <p>5. Cause for Rejection: Serum must have been collected and stored in royal blue acid-washed tube. Store refrigerated. Ship on wet ice.</p> <p>6. Expected TAT: 7 days.</p> <p>7. Test Performed in Reference Chemistry, 916-7793.</p>

TEST NAME	SUBMITTING REQUIREMENTS
ZINC PROTOPORPHYRIN	<ol style="list-style-type: none">1. Patient Preparation: None.2. Collection Container: Lavender top tube EDTA, 7 mL tube or capillary.3. Specimen and Volume Required: Whole blood, entire collection.4. Specimen Processing Instructions: Store refrigerated. Ship on wet ice.5. Cause for Rejection: Serum, frozen, or clotted whole blood cannot be used for analysis.6. Expected TAT: 48 hours.7. Test Performed in Reference Chemistry, 916-7793.

APPENDIX F

Laboratory Request Forms

*BAMC Form 27a	Hematology
*BAMC Form 109	Authorization for Autologous Transfusion
*BAMC Form 622 NS	Bacteriology I
*BAMC Form 805	Cytology Specimen Shipping Log
*BAMC Form 810	Urinalysis
*BAMC Form 1130	Patient History - Blood Transfusion or Pregnancy
BAMC Form 1199	Blood or Blood Component Pickup
BAMC OP 437	Transfusion Reaction Investigation
BAMC OP 698	Emergency/Massive Release of Blood
*DD Form 572	Blood Donation Record
*DD Form 2161	Referral for Civilian Medical Care
*Standard Form 513	Consultation Sheet
*Standard Form 515	Tissue Examination
Standard Form 518	Blood or Blood Component Transfusion
*Standard Form 541	Gynecologic Cytology
*Standard Form 546	Chemistry I
*Standard Form 548	Chemistry III (Urine)
*Standard Form 549	Hematology
*Standard Form 551	Serology
*Standard Form 552	Parasitology
*Standard Form 553	Microbiology I
*Standard Form 556	Immuno Hematology
*Standard Form 557	Miscellaneous

* Forms to be used when tests/procedures are not available on CHCS.

APPENDIX G

Names and Synonyms of Laboratory Tests

11-DEOXYCORTICOSTERONE	24 HR URINE CALCIUM(PANEL) CALCIUM
11-DEOXYCORTISOL COMPOUND S DEOXYCORTISOL	URINE CALCIUM 24 HR CA
17-ALPHA HYDROXYPROGESTERONE 17ALPHA HYDROXYPROGESTERONE HYDROXYPROGESTERONE, 17- ALPHA 17HYDROXYPROGESTERONE 17 HYDROXYPROGESTERONE 17a-HYDROXYPROGESTERONE	24 HR URINE CATECHOLAMINES CATECHOLAMINES, URINE 24HR PANEL EPINEPHRINE DOPAMINE NOREPINEPHRINE
17-HYDROXYCORTICOSTEROID PAN 17OH CORTICOSTEROID PANEL 17 HYDROXYCORTICOSTEROID PANEL	24 HR URINE CHLORIDE(PANEL) CHLORIDE, 24 HR URINE PANEL
17-HYDROXYCORTICOSTEROID PAN 17OH CORTICOSTEROID PANEL 17 HYDROXYCORTICOSTEROID PANEL	24 HR URINE CITRATE (PANEL) URINE CITRATE PANEL CITRATE URINE 24 HR PANEL
17-HYDROXYPREGNENOLONE 17OH PREGNENOLONE 17-OH PREGNENOLONE	24 HR URINE COPPER (PANEL) COPPER URINE 24 HR PANEL COPPER
17-KETOSTEROIDS 24HR 17-KETOSTEROIDS	24 HR URINE CREATININE(PANEL) 24 URINE CREATININE CREATININE 24HR URINE URINE CREATININE, 24 HR
18-HYDROXYCORTICOSTERONE 18-OH-CORTICOSTERONE CORTICOSTERONE	24 HR URINE GLUCOSE(PANEL) 24 HR GLUCOSE, URINE GLUCOSE, URINE 24 HR PANEL URINE GLUCOSE 24 HR PANEL
1:1 COAG MIX STUDY(BAMC)	
1HR CHALLENGE, PREGNANT 1HR GESTATIONAL DIABETES SCREEN GTT 1HR 1HR GTT O'SULLIVAN	24 HR URINE MAGNESIUM(PANEL) MG 24 HR URINE 24 HR URINE METANEPHRINE PANEL METANEPHRINE, 24 HR URINE PANEL

BAMC Pam 40-4

24 HR URINE MICROALBUMIN MICROALBUMIN PANEL	5'-NUCLEOTIDASE 5-NUCLEOTIDASE
24 HR URINE OXALATE PANEL(BAMC OXALATE	A-1 ANTITRYPSIN PHENOTYPING ALPHA 1 ANTITRYPSIN PHENOTYPE A-1-ANTITRYPSIN PHENOTYPE A-1 ANTITRYPSIN PHENOTYPE A1A PHENOTYPE
24 HR URINE PHOSPHORUS(PANEL) PHOSPHORUS 24 HR URINE PANEL PO4	ABO/RH BB ABO/RH RH TYPING
24 HR URINE POTASSIUM(PANEL) POTASSIUM URINE 24 HR PANEL POTASSIUM	ACETAMINOPHEN TYLENOL ACETAMINOPHEN LVL
24 HR URINE PROTEIN(PANEL) 24 URINE PROTEIN PROTEIN 24 HR URINE PANEL PROTEIN	ACETYLCHOLINE RECEPTOR AB ACETYLCHOLINE REC AB
24 HR URINE SODIUM(PANEL)	ACETYLCHOLINESTERASE RBC CHOLINESTERASE ACETYLCHOLINESTERASE RBC CHOLINESTERASE I
24 HR URINE URIC ACID(PANEL) 24 URINE URIC ACID	ACID FAST CULTURE AFB MYCOBACTERIUM CX
24 HR URINE UUN(PANEL) 24 HR BUN UREA URINE 24 HR PANEL	ACID FAST STAIN TB SMEAR AFB
24 HR URINE ZINC (PANEL) ZINC	ACTH ACTH DEXAMETHONE SUPP ACTH METYRAPONE STIM
2HR URINE AMYLASE PANEL (BAMC) AMY AMYLASE 2HR URINE AMYLASE (BAMC)	ACTIVATED PROTEIN C RESISTANCE HO ACTIVATED PROTEIN C RESISTANCE PROTEIN C RESISTANCE PROTEIN C
5 HIAA URINE PANEL 5-HIAA URINE HIAA 24 HR URINE HIAA 5-HYDROXYINDOLACETIC ACID PANEL	

ACUTE HEP B PANEL (BAMC) HEPATITIS HEP B PANEL ACUTE	ALKALINE PHOS ISOENZYMES ISOENZYME PATTERNBOTH
ACUTE VIRAL HEPATITIS PAN(BAMC) HEPATITIS HEP ACUTE VIRAL PANEL (BAMC)	ALPHA PGH ALPHA-SUBUNIT-PITUITARY GLYCOPROTEIN HORMONES
ACYCLOVIR ZOVIRAX	ALPHA-1-ACID GLYCOPROTEIN A-1-ACID GLYCOPROTEIN ACID GLYCOPROTEIN
ADENOSINE DEAMINASE	ALPHA-2-MACROGLOBULIN A-2 MACROGLOBULIN
ADENOVIRUS AB ADENOVIRUS ANTIBODY	ALPRAZOLAM AND METABOLITE XANAX
ADRENAL AB ANTI-ADRENAL AB ADRENAL CORTEX AB ADRENAL ANTIBODY ADRENAL ANTIBODIES	ALTERNARIA TENUIS IGE RAST, ALTERNARIA TENUIS ALTERNARIA TENUIS RAST
AFP,TUMOR MARKER AFP ALPHA FETOPROTEIN, TUMOR MARKER ALPHA FETOPROTEIN,TUMOR MARKER	ALUMINUM, URINE ALUMINUM, 24HR URINE URINE ALUMINUM ALUMINUM
ALANINE AMINOTRANSFERASE ALT	AMINO ACIDS, QUAL (URN/PLASMA) AMINO ACID FRACTIONATION, QUALITATIVE AMINO ACIDS SCREEN (SK) AMINO ACIDS FRACTIONATION
ALBUMIN:CREATININE RATIO ALBUMIN/CREATININE RATIO URINE ALBUMIN/CREATININE RATIO	AMNIOTIC FLUID PANEL AMNIOTIC AFP AMNIOTIC CHROMOSOME
ALDOSTERONE 24HR URINE ALDOSTERONE	AMOEBIC TITER E HISTOLYTICA HAI TITER AMOEBIC ANTIBODY
ALK PHOS ALP ALK PHOPHATASE	ANDROSTENEDIONE ANDROSTENE,3,17-DIONE

BAMC Pam 40-4

ANGIOTENSIN CONVERTING ENZYME
ACE
ANGIOTENSIN CONVERT ENZ

ANTI ENA PANEL
ENA

SSA/SSB
ANTI ENA
ANTI-ENA

EXTRACTABLE NUCLEAR
ANTIGENS

ANTI-SSA
ANTI-SSB
ANTI-RNP
ANTI-SMITH
RNP/SMITH
SMITH/RNP

ANTI NUCLEAR AB PANEL

ANA
ANTINUCLEAR ANTIBODY
ANA PANEL

ANTI THROMBIN III ANTIGEN

ANTI-IGA AUTOANTIBODIES PANEL
IgA Autoantibodies

ANTI-JO ANTIBODIES

ANTI-JO
JO-1

ANTI-NEURONAL AB

ANTI-NEURONAL
ANTI HU
NEURONAL NUCLEAR (HU) AB
HU AUTOANTIBODY TEST
HU IMMUNOREACTIVITY

ANTI-PLATELET AB DIRECT

PLATELET AB, DIRECT
ANTI PLATELET
DIRECT PLATELET AB
ANTIPLATELET

ANTI-PLATELET AB,IND
ANTIPLATELET
CIRCULATING PLT AB
ANTI-PLATELET
ANTI PLATELET
PLATELET ANTIBODIES
INDIRECT PLATELET AB
PLATELET AB, INDIRECT

ANTI-RIBOSOMAL P PROTEIN, CSF

ANTI-THYROID PEROXIDASE AB

ANTI-TPO AB
295

TPO
ANTI TPO
5081

THYROID PEROXIDASE AB

ANTIBODY ELUTION

ANTIBODY IDENTIFICATION(BAMC)

AB IDENT(BAMC)
ANTIGLOBULIN PANEL(BAMC)
ANTIBODY TITER(BAMC)
ANTIBODY IDENTIFICATION
PNL(BAMC)

ANTIBODY SCREEN

BB ANTIBODY SCREEN

ANTICARDIOLIPIN PANEL

CARDIOLIPIN AB
ACL
ACLA
ANTI CARDIOLIPIN BATTERY

ANTIGLOMERULAR BASEMENT
MEMB

ANTI-GBM
ANTI-GOOD PASTURE AG
GOOD PASTURE AB
GLOMERULAR BASEMENT
MEMBRANE

ANTIGLOMERULIN BASEMENT AB	RAST, A FUMIGATIS A FUMIGATUS RAST
ANTIMYOCARDIAL ANTIBODY	ASPERGILLUS IGE RAST
ANTI-MYOCARDIAL AB	ASPERGILLUS FUMIGATUS RAST
ANTI MYOCARDIAL AB	
ANTIMYOCARDIAL	ASPERGILLUS SP AB
MYOCARDIAL ANTIBODY	ASPERGILLUS ID
261RSL	ASPERGILLUS
APOLIPOPROTEIN A-I	ASPERGILLUS SPECIFIC AB PANEL
APOLIPOPROTEIN A1	ASPERGILLUS
	ASPERGILLUS ANTIBODY
APOLIPOPROTEIN B	3269
	ASPERGILLUS ANTIBODY
APOLIPOPROTEIN E GENOTYPE	PANEL(SK)
APOLIPOPROTEIN EVALUATION(SK)	ATRIAL NATRIURETIC HORMONE
APT TEST (SPECIAL STAIN)	ANH
	ATRIAL NATRIURETIC FACTOR
ARBOVIRUS AB BY IFA, SERUM	ANF
961	ANP
0961	
ARBOVIRUS AB PANEL	AUTOLOGOUS DONATION
ARBOVIRUS ANTIBODY PANEL	BB AUTOLOGOUS DONATION
ARBOVIRUS	
ARBOVIRUS PROFILE	AUTOPSY
WEE AB	
ARGININE VASOPRESSIN (ADH)	B BURGENDORFERI CSF INDEX
ARGININE VASOPRESSIN	BORRELIA BURGENDORFERI CSF
ADH	INDEX
ANTIDIURETIC HORMONE	LYME ANTIBODY CSF INDEX
ASO PANEL(BAMC)	B BURGENDORFERI DNA, PCR
ASO	LYME DNA, PCR
ANTI DNASE B	BORRELIA BURGENDORFERI DNA,
	PCR
ASPARTATE AMINOTRANSFERASE	B-TYPE NATRIURETIC PEPTIDE
ISR AST	BNP
AST	
SGOT	B-TYPE NATRIURETIC PEPTIDE
	BNP, BASELINE
ASPERGILLUS FUMIGATUS IGE	BACT ANTIGENS PANEL

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BACTOGENS	TBIL
ANTDET	BILIRUBIN TOTAL
BACTERIA ANTIGENS PANEL	
BACT ANTIGENS	BILIRUBIN CONJUGATED
	CONJUGATED BILIRUBIN
BARTONELLA AB PANEL (TO CDC)	BILIRUBIN,CONJUGATED
B HENSELAE AB PANEL (TO CDC)	DIRECT BILIRUBIN
B QUINTANA AB PANEL (TO CDC)	
BHENSELAE AB PANEL (TO CDC)	BILIRUBIN DIRECT
CAT SCRATCH FEVER (TO CDC)	DBIL
CAT SCRATCH DISEASE (TO CDC)	D BILI
BARTONELLA	DIRECT BILIRUBIN
BARTONELLA HENSELAE CULTURE	BILIRUBIN UNCONJUGATED
CAT SCRATCH DISEASE CULTURE	INDIRECT BILIRUBIN
B HENSELAE CULTURE	UNCONJUGATED BILIRUBIN
	BILIRUBIN,UNCONJUGATED
BASIC METABOLIC PANEL	BILIRUBIN, INDIRECT
CHEM 8	BILIRUBIN
BENZODIAZEPINES PANEL	BIOTINIDASE
BETA HYDROXYBUTYRATE	BLASTOMYCOSIS-CF
BETAHYDROXYBUTYRIC ACID	BLASTOMYCES AB, CF
BETA HYDROXYBUTYRIC ACID	
	BLOOD HEAVY METAL PANEL
BETA-2 TRANSFERRIN	ARSENIC
BETA 2 TRANSFERRIN	MERCURY
TRANSFERRIN, BETA-2	LEAD
B2 TRANSFERRIN	HVM
BETA-2-TRANSFERRIN	BLOOD HEAVY METALS
	HEAVY METALS BLOOD
BETA-2-MICROGLOBULIN	BLOOD OVA & PARASITES
BETA 2 MICROGLOBULIN	MALARIA
B2-MICROGLOBULIN	BLOOD PARASITES
BICARBONATE	BODY FLUID CELL COUNT PANEL
HCO3	DIFF,BODY FLUID
	CSF COUNT
BILE ACIDS FRACTIONATION PANEL	
BILIRUBIN	BODY FLUID CRYSTAL EXAM
TOTAL BILIRUBIN	CRYSTAL EXAM
T BILI	

BORDETELLA CULTURE CULTURE BORDETELLA	CALCIUM PHOSPHORUS 24HR BAMC
BORDETELLA PERTUSSIS DFA BPERTUSSIS DFA B PERTUSSIS DFA PERTUSSIS	CANCER AG 125 CA-125 CANCER ANTIGEN 125
BORDETELLA PERTUSSIS FA PERTUSSIS B PERTUSSIS FA BPERTUSSIS FA	CANCER AG 15-3 CANCER ANTIGEN 15-3 CA 15-3
BORDETELLA PERTUSSIS PANEL(SK) 11658 BPERTUSSIS PANEL B PERTUSSIS 34259 PERTUSSIS	CANCER AG 19-9 CA 19-9 CARBOHYDRATE ANTIGEN 19-9 CANCER ANTIGEN 19-9
BRILLIANT CRESYL BLUE STAIN CRESYL BLUE	CANCER AG 27-29 CA 27.29 TRUQUANT 27.29 CA 27-29 CA27.29 CHIRON/BAYER
BRUCELLA ABORTUS AB PANEL BRUCELLA AB BRUCELLA ABORTUS AB PANEL	CANDIDA ALBICANS AB CANDIDA CANDIDA ANTIBODY CANDIDA AB
BRUCELLA TITER BRUCELLA ANTIBODY BRUCELLA AB BRUCELLA TITER	CARBAMAZEPINE CARBAMAZEPINE LVL TEGRETOL
BUPROPION WELLBUTRIN	CARBON DIOXIDE CO2
C DIFFICILE TOX CLOSTRIDIUM DIFFICILE	CARBOXYHEMOGLOBIN CARBON MONOXIDE HBCO
C-PEPTIDE C PEPTIDE	CARCINOEMBRYONIC AG CARCINOEMBRY AG CEA CARCINOEMBRYONIC ANTIGEN
CALCM/PHOS URINE PANEL (BAMC) 24 HR CALC/PHOS PANEL PHOSPHORUS CALCIUM 24HR BAMC	CATECHOLAMINES PLASMA PANEL PLASMA CATECHOLAMINES

BAMC Pam 40-4

EPINEPHRINE	CHRONIC VIRAL HEP PANEL (BAMC)
NOREPINEPHRINE	HEPATITIS
DOPAMINE	
TOTAL CATECHOLAMINES	CK
	CPK
CBC PROFILE	CREATINE KINASE
BLOOD COUNT	CK-MB BATTERY(BAMC)
COMPLETE BLOOD COUNT	CKMB
	CK-MB(BAMC)
CBC/DIFF PROFILE (HEM/ONC)	
	CLINITEST
CDC BASIC PANEL	
T-CELL SUBSET	CLO TEST
T CELL SUBSET	HELICOBACTER PYLORI
DODMIN	(PRESUMPTIVE)
	H PYLORI (PRESUMPTIVE)
CENTROMERE AB	
ACA	CLOMIPRAMINE PANEL(QUEST)
ANTI-CENTROMERE	ANAFRANIL
CENTROMERE ANTIBODY (BAMC)	
CHAGAS DISEASE PANEL(SK)	CLONAZEPAM
TRYPANOSOMA CRUZI, IFA	KLONOPIN
TRYPANOSOMA CRUZI AB PANEL	CLONOPIN
	RIVOTRIL
CHLORAMPHENICOL	
CHLOROMYCETIN	CLOSTRIDIUM BOTULINUM TOXIN
	BOTULISM
CHLORDIAZEPOXIDE	
LIBRIUM	CLOT RETRACTION
	CLOT RETRAC
	HO CLOT RETRACTION
CHLORPROMAZINE	
THORAZINE	CMV BY PCR
	CMV PCR
CHROMOSOME ANALYSIS FRAGILE X	PCR CMV
FRAGILE X SCREENING	CYTOMEGALOVIRUS PCR
FRAGILE X SYNDROME	
MARTIN-BELL SYNDROME	CMV DFA
FRAGILE-X SYNDROME	DFA
SCREENING	
CHRONIC HEPATITIS B PAN (BAMC)	CMV IGG/IGM (WHMC)
HEPATITIS	CYTOMEGALOVIRUS IGG/IGM
	PANEL

COAG PANEL (BAMC)	COMPREHENSIVE METABOLIC PANEL
PT	CHEM 12
PTT	CHEM 13
APTT	PROFILE COMPREHENSIVE
BCOAG1	
PT/PTT/INR	CORTISOL INSULIN TOLERANCE
COAG PANEL + FIB (BAMC)	CORT INS TOL
BCOAG2	
PT/PTT/INR/FIB	CORTISOL
	CORTISOL AM
COCCIDIoidES TITER	
COCCI TITER PAPPa	CORTISOL PT CHAL
COLLAGEN CROSSLINKS - NLA	CORTISOL STIM W/ CORTICOTROPIN
OSTEOMARK	CORTISOL STIMULATED WITH
OSTEX	CORTICOTROPIN
N-TELOPEPTIDE CROSSLINKS	
PANEL	CORTISOL STIM W/ CORTROSYN
URINE N-TELOPEPTIDE XLINK	CORTISOL STIMULATED WITH
PANEL	CORTROSYN
COLLAGEN N-TELOPEPTIDE XLINK	
PANEL	CORTISOL STIM W/ DOPAMINE
	CORTISOL STIMULATED WITH
COMP C1 EST INHIB FUNC	DOPAMINE
C1 ESTERASE INHIBITOR FUNC(SK)	
	CT IMMUNO SCREEN PANEL(BAMC)
COMPLEMENT BATTERY	INPUT
C3,C4	CT SCR
COMPLEMENT	ANTI-MITOCHONDRIAL
C3C4	SMA
	CT HEPATIC SCREEN PANEL
COMPLEMENT C1Q	AMA
COMPLEMENT COMPONENT C1Q	ANTI-PARIETAL CELL ANTIBODY
	ANTI PARIETAL CELL AB
COMPLEMENT C1Q BINDING	ANTI-MITOCHONDRIAL AB
C1Q BINDING	ANTI-SMOOTH MUSCLE
IMMUNE COMPLEX BY C1q	APCA
C1Q SOLID PHASE	ASMA
C1Q SOLID PHASE BINDING	PCA
IMMUNE COMPLEX C1Q IGG (SK)	AUTO ANTIBODY BATTERY
	CYTOPLASMIC AUTO ANTIBODY
COMPLEMENT,TOTAL	PARIETAL CELL ANTIBODY
TOTAL COMPLEMENT	SMOOTH MUSCLE ANTIBODY

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ANTI SMOOTH MUSCLE ANTIBODY
PANEL

ANTI MITOCHONDRIAL ANTIBODY
PANEL

AUTOANTIBODY PANEL

CYCLIC AMP

CYCLIC ADENOSINE
MONOPHOSPHATE

CYSTICERCUS AB

CYSTICERCUS ANTIBODY

CYTOLOGIC GYN

PAP

CYTOMEGALOVIRUS CULTURE

CMV CULTURE

CYTOMEGALOVIRUS DNA PCR

CMV PCR

CYTOMEGALOVIRUS IGG/IGM

(BAMC)

CMV

CYTOPLASMIC AUTOANTIBODY
PANEL

ANTI-MITOCHONDRIAL AB

AMA

ASMA

PARIETAL CELL ANTIBODY

APCA

ANTI PARIETAL CELL AB

ANTI-SMOOTH MUSCLE

CYTOPLASMIC AUTO ANTIBODY

AUTO ANTIBODY BATTERY

ANTI-PARIETAL CELL ANTIBODY

PCA

SMOOTH MUSCLE ANTIBODY

ANTI-MITOCHONDRIAL

SMA

CT HEPATIC SCREEN PANEL

CT SCR

ANTI SMOOTH MUSCLE ANTIBODY
PANEL

ANTI MITOCHONDRIAL ANTIBODY
PANEL

AUTOANTIBODY PANEL

DEHYDROEPIANDROSTERONE 24HR

DHEA URINE 24HR

URINE DHEA

DELTA AMINOLEVULINATE 24HR

ALA URN

DELTA AMINOLEVULINIC ACID,
24HR URINE

ALA, 24HR URINE

AMINOLEVULINIC ACID

DENGUE FEVER ANTIBODY PANEL

DENGUE VIRUS AB PANEL

DHEA SULFATE

DHEA-S

DEHYDROEPIANDROSTERONE
SULFATE

DHEA UNCONJUGATED

DHEA, UNCONJUGATED

UNCONJUGATED DHEA

DEHYDROEPIANDROSTERONE
UNCONJ

DIAZEPAM

VALIUM

DIGITOXIN

DIGITALIS

CRYSTODIGIN

DIGOXIN

QUANTITATIVE SERUM DIGOXIN

DIGOXIN LVL

LANOXIN

DIHYDROTESTOSTERONE

5-ALPHA DIHYDROTESTOSTERONE

DIL RUSSELL VIP VENOM TEST RUSSELL VIP RUS VIP VEN VIPOR VENOM TEST	DOXEPIN
DINITROPHENYLHYDRAZINE TEST BRANCHED CHAIN KETOACIDS DIPHENHYDRAMINE DIPHENADRIL BENADRYL	DRUG DEPENDENT PLATELET AB SEROTONIN RELEASE ASSAY
DIPHThERIA TOXOID AB IGG DIPHThERIA ANTITOXOID AB DIPHThERIA AB DIPHThERIA ANTIBODY	EARLY B BURG DORFERI AB PANEL B BURG DORFERI PANEL (NICHOLS) LYME, EARLY AB PANEL (NICHOLS) BORRELIA EARLY AB PANEL (NICHOLS) EARLY B. BURG DORFERI
DIRECT ANTIGLOBULIN TEST BB DIRECT ANTIGLOBULIN COOMBS DIRECT DAT	ECHINOCOCCUS SP IGG ECHINOCOCCOSIS ECHINOCOCCUS GRANULOSUS AB
DISOPYRAMIDE NORPACE	ECHOVIRUS ANTIBODY PANEL ECHOVIRUS AB ECHOVIRUS PANEL
DIURETIC SCREEN PANEL THIAZIDE SCREEN	EHRlichIA CHAFFEENSIS AB PANEL EHRlichIA AB PANEL
DNA DOUBLE STRAND AB DOUBLE STRANDED DNA DNA ANTI DNA DNA DOUBLSTRAND AB SCREEN	ELECTROLYTES PANEL ELECTROLYTES LYTES
DONATH-LANDSTEINER DONATH LAND HO DONATH-LANDSTEINER	ELECTROPHORESIS, SERUM PROT PNL SPEP ELECTROPHORESIS, SERUM PROTEIN
DOXEPIN PANEL ADAPIN DESMETHYL DESIPRAMINE DESMETHYL DEXEPIN NORDOXEPIN SINEQUAN SINEQUIN	ELECTROPHORESIS, URINE PROT PNL UPEP BENCE JONES PROTEIN ELECTROPHORESIS, URINE PROTEIN
	ENDOMYSIUM AB IGA ENDOMYSIAL AB, IGA ANTIENDOMYSIAL AB, IgA ENDOMYSIAL IGA AB

BAMC Pam 40-4

TISSUE TRANSGLUTAMINASE AB
IGA

ENTAMOEBIA HISTOLYTICA AB
E.HISTOLYTICA ABS
E HISTOLYTICA ABS
ENTEROVIRUS AB PANEL
COLORADO TICK FEVER
COXSACKIE B1-B6
POLIO ANTIBODIES

EPSTEIN BARR PANEL (BAMC)
EBV
EPV NUCLEAR AG IGG
EBV
EBNA
EBVNA
NUCLEAR AG, EBV
EPSTEIN BARR NUCLEAR ANTIGEN

ERYTHROCYTE PROTOPORPH
FREE ERYTHROCYTE
PROTOPORPHYRIN
PROTOPORPHYRIN FREE
ERYTHROCYTE
RBC PROTOPORPHYRIN
FREE RBC PROTOPORPHYRIN
ERYTHROCYTE PROTOPORPHYRIN

ESR
SED RATE
ERYTHROCYTE SEDIMENTATION
RATE
ERYTHROCYTE SED RATE

ESTAZOLAM
PROSAM

ETHANOL
ALCOHOL MEDICAL
ETOH

ETHCHLORVYNOL
PLACIDYL

ETHOSUXIMIDE
ZARONTIN

EUGLOBULIN CLOT LYSIS
EUGLOBULIN LYSIS TIME
HO EUGLOBULIN CLOT LYSIS TIME

FACTOR II 20210 MUTATION PNL
PROTHROMBIN GENE MUTATION
PANEL

FATTY ACIDS FREE
NON-ESTER FATTY ACIDS
FECAL LEUKOCYTES
FECAL WBC

FERRITIN/IRON PANEL(BAMC)
IRON
FERRITIN

FIBRIN D-DIMER
D DIMER (BAMC)

FIBRIN DEGRADATION PRODUCTS
FIBRIN SPLIT PRODUCTS
FSP

FLECAINIDE
TAMBOCOR

FLM
FETAL LUNG MATURITY
AMNIOTIC FLUID FLM

FLOUNDER IGE
RAST, FLOUNDER
FLOUNDER RAST

FLU A VIRUS
INFLUENZA
INFLUENZA A

FLUOXETINE PANEL

PROZAC	FUNGAL SEROLOGY PANEL
FLURAZEPAM	FUNGAL SEROLOGY
DALMANE	FUNGAL ANTIBODY PANEL
FLURBIPROFEN	ASPERGILLUS
ANSAID	BLASTO
FLUVOXAMINE	BLASTOMYCES
LUVOX	HISTO
FOLATE RBC	HISTOPLASMA
RBC FOLATE	COCCI
FOLATE	COCCIDIOIDES
FRANCISELLA TULARENSIS AB	PATHOGENIC & OPPORTUNISTIC
FRANCISELLA TULAREMIA	FUNGAL AB
TULAREMIA AB	FUNGAL SKIN
FREE T4 BY DIALYSIS	CULTURE FUNGAL
FREE T4	FUNGAL CULTURE
FSH/LH	CULTURE FUNGAL SKIN
FOLLICLE STIMULATING AND	FUNGUS MICROSCOPIC OB
LUTEINIZING HORMONE BATTERY	FUNGUS SMEAR
FTA CSF	GABAPENTIN
FLUORESCENT TREPONEMAL AB,	NEURONTIN
CSF	GALACTOSE
CSF FTA	GALACTOSEMIA
FTA-ABS	GALACTOSE-1-PHOSPHATE PANEL
FUNGAL BLOOD	GALACTOSE 1 PHOSPHATE PANEL
CULTURE FUNGAL	GAMMA GLUTAMYL TRANSFERASE
FUNGAL EIA PANEL (BAMC)	GAMMA GT
FUNGAL SEROLOGY	GAMMA GLUTAMYL
CRYPTOCOCCAL (PANEL)	TRANSPEPTIDASE
FUNGAL MISC	GTT
FUNGUS CULTURE	GANGLIOSIDE AB PANEL
FUNGAL CULTURE	GM1 TRIAD ANTIBODIES
CULTURE,MYCOLOGY	GM1 GANGLIOSIDE ANTIBODIES
CULTURE FUNGAL	GANGLIOSIDE MONOSIALIC ACID
INDIA INK	ANTI-GANGLIOSIDE MONOSIALIC
	ANTI GANGLIOSIDE MONOSIALIC
	GC CULTURE

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GC	H INFL IGG TYPE B
GONORRHOEAE CULTURE	HEMOPHILUS INF B AB
N GONORRHOEAE	HEMOPHILUS INFLUNAE B
NEISSERIA	INFLUENZA TYPE B AB
GONORRHEA	
	HALOPERIDOL
GC/CHLAMYDIA PROBE	DECANOATE
GENPROBE	
GC/CHLAM	HAM'S TEST
GC/CHLAMYDIA PROBE PANEL	ACID HEMOLYSIS
	PNH CONFIRMATORY
GENITAL CULTURE	ACIDIFIED SERUM LYSIS TEST
URETHRAL CULTURE	
CERVICAL CULTURE	HANSEL'S STAIN
VAGINAL CULTURE	URINE EOS
GC	URINE EOSINOPHILS
GENITAL	
NEISSERIA	HANTAVIRUS RENA SYNDROME AB
GONORRHOEAE CULTURE	HANTAVIRUS PANEL
N GONORRHOEAE	
GONORRHEA	HAPC
	HOSPITAL ACQUIRED
GIARDIA LAMBLIA AG	PENETRATING CONTACT
GIARDIA LAMBLIA ANTIGEN	NEEDLESTICK WORKUP
DETECT	
	HBSAG CONFIRMATION
GIARDIA LAMBLIA PANEL IFA	HBSAG NEUTRALIZATION
GIARDIA IFA	NEUTRALIZATION
	HBSAG C
GLUCOSE	HEPATITIS
FBS	HBSAG CONF (BAMC, EPI)
FASTING GLUCOSE	
	HCV AB SUPPLEMENTAL PANEL
GLUCOSE 2H PT MEAL	HEPATITIS C RIBA
2HR PP	HCV IMMUNOBLOT PANEL
2 HR PP	HCV SUPPLEMENTAL
GTT 2HR PP	HEP C AB SUPPLEMENTAL
2HR POSTPRANDIAL GLUCOSE	HEPATITIS C RIBA SUPPLEMENTAL
2HR POST MEAL GLUCOSE	PANEL
GLUTETHIMIDE	HCV RNA BY PCR, QNT PANEL
DORIDEN	HEPATITIS C PCR QUANT (PANEL)
	HEP C RNA BY PCR,QNT
HAEMOPHILUS INFLUENZAE B AB	HCV QUANTITATIVE BY PCR

HCV RNA BY PCR,QUANT
(SHIPOUT)
HCV RNA QUANT,PCR (SHIPOUT)

HELICOBACTER PYLORI IGG
H PYLORI IGG
HELICOBACTER PYLORI AB IGG

HEMOGLOBIN A1C
HGB A1C
A1C
GLYCOSYLATED HEMOGLOBIN
GLYCOHEMOGLOBIN
GLYCOHEMOGLOBIN PANEL BAMC

HEMOGLOBIN VARIANT PANEL
HEMOGLOBIN ELECTROPHORESIS

HEPATIC FUNCTION PANEL
LFT
CHEM HEPATIC PANEL
LIVER FUNCTION TEST

HEPATITIS A AB, TOTAL
ANTI HAV
HEPATITIS A TOTAL AB
HAVAB TOTAL

HEPATITIS B PCR QUANT
HEPATITIS B VIRUS BY PCR,QUAL
HBV PCR QUAL

HEPATITIS B VIRUS CORE AB
ANTI-HBC
HBCAB
HEPATITIS B CORE ANTIBODY
TOTAL

HEPATITIS B VIRUS CORE IGM
HEPATITIS B CORE ANTIBODY IGM

HEPATITIS B VIRUS DNA
HBVDNA
HBV DNA

HBV DNA PCR
HEP B DNA,QNT
HEPATITIS B DNA,QNT
HEPATITIS B DNA BY HYBRID CAP

HEPATITIS B VIRUS SURFACE AB
HBsAg Ab
HBs Ab
HBSAB
POST HEPTAVAX
HEPTAVAX TITER
HEP B ANTIBODY TITER

HEPATITIS B VIRUS SURFACE AG
HBSAG
AUZYME
HEP B SURFACE AG
HEPATITIS B SURFACE ANTIGEN

HEPATITIS BE ANTIBODY
ANTI-HBE
HBeAb
HEP BE ANTIBODY

HEPATITIS BE ANTIGEN
HBEAG
HEP BE AG
HEP BE ANTIGEN

HEPATITIS C PCR QUAL
HEPATITIS C VIRUS BY PCR,QUAL
PCR-HCV QUAL
HEP C RNA BY PCR,QUAL
HCV RNA BY PCR,QUAL
HCV QUAL BY PCR

HEPATITIS C VIRUS AB
ANTI HCV
CHRONIC HEP C PANEL
ACUTE HEP C PANEL
HCV
HEP C VIRUS ANTIBODY

HEPATITIS C VIRUS GENOTYPING

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HCV GENOTYPING (SHIPOUT)	HERPES SIMPLEX VIRUS 1/2,PCR
HEPATITIS D VIRUS AB HEPATITIS DELTA ANTIBODY HEPATITIS DELTA AB	IBUPROFEN MOTRIN ADVIL
HERPES CULTURE HSV CULTURE	IGA IMMUNOGLOBULIN A
HERPES DFA	IGD IMMUNOGLOBULIN D
HERPES I/II IGG PANEL HERPESVIRUS HOMINIS HERPES SIMPLEX, EIA HERPES I/II TITER	IGE IMMUNOGLOBULIN E
HIV 1/2 AB FORCE HIV HIV-1/2 AB SCREEN HIV AB SCR (WH/BAMC/BAFB) HIV-1+2 AB	IGG IMMUNOGLOBULIN G
HIV- BLOOD BODY FLUID BBF-HIV HIV-BBF SUDS	IGM IMMUNOGLOBULIN M
HIV-1 ULTRASENS VIRAL LOAD HIV-1 VIRAL LOAD HIV-1 RNA PANEL (ULTRASENS) HIV-1 VIRAL RNA (ULTRASENS)	INSULIN AB INSULIN ANTIBODIES
HOMOVANILLATE HOMOVANILLIC ACID,RANDOM HVA, URINE 24 HR HOMOVANILLIC ACID, 24 HR URINE HVA HOMOVANILLIC ACID	INSULIN, FREE AND TOTAL PANEL INSULIN, TOTAL FREE INSULIN
HPV TYPING PROFILE HUMAN PAPILLOMAVIRUS	INSULIN-LIKE GF-I INSULIN LIKE GROWTH FAC I
HSV,TYPE 1 AND 2 DNA,PCR PANE HERPES SIMPLEX 1/2,PCR	INSULIN-LIKE GF-II IGF II INSULIN LIKE GROWTH FACTOR II
	INTESTINAL PARASITES OVA AND PARASITES
	INTRINSIC FACTOR BLOCKING AB IF BLOCKING ANTIBODY INTRINSIC FACTOR AB
	ISLET CELL ANTIBODY ANTI-PANCREATIC ISLET CELL AB

KETONE BODIES	MEPERIDINE AND METABOLITE
KETONE	DEMEROL
KETONES	MEPERIDINE/NORMEPERIDINE
ACETEST	
KLEIHAUER-BETKE	MEPHENYTOIN
FETAL HGB ACID ELUTION	MESANTOIN
	NIRVANOL
L/S RATIO PANEL	MEPROBAMATE
LECITHIN/SPHINGOMYELIN RATIO	EQUANIL
FETAL LUNG MATURITY	94269
LACTATE DEHYDROGENASE	EQUAGESIC
LDH	MEPROSPAN
LE CELL PREP	MILPATH
LUPUS PREP	MILTOWN
	PATHIBAMATE
	MEPROBAMATE(SK)
LEPTOSPIRA ANTIBODIES, EIA PNL	METHADONE
CANICOLA FEVER	DOLOPHINE
FT BRAGG FEVER	
LEPTOSPIROSIS AB	MHA-TP
SWAMP FEVER	MHA TP
SWINEHERD'S DISEASE	TREPONEMA
WEIL'S DISEASE	MICROHEMAGGLUTINATION
	T PALLIDUM
LEUCINE AMINOPEPTIDASE	MIDAZOLAM
ARYLAMIDASE	VERSAD
LIDOCAINE	MONOSPOT
XYLOCAINE	HETEROPHILE ANTIBODY
LORAZEPAM	MONO SCREEN
ATIVAN	INFECTIOUS MONONUCLEOSIS AB
SERUM ATIVAN	
SERUM LORAZEPAM	MUMPS/VARICELLA ANTIBODY
	PAROTITIS EPIDEMICA ABS
LYME ANTIBODY	NASAL SMEAR
LYME AB	EOS SMEAR-NASAL
B BURGDORFERI	EOSINOPHIL NASAL SMEAR
BORRELIA BURDORFERI AB	
MAPROTILINE	NEOMYCIN
LUDIOMIL	MYCIFRADIN

BAMC Pam 40-4

NINHYDRIN TEST
AMINOACIDURIA

NITROSONAPHTHOL
TYROSINE

NMP-22
NUCLEAR MATRIX PROTEIN

NORDIAZEPAM
TRANXENE
CHLORZEPATE

OXAZEPAM
SERAX

OXYCODONE
PERCODAN

P-NITROANILINE TEST
METHYLMALONIC ACID

P53 TUMOR SUPPRESSOR GENE
P53 ALLELOTYPING

PARA-AMINOBENZOIC ACID
PARAAMINOBENZOIC ACID

PARVOVIRUS B19 ANTIBODY PANEL
FIFTH DISEASE, HUMAN
PARVOVIRUS AB
PARVOVIRUS B-19 AB (IGG,IGM)
HUMAN PARVOVIRUS B19 AB
PANEL

PENTOBARBITAL LEVEL
NEMBUTAL

PEROXISOMAL PANEL
PHYTANIC ACID
VLC FATTY ACIDS
VERY LONG CHAIN FATTY
ACIDS/PHYTANIC ACID
VLFA

PHENCYCLIDINE
PCP

PHENOBARBITAL
LUMINAL
ANTRACOL

PHENYTOIN
DILANTIN
DIPHENYLHYDANTOIN

PHERESIS PROFILE (PLT/WBC)

PHOSPHORUS
INORGANIC PHOSPHORUS
PHOSPHATE

PLASMA HEMOGLOBIN
HEMOGLOBIN PLASMA
FREE HEMOGLOBIN

PNEUMOCOCCAL POLYSACCH PNL
POLYSACCHARIDE PANEL
PREPNEUMOCOCCAL
POLYSACCHARIDE AB
POSTPNEUMOCOCCAL
POLYSACCHARIDE AB

PNEUMOCYSTIS CARINII AB
P CARINII TITER

PREGNANCY TEST,QUAL
HCG
HCG,SCREEN
BHCG, QUAL
BETA HCG, QUALITATIVE

PRIMIDONE
MYSOLINE

PRONESTYL PANEL
NAPA
PROCAINAMIDE
N-ACETYL-PROCAINAMIDE

PRONESTYL	ANTI-RIBOSOMAL P
PT/INR (BAMC)	RIFAMPIN
PT	RIFADIN
INR	RISTOCETIN COFACTOR
COUMADIN	VONWILLEBRAND RISTO
PROTIME	RISTOCETIN CO-FACTOR
	VONWILLEBRAND RISTO COFACT
PTT	
APTT	RMSF/TYPHUS IFA PANEL
PARTIAL THROMBOPLASTIN TIME	ROCKY MOUNTAIN FEVER/TYPHUS
ACTIVATED PTT	
Q FEVER ANTIBODIES PANEL(SK)	RSV ELISA
COXIELLA BURNETTI AB PANEL	RESPIRATORY SYNCYTIAL VIRUS
QUINIDINE	RUBEOLA IgG (BAMC)
QUINAGLUSE	MEASLES IGG (BAMC)
QUINAGLATE	
CARDIOQUIN	SALICYLATES
DURAQUIN	ASA
	ACETYLSALICYLIC ACID,BLOOD
R/O BETA STREP	ASPIRIN,BLOOD
BETA STREP GP B	
CULTURE GROUP B STREP	SCLERODERMA ANTIBODIES(SK)
RAPID STREP	ANTIBODY TO Scl-70
	ANTISCLERODERMA-70 AB
R/O METH RESIST S AUREUS	ANTI-SCL-70 (SK)
METH RES STAPH	SCL-70
STAPH, METHICILLIN RESISTANT	
	SEMEN ANALYSIS (PANEL)
RAPID PLASMA REAGIN	FERTILITY WORKUP
SYPHILLIS	
RPR	SEROTONIN
NONTREPONEMAL TEST	5-HT
SYPHILIS SEROLOGY	5-HYDROXYTRPTAMINE
RENAL FUNCTION PANEL	SEX HORMONE BINDING GLOBULIN
PROFILE RENAL	TESTOSTERONE BINDING
CHEM RENAL PANEL	GLOBULIN
CHEM 10	ANDROGEN BINDING GLOBULIN
RIBOSOMAL P AB	SPERM POST VASECTOMY
ANTI RIBOSOMAL P	SEMENANALYSIS
	POST VASECTOMY

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SSA/SSB (BROOKS-EPI)

SJOGRENS AB
ANTI-SSA
ANTI-SSB

STONE ANALYSIS (PANEL)

RENAL CALCULI ANALYSIS
CALCULI, RENAL ANALYSIS

STREP PYOGENES AG

RAPID STREP
STREPTOCOCCUS PYOGENES
ANTIGEN

STRIATED MUSCLE AB

ANTI-SKELETAL AB
ANTI-SKELETAL MUSCLE AB
ANTI-STRIATIONAL AB
SKELETAL MUSCLE AB

SUCCINYLACETONE

TYROSINEMIA TYPE I
SUCCINYL ACETONE

SUCROSE HEMOLYSIS

SUGAR WATER TEST
SUCROSE HEMOLYSIS TEST

SULFOSALICYLIC ACID

SSA

SWEAT CHLORIDE PANEL

SWEAT CHLORIDE

T4 FREE

FT4
FREE T4
THYROXINE, FREE
FREE THYROXINE

TB NUCL ACD AMPL

TUBERCULOSIS NUCLEIC ACID
AMPLIF

TDT

TERMINAL DEOXYNUCLEOTIDYL
TRANSFERASE ENZYME
TEMAZEPAM
RESTORIL

TETANUS ANTITOXIN AB IGG

TETANUS AB
TETANUS TOXOID IGG

THEOPHYLLINE

AMINOPHYLLINE,BLOOD
THEODUR

THIAMINE

VITAMIN B1
B1 VITAMIN

THIOCYANATE

NITROPRUSSIDE

THIOPENTAL

PENTOTHAL

THROAT CULTURE

CULTURE THROAT
STREP SCREEN

THYROID ANTIBODY PANEL

ANTI-THYROGLOBULIN AB
ANTI-THYROID MICROSOMAL
ANTI-MICROSOMAL ANTIBODY
MICROSOMAL AB
THYROGLOBULIN AB

THYROID STIM IMMUNGLOBULINS

THYROTROPIN RECEPTOR
AB,SERUM
TSH RECEPTOR BINDING
INHIBITORY IMMUNO
THYROID STIMULATING
ANTIBODY

THYROTROPIN BINDING INHIB IGB

THYROID RECEPTOR ANTIBODY
 THYROTROPIN-BINDING
 INHIBITORY IMMUNOGLOBULIN
 TSH RECEPTOR BLOCKING AB

TOBRAMYCIN PEAK
 NEBCIN

TOCAINIDE
 TONOCARD

TORCH PROFILE

TOXIC SCREEN URINE PANEL(WHMC)
 DRUG SCREEN URINE
 URINE DRUG SCREEN

TRICYCLIC SCREEN LVL
 DESIPRAMIN
 NORTRIPTYLINE
 IMIPRAMINE
 AMITRIPTYLINE
 NORPRAMIN
 TOFRANIL

TRIFLUOPERAZINE
 STELAZINE

TRIIODOTHYRONINE
 TRIIODOTHYRONINE TOTAL

TRIIODOTHYRONINE FREE
 FT3
 UNBOUND T3
 FREE T3

TRIIODOTHYRONINE REVERSE
 TRIIODOTHYRONINE,REVERSE
 REVERSE T3

TRIPLE MARKER
 TRIPLE MARKER PROFILE
 MSAFP/HCG/UE3 SCREENING

TROPONIN I CARDIAC
 TNI

UPEP ELECTROPHORESIS PNL
 UPEP
 URINE PROTEIN
 ELECTROPHORESIS

URINE HEAVY METAL PANEL
 MERCURY
 ARSENIC
 LEAD

UROBILINOGEN 24HR

VALPROATE
 DEPAKENE
 VALPROIC ACID LEVEL
 VANILLYLMANDELIC ACID PANEL
 VMA

VARICELLA DFA
 CHICKENPOX
 HERPES ZOSTER
 ANTI-VZV
 VZV ANTIBODY
 VARICELLA ANTIBODY

VASOACTIVE INTESTINAL PEPTIDE
 VASOACTIVE INT PEPTIDE
 VASOACTIVE INT POLYPEPTIDE

VITAMIN A
 RETINOL

VITAMIN B-12 AND FOLATE LEVEL
 B12/FOLATE
 VITAMIN B12/FOLATE

VITAMIN B6
 PYRIDOXIN
 PYRIDOXAL 5-PHOSPHATE
 FOLIC ACID

BAMC Pam 40-4

VITAMIN C
ASCORBIC ACID

VITAMIN D 1,25 DIHYDROXY
DIHYDROXY VITAMIN D 1,25
CALCIFEROL

VITAMIN D 25 HYDROXY
CHOLECALCIFEROL
25-HYDROXYVITAMIN D

VITAMIN E PANEL
TOCOPHEROL

VON WILLEBRAND FACTOR AG
FACTOR VIII AG
FACTOR VIII ANTIGEN

WARFARIN
COUMADIN

The proponent of this memorandum is the Chief, Department of Pathology and Area Laboratory Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publication and Blank Form), to the Cdr, Brooke Army Medical Center, ATTN: MCHE-PL, Fort Sam Houston, Texas 78234-6200.

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