

**LSUHSC-SHREVEPORT  
CLINICAL LABORATORY POLICY AND INFORMATION MANUAL**

**ROUTINE CHEMISTRY**

<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Patient Preparation</b>
<b>Albumin</b> ALB	Plasma	Green Top 1.0 ml. minimum		None
<b>Alcohol</b> ALC	Plasma	Green Top 1.0 ml. minimum	Do not use Alcohol swab to cleanse collection site.	None
<b>Alkaline Phosphatase</b> ALKP	Plasma	Green Top 1.0 ml. minimum		None
<b>ALT</b>	Plasma	Green Top 1.0 ml. minimum	Formerly known as SGPT	None
<b>Ammonia</b> AMM	Plasma	Green Top 1.0 ml. minimum	Place sample on <b>ice</b> . Bring <b>Immediately</b> to lab.	None
<b>AST</b>	Plasma	Green Top 1.0 ml. minimum	Serum should not be hemolyzed. Formerly known as SGOT.	None
<b>B12/Folate</b> B12FO	Serum	Red Top 1.0 ml. minimum	Specimen must not be hemolyzed.	None
<b>Basic Metabolic Panel</b> BMP3	Plasma	Green Top (lithium heparin) 1.0 ml minimum	Tests include NA,K,CL,CO2,GLU,BUN,CREA,CA ANION GAP,BUN/CREA RATIO,GFR	None
<b>Bilirubin, <u>Conjugated</u></b> CBIL	Plasma	Green Top 1.0 ml. minimum	Bilirubin degrades in the presence of light. Prompt delivery to the lab is essential.	None
<b>Bilirubin, <u>Neonatal</u></b> NBIL	Plasma	Green Top 1.0 ml. minimum	Bilirubin degrades in the presence of light. <b>Results valid on neonatal (&lt;30 days) specimens only.</b>	None
<b>Bilirubin, <u>Total</u></b> TBIL	Plasma	Green Top 1.0 ml. minimum	Bilirubin degrades in the presence of light. Prompt delivery to the lab is essential.	None

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<b>Bilirubin, <u>Unconjugated</u></b> BILU	Plasma	Green Top 1.0 ml. minimum	Unconjugated Bilirubin is a calculated test. Must order Total Bili and Conjugated Bili.	None
<b>B-Type Natriuretic Peptide</b> BNP	Plasma	Purple Top EDTA 3.0 ml minimum	<b>Testing performed in Trauma Lab.</b>	None
<b>BUN</b> Blood Urea Nitrogen	Plasma	Green Top 1.0 ml. minimum		None
<b>C3</b>	Plasma	Green Top 1.0 ml. minimum		None
<b>C4</b>	Plasma	Green Top 1.0 ml. minimum		None
<b>C-Reactive Protein</b> CRP	Plasma	Green Top 1.0 ml. minimum		None
<b>Calcium</b> CA	Plasma	Green Top 1.0 ml. minimum		None
<b>Carbon Dioxide</b> CO2	Plasma	Green Top 1.0 ml. minimum		None
<b>Chloride</b> CL	Plasma	Green Top 1.0 ml. minimum		None
<b>Cholesterol</b> CHOL	Plasma	Green Top 1.0 ml. minimum	Fasting sample recommended.	None
<b>Comprehensive Metabolic Panel</b> CMP3	Plasma	Green Top 2.0 ml. minimum	Includes NA, K, CL, CO2, GLU, BUN, CREAT, CA, TP, ALB, TB, AST, ALT, ALKP, BUN/CREAT RATIO, ANION GAP, GFR.	None
<b>CKMB</b> CKMBS	Plasma	Green Top 2.0 ml. minimum	Includes, Total CK, CKMB and calculated CKMB Index.	None

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<b>Cortisol</b> CORT	Plasma	Green Top 1.0 ml. minimum		None
<b>Creatinine</b> CRE	Plasma	Green Top 1.0 ml. minimum	Includes GFR calculation	None
<b>Electrolytes</b> ELECT	Plasma	Green Top (lithium heparin) 1.0 ml. minimum	Tests include NA,K,CL,CO2,ANION GAP.	None
<b>FERRITIN</b> FERR	Plasma	Green Top 1.0 ml. minimum	Specimen must not be hemolyzed.	None
<b>Fetal Lung Maturity</b> FLM	Amniotic fluid	Sterile tube 5.0 mls	Available 24 hrs/7 days per week	None
<b>Free T3</b> T3F	Plasma	Green Top 1.0 ml. minimum		None
<b>Free T4</b> T4F	Plasma	Green Top 1.0 ml. minimum		None
<b>FSH</b>	Plasma	Green Top 1.0 ml. minimum		None
<b>Glucose</b> GLU	Plasma	Green Top 1.0 ml. minimum	Gross hemolysis causes a decrease in results.	None
<b>Glucose tolerance 3 hr.</b> GTT3	Plasma	Green Top 1.0 ml. minimum	Must be scheduled 24 hr. in advance. Call chemistry for scheduling and test instructions.	Oral glucose (75 or 100 grams)
<b>Glucose tolerance, 2 hr.</b> GTT2	Plasma	Green Top 1.0 ml. minimum	Must be scheduled 24 hr. in advance. Call chemistry for scheduling and test instructions.	Oral glucose (75 or 100 grams)
<b>Glucose tolerance 5 hr</b> GTT5	Plasma	Green Top 1.0 ml. minimum	Must be scheduled 24 hr. in advance. Call chemistry for scheduling and test instructions.	Oral glucose (75 or 100 grams)

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<b>Glucose, 2 hr. Post Prandial</b> GL2PP	Plasma	Green Top 1.0 ml. minimum	Specific Normal Ranges-Do not use for fasting glucose order.	Adequate meal or glucose load
<b>Glucose, O'Sullivan Screen</b> GLUOB	Plasma	Green Top 1.0 ml. minimum	Specific normal ranges or O'Sullivan screen. Specimen collected 1 hour after 50 gm oral glucose administered.	50 gm Oral glucose
<b>GT</b> GGT	Plasma	Green Top 1.0 ml. minimum		None
<b>Haptoglobin</b> HPT	Plasma	Green Top 1.0 ml. minimum		None
<b>HCG</b>	Plasma	Green Top 1.0 ml. minimum	Test performed as received.	None
<b>Hepatic Function Panel (without PATH Interp.)</b> HFP3	Plasma	Green Top 1.0 ml. minimum	Tests include: Liver function chemistries (TBIL,CBIL,AST,ALT,ALKP,TP,ALB),	None
<b>Hepatic Function Panel (with PATH Interp.)</b> HFP3	Plasma	Green Top 1.0 ml. minimum	Tests include: Liver function chemistries (TBIL,CBIL,AST,ALT,ALKP,TP,ALB),	None
<b>Immunoglobulin A</b> IGA	Plasma	Green Top 1.0 ml. minimum		None
<b>Immunoglobulin G</b> IGG	Plasma	Green Top 1.0 ml. minimum		None
<b>Immunoglobulin M</b> IGM	Plasma	Green Top 1.0 ml. minimum		None

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<b>Iron Profile</b> FEPR	Serum	Red Top 1.0 ml. minimum	Includes Iron , Unsaturated Iron binding capacity (UIBC) and calculated TIBC. Hemolyzed specimens should not be used due to high concentration of iron in hemoglobin.	None
<b>Ketone, Serum</b> KETS	Plasma	Green Top 1.0 ml. minimum	Must be done immediately after opening sample tube- cannot be “added on” to sample already in lab. Serum should not be hemolyzed.	None
<b>Lactic Acid</b> LAC	Plasma	Gray Top 1.0 ml. minimum	Place sample on <b>ice</b> -bring <b>IMMEDIATELY</b> to lab! Tube should be at least half full. Draw the specimen when the patient is at rest without the use of a tourniquet or within 3 minutes of applying the tourniquet, but before releasing the tourniquet. Patient should not exercise arm or hand during phlebotomy (no “fist”).	None
<b>LACTATE DEHYDROGENASE</b> LDH	Plasma	Green Top 1.0 ml. minimum	Hemolysis will cause elevation of results.	None
<b>LEUTINIZING HORMONE</b> LH	Plasma	Green Top 1.0 ml. minimum		None
<b>Lipase</b> LIPA	Plasma	Green Top 1.0 ml. minimum		None
<b>Lipid Profile</b> LIPID	Plasma	Green Top 1.0 ml. minimum	Test includes CHOL,TRIG,HDL and LDL. <b>FASTING SPECIMEN RECOMMEDED</b>	12 hr fast
<b>Lithium</b> LI	Serum	Red Top 1.0 ml. minimum		None
<b>Magnesium</b> MG	Plasma	Green Top 1.0 ml. minimum		None
<b>Myoglobin</b> MYO	Plasma	Green Top 1.0 ml. minimum	Testing performed in Trauma Lab.	None
<b>Nutrition Panel</b> NUTR	Serum	Red Top 1.0 ml. minimum	Test includes Prealbumin and Transferrin.	None

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<b>Osmolality, Serum</b> OSMS	Serum	Red Top 1.0 ml. minimum		None
<b>Osmolality, Urine</b> OSMU	Urine	Sterile Screw Top Tube 1.0 ml. Minimum		None
<b>Phosphorous</b> Phos	Plasma	Green Top 1.0 ml. minimum		None
<b>Potassium</b> K	Plasma	Green Top 1.0 ml. minimum	Hemolysis will increase results.	None
<b>Prealbumin</b> PREA	Serum	Red Top 1.0 ml. minimum		None
<b>Prostatic Specific Antigen, Total</b> TPSAG	Serum	Red Top 1.0 ml. minimum		None
<b>Prostatic Specific Antigen, Total &amp;Free</b> TFPSA	Serum	Red Top 1.0 ml. minimum	Includes Total PSA, Free PSA and %Free PSA	None
<b>Reducing Substances</b> RESUB	Plasma or <u>Urine</u>	Green Top 1.0 ml. minimum		None
<b>Renal Function Panel</b> RFP3	Plasma	Green Top 1.0 ml. minimum	Tests include NA,K,CL,CO2,GLU,BUN,CREA,CA, ALB, PHOS,ANION GAP,BUN/CREA RATIO,GFR	None
<b>Rheumatoid Factor</b> RF	Serum	Red Top 1.0 ml. minimum		None
<b>Salicylate</b> SALI	Plasma	Green Top 1.0 ml. minimum	Testing performed in Trauma Lab.	None
<b>Sodium</b> NA	Plasma	Green Top 1.0 ml. minimum		None
<b>Thyroid Stimulating Hormone</b> TSH	Plasma	Green Top 1.0 ml. minimum		None

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<b>Total Protein</b> TP	Plasma	Green Top 1.0 ml. minimum		None
<b>Total T3</b> TT3	Plasma	Green Top 1.0 ml. minimum		None
<b>Total T4</b> TT4	Plasma	Green Top 1.0 ml. minimum		None
<b>Transferrin</b> TRANS	Plasma	Green Top 1.0 ml. minimum		None
<b>Triglyceride</b> TRIG	Plasma	Green Top 1.0 ml. minimum		None
<b>Troponin-I</b> TROP	Plasma	Green Top 1.0 ml. minimum		None
<b>Uric Acid</b> URIC	Plasma	Green Top 1.0 ml. minimum		None

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**THERAPEUTIC DRUGS**

<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Critical Level</b>
<b>Acetaminophen</b> ACET	Plasma	Green Top 2.0 ml.	Therapeutic range 10-30 µg/ml Testing performed in Trauma Lab.	>200 µg/ml after 4 hr >50 µg/ml after 12 hr
<b>Amikacin , Random</b> AMIKR	Plasma	Green Top 2.0 ml.		
<b>Amikacin, Trough</b> AMIKT	Plasma	Green Top 2.0 ml.	Therapeutic range ≤10 µg/ml. Specimen must be labeled with control number and identified specifically as <b>TROUGH</b>	>10 µg/ml.
<b>Amikacin, Peak</b> AMIKP	Plasma	Green Top 2.0 ml.	Therapeutic range 20-35 µg/ml. Specimen must be labeled with control number and identified specifically as <b>PEAK</b> .	>35 µg/ml
<b>Carbamazepine</b> (Tegretol) CARB	Plasma	Green Top 2.0 ml.	Therapeutic range 4.0-12.0 µg/ml	>12.0 µg/ml
<b>Digoxin</b> (Lanoxin) DIG	Plasma	Green Top 2.0 ml.	Therapeutic range 0.8-2.2 ng/ml	>2.2 ng/ml
<b>Gentamicin, Random</b> GENTR	Plasma	Green Top 2.0 ml.		
<b>Gentamicin, Trough</b> GENTT	Plasma	Green Top 2.0 ml.	Therapeutic range ≤ 2.0 µg/ml. Specimen must be labeled with control number and identified specifically as <b>TROUGH</b> .	>2 µg/ml
<b>Gentamicin, Peak</b> GENTP	Plasma	Green Top 2.0 ml.	Therapeutic range 2.0-10.0 µg/ml. Specimen must be labeled with control number and identified specifically as <b>PEAK</b> .	>12 µg/ml
<b>Methotrexate</b> MTREX	Plasma	Green Top 2.0 ml.	Therapeutic range: 5.0-10.0 µmol/L at 24 hr, 0.5-1.0 µmol/L at 48 hr <0.2 µmol/L at 72 hr	>10 µmol/L at 24 hr >1.0 µmol/L at 48 hr >0.2 µmol/L at 72 hr

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<b>Phenobarbital</b> PHENO	Plasma	Green Top 2.0 ml.	Therapeutic range 15-40 µg/ml	>60 µg/ml
<b>Phenytoin (dilantin)</b> Pheny	Plasma	Green Top 2.0 ml.	Therapeutic range 10.0-20.0 µg/ml	>20 µg/ml
<b>Theophylline</b> THEO	Plasma	Green Top 2.0 ml.	Therapeutic range: Asthma: 10.0-20.0 µg/ml Neonatal apnea: 5.0-10.0 µg/ml	>20 µg/ml
<b>Thiocyanate</b> THIO	Plasma	Green Top 2.0 ml.	<b>No gel barrier tubes</b>	Toxic: >10 mg/dl
<b>Tobramycin, Random TOBR</b>	Plasma	Green Top 2.0 ml.		
<b>Tobramycin, Trough TOBT</b>	Plasma	Green Top 2.0 ml.	Therapeutic range <2.0 µg/ml Specimen must be labeled with control number and identified specifically as <b>TROUGH</b> .	>2 µg/ml
<b>Tobramycin, Peak</b> (Nebcin) TOBP	Plasma	Green Top 2.0 ml.	Therapeutic range 5-12 µg/ml Specimen must be labeled with control number and identified specifically as <b>PEAK</b> .	>12 µg/ml
<b>Valproic Acid</b> (Depakene) VALP	Plasma	Green Top 2.0 ml.	Therapeutic range 50.0-100.0 µg/ml	>125 µg/ml
<b>Vancomycin, Random VANCR</b>	Plasma	Green Top 2.0 ml.		
<b>Vancomycin, Trough VANCT</b>	Plasma	Green Top 2.0 ml.	Therapeutic range 0-18 yr 5.0-10.0 µg/ml >18 yr 5.0-15.0 µg/ml Specimen must be labeled with control number and identified specifically as <b>TROUGH</b>	0-18 yr >10 µg/ml >18 yr >15 µg/ml
<b>Vancomycin, Peak VANCP</b>	Plasma	Green Top 2.0 ml.	Therapeutic range 20.0-40.0 µg/ml Specimen must be labeled with control number and identified specifically as <b>PEAK</b> .	>80 µg/ml

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**MISCELLANEOUS FLUID CHEMISTRY**

**NOTE: Fluid type must be specified when tests are ordered!**

<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Patient Preparation</b>
<b>Fluid Amylase</b> FAMY	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Fluid Chloride</b> FCL	Fluid	Sterile Screw Top	Label should include patient information and fluid type. Do not use for CSF.	None
<b>Fluid Cholesterol</b> FCHOL	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Fluid Creatinine</b> FCREA	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Fluid Glucose</b> FGLU	Fluid	Sterile Screw Top	Label should include patient information and fluid type. Do not use for CSF.	None
<b>Fluid Lactic Acid</b> FLA	Fluid	Sterile Screw Top	Label should include patient information and fluid type. Do not use for CSF.	None
<b>Fluid LDH</b> FLDH	Fluid	Sterile Screw Top	Label should include patient information and fluid type. Do not use for CSF.	None
<b>Fluid PH</b> FPH	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Fluid Potassium</b> FK	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Fluid Sodium</b> FNA	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Fluid Specific Gravity</b> FSPGR	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Fluid Total Protein</b> FTP	Fluid	Sterile Screw Top	Label should include patient information and fluid type. Do not use for CSF.	None
<b>Fluid Urea Nitrogen</b> FUN	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Fluid Uric Acid</b> FURIC	Fluid	Sterile Screw Top	Label should include patient information and fluid type.	None
<b>Synovial Fluid for Crystal Analysis</b> SFCRY	Synovial Fluid	Sterile Screw Top	Label should include patient information and fluid type <b>Include collection site.</b>	None

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**CEREBROSPINAL FLUID CHEMISTRIES**

<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Patient Preparation</b>
<b>CSF Chloride</b> CCL	CSF	Sterile Screw Top	Tubes should be numbered to collection sequence.	None
<b>CSF Glucose</b> CGLU	CSF	Sterile Screw Top	Tubes should be numbered to collection sequence.	None
<b>CSF Lactic Acid</b> CSFLA	CSF	Sterile Screw Top	Tubes should be numbered to collection sequence.	None
<b>CSF LDH</b> CLDH	CSF	Sterile Screw Top	Tubes should be numbered to collection sequence.	None
<b>CSF Package</b> CSFPA	CSF	Sterile Screw Top	Tubes should be numbered to collection sequence, <b>two</b> tubes required. <b>Tests include CSF Cell Count, CSF Glucose and CSF Protein.</b>	None
<b>CSF Protein</b> CSFP	CSF	Sterile Screw Top	Tubes should be numbered to collection sequence.	None

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**ROUTINE URINALYSIS**

<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Patient Preparation</b>
<b>Pregnancy Test</b> UPREG	Urine	Sterile Screw Top	First morning specimen preferred.	None
<b>Specific Gravity, Urine</b> USPG	Urine	Sterile Screw Top		None
<b>Urinalysis, Macroscopic with Reflex Microscopic</b>	Urine	Sterile Screw Top	Includes 10 test chemical screen. Microscopic will reflex if Protein, Leukocyte Esterase, Blood, or Nitrite is positive.	Clean Catch
<b>Urinalysis</b> URIN	Urine	Sterile Screw Top	Includes chemical screen and microscopic Optimum volume 12.0 mls. Lesser volumes analyzed according to protocol	Clean Catch

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**URINE SAMPLES ROUTINE CHEMISTRY - URINE CHEMISTRIES, RANDOM**

<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Patient Preparation</b>
<b>Random Urine Amylase</b> UAML	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Calcium</b> UCA	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Chloride</b> UCL	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Creatinine</b> UCREA	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Glucose</b> UGLUC	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Magnesium</b> UMG	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Phosphorous</b> UPHOS	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Potassium</b> UK	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Protein</b> UPROT	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Sodium</b> UNA	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Urea Nitrogen</b> UUN	Random Urine	Sterile Screw Top 2.0 ml. minimum		None
<b>Random Urine Uric Acid</b> UUA	Random Urine	Sterile Screw Top 2.0 ml. minimum		None

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**URINE ROUTINE CHEMISTRY - URINE CHEMISTRIES TIMED SPECIMENS**

**Note:** For all timed urine samples, the entire sample should be submitted to the laboratory for accurate measurement of total volume. **If an aliquot of a timed sample is submitted to the laboratory, the volume of the original sample must be measured by the floor.** It should be noted on the sample label and entered in the comment section when ordering the test on the SMS computer.

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<b><u>2 hr. Urine Amylase</u> UAML2</b>	2 hr Urine	Sterile Screw top tube or 24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Amylase</u> UAMLQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Calcium</u> UCAQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Chloride</u> UCLQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Creatinine</u> UCREQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Glucose</u> UGLUQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Magnesium</u> UMGQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Phosphorous</u> UPHOQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Potassium</u> UKQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate)	None
<b><u>24 hr. Urine Protein</u> UPROQ</b>	24 hr Urine	24 hr. Urine container	Preservative: None (Refrigerate) <b>Never use 6N HCL.</b>	None
<b><u>24 hr. Urine Sodium</u> UNAQ</b>	24 hr Urine	24 hr. Urine container	Preservative : None (Refrigerate)	None
<b><u>24 hr. Urine Uric Acid</u> UUAQ</b>	24 hr Urine	24 hr. Urine container	Preservative :None (Refrigerate)	None
<b><u>24 hr. Urine Urea Nitrogen</u> UUNQ</b>	24 hr Urine	24 hr. Urine container	Preservative :None (Refrigerate)	None

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**SPECIAL CHEMISTRY**

<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Patient Preparation</b>
<b>Amniotic Fluid Scan (SCAN) ASC</b>	Amniotic Fluid	Brown Screw Top <b>No exposure to light.</b>	<b>Call lab before collection.</b> Scan available in Special Chemistry Monday -Friday.	None
<b>Anti-Nuclear Antibody (screen and titer) ANA</b>	Serum	Red Top 3.0 ml minimum	Positive screens automatically titered in next run.	None
<b>Anti-Nuclear Antibody Panel ANA8</b>	Serum	Red Top 3.0 ml minimum	Test includes DSDNA, SSDNA, ASMAB, RNPSM, SSARO, SSBLA, AHIST, SCL70.	None
<b>Anti-DSDNA (Double stranded DNA Ab) DSDNA</b>	Serum	Red Top 3.0 ml minimum		None
<b>Anti- SSDNA (Single stranded DNA AB) SSDNA</b>	Serum	Red Top 3.0 ml minimum		None
<b>Anti-SM ASMAB</b>	Serum	Red Top 3.0 ml minimum		None
<b>Anti-RNP+SM RNPSM</b>	Serum	Red Top 3.0 ml minimum		None
<b>Anti-SSA(RO) SSARO</b>	Serum	Red Top 3.0 ml minimum		None
<b>Anti-SSB(LA) SSBLA</b>	Serum	Red Top 3.0 ml minimum		None
<b>Anti-Histone AHIST</b>	Serum	Red Top 3.0 ml minimum		None

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<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Patient Preparation</b>
<b>Anti-SCL-70</b> SCL70	Serum	Red Top 3.0 ml minimum		None
<b>CK Isoenzymes</b> CKE	Serum	Red Top 5.0 ml. minimum	Test includes total CK. <b>Hemolyzed specimens will be rejected!</b>	None
<b>CSF Electrophoresis</b> HRPE	CSF	Sterile Screw Top + Red Top (5 ml)	<b>Must submit 2 mls of CSF</b> and 5.0 ml of serum (red top tube) for analysis.	None
<b>Electrophoresis, Hemoglobin</b> HGBEP	Whole Blood	Purple Top (EDTA) 2 ml. minimum	Includes Hgb A2, Hgb F, CBC, ZP and pathologist's interpretation.	None
<b>Electrophoresis, Serum Protein</b> SPE	Serum	Red Top 5.0 ml. minimum	Interpretation by Pathologist. Includes total protein.	None
<b>Electrophoresis, Urine Protein</b> UPE	Urine	Screw Top or 24 hr. <b>NO Preservative</b>	Can be done on random or 24 hr urine . <b>Must have at least 10 ml of urine for analysis.</b> Includes urine total protein. Interpretation by Pathologist.	None
<b>Hemoglobin A1c</b> A1c	Whole Blood	Purple Top (EDTA) 3.0 ml. minimum	Available Monday-Friday.	None
<b>Immunoelectrophoresis, Serum</b> SIEP	Serum	Red Top 5.0 ml. minimum	Interpretation by Pathologist. Includes: Quantitative IgG, IgA, IgM, Serum protein electrophoresis.	None
<b>Immunoelectrophoresis, Urine</b> UIEP	Urine	Screw Top or 24 hr container (no perservative)	Can be done on random or 24 hr urine. * <b>Must have at least 10 ml of urine for analysis.</b> Interpretation by Pathologist.	None
<b>PTH Panel</b> PTHp	Serum	Red Top 3.0 ml. minimum	Test includes PTH and Calcium	None
<b>Thiocyanate</b>	Serum	Red Top 5.0 ml. minimum	Patient must be taking Nipride.	None
<b>AFP</b> <b>Amniotic Fluid</b>	Amniotic Fluid	Sterile screw top tube	Proper form must be submitted with all data completed.	None
<b>QUAD Screen</b> QDSCR	Serum	Red Top 5.0 ml. minimum	Proper form must be submitted with all data completed.	None

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**TRAUMA LAB**

<b>Test Description LIS Code</b>	<b>Specimen Type</b>	<b>Tube Type</b>	<b>Special Instructions or Information</b>	<b>Therapeutic Ranges</b>
<b>Urine Drug Screen</b>	Urine	20 mL.	<b>Amphetamine, Benzodiazepine, Barbiturate, Cocaine, Alcohol, Cannabinoids (Marihuana, THC), Phencylidine (PCP), Morphine. Testing performed in TRAUMA LAB.</b>	<b>See Report</b>