

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

[Specimen Collection](#)

ROUTINE CHEMISTRY

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

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Bilirubin, <u>Unconjugated</u> BILU	Plasma	Green Top Multiple Choice	Unconjugated Bilirubin is a calculated test. Must order Total Bili and Conjugated Bili.	None
B-Type Natriuretic Peptide BNP	Plasma	Green Top Multiple Choice	Testing performed in Trauma Lab.	None
BUN Blood Urea Nitrogen	Plasma	Green Top Multiple Choice		None
C3	Plasma	Green Top Multiple Choice	Testing performed in Outpatient Lab.	None
C4	Plasma	Green Top Multiple Choice	Testing performed in Outpatient Lab.	None
C-Reactive Protein CRP	Plasma	Green Top Multiple Choice		None
Calcium CA	Plasma	Green Top Multiple Choice		None
Carbon Dioxide CO2	Plasma	Green Top Multiple Choice		None
Chloride CL	Plasma	Green Top Multiple Choice		None
Cholesterol CHOL	Plasma	Green Top Multiple Choice	Fasting sample recommended.	None
Comprehensive Metabolic Panel CMP3	Plasma	Green Top Multiple Choice	Includes NA, K, CL, CO2, GLU, BUN, CREAT, CA, TP, ALB, TB, AST, ALT, ALKP, BUN/CREAT RATIO, ANION GAP, GFR.	None
CKMB CKMBS	Plasma	Green Top Multiple Choice	Includes, Total CK, CKMB and calculated CKMB Index.	None

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Cortisol CORT	Serum	Red Top Multiple Choice		None
Creatinine CRE	Plasma	Green Top Multiple Choice	Includes GFR calculation	None
Electrolytes ELECT	Plasma	Green Top Multiple Choice	Tests include NA,K,CL,CO2,ANION GAP.	None
FERRITIN FERR	Plasma	Green Top Multiple Choice	Specimen must not be hemolyzed.	None
Free T3 T3F	Plasma	Green Top Multiple Choice		None
Free T4 T4F	Plasma	Green Top Multiple Choice		None
FSH	Plasma	Green Top Multiple Choice		None
Glucose GLU	Plasma	Green Top Multiple Choice	Gross hemolysis causes a decrease in results.	None
Glucose tolerance <u>3 hr.</u> GTT3	Plasma	Green Top Multiple Choice		Oral glucose (75 or 100 grams)
Glucose tolerance, <u>2 hr.</u> GTT2	Plasma	Green Top Multiple Choice	Must be scheduled 24 hr. in advance. Call chemistry for scheduling and test instructions.	Oral glucose (75 or 100 grams)
Glucose tolerance <u>5 hr.</u> GTT5	Plasma	Green Top Multiple Choice	Must be scheduled 24 hr. in advance. Call chemistry for scheduling and test instructions.	Oral glucose (75 or 100 grams)

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

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

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Iron FE	Serum	Red Top Multiple Choice	Hemolyzed specimens should not be used due to high concentration of iron in hemoglobin.	None
Iron Profile FEPR	Serum	Red Top Multiple Choice	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
Ketone KETS	Plasma	Green Top Multiple Choice	Must be done immediately after opening sample tube- cannot be “added on” to sample already in lab. -Sample should not be hemolyzed.	None
Lactic Acid LAC	Plasma	Gray Top	Place sample on ice -bring IMMEDIATELY to lab! Draw the specimen when the patient is at rest and fasting 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
Lactate Dehydrogenase LDH	Plasma	Green Top Multiple Choice	Hemolysis will cause elevation of results.	None
Leutinizing Hormone LH	Plasma	Green Top Multiple Choice		None
Lipase LIPA	Plasma	Green Top Multiple Choice		None
Lipid Profile LIPID	Plasma	Green Top Multiple Choice	Test includes CHOL,TRIG,HDL and LDL. FASTING SPECIMEN RECOMMEDED	12 hr fast
Lithium LI	Serum	Red Top Multiple Choice		None
Magnesium MG	Plasma	Green Top Multiple Choice		None
Myoglobin MYO	Plasma	Green Top Multiple Choice	Testing performed in Trauma Lab.	None
Nutrition Panel NUTR	Plasma	Green Top Multiple Choice	Test includes Prealbumin and Transferrin.	None

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Osmolality, Serum OSMS	Serum	Red Top Multiple Choice		None
Osmolality, Urine OSMU	Urine	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube.	None
Phosphorous Phos	Plasma	Green Top Multiple Choice		None
Potassium K	Plasma	Green Top Multiple Choice	Hemolysis will increase results.	None
Prealbumin PREA	Plasma	Green Top Multiple Choice		None
Procalcitonin PCT	Plasma	Green Top Multiple Choice		None
Prolactin PROLA	Plasma	Green Top Multiple Choice		None
Prostatic Specific Antigen, Total TPSAG	Serum	Red Top Multiple Choice		None
Reducing Substances RESUB	Urine	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Renal Function Panel RFP3	Plasma	Green Top Multiple Choice	Tests include NA,K,CL,CO2,GLU,BUN,CREA,CA, ALB, PHOS,ANION GAP,BUN/CREA RATIO,GFR	None
Rheumatoid Factor RF	Plasma	Green Top Multiple Choice		None
Sodium NA	Plasma	Green Top Multiple Choice		None
Thyroid Stimulating Hormone TSH	Plasma	Green Top Multiple Choice		None

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Total Protein TP	Plasma	Green Top Multiple Choice		None
Total T3 TT3	Plasma	Green Top Multiple Choice		None
Total T4 TT4	Plasma	Green Top Multiple Choice		None
Transferrin TRANS	Plasma	Green Top Multiple Choice		None
Triglyceride TRIG	Plasma	Green Top Multiple Choice		None
Troponin-I TROP	Plasma	Green Top Multiple Choice		None
Uric Acid URIC	Plasma	Green Top Multiple Choice		None

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

SEROLOGY

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
CMVPA	Blood	Red Top Multiple Choice	CMV Panel CMV IgM (performed weekly)	None
CORMT	Blood	Red Top Multiple Choice	Hepatitis B c Antibody IgM test	None
HBCAT	Blood	Red Top Multiple Choice	Hepatitis B Core Antibody test	None
HBSAT	Blood	Red Top Multiple Choice	Hepatitis B s Antigen test	None
HBSBT	Blood	Red Top Multiple Choice	Hepatitis B Antibody test	None
HCVT HCV	Blood	Red Top Multiple Choice	Hepatitis C Antibody test	None
HIV12	Blood	Red Top Multiple Choice	Human Immunodeficiency Type 1 & Type 2	None
HTL12	Blood	Red Top Multiple Choice	HTLV- 1/2 Antibodies, Qualitative	None
HAVMT HAVM	Blood	Red Top Multiple Choice	Hep A Antibody-IgM	
AHP3	Blood	Red Top Multiple Choice	Acute Hepatitis Panel (includes HBsAg, HCV, Core M, and HAVAB-M)	
MONO	Blood	Red Top Multiple Choice	Mononucleosis Screen	
CRYO	Blood	Red Top Multiple Choice	Cryoglobulins requires special handling	
TOXPB	Blood	Red Top Multiple Choice	Toxoplasma Panel currently sent out to reference	

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

THERAPEUTIC DRUGS

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

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Critical Level
Phenobarbital PHENO	Plasma	Green Top Multiple Choice	Therapeutic range 15-40 µg/ml	>60 µg/ml
Phenytoin (dilantin) Pheny	Plasma	Green Top Multiple Choice	Therapeutic range 10.0-20.0 µg/ml	>20 µg/ml
Salicylate Sali	Serum	Red Top Multiple Choice	Therapeutic range 2.8-20.0 mg/dl, Testing performed in Trauma Lab.	>200 mg/dl 4 hrs, >50 mg/dl 12 hrs
Theophylline THEO	Plasma	Green Top Multiple Choice	Therapeutic range: Asthma: 10.0-20.0 µg/ml Neonatal apnea: 5.0-10.0 µg/ml	>20 µg/ml
Tobramycin, Random TOBR	Plasma	Green Top Multiple Choice		
Tobramycin, Trough TOBT	Plasma	Green Top Multiple Choice	Therapeutic range <2.0 µg/ml Specimen must be labeled with control number and identified specifically as TROUGH .	>2 µg/ml
Tobramycin, Peak (Nebcin) TOBP	Plasma	Green Top Multiple Choice	Therapeutic range 5-12 µg/ml Specimen must be labeled with control number and identified specifically as PEAK .	>12 µg/ml
Valproic Acid (Depakene) VALP	Plasma	Green Top Multiple Choice	Therapeutic range 50.0-100.0 µg/ml	>125 µg/ml
Vancomycin, Random VANCR	Plasma	Green Top Multiple Choice		
Vancomycin, Trough VANCT	Plasma	Green Top Multiple Choice	Therapeutic range: 5.0-15.0 µg/ml Specimen must be labeled with control number and identified specifically as TROUGH	0-18 yr >10 µg/ml >18 yr >15 µg/ml
Vancomycin, Peak VANCP	Plasma	Green Top Multiple Choice	Therapeutic range 20.0-40.0 µg/ml Specimen must be labeled with control number and identified specifically as PEAK .	>80 µg/ml

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

MISCELLANEOUS FLUID CHEMISTRY

NOTE: Identify TYPE when ordering tests on fluids.

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Fluid Amylase FAMY	Fluid	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Fluid Glucose FGLU	Fluid	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Fluid LDH FLDH	Fluid	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Fluid PH FPH	Fluid	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
				None
				None

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

Fluid Specific Gravity FSPGR	Fluid	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Fluid Total Protein FTP	Fluid	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Synovial Fluid for Crystal Analysis SFCRY	Synovial Fluid	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube Include Collection Site	None

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

CEREBROSPINAL FLUID CHEMISTRIES

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
CSF Chloride CCL	CSF	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
CSF Glucose CGLU	CSF	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
CSF Lactic Acid CSFLA	CSF	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
CSF Lactate Dehydrogenase CSFLDH	CSF	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
CSF Package CSFPA	CSF	Sterile Screw Top Tube	Tubes should be numbered to collection sequence, two tubes required. Tests include CSF Cell Count, CSF Glucose and CSF Protein. No manufacturer fill requirements per tube.	None
CSF Protein CSFP	CSF	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None

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

ROUTINE URINALYSIS

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Ketone, Urine KETU	Urine	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Pregnancy Test UPREG	Urine	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube First morning specimen preferred	None
Specific Gravity, Urine USPG	Urine	Sterile Screw Top Tube 1.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Urinalysis, Macroscopic with Reflex Microscopic	Urine	Sterile Screw Top Tube Or Urine Collection Cup	Includes 10 test chemical screen. Microscopic will reflex if Protein, Leukocyte Esterase, Blood or Nitrite is positive. Optimum volume 12.0 mls. Lesser volumes analyzed according to protocol	Clean Catch
Urinalysis URIN	Urine	Sterile Screw Top Tube Or Urine Collection Cup	Includes chemical screen and microscopic Optimum volume 12.0 mls. Lesser volumes analyzed according to protocol	Clean Catch

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

URINE SAMPLES ROUTINE CHEMISTRY - URINE CHEMISTRIES, RANDOM

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Random Urine Amylase UAML	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Random Urine Calcium UCA	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Random Urine Chloride UCL	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Random Urine Creatinine UCREA	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Random Urine Glucose UGLUC	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube	None
Random Urine Magnesium UMG	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube.	None
Random Urine Microalbumin/Creatinine Ratio MACRRI	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube..	None
Random Urine Phosphorous UPHOS	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube.	None

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

Random Urine Potassium UK	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube.	None
Random Urine Protein UPROT	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube.	None
Random Urine Sodium UNA	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube.	None
Random Urine Urea Nitrogen UUN	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube.	None
Random Urine Uric Acid UUA	Random Urine	Sterile Screw Top Tube 2.0 ml. Testing Requirement	Additives are unacceptable, e.g., transport media, anticoagulant. No manufacturer fill requirements per tube.	None

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

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.

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
<u>2 hr. Urine Amylase</u> UAML2	2 hr Urine	Sterile Screw top tube or 24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Amylase</u> UAMLQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Calcium</u> UCAQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Chloride</u> UCLQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Creatinine</u> UCREQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Glucose</u> UGLUQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Magnesium</u> UMGQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Microalbumin/Creatinine Ratio</u> MACR24	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Phosphorous</u> UPHOQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Potassium</u> UKQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Protein</u> UPROQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Sodium</u> UNAQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Uric Acid</u> UUAQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None
<u>24 hr. Urine Urea Nitrogen</u> UUNQ	24 hr Urine	24 hr. Urine container	Preservative: None Refrigerate during collection	None

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

SPECIAL CHEMISTRY

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Amniotic Fluid Scan (SCAN) ASC	Amniotic Fluid	Brown Screw Top <u>No exposure to light.</u>	Scan available in Special Chemistry Monday -Friday.	None
Anti-Nuclear Antibody (screen and titer) ANA	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Positive screens automatically titered in next run.	None
Anti-Nuclear Antibody ANASCR	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Test includes DSDNA, ASMAB, RNPSM, SSARO, SSBLA, SCL70, JO-1, RIBO-P, CHROMATIN, RNP, CENTROMERE B.	None
Anti-DSDNA (Double stranded DNA Ab) DSDNA	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Anti-RIBO P	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Anti-SM ASMAB	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Anti-RNP+SM RNPSM	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Anti-SSA(RO) SSARO	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Anti-SSB(LA) SSBLA	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Amniotic Fluid AFP	Amniotic Fluid	Sterile screw top tube	Proper form must be submitted with all data completed. No manufacturer fill requirements per tube.	None

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Anti-SCL-70 SCL70	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Centromere Antibody CENTB	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Chromatin Antibody CHRMT	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Cyclic Citrullinated Peptide CCP	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Double Stranded DNA DSDNA	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Ebstein Barr Virus Panel EBVPI	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Includes: EVBIgG and EBVIgM	None
Electrophoresis, Hemoglobin HGBEP	Whole Blood	Light Lavender: 2.0ml Lavender: 4.0 ml	Includes Hgb A2, Hgb F, CBC, ZP and pathologist's interpretation.	None
Electrophoresis, <u>Serum Protein</u> SPE	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Interpretation by Pathologist. Includes total protein.	None
Electrophoresis, <u>Urine Protein</u> UPE	Urine	Screw Top or 24 hr. NO Preservative	Can be done on random or 24 hr urine . <u>Must have at least 10 ml of urine for analysis.</u> Includes urine total protein. Interpretation by Pathologist.	None
Hemoglobin A1c A1c	Whole Blood	Light Lavender: 2.0ml Lavender: 4.0 ml		None
Herpes Simplex Virus 1,2 igG HS12GB	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
H. pylori HGIGG	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
IgE IGESC	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Immunoelectrophoresis, Serum SIEP	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Interpretation by Pathologist. Includes: Quantitative IgG, IgA, IgM, Serum protein electrophoresis.	None
Immunoelectrophoresis, Urine UIEP	Urine	Screw Top or 24 hr container (no preservative)	Can be done on random or 24 hr urine. * <u>Must have at least 10 ml of urine for analysis.</u> Interpretation by Pathologist.	None
Jo-1 Antibody JO1	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Pediatric Monitor PEDM	EDTA whole blood	Light Lavender: 2.0ml Lavender: 4.0 ml		None
PTH Panel PTHP	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Test includes PTH and Calcium	None
QUAD Screen QDSCR	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Proper form must be submitted with all data completed.	None
Rapid Plasma Reagin RPR	Blood	Red Top 250ul – 500ul	Neonates Only	None
Ribosomal P Antibody RIBOP	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None

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

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
RNP Antibody RNP	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Rubella IgG RUBIGG	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Scl 70 Antibody SCL70	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
SSA (RO) Antibody SSARO	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
SSB (LA) Antibody SSBLA	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Syphilis IgG SIGG	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Thiocyanate	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Patient must be taking Nipride.	None
Vaculitis Panel VANCA	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)	Includes: PR3, MPO, and GBM	None
Vitamin D (Adult) 25 Hydroxy VITDA	Serum	• Red Top: 5 ml. • Red Gel: 5 ml. (with yellow inner ring)		None
Zinc Protoporphyrin ZPP	EDTA whole blood	Light Lavender: 2.0ml Lavender: 4.0 ml		None

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

TRAUMA LAB

Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Therapeutic Ranges
Urine Drug Screen	Urine	Sterile Screw Top Tube 5 ml required (5 ml additional urine required for each test confirmed)	Amphetamine, Benzodiazepine, Cocaine, Cannabinoids (Marijuana, THC), Ecstasy, Methadone, Opiates, Buprenorphine. Testing performed in TRAUMA LAB. No manufacturer fill requirements per tube.	See Report

Department Approval:

Stephen M. Bonsib, M.D./Director, Department of Pathology

Date: Jan. 11, 2012

Division Approval:

James Cotelingam, M.D./Medical Director, Clinical Division

Date: Jan. 11, 2012