

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ABG + POTASSIUM

ALTERNATE NAME/S: ABG + K+

CPT CODE: 82803

LAB ORDER CODE: ABGK

SPECIMEN TYPE REQUIRED: Lithium Heparinized syringe

CONTAINER or TUBE TYPE: ABG Syringe, remove needle. Heparinized plastic capillary tube with mixing bar/flea.

NURSING: VOLUME TO DRAW: 1.5 mL arterial blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending ABG syringe.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL arterial blood

LAB: MIN. TESTING VOLUME: 1 heparinized syringe FILLED with arterial blood

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable

OTHER:

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: See APPENDIX K or N

CRITICAL VALUE: See APPENDIX K or N

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: yes

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/31/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ABSOLUTE NEUTROPHIL COUNT, BLOOD

ALTERNATE NAME/S: ANC

CPT CODE: 85048

LAB ORDER CODE: ANC

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender top (EDTA)

NURSING: VOLUME TO DRAW: Full tube preferred; 1.5 mL minimum

NURSING: COLLECTION REQUIREMENTS: Refrigerate blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.3 mL whole blood

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Peroxidase stain, flow cytometry, Hematology analyzer

REFERENCE RANGE: 1.80 - 7.80 K/mm³

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/28/2022 AV

PERFORMING LAB: CORE, TMH NEEC, TMH CANCER CENTER

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ACETAMINOPHEN

ALTERNATE NAME/S: TYLENOL

CPT CODE: 8029906.01.2018

LAB ORDER CODE: ACETA

SPECIMEN TYPE REQUIRED: Plasma or Serum.

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive). Must be centrifuged and delivered to lab within 24 hours of collection.

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 0.5 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Note approximate time of ingestion

ANALYSIS METHOD: enzymatic/colorimetric/immunoassay

REFERENCE RANGE: Physician's interpretation-dependent upon time of ingestion

CRITICAL VALUE: >200 ug/mL (outpatient)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ALBUMIN, BLOOD

ALTERNATE NAME/S:

CPT CODE: 82040

LAB ORDER CODE: ALB: Serum/Plasma

SPECIMEN TYPE REQUIRED: Serum, Plasma (Lithium Heparin)

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) or Gold Top

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: bromocresol green/immunoassay

REFERENCE RANGE: Blood: 3.5-4.8 g/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ALBUMIN, BODY FLUID

ALTERNATE NAME/S:

CPT CODE: 82040

LAB ORDER CODE: FLALB

SPECIMEN TYPE REQUIRED: Fluid

CONTAINER or TUBE TYPE: Sterile, screw-capped container

NURSING: VOLUME TO DRAW: Full tube of fluid preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate fluid

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL fluid

LAB: MIN. TESTING VOLUME: 0.1 mL fluid

UNACCEPTABLE SPECIMEN:

OTHER: Specify fluid type

ANALYSIS METHOD: immunoassay

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/27/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/27/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ALCOHOL, ETHYL

ALTERNATE NAME/S: ETHANOL, SERUM; BLOOD ALCOHOL

CPT CODE: 80320

LAB ORDER CODE: ALC

SPECIMEN TYPE REQUIRED: Serum or Plasma (heparin,EDTA,sodium fluoride or sodium citrate)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Do not cleanse site with alcohol. Alcohol is very volatile. Spin and test immediately or freeze. Aliquots should remain tightly capped.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: THIS TEST IS NOT FOR LEGAL PURPOSES. A sample chain-of-custody is NOT maintained.

ANALYSIS METHOD: alcohol dehydrogenase/immunoassay

REFERENCE RANGE: < 10 mg/dL (equivalent to none detected)

CRITICAL VALUE: > 350 mg/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 9/30/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ALKALINE PHOSPHATASE (ALP)

ALTERNATE NAME/S: ALP

CPT CODE: 84075

LAB ORDER CODE: ALP

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium Heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) Plain red-top (no preservative)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma. Avoid hemolysis.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: p-nitro-phenylphosphate/chemistry analyzer

REFERENCE RANGE: Adult normal 32 - 91 U/L; contact Laboratory for age specific reference ranges.

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: AMIKACIN

ALTERNATE NAME/S:

CPT CODE: 80150

LAB ORDER CODE: AMIKR

SPECIMEN TYPE REQUIRED: Serum or Plasma (lithium heparin or EDTA)

CONTAINER or TUBE TYPE: Green Top (Lithium Heparin) or Gold Top (Gel Tube) or Plain red-top (no preservative)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 ML

NURSING: COLLECTION REQUIREMENTS: Freeze serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Specify trough or peak.

ANALYSIS METHOD: enzyme immunoassay

REFERENCE RANGE: Peak: 20 - 25 ug/mL; Trough: 5 -10 ug/mL

CRITICAL VALUE: >40 ug/mL; Trough Therapeutic Alert greater than or equal to 8 ug/mL for postneonates & 5ug/mL for neonates

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: AMMONIA

ALTERNATE NAME/S: NH3

CPT CODE: 82140

LAB ORDER CODE: AMON

SPECIMEN TYPE REQUIRED: Plasma (heparin or EDTA) on ice (if delivered within 20 minutes) or frozen plasma if delivery will be delayed

CONTAINER or TUBE TYPE: Light Green Top (Lithium Heparin), Dark Green Top (Sodium Heparin) or Purple Top (EDTA), ON ICE. DELIVER to LAB WITHIN 20 MIN.

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 2.0 mL

NURSING: COLLECTION REQUIREMENTS: Release tourniquet as soon as needle is in vein. Place specimen immediately on ice. Plasma must be separated from cells and tested within 30 minutes, or frozen for shipment.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL plasma

LAB: MIN. TESTING VOLUME: 1.0mL plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Glutamate Dehydrogenase/enzyme immunoassay

REFERENCE RANGE: 10-35 uMol/L

CRITICAL VALUE: >60 uMol/L (outpatient)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: AMPHETAMINES, URINE SCREEN

ALTERNATE NAME/S: Methamphetamine

CPT CODE: 80307

LAB ORDER CODE: AMPH

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Also included in DRUG - U8

ANALYSIS METHOD: Enzyme Immunoassay (EIA)/qualitative

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: AMYLASE

ALTERNATE NAME/S:

CPT CODE: 82150

LAB ORDER CODE: AML (serum/plasma), AMLU (urine), FLAML (fluid)

SPECIMEN TYPE REQUIRED: Serum, Plasma, Urine, or Body Fluid

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top or Sterile Screw-capped urine container

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum, plasma, urine, or body fluid

LAB: MIN. TESTING VOLUME: 0.2 mL serum, plasma, urine, or body fluid

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: CNPG3 substrate/spectrophotometry assay

REFERENCE RANGE: Serum/Plasma: 0-100 U/L, urine/fluid: physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: AMYLASE/CREATININE RATIO

ALTERNATE NAME/S:

CPT CODE: 82150, 82565

LAB ORDER CODE: AC

SPECIMEN TYPE REQUIRED: Random, 2-hour or 24-hour urine

CONTAINER or TUBE TYPE: 24-hour urine: 24-hour urine container. Random urine: Clean screw-cap container.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Record total urine volume (for 24-hour sample). Mix urine well before aliquoting. Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 5.0 mL urine

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Calculation, Enzymatic-rate

REFERENCE RANGE: Normal: < 3:1; Borderline: 3:1 - 7:1; Abnormal: > 7:1

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: AXAL ASSAY

ALTERNATE NAME/S: Anti Xa Activity Level

CPT CODE: 85520

LAB ORDER CODE: AXAL

SPECIMEN TYPE REQUIRED: Plasma (3.2% Sodium Citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill completely, which will be approximately 90% of the vacuum tube volume.

NURSING: COLLECTION REQUIREMENTS: If unable to deliver to lab within 2 hours, separate and freeze.

NURSING: PATIENT PREPARATION: Time collection as directed by physician

LAB: NORM. TESTING VOLUME: 2.7 mL Whole Blood

LAB: MIN. TESTING VOLUME: 2.7 mL Whole Blood

UNACCEPTABLE SPECIMEN: Clotted, short, or hemolyzed samples are rejected.

OTHER:

ANALYSIS METHOD: Anti Xa Assay for activity level

REFERENCE RANGE: None

CRITICAL VALUE: None

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BACTER/VIRAL DIARRHEA PCR

ALTERNATE NAME/S: PCR FOR ENTERIC PATHOGENS

CPT CODE:

LAB ORDER CODE: PREP

SPECIMEN TYPE REQUIRED: STOOL

CONTAINER or TUBE TYPE: sterile container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: STOOL COLLECTION IN STERILE CONTAINER

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER:

ANALYSIS METHOD: PCR

REFERENCE RANGE: not detected

CRITICAL VALUE:

SETUP SCHEDULE: MON-SUN, cut off 1:00 pm

REPORT SCHEDULE: WHEN TEST PERFORMED

AVAILABLE STAT:

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BARBITURATE, QUALITATIVE, URINE

ALTERNATE NAME/S:

CPT CODE: 80307

LAB ORDER CODE: BARB

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean, screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate or freeze urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Also included in DRUG-U8

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BASIC METABOLIC PANEL

ALTERNATE NAME/S: BMPGF

CPT CODE: 80048

LAB ORDER CODE: BMPGF

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium Heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Red Top Tube (no additive) or SST (serum separator tube).

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL.

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma.

NURSING: PATIENT PREPARATION: none

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Includes the following tests: NA, K, CL, CO2, AGAP, BUN, CREA, GLUC, BCRAT, CALOSM, CALCM, estimated Glomerular Filtration Rate

ANALYSIS METHOD: See individual tests

REFERENCE RANGE: See APPENDIX J

CRITICAL VALUE: See APPENDIX J

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BENZODIAZEPINE, QUALITATIVE, URINE

ALTERNATE NAME/S:

CPT CODE: 80307

LAB ORDER CODE: BENZOU

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Also included in DRUG-U8

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BETA-HCG, QUALITATIVE SERUM PREGNANCY TEST

ALTERNATE NAME/S: SERUM PREGNANCY TEST; CHORIONIC GONADOTROPIN HORMONE

CPT CODE: 84703

LAB ORDER CODE: HCG (HCGSA: Alleged Sexual Assault)

SPECIMEN TYPE REQUIRED: Serum

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or Gold Top (gel tube)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 2.0 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum

LAB: MIN. TESTING VOLUME: 0.5 mL serum

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Cardinal Health Combo Rapid Test

REFERENCE RANGE: Negative; note - stated limit of detection is 10 mIU/mL of beta HCG

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BETA-HCG, QUANTITATIVE SERUM

ALTERNATE NAME/S: BHCG, QUANT - SERUM

CPT CODE: 84702

LAB ORDER CODE: HCGQ

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Red Top Tube (no additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.3 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chemiluminescent Enzyme Immunoassay

REFERENCE RANGE: Gestational normals listed on report

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BETA-HYDROXYBUTYRATE

ALTERNATE NAME/S: BHB

CPT CODE: 82010

LAB ORDER CODE: BKET

SPECIMEN TYPE REQUIRED: Plasma (heparin) or serum

CONTAINER or TUBE TYPE: Light Green tube (heparin)

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Stable for 7 days refrigerated (2-8C).

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN: Hemolyzed samples.

OTHER: DO NOT FREEZE.

ANALYSIS METHOD: Enzymatic / BHBDH / Spectrophotometry

REFERENCE RANGE: 0.06 - 0.27 mmol/L

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BILIRUBIN, DIRECT

ALTERNATE NAME/S: CONJUGATED BILIRUBIN

CPT CODE: 82248

LAB ORDER CODE: CBIL

SPECIMEN TYPE REQUIRED: Serum or plasma (EDTA or heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube), or Full Red Top or SST (Gel Separator).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Protect from light. Refrigerate serum or plasma.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Diazonium salt reaction/bichromatic spectrophotometer

REFERENCE RANGE: 0.1 - 0.5 mg/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BILIRUBIN, INDIRECT

ALTERNATE NAME/S: UNCONJUGATED BILIRUBIN

CPT CODE: N/A - see Total and Direct

LAB ORDER CODE: IBIL

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (No Additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Protect from light. Refrigerate serum or plasma.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 ml serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: A total and direct bilirubin must also be ordered.

ANALYSIS METHOD: Calculation

REFERENCE RANGE: 0.0-15.0 mg/dL (for up to one month old) ; 0.0-1.5 mg/dL (over one month old)

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BILIRUBIN, TOTAL Serum/Plasma

ALTERNATE NAME/S:

CPT CODE: 82247

LAB ORDER CODE: TBIL

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin or EDTA)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (No Additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Protect from light. Refrigerate serum or plasma, or fluid.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: diazonium salt reaction/bichromatic spectrophotometer

REFERENCE RANGE: Serum or plasma: 0.0 - 2.0 mg/dL (>one month old); 0.0 - 15.0 mg/dL (up to one month old)

CRITICAL VALUE: Serum or plasma: >15 mg/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD CULTURE - AFB

ALTERNATE NAME/S: MYCOBACTERIA, BLOOD CULTURE

CPT CODE: 87116

LAB ORDER CODE: BCAFB

SPECIMEN TYPE REQUIRED: See APPENDIX S

CONTAINER or TUBE TYPE: See APPENDIX S

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX S, BLOOD CULTURE COLLECTION PROCEDURE

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX S

LAB: MIN. TESTING VOLUME: See APPENDIX S

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Culture and appropriate identification

REFERENCE RANGE: No growth in 6 weeks.

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Weekly No Growth Updates; POS updates as they oc

AVAILABLE STAT:

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: BLOOD CULTURE - FUNGUS

ALTERNATE NAME/S:

CPT CODE: 87103

LAB ORDER CODE: BCFC

SPECIMEN TYPE REQUIRED: See APPENDIX S

CONTAINER or TUBE TYPE: See APPENDIX S

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX S, BLOOD CULTURE COLLECTION PROCEDURE

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX S

LAB: MIN. TESTING VOLUME: See APPENDIX S

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Culture, Stain, Identification

REFERENCE RANGE: No growth in 4 weeks.

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Weekly no growth updates; Positives as they occur.

AVAILABLE STAT:

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD CULTURE - ROUTINE ADULT, PEDIATRIC, and NEWBORN

ALTERNATE NAME/S:

CPT CODE: 87040

LAB ORDER CODE: BCADLT: Adult BCPED: Pediatric/Newborns

SPECIMEN TYPE REQUIRED: See APPENDIX S

CONTAINER or TUBE TYPE: See APPENDIX S

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX S, BLOOD CULTURE COLLECTION PROCEDURE

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX S

LAB: MIN. TESTING VOLUME: See APPENDIX S

UNACCEPTABLE SPECIMEN:

OTHER: Preliminary updates daily. Final Negatives reported in 5 days. All positives called to physician. Updates as they occur.

ANALYSIS METHOD: Culture, Stain, Identification

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: See OTHER section above.

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: BLOOD CULTURE, LINE

ALTERNATE NAME/S: LINE DRAW BLOOD CULTURE

CPT CODE: 87040

LAB ORDER CODE: BCLINE

SPECIMEN TYPE REQUIRED: See APPENDIX S

CONTAINER or TUBE TYPE: See APPENDIX S

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX S, BLOOD CULTURE COLLECTION PROCEDURE

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX S

LAB: MIN. TESTING VOLUME: See APPENDIX S

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Culture, Stain, Identification

REFERENCE RANGE: No growth

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Weekly no growth updates; Positives as they occur.

AVAILABLE STAT:

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 10/31/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD GAS PANELS, ISTAT POC

ALTERNATE NAME/S: ISTAT BLOOD GAS PANELS, POC

CPT CODE: 82803, 84295, 82947, 85014, 82330

LAB ORDER CODE: ISCG8 (arterial); ISCG8C (capillary); ISCG8V (venous)

SPECIMEN TYPE REQUIRED: Whole Blood, heparinized

CONTAINER or TUBE TYPE: Light Green Top (Lithium heparin)

NURSING: VOLUME TO DRAW: 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 100 uL

LAB: MIN. TESTING VOLUME: 100 uL

UNACCEPTABLE SPECIMEN:

OTHER: Contains: pH, PCO₂, PO₂, TCO₂, HCO₃, BE_{ect}, sO₂, Sodium, Potassium, Glucose, HGB, HCT, Ionized Calcium, BUN, creatinine, chloride, anion gap, lactate.

ANALYSIS METHOD: ISTAT BLOOD GAS PANEL POC Cartridge

REFERENCE RANGE: See report or Appendix N

CRITICAL VALUE: See report or Appendix N

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: TMH NEEC, Nursing Services, POC/Respiratory

Last Review Date: 8/11/2020 JS/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD GAS, ARTERIAL CORD

ALTERNATE NAME/S:

CPT CODE: 82803

LAB ORDER CODE: ACORD

SPECIMEN TYPE REQUIRED: Lithium Heparinized syringe

CONTAINER or TUBE TYPE: ABG Syringe, remove needle. Heparinized plastic capillary tube with mixing bar/flea.

NURSING: VOLUME TO DRAW: 1.5 mL arterial cord blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending ABG syringe.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL arterial cord blood

LAB: MIN. TESTING VOLUME: 1 heparinized syringe FILLED with arterial cord blood

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable

OTHER:

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: SEE APPENDIX K

CRITICAL VALUE: SEE APPENDIX K

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD GASES, ARTERIAL

ALTERNATE NAME/S: ARTERIAL BLOOD GASES

CPT CODE: 82803

LAB ORDER CODE: ABG

SPECIMEN TYPE REQUIRED: Lithium Heparinized syringe

CONTAINER or TUBE TYPE: ABG Syringe, remove needle. Heparinized plastic capillary tube with mixing bar/flea.

NURSING: VOLUME TO DRAW: 1.5 mL arterial blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending ABG syringe.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL arterial blood

LAB: MIN. TESTING VOLUME: 1 heparinized syringe FILLED with arterial blood

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable

OTHER: Collected by Respiratory Therapy

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: See APPENDIX K or N

CRITICAL VALUE: See APPENDIX K or N

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/28/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD GASES, CAPILLARY

ALTERNATE NAME/S:

CPT CODE: 82803

LAB ORDER CODE: CBG

SPECIMEN TYPE REQUIRED: Lithium Heparinized syringe

CONTAINER or TUBE TYPE: ABG Syringe, remove needle. Heparinized plastic capillary tube with mixing bar/flea.

NURSING: VOLUME TO DRAW: 1.5 mL capillary blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending ABG syringe.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL capillary blood

LAB: MIN. TESTING VOLUME: 1 heparinized syringe FILLED with capillary blood

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable

OTHER:

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: SEE APPENDIX K

CRITICAL VALUE: SEE APPENDIX K

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/28/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD GASES, VENOUS

ALTERNATE NAME/S: VENOUS BLOOD GASES

CPT CODE: 82803

LAB ORDER CODE: VBG

SPECIMEN TYPE REQUIRED: Lithium Heparinized syringe

CONTAINER or TUBE TYPE: ABG Syringe, remove needle. Heparinized plastic capillary tube with mixing bar/flea.

NURSING: VOLUME TO DRAW: 1.5 mL venous blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending ABG syringe.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL venous blood

LAB: MIN. TESTING VOLUME: 1 heparinized syringe FILLED with venous blood

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable

OTHER: Collected by Respiratory Therapy

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: See APPENDIX K or N

CRITICAL VALUE: SEE APPENDIX K or N

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD GASES, VENOUS CORD BLOOD

ALTERNATE NAME/S:

CPT CODE: 82803

LAB ORDER CODE: VCORD

SPECIMEN TYPE REQUIRED: Lithium Heparinized syringe

CONTAINER or TUBE TYPE: ABG Syringe, remove needle. Heparinized plastic capillary tube with mixing bar/flea.

NURSING: VOLUME TO DRAW: 1.5 mL venous cord blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending ABG syringe.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL venous cord blood

LAB: MIN. TESTING VOLUME: 1 heparinized syringe FILLED with venous cord blood

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable

OTHER:

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: SEE APPENDIX K

CRITICAL VALUE: SEE APPENDIX K

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BLOOD UREA NITROGEN

ALTERNATE NAME/S: BUN

CPT CODE:

LAB ORDER CODE: BUN, UUN (random urine), UUN24 (24h urine)

SPECIMEN TYPE REQUIRED: Serum or plasma (EDTA, or heparin)

CONTAINER or TUBE TYPE: Serum/Plasma: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive). Fluid in Sterile screw-capped container

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum, plasma, or fluid

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: urease/enzyme immunoassay (EIA)

REFERENCE RANGE: Serum/Plasma: 8-20 mg/dL; Urine: 12,000-20,000 mg/24hrs; Fluid - Physician's Interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: BORDETELLA PANEL

ALTERNATE NAME/S: BORDETELLA PCR PANEL

CPT CODE:

LAB ORDER CODE: PRBORP

SPECIMEN TYPE REQUIRED: NASALPHARYNGEAL, NASAL WASHINGS

CONTAINER or TUBE TYPE: CONTACT MICROBIOLOGY FOR COLLECTION KIT AND INSTRUCTIONS.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: COLLECT NP SWAB USING NURSING COLLECTION PROCEDURE. DO NOT WET SWABS WITH SALINE.

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER:

ANALYSIS METHOD: PCR

REFERENCE RANGE: not detected

CRITICAL VALUE:

SETUP SCHEDULE: MON-SUN, 1:00 PM CUTOFF TIME

REPORT SCHEDULE: WHEN TEST PERFORMED

AVAILABLE STAT:

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: B-Type Natriuretic Peptide

ALTERNATE NAME/S: BNP

CPT CODE: 83880

LAB ORDER CODE: BNP, BNPHR

SPECIMEN TYPE REQUIRED: EDTA Plasma

CONTAINER or TUBE TYPE: 7 ml Lavender Top Tube or Pearl Top Tube (Gel)

NURSING: VOLUME TO DRAW: Full Tube Preferred, minimum 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 1.5 mL plasma

LAB: MIN. TESTING VOLUME: 0.3 mL plasma

UNACCEPTABLE SPECIMEN: Serum or any plasma other than EDTA

OTHER: Specimen must be spun & tested within 7 hours.

ANALYSIS METHOD: Chemiluminescent Enzyme Immunoassay

REFERENCE RANGE: 0 - 99 pg/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CA 125

ALTERNATE NAME/S: CA 125 antigen

CPT CODE: 86304

LAB ORDER CODE: CA125I

SPECIMEN TYPE REQUIRED: Serum & Plasma (heparin)

CONTAINER or TUBE TYPE: Serum: Gold Top (Gel Tube); Plasma: Light Green (Lithium heparin gel tube)

NURSING: VOLUME TO DRAW: 1 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 0.5 mL

LAB: MIN. TESTING VOLUME: 0.5 mL serum

UNACCEPTABLE SPECIMEN: Grossly lipemic & hemolyzed specimens are not acceptable

OTHER:

ANALYSIS METHOD: Chemiluminescent paramagnetic particle Immunoassay

REFERENCE RANGE: <35.0 U/mL

CRITICAL VALUE: None

SETUP SCHEDULE: Daily

REPORT SCHEDULE:

AVAILABLE STAT:

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: CORE LABORATORY

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CALCIUM, IONIZED

ALTERNATE NAME/S: IONIZED CALCIUM

CPT CODE: 82330

LAB ORDER CODE: ICAL

SPECIMEN TYPE REQUIRED: Whole Blood

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) on ICE.

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 2.0 mL

NURSING: COLLECTION REQUIREMENTS: Place on ice and deliver to laboratory immediately. Whole blood may be stored up to 8 hours in ice slurry (cracked ice and liquid). DO NOT CENTRIFUGE.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 2.0 mL whole blood

UNACCEPTABLE SPECIMEN: DO NOT use Sodium Heparin (Dark Green Top Tube) anticoagulant

OTHER: SEE APPENDIX K

ANALYSIS METHOD: GEM5000; Rapid analysis of heparinized whole blood

REFERENCE RANGE: 4.5 - 5.4 mg/dL

CRITICAL VALUE: none

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CALCIUM, SERUM, PLASMA, OR FLUID

ALTERNATE NAME/S: CA++

CPT CODE: 82310

LAB ORDER CODE: CALCM: Serum/Plasma FLCA: Fluid

SPECIMEN TYPE REQUIRED: Serum, Plasma (heparin), or Fluid (specify type)

CONTAINER or TUBE TYPE: Plasma: Light Green (Lithium Heparin Gel Tube) Serum: Gold (Gel Tube) or Gold Top (Gel Tube) or Red Top (No Additive) Fluid: Sterile screw-capped tube

NURSING: VOLUME TO DRAW: Full tube whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum, plasma, or fluid

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum, plasma, or fluid

LAB: MIN. TESTING VOLUME: 0.2 mL serum, plasma, or fluid

UNACCEPTABLE SPECIMEN: Avoid hemolysis

OTHER:

ANALYSIS METHOD: Metallochromic dye/spectrophotometry

REFERENCE RANGE: Serum/Plasma: 8.2 - 10.0 mg/dL (adult) Fluid: Physician's interpretation

CRITICAL VALUE: Serum/plasma: < 6.0 mg/dL and >14.0 mg/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CALCIUM, URINE RANDOM or 24-HOUR URINE

ALTERNATE NAME/S:

CPT CODE: Random urine: 82310 24-hour urine: 82340

LAB ORDER CODE: CAU: Random Urine CA24: 24-hour urine

SPECIMEN TYPE REQUIRED: Random or 24-hour urine

CONTAINER or TUBE TYPE: Random urine: Clean screw capped container. 24-hour urine: 24-hour urine container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Record total urine volume (for 24-hour sample). Mix urine well before aliquoting. Refrigerate urine.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 5.0 mL urine

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Metallochromic dye/spectrophotometry

REFERENCE RANGE: Random: Physician's interpretation 24-hour: 100 - 300 mg/24 hours

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CANNABINOIDS, URINE

ALTERNATE NAME/S: MARIJUANA SCREEN

CPT CODE: 80307

LAB ORDER CODE: CANN

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean, screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Freeze if unable to test within 24 hours. Also included in DRUG-U8.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN: Adulterated samples

OTHER:

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CARBAMAZEPINE

ALTERNATE NAME/S: TEGRETOL

CPT CODE: 80156

LAB ORDER CODE: CRBAM

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin, EDTA or citrate)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube), Gold Top (Gel Tube), or Plain Red Top (no additive). Must be centrifuged and delivered to lab within 24 hours of collection.

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: Therapeutic range: 4-12 ug/mL

CRITICAL VALUE: >20 ug/mL (outpatient)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CARBON DIOXIDE

ALTERNATE NAME/S: CO2

CPT CODE: 82374

LAB ORDER CODE: CO2

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Red Top (No Additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: hemolyzed sample

OTHER:

ANALYSIS METHOD: PEP Carboxylase/spectrophotometry

REFERENCE RANGE: 22-32 mEq/L

CRITICAL VALUE: <10 mEq/L and >40 mEq/L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CARBON MONOXIDE

ALTERNATE NAME/S: CARBOXYHEMOGLOBIN; CO

CPT CODE: 82375

LAB ORDER CODE: CO

SPECIMEN TYPE REQUIRED: Buffered Heparinized syringe or capillary tube.

CONTAINER or TUBE TYPE: ABG Syringe, remove needle. Heparinized plastic capillary tube with mixing flea.

NURSING: VOLUME TO DRAW: 1.5 mL arterial blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending syringe.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL arterial blood

LAB: MIN. TESTING VOLUME: 1 capillary tube FILLED with arterial blood

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable.

OTHER: SEE APPENDIX K

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: 0 - 5 %

CRITICAL VALUE: >15%

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CARCINOEMBRYONIC ANTIGEN (CEA), BLOOD or BODY FLUID

ALTERNATE NAME/S: CEA, BLOOD or BODY FLUID

CPT CODE: 82378

LAB ORDER CODE: CEA: serum FLCEA: Fluid

SPECIMEN TYPE REQUIRED: CEA: serum FLCEA: Fluid

CONTAINER or TUBE TYPE: Plasma: Lithium Heparin green top Fluid: Sterile screw-capped tube.

NURSING: VOLUME TO DRAW: Full tube whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Freeze serum or Fluid

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum

LAB: MIN. TESTING VOLUME: 0.3 mL serum

UNACCEPTABLE SPECIMEN:

OTHER: Fluid: Specify fluid type

ANALYSIS METHOD: Chemiluminescent paramagnetic Immunoassay

REFERENCE RANGE: Serum: 0 - 3.0 ng/mL Fluid: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CELL COUNT AND DIFFERENTIAL, BODY FLUIDS

ALTERNATE NAME/S:

CPT CODE: 89051 - count and differential

LAB ORDER CODE: BOD

SPECIMEN TYPE REQUIRED: Body Fluid: Fluid in EDTA (lavender-top), heparin (dark green top, non-gel), or sterile container

CONTAINER or TUBE TYPE: Body Fluid: Fluid in EDTA (lavender-top) or heparin (dark green-top, non-gel) to prevent clotting

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Must be sent to laboratory immediately. Differential is done automatically if white blood cells are present.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN:

OTHER: Differential is done automatically if white blood cells are present. Specify fluid source.

ANALYSIS METHOD: Microscopy, manual count; IRIS if suited for automation.

REFERENCE RANGE: Body Fluid: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: MICROBIOLOGY, CORE, TMH NEEC

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CELL COUNT AND DIFFERENTIAL, CSF

ALTERNATE NAME/S:

CPT CODE: 89051 - count and differential

LAB ORDER CODE: CSF

SPECIMEN TYPE REQUIRED: CSF

CONTAINER or TUBE TYPE: Sterile screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Must be sent to laboratory immediately. Differential is done automatically if white blood cell count is greater than 5 / mm³

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 3.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: GloCyte automation

REFERENCE RANGE: Physician or Pathologist interpretation.

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: MICROBIOLOGY, CORE, TMH NEEC

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CHLAMYDIA and NEISSERIA GONORRHOEAE PCR

ALTERNATE NAME/S:

CPT CODE: 87491, 87591

LAB ORDER CODE: PRCHGC

SPECIMEN TYPE REQUIRED: Male - urine; Female - urine, endocervical, vaginal

CONTAINER or TUBE TYPE: Obtain special endocervical/vaginal collection kit from Microbiology: cannot substitute swab. Use yellow capped tube from 2-tube urine collection kit

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refer to APPENDIX F and G for specimen collection requirements

NURSING: PATIENT PREPARATION: none

LAB: NORM. TESTING VOLUME: Swab/urine

LAB: MIN. TESTING VOLUME: Swab/7 mLs urine

UNACCEPTABLE SPECIMEN:

OTHER: SAMPLE SHOULD BE DELIVERED TO THE LAB IMMEDIATELY.

ANALYSIS METHOD: PCR

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Monday - Sunday

REPORT SCHEDULE: Monday - Sunday

AVAILABLE STAT:

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CHLORIDE, RANDOM OR 24-HOUR URINE

ALTERNATE NAME/S:

CPT CODE: 82436

LAB ORDER CODE: CLU: Random urine CL24: 24-hour urine

SPECIMEN TYPE REQUIRED: Random or 24-hour urine

CONTAINER or TUBE TYPE: Random urine: Clean screw-capped container. 24-hour urine: 24-hour urine container.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Record total urine volume (for 24-hour sample). Mix urine well before aliquoting. Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Ion Specific Electrode, diluted

REFERENCE RANGE: 24-hour urine: 110-250 mEq/24 hr Random urine: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes (random only)

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CHLORIDE, SERUM/PLASMA

ALTERNATE NAME/S:

CPT CODE: 82435

LAB ORDER CODE: CL: Serum/Plasma

SPECIMEN TYPE REQUIRED: Serum/plasma (Lithium heparin)

CONTAINER or TUBE TYPE: Serum/Plasma: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive).

NURSING: VOLUME TO DRAW: Blood: Full tube of whole blood preferred; minimum 1.5 ml.

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum/plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum, plasma or fluid

LAB: MIN. TESTING VOLUME: 0.1 mL serum, plasma or fluid

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Ion Specific Electrode, diluted

REFERENCE RANGE: Serum/plasma: 101 - 111 mEq/L.

CRITICAL VALUE: Serum/plasma: <80 mEq/L and >125 mEq/L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/4/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CHOLESTEROL, TOTAL, SERUM/PLASMA

ALTERNATE NAME/S:

CPT CODE: 82465

LAB ORDER CODE: CHOL

SPECIMEN TYPE REQUIRED: Serum, Plasma (heparin)

CONTAINER or TUBE TYPE: Serum/Plasma: Light GreenTop (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate sample

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum, plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum, plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Enzymatic Immunoassay (EIA)

REFERENCE RANGE: Serum/Plasma: Desirable level: < 200 mg/dL

CRITICAL VALUE: > 240 mg/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CK, TOTAL

ALTERNATE NAME/S: CPK (CREATININE PHOSPHOKINASE), TOTAL

CPT CODE: 82550

LAB ORDER CODE: CPK

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Red Top (No Additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Freeze serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: IFCC method / immunoassay

REFERENCE RANGE: 0 - 397 U/L (males) ; 0 - 234 U/L (females)

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CKMB

ALTERNATE NAME/S: CK ISOENZYMES (MB only, done at TMH)

CPT CODE: 82553

LAB ORDER CODE: CKMB ERCKMB (ER use only) MBE (CK with MB if elevated)

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin or EDTA)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube), or Gold Top (Gel Tube), or Full Red Top (no additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Freeze serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.3 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Includes CPK. For CKMB order, MB is performed when CPK is greater than 49. For MBE or ERCKMB orders, MB is performed when CPK is greater than 125.

ANALYSIS METHOD: Chemiluminescent paramagnetic enzymatic Immunoassay

REFERENCE RANGE: Negative = CKMB less than 4% of total AND less than 10 ng/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes, only ERCKMB

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CLOSTRIDIUM DIFFICILE SCREEN

ALTERNATE NAME/S:

CPT CODE: 87324

LAB ORDER CODE: CDIFS

SPECIMEN TYPE REQUIRED: Stool

CONTAINER or TUBE TYPE: Clean screw-capped container w/no preservative or Para-Pak Clean Vial with white cap

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate stool

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 5.0 mL liquid stool

LAB: MIN. TESTING VOLUME: 5.0 mL liquid stool

UNACCEPTABLE SPECIMEN: Specimen contaminated with urine or water.

OTHER:

ANALYSIS METHOD: Rapid Membrane Enzyme Immunoassay

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Sun. 7:00 am - 9 pm.

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: COCAINE SCREEN, URINE

ALTERNATE NAME/S: COCAINE METABOLITE, URINE

CPT CODE: 80353

LAB ORDER CODE: COKE

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Also included in DRUGU8

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: COMPREHENSIVE METABOLIC PANEL

ALTERNATE NAME/S: CMPGF

CPT CODE: 80053

LAB ORDER CODE: CMPGF

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium Heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube), Red Top Tube (no additive) or SST (serum separator tube).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL.

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma.

NURSING: PATIENT PREPARATION: none

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Includes the following tests: NA, K, CL, CO2, AGAP, BUN, CREA, GLUC, BCRAT, CALOSM, CALCM, TP, ALB, TBIL, GOT, ALP, GPT, estimated Glomerular Filtration Rate

ANALYSIS METHOD: See individual tests

REFERENCE RANGE: See APPENDIX J

CRITICAL VALUE: See APPENDIX J

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CORTISOL

ALTERNATE NAME/S:

CPT CODE: 82533

LAB ORDER CODE: CORT

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube), Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate. Freeze if held overnight

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.3 mL serum or plasma

UNACCEPTABLE SPECIMEN: Grossly hemolyzed specimens are not acceptable

OTHER:

ANALYSIS METHOD: Chemiluminescent paramagnetic enzyme Immunoassay

REFERENCE RANGE: 5 am - 10 am: 6.7 - 22.6 ug/dL ; 4 pm - 8 pm: <10 ug/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: COVID ANTIGEN

ALTERNATE NAME/S: COVID RAPID DETECTION KIT

CPT CODE: 87426

LAB ORDER CODE: COVRAG

SPECIMEN TYPE REQUIRED: Nasopharyngeal (NP) swab or anterior nasal swab

CONTAINER or TUBE TYPE: Collection kit extraction reagent vial

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Collect and send to lab for testing within 1 hour.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1 Nasal swab

LAB: MIN. TESTING VOLUME: 1 Nasal swab

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chromatographic digital immunoassay

REFERENCE RANGE: Negative (no antigen detected)

CRITICAL VALUE: Positive (Antigen present)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: COVID IGG ANTIBODY

ALTERNATE NAME/S: COV 19 ANTIBODY (IGG)

CPT CODE: 86769

LAB ORDER CODE: COVAB

SPECIMEN TYPE REQUIRED: Serum or plasma (Heparin, EDTA, or citrate)

CONTAINER or TUBE TYPE: gold top or lavender top

NURSING: VOLUME TO DRAW: 3 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** none

LAB: NORM. TESTING VOLUME: 0.5 mL serum or EDTA plasma

LAB: MIN. TESTING VOLUME: 0.15 mL serum or EDTA plasma

UNACCEPTABLE SPECIMEN: Grossly hemolyzed specimens are not acceptable

OTHER:

ANALYSIS METHOD: Chemiluminescent paramagnetic enzyme immunoassay

REFERENCE RANGE: nonreactive (< 0.80 S/CO) OR reactive (> or = to 1.0 S/CO)

CRITICAL VALUE:

SETUP SCHEDULE: 24/7

REPORT SCHEDULE: approximate 2 hour turnaround

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/01/2020 sc/prc

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: COVID IGM ANTIBODY

ALTERNATE NAME/S: COV 19 ANTIBODY (IGM)

CPT CODE: 86769

LAB ORDER CODE: COVAB

SPECIMEN TYPE REQUIRED: Serum or plasma (Heparin, EDTA, or citrate)

CONTAINER or TUBE TYPE: Gold top or Lavender Top

NURSING: VOLUME TO DRAW: 3 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: 0.5 mL serum or EDTA Plasma

LAB: MIN. TESTING VOLUME: 0.15 mL serum or EDTA Plasma

UNACCEPTABLE SPECIMEN: Grossly hemolyzed specimens are not acceptable.

OTHER:

ANALYSIS METHOD: Chemiluminescent paramagnetic enzyme immunoassay

REFERENCE RANGE: Nonreactive/Negative < 1.00 S/CO; Reactive/Positive > or equal to 1.00 S/CO

CRITICAL VALUE:

SETUP SCHEDULE: 24/7

REPORT SCHEDULE: approximate 2 hour turnaround

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: COVID-19 BY PCR, TMH

ALTERNATE NAME/S: COVID-19, RAPID IN-HOUSE PCR

CPT CODE: 87635

LAB ORDER CODE: PRCO19

SPECIMEN TYPE REQUIRED: NASAL SWAB

CONTAINER or TUBE TYPE: CONTACT MICROBIOLOGY FOR SPECIFIC COLLECTION KIT REQUIRED.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: NASAL SWAB IN SPECIFIC COLLECTION KIT OBTAINED FROM MICROBIOLOGY

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN: ANY SOURCE OTHER THAN NASAL
OTHER:

ANALYSIS METHOD: PCR

REFERENCE RANGE: NOT DETECTED (NEGATIVE)

CRITICAL VALUE: DETECTED (POSITIVE) RESULTS ARE CALLED BY MICROBIOLOGY DEPT

SETUP SCHEDULE: 24 HRS/7 DAYS

REPORT SCHEDULE: REPORTED AS RESULTS BECOME AVAILABL

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: MICROBIOLOGY, CORE

Last Review Date: 06/01/2020 CSL/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: C-REACTIVE PROTEIN

ALTERNATE NAME/S: HIGHLY SENSITIVE CRP

CPT CODE: 86141

LAB ORDER CODE: CRPHS

SPECIMEN TYPE REQUIRED: Serum, EDTA, Lithium heparin plasma

CONTAINER or TUBE TYPE: Light Green top (heparin)

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate or freeze serum

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 1.0 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Turbidimetry/Immunoturbidimetry

REFERENCE RANGE: <0.75 mg/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CREATININE CLEARANCE

ALTERNATE NAME/S:

CPT CODE: 82575

LAB ORDER CODE: CC

SPECIMEN TYPE REQUIRED: Serum or plasma and 24-hour urine

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or SST(Gel Separator) or Light Green (Lithium Heparin) AND 24-hour urine container

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL; 10.0 mL urine aliquot

NURSING: COLLECTION REQUIREMENTS: A serum or plasma creatinine must be collected during the 24 hour collection time. Keep urine refrigerated during collection. Record total urine volume. Mix urine well before aliquoting. Refrigerate urine and serum.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma; 10.0 mL urine aliquot

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma; 5.0 mL urine aliquot

UNACCEPTABLE SPECIMEN:

OTHER: Record patient's height and weight. Record total urine volume. Refer to Appendix C for collection instructions.

ANALYSIS METHOD: Kinetic alkaline picrate spectrophotometry

REFERENCE RANGE: 70 - 157 mL/min/1.73 meters cubed body surface area

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CREATININE, BLOOD OR BODY FLUID

ALTERNATE NAME/S:

CPT CODE: 82565

LAB ORDER CODE: Blood: CREA Fluid: FLCREA

SPECIMEN TYPE REQUIRED: Serum or Plasma (heparin), body fluid

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (No Additives); Body Fluid: sterile tube

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma or body fluid

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma or body fluid

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Kinetic alkaline picrate spectrophotometry

REFERENCE RANGE: Serum/Plasma: 0.6-1.1 mg/dL (adult male) 0.6 -1.0 (adult female); body fluid: Physician interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CREATININE, POC/iSTAT

ALTERNATE NAME/S: CREATININE, WHOLE BLOOD

CPT CODE: 82565

LAB ORDER CODE: ISCRE

SPECIMEN TYPE REQUIRED: Heparinized Whole Blood

CONTAINER or TUBE TYPE: Light or Dark green top tube

NURSING: VOLUME TO DRAW: 5 mL

NURSING: COLLECTION REQUIREMENTS: No special collection requirements

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 100 uL

LAB: MIN. TESTING VOLUME: 95 uL

UNACCEPTABLE SPECIMEN: clotted tube

OTHER: SEE APPENDIX N

ANALYSIS METHOD: enzymatic hydrolyzation measured amperometrically

REFERENCE RANGE: Female 0.5 - 1.1 mg/dL. Male 0.7 - 1.3 mg/dL

CRITICAL VALUE:

SETUP SCHEDULE: on demand

REPORT SCHEDULE: on demand

AVAILABLE STAT: Yes

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, NEEC, TMH Cancer Center

Last Review Date: 07.30.2020 js/prc

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CREATININE, URINE - RANDOM URINE OR 24 HOUR URINE

ALTERNATE NAME/S:

CPT CODE: 82570

LAB ORDER CODE: CREAU: Random urine CREA24: 24-hour urine

SPECIMEN TYPE REQUIRED: 24-hour urine or random urine

CONTAINER or TUBE TYPE: Random urine: Clean screw-capped container. 24-hour urine: 24-hour urine container.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Record total volume for 24-hour urine. Mix well before aliquoting. Refrigerate urine.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 5.0 mL urine aliquot

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Kinetic alkaline picrate spectrophotometry

REFERENCE RANGE: Male: 1200 - 2000 mg/24 hours; Female: 800 - 1800 mg/24 hours Random urine: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes (random only)

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE, TMH NEEC (random only)

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CRYOGLOBULIN

ALTERNATE NAME/S:

CPT CODE: 82595

LAB ORDER CODE: CRYO, CRYO2

SPECIMEN TYPE REQUIRED: Serum

CONTAINER or TUBE TYPE: Gold Top Tube

NURSING: VOLUME TO DRAW: 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Specimen MUST be collected and maintained at 37 degrees C at all times. Once collected, the tube should be kept warm in the collector's hand and HAND CARRIED to the laboratory.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN: Specimen that has been tubed to the lab; plasma; specimen that has been left at room temp.

OTHER:

ANALYSIS METHOD: Cold precipitation

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily, 7:00 AM - 1:00 PM

REPORT SCHEDULE:

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CRYPTOCOCCAL ANTIGEN, CSF

ALTERNATE NAME/S:

CPT CODE: 86403, if titered add 86406

LAB ORDER CODE: CRYPT

SPECIMEN TYPE REQUIRED: Cerebral Spinal Fluid (CSF)

CONTAINER or TUBE TYPE: CSF: Sterile screw-capped tube.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Specimen stable refrigerated up to 72 hours or freeze

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN:

OTHER: Titer will be added if appropriate (CPT CSF 86406)

ANALYSIS METHOD: Latex agglutination, Immunochromatography

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Dayshift Mon-Sun; Evening Shift Mon-Fri, **REPORT SCHEDULE:** daily

AVAILABLE STAT: Yes, Weekend only

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CRYPTOCOCCAL ANTIGEN, SERUM

ALTERNATE NAME/S:

CPT CODE: 86403, if titered add 86406

LAB ORDER CODE: CRYPTS

SPECIMEN TYPE REQUIRED: Serum

CONTAINER or TUBE TYPE: Gold Top Tube

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Specimen stable refrigerated up to 72 hours or freeze

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN: hemolyzed sample

OTHER: Titer will be added if appropriate (CPT CSF 86406)

ANALYSIS METHOD: Latex agglutination, Immunochromatography

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Dayshift (7 am - 3 pm) Mon-Fri

REPORT SCHEDULE: Dayshift (7 am - 3 pm) Mon-Fri

AVAILABLE STAT: Yes, Weekend only

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CRYSTALS, FLUID

ALTERNATE NAME/S:

CPT CODE: 89060

LAB ORDER CODE: CRYST

SPECIMEN TYPE REQUIRED: Fluid

CONTAINER or TUBE TYPE: Green Top Tube (heparin) to prevent clotting or Clean screw-capped tube.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Specify fluid source. Fluid is preferred in a green top to prevent clotting. Refrigerate fluid.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 5.0 mL fluid

LAB: MIN. TESTING VOLUME: 0.5 mL fluid

UNACCEPTABLE SPECIMEN:

OTHER: Synovial or other body fluid except urine

ANALYSIS METHOD: Compensated polarized microscopy

REFERENCE RANGE: No crystals seen

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes only Synovial Fluid (Preliminary Report)

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CULTURE, AFB

ALTERNATE NAME/S:

CPT CODE: Culture: 87116, 87015 Stain: 87206

LAB ORDER CODE: AFB: Culture AFBS: Culture and stain

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER: All specimens, inhouse, outpatient, or outreach patients, receive both culture and stain, except for urine and stool specimens.

ANALYSIS METHOD: Culture and appropriate identification, Stain

REFERENCE RANGE: No growth in 6 weeks

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Preliminary stain: 24-48 hrs; weekly no growth updat

AVAILABLE STAT: Yes, STAINS: Dayshift - all specimens; Eve & Nights- Respirat

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CULTURE, BODY FLUID

ALTERNATE NAME/S:

CPT CODE: Culture: 87070 Gram stain: 87205

LAB ORDER CODE: RCBF: Culture RCBFS: Culture and gram stain

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER: All body fluid specimens from in-house, outpatient, and outreach patients, receive both culture and stain.

ANALYSIS METHOD: Culture, appropriate identification - stain if order

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Gram Stain daily, Culture daily updates. Negative fi

AVAILABLE STAT: Yes

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CULTURE, EAR, NOSE, THROAT (ENT)

ALTERNATE NAME/S:

CPT CODE: Culture: 87045 Gram stain: 87205

LAB ORDER CODE: RCENT: Culture RCENTS: Culture and gram stain

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX E

LAB: MIN. TESTING VOLUME: See APPENDIX E

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Culture and appropriate identification. Gram stain if ordered

REFERENCE RANGE: Culture = Negative, Gram Stain = Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Preliminary Report: daily updates. Final Report (appr

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: CULTURE, FUNGAL, NON-BLOOD

ALTERNATE NAME/S:

CPT CODE: Culture: 87102 Gram stain: 87206

LAB ORDER CODE: FC: Culture FCS: Culture and stain

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX E

LAB: MIN. TESTING VOLUME: See APPENDIX E

UNACCEPTABLE SPECIMEN:

OTHER: For Fungal analysis, all specimens, inhouse, outpatient, and outreach patients, receive both culture and stain; except CSF.

ANALYSIS METHOD: Culture and appropriate identification. Fluorescent fungal stain.

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Final Culture report (approx) 4 week, POSITIVE res

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CULTURE, GC

ALTERNATE NAME/S: GENITAL CULTURE SCREEN

CPT CODE: 87081

LAB ORDER CODE: GC

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX E

LAB: MIN. TESTING VOLUME: See APPENDIX E

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Culture with appropriate identification

REFERENCE RANGE: Negative for Neisseria gonorrhoeae

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Preliminary report: update at 48 hours and then daily

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CULTURE, GENITAL

ALTERNATE NAME/S:

CPT CODE: Culture: 87070 Gram stain: 87205

LAB ORDER CODE: RCGEN: Culture RCGENS: Culture and gram stain

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX E

LAB: MIN. TESTING VOLUME: See APPENDIX E

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Culture and appropriate identification. Gram stain if ordered

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Preliminary Report: daily updates; Final Report 48-7

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: CULTURE, GROUP B STREP MATERNAL SCREEN

ALTERNATE NAME/S: MATERNAL GROUP B STREP CULTURE

CPT CODE: 87081

LAB ORDER CODE: BSTREP

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX E

LAB: MIN. TESTING VOLUME: See APPENDIX E

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Culture and appropriate identification

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Preliminary Report: Daily; Final Report 48-72 hours.

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CULTURE, LEGIONELLA

ALTERNATE NAME/S:

CPT CODE: 87081, 87450

LAB ORDER CODE: LEG

SPECIMEN TYPE REQUIRED: Specify Specimen Type

CONTAINER or TUBE TYPE: Sterile screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER: Performed on lung tissue, BAL, bronchial washings from all inhouse, outpatient and outreach patients. Also performed on other specimens upon request.

ANALYSIS METHOD: Culture and appropriate identification

REFERENCE RANGE: No Legionella isolated

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CULTURE, RESPIRATORY

ALTERNATE NAME/S:

CPT CODE: Culture: 87070 Gram stain: 87205

LAB ORDER CODE: RCRSP: Culture RCRSPS: Culture and gram stain

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER: Stain performed only if ordered

ANALYSIS METHOD: Culture, appropriate identification - stain if ordered

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Prelim Report: Gram stain - daily, Culture daily

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: CULTURE, URINE

ALTERNATE NAME/S:

CPT CODE: Culture: 87086

LAB ORDER CODE: RCU: Culture

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX E

LAB: MIN. TESTING VOLUME: See APPENDIX E

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Culture and appropriate identification.

REFERENCE RANGE: No Growth

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Preliminary Report: Daily updates; Final Report (app

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CULTURE, WOUND

ALTERNATE NAME/S:

CPT CODE: Culture: 87070 Gram Stain: 87205

LAB ORDER CODE: RCWD: Culture RCWDS: Culture and gram stain

SPECIMEN TYPE REQUIRED: See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX E

LAB: MIN. TESTING VOLUME: See APPENDIX E

UNACCEPTABLE SPECIMEN:

OTHER: Surgery non-swab specimens from all inhouse, outpatient, and outreach patients receive culture and stain.

ANALYSIS METHOD: Culture, appropriate identification

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Gram stain daily. Culture: Prelim Report: Daily

AVAILABLE STAT:

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: CYCLOSPORIN

ALTERNATE NAME/S:

CPT CODE: 80158

LAB ORDER CODE: CYCLO

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL (tube must be at least half full)

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood; DO NOT CENTRIFUGE

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 1.0 mL whole blood

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily: set up at 9:00 am

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: **CYTOLOGY and HISTOLOGY SPECIMEN HANDLING**

ALTERNATE NAME/S: HISTOLOGY and CYTOLOGY SPECIMEN HANDLING

CPT CODE:

LAB ORDER CODE: N/A

SPECIMEN TYPE REQUIRED: See APPENDIX P

CONTAINER or TUBE TYPE: See APPENDIX P

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX P

NURSING: PATIENT PREPARATION: See APPENDIX P

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER: See APPENDIX P

ANALYSIS METHOD:

REFERENCE RANGE:

CRITICAL VALUE:

SETUP SCHEDULE:

REPORT SCHEDULE:

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: See Appendix P

Last Review Date: 08/30/2020 PK/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: D-DIMER, QUANTITATIVE

ALTERNATE NAME/S:

CPT CODE: 85379

LAB ORDER CODE: DDIM3

SPECIMEN TYPE REQUIRED: Plasma (Sodium citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, which will be approximately 80% of tube volume

NURSING: COLLECTION REQUIREMENTS: Allow tube to fill completely to insure proper blood to anticoagulant ratio.

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: Full tube

LAB: MIN. TESTING VOLUME: Full tube

UNACCEPTABLE SPECIMEN: Improper blood/anticoagulant ratio. Hemolysis not acceptable. Blood collected more than 4 hours prior to D-Dimer analysis

OTHER: This test is FDA approved to exclude PE and as a diagnostic aid for DVT. Patients with D Dimer values less than 0.50 uG FEU/ml have a low likelihood for thromboembolic disease.

ANALYSIS METHOD: Optical Clot Detection-calculation/IL TOP

REFERENCE RANGE: 0-0.50 ug FEU/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 03/23/2021 ab/pc

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: DIFFERENTIAL, WBC

ALTERNATE NAME/S:

CPT CODE: 85007

LAB ORDER CODE: DIFF; DIFFA (automatic differential)

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.3 mL whole blood: microcollector

UNACCEPTABLE SPECIMEN: Clotted specimen not acceptable

OTHER:

ANALYSIS METHOD: Microscopy, peroxidase stain, flow cytometry; Abbott Sapphire

REFERENCE RANGE: See Appendix L

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC, TMH CANCER CENTER

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: DIGOXIN

ALTERNATE NAME/S: LANOXIN

CPT CODE: 80162

LAB ORDER CODE: DIG

SPECIMEN TYPE REQUIRED: Serum or Plasma (heparin or EDTA)

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube)

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate or Freeze serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 0.5 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: Therapeutic Range: 0.8 - 2.0 ng/mL

CRITICAL VALUE: >3.0 ng/mL (outpatient)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: DRUG U8

ALTERNATE NAME/S: Urine Drug Screen

CPT CODE: 80101 x 8

LAB ORDER CODE: DRUGU8

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine. Freeze if unable to test within 24 hours of collection.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Includes cocaine, cannabinoid, amphetamines, barbiturates, opiates, ecstasy (MDMA), benzodiazepines, oxycodone, and fentanyl. A more comprehensive drug screen, which is sent to a reference lab, may be requested after consultation with a

ANALYSIS METHOD: See individual tests

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: DUODENAL ASPIRATE for GIARDIA

ALTERNATE NAME/S:

CPT CODE: 87177, 88313, 87206

LAB ORDER CODE: DA

SPECIMEN TYPE REQUIRED: Duodenal Aspirate

CONTAINER or TUBE TYPE: Sterile screw-capped container with no preservative

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Deliver to lab immediately. After 3:30 pm refrigerate.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: N/A

LAB: MIN. TESTING VOLUME: N/A

UNACCEPTABLE SPECIMEN: Swab

OTHER:

ANALYSIS METHOD: Concentrate, Stain, and Microscopy

REFERENCE RANGE: No organisms seen.

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Fri, day shift

REPORT SCHEDULE: Mon - Fri, day shift

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: Ecstasy, Urine Screen

ALTERNATE NAME/S: MDMA, Methylenedioxyamphetamine

CPT CODE: 80307

LAB ORDER CODE: ECSTA

SPECIMEN TYPE REQUIRED: Random Urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW: 10.0 ml.

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 10.0 ml.

LAB: MIN. TESTING VOLUME: 1.0 ml.

UNACCEPTABLE SPECIMEN:

OTHER: Included in DRUGU8 battery

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: EHRlichia Buffy Coat

ALTERNATE NAME/S:

CPT CODE: 87015, 87205

LAB ORDER CODE: EHRBUF

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL

LAB: MIN. TESTING VOLUME: 0.3 mL (1 microcollector- half full)

UNACCEPTABLE SPECIMEN: Clotted specimens not acceptable.

OTHER: Reviewed by the Pathologist

ANALYSIS METHOD: Stain, Microscopy

REFERENCE RANGE: None seen

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Mon - Fri

AVAILABLE STAT:

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH CANCER CENTER

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ELECTROLYTES

ALTERNATE NAME/S: EP (ELECTROLYTE PANEL)

CPT CODE: 80051

LAB ORDER CODE: EP

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium Heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube), Red Top Tube (no additive) or SST (serum separator tube).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 0.8 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.4 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Includes the following tests: NA, K, CL, CO2, AGAP

ANALYSIS METHOD: Ion Specific Electrodes / Enzymatic Rate

REFERENCE RANGE: See APPENDIX J

CRITICAL VALUE: See APPENDIX J

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ENTEROVIRUS PCR, CSF only

ALTERNATE NAME/S:

CPT CODE: 87798

LAB ORDER CODE: PREV1

SPECIMEN TYPE REQUIRED: CSF

CONTAINER or TUBE TYPE: Sterile screw-capped container.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Freeze CSF

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.8 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: PCR

REFERENCE RANGE: See Report

CRITICAL VALUE:

SETUP SCHEDULE: Monday-Friday, Sunday

REPORT SCHEDULE: When testing performed

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: EOSINOPHIL COUNT, ABSOLUTE COUNT BLOOD

ALTERNATE NAME/S: EOSINOPHIL COUNT

CPT CODE: 85048

LAB ORDER CODE: AEOSCT (BLOOD ONLY)

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.3 mL whole blood

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Peroxidase stain, flow cytometry, Hematology analyzer

REFERENCE RANGE: 0-0.5 K/MM3

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC, TMH CANCER CENTER

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ESTRADIOL

ALTERNATE NAME/S: SENSITIVE ESTRADIOL

CPT CODE: 82670

LAB ORDER CODE: EDIOL

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or or Gold Top (Gel Tube) or Plain Red Top(no additive) or SST/Gel Separator

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Specimen stable refrigerated up to 24 hours. Freeze if delayed

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.3 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent Paramagnetic particle Immunoassay

REFERENCE RANGE: See report - reference guide attached to report

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FACTOR VIII

ALTERNATE NAME/S:

CPT CODE: 85240

LAB ORDER CODE: F8

SPECIMEN TYPE REQUIRED: Plasma (3.2 % Sodium Citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate).

NURSING: VOLUME TO DRAW: 2.7 mL

NURSING: COLLECTION REQUIREMENTS: Allow tube to fill completely.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL

LAB: MIN. TESTING VOLUME: 1.0 mL

UNACCEPTABLE SPECIMEN: Underfilled

OTHER:

ANALYSIS METHOD: Mechanical Clot Detection/ACL Top

REFERENCE RANGE: 50 - 150.0% activity

CRITICAL VALUE: None

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: No

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: Core Laboratory

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FDP

ALTERNATE NAME/S: FIBRIN DEGRADATION PRODUCTS; FIBRIN SPLIT PRODUCTS

CPT CODE: 85362

LAB ORDER CODE: FDP

SPECIMEN TYPE REQUIRED: Plasma (Sodium Citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Full tube of whole blood - allow vacuum tube to fill to completion, which will be approximately 80% of the tube volume.

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: 3.0 mL plasma

LAB: MIN. TESTING VOLUME: 3.0 mL plasma

UNACCEPTABLE SPECIMEN: Clotted specimen not acceptable.

OTHER:

ANALYSIS METHOD: Latex agglutination / ACL TOP

REFERENCE RANGE: Less than 5 ug/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FENTANYL, URINE SCREEN

ALTERNATE NAME/S:

CPT CODE: 80307

LAB ORDER CODE: FENT

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Also included in DRUG - U8

ANALYSIS METHOD: Enzyme Immunoassay (EIA) / Qualitative

REFERENCE RANGE: NEGATIVE

CRITICAL VALUE:

SETUP SCHEDULE: DAILY

REPORT SCHEDULE: DAILY

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 07/20/2020 PRC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FERRITIN

ALTERNATE NAME/S:

CPT CODE: 82728

LAB ORDER CODE: FER

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate, Freeze if held overnight

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chemiluminescent paramagnetic enzyme Immunoassay

REFERENCE RANGE: Male 23.9 - 336.2 ng/mL; Female 11- 306.8 ng/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FETAL CELL STAIN

ALTERNATE NAME/S: KLEIHAUER BETKE STAIN

CPT CODE: 85460

LAB ORDER CODE: FET

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube preferred.

NURSING: COLLECTION REQUIREMENTS: Schedule with Microbiology Annex. Deliver to Lab immediately. Keep specimen refrigerated. Stable for 24 hours only.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL

LAB: MIN. TESTING VOLUME: 1.0 mL

UNACCEPTABLE SPECIMEN:

OTHER: Please provide patient's weight

ANALYSIS METHOD: Stain, microscopy

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily; 7:00 am - 1:00 pm

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FETAL FIBRONECTIN

ALTERNATE NAME/S:

CPT CODE: 82731

LAB ORDER CODE: FETFIB

SPECIMEN TYPE REQUIRED: Cervicovaginal swab

CONTAINER or TUBE TYPE: Contact accessioning (431- 5805) for special collection kit

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Contact accessioning for special collection instructions

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: N/A

LAB: MIN. TESTING VOLUME: N/A

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Immunosorbent device

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes, on limited basis

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FIBRINOGEN

ALTERNATE NAME/S:

CPT CODE: 85384

LAB ORDER CODE: FIB

SPECIMEN TYPE REQUIRED: Plasma (Sodium Citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Full tube - allow vacuum tube to fill to completion, which will be approximately 80% of the tube volume.

NURSING: COLLECTION REQUIREMENTS: If unable to perform within 4 hours, separate and freeze plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL plasma

LAB: MIN. TESTING VOLUME: 1.0 mL plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Mechanical Clot detection / Clauss Method / ACL TOP

REFERENCE RANGE: 197-442 mg/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FOLATE, SERUM

ALTERNATE NAME/S: FOLIC ACID

CPT CODE: 82746

LAB ORDER CODE: FOL

SPECIMEN TYPE REQUIRED: Serum or Plasma

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or Gold Top (Gel Tube) or Heparin (Lithium or Sodium)

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 3.0 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate, Freeze if held overnight

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN: Avoid hemolysis

OTHER:

ANALYSIS METHOD: Chemiluminescent paramagnetic enzyme Immunoassay

REFERENCE RANGE: 3.1-17.5 ng/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FSH, SERUM

ALTERNATE NAME/S: FOLLICLE STIMULATING HORMONE

CPT CODE: 83001

LAB ORDER CODE: FSH2

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube), or Gold Top (Gel Tube), or Plain Red Top(no additive) or SST/Gel Separator

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate or freeze serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chemiluminescent paramagnetic enzyme Immunoassay

REFERENCE RANGE: Interpretive guide included on report

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: FUNGUS PREP

ALTERNATE NAME/S:

CPT CODE: 87206

LAB ORDER CODE: FUNPRP

SPECIMEN TYPE REQUIRED: Specimen in sterile container or on slide (Endoscopy)

CONTAINER or TUBE TYPE: Specimen in sterile container or on slide (Endoscopy)

NURSING: VOLUME TO DRAW:

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: N/A

LAB: MIN. TESTING VOLUME: N/A

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Fluorescent stain

REFERENCE RANGE: No fungal elements seen

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Sun (Day shift)

REPORT SCHEDULE: Mon - Sun (Day shift)

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: G6PD SCREEN

ALTERNATE NAME/S:

CPT CODE: 82960

LAB ORDER CODE: G6PD

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA) or EDTA Bullet

NURSING: VOLUME TO DRAW: Bullet(EDTA), fill to 500 microliter line; regular lavender tube (EDTA), 1.5 ml. min.

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: 0.05 mL

LAB: MIN. TESTING VOLUME: 0.05 mL

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Colorimetric, visual

REFERENCE RANGE: Complete decolorization of tube in 20-60 minutes

CRITICAL VALUE:

SETUP SCHEDULE: Monday - Sunday, before 1:00 pm

REPORT SCHEDULE: daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: GAS HEMOGLOBIN & HEMATOCRIT

ALTERNATE NAME/S:

CPT CODE: 85014, 85018

LAB ORDER CODE: GHH

SPECIMEN TYPE REQUIRED: Whole blood, heparinized

CONTAINER or TUBE TYPE: Light Green top (lithium heparin)

NURSING: VOLUME TO DRAW: 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.1 mL

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: SEE APPENDIX K

CRITICAL VALUE: SEE APPENDIX K

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/31/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: GENTAMICIN

ALTERNATE NAME/S:

CPT CODE: 80170

LAB ORDER CODE: GENT, GENTAT (trough), GENTAP (peak)

SPECIMEN TYPE REQUIRED: Serum or plasma (any anti-coagulant)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube), Plain Red Top (no additive). Must be centrifuged and delivered to lab within 24 hours of collection.

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Freeze serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Specify trough or peak.

ANALYSIS METHOD: Chemiflex (CMIA)

REFERENCE RANGE: Peak: 5-10 ug/mL; Trough: 0 - 2 ug/mL

CRITICAL VALUE: >12 ug/mL; Trough Therapeutic Alert greater than or equal to 2 ug/mL; greater than or equal to 1 ug/mL (neonates)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: GGT

ALTERNATE NAME/S: GAMMA GT (GLUTAMYLTRANSFERASE)

CPT CODE: 82977

LAB ORDER CODE: GGT

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Tube (No Additive).

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.1 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: L-gamma-glutamyl-3-carboxy-4-nitroanilide substrate immunoassay

REFERENCE RANGE: Age less than 5 days: 22-375 U/L. Age > than 4 days: 0-50 U/L

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: GIARDIA/CRYPTOSPORIDIUM ANTIGEN ASSAY

ALTERNATE NAME/S: CRYPTOSPORIDIUM/GIARDIA SCREEN, STOOL

CPT CODE: 87328

LAB ORDER CODE: GIACRY

SPECIMEN TYPE REQUIRED: Stool

CONTAINER or TUBE TYPE: Clean screw-capped container w/no preservative or SAF Transport media or Formalin transport media

NURSING: VOLUME TO DRAW: Formed stool (walnut size, 5 gm), liquid (10 mL)

NURSING: COLLECTION REQUIREMENTS: If unable to deliver to Lab within 2 hours, refer to APPENDIX D for use of SAF transport media

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 mL)

LAB: MIN. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 mL)

UNACCEPTABLE SPECIMEN: Swabs or stool contaminated with urine or water.

OTHER:

ANALYSIS METHOD: Solid phase EIA

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Fri; cutoff Noon

REPORT SCHEDULE: Mon - Fri

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: **GLUCOSE, BEDSIDE POC**

ALTERNATE NAME/S: BEDSIDE GLUCOSE, POC

CPT CODE: 82962

LAB ORDER CODE: PGLU

SPECIMEN TYPE REQUIRED: whole blood, fingerstick

CONTAINER or TUBE TYPE: fingerstick

NURSING: VOLUME TO DRAW: 1.2 uL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 100 uL

LAB: MIN. TESTING VOLUME: 100 uL

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: HemoCue Glucose 201 analyzer

REFERENCE RANGE: 70 - 99 mg/dL

CRITICAL VALUE: less than 40 mg/dL or greater than 500 mg/dL

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT: Yes

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: Client Services and Nursing Services, POC, TMH NEEC

Last Review Date: 07.30.2020 js/prc

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: **GLUCOSE, BLOOD, CSF, or Fluid**

ALTERNATE NAME/S:

CPT CODE: 82947

LAB ORDER CODE: GLUC: Serum/Plasma GLUCCF: CSF FLGLUC: Urine

SPECIMEN TYPE REQUIRED: Serum, Plasma (heparin, sodium fluoride, or EDTA), CSF, or Body Fluid (specify fluid source).

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube), or Plain Red Top (no additive) tube. CSF or Body Fluid: Sterile screw-capped tube

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Serum should be removed from cells immediately if blood not drawn in gray top (sodium fluoride) tube. Refrigerate serum, plasma, gray top tube, CSF, or fluid.

NURSING: PATIENT PREPARATION: 8-hour fast for fasting blood glucose.

LAB: NORM. TESTING VOLUME: 1.0 mL serum, plasma or urine

LAB: MIN. TESTING VOLUME: 0.1 mL serum, plasma or urine

UNACCEPTABLE SPECIMEN:

OTHER: If 2 hour post-prandial, specify time of collection.

ANALYSIS METHOD: hexokinase / G-6-PDH / immunoassay

REFERENCE RANGE: Blood: Fasting normal: 70 - 99 mg/dL CSF 40 - 70 mg/dL, Body Fluid: Physician's interpretation

CRITICAL VALUE: Blood: <40 mg/dL and > 500 mg/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: GLYCOHEMOGLOBIN

ALTERNATE NAME/S: HEMOGLOBIN A1C

CPT CODE: 83036

LAB ORDER CODE: TOSA1C

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; tube must be at least half full; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.2 mL whole blood

UNACCEPTABLE SPECIMEN:

OTHER: includes estimated average glucose (eAG)

ANALYSIS METHOD: TTAB / spectrophotometry

REFERENCE RANGE: 4.5% - 6.2%

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: GRAM STAIN

ALTERNATE NAME/S:

CPT CODE: 87205

LAB ORDER CODE: GRAM

SPECIMEN TYPE REQUIRED: Specify source.

CONTAINER or TUBE TYPE: Swab, slide or fluid - refer to specific culture; CSF only (NEEC)

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refer to specific culture for instructions

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN: urine, feces

OTHER:

ANALYSIS METHOD: Stain

REFERENCE RANGE: No organisms seen

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY, TMH NEEC

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: **GTT, MODIFIED O'SULLIVAN'S TEST**

ALTERNATE NAME/S: MODIFIED O'SULLIVAN'S TEST

CPT CODE: 82950

LAB ORDER CODE: MOSUL

SPECIMEN TYPE REQUIRED: Plasma (Lithium Heparin). Urine only with specific request.

CONTAINER or TUBE TYPE: Light Green Top Tube (Lithium Heparin)

NURSING: VOLUME TO DRAW: Full tube preferred.

NURSING: COLLECTION REQUIREMENTS: Collect 60 minute Light Green Top Tube (Lithium Heparin) and refrigerate.

NURSING: PATIENT PREPARATION: Patient must fast for 8 hours prior to test, having water only. Patient should not smoke. (50 g Glucose). Patient not on D5W IV.

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.2 mL

UNACCEPTABLE SPECIMEN:

OTHER: Schedule inpatients with Microbiology Lab (431-5244 ext 2759), outpatients (431-5401).

ANALYSIS METHOD: hexokinase / G-6-PDH

REFERENCE RANGE: See Appendix J

CRITICAL VALUE:

SETUP SCHEDULE: Mon-Fri, dayshift scheduled

REPORT SCHEDULE: Mon-Fri

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY, CORE

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: **GTT, 2 HOUR, 3 HOUR, 4 HOUR, 5 HOUR OR 6 HOUR**

ALTERNATE NAME/S: GLUCOSE TOLERANCE TEST

CPT CODE: 82951, 82952+82952, 82951+82952 x 2, 82951+82952 x 3, 82951+82952 x 4, 82951+82952 x 5

LAB ORDER CODE: GTT2, GTT3, GTT4, GTT5, GTT6

SPECIMEN TYPE REQUIRED: Plasma (Lithium heparin). Urine only with specific request.

CONTAINER or TUBE TYPE: Light Green Top Tube (LiHep) and urine

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate Light Green Top tube (LiHep) and urine.

NURSING: PATIENT PREPARATION: Patient must fast for 8 hours prior to test, having water only. Patient should not smoke. Patient not on D5W IV. (100 g Glucose if pregnant, 75 g Glucose if not)

LAB: NORM. TESTING VOLUME: 1.0 mL/ time interval

LAB: MIN. TESTING VOLUME: 0.2 mL or microcollector half full

UNACCEPTABLE SPECIMEN:

OTHER: Schedule inpatients with Microbiology Lab (431-5244 ext 2759), outpatients (431-5401). See Appendix I for information.

ANALYSIS METHOD: hexokinase / G-6-PDH

REFERENCE RANGE: See Appendix J

CRITICAL VALUE:

SETUP SCHEDULE: Mon-Fri, dayshift scheduled

REPORT SCHEDULE: Mon-Fri

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY, CORE

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HANSEL STAIN FOR EOSINOPHILS

ALTERNATE NAME/S: EOSINOPHIL, URINE SMEAR FOR EOSINOPHILS

CPT CODE: 89190

LAB ORDER CODE: HANSEL

SPECIMEN TYPE REQUIRED: random urine

CONTAINER or TUBE TYPE: clean screw-capped container

NURSING: VOLUME TO DRAW: Urine - 10 mLs, Full sample required. Do no combine with other urine tests.

NURSING: COLLECTION REQUIREMENTS: Keep at room temperature. Deliver to lab immediately.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: N/A (nasopharynx); 20 mL (urine)

LAB: MIN. TESTING VOLUME: N/A (nasopharynx); 10 mL (urine)

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Stain, microscopy

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily: 7:00 am - 3:00 pm

REPORT SCHEDULE: Daily: Mon.- Fri.

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: Haptoglobin

ALTERNATE NAME/S:

CPT CODE: 83010

LAB ORDER CODE: HAPTIN

SPECIMEN TYPE REQUIRED: Plasma (heparin or EDTA) or Serum

CONTAINER or TUBE TYPE: Light Green Top Tube or Gold Top Tube (SST)

NURSING: VOLUME TO DRAW: Full Tube Preferred, minimum 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 1.5 mL plasma or serum

LAB: MIN. TESTING VOLUME: 0.1 mL plasma or serum

UNACCEPTABLE SPECIMEN: hemolyzed specimens

OTHER:

ANALYSIS METHOD: immunoturbidometry

REFERENCE RANGE: 36.0 - 195.0 mg/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HDL CHOLESTEROL

ALTERNATE NAME/S: CHOLESTEROL HDL, HIGH DENSITY LIPOPROTEIN

CPT CODE: 83718

LAB ORDER CODE: HDL

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin or EDTA)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Red Top Tube (no additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: accelerator selective detergent

REFERENCE RANGE: <40 mg/dL low, >60 mg/dL high

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEMOGRAM WITH PLATELETS

ALTERNATE NAME/S: CBC; COMPLETE BLOOD COUNT

CPT CODE: 85027

LAB ORDER CODE: HEM

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL (tube must be at least half full)

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.3 mL whole blood, 1 microcollector at least half full

UNACCEPTABLE SPECIMEN: Clotted specimen not acceptable.

OTHER:

ANALYSIS METHOD: Optical Flow Cytometry, Photometry, Calculation

REFERENCE RANGE: See APPENDIX L

CRITICAL VALUE: See APPENDIX L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: CORE, TMH Cancer Center, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEMOGRAM WITH PLATELETS AND DIFFERENTIAL

ALTERNATE NAME/S: CBC (COMPLETE BLOOD COUNT) WITH DIFFERENTIAL

CPT CODE: 85025

LAB ORDER CODE: HEMDIF

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL (tube must be at least half full)

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.3 mL whole blood, 1 microcollector at least half full

UNACCEPTABLE SPECIMEN: Clotted specimen not acceptable

OTHER:

ANALYSIS METHOD: Optical Flow Cytometry, Photometry, Calculation, Microscopy, Laser Flowcell Differential

REFERENCE RANGE: See APPENDIX L

CRITICAL VALUE: See APPENDIX L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: CORE, TMH Cancer Center, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEMOGRAM WITH PLATELETS AND MANUAL DIFFERENTIAL

ALTERNATE NAME/S:

CPT CODE: 85007, 85021

LAB ORDER CODE: HEMDFM (HEM+DIFF); DIFFM (MANUAL DIFF)

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube whole blood preferred; minimum 1.5 mL (tube must be at least half full)

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.3 mL whole blood, 1 microcollector at least half full

UNACCEPTABLE SPECIMEN: Clotted specimen not acceptable

OTHER:

ANALYSIS METHOD: Optical Flow Cytometry, Photometry, Calculation, Microscopy Differential

REFERENCE RANGE: See APPENDIX L

CRITICAL VALUE: See APPENDIX L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 11/10/2022 AV

PERFORMING LAB: CORE, TMH Cancer Center, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEPARIN INDUCED THROMBOCYTOPENIA

ALTERNATE NAME/S: HIT Antibody

CPT CODE: 86022

LAB ORDER CODE: HITAB

SPECIMEN TYPE REQUIRED: Plasma (3.2% Sodium Citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill completely, which will be approximately 90% of the vacuum tube volume.

NURSING: COLLECTION REQUIREMENTS: Indicate patient's anticoagulation therapy.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 mL

LAB: MIN. TESTING VOLUME: 2.7 mL

UNACCEPTABLE SPECIMEN: Clotted specimens & under-filled tubes are not acceptable.

OTHER:

ANALYSIS METHOD: Mechanical Clot detection / IL Top

REFERENCE RANGE: NEG (HIT ANTIBODY NEGATIVE)

CRITICAL VALUE: None

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEPATITIS A ANTIBODY

ALTERNATE NAME/S: HEP A AB, IGM

CPT CODE: 86708

LAB ORDER CODE: HAVABM

SPECIMEN TYPE REQUIRED: Serum or Plasma

CONTAINER or TUBE TYPE: Gold top or Purple Top

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate or freeze serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 1.0 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chemiluminescent Immunoassay / Diasorin

REFERENCE RANGE: Nonreactive

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: Core

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEPATITIS ACUTE DIAGNOSTIC PROFILE

ALTERNATE NAME/S: HEPATITIS PROFILE

CPT CODE: 80074

LAB ORDER CODE: HEPPRO

SPECIMEN TYPE REQUIRED: Serum or Plasma

CONTAINER or TUBE TYPE: Gold Top or Purple Top

NURSING: VOLUME TO DRAW: Full gold or lavender top preferred, minimum 3.0 ml

NURSING: COLLECTION REQUIREMENTS: refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 1.0 mL

UNACCEPTABLE SPECIMEN:

OTHER: Includes the following tests: HAVABM, HBSAG2, HBVCM, HCVAB

ANALYSIS METHOD: Chemiluminescent Immunoassay / Diasorin

REFERENCE RANGE: See individual tests

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: Core

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEPATITIS B CORE ANTIBODY, TOTAL

ALTERNATE NAME/S:

CPT CODE: 86704

LAB ORDER CODE: HBVCM

SPECIMEN TYPE REQUIRED: Serum or Plasma

CONTAINER or TUBE TYPE: Gold top or Purple Top

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 1.0 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Immunochemiluminometric assay (ICMA) / Diasorin

REFERENCE RANGE: Nonreactive

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: Core

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEPATITIS B SURFACE ANTIBODY

ALTERNATE NAME/S: ANTI-HBS

CPT CODE: 86317

LAB ORDER CODE: HBAB2

SPECIMEN TYPE REQUIRED: Serum or Plasma (EDTA)

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or Gold Top (gel tube) or Purple Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 1.0 mL serum

LAB: MIN. TESTING VOLUME: 0.5 mL serum

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent Immunoassay / Diasorin

REFERENCE RANGE: < 9.00 mIU/mL nonimmunity; >8.99 and <11 mIU/mL equivocal; >10 mIU/mL immunity

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEPATITIS B SURFACE ANTIGEN

ALTERNATE NAME/S: HBSAG

CPT CODE: 87340

LAB ORDER CODE: HBSAG2

SPECIMEN TYPE REQUIRED: Serum or Plasma (EDTA)

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or Gold Top (gel tube) or Purple Top (EDTA) or Green Top (Li Hep gel tube)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 1.0 mL serum

LAB: MIN. TESTING VOLUME: 0.5 mL serum

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent Immunoassay / Diasorin

REFERENCE RANGE: Nonreactive

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HEPATITIS C PROFILE

ALTERNATE NAME/S: HEPATITIS C ANTIBODY w/ REFLEX TO RIBA, HCV Profile

CPT CODE: 86803, plus 86804 if positive

LAB ORDER CODE: HCVAB

SPECIMEN TYPE REQUIRED: Serum

CONTAINER or TUBE TYPE: Gold top or Purple Top

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate or freeze serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL

LAB: MIN. TESTING VOLUME: 1.0 mL

UNACCEPTABLE SPECIMEN:

OTHER: Includes Reflex confirmation if positive

ANALYSIS METHOD: Chemiluminescent Immunoassay / Diasorin

REFERENCE RANGE: Nonreactive

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: Core

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HERPES SIMPLEX PCR, (CSF Only)

ALTERNATE NAME/S:

CPT CODE: 87529

LAB ORDER CODE: PRHER

SPECIMEN TYPE REQUIRED: CSF only

CONTAINER or TUBE TYPE: Sterile screw-capped container

NURSING: VOLUME TO DRAW: 1.0 mL

NURSING: COLLECTION REQUIREMENTS: Freeze CSF

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.8 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: PCR / Diasorin

REFERENCE RANGE: not detected

CRITICAL VALUE:

SETUP SCHEDULE: Mon. - Thurs. 0700; Fri. 1100.

REPORT SCHEDULE: Monday-Friday, Sunday

AVAILABLE STAT: Monday-Friday, Sunday

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HIV 1 & 2 In-house

ALTERNATE NAME/S: HIV 1 & 2 In-house rapid testing for exposure/needlestick

CPT CODE: 87474.909

LAB ORDER CODE: DHIV (to be ordered only by the LAB)

SPECIMEN TYPE REQUIRED: whole blood

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: 3.0 ml

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: 1.0 ml

LAB: MIN. TESTING VOLUME: 0.5 mL

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Alere Immunoassay for HIV 1 & 2 Ag/Ab Combo

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Discrete

REPORT SCHEDULE: Discrete

AVAILABLE STAT: Yes

Last Revision Date: 10/3/2022 AV

PERFORMING LAB: TMH NEEC

Last Review Date: 07.28.2020, jw/prc

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: HIV-1/HIV-2 ANTIBODY or ANTIGEN, with REFLEX TO DIFFERENTIATION

ALTERNATE NAME/S:

CPT CODE: 86703 EIA

LAB ORDER CODE: HIVAGB

SPECIMEN TYPE REQUIRED: Plasma

CONTAINER or TUBE TYPE: Lavendar Top

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Full tube

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 4.0 mL plasma

LAB: MIN. TESTING VOLUME: 1.1 mL plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Immunochemiluminometric assay (ICMA) / Diasorin

REFERENCE RANGE: reactive/nonreactive (See report)

CRITICAL VALUE:

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: HOMOCYSTEINE, QUANT

ALTERNATE NAME/S: Homocysteine

CPT CODE: 83090

LAB ORDER CODE: HCY

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin or EDTA)

CONTAINER or TUBE TYPE: Gold top (SST), Green Top (Lithium heparin), Dark Green (Sodium Heparin) or Lavender (EDTA) on Ice

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Separate and refrigerate serum or plasma within one hour of draw.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL

LAB: MIN. TESTING VOLUME: 0.2 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chemiluminescent Immunoassay

REFERENCE RANGE: 4.0-15.4 umol/L

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/6/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: IMMUNOCOMPROMISED STOOL PANEL

ALTERNATE NAME/S:

CPT CODE: 87116, 87015, 87207, 87328

LAB ORDER CODE: ICSP, AFBS

SPECIMEN TYPE REQUIRED: Stool

CONTAINER or TUBE TYPE: Clean screw-capped container with no preservatives.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate stool if unable to deliver to Laboratory within 1 hour of collection

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 ml.).

LAB: MIN. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 ml.).

UNACCEPTABLE SPECIMEN: Swab or stool contaminated with water or urine.

OTHER: Includes: O & P, Giardia, Cryptosporidium Antigen Assay, Culture and Stain for AFBS, and Microsporidium

ANALYSIS METHOD: See individual tests

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Monday - Sunday (testing during the week) **REPORT SCHEDULE:** 2-4 days

AVAILABLE STAT:

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: INFLUENZA A and B ANTIGEN SCREEN

ALTERNATE NAME/S: FLU A and B SCREEN

CPT CODE: 87449

LAB ORDER CODE: FLUAB2

SPECIMEN TYPE REQUIRED: Nasopharyngeal swab or washings in FLU/RSV saline buffer; do NOT use cotton tip wooden applicator swabs..

CONTAINER or TUBE TYPE: Place in FLU/RSV saline buffer. (Obtain buffer from Microbiology in the Laboratory.)

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Using nasopharyngeal wire swab, dacron tipped ,swab nasopharynx and mix swab thoroughly in RSV buffer. Express secretions from swab by pressing against side of vial. Refrigerate. Specimen must be tested within 72 hours of collection.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL or swab

LAB: MIN. TESTING VOLUME: N/A

UNACCEPTABLE SPECIMEN:

OTHER: Do not use swabs other than those provided by TMH. do not use cotton tipped wooden applicator swabs.

ANALYSIS METHOD: Enzyme immunoassay (EIA)

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: IRON

ALTERNATE NAME/S: SERUM FE+++

CPT CODE: 83540

LAB ORDER CODE: IRN

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium or sodium heparin)

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or Gold Top (Gel Tube) Light Green (Lithium Heparin Gel tube).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 3.0 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: Avoid hemolysis

OTHER:

ANALYSIS METHOD: TPTZ method / spectrophotometry

REFERENCE RANGE: Adult Male: 45-185 ug/dL; Adult Female: 28-170 ug/dL

CRITICAL VALUE: >350 ug/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: IRON BINDING CAPACITY, TRANSFERRIN BASED

ALTERNATE NAME/S: TIBC, TRANSFERRIN BASED

CPT CODE: 83540,83550

LAB ORDER CODE: IBC2, TIBC

SPECIMEN TYPE REQUIRED: Serum or Plasma (heparin or EDTA)

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or Gold Top (Gel Tube) or Light Green Gel Tube (Lithium Heparin)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 3.0 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 2.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN: Avoid hemolysis

OTHER: Includes TRANSFERRIN LEVEL

ANALYSIS METHOD: Immunoturbidometry

REFERENCE RANGE: TIBC: 213-395 ug/dL (male); 225-420 ug/dL (female). TRANSFERRIN: 180 - 329 mg/dL (male); 192 - 382 mg/dL (female)

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: KETONES, QUALITATIVE URINE

ALTERNATE NAME/S: ACETONE, URINE

CPT CODE: 81000

LAB ORDER CODE: UA

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Included in URINALYSIS

ANALYSIS METHOD: Reflectance Spectrophotometry / Iris Velocity / colorimetric - visual

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LACTATE, ISTAT POC

ALTERNATE NAME/S: ISTAT BLOOD LACTATE, POC

CPT CODE: 83605

LAB ORDER CODE: ISALA (Arterial); ISVLA (venous)

SPECIMEN TYPE REQUIRED: Whole blood, (Lithium heparinized)

CONTAINER or TUBE TYPE: Light Green Top (Lithium Heparin)

NURSING: VOLUME TO DRAW: 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 100 uL

LAB: MIN. TESTING VOLUME: 100 uL

UNACCEPTABLE SPECIMEN:

OTHER: NOTE: ONLY ORDERABLE ALONG WITH i-STAT BLOOD GASES

ANALYSIS METHOD: ISTAT Lactate POC cartridge

REFERENCE RANGE: 0.36-1.25 mmol/L (arterial); 0.90-1.70 mmol/L (venous)

CRITICAL VALUE:

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT: Yes

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: Nursing Services, POC, TMH NEEC

Last Review Date: 07.30.2020 js/prc

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LACTIC ACID, BLOOD

ALTERNATE NAME/S: L-LACTATE, BLOOD

CPT CODE: 83605

LAB ORDER CODE: LA, LAHR

SPECIMEN TYPE REQUIRED: Plasma or CSF

CONTAINER or TUBE TYPE: sodium fluoride-potassium oxalate tube (gray top)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 2.0 mL

NURSING: COLLECTION REQUIREMENTS: Tourniquet use should be minimal - release as soon as needle in vein. Place gray top on ice and deliver to Lab immediately. Plasma must be separated from whole blood and analyzed or frozen within 15 minutes of collection. CSF must be analyzed

NURSING: PATIENT PREPARATION: Patient must be kept calm during collection

LAB: NORM. TESTING VOLUME: 1.0 mL whole blood

LAB: MIN. TESTING VOLUME: 1.0 mL whole blood

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: L-Lactate to pyruvate / Photometry

REFERENCE RANGE: < 2.10 mmol/L

CRITICAL VALUE: > or = 6.0 mmol/L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LDH, BLOOD

ALTERNATE NAME/S: LACTATE DEHYDROGENASE

CPT CODE: 83615

LAB ORDER CODE: LDH: Plasma

SPECIMEN TYPE REQUIRED: Plasma (heparin)

CONTAINER or TUBE TYPE: Green Top Lithium Heparin

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.1 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Lactate to Pyruvate

REFERENCE RANGE: Blood: 0 - 192 U/L (adult)

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LDH, FLUID

ALTERNATE NAME/S: LACTATE DEHYDROGENASE

CPT CODE: 83615

LAB ORDER CODE: FLLDH

SPECIMEN TYPE REQUIRED: Fluid

CONTAINER or TUBE TYPE: Sterile, screw-capped container

NURSING: VOLUME TO DRAW: Full tube of fluid preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate fluid

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL fluid

LAB: MIN. TESTING VOLUME: 0.1 mL fluid

UNACCEPTABLE SPECIMEN:

OTHER: Specify fluid type

ANALYSIS METHOD: immunoassay

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/27/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/27/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LDL, Direct

ALTERNATE NAME/S: Cholesterol, Direct LDL (measured)

CPT CODE: 83721

LAB ORDER CODE: DLDL

SPECIMEN TYPE REQUIRED: Plasma (heparin or EDTA) or serum

CONTAINER or TUBE TYPE: Light Green Top Tube or Gold Top Tube (SST)

NURSING: VOLUME TO DRAW: Full Tube Preferred, minimum 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 1.5 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: enzymatic / bichromatic absorbance

REFERENCE RANGE: Less than 100 mg/dL Optimal. See report for further Interpretation.

CRITICAL VALUE: > 190 mg/dL very high

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LEGIONELLA ANTIGEN, URINE

ALTERNATE NAME/S:

CPT CODE: 87450

LAB ORDER CODE: LEGUR

SPECIMEN TYPE REQUIRED: Random Urine

CONTAINER or TUBE TYPE: Sterile screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Freeze urine, 5 ml.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN:

OTHER: Detects soluble antigen of Legionella pneumophila serogroup 1.

ANALYSIS METHOD: Immunochromatographic membrane assay

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Monday - Friday; cutoff 8 AM

REPORT SCHEDULE: Monday - Friday

AVAILABLE STAT:

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LEUKOCYTES, FECAL

ALTERNATE NAME/S: WBC IN STOOL; STOOL WRIGHT STAIN; FECAL LEUKOCYTES; POLYS IN STOOL

CPT CODE: 89055

LAB ORDER CODE: POLYS

SPECIMEN TYPE REQUIRED: Fresh Stool

CONTAINER or TUBE TYPE: Clean screw-capped container w/no preservative OR Para-Pak clean vial with white cap

NURSING: VOLUME TO DRAW: Formed stool (walnut size, 5 gm), liquid (10 mL)

NURSING: COLLECTION REQUIREMENTS: Refrigerate stool

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 mL)

LAB: MIN. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 mL)

UNACCEPTABLE SPECIMEN: Swabs not acceptable; specimens contaminated with urine or water.

OTHER:

ANALYSIS METHOD: Stain, microscopy

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Fri; 7:00 am - 3:00 pm

REPORT SCHEDULE: Mon - Fri

AVAILABLE STAT:

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LIPASE, BLOOD

ALTERNATE NAME/S:

CPT CODE: 83690

LAB ORDER CODE: LIP: Serum/Plasma

SPECIMEN TYPE REQUIRED: Serum, plasma (heparin)

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) Gold Top (Gel Tube) or Plain Red Top (no additive) tube.

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Colorimetric - quinone dye

REFERENCE RANGE: Blood: 0 - 51 U/L

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LIPID PROFILE

ALTERNATE NAME/S:

CPT CODE: 80061

LAB ORDER CODE: LIPID

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Red Top Tube (no additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: Requires 14 hour fast

LAB: NORM. TESTING VOLUME: 2.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Includes Total Cholesterol, Triglycerides, HDL-Chol, LDL-Chol, VLDL, L-Ratio (Total Chol/HDL Chol)

ANALYSIS METHOD: Calculations + see individual tests

REFERENCE RANGE: Cholesterol: <200 mg/dL (desirable range); Triglycerides: <150 mg/dL (desirable range); HDL: <40 mg/dL Low >60 mg/dL (desirable)
Total LDL: <100 mg/dL (desirable) VLDL: 0-77 mg/dL L-RATIO: <4.07 (male) <4.44 (female)

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LITHIUM

ALTERNATE NAME/S: LI+

CPT CODE: 80178

LAB ORDER CODE: LI

SPECIMEN TYPE REQUIRED: Serum

CONTAINER or TUBE TYPE: Gold Top only (Gel Tube)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Centrifuge, remove serum, and send to lab within 24 hours.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum

LAB: MIN. TESTING VOLUME: 0.2 mL serum

UNACCEPTABLE SPECIMEN: LITHIUM heparin (LIGHT GREEN top)

OTHER:

ANALYSIS METHOD: Spectrophotometry

REFERENCE RANGE: Therapeutic range: 0.4 - 1.1 mEq/L

CRITICAL VALUE: >1.5 mEq/L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LIVER PROFILE, HEPATIC FUNCTION PANEL A

ALTERNATE NAME/S: HEPATIC FUNCTION PANEL A

CPT CODE: 80076

LAB ORDER CODE: HFPA

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium Heparin))

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Plain Red Top(no additive) or SST/Gel Separator

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: Includes the following tests: TP, ALB, TBIL, CBIL, IBIL (calculation), GOT, ALP, GPT.

ANALYSIS METHOD: See individual tests

REFERENCE RANGE: See APPENDIX J for components and normal ranges.

CRITICAL VALUE: See APPENDIX J

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LMWH ASSAY

ALTERNATE NAME/S: ANTI Xa Assay for Low Molecular Weight Heparin (Lovenox assay)

CPT CODE: 85520

LAB ORDER CODE: LMWH

SPECIMEN TYPE REQUIRED: Plasma (3.2% Sodium citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate) Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill completely, which will be approximately 90% of the vacuum tube volume.

NURSING: COLLECTION REQUIREMENTS: Patient must be on a low molecular weight heparin such as Lovenox or Fragmin. If unable to deliver to lab within two hours separate and freeze.

NURSING: PATIENT PREPARATION: Samples are typically collected 4 hours after administration.

LAB: NORM. TESTING VOLUME: 2.7 mL Whole Blood

LAB: MIN. TESTING VOLUME: 2.7 mL Whole Blood

UNACCEPTABLE SPECIMEN: Clotted, short or hemolyzed samples are rejected.

OTHER:

ANALYSIS METHOD: Chromogenic Anti Xa Assay for LMWH, ACL TOP

REFERENCE RANGE: once per day dose 1.0 to 2.0 U/mL, Twice per day dose 0.6 to 1.0 U/mL

CRITICAL VALUE: None

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: LUTEINIZING HORMONE

ALTERNATE NAME/S: hLH, Lutropin

CPT CODE: 83002

LAB ORDER CODE: LH2

SPECIMEN TYPE REQUIRED: Serum or Plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Plain Red Top(no additive) or SST/Gel Separator

NURSING: VOLUME TO DRAW: Full tube of whole blood; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrgerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent Enzyme Immunoassay

REFERENCE RANGE: Reference guide attached to report

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: MAGNESIUM

ALTERNATE NAME/S:

CPT CODE: 83735

LAB ORDER CODE: MG; MGHR: Serum/Plasma Urine: random or 24 hour

SPECIMEN TYPE REQUIRED: Serum, Plasma (heparin), or urine (random or 24 hour)

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive) tube Urine :
Sterile screw-capped tube or 24 hour urine container, no preservatives

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum, plasma or urine

LAB: MIN. TESTING VOLUME: 0.1 mL serum, plasma or urine

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Xylidyl Blue / bichromatic spectrophotometry

REFERENCE RANGE: Blood: 1.6 - 2.6 mg/dL

CRITICAL VALUE: Blood: <1.0 mg/dL and >6.2 mg/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE (blood and urine), TMH NEEC (blood only)

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: MALARIA and OTHER BLOOD PARASITES

ALTERNATE NAME/S:

CPT CODE: 87015, 87207

LAB ORDER CODE: MALAR

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube preferred

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood. Specimen must be received and processed within one hour of collection.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL

LAB: MIN. TESTING VOLUME: 1.5 mL

UNACCEPTABLE SPECIMEN:

OTHER: Preliminary report available STAT

ANALYSIS METHOD: Stain, Microscopy

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Mon - Fri. Preliminary on weekends.

AVAILABLE STAT:

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: METHEMOGLOBIN

ALTERNATE NAME/S: MET HGB

CPT CODE: 83050

LAB ORDER CODE: MET

SPECIMEN TYPE REQUIRED: Buffered Heparinized syringe or capillary tube.

CONTAINER or TUBE TYPE: ABG syringe, remove needle, Heparinized plastic capillary tube with mixing flea

NURSING: VOLUME TO DRAW: 1.5 mL arterial blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending ABG syringe.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL arterial blood

LAB: MIN. TESTING VOLUME: 1 capillary tube FILLED with arterial blood.

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable

OTHER: Collected by Respiratory Therapy

ANALYSIS METHOD: Spectrophotometry / GEM5000

REFERENCE RANGE: 0 - 1.5%

CRITICAL VALUE: >20%

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: Methotrexate

ALTERNATE NAME/S: Mexate

CPT CODE: 80299

LAB ORDER CODE: METHX

SPECIMEN TYPE REQUIRED: Serum or plasma

CONTAINER or TUBE TYPE: Light Green Top Tube (Gel Tube) or Gold Top (Gel Tube) or Plain Red Top Tube (no additive)

NURSING: VOLUME TO DRAW: Full Tube Preferred, minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Wrap tube in foil to protect from light. Refrigerate or freeze serum.

NURSING: PATIENT PREPARATION: none

LAB: NORM. TESTING VOLUME: 1.5 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Homogenous Enzyme Immunoassay

REFERENCE RANGE: See report - subject to physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: MICROALBUMIN, CSF, RANDOM URINE OR 24-HOUR URINE

ALTERNATE NAME/S: ALBUMIN, URINE/CSF

CPT CODE: 82043

LAB ORDER CODE: MICAL

SPECIMEN TYPE REQUIRED: Random urine or any timed urine specimen - add comment on timed sample; or CSF

CONTAINER or TUBE TYPE: Random Urine/CSF: Sterile screw-capped container. Timed Urine: 24-hour urine container.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Do not use preservatives. Record total urine volume. Mix urine well before aliquoting. Refrigerate or freeze urine.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine (random)

LAB: MIN. TESTING VOLUME: 1.0 mL urine (random)

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: turbidometric/immunoturbidometric

REFERENCE RANGE: Random <30 mg/g creatinine, Normal 24 hour urine <30.0mg/24hr creatinine; 50mg/dL CSF (adults)

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: MONONUCLEOSIS SCREEN

ALTERNATE NAME/S:

CPT CODE: 86308

LAB ORDER CODE: MONO

SPECIMEN TYPE REQUIRED: Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 2.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.2 mL whole blood

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Immunochromatographic - SureVue Signature Mono Kit Test

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: MRSA PCR Screen

ALTERNATE NAME/S:

CPT CODE:

LAB ORDER CODE: PRMRS

SPECIMEN TYPE REQUIRED: Nasal

CONTAINER or TUBE TYPE: Cepheid Double Swab (Red Cap)

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Insert Cepheid double swabs (red cap) into one nares 1-2 cm and rotate x3 seconds, applying pressure with finger to outside of nostril during rotation. Using same double swabs, repeat step to other nare.

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN: Swabs other than the Cepheid Double Swab (Red Cap); Spec. containing broken swabs.

OTHER: Do not wet swabs with saline.

ANALYSIS METHOD: PCR / GeneXpert Dx

REFERENCE RANGE: negative

CRITICAL VALUE:

SETUP SCHEDULE: Monday - Sunday

REPORT SCHEDULE: When test performed

AVAILABLE STAT:

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: MYOGLOBIN SCREEN, URINE

ALTERNATE NAME/S:

CPT CODE: 81002

LAB ORDER CODE: MYOS

SPECIMEN TYPE REQUIRED: First morning urine or urine collected 1 hour after exercise

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Deliver to Lab immediately

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 5.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Positive screens are automatically sent to reference lab for confirmation - See Myoglobin Confirmation

ANALYSIS METHOD: Reflectance Spectrophotometry; Colorimetric-visual / IRIS Velocity

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Day Shift only

AVAILABLE STAT:

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: OCCULT BLOOD, FECES OR GASTRIC CONTENTS

ALTERNATE NAME/S: GUAIAIC

CPT CODE: 82270

LAB ORDER CODE: OB: Stool OCPH: Gastric

SPECIMEN TYPE REQUIRED: Stool; Specimen cards available for bedside inoculation.

CONTAINER or TUBE TYPE: Clean, screw-capped container

NURSING: VOLUME TO DRAW: Formed stool (walnut size, 5 gm), liquid (10 mL)

NURSING: COLLECTION REQUIREMENTS: Refrigerate stool

NURSING: PATIENT PREPARATION: See Appendix I for dietary instructions for stool

LAB: NORM. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 mL)

LAB: MIN. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 mL)

UNACCEPTABLE SPECIMEN:

OTHER: Specimen cards available for bedside inoculation. Contact Microbiology at 12759

ANALYSIS METHOD: Colorimetric (guaiac) - visual

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Sun; 7 AM - 3 PM

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes, 3 PM - 7 AM (Bixler ER)

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: MICROBIOLOGY, TMH NEEC

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: OPIATE, URINE SCREEN

ALTERNATE NAME/S:

CPT CODE: 80303

LAB ORDER CODE: OPIATE

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Also included in DRUG-U8

ANALYSIS METHOD: Homogeneous enzyme Immunoassay (EIA)

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: OSMOLALITY, SERUM, URINE, or BODY FLUID

ALTERNATE NAME/S:

CPT CODE: Fluid : 83935 Serum: 83930 Urine: 83935

LAB ORDER CODE: OSMOS: Serum OSMOU: Urine FLOSMO: Fluid

SPECIMEN TYPE REQUIRED: Serum, Urine, or Body Fluid (specify fluid source)

CONTAINER or TUBE TYPE: Fluid and Urine: Clean screw-capped container Serum: Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: for serum-Full tube of whole blood preferred; minimum 2.5 mL

NURSING: COLLECTION REQUIREMENTS: Specify fluid type. Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum, urine or fluid

LAB: MIN. TESTING VOLUME: 0.3 mL serum, urine or fluid

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Freezing Point Depression / Advanced Osmometer

REFERENCE RANGE: Serum: 280 - 290 mOs/kg Urine: 300 - 1000 mOs/kg Fluid: Physician's interpretation

CRITICAL VALUE: Serum: <250 mOs/kg and >320 mOs/kg

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: OVA AND PARASITES

ALTERNATE NAME/S: O & P

CPT CODE: 87177, 88313, 87206

LAB ORDER CODE: OP

SPECIMEN TYPE REQUIRED: Stool

CONTAINER or TUBE TYPE: Clean screw-capped container w/no preservative OR Para-Pak SAF vial with yellow cap

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: If unable to deliver to Lab within 2 hours, refer to APPENDIX D for use of SAF transport media

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 mL)

LAB: MIN. TESTING VOLUME: Formed stool (walnut size, 5 gm), liquid (10 mL)

UNACCEPTABLE SPECIMEN: Swab not acceptable, or stool contaminated with urine or water.

OTHER: Includes Cryptosporidium, Isospora, and Cyclospora

ANALYSIS METHOD: Stain, Microscopy

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: M-F

REPORT SCHEDULE: 2-4 days

AVAILABLE STAT:

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: OXYCODONE, Urine Screen

ALTERNATE NAME/S:

CPT CODE: 80307

LAB ORDER CODE: OXYCOU

SPECIMEN TYPE REQUIRED: Random Urine

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW: 10.0 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 10.0 mL

LAB: MIN. TESTING VOLUME: 1.0 mL

UNACCEPTABLE SPECIMEN:

OTHER: Included in DRUGU8 battery

ANALYSIS METHOD: Homogeneous enzyme immunoassay (EIA)

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: OXYHEMOGLOBIN

ALTERNATE NAME/S:

CPT CODE: 82810

LAB ORDER CODE: OXYHB

SPECIMEN TYPE REQUIRED: Buffered Heparinized syringe or capillary tube.

CONTAINER or TUBE TYPE: ABG Syringe, remove needle. Heparinized plastic capillary tube with mixing flea.

NURSING: VOLUME TO DRAW: 1.5 mL arterial blood

NURSING: COLLECTION REQUIREMENTS: Remove and dispose of needle before sending ABG syringe

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL arterial blood

LAB: MIN. TESTING VOLUME: 1 capillary tube FILLED

UNACCEPTABLE SPECIMEN: Clotted specimens are not acceptable

OTHER: Collected by Respiratory Therapy

ANALYSIS METHOD: Co-Oximetry / GEM5000

REFERENCE RANGE: neonates 40-90% (arterial); > 1 month old 90-95% (arterial); 40-90% venous

CRITICAL VALUE: NONE

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: P2Y12 INHIBITION

ALTERNATE NAME/S: PLAVIX INHIBITION

CPT CODE: 85576

LAB ORDER CODE: P2Y12

SPECIMEN TYPE REQUIRED: 3.2% CITRATED WHOLE BLOOD

CONTAINER or TUBE TYPE: SPECIAL GREINER BLUE TOP

NURSING: VOLUME TO DRAW: 2 ML

NURSING: COLLECTION REQUIREMENTS: OBTAIN COLLECTION KIT FROM LAB.

NURSING: PATIENT PREPARATION: NONE

LAB: NORM. TESTING VOLUME: 2 ML

LAB: MIN. TESTING VOLUME: 2 ML

UNACCEPTABLE SPECIMEN: CLOTTED SAMPLES, ROOM TEMPERATURE, NO REFRIGERATION OR CENTRIFUGATION

OTHER: HAND DELIVER, DO NOT USE TUBE SYSTEM.

ANALYSIS METHOD: VERIFY NOW P2Y12 INHIBITION ASSAY

REFERENCE RANGE: BASELINE: 180 - 376 PRU

CRITICAL VALUE: NONE

SETUP SCHEDULE: NONE

REPORT SCHEDULE: NONE

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: pH - BODY FLUIDS

ALTERNATE NAME/S:

CPT CODE: 83986

LAB ORDER CODE: FLPH

SPECIMEN TYPE REQUIRED: Fluid

CONTAINER or TUBE TYPE: Green Tube Top (heparin) to prevent clotting or Clean screw-capped tube.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Specify fluid source. Refrigerate fluid.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 5.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: GEM5000 / blood gas analyzer

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PHENOBARBITAL

ALTERNATE NAME/S:

CPT CODE: 80184

LAB ORDER CODE: PHNO

SPECIMEN TYPE REQUIRED: Serum or plasma

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive). Must be centrifuged and delivered to lab within 24 hours of collection.

NURSING: VOLUME TO DRAW: Full tube whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 0.5 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chemiluminescent Enzyme Immunoassay

REFERENCE RANGE: Therapeutic Range: 15-40 ug/mL

CRITICAL VALUE: >60 ug/mL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PHENYTOIN

ALTERNATE NAME/S: DILANTIN

CPT CODE: 80185

LAB ORDER CODE: PTN

SPECIMEN TYPE REQUIRED: Serum or plasma (any anti-coagulant)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) Plain Red Top (no additive) *must be centrifuged and delivered to lab within 24 hours of collection.

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Freeze serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Enzyme Immunoassay (EIA)

REFERENCE RANGE: 10 - 20 ug/mL (therapeutic range)

CRITICAL VALUE: >30 ug/mL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/5/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PHOSPHORUS, BLOOD

ALTERNATE NAME/S: PO4

CPT CODE: 84105

LAB ORDER CODE: PHOS (serum,plasma)

SPECIMEN TYPE REQUIRED: Serum, Plasma (heparin)

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive) tube. Urine :
Screw topped urine container or 24 hour collection bottle

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Phosphomolybdate

REFERENCE RANGE: Blood: Adults: 2.4 - 4.7 mg/dL 1 - 12 yrs : 2.5 - 6.2 mg/dL 0 - 1 yrs : 3.1 - 7.4 mg/dL

CRITICAL VALUE: Blood: <1.0 mg/dL and >10 mg/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PHOSPHORUS, URINE - RANDOM OR 24 HOUR

ALTERNATE NAME/S:

CPT CODE: 84105

LAB ORDER CODE: PHOSU: Random urine PHOS24: 24-hour urine

SPECIMEN TYPE REQUIRED: Random urine or 24-hour urine

CONTAINER or TUBE TYPE: Random urine: Clean screw-capped container. 24-hour urine: 24-hour urine container

NURSING: VOLUME TO DRAW: Random: 10.0 mL; 24-hour urine: 20.0 mL aliquot

NURSING: COLLECTION REQUIREMENTS: Record total urine volume (for 24-hour specimen). Mix well before aliquoting. Freeze urine.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: Random: 10.0 mL; 24-hour urine: 20.0 mL aliquot

LAB: MIN. TESTING VOLUME: 1.0 mL urine

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Phosphomolybdate/Spectrophotometry

REFERENCE RANGE: Random: Physician's interpretation 24-hour: 400 - 1300 mg/24 hr

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes (random only)

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PINWORM PREPARATION

ALTERNATE NAME/S: SCOTCH TAPE PREP

CPT CODE: 87208

LAB ORDER CODE: ST

SPECIMEN TYPE REQUIRED: Scotch tape prep of anal area

CONTAINER or TUBE TYPE: Scotch tape slide, use Cellulose tape

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Contact Lab for collection procedure. Best time to collect is during the night or when symptomatic.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: N/A

LAB: MIN. TESTING VOLUME: N/A

UNACCEPTABLE SPECIMEN: Use of magic tape or tape other than Cellulose cannot be used.

OTHER:

ANALYSIS METHOD: Microscopy

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Fri; 7:00 am - 3:00 pm

REPORT SCHEDULE: Mon - Fri; 7:00 am - 3:00 pm

AVAILABLE STAT:

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PLATELET COUNT

ALTERNATE NAME/S:

CPT CODE: 85049

LAB ORDER CODE: PLT

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL (tube must be at least half full)

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: At least half full microcollector of whole blood

UNACCEPTABLE SPECIMEN: Clotted specimen not acceptable

OTHER: Also included in HEMOGRAM

ANALYSIS METHOD: Flow Cytometry

REFERENCE RANGE: 140 - 440 k/mm³

CRITICAL VALUE: Less than 30 k/mm³

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE, TMH Cancer Center, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PLATELET FUNCTION SCREEN

ALTERNATE NAME/S: PFS, BLEEDING TIME

CPT CODE: 85576

LAB ORDER CODE: PFS

SPECIMEN TYPE REQUIRED: Plasma (Na Citrate) and Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Special Blue Top (NaCitrate with special handling label and black mark on cap) AND Lavender Top (EDTA).

NURSING: VOLUME TO DRAW: Allow Blue top tube to fill completely; Full tube preferred for the Lavender top (minimum 1.5 mL/ at least half full)

NURSING: COLLECTION REQUIREMENTS: DO NOT CENTRIFUGE OR REFRIGERATE BLUE TOP TUBE! Submit lavender tube with special blue top tube

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 1.5 mL whole blood

UNACCEPTABLE SPECIMEN: Centrifuged or refrigerated specimens and clotted specimens not acceptable

OTHER: Please call lab for special blue top collection tube. Test includes platelet count, HCT, col/ADP, and col/EPI.

ANALYSIS METHOD: ADP/Collagen Antagonist or EPI/Collagen

REFERENCE RANGE: See report

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/28/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PLATELET FUNCTION STUDY

ALTERNATE NAME/S: PFA with Epinephrine, BLEEDING TIME

CPT CODE: 85576

LAB ORDER CODE: PFE

SPECIMEN TYPE REQUIRED: Plasma (Na Citrate) and Whole Blood (EDTA)

CONTAINER or TUBE TYPE: Special Blue Top (NaCitrate with special handling label and black mark on cap) AND Lavender Top (EDTA).

NURSING: VOLUME TO DRAW: Allow Blue top tube to fill completely; Full tube preferred for the Lavender top (minimum 1.5 mL/ at least half full)

NURSING: COLLECTION REQUIREMENTS: DO NOT CENTRIFUGE OR REFRIGERATE BLUE TOP TUBE! Submit lavender tube with special blue top tube

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 1.5 mL whole blood

UNACCEPTABLE SPECIMEN: Centrifuged or refrigerated specimens and clotted specimens not acceptable

OTHER: Please call lab for special blue top collection tube. Test includes platelet count, HCT, col/ADP, and col/EPI.

ANALYSIS METHOD: EPI/Collagen antagonist

REFERENCE RANGE: See report

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/28/2022 AV

PERFORMING LAB: CORE

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: POC pH, OCULAR FLUID

ALTERNATE NAME/S:

CPT CODE: 83986

LAB ORDER CODE:

SPECIMEN TYPE REQUIRED: Ocular Fluid

CONTAINER or TUBE TYPE:

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Apply tip of pH paper to pooled eye fluid

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: pH determination

REFERENCE RANGE: Compare to pH container

CRITICAL VALUE:

SETUP SCHEDULE:

REPORT SCHEDULE:

AVAILABLE STAT:

Last Revision Date: 10/28/2022 AV

PERFORMING LAB: POC, TMH NEEC

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: POC WHOLE BLOOD INR

ALTERNATE NAME/S:

CPT CODE: 85610

LAB ORDER CODE: HINR (ER ONLY: ECINR)

SPECIMEN TYPE REQUIRED: Whole blood

CONTAINER or TUBE TYPE: Blue top (Na citrate 3.2%)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; 1.5mL minimum

NURSING: COLLECTION REQUIREMENTS: venous whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 5 mL whole blood

LAB: MIN. TESTING VOLUME: 0.1 mL whole blood

UNACCEPTABLE SPECIMEN:

OTHER: Test immediately; can sit at room temperature for 2 hours or less prior to testing

ANALYSIS METHOD: Mechanical endpoint clotting

REFERENCE RANGE: Low limit: < 0.8; high limit: > 10.0 INR

CRITICAL VALUE: > 4.5

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/28/2022 AV

PERFORMING LAB: CORE, POC

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: POTASSIUM, BLOOD

ALTERNATE NAME/S: K+

CPT CODE: 84132

LAB ORDER CODE: K: Serum/Plasma

SPECIMEN TYPE REQUIRED: Serum, Plasma (heparin)

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive) tube.

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred, minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen. Avoid hemolysis.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: Any sample with visible hemolysis will be rejected for potassium analysis

OTHER:

ANALYSIS METHOD: Ion-Specific Electrode, diluted

REFERENCE RANGE: Blood: => 3 months = 3.6-5.1 mEq/L; 15 D to 3 months = 4.0-6.2 mEq/L; 3D to 2 weeks = 4.0-6.4 mEq/L, newborn = 4.7-7.7 mEq/L

CRITICAL VALUE: Blood: <2.5 mEq/L and >6.5 mEq/L (age >or = to 3 days); <2.5 mEq/L and >7.7 mEq/L (age < 3 days)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: POTASSIUM, URINE - RANDOM OR 24-HOUR

ALTERNATE NAME/S:

CPT CODE: 84133

LAB ORDER CODE: KU: Random urine K24: 24-hour urine

SPECIMEN TYPE REQUIRED: Random or 24-hour urine

CONTAINER or TUBE TYPE: Clean screw-capped container or 24-hour urine container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Ion-Specific Electrode, diluted

REFERENCE RANGE: Random urine = Physician's interpretation 24-hour urine = 25-125 mEq/24 hr

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes (random only)

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PREALBUMIN

ALTERNATE NAME/S:

CPT CODE: 84134

LAB ORDER CODE: PAL

SPECIMEN TYPE REQUIRED: Serum or Plasma

CONTAINER or TUBE TYPE: Gold Top (Gel Tube) or Plain Red Top (no additive).

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum

LAB: MIN. TESTING VOLUME: 0.2 mL serum

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Immunoturbidimetry

REFERENCE RANGE: 18.0-38.0 mg/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/7/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PREGNANCY TEST, URINE

ALTERNATE NAME/S: HCG (HUMAN CHORIONIC GONADOTROPIN HORMONE)

CPT CODE: 84703

LAB ORDER CODE: PREGU

SPECIMEN TYPE REQUIRED: Random urine, first specimen is preferred.

CONTAINER or TUBE TYPE: Clean screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chromatographic immunoassay

REFERENCE RANGE: Reported as Positive or Negative; limit of detection - 20 mIU/mL beta HCG / Cardinal Health HCG Combo Rapid Test

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/24/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: Procalcitonin

ALTERNATE NAME/S: PCT

CPT CODE: 84145

LAB ORDER CODE: PCTIH

SPECIMEN TYPE REQUIRED: HEPARINIZED PLASMA

CONTAINER or TUBE TYPE: GREEN TOP WITH GEL

NURSING: VOLUME TO DRAW: 5 ML

**NURSING: COLLECTION
REQUIREMENTS:** NONE

**NURSING: PATIENT
PREPARATION:** NONE

LAB: NORM. TESTING VOLUME: 2 ML PLASMA

LAB: MIN. TESTING VOLUME: 0.5 ML PLASMA

UNACCEPTABLE SPECIMEN: GROSSLY HEMOLYZED

OTHER:

ANALYSIS METHOD: Chemiluminescent Enzyme Immunoassay

REFERENCE RANGE: < 0.08 ng/mL

CRITICAL VALUE: NONE

SETUP SCHEDULE: 24/7

REPORT SCHEDULE: 24/7

AVAILABLE STAT: YES

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE LAB x2779, NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PROGESTERONE

ALTERNATE NAME/S:

CPT CODE: 84144

LAB ORDER CODE: PROGIH

SPECIMEN TYPE REQUIRED: Serum or Plasma

CONTAINER or TUBE TYPE: Green Top (lithium heparin)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate or freeze serum/plasma (if > 24 hours before delivery for testing)

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL plasma

LAB: MIN. TESTING VOLUME: 0.6 mL plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chemiluminescent Enzyme Immunoassay

REFERENCE RANGE: Reference guide attached to report

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/24/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PROSTATE SPECIFIC ANTIGEN, DIAGNOSTIC or SCREENING

ALTERNATE NAME/S: PSA

CPT CODE: Diagnostic: 84153 Screening:

LAB ORDER CODE: PSAD: Diagnostic PSAS: Screening

SPECIMEN TYPE REQUIRED: Serum

CONTAINER or TUBE TYPE: Plain Red Top (no additive) or Gold Top (Gel Tube)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Serum, PSAS (Screening) requires ABN

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN:

OTHER: Medicare does not cover PSA screening. Must submit ABN if PSA screening is desired.

ANALYSIS METHOD: Chemiluminescent enzyme Immunoassay

REFERENCE RANGE: 0 - 4.000 ng/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/24/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: PROTEIN, URINE QUANTITATIVE RANDOM or 24-HOUR

ALTERNATE NAME/S:

CPT CODE: 84155

LAB ORDER CODE: PROTU: Random urine PROT24: 24-hour urine

SPECIMEN TYPE REQUIRED: Random or 24-hour urine

CONTAINER or TUBE TYPE: Random urine: Clean screw-capped container. 24-hour urine: 24-hour urine container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: For 24-hour specimen, record total urine volume. Mix well before aliquoting. Refrigerate or freeze urine.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: No established normal ranges for random urine.

ANALYSIS METHOD: Colorimetric / Pyrogallol red / spectrophotometer

REFERENCE RANGE: Random: Physician's interpretation 24-hour urine: 50-100 mg/24 hours

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes (random only)

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PT MIXING STUDY

ALTERNATE NAME/S: PT INHIBITOR STUDY; MIXING STUDY-PT

CPT CODE: 85610 X 3

LAB ORDER CODE: MIXPT

SPECIMEN TYPE REQUIRED: Contact CORE Lab (431-5607)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, which will be approximately 80% of tube volume

NURSING: COLLECTION REQUIREMENTS: Contact CORE Lab (431-5607)

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 mL plasma

LAB: MIN. TESTING VOLUME: 2.7 mL plasma

UNACCEPTABLE SPECIMEN: Clotted specimens and under-filled tubes not acceptable.

OTHER:

ANALYSIS METHOD: Mechanical Clot Detection / IL Top

REFERENCE RANGE: Physician's Interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL
Order Catalogue

TEST NAME: PT WITH INR

ALTERNATE NAME/S: PROTHROMBIN TIME WITH INTERNATIONAL NORMALIZED RATIO

CPT CODE: 85610

LAB ORDER CODE: PTINR

SPECIMEN TYPE REQUIRED: Plasma (3.2% Sodium citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, which will be approximately 80% of tube volume

NURSING: COLLECTION REQUIREMENTS: Indicate patient's anticoagulant therapy. Deliver sample at Room Temp. Do not refrigerate or freeze. Test may be performed up to 24 hours after collection.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 mL plasma

LAB: MIN. TESTING VOLUME: 2.7 mL plasma

UNACCEPTABLE SPECIMEN: Clotted specimens & under-filled tubes not acceptable.

OTHER:

ANALYSIS METHOD: Mechanical Clot Detection-calculation / IL Top

REFERENCE RANGE: 9.8-13.3 secs (PT), Physician's interpretation (INR)

CRITICAL VALUE: INR: equal to or greater than 4.5

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PTH, INTACT (ICMA)

ALTERNATE NAME/S: PARATHYROID HORMONE

CPT CODE: 83970

LAB ORDER CODE: PTHIH

SPECIMEN TYPE REQUIRED: Plasma (Heparin/EDTA); Serum

CONTAINER or TUBE TYPE: Lavender Top (EDTA); Light Green (Heparin)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 2.0 mL

NURSING: COLLECTION REQUIREMENTS: Separate and refrigerate plasma within two hours of draw. If a serum separator tube is not used, remove plasma from the cells and refrigerate.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL plasma

LAB: MIN. TESTING VOLUME: 1.0 mL plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent Paramagnetic Enzyme Immunoassay

REFERENCE RANGE: 12 - 88 pg/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes, surgery patients only by special request

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PTT

ALTERNATE NAME/S: ACTIVATED PARTIAL THROMBOPLASTIN TIME, APTT

CPT CODE: 85730

LAB ORDER CODE: PTT

SPECIMEN TYPE REQUIRED: Plasma (3.2% Sodium citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, which will be approximately 80 % of the tube volume

NURSING: COLLECTION REQUIREMENTS: Indicate patient's anticoagulant therapy. If unable to deliver to lab within 4 hours separate and freeze

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 mL plasma

LAB: MIN. TESTING VOLUME: 2.7 mL plasma

UNACCEPTABLE SPECIMEN: Clotted specimens and under-filled tubes not acceptable.

OTHER:

ANALYSIS METHOD: Mechanical Clot Detection / IL Top

REFERENCE RANGE: 26.2-37.2 secs (for patient not on anticoagulant); physician's interpretation (for patient on anticoagulant)

CRITICAL VALUE: equal to or greater than 200 seconds

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: PTT MIXING STUDY

ALTERNATE NAME/S: PTT INHIBITOR STUDY; MIXING STUDY-PTT

CPT CODE: 85730 X 3

LAB ORDER CODE: MIXPTT

SPECIMEN TYPE REQUIRED: Contact CORE Lab (431-5607)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, which will be approximately 80 % of the tube volume

NURSING: COLLECTION REQUIREMENTS: Contact CORE Lab (431-5607)

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 mL plasma

LAB: MIN. TESTING VOLUME: 2.7 mL plasma

UNACCEPTABLE SPECIMEN: Clotted specimens and under-filled tube not acceptable.

OTHER:

ANALYSIS METHOD: Mechanical Clot Detection / IL Top

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE:

REPORT SCHEDULE:

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: RENAL PROFILE

ALTERNATE NAME/S:

CPT CODE: 80069

LAB ORDER CODE: RENAL

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium Heparin)

CONTAINER or TUBE TYPE: Light Green top (lithium heparin Gel Tube)

NURSING: VOLUME TO DRAW: Full tube whole blood preferred; 1.5 mL minimum

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL plasma or serum

LAB: MIN. TESTING VOLUME: 0.4 mL plasma or serum

UNACCEPTABLE SPECIMEN:

OTHER: Includes the following tests: Na, K, CL, CO2, BUN, CREA, GLUC, CALCM, ALB, PHOS

ANALYSIS METHOD: enzyme immunoassay (EIA)

REFERENCE RANGE: SEE APPENDIX J

CRITICAL VALUE: SEE APPENDIX J

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 10/31/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: RESPIRATORY VIRAL PANEL 1

ALTERNATE NAME/S: RSV + FLU PCR

CPT CODE:

LAB ORDER CODE: PRRVP1

SPECIMEN TYPE REQUIRED: NASALPHARYNGEAL, NASAL WASHINGS

CONTAINER or TUBE TYPE: CONTACT MICROBIOLOGY FOR COLLECTION KIT AND INSTRUCTIONS.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: COLLECT NP SWAB USING NURSING COLLECTION PROCEDURE. DO NOT WET SWABS WITH SALINE.

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER: TEST PERFORMED ONLY ON ADMITTED PATIENTS.

ANALYSIS METHOD: PCR

REFERENCE RANGE:

CRITICAL VALUE:

SETUP SCHEDULE: MON-SUN, 9:00 PM CUTOFF TIME

REPORT SCHEDULE: WHEN TEST PERFORMED

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: RESPIRATORY VIRAL PANEL 2

ALTERNATE NAME/S: RESP VIRUS PANEL 2 PCR (ADENOVIRUS, HUMAN META, PARAINFLUENZA, RHINOVIRUS)

CPT CODE:

LAB ORDER CODE: PRRVP2

SPECIMEN TYPE REQUIRED: NASALPHARYNGEAL, NASAL WASHINGS

CONTAINER or TUBE TYPE: CONTACT MICROBIOLOGY FOR COLLECTION KIT AND INSTRUCTIONS.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: COLLECT NP SWAB USING NURSING COLLECTION PROCEDURE. DO NOT WET SWABS WITH SALINE.

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER: TEST PERFORMED ONLY ON ADMITTED PATIENTS.

ANALYSIS METHOD: PCR

REFERENCE RANGE:

CRITICAL VALUE:

SETUP SCHEDULE: MON-SUN, 1:00 PM CUTOFF TIME

REPORT SCHEDULE: WHEN TEST PERFORMED

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: RESPIRATORY VIRAL PANEL 3

ALTERNATE NAME/S: RESP VIRUS PANEL 3 PCR (COMBINATION OF RESP PANELS 1 AND 2)

CPT CODE:

LAB ORDER CODE: PRRVP3

SPECIMEN TYPE REQUIRED: NASALPHARYNGEAL, NASAL WASHINGS

CONTAINER or TUBE TYPE: CONTACT MICROBIOLOGY FOR COLLECTION KIT AND INSTRUCTIONS.

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: COLLECT NP SWAB USING NURSING COLLECTION PROCEDURE. DO NOT WET SWABS WITH SALINE.

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN:

OTHER: TEST PERFORMED ONLY ON ADMITTED PATIENTS.

ANALYSIS METHOD:

REFERENCE RANGE:

CRITICAL VALUE:

SETUP SCHEDULE: MON-SUN, 9:00 PM CUTOFF TIME

REPORT SCHEDULE: WHEN TEST PERFORMED

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: RETICULOCYTE COUNT

ALTERNATE NAME/S:

CPT CODE: 85045

LAB ORDER CODE: RETICA

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL (tube must be at least half full)

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: Microtainer half full of whole blood, 0.3 mL minimum

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: DNA stain Laser ID/Flow Cytometry

REFERENCE RANGE: See APPENDIX L

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC, TMH CANCER CENTER

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: Rheumatoid Arthritis Factor

ALTERNATE NAME/S: RA Screen

CPT CODE:

LAB ORDER CODE: RAF

SPECIMEN TYPE REQUIRED: Serum (lithium heparin), Plasma (EDTA)

CONTAINER or TUBE TYPE: Gold Top (Gel Tube) or Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: Full Tube Preferred, minimum 3 mL

NURSING: COLLECTION REQUIREMENTS: Serum, refrigerated

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 1.0 mL serum

LAB: MIN. TESTING VOLUME: 0.2 mL serum

UNACCEPTABLE SPECIMEN: plasma

OTHER:

ANALYSIS METHOD: Immunoturbidometry

REFERENCE RANGE: Negative or less than 15.0 IU/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ROM PLUS

ALTERNATE NAME/S: PLACENTAL PROTEIN 12, PP12

CPT CODE: 84112

LAB ORDER CODE: ROMP

SPECIMEN TYPE REQUIRED: vaginal secretions

CONTAINER or TUBE TYPE: provided swab and extraction vial kit

NURSING: VOLUME TO DRAW: one swab

NURSING: COLLECTION REQUIREMENTS: during vaginal exam, ensure swab is inserted for 15 seconds, break swab off into supplied extraction vial, cap vial and submit to lab

NURSING: PATIENT PREPARATION: none required

LAB: NORM. TESTING VOLUME: one vaginal swab in extraction fluid vial

LAB: MIN. TESTING VOLUME: one vaginal swab in extraction fluid vial

UNACCEPTABLE SPECIMEN: presence of significant blood; no extraction fluid in submitted vial

OTHER:

ANALYSIS METHOD: immunochromotography

REFERENCE RANGE: negative

CRITICAL VALUE:

SETUP SCHEDULE: as needed

REPORT SCHEDULE:

AVAILABLE STAT: yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: ROUTINE CULTURE, JOINT OR TISSUE

ALTERNATE NAME/S: Routine culture, hold 14 days

CPT CODE: 87070, 87075, 87205

LAB ORDER CODE: RCJ14 (No gram stain); RCJ14S (with gram stain)

SPECIMEN TYPE REQUIRED: Joint fluid or tissue

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: See APPENDIX E

LAB: MIN. TESTING VOLUME: See APPENDIX E

UNACCEPTABLE SPECIMEN:

OTHER: All body fluid specimens from in-house, outpatient, and outreach patients, receive both culture and stain.

ANALYSIS METHOD: Culture, appropriate identification - stain if order

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Gram Stain daily, Culture daily updates. Negative fi

AVAILABLE STAT: Yes

Last Revision Date: 10/31/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 10/31/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: RPR

ALTERNATE NAME/S: RAPID PLASMA REAGIN

CPT CODE: 86592

LAB ORDER CODE: RPR (RPRCB: Cord Blood)

SPECIMEN TYPE REQUIRED: Serum

CONTAINER or TUBE TYPE: Gold Top Tube

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL

UNACCEPTABLE SPECIMEN: Plasma specimens

OTHER: All reactive RPR's will be titered

ANALYSIS METHOD: Macroscopic Agglutination

REFERENCE RANGE: Negative (Nonreactive)

CRITICAL VALUE:

SETUP SCHEDULE: Daily, 11:00 AM

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: RSV

ALTERNATE NAME/S: RESPIRATORY SYNCYTIAL VIRUS

CPT CODE: 87420

LAB ORDER CODE: RSV

SPECIMEN TYPE REQUIRED: Nasopharyngeal swab

CONTAINER or TUBE TYPE: Obtain RSV Kit from CORE Lab

NURSING: VOLUME TO DRAW:

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: N/A

LAB: MIN. TESTING VOLUME: N/A

UNACCEPTABLE SPECIMEN:

OTHER: Must test within 1 hour. Do not use swabs other than those provided by TMH.

ANALYSIS METHOD: Chromatographic Immunoassay

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 8/11/2020 SC/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SALICYLATES

ALTERNATE NAME/S: ASPIRIN

CPT CODE: 80299

LAB ORDER CODE: SAL

SPECIMEN TYPE REQUIRED: Serum or Plasma (heparin or EDTA)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive). Must be centrifuged and delivered to lab within 24 hours of collection.

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate sample

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: enzymatic/colorimetric/immunoassay

REFERENCE RANGE: Therapeutic Range: Physician Interpretation

CRITICAL VALUE: >300 ug/mL (toxic level)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SEDIMENTATION RATE

ALTERNATE NAME/S: MODIFIED WESTEREGREN; ERYTHROCYTE SEDIMENTATION RATE

CPT CODE: 85652

LAB ORDER CODE: SED

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL (tube must be at least half full)

NURSING: COLLECTION REQUIREMENTS: Deliver to Lab within 2 hours or refrigerate up to 12 hours

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL whole blood

LAB: MIN. TESTING VOLUME: 2.0 mL whole blood

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: quantitative capillary photometry (aggregation)/Alcor iSed

REFERENCE RANGE: MALE: 0-12 yr: 0-10mm/hr, 12-50 yr: 0-15 mm/hr, >50 yr: 0-20 mm/hr. FEMALE: 0-12 yr: 0-10 mm/hr, 12-50 yr: 0-20 mm/hr, >50 yr: 0-20 mm/hr

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SGOT

ALTERNATE NAME/S: SERUM GLUTAMIC OXALOACETIC TRANSAMINASE (GOT); ASPARTATE AMINO TRANSFERASE (AST)

CPT CODE: 84450

LAB ORDER CODE: GOT

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN: Hemolyzed samples

OTHER:

ANALYSIS METHOD: NADH (without P-5'-P) / enzymatic

REFERENCE RANGE: Adult: 0-41 U/L

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SGPT

ALTERNATE NAME/S: SERUM GLUTAMIC PYRUVATE TRANSAMINASE (GPT); ALANINE AMINOTRANSFERASE (ALT)

CPT CODE: 84460

LAB ORDER CODE: GPT

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin, EDTA or citrate)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: Hemolyzed samples

OTHER:

ANALYSIS METHOD: NADH (without P-5'-P) / Enzymatic

REFERENCE RANGE: Adult Male: 0 - 63 U/L; Adult Female: 0 - 54 U/L

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SICKLE CELL SCREEN

ALTERNATE NAME/S:

CPT CODE: 85660

LAB ORDER CODE: SICK

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full Tube Preferred

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 3.0 mL

LAB: MIN. TESTING VOLUME: 0.5 mL microtainer

UNACCEPTABLE SPECIMEN:

OTHER: Do not perform on patients 6 months and under.

ANALYSIS METHOD: Solubility, Reduction, Electrophoresis

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SODIUM, BLOOD

ALTERNATE NAME/S: NA+

CPT CODE: 84295

LAB ORDER CODE: NA

SPECIMEN TYPE REQUIRED: Serum or plasma (lithium heparin)

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red Top (no additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Ion Specific Electrode, diluted

REFERENCE RANGE: Serum/Plasma: 136-144 mEq/L

CRITICAL VALUE: < 120 mEq/L or > 160 mEq/L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SODIUM, URINE RANDOM OR 24-HOUR URINE

ALTERNATE NAME/S: Na+ (Urine)

CPT CODE: 84300

LAB ORDER CODE: NAU: Random urine NA24: 24-hour urine

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Clean screw-capped container or 24-hour urine container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: For 24-hour specimen, record total urine volume. Mix well before aliquoting. Refrigerate or freeze urine.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Ion Specific Electrode, diluted

REFERENCE RANGE: Random: Physician's interpretation 24-hour Urine: 40-220 mEq/24 hours

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes (random only)

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SPECIFIC GRAVITY, URINE or BODY FLUID

ALTERNATE NAME/S:

CPT CODE: Urine: 81002 Fluid: 84315

LAB ORDER CODE: USPGR: Urine FLSG: Body Fluid

SPECIMEN TYPE REQUIRED: Random urine or Body Fluid (specify fluid source)

CONTAINER or TUBE TYPE: Urine: Clean screw-capped container Body Fluid: Sterile screw-capped container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine or fluid

LAB: MIN. TESTING VOLUME: 1.0 mL urine or fluid

UNACCEPTABLE SPECIMEN:

OTHER: Urine SG included in URINALYSIS

ANALYSIS METHOD: Refractometry

REFERENCE RANGE: Urine: 1.003 - 1.035

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: STREP, GROUP A BETA RAPID SCREEN

ALTERNATE NAME/S:

CPT CODE: 87880

LAB ORDER CODE: RSS

SPECIMEN TYPE REQUIRED: Throat Swab using polyester swab on plastic shaft

CONTAINER or TUBE TYPE: In a clear plastic tube for up to 8 hours or in Stuart's or Modified amies Liquid Medium (ESwab) - do not use Cary Blair

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Immediate processing recommended; however, maintaining swabs at room temperature up to 8 hours or 48 hours in 2-8C is acceptable

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: N/A

LAB: MIN. TESTING VOLUME: N/A

UNACCEPTABLE SPECIMEN: Specimens collected on alginate or wooden shaft swabs or in Cary Blair will be rejected.

OTHER:

ANALYSIS METHOD: chromatographic immunoassay - BD Veritor rapid kit

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: BIXLER ER LAB, CORE, TMH NEEC

Last Review Date: 07.28.2020, jw/prc

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: STREP, GROUP A BETA STREP CULTURE - THROAT

ALTERNATE NAME/S: CULTURE, GROUP A BETA STREP (THROAT)

CPT CODE: 87081

LAB ORDER CODE: STREP

SPECIMEN TYPE REQUIRED: Throat - BBL culture swab (white cap) - See APPENDIX E

CONTAINER or TUBE TYPE: See APPENDIX E

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: See APPENDIX E

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME:

LAB: MIN. TESTING VOLUME:

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Culture and appropriate identification

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Final Report: 48 - 72 hours

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: SWEAT CHLORIDE

ALTERNATE NAME/S: SWEAT TEST

CPT CODE: 89360, 82438

LAB ORDER CODE: SWEAT4

SPECIMEN TYPE REQUIRED: Patient must be available

CONTAINER or TUBE TYPE: Sweat collection apparatus

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Schedule in advance, with Lab (431-2759)

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 40 uL

LAB: MIN. TESTING VOLUME: 25 uL

UNACCEPTABLE SPECIMEN:

OTHER: Minimum patient age: at least 48 hours of age

ANALYSIS METHOD: Iontophoresis, Chloridometry-titration

REFERENCE RANGE: Normal: less than 29 mEq Cl/L; Borderline: 30-59 mEq Cl/L; Abnormal: greater than or equal to 60 mEq Cl/L

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Fri by appointment only, 431-2759 **REPORT SCHEDULE:** Mon - Fri 9:00 am - 1:30 pm (inpatient); Mon-Fri 11

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: T3, FREE

ALTERNATE NAME/S: FREE T3 (Triiodothyronine)

CPT CODE: 84481

LAB ORDER CODE: FT3

SPECIMEN TYPE REQUIRED: Serum or Plasma (Lithium Heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube), or Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: Full tube preferred; minimum 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: High dose Biotin therapy (> 5 mg/day) should be discontinued at least 8 hours before specimen collection.

ANALYSIS METHOD: Chemiluminescent paramagnetic enzyme Immunoassay

REFERENCE RANGE: 1.45 - 4.03 pg/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: T4, FREE

ALTERNATE NAME/S: FREE THYROXINE

CPT CODE: 84439

LAB ORDER CODE: FREET4

SPECIMEN TYPE REQUIRED: Serum or plasma (Lithium Heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube), or Gold Top (Gel Tube) or Red Top Tube (no additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate or freeze serum/plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent paramagnetic enzyme Immunoassay,

REFERENCE RANGE: 0.86 - 1.62 ng/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TACROLIMUS (FK506)

ALTERNATE NAME/S: PROGRAF

CPT CODE: 80197

LAB ORDER CODE: TACRO

SPECIMEN TYPE REQUIRED: Whole blood (EDTA)

CONTAINER or TUBE TYPE: Lavender Top (EDTA)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL (tube must be at least half full)

NURSING: COLLECTION REQUIREMENTS: Refrigerate whole blood

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL whole blood

LAB: MIN. TESTING VOLUME: 0.5 mL whole blood

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Turbidimetric immunoassay

REFERENCE RANGE: 5-20 ng/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily; 0900

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TEG Platelet Mapping with Heparinase

ALTERNATE NAME/S: Platelet Mapping with Heparinase (for patients on heparin)

CPT CODE: Call Lab

LAB ORDER CODE: PMH

SPECIMEN TYPE REQUIRED: whole blood (Na heparin) AND whole blood (3.2% Na citrate)

CONTAINER or TUBE TYPE: dark green top (Na heparin, no gel) AND light blue top (3.2% Na citrate) Allow both tubes to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, sample must be at least 90% filled.

NURSING: COLLECTION REQUIREMENTS: Hand deliver sample at room temp to the Core Laboratory. Do not refrigerate, freeze or centrifuge. Do not send via the tube system.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 4 ml whole blood (dark green top) AND 2.7 ml whole blood (light blue top)

LAB: MIN. TESTING VOLUME: 4 ml whole blood (dark green top) AND 2.7 ml whole blood (light blue top)

UNACCEPTABLE SPECIMEN: Clotted samples, under-filled tubes or samples delivered via the tube system are rejected.

OTHER: TEG w/heparinase (CKH) cleaves heparin, neutralizing its effect. Software calculates inhibition of arachadonic acid and ADP receptors. Tracings are scanned/viewable in patient's TEG folder from systems with remote TEG viewing software.

ANALYSIS METHOD: TEG thromboelastography

REFERENCE RANGE: physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT: yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TEG Platelet Mapping without Heparinase

ALTERNATE NAME/S: Platelet Mapping without Heparinase (for patients not on heparin)

CPT CODE: Call Lab

LAB ORDER CODE: PMNH

SPECIMEN TYPE REQUIRED: whole blood (Na heparin) AND whole blood (3.2% Na citrate)

CONTAINER or TUBE TYPE: dark green top (Na heparin, no gel) AND light blue top (3.2% Na citrate) Allow both tubes to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, sample must be at least 90% filled.

NURSING: COLLECTION REQUIREMENTS: Hand deliver sample at room temp to the Core Laboratory. Do not refrigerate, freeze or centrifuge. Do not send via the tube system.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 4 ml whole blood (dark green top) AND 2.7 ml whole blood (light blue top)

LAB: MIN. TESTING VOLUME: 4 ml whole blood (dark green top) AND 2.7 ml whole blood (light blue top)

UNACCEPTABLE SPECIMEN: Clotted samples, under-filled tubes or samples delivered via the tube system are rejected.

OTHER: TEG w/o heparinase (CK) will show heparin effect. Software calculates inhibition of arachadonic acid and ADP receptors. Tracings are scanned/viewable from systems w/access to remote TEG viewing software.

ANALYSIS METHOD: TEG thromboelastography

REFERENCE RANGE: physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT: yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TEG with Heparinase

ALTERNATE NAME/S: TEG CKH (Citrated Kaoline with Heparinase)

CPT CODE: Call Lab

LAB ORDER CODE: TEGHF

SPECIMEN TYPE REQUIRED: whole blood (3.2% sodium citrate)

CONTAINER or TUBE TYPE: light blue, allow tube to fill completely

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, sample must be at least 90% filled.

NURSING: COLLECTION REQUIREMENTS: Hand deliver sample at room temp to the Core Laboratory. Do not refrigerate, freeze or centrifuge. Do not send via the tube system.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 ml whole blood

LAB: MIN. TESTING VOLUME: 2.7 ml whole blood

UNACCEPTABLE SPECIMEN: Clotted samples, under-filled tubes or samples delivered via the tube system are rejected.

OTHER: TEG with Heparinase cleaves heparin, neutralizing the heparin effect. Tracings are scanned into the patient's TEG folder upon completion. Tracing may be viewed in real-time from any system having access to the remote TEG viewing software.

ANALYSIS METHOD: TEG thromboelastography

REFERENCE RANGE: physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT: yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TEG without Heparinase

ALTERNATE NAME/S: TEG CK (Citrated Kaoline without Heparinase)

CPT CODE: Call Lab

LAB ORDER CODE: TEGI

SPECIMEN TYPE REQUIRED: whole blood (3.2% sodium citrate)

CONTAINER or TUBE TYPE: light blue, allow tube to fill completely

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, sample must be at least 90% filled.

NURSING: COLLECTION REQUIREMENTS: Hand deliver sample at room temp to the Core Laboratory. Do not refrigerate, freeze or centrifuge. Do not send via the tube system.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 ml whole blood

LAB: MIN. TESTING VOLUME: 2.7 ml whole blood

UNACCEPTABLE SPECIMEN: Clotted samples, under-filled tubes or samples delivered via the tube system are rejected.

OTHER: TEG without Heparinase will show heparin effect. Tracings are scanned into the patient's TEG folder upon completion. Tracing may be viewed in real-time from any system having access to the remote TEG viewing software.

ANALYSIS METHOD: TEG thromboelastography

REFERENCE RANGE: physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT: yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TEG, Rapid

ALTERNATE NAME/S: TEG CRT (Citrated kaolin and tissue factor without Heparinase)

CPT CODE: Call Lab

LAB ORDER CODE: TEGQ

SPECIMEN TYPE REQUIRED: whole blood (3.2% sodium citrate)

CONTAINER or TUBE TYPE: light blue, allow tube to fill completely

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill to completion, sample must be at least 90% filled.

NURSING: COLLECTION REQUIREMENTS: Hand deliver sample at room temp to the Core Laboratory. Do not refrigerate, freeze or centrifuge. Do not send via the tube system.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 ml whole blood

LAB: MIN. TESTING VOLUME: 2.7 ml whole blood

UNACCEPTABLE SPECIMEN: Clotted samples, under-filled tubes or samples delivered via the tube system are rejected.

OTHER: Adds tissue factor, shortening coagulation reaction time. Use of heparinase is not recommended. Tracings are scanned into pt's TEG folder and may be viewed in real-time from any system having access to remote TEG viewing software.

ANALYSIS METHOD: TEG thromboelastography

REFERENCE RANGE: physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: daily

REPORT SCHEDULE: daily

AVAILABLE STAT: yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: THROMBIN TIME

ALTERNATE NAME/S: TT

CPT CODE: 85670

LAB ORDER CODE: TT3

SPECIMEN TYPE REQUIRED: Plasma (3.2 % Sodium Citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate). Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill completely, which will be approximately 90% of the vacuum tube volume.

NURSING: COLLECTION REQUIREMENTS: Indicate patient's anticoagulation therapy.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.7 mL Whole Blood

LAB: MIN. TESTING VOLUME: 2.7 mL Whole Blood

UNACCEPTABLE SPECIMEN: Clotted / hemolyzed specimens and under-filled tubes are not acceptable.

OTHER:

ANALYSIS METHOD: Mechanical Clot Detection / IL Top

REFERENCE RANGE: 10.3 - 16.6 seconds

CRITICAL VALUE: None

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE LABORATORY

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: THYROID STIMULATING HORMONE

ALTERNATE NAME/S: TSH

CPT CODE: 84443

LAB ORDER CODE: TSH

SPECIMEN TYPE REQUIRED: Serum or plasma (lithium heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Plain Red Top (no additive) or Yellow Top (SST)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Freeze serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 2.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Chemiluminescent Paramagnetic enzyme Immunoassay

REFERENCE RANGE: 0.340 - 5.600 uIU/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: **THYROID STIMULATING HORMONE (with FREE T4 if ELEVATED)**

ALTERNATE NAME/S: TSH

CPT CODE: TSH-84443; FREET4-84439

LAB ORDER CODE: TSHFT4

SPECIMEN TYPE REQUIRED: Plasma (Lithium heparin) or Serum

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube), or Gold Top (Gel Tube), or Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 3.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent Paramagnetic Enzyme Immunoassay

REFERENCE RANGE: 0.340 - 5.600 uIU/ML

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TOBRAMYCIN

ALTERNATE NAME/S:

CPT CODE: 80200

LAB ORDER CODE: TOBRA, TOBRAT (Trough), TOBRAP (Peak)

SPECIMEN TYPE REQUIRED: Serum or plasma (Lithium heparin or EDTA)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Plain Red Top (no additive) or Gold Top tube (gel tube)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Must be centrifuged, refrigerated, and delivered to lab within 24 hours of collection.

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Enzyme Immunoassay

REFERENCE RANGE: Peak: 5 - 10 ug/mL; Trough: less than 2 ug/mL

CRITICAL VALUE: Peak: >12 ug/mL; Trough Therapeutic Alert: greater than or equal to 2 ug/mL and 1 ug/mL (neonates)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TOTAL PROTEIN

ALTERNATE NAME/S:

CPT CODE: 84155

LAB ORDER CODE: TP (serum/plasma); FLTP (body fluid)

SPECIMEN TYPE REQUIRED: Serum, Plasma (Lithium heparin), body fluid

CONTAINER or TUBE TYPE: Serum/Plasma: Light Green A (Lithium Heparin Gel Tube) or Gold Top (Gel Tube), or Plain Red Top (no additive).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN: Avoid hemolysis. Moderate or grossly hemolyzed specimens are not acceptable.

OTHER: Specify Body Fluid

ANALYSIS METHOD: blue violet complex

REFERENCE RANGE: 6.5 - 8.1 g/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: Total Protein CSF

ALTERNATE NAME/S: CSF Protein

CPT CODE: 84157

LAB ORDER CODE: CFP

SPECIMEN TYPE REQUIRED: CSF

CONTAINER or TUBE TYPE: Special

NURSING: VOLUME TO DRAW: 0.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 0.1 mL

LAB: MIN. TESTING VOLUME: 0.1 mL

UNACCEPTABLE SPECIMEN: Should not contain blood

OTHER: Analyze fresh, otherwise stable for 72 hours stored at 4C.

ANALYSIS METHOD: Colorimetric / Pyrogallol red

REFERENCE RANGE: 15-45 mg/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TRANSFERRIN

ALTERNATE NAME/S:

CPT CODE: 84466

LAB ORDER CODE: IBC2

SPECIMEN TYPE REQUIRED: Serum or Plasma (heparin or EDTA)

CONTAINER or TUBE TYPE: Plain red top (no additive), Gold Top (Gel tube), or Light Green Gel Tube (Lithium heparin)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred, 3.0 mL minimum

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: 2.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN: Avoid Hemolysis

OTHER:

ANALYSIS METHOD: Immunoturbidimetry

REFERENCE RANGE: Male: 180-329 mg/dL; Female: 192-382 mg/dL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TRIGLYCERIDES

ALTERNATE NAME/S:

CPT CODE: 84418

LAB ORDER CODE: TGL: Serum/Plasma FLTGL: Body Fluid

SPECIMEN TYPE REQUIRED: Serum, plasma (heparin)

CONTAINER or TUBE TYPE: Blood: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube) or Plain Red-Top (no additive) tube. Body Fluid: Sterile screw-capped tube or Light Green (Li Hep) or Purple top (EDTA).

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate specimen

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.1 mL serum or plasma

UNACCEPTABLE SPECIMEN:

OTHER: fasting > 12 hrs (serum), hemolysis free, nonclotted

ANALYSIS METHOD: glycerol phosphate oxidase / enzymatic

REFERENCE RANGE: Blood: <150 mg/dL (desirable range) Body Fluid: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: TROPONIN I HIGH SENSE

ALTERNATE NAME/S:

CPT CODE: 84484

LAB ORDER CODE: TNIB/TNIHS

SPECIMEN TYPE REQUIRED: Plasma or Serum, (Lithium Heparin)

CONTAINER or TUBE TYPE: Light Green Top (preferred), Yellow Top (SST)

NURSING: VOLUME TO DRAW: Full tube preferred, minimum 1.5 mL

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 1.0 of plasma or serum

LAB: MIN. TESTING VOLUME: 0.5 of plasma or serum

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent Paramagnetic particle Immunoassay

REFERENCE RANGE: Negative = less than 3 ng/L. See report for Interpretation of values above 50 ng/L.

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: UFH Assay

ALTERNATE NAME/S: ANTI Xa Assay for Unfractionated Heparin

CPT CODE: 85520

LAB ORDER CODE: UFH

SPECIMEN TYPE REQUIRED: Plasma (3.2% Sodium citrate)

CONTAINER or TUBE TYPE: Light Blue Top (Na Citrate) Allow tube to fill completely.

NURSING: VOLUME TO DRAW: Allow vacuum tube to fill completely, which will be approximately 90% of the vacuum tube volume.

NURSING: COLLECTION REQUIREMENTS: Patient must be on unfractionated heparin. If unable to deliver to lab within two hours separate and freeze.

NURSING: PATIENT PREPARATION: Time collection as directed by the physician.

LAB: NORM. TESTING VOLUME: 2.7 mL Whole Blood

LAB: MIN. TESTING VOLUME: 2.7 mL Whole Blood

UNACCEPTABLE SPECIMEN: Clotted, short or hemolyzed samples are rejected.

OTHER:

ANALYSIS METHOD: Anti XA Assay for UFH / IL Top

REFERENCE RANGE: 0.3 - 0.7 U/mL

CRITICAL VALUE: None

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: UREA NITROGEN, RANDOM OR 24-HOUR URINE

ALTERNATE NAME/S:

CPT CODE: 84540

LAB ORDER CODE: UUN: Random urine UUN24: 24-hour urine

SPECIMEN TYPE REQUIRED: Random or 24-hour urine

CONTAINER or TUBE TYPE: Clean screw-capped container or 24-hour urine container

NURSING: VOLUME TO DRAW: Random: 10.0 mL; 24-hour urine: 20.0 mL aliquot

NURSING: COLLECTION REQUIREMENTS: Record total urine volume for 24-hour urine. Mix urine well before aliquoting. Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: Random: 10.0 mL; 24-hour urine: 20.0 mL aliquot

LAB: MIN. TESTING VOLUME: Random = 5.0 mL urine; 24-hour urine = 5.0 mL aliquot

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Urease / enzymatic

REFERENCE RANGE: Random: Physician's interpretation 24-hour urine: 12,000-20,000 mg/24 hr

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: URIC ACID, RANDOM OR 24-HOUR URINE

ALTERNATE NAME/S:

CPT CODE: 84560

LAB ORDER CODE: URICU: Random urine URIC24: 24-hour urine

SPECIMEN TYPE REQUIRED: Random or 24 hour urine

CONTAINER or TUBE TYPE: Clean screw-capped container or 24-hour urine container

NURSING: VOLUME TO DRAW: Random: 10.0 mL; 24-hour urine: 20.0 mL aliquot

NURSING: COLLECTION REQUIREMENTS: Record total urine volume for 24-hour urine. Mix urine well before aliquoting. Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: Random:10.0 mL; 24-hour urine: 20.0 mL aliquot

LAB: MIN. TESTING VOLUME: Random = 5.0 mL urine 24-hour urine= 5.0 mL aliquot

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Enzymatic (Uricase) / colorimetric

REFERENCE RANGE: Random Urine: Physician's interpretation 24-hour urine: 250 - 750 mg/24 hr

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: URIC ACID, SERUM

ALTERNATE NAME/S:

CPT CODE: 84550

LAB ORDER CODE: URIC

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube), or Gold Top (Gel Tube) or Plain Red Top (no additive).

NURSING: VOLUME TO DRAW: Full tube whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum or plasma

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Enzymatic (Uricase) / colorimetric

REFERENCE RANGE: Male: 2.9 - 7.3 mg/dL. Female: 2.5 - 6.0 mg/dL; 0-5 days: 1.9-7.9 mg/dL

CRITICAL VALUE: > 13.0 mg/dL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: URINALYSIS, MICROSCOPIC ONLY

ALTERNATE NAME/S:

CPT CODE: 81015

LAB ORDER CODE: UMICI

SPECIMEN TYPE REQUIRED: Random urine

CONTAINER or TUBE TYPE: Sterile container

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Microscopy, digital microscopy

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: URINALYSIS, ROUTINE

ALTERNATE NAME/S: ROUTINE URINALYSIS

CPT CODE: 81003 dipstick only, 81001 with microscopy

LAB ORDER CODE: UA (ERUA: ER patients only) (ERUASC: ER patients only)

SPECIMEN TYPE REQUIRED: Random Urine

CONTAINER or TUBE TYPE: Clean screw-capped container (UA or ERUA); Straight Cath/Davol (ERUASC).

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Refrigerate urine if unable to deliver to Lab within 2 hours

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 1.0 mL urine

UNACCEPTABLE SPECIMEN:

OTHER: Includes microscopic if appropriate (UAMI; UACIFI)

ANALYSIS METHOD: Reflectance Spectrophotometry, Microscopy, Colorimetric/Visual, Refractometry, digital microscopy

REFERENCE RANGE: Physician's interpretation

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/26/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: Urine Protein Creatinine Ratio

ALTERNATE NAME/S: Protein Creatinine Ratio Urine

CPT CODE: 84155, 82570

LAB ORDER CODE: UPCR

SPECIMEN TYPE REQUIRED: Random Urine

CONTAINER or TUBE TYPE: Random Urine: Clean screw-capped container

NURSING: VOLUME TO DRAW:

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:** None

LAB: NORM. TESTING VOLUME: 10.0 mL urine

LAB: MIN. TESTING VOLUME: 5.0 mL urine

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Calculation: (Urine Protein mg/dL)/(Urine Creatinine mg/dL)

REFERENCE RANGE: Children under two: <0.5; Greater than two: <0.2

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: VALPROIC ACID

ALTERNATE NAME/S: DEPAKENE, DEPAKOTE

CPT CODE: 80164

LAB ORDER CODE: VAL

SPECIMEN TYPE REQUIRED: Serum or plasma (Lithium heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube), or Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Must be centrifuged, refrigerated, and delivered to lab within 24 hours of collection.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Enzyme Immunoassay

REFERENCE RANGE: 50 - 100 ug/mL. Trough therapeutic range for treatment of manic episodes associated with bipolar disorder is 50-125 ug/mL

CRITICAL VALUE: > 200 ug/mL

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: VANCOMYCIN

ALTERNATE NAME/S:

CPT CODE: 80202

LAB ORDER CODE: VANCO, VANTR (Trough), VANP (Peak)

SPECIMEN TYPE REQUIRED: Serum or plasma (heparin)

CONTAINER or TUBE TYPE: Light Green (Lithium Heparin Gel Tube) or Gold Top (Gel Tube), or Plain Red Top (no additive). Must be centrifuged and delivered to lab within 24 hours of collection.

NURSING: VOLUME TO DRAW: Full tube of whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.2 mL serum or plasma

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Enzyme Immunoassay

REFERENCE RANGE: Peak: 30 - 40 ug/mL; Trough: 5 - 15 ug/mL

CRITICAL VALUE: Peak/random: >90 ug/mL; Trough Therapeutic Alert: greater than or equal to 20 ug/mL, 15 ug/mL (neonates)

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: VENOUS GAS POTASSIUM

ALTERNATE NAME/S: Blood Gas machine Rapid K+

CPT CODE: 82803

LAB ORDER CODE: VGK or GK

SPECIMEN TYPE REQUIRED: Venous blood

CONTAINER or TUBE TYPE: Light Green top

NURSING: VOLUME TO DRAW: Full tube preferred, 1.5 mL venous blood minimum

NURSING: COLLECTION REQUIREMENTS: None

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.5 mL venous blood

LAB: MIN. TESTING VOLUME: 0.1 mL venous blood

UNACCEPTABLE SPECIMEN: Clotted specimens not acceptable

OTHER: SEE APPENDIX K

ANALYSIS METHOD: GEM5000

REFERENCE RANGE: 3.6 - 5.1 mEq/L

CRITICAL VALUE: < 2.5 or > 6.5 mEq/L

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 11/9/2022 AV

PERFORMING LAB: CORE, TMH NEEC, POC

Last Review Date: 10/28/2022 AV

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: VISCOSITY, SERUM

ALTERNATE NAME/S:

CPT CODE: 85810

LAB ORDER CODE: VISC

SPECIMEN TYPE REQUIRED: Serum

CONTAINER or TUBE TYPE: Plain Red Top (no additive)

NURSING: VOLUME TO DRAW: 3 Gold Top Tubes

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 10.0 mL

LAB: MIN. TESTING VOLUME: 6.0 mL

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Viscometer - flow time

REFERENCE RANGE: 1.4 - 1.8 units

CRITICAL VALUE:

SETUP SCHEDULE: Mon - Fri; cutoff 1:00 PM

REPORT SCHEDULE: Mon - Fri

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: VITAMIN B12

ALTERNATE NAME/S: B12

CPT CODE: 82607

LAB ORDER CODE: B12

SPECIMEN TYPE REQUIRED: Serum or plasma

CONTAINER or TUBE TYPE: Plain Red Top or Light Green Heparin (Lithium or Sodium) or Gold Top (Gel Tube)

NURSING: VOLUME TO DRAW: Full tube whole blood preferred; minimum 1.5 mL

NURSING: COLLECTION REQUIREMENTS: Refrigerate serum. Freeze serum if held overnight. Avoid freezing and thawing.

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: 1.0 mL serum or plasma

LAB: MIN. TESTING VOLUME: 0.5 mL serum or plasma

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemluminescence Paramagnetic Enzyme Immunoassay

REFERENCE RANGE: 180 - 914 pg/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: VITAMIN D, 25-OH

ALTERNATE NAME/S:

CPT CODE: 82306

LAB ORDER CODE: VITD

SPECIMEN TYPE REQUIRED: Plasma; Serum (gel or no gel)

CONTAINER or TUBE TYPE: Green Top (Lithium Heparin)

NURSING: VOLUME TO DRAW: 1 ml

**NURSING: COLLECTION
REQUIREMENTS:**

**NURSING: PATIENT
PREPARATION:**

LAB: NORM. TESTING VOLUME: 0.5 mL

LAB: MIN. TESTING VOLUME: 0.3 mL

**UNACCEPTABLE SPECIMEN:
OTHER:**

ANALYSIS METHOD: Chemiluminescent Paramagnetic Enzyme Immunoassay

REFERENCE RANGE: 30.0-80.0 ng/mL

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE:

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: WET PREP

ALTERNATE NAME/S: Trichomonas, Wet Prep

CPT CODE: 87210

LAB ORDER CODE: WETP

SPECIMEN TYPE REQUIRED: Vaginal or Urethral discharge

CONTAINER or TUBE TYPE: Tube with normal saline

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Do not refrigerate, Test immediately

NURSING: PATIENT PREPARATION:

LAB: NORM. TESTING VOLUME: Swab of specimen in 0.5 mL saline tube, 10 mL if male urine is used

LAB: MIN. TESTING VOLUME: Swab of specimen in 0.5 mL saline tube, 10 mL if male urine is used

UNACCEPTABLE SPECIMEN: Refrigerated samples or specimens over 4 hours old

OTHER:

ANALYSIS METHOD: Microscopy

REFERENCE RANGE: None Seen

CRITICAL VALUE:

SETUP SCHEDULE: Daily

REPORT SCHEDULE: Daily

AVAILABLE STAT: Yes

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: CORE, TMH NEEC

Last Review Date: 08/11/2020 SH/PC

TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL

Order Catalogue

TEST NAME: WORM PARASITE IDENTIFICATION

ALTERNATE NAME/S:

CPT CODE: 87999

LAB ORDER CODE: WORM

SPECIMEN TYPE REQUIRED: Worm/proglottid

CONTAINER or TUBE TYPE: Sterile screw-capped container in normal saline

NURSING: VOLUME TO DRAW:

NURSING: COLLECTION REQUIREMENTS: Maintain worm/proglottid at room temperature

NURSING: PATIENT PREPARATION: None

LAB: NORM. TESTING VOLUME: N/A

LAB: MIN. TESTING VOLUME: N/A

UNACCEPTABLE SPECIMEN: OTHER:

ANALYSIS METHOD: Microscopy, visual

REFERENCE RANGE: Negative

CRITICAL VALUE:

SETUP SCHEDULE: Mon. - Fri; 7 AM - 3:00 PM

REPORT SCHEDULE: Mon. - Fri.

AVAILABLE STAT:

Last Revision Date: 10/25/2022 AV

PERFORMING LAB: MICROBIOLOGY

Last Review Date: 09/10/2020 CSL