

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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/ Architect

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

**CRITICAL VALUE:** >200 ug/mL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**Order Catalogue**

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**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 purple/ Architect

**REFERENCE RANGE:** Blood: 3.5 -4.8 g/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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/ Architect

**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:** 8/11/2020 SC/PC

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**TEST NAME:** ALERE

**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:** 07.28.2020 jw/prc

**PERFORMING LAB:** TMH NEEC

**Last Review Date:** 07.28.2020, jw/prc

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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:** para-nitrophenyl phosphate/ Architect

**REFERENCE RANGE:** Adult normals 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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**TEST NAME:** AMIKACIN

**ALTERNATE NAME/S:**

**CPT CODE:** 80150

**LAB ORDER CODE:** AMIK, AMIKP, AMIKT

**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:** PETINIA/ Architect

**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 neonates 5ug/mL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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/ Architect

**REFERENCE RANGE:** 9-35 uMol / L

**CRITICAL VALUE:** >60 uMol/L

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

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**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** AMPHETAMINES, URINE SCREEN

**ALTERNATE NAME/S:** Methamphetamine

**CPT CODE:** 80307

**LAB ORDER CODE:** AMPHU

**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)/ Architect

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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



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**TEST NAME:** AMYLASE, SERUM or URINE

**ALTERNATE NAME/S:**

**CPT CODE:** 82150

**LAB ORDER CODE:** AML

**SPECIMEN TYPE REQUIRED:** Serum, Plasma or Urine

**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 or urine

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

**UNACCEPTABLE SPECIMEN: OTHER:**

**ANALYSIS METHOD:** CNPG3 substrate/ Architect

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

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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 / Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** ANTI-NUCLEAR ANTIBODY (ANA) BATTERY

**ALTERNATE NAME/S:** ANA

**CPT CODE:** 86038, add 86039 if titer performed

**LAB ORDER CODE:** ANA

**SPECIMEN TYPE REQUIRED:** Serum

**CONTAINER or TUBE TYPE:** Gold Top (no additive)

**NURSING: VOLUME TO DRAW:** Full Tube preferred, 2 ml. min.

**NURSING: COLLECTION REQUIREMENTS:** Separate serum and freeze

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** 1.0 mL

**LAB: MIN. TESTING VOLUME:** 0.3 mL

**UNACCEPTABLE SPECIMEN:**

**OTHER:** Includes ANA and titer if appropriate

**ANALYSIS METHOD:** IFA

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Mon & Thur, cutoff 7 AM.

**REPORT SCHEDULE:** Monday and Thursday, 7:00 AM - 3:30 PM

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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:**

**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:**

**CRITICAL VALUE:**

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

**REPORT SCHEDULE:** WHEN TEST PERFORMED

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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) / Architect

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** BENZODIAZEPINE SCREEN, 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) / Architect

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:** Immunoassay / Quidel Quick Vue+ one-step hCG Combo 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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** Gestational normals listed on report

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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



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**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:** diazo reaction / Architect

**REFERENCE RANGE:** 0.1 - 0.5 mg/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 / Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 / Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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, ISG4 (arterial); ISCG8C, ISCG8V, ISG4V (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, PCO<sub>2</sub>, PO<sub>2</sub>, TCO<sub>2</sub>, HCO<sub>3</sub>, BEect, sO<sub>2</sub>, (ISCG8 and ISG4 panels), Sodium, Potassium, Glucose, HGB, HCT, Ionized Calcium (ISCG8 panels).

**ANALYSIS METHOD:** ISTAT BLOOD GAS PANEL POC Cartridge

**REFERENCE RANGE:** See report or Appendix Q

**CRITICAL VALUE:** See report or Appendix Q

**SETUP SCHEDULE:** daily

**REPORT SCHEDULE:** daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 JS/PC

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

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

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**TEST NAME:** BLOOD GASES, ARTERIAL

**ALTERNATE NAME/S:** ARTERIAL BLOOD GASES

**CPT CODE:**

**LAB ORDER CODE:** ABG

**SPECIMEN TYPE REQUIRED:** Buffered Heparinized syringe.

**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 heparinized syringe FILLED with arterial blood

**UNACCEPTABLE SPECIMEN:** Clotted specimens are not acceptable

**OTHER:** Collected by Respiratory Therapy

**ANALYSIS METHOD:**

**REFERENCE RANGE:** See APPENDIX K

**CRITICAL VALUE:** See APPENDIX K

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**TEST NAME:** BLOOD UREA NITROGEN

**ALTERNATE NAME/S:** BUN

**CPT CODE:**

**LAB ORDER CODE:** BUN

**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/ Architect

**REFERENCE RANGE:** Serum/Plasma: 8-20 mg/dL; Fluid - Physician's Interpretation

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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:**

**CRITICAL VALUE:**

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

**REPORT SCHEDULE:** WHEN TEST PERFORMED

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** B-Type Natriuretic Peptide

**ALTERNATE NAME/S:** BNP

**CPT CODE:** 83880

**LAB ORDER CODE:** BNP

**SPECIMEN TYPE REQUIRED:** EDTA Plasma

**CONTAINER or TUBE TYPE:** BIGLAV , 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:**

**ANALYSIS METHOD:** Chemiluminescent Microparticle Immunoassay / Architect

**REFERENCE RANGE:** 0 - 99 pg/ml

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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



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**TEST NAME:** CA 125

**ALTERNATE NAME/S:**

**CPT CODE:** 86304

**LAB ORDER CODE:** CA125I

**SPECIMEN TYPE REQUIRED:** Serum

**CONTAINER or TUBE TYPE:** Gold Top (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 hemolyzed specimens are not acceptable

**OTHER:**

**ANALYSIS METHOD:** Abbott Architect Immunoassay

**REFERENCE RANGE:** <35.0

**CRITICAL VALUE:** None

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:**

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE LABORATORY

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

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**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. Centrifuged specimens NOT acceptable.

**OTHER:**

**ANALYSIS METHOD:** Ion Selective electrode / Roche Cobas B221 Blood Gas Analyzer

**REFERENCE RANGE:** 4.5 - 5.4 mg/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 fype)

**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:** Methodology: Arsenazo III/ Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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:** Methodology: Arsenazo III/ Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** CANNABINOIDS, URINE

**ALTERNATE NAME/S:** MARIJUANA SCREEN

**CPT CODE:**

**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: OTHER:**

**ANALYSIS METHOD:** Enzyme Immunoassay (EIA) / Architect

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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/ Architect

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

**CRITICAL VALUE:** >20 ug/mL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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: OTHER:**

**ANALYSIS METHOD:** PEP Carboxylase /Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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:** Collected by Respiratory Therapy

**ANALYSIS METHOD:** Spectrophotometry/ Roche Cobas B221 Blood Gas Analyzer

**REFERENCE RANGE:** 0 - 5 %

**CRITICAL VALUE:** >15%

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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



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

**ALTERNATE NAME/S:** CEA, BLOOD or BODY FLUID

**CPT CODE:** 82378

**LAB ORDER CODE:** CEA: plasma FLCEA: Fluid

**SPECIMEN TYPE REQUIRED:** CEA: plasma 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 plasma or Fluid

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** 1.0 mL plasma

**LAB: MIN. TESTING VOLUME:** 0.3 mL plasma

**UNACCEPTABLE SPECIMEN:**

**OTHER:** Fluid: Specify fluid type

**ANALYSIS METHOD:** Chemiluminescent Microparticle Immunoassay/ Architect

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

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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 heparin (dark green top, non-gel), EDTA, or sterile container

**CONTAINER or TUBE TYPE:** Body Fluid: Fluid in heparin (dark green-top, non-gel) or EDTA (lavender-top) 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY, CORE

**Last Review Date:** 09/10/2020 CSL

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**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 / cmm.

**NURSING: PATIENT PREPARATION:**

**LAB: NORM. TESTING VOLUME:** 3.0 Ml

**LAB: MIN. TESTING VOLUME:** 0.5 mL

**UNACCEPTABLE SPECIMEN:  
OTHER:**

**ANALYSIS METHOD:** automation

**REFERENCE RANGE:** Physician or Pathologist interpretation.

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY, CORE, TMH NEEC

**Last Review Date:** 09/10/2020 CSL

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**TEST NAME:** CHLAMYDIA and NEISSERIA GONORRHOEAE PCR

**ALTERNATE NAME/S:**

**CPT CODE:** 87491, 87591

**LAB ORDER CODE:** PCRCHG

**SPECIMEN TYPE REQUIRED:** Male - urine; Female - urine, endocervial, 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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/ Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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, or fluid

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

**UNACCEPTABLE SPECIMEN: OTHER:**

**ANALYSIS METHOD:** Enzymatic / Architect

**REFERENCE RANGE:** Serum/Plasma: Desirable level: less than 200 mg/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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:** NAC (N-acetyl-L-cystine) / architect

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

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEER

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



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**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)

**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 Microparticle Immunoassay/ Architect

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

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes, only ERCKMB

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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) / Architect

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 Microparticle Immunoassay/ Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** COVID 19 PRC, TMH FSU LAB

**ALTERNATE NAME/S:** C19 PCR FROM TMH REFERRED TO FSU

**CPT CODE:** 87635

**LAB ORDER CODE:** MCOVID

**SPECIMEN TYPE REQUIRED:** NASAL SWAB

**CONTAINER or TUBE TYPE:** CONTACT TMH LABORATORY FOR SPECIFIC TESTING SWAB

**NURSING: VOLUME TO DRAW:**

**NURSING: COLLECTION REQUIREMENTS:** COLLECTION KIT OBTAINED FROM TMH FOR TESTING AT FSU

**NURSING: PATIENT PREPARATION:**

**LAB: NORM. TESTING VOLUME:**

**LAB: MIN. TESTING VOLUME:**

**UNACCEPTABLE SPECIMEN:** ANYTHING OTHER THAN NASAL SAMPLES

**OTHER:**

**ANALYSIS METHOD:** PCR

**REFERENCE RANGE:** NEGATIVE

**CRITICAL VALUE:**

**SETUP SCHEDULE:** DAILY

**REPORT SCHEDULE:** SAME OR NEXT DAY REPORT

**AVAILABLE STAT:**

**Last Revision Date:** 07/20/2020 PRC

**PERFORMING LAB:** TMH FSU FACILITY, MORGAN BLDG. FSU

**Last Review Date:** 07/20/2020 PRC

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 (EDTA)

**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:** CMIA (chemluminescent microparticle immunoassay)

**REFERENCE RANGE:** negative (<1.4) OR positive (> or equal to 1.4)

**CRITICAL VALUE:**

**SETUP SCHEDULE:** 24/7

**REPORT SCHEDULE:** approximate 2 hour turnaround

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/01/2020 sc/prc

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** COVID-19 BY PCR, TMH

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

**CPT CODE:** 87635

**LAB ORDER CODE:** PRCO19 (ONLY ORDERED BY LAB, CANNOT BE ORDERED DIRECTLY BY UNIT)

**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:** 06/01/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY, CORE

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

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**TEST NAME:** C-REACTIVE PROTEIN

**ALTERNATE NAME/S:** HIGHLY SENSITIVE CRP

**CPT CODE:** 86141

**LAB ORDER CODE:** CRPHS

**SPECIMEN TYPE REQUIRED:** Lithium heparin

**CONTAINER or TUBE TYPE:** Green Top

**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:** Turbidimetric/Immunoturbidimetric / Architect

**REFERENCE RANGE:** <0.75

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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



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**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 / Architect

**REFERENCE RANGE:** 70 - 157 ml/ min/1.73 meters squared body surface area

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** CREATININE POC

**ALTERNATE NAME/S:** CREATININE,WHOLE BLOOD

**CPT CODE:** 82565QW

**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:**

**ANALYSIS METHOD:** enzymatic hydrolyzation measured amperometrically

**REFERENCE RANGE:** Female 0.44 - 1.03 mg/dl. Male 0.64 - 1.27 mg/dl

**CRITICAL VALUE:**

**SETUP SCHEDULE:** on demand

**REPORT SCHEDULE:** on demand

**AVAILABLE STAT:** Yes

**Last Revision Date:** 07.30.2020 js/prc

**PERFORMING LAB:** TMH Cancer Center

**Last Review Date:** 07.30.2020 js/prc

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**TEST NAME: CREATININE, BLOOD OR BODY FLUID**

**ALTERNATE NAME/S:**

**CPT CODE:** 82565

**LAB ORDER CODE:** CREA

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

**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

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

**UNACCEPTABLE SPECIMEN: OTHER:**

**ANALYSIS METHOD:** Kinetic alkaline picrate spectrophotometry / Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 / Abbott Architect

**REFERENCE RANGE:** Male: 800 - 2000 mg/24 hours; Female: 600 - 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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC (random only)

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

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**TEST NAME:** CRYOGLOBULIN

**ALTERNATE NAME/S:**

**CPT CODE:** 82595

**LAB ORDER CODE:** CRYO

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:**

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

**ANALYSIS METHOD:** Latex agglutination

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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



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**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 upda

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

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**TEST NAME:** CULTURE, BLOOD - AFB

**ALTERNATE NAME/S:** MYCOBACTERIA, BLOOD CULTURE

**CPT CODE:** 87116

**LAB ORDER CODE:** BCAFB

**SPECIMEN TYPE REQUIRED:** See APPENDIX V

**CONTAINER or TUBE TYPE:** See APPENDIX V

**NURSING: VOLUME TO DRAW:**

**NURSING: COLLECTION REQUIREMENTS:** See APPENDIX V, BLOOD CULTURE COLLECTION PROCEDURE

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** See APPENDIX V

**LAB: MIN. TESTING VOLUME:** See APPENDIX V

**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 o

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**TEST NAME:** CULTURE, BLOOD - FUNGUS

**ALTERNATE NAME/S:**

**CPT CODE:** 87103

**LAB ORDER CODE:** BCFC

**SPECIMEN TYPE REQUIRED:** See APPENDIX V

**CONTAINER or TUBE TYPE:** See APPENDIX V

**NURSING: VOLUME TO DRAW:**

**NURSING: COLLECTION REQUIREMENTS:** See APPENDIX V, BLOOD CULTURE COLLECTION PROCEDURE

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** See APPENDIX V

**LAB: MIN. TESTING VOLUME:** See APPENDIX V

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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

**ALTERNATE NAME/S:**

**CPT CODE:** 87040

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

**SPECIMEN TYPE REQUIRED:** See APPENDIX V

**CONTAINER or TUBE TYPE:** See APPENDIX V

**NURSING: VOLUME TO DRAW:**

**NURSING: COLLECTION REQUIREMENTS:** See APPENDIX V, BLOOD CULTURE COLLECTION PROCEDURE

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** See APPENDIX V

**LAB: MIN. TESTING VOLUME:** See APPENDIX V

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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 inhouse, 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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 (app

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**TEST NAME:** CULTURE, GC

**ALTERNATE NAME/S:** GC 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL



**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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:** 09/10/2020 CSL

**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:** 09/10/2020 CSL

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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---

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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:** 09/10/2020 CSL

**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:** 09/10/2020 CSL

**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:** Chemiluminescent Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** Physician's interpretation

**CRITICAL VALUE:**

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

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:** 08/30/2020 PK/PC

**PERFORMING LAB:** AP

**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:** The D-Dimer test performed at TMH has been validated.

**ANALYSIS METHOD:** Optical Clot Detection-calculation/Stago Evolution, Compact, Satellite

**REFERENCE RANGE:** 0-0.50 UG FEU/ML

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** DIFFERENTIAL, WBC

**ALTERNATE NAME/S:**

**CPT CODE:** 85007

**LAB ORDER CODE:** DIFF

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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:** PETINIA / Architect

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

**CRITICAL VALUE:** >3.0 ng/mL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** DILANTIN

**ALTERNATE NAME/S:** PHENYTOIN

**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:** Chemiluminescent Microparticle Immunoassay / Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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. A more comprehensive drug screen, which is sent to a reference lab, may be requested after consultation with a pathologist.

**ANALYSIS METHOD:** See individual tests

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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



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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** EOSINOPHIL COUNT, ABSOLUTE COUNT BLOOD

**ALTERNATE NAME/S:** EOSINOPHIL COUNT

**CPT CODE:** 85048

**LAB ORDER CODE:** AEOSCT

**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, Abbott Sapphire

**REFERENCE RANGE:** 0-0.5 K/MM3

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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---

**TEST NAME: ESTRADIOL**

**ALTERNATE NAME/S:**

**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** See report - reference guide attached to report

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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---

**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/Stago

**REFERENCE RANGE:** 50 - 150.0 % activity

**CRITICAL VALUE:** None

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** No

**Last Revision Date:** 8/11/2020 SC/PC

**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 / Diagnostica Stago, Inc.

**REFERENCE RANGE:** Less than 5 ug/mL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**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 Microparticle Immunoassay/ Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** FETAL HEMOGLOBIN, NEWBORN

**ALTERNATE NAME/S:** APT

**CPT CODE:** 83033

**LAB ORDER CODE:** APT

**SPECIMEN TYPE REQUIRED:** Stool/diaper (stool); note- can be performed on any bloody specimen including sputum, urine, gastric aspirate

**CONTAINER or TUBE TYPE:** Clean screw-capped container or diaper (stool)

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

**NURSING: COLLECTION REQUIREMENTS:** Deliver immediately to Lab or refrigerate.

**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:**

**OTHER:** Specimen must be grossly bloody (red,not brown or black) for test to be performed

**ANALYSIS METHOD:** Colorimetric, visual

**REFERENCE RANGE:** No fetal hemoglobin detected

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Mon - Sun; 7:00 am - 1:30 pm

**REPORT SCHEDULE:** daily

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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---

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL



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**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:** Enzyme Immunoassay / Adeza TLIQ analyzer

**REFERENCE RANGE:** Physician's interpretation

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes, on limited basis

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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 / Stago Evolution, Compact, Satelite

**REFERENCE RANGE:** 217-501 mg/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** 3.1-17.5 ng/mL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** Interpretive guide included on report

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** GENTAMICIN

**ALTERNATE NAME/S:**

**CPT CODE:** 80170

**LAB ORDER CODE:** GENT, GENTAT, GENTAP

**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) - Architect

**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 for neonates 1 ug/mL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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/ Architect

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

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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



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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**TEST NAME:** GLUCOSE, BEDSIDE POC

**ALTERNATE NAME/S:** BEDSIDE GLUCOSE, POC

**CPT CODE:** 82947QW

**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:** NOVA STATstrip glucose meter

**REFERENCE RANGE:** 70 - 110 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:** 07.30.2020 js/prc

**PERFORMING LAB:** Client Services and Nursing Services, POC

**Last Review Date:** 07.30.2020 js/prc

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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/ Architect

**REFERENCE RANGE:** Blood: Fasting normal: 70 - 99 mg/dL CSF 40 - 70, 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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** GLYCOHEMOGLOBIN

**ALTERNATE NAME/S:** HEMOGLOBIN A1C

**CPT CODE:** 83036

**LAB ORDER CODE:** GLYHGB

**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:** HPLC / TOSOH G8

**REFERENCE RANGE:** 4.5% - 6.2%

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY, TMH NEEC

**Last Review Date:** 09/10/2020 CSL

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**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 (LiHep)

**NURSING: VOLUME TO DRAW:** Full tube preferred.

**NURSING: COLLECTION REQUIREMENTS:** Collect 60 minute Light Green Top Tube (LiHep) 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/ Architect

**REFERENCE RANGE:** See Appendix J

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Mon-Fri, dayshift scheduled

**REPORT SCHEDULE:** Mon-Fri

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY, CORE

**Last Review Date:** 09/10/2020 CSL

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**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/ Architect

**REFERENCE RANGE:** See Appendix J

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Mon-Fri, dayshift scheduled

**REPORT SCHEDULE:** Mon-Fri

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY, CORE

**Last Review Date:** 09/10/2020 CSL

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**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 not 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL



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**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:** immunoturbidometric/ Architect

**REFERENCE RANGE:** 36.0 - 195.0 mg/dl.

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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, >59 mg/dL High

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 / Abbott Sapphire

**REFERENCE RANGE:** See APPENDIX L

**CRITICAL VALUE:** See APPENDIX L

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH Cancer Center, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 /Abbott Sapphire

**REFERENCE RANGE:** See APPENDIX L

**CRITICAL VALUE:** See APPENDIX L

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH Cancer Center, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** HEMOGRAM WITH PLATELETS AND MANUAL DIFFERENTIAL

**ALTERNATE NAME/S:**

**CPT CODE:** 85007, 85021

**LAB ORDER CODE:** HEMDFM

**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 / Abbott Sapphire

**REFERENCE RANGE:** See APPENDIX L

**CRITICAL VALUE:** See APPENDIX L

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH Cancer Center, TMH NEEC

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

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**TEST NAME:** HEPATITIS A ANTIBODY

**ALTERNATE NAME/S:**

**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** Nonreactive

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** Core

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

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**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, HBSAG, HBVCM, HCVAB

**ANALYSIS METHOD:** Chemiluminescent Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** See individual tests

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** Core

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

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**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)/ Architect

**REFERENCE RANGE:** Nonreactive

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** Core

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



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**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** <8.00 MIU/ML

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** HEPATITIS B SURFACE ANTIGEN

**ALTERNATE NAME/S:** HBSAG; HAA

**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** Nonreactive

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** Nonreactive

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** Core

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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

**REFERENCE RANGE:**

**CRITICAL VALUE:**

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

**REPORT SCHEDULE:** Monday-Friday, Sunday

**AVAILABLE STAT:** Monday-Friday, Sunday

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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 plasma

**LAB: MIN. TESTING VOLUME:** 1.1 plasma

**UNACCEPTABLE SPECIMEN: OTHER:**

**ANALYSIS METHOD:** Immunochemiluminometric assay (ICMA)/ Architect

**REFERENCE RANGE:** See report

**CRITICAL VALUE:**

**SETUP SCHEDULE:** daily

**REPORT SCHEDULE:** daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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 Microparticle Immunoassay / Architect

**REFERENCE RANGE:** 4.0-15.4 UMOL/L

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**TEST NAME:** IMMUNOFIXATION, SERUM

**ALTERNATE NAME/S:**

**CPT CODE:** 86334

**LAB ORDER CODE:** IFES

**SPECIMEN TYPE REQUIRED:** Serum

**CONTAINER or TUBE TYPE:** Plain Red Top (no additive) or SST/Gel Separator or Gold Top Tube

**NURSING: VOLUME TO DRAW:** Full tube preferred, 2 ml min.

**NURSING: COLLECTION REQUIREMENTS:** Serum PROTEIN ELECTROPHORESIS should be performed first. Physician should contact Pathologist to discuss case. Refrigerate specimen.

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** 2.0 ml

**LAB: MIN. TESTING VOLUME:** 0.5 mL

**UNACCEPTABLE SPECIMEN:** Plasma

**OTHER:**

**ANALYSIS METHOD:** Immunofixation (electrophoresis, precipitation, stain)

**REFERENCE RANGE:** No monoclonal protein present

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Tues. Wed. Fri.

**REPORT SCHEDULE:** Tues. Wed. Fri.

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL



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**TEST NAME:** IMMUNOFIXATION, URINE

**ALTERNATE NAME/S:**

**CPT CODE:** 86334

**LAB ORDER CODE:** IFEU

**SPECIMEN TYPE REQUIRED:** Random urine

**CONTAINER or TUBE TYPE:** Clean screw-capped container

**NURSING: VOLUME TO DRAW:** Urine - 10 mls, Full sample required. Do not combine with other urine tests.

**NURSING: COLLECTION REQUIREMENTS:** Urine PROTEIN ELECTROPHORESIS should be performed first. Physician should contact Pathologist to discuss case. Refrigerate specimen.

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** 10.0 mL

**LAB: MIN. TESTING VOLUME:** 5.0 mL

**UNACCEPTABLE SPECIMEN:  
OTHER:**

**ANALYSIS METHOD:** Immunofixation (electrophoresis, precipitation, stain)

**REFERENCE RANGE:** No monoclonal protein present

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Tues. Wed. Fri.

**REPORT SCHEDULE:** Tues. Wed. Fri.

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE LABORATORY, TMH NEEC

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

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**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:** ferene/ Architect

**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:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** IRON BINDING CAPACITY, TRANSFERRIN BASED

**ALTERNATE NAME/S:** TIBC, TRANSFERRIN BASED

**CPT CODE:** 83540,83550

**LAB ORDER CODE:** IBC2

**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:** Immunoturbidometric/ Architect

**REFERENCE RANGE:** TIBC: 213-395 ug/dl (male); 225-420 ug/dl (female). TRANSFERRIN: 180.0 - 329.0 mg/dl (male); 192.-382.0 mg/dl (female). PERCENT IRON SAT: 20-50%

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** KETONES, QUALITATIVE URINE

**ALTERNATE NAME/S:** ACETONE, URINE

**CPT CODE:** 81000

**LAB ORDER CODE:** KETO

**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 / or colorimetric- visual

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** LACTATE, ISTAT POC

**ALTERNATE NAME/S:** ISTAT BLOOD LACTATE, POC

**CPT CODE:**

**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:** See report or Appendix Q

**CRITICAL VALUE:**

**SETUP SCHEDULE:** daily

**REPORT SCHEDULE:** daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 07.30.2020 js/prc

**PERFORMING LAB:** Nursing Services, POC, TMH NEEC

**Last Review Date:** 07.30.2020 js/prc

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**TEST NAME:** LACTIC ACID, blood

**ALTERNATE NAME/S:** LACTATE, blood

**CPT CODE:** 83605

**LAB ORDER CODE:** LA

**SPECIMEN TYPE REQUIRED:** whole blood, sodium fluoride

**CONTAINER or TUBE TYPE:** sodium fluoride (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 and analyzed or frozen within 15 minutes of collection.

**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:** lactic acid to pyruvate/ Abbott Architect

**REFERENCE RANGE:** <2.3 mmol/l venous 0.5-1.6 arterial

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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/ Architect

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

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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



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**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/detergent / Architect

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

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE

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

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**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:** Enzyme immunoassay (EIA)

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Monday - Friday; cutoff 8 AM

**REPORT SCHEDULE:** Monday - Friday

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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:** 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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:** quinone dye/ Architect

**REFERENCE RANGE:** Blood: 0 - 51 U/L

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** LIPID PROFILE

**ALTERNATE NAME/S:** CARDIAC RISK PROFILE

**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, Total/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 >70mg/dL  
Total LDL: 100 mg/dL (desirable) VLDL: 0-77 mg/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** LITHIUM

**ALTERNATE NAME/S:** LI+

**CPT CODE:** 80178

**LAB ORDER CODE:** LI

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

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

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

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

**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:** LITHIUM heparin (LIGHT GREEN top)

**OTHER:**

**ANALYSIS METHOD:** colorimetric/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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, 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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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, Stago STA R Max or Compact Max

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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



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**TEST NAME:** LUTEINIZING HORMONE

**ALTERNATE NAME/S:** LH

**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 Microparticle Immunoassay / Architect

**REFERENCE RANGE:** Reference guide attached to report

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME: MAGNESIUM, BLOOD**

**ALTERNATE NAME/S:**

**CPT CODE:** 83735

**LAB ORDER CODE:** MG: 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:** Isocitrate dehydrogenase enzymatic/Abbott Architect

**REFERENCE RANGE:** Blood: 1.8 - 2.5 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:** 08/11/2020 SH/PC

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

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

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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 / Roche Cobas B221

**REFERENCE RANGE:** 0 -1.5%

**CRITICAL VALUE:** >20%

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** Methotrexate

**ALTERNATE NAME/S:** Mexate

**CPT CODE:** 80299

**LAB ORDER CODE:** METHIX

**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 Immunoassay / Abbott Architect

**REFERENCE RANGE:** See report

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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

**ALTERNATE NAME/S:** ALBUMIN, URINE

**CPT CODE:** 82043

**LAB ORDER CODE:** MICAL

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

**CONTAINER or TUBE TYPE:** Random Urine: 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/ Architect

**REFERENCE RANGE:** Random <1.9, Normal 24 hour urine <30.0 mg/g creatinine

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** MONONUCLEOSIS SCREEN

**ALTERNATE NAME/S:**

**CPT CODE:** 86308

**LAB ORDER CODE:** MONO

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

**CONTAINER or TUBE TYPE:** Plain Red Top (no additive) or Lavendar Top

**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 serum or plasma

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

**UNACCEPTABLE SPECIMEN: OTHER:**

**ANALYSIS METHOD:** Immunochromagraphic- Sure Vue Signature Mono Test

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** MRSA PCR Screen

**ALTERNATE NAME/S:**

**CPT CODE:**

**LAB ORDER CODE:** PCRMRS

**SPECIMEN TYPE REQUIRED:** Nares

**CONTAINER or TUBE TYPE:** Copan Double Swab (Red Cap)

**NURSING: VOLUME TO DRAW:**

**NURSING: COLLECTION REQUIREMENTS:** Insert Copan 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 nares.

**NURSING: PATIENT PREPARATION:**

**LAB: NORM. TESTING VOLUME:**

**LAB: MIN. TESTING VOLUME:**

**UNACCEPTABLE SPECIMEN:** Swabs other than the Copan Couble Swab (Red Cap); Spec. containing broken swabs.

**OTHER:** Do not wet swabs with saline.

**ANALYSIS METHOD:** PCR

**REFERENCE RANGE:**

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Monday - Sunday

**REPORT SCHEDULE:** When test performed

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL



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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** OCCULT BLOOD, FECES OR GASTRIC CONTENTS

**ALTERNATE NAME/S:** GUAIAC

**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY, TMH NEEC

**Last Review Date:** 09/10/2020 CSL

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**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:** EIA/Abbott Architect

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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:** EIA/Abbott Architect

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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:** Cooximetry/ Roche Cobas B221

**REFERENCE RANGE:** See APPENDIX K

**CRITICAL VALUE:** See APPENDIX K

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 GRIENER 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:** ROOM TEMPERATURE, NO REFRIGERATION OR CENTRIFUGATION

**OTHER:** HAND DELIVER, DO NOT USE TUBE SYSTEM.

**ANALYSIS METHOD:** VERIFY NOW P2Y12 INHIBITION ASSAY

**REFERENCE RANGE:** BASELINE: 194 - 418 PRU

**CRITICAL VALUE:** NONE

**SETUP SCHEDULE:** NONE

**REPORT SCHEDULE:** NONE

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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



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**TEST NAME:** PANEL, BASIC METABOLIC

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** PANEL, COMPREHENSIVE METABOLIC

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** PANEL, 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 / Architect

**REFERENCE RANGE:** See APPENDIX J

**CRITICAL VALUE:** See APPENDIX J

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 Microparticle Immunoassay/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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 / Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 cellophane

**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 cellophane 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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/ Abbott Sapphire

**REFERENCE RANGE:** 140 - 440 k/mm<sup>3</sup>

**CRITICAL VALUE:** Less than 30 k/mm<sup>3</sup>

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH Cancer Center, TMH NEEC

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



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**TEST NAME:** PLATELET FUNCTION SCREEN

**ALTERNATE NAME/S:** PFS, BLEEDING TIME

**CPT CODE:**

**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.

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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/ Architect

**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 = 4.5-7.7 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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** Immunoturbidimetric/ Architect

**REFERENCE RANGE:** 18.0-38.0 mg/dl

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** PREGNANCY TEST, URINE

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

**CPT CODE:** 84703

**LAB ORDER CODE:** PREGU      ERPREGU: ER patients only

**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:** Enzyme immunoassay (EIA)

**REFERENCE RANGE:** Reported as Positive or Negative; limit of detection - 20 mIU/mL beta HCG / Quidel Quick Vue One-Step HCG Combo Tes

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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:  
OTHER:** GROSSLY HEMOLYZED

**ANALYSIS METHOD:** IMMUNOASSAY

**REFERENCE RANGE:** < 0.08

**CRITICAL VALUE:** NONE

**SETUP SCHEDULE:** 24/7

**REPORT SCHEDULE:** 24/7

**AVAILABLE STAT:** YES

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE LAB x2779

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

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**TEST NAME: PROGESTERONE**

**ALTERNATE NAME/S:**

**CPT CODE:** 84144

**LAB ORDER CODE:** PROGIH

**SPECIMEN TYPE REQUIRED:** 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 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 Microparticle Immunoassay / Architect

**REFERENCE RANGE:** Reference guide attached to report

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 Microparticle Immunoassay / Architect

**REFERENCE RANGE:** 0 - 4.000 ng/mL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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



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**TEST NAME:** PROTEIN ELECTROPHORESIS, SERUM

**ALTERNATE NAME/S:** SPE, FPD

**CPT CODE:** 84165

**LAB ORDER CODE:** FPDS

**SPECIMEN TYPE REQUIRED:** Serum

**CONTAINER or TUBE TYPE:** Gold Top Tube, Red Top Tube, SST (serum separator tube)

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

**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:** Plasma; hemolyzed specimen

**OTHER:**

**ANALYSIS METHOD:** Electrophoresis, Stain

**REFERENCE RANGE:** Pathologist's interpretation included

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Tues. Wed. Fri.

**REPORT SCHEDULE:** Tues. Wed. Fri.

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**TEST NAME:** PROTEIN ELECTROPHORESIS, URINE

**ALTERNATE NAME/S:** BENICE JONES PROTEIN, FPD

**CPT CODE:** 84165

**LAB ORDER CODE:** FPDU

**SPECIMEN TYPE REQUIRED:** Random urine

**CONTAINER or TUBE TYPE:** Clean screw-capped container

**NURSING: VOLUME TO DRAW:** 10 mL.; do not combine with other urine tests.

**NURSING: COLLECTION REQUIREMENTS:** Refrigerate urine

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** 10.0 mL

**LAB: MIN. TESTING VOLUME:** 5.0 mL

**UNACCEPTABLE SPECIMEN: OTHER:**

**ANALYSIS METHOD:** Concentration, Electrophoresis, Stain

**REFERENCE RANGE:** Pathologist's interpretation included

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Tues. Wed. Fri.

**REPORT SCHEDULE:** Tues. Wed. Fri.

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**TEST NAME:** PROTEIN, TOTAL

**ALTERNATE NAME/S:**

**CPT CODE:** 84155

**LAB ORDER CODE:** TP

**SPECIMEN TYPE REQUIRED:** Serum, Plasma (Lithium heparin)

**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:**

**ANALYSIS METHOD:** biuret/ Architect

**REFERENCE RANGE:** Serum: 6.5 - 8.1 g/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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:**

**ANALYSIS METHOD:** Benzethonium / Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 (431-2766)

**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 (431-2766)

**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 underfilled tube not acceptable.

**OTHER:**

**ANALYSIS METHOD:** Mechanical Clot Detection/ STAGO

**REFERENCE RANGE:** Physician's Interpretation

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 and underfilled tube not acceptable.

**OTHER:**

**ANALYSIS METHOD:** Mechanical Clot Detection-calculation/ Stago Evolution, Compact, Satelite.

**REFERENCE RANGE:** 10-15 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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** PTH, INTACT (ICMA)

**ALTERNATE NAME/S:** PARATHYROID HORMONE

**CPT CODE:** 83970

**LAB ORDER CODE:** PTHIH

**SPECIMEN TYPE REQUIRED:** Plasma (Lavender Top/EDTA)

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

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

**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 Microparticle Immunoassay/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 underfilled tube not acceptable.

**OTHER:**

**ANALYSIS METHOD:** Mechanical Clot Detection/ Stago

**REFERENCE RANGE:** 20-37 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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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



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**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- 2766)

**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 ( 431-2766)

**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 underfilled tube not acceptable.

**OTHER:**

**ANALYSIS METHOD:** Mechanical Clot Detection/ STAGO

**REFERENCE RANGE:** Physician's interpretation

**CRITICAL VALUE:**

**SETUP SCHEDULE:**

**REPORT SCHEDULE:**

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY **Last Review Date:** 09/10/2020 CSL

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**TEST NAME:** RESPIRATORY VIRAL PANEL 2

**ALTERNATE NAME/S:** RESP VIRUS PANEL 2 PCR (ADENOVIRUS, HUMAN META, PARAINFLUENZAE, 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY **Last Review Date:** 09/10/2020 CSL

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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 wole blood

**LAB: MIN. TESTING VOLUME:** Microtainer half full of whole blood 0.3 mL minimum

**UNACCEPTABLE SPECIMEN: OTHER:**

**ANALYSIS METHOD:** DNA stain Laser ID/Abbott Sapphire, Flow Cytometry

**REFERENCE RANGE:** See APPENDIX L

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** Rheumatoid Arthritis Factor

**ALTERNATE NAME/S:** RA Screen

**CPT CODE:**

**LAB ORDER CODE:** RAF

**SPECIMEN TYPE REQUIRED:** Serum

**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:** immunoturbidometric/ Architect

**REFERENCE RANGE:** Negative less than 15.0 IU/ml

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily, 11:00 AM

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL



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**TEST NAME:** RSV

**ALTERNATE NAME/S:** RESPIRATORY SYNCYTIAL VIRUS

**CPT CODE:** 87420

**LAB ORDER CODE:** RSV

**SPECIMEN TYPE REQUIRED:** Nasopharyngeal swab or washings in FLU/RSV saline buffer.

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

**NURSING: VOLUME TO DRAW:**

**NURSING: COLLECTION REQUIREMENTS:** Place swab in FLU/RSV saline buffer, refrigerate swab in buffer. If unable to deliver to lab within 24 hours, freeze vial with secretions.

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** N/A

**LAB: MIN. TESTING VOLUME:** N/A

**UNACCEPTABLE SPECIMEN:**

**OTHER:** Do not use swabs other than those provided by TMH.

**ANALYSIS METHOD:** Immunoassay

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 8/11/2020 SC/PC

**PERFORMING LAB:** CORE LABORATORY, TMH NEEC

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

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**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/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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 1.5mL (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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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: OTHER:**

**ANALYSIS METHOD:** NADH (without P-5'-P)/ architect

**REFERENCE RANGE:** Adult: 0-41 U/L

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** SGPT

**ALTERNATE NAME/S:** SERUM GLUTAMIC PYRUVATE TRANSAMINASE (GPT); ALANINE TRANSFERASE (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: OTHER:**

**ANALYSIS METHOD:** NADH (without P-5'-P)/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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/ Architect

**REFERENCE RANGE:** Serum/Plasma: 136-144 mEq/L.

**CRITICAL VALUE:** < 120 mEq/L and > 160 mEq/L

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** SODIUM, URINE RANDOM OR 24-HOUR URINE

**ALTERNATE NAME/S:**

**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:** ISE, diluted/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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



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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 on Modified Stuart's Transport Medium (Culturette) - do not use Cary Blair

**NURSING: VOLUME TO DRAW:**

**NURSING: COLLECTION REQUIREMENTS:** Immediate processing recommended; however, maintaining swabs at room temperature up to 72 hours 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- Veritor

**REFERENCE RANGE:** Negative

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 07.28.2020 jw/prc

**PERFORMING LAB:** BIXLER ER LAB, TMH NEEC

**Last Review Date:** 07.28.2020, jw/prc

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**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:** 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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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 431-2758

**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 40 mEq/L; Borderline: 40-60 mEq/L; Abnormal: greater than 60 mEq/L

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Mon - Fri. by appointment only, 431-2758 **REPORT SCHEDULE:** Mon - Fri , 7:00 am - 3:00 pm

**AVAILABLE STAT:**

**Last Revision Date:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL

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**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 Microparticle Immunoassay/ Architect

**REFERENCE RANGE:** 1.45 - 4.03 pg/mL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 Microparticle Immunoassay, Architect

**REFERENCE RANGE:** 0.86-1.62

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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:** Chemiluminescent Microparticle Immunoassay / Architect

**REFERENCE RANGE:** 5-20 ng/mL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily; 0900

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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



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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** THEOPHYLLINE

**ALTERNATE NAME/S:** AMINOPHYLLINE

**CPT CODE:** 80198

**LAB ORDER CODE:** THEO

**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:** Chemiluminescent Microparticle Immunoassay / Architect

**REFERENCE RANGE:** Therapeutic range: 10-20 ug/mL

**CRITICAL VALUE:** > 30 ug/mL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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 specimens and underfilled tube are not acceptable.

**OTHER:**

**ANALYSIS METHOD:** Mechanical Clot Detection STAGO Evolution, Compact

**REFERENCE RANGE:** 14.1 - 18.5 seconds

**CRITICAL VALUE:** None

**SETUP SCHEDULE:** Daiy

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE LABORATORY

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

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**TEST NAME:** THYROID STIMULATING HORMONE

**ALTERNATE NAME/S:** TSH

**CPT CODE:** 84443

**LAB ORDER CODE:** TSH

**SPECIMEN TYPE REQUIRED:** Serum or plasma (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 Microparticle Immunoassay, Architect

**REFERENCE RANGE:** 0.340 - 5.600 MIU/mL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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 Microparticle Immunoassay, Architect

**REFERENCE RANGE:** 0.340 - 5.600 uIU/ML

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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



**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

**Order Catalogue**

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**TEST NAME:** TOBRAMYCIN

**ALTERNATE NAME/S:**

**CPT CODE:** 80200

**LAB ORDER CODE:** TOBRA, TOBRAT, TOBRAP

**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:** PETINIA - Architect

**REFERENCE RANGE:** Peak: 5 - 10 ug/mL; Trough: less than 2 ug/mL

**CRITICAL VALUE:** >12 ug/mL Trough Therapeutic Alert greater than or equal to 2 ug/mL for neonates 1 ug/mL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:** 0.5mL

**NURSING: COLLECTION REQUIREMENTS:** Refrigerate

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** 0.1mL

**LAB: MIN. TESTING VOLUME:** 0.1mL

**UNACCEPTABLE SPECIMEN:** Should not contain blood

**OTHER:**

**ANALYSIS METHOD:** Architect

**REFERENCE RANGE:** 15-45 mg/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:**

**ANALYSIS METHOD:** glycerol phosphate oxidase/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME: Troponin I**

**ALTERNATE NAME/S:**

**CPT CODE:** 84484

**LAB ORDER CODE:** TNI

**SPECIMEN TYPE REQUIRED:** Plasma, (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 Microparticle Immunoassay / Architect

**REFERENCE RANGE:** Negative = less than 0.06 ng/ml. See report for Interpretation of values above 0.10 ng/ml.

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**TEST NAME:** TROPONIN, ISTAT POC, ERs only

**ALTERNATE NAME/S:** Troponin, ISTAT POC, ERs only

**CPT CODE:** 84484

**LAB ORDER CODE:** ISTROP

**SPECIMEN TYPE REQUIRED:** Whole Blood

**CONTAINER or TUBE TYPE:** Light Green Top (preferred)

**NURSING: VOLUME TO DRAW:** Full Tube preferred, min. 4.5 mL

**NURSING: COLLECTION REQUIREMENTS:** Blood must be analyzed within 30 minutes of collection.

**NURSING: PATIENT PREPARATION:**

**LAB: NORM. TESTING VOLUME:** 2.5 ml whole blood

**LAB: MIN. TESTING VOLUME:** 2.5 ml whole blood

**UNACCEPTABLE SPECIMEN:** Blood collected more than 30 minutes ago

**OTHER:**

**ANALYSIS METHOD:** ELISA, ISTAT Cartridge

**REFERENCE RANGE:** Neg: less than 0.08 ng/ml; See report or Appendix Q, for interpretation of values above 0.07 ng/ml

**CRITICAL VALUE:**

**SETUP SCHEDULE:** daily

**REPORT SCHEDULE:** daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 07.28.2020 jw/prc

**PERFORMING LAB:** BIXLER ER LAB, TMH NEEC

**Last Review Date:** 07.28.2020, jw/prc

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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, STAGO

**REFERENCE RANGE:** 0.3 - 0.7 U/mL

**CRITICAL VALUE:** None

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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



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**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/ Arcchitect

**REFERENCE RANGE:** Male:2.9 - 7.3 mg/dL. Female: 2.5 - 6.0 mg/dL

**CRITICAL VALUE:** > 13.0 mg/dL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**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

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** Urine Protein

**ALTERNATE NAME/S:**

**CPT CODE:** 84155

**LAB ORDER CODE:** PROTU: Random, PROT24: 24-hour

**SPECIMEN TYPE REQUIRED:** Random or 24 hour urine collection

**CONTAINER or TUBE TYPE:** Random: clean container, 24-Hour: 24 hour container

**NURSING: VOLUME TO DRAW:**

**NURSING: COLLECTION REQUIREMENTS:** For 24 hour specimen, record total volume and pur off sample. Freeze or refrigerate sample.

**NURSING: PATIENT PREPARATION:** None

**LAB: NORM. TESTING VOLUME:** 10.0 mL

**LAB: MIN. TESTING VOLUME:** 0.5 mL

**UNACCEPTABLE SPECIMEN:**

**OTHER:** No established normal ranges for random urine.

**ANALYSIS METHOD:** Abbott Architect

**REFERENCE RANGE:** 24-Hour: 50-100 mg/dL

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes (random only)

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH Cancer Center

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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 / Abbott Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** PETINIA/ Architect

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

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**TEST NAME:** VANCOMYCIN

**ALTERNATE NAME/S:**

**CPT CODE:** 80202

**LAB ORDER CODE:** VANCO, VANTR, VANP

**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:** PETINIA - Architect

**REFERENCE RANGE:** Peak: 30 - 40 ug/mL; Trough: 5 - 15 ug/mL

**CRITICAL VALUE:** > 90 ug/mL Trough Therapeutic Alert greater than or equal to 20 ug/mL for neonates 15 ug/mL

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:** Yes

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL



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**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 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 microparticle immunoassay - Architect

**REFERENCE RANGE:** 180 - 914 pg/ml

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:** Daily

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** VITAMIN D, 25-OH

**ALTERNATE NAME/S:**

**CPT CODE:** 82306

**LAB ORDER CODE:** VITD

**SPECIMEN TYPE REQUIRED:** Plasma

**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 Microparticle Immunoassay, Architech

**REFERENCE RANGE:** 30.0-80.0

**CRITICAL VALUE:**

**SETUP SCHEDULE:** Daily

**REPORT SCHEDULE:**

**AVAILABLE STAT:**

**Last Revision Date:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE

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

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**TEST NAME:** WET PREP

**ALTERNATE NAME/S:** Trichomonas, Wet Prep

**CPT CODE:** 87210

**LAB ORDER CODE:** WETP

**SPECIMEN TYPE REQUIRED:** Vaginal or Urethral

**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:** 08/11/2020 SH/PC

**PERFORMING LAB:** CORE, TMH NEEC

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

**TALLAHASSEE MEMORIAL HOSPITAL - LABORATORY SERVICES MANUAL**

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**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:** 09/10/2020 CSL

**PERFORMING LAB:** MICROBIOLOGY

**Last Review Date:** 09/10/2020 CSL