

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
1,1,1-Trichloroethane	IWY		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
1,25 Dihydroxy vitamin D	D12	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	CON
1,25 Dihydroxycalciferol 1,25 Dihydroxycholecalciferol	D12	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	CON
11 Deoxycortisol (11 DOC)	DEO	Transport on Dry Ice or in Freezer Packs	Plasma	Lithium Hep	8	4	Centrifuge & Separate	Freeze	SRA / REF	RBH
1-HP	PAH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
17-Hydroxy Steroids	17C	<b>LAB NOTE:</b> 50mL or greater must be sent to testing lab Testing lab requires samples to be transferred into a 50ml Yellow Top jar. <b>Testing lab will not accept multiple 10ml aliquot tubes of urine.</b>	24hr Urine	4Lt Urine Bottle (Plain)	> 200 see comment	100	N/A	Refrigerate	SRA / REF	DTP
17 Hydroxycorticosteroids (17OH) Urine	17C	<b>LAB NOTE:</b> 50mL or greater must be sent to testing lab Testing lab requires samples to be transferred into a 50ml Yellow Top jar. <b>Testing lab will not accept multiple 10ml aliquot tubes of urine.</b>	24hr Urine	4Lt Urine Bottle (Plain)	> 200 see comment	100	N/A	Refrigerate	SRA / REF	DTP
17 Hydroxycorticosteroids - Serum	QFX	Test no longer available								
1-Hydroxyprene	PAH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
17 Hydroxyprogesterone	17H	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	POW
17 Ketosteroids - serum - GP requesting	QFX	<b>** Discontinued test. Please ring Chemical Pathologist on 9005 7605 if this test is requested on the form. **</b>								
17 Ketosteroids - Specialist requesting	IWY		24hr Urine	4Lt Urine Bottle (Plain)	>200	100	N/A	Refrigerate	SRA / REF	DTP
17-Ketosteroids - urine	17C	<b>LAB NOTE:</b> 50mL or greater must be sent to testing lab Testing lab requires samples to be transferred into a 50ml Yellow Top jar. <b>Testing lab will not accept multiple 10ml aliquot tubes of urine.</b>	24hr Urine	4Lt Urine Bottle (Plain)	> 200 see comment	100	N/A	Refrigerate	SRA / REF	DTP
17OH Beta Oestradiol	E2		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
17OH Corticosteroid	17C	<b>LAB NOTE:</b> 50mL or greater must be sent to testing lab Testing lab requires samples to be transferred into a 50ml Yellow Top jar. <b>Testing lab will not accept multiple 10ml aliquot tubes of urine.</b>	24hr Urine	4Lt Urine Bottle (Plain)	> 200 see comment	100	N/A	Refrigerate	SRA / REF	DTP
17OH Pregnenolone	QFX	Test no longer available								
17OH Progesterone	17H	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	POW
21 Hydroxylase	IWY	Transport on Dry Ice or in Freezer Packs	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
25 - Hydroxy Cholecalciferol	DVI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
25 - Hydroxy Vitamin D	DVI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
3 Methoxytyramine (blood)	IWY		Plasma	Lithium Heparin	4.5	0.5	Separate plasma within 4 hours	Refrigerate	SRA / REF	RBWH
3-Methoxytyramine (blood)	FMT		Plasma	EDTA Plasma	4	3	Centrifuge & Separate ASAP	Refrigerate	SRA / REF	QML
3 Methoxytyramine - Urine	IWY		24hr Urine	4L urine bottle (Acid Added)	>200	100	N/A	Freeze	SRA / REF	RBWH
40 IgG Food Allergy	QFX	IgG food allergy testing is not available at Laverty Pathology. Please refer patient to an ACL (Australian Clinical Laboratory) collection centre for collection. <b>Note: Testing is privately billed</b>								
5FC	IWY	Trough level is collected just before next dose (within 1 hour).	Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	SRA / REF	SYP

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5 - Flucytosine	IWY	Trough level is collected just before next dose (within 1 hour).	Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	SRA / REF	SYP
5-FU	IWY	<b>***Dedicated tube required</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	DHM
5 - Hydroxytryptamine	STN	<b>Transport on Dry Ice or in Freezer Packs</b> Contact Collections Advisor for preparation diet for patient If doctor requests it.	Serum	SST	8.5	5	Centrifuge, Separate and Freeze within 1 hr of collection	Freeze	SRA / REF	SYP
5 HIAA 5 Hydroxy Indoleacetic acid	HIU	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores SRA Note: Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle ( Acid added )	>200	100	N/A	Refrigerate	SRA / REF	QML
5 - HT	STN	<b>Transport on Dry Ice or in Freezer Packs</b> Contact Collections Advisor for preparation diet for patient If doctor requests it.	Serum	SST	8.5	5	Centrifuge, Separate and Freeze within 1 hr of collection	Freeze	SRA / REF	SYP
5 IgG Food Allergy	QFX	IgG food allergy testing is not available at Laverty Pathology. Please refer patient to an ACL (Australian Clinical Laboratory) collection centre for collection. <b>Note: Testing is privately billed</b>								
5 OH Indoleacetic Acid	HIU	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores SRA Note: Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle ( Acid added )	>200	100	N/A	Refrigerate	SRA / REF	QML
5HIAA	HIU	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores SRA Note: Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle ( Acid added )	>200	100	N/A	Refrigerate	SRA / REF	QML
6 - Hydroxy Tryptamine	6HT	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	Monash Uni
6-Methylmercaptipurine	6MP	MUST have FBC performed as well	Whole Blood	2x EDTA	8	4	DO NOT Centrifuge	Refrigerate	SRA / REF	POW
6-MMP / 6-TGN	6MP	MUST have FBC performed as well	Whole Blood	2x EDTA	8	4	DO NOT Centrifuge	Refrigerate	SRA / REF	POW
6-Thioguanine Nucleotide	6MP	MUST have FBC performed as well	Whole Blood	2x EDTA	8	4	DO NOT Centrifuge	Refrigerate	SRA / REF	POW
7-Dehydrocholesterol	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> ** Wrap in Foil and place extra barcode on outside of foiled tube <b>Investigation of Smith-Lemli-Opitz Syndrome</b> All requests must be accompanied by a completed request form giving FULL CLINICAL DETAILS and current drug therapy.  NSW patients No Charge (covered under Medicare)  <b>For Interstate/ Overseas Patients there is a charge:</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	1.5	250ul	Centrifuge and separate <b>**Wrap in Foil securely</b>	Freeze	SRA / REF	WCH
93 IgG Food Allergy	QFX	IgG food allergy testing is not available at Laverty Pathology. Please refer patient to an ACL (Australian Clinical Laboratory) collection centre for collection. <b>Note: Testing is privately billed</b>								

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A 508 Gene Mutation	CFG	<p>***<b>CONDITIONAL MBS ELIGIBILTiy</b>***</p> <p>Medicare rebate is available for patients with established family history when referred by either a GP or a specialist. This includes parents, children, full-siblings, half-siblings, grandparents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed. Excluded are second cousins and more distant relatives.</p> <p>Other referral reasons that are covered by Medicare rebates are <b>ONLY</b> eligible when referred by a specialist. These include testing of a person where their reproductive partner is a known cystic fibrosis carrier, specific clinical scenarios associated with an ongoing pregnancy and diagnostic testing for patients suspected of having cystic fibrosis disease.</p> <p>If the doctor specifically indicates that the patient is ineligible or if the patient isn't covered by Medicare they would have to pay.</p> <p>Free partner testing is available when the other partner was tested for Genetic Carrier Screen by Lavery and found to be a carrier of a cystic fibrosis mutation and details of the partner (name and/or lab ID) are provided on the request</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
A1 Antitrypsin - Blood	AAT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
A1 Antitrypsin - Faeces	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Freeze	<b>SRA / REF</b>	<b>RBH</b>
A <sub>1</sub> AT Phenotype / AAT Phenotype	AAP	<b>**Dedicated tube required</b>	Serum	<b>SST</b>	8.5	5	<b>Centrifuge</b>	<b>Refrigerate</b>	<b>SRA / REF</b>	<b>RBH</b>
A1C	A1D or A1M **See Comment	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
AB screen	ABS	<p><b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date &amp; Time of collection, Collector's signature.</p> <p><b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.</p>	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
ABCG5 Gene	FIC	<p>Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level</p> <p><b>**Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
ABCG8 Gene	FIC	<p>Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>



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ABG	BGS	<b>** DOCTOR COLLECT ONLY**</b> Refer patient back to Doctor or hospital.  <b>** Test blood within 40 mins of collection</b> Only Performed at laboratories associated directly with hospitals – and performed at Wagga Wagga ACC - Edward St POCT Not performed in Collection Centres or at the Main Laboratory.	Whole Blood	Lithium Heparin 2 mL cc-venting blood gas syringe	2	1	Keep cool ( <b>NOT ON ICE</b> ) or at RT but not higher, syringe must be tightly capped and mixed regularly by rolling the syringe between your palms for at least 15 seconds, do not shake	Transport cool or at RT Do not use ice slurry. Sample must be in the lab within 25 minutes of collection	<b>Relevant Hospital</b>	
Abeta 1-42	IWY	<b>Dr Collect</b> <b>** Critical Urgent Pathway</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - FRM-CL-80 Critical Urgent Specimen form</b>  <b>Collectors and Lab Note:</b> For CSF Collection Procedures and guidelines please refer to FRM-CL-233 “National Dementia Diagnostics Laboratory – Sample collection and test information” document. <b>Sendaways:</b> ""FRM-SRA-73 – CSF Alzheimer’s Disease Specimen Data Submission Sheet - The Florey Institute" " Document required to be filled upon submission. Sample to be kept in polypropylene tube and not submitted in a polystyrene tube.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	CSF	Polypropylene Sterile Container	1	<0.5	N/A	Refrigerate	<b>SRA / REF</b>	<b>NDDL</b>
ABO	BG	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient’s Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector’s signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector’s Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
ABO & Antibodies	BGA	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient’s Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector’s signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector’s Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
ABO & Rh	BG	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient’s Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector’s signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector’s Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	

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ABO Phenotype	BGP	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Acanthocytes	FBC		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
ACE	ACE		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
ACE - CSF	IWY	Dr Collect	CSF	Sterile Container	1	0.5	n/a	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Acetaminophen	PAR	<b>Urgent</b> if overdose indicated in clinical notes Need time since overdose taken	Serum	Plain Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>SKP</b>
Acetone	IWY	Exposure and occupation details are required on referral <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Acetyl cholinesterase	IWY		Whole Blood	EDTA	4	2	DO NOT Centrifuge		<b>SRA / REF</b>	<b>QML</b>
Acetylcholine Receptor Antibodies	ACR		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
ACH antibodies	ACR		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
AChR Ab	ACR		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Acid Base (Capillary)	BGS	<b>** DOCTOR COLLECT ONLY**</b> Refer patient back to Doctor or hospital.  <b>** Test blood within 40 mins of collection</b> Only Performed at laboratories associated directly with hospitals – and performed at Wagga Wagga ACC - Edward St POCT Not performed in Collection Centres or at the Main Laboratory.	Whole Blood	Lithium Heparin 2 mL cc-venting blood gas syringe	2	1	Keep cool ( <b>NOT ON ICE</b> ) or at RT but not higher, syringe must be tightly capped and mixed regularly by rolling the syringe between your palms for at least 15 seconds, do not shake	Transport cool or at RT Do not use ice slurry. Sample must be in the lab within 25 minutes of collection	<b>Relevant Hospital</b>	
Acid Elution for Foetal Haemoglobin	HBF	Samples more than 8 hours old cannot be tested. Place in RED bag mark as URGENT. <b>Notify Department 9005 7267</b>	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	

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Acid Fast Bacilli	AFB	1. Urine requirement: 3 early morning collections. 2. Sputum requirement from base of lungs obtained by deep cough is needed – <b>NOT SALIVA</b>	1. Urine or 2. Sputum or 3. Fluid or 4. Tissue or 5. CSF	1. Yellow Top Jar or 2. White Top Jar or 3. White Top Jar or 4. White Top Jar or 5. CSF Collection Tube-additive free (red top or aliquot tube)	20	10	N/A	1. Refrigerate  2. Refrigerate  3. Room Temperature  4. Room Temperature  5. Room Temperature	1 YT or 2 & 3. SRA or 4 & 5. MI	
Acid Phosphatase (ACP) Total	IWY	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge, Separate & Freeze	Freeze	SRA / REF	IMVS
Acidified Cholesterol Lysis Time Test	QFX	<b>This test is no longer recommended</b> ** Call main lab on 02 90057000 to speak to a Haematologist who will determine a more appropriate test								
Acidified Glycerol Lysis	IWY	<b>URGENT TRANSPORT</b> Must be tested within 24 hours	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	SRA / REF	RPA
ACLA / ACL / ACA	CAD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
ACP / ACPA	CCP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Acquired Immune Deficiency Syndrome	HIR		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	<b>AUTO</b>	
ACR	UMA MAT		1. Random Urine or 2. 8-10hr Urine	1. Yellow Top Jar or 2. 4Lt Urine Bottle (PLAIN)	1. 50 or 2. > 200	1. 10 or 2. 100	N/A	Refrigerate both samples	1. YT or 2. SRA	
ACTH	ACH	Transport on Dry Ice or in Freezer Packs **EDTA Tube to be kept in the Freezer prior to collection	Plasma	EDTA Cold Collection*	4	2	Centrifuge & Separate	Freeze	SRA	
ACTH - Stimulation Test	SYN	<b>Dr collect only-</b> The doctor can perform the Synacthen Stimulation Test him / herself (the test must be performed under medical supervision due to the very small risk of anaphylaxis) Blood is taken at baseline, and then at 30 and 60 minutes following the IM administration of 250 ug of Synacthen (available from pharmacies on the schedule). The samples should be submitted together as a synacthen stimulation test, and clearly labelled with times.	Serum	SST	8	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Activated Partial Thromboplastin Time	APT	<b>Send via Urgent Pathway</b> *Correct volume critical- full draw required or a recollection will be necessary. <b>Record any anticoagulant medication</b>  * If sample gets to lab within 4 hrs – leave unspun at room temperature. Transport at room temperature * If delay to lab greater than 4 hrs – then spin, separate and freeze. Transport in freezer pack.	Whole Blood	Citrate	2.7 Full draw*	2.7 Full draw*	*See Comment	See Comment	CO	

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Activated Protein C Resistance	PCR	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Correct volume critical.</b>  <b>Specific clinical criteria apply for Medicare rebate</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	3 x Citrate	3x2.7 Full Draw ** Volume critical **	3x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	CO	
Active B12	A12		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Acute Phase Proteins/Reactants	CRP AAT HAP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Acyclovir	IWY		Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	SRA / REF	St Vincents (Melbourne)
Acylcarnitine Profile	ACT	<b>Transport on Dry Ice or in Freezer Packs</b> Lab Contact: Ph: 02 9845 3654 <b>ONLY FOR SUSPECTED FATTY ACID OXIDATION DISORDERS.</b>	Plasma	Lithium Heparin	8	4	Centrifuge & Separate	Freeze	SRA / REF	WCH
Adalimumab Ab/Level	IWY	Collect pre-dose (trough) specimen just before next dose. Record medication details, current dose, and time and date of last dose on request form.	Serum	SST	85	4	Centrifuge	Refrigerate	SRA / REF	DTP
Adenomatous Polyposis Coli - Genetic Test	APG	<b>***Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	SRA / REF	HAPS
Adenovirus - Antigen / Ag (Faeces)	ADV		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Adenovirus Abs	ADE		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	WDP
Adenovirus PCR - all sites except eye and respiratory site	ADP **See comment	*Collection site- as per doctors instructions  <b>Collectors &amp; Data Entry Note:</b> This is for all sites except for eye and respiratory sites. If requested, refer to Adenovirus PCR – eye or Adenovirus PCR - respiratory for collection requirement and ultra code	Swab	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	QML
Adenovirus PCR - eye swab	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus <b>**Collectors note:</b> ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. <b>**Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP.</b> Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  <b>*** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)</b>	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
Adenovirus PCR - Respiratory Specimen	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus <b>**Collectors note:</b> ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. <b>**Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP.</b> Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  <b>*** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)</b>	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
ADH	IWY	This assay is no longer available and has been replaced with Copeptin. Please refer to Copeptin entry for collection requirements. Copeptin is a Non-Medicare Rebateable Test								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Adiponectin	QFX	Test is no longer available.								
Adrenal Antibodies	ADR		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Adrenaline - Plasma	QFX	Test is no longer available at Laverty Pathology Alternate test: Plasma Metanephrines. For any queries, contact the Chemical Pathologist on call on 90057000.								
Adrenaline - 24 hr Urinary – Adult	CAT	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	SRA / REF	QML
Adrenaline - Urine – Child	CTC		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	WCH
Adrenocorticotrophic Hormone Assay	ACH	<b>Transport on Dry Ice or in Freezer Packs</b> **EDTA Tube to be kept in the Freezer prior to collection	Plasma	EDTA Cold Collection*	4	2	Centrifuge & Separate	Freeze	SRA	
Adrenoleucodystrophy- DNA-PCR	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Room Temperature	SRA / REF	ADW&CH
ADT	TET DIP / DSA *See comment	Test is only performed to assess Primary Immunodeficiency, not for Immune status. For Diphtheria only (Only for Immunodeficiency Purposes.)  *Data Entry Note: Laverty Immunologist to decide if DSA code to be added.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use " <b>Patient Advised of Fee</b> " Stamp. Complete details and ask Patient to Sign	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML WCH
AER	UMA MAT		1. Random Urine or 2. 8-10hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle ( Plain)	1. 50  2. > 200	1. 10  2. 100	N/A	Refrigerate both samples	1. YT  2. SRA	
AF508	CFG	<b>***CONDITIONAL MBS ELIGIBILTiy***</b>  Medicare rebate is available for patients with established family history when referred by either a GP or a specialist. This includes parents, children, full-siblings, half-siblings, grandparents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed. Excluded are second cousins and more distant relatives.  Other referral reasons that are covered by Medicare rebates are ONLY eligible when referred by a specialist. These include testing of a person where their reproductive partner is a known cystic fibrosis carrier, specific clinical scenarios associated with an ongoing pregnancy and diagnostic testing for patients suspected of having cystic fibrosis disease.  If the doctor specifically indicates that the patient is ineligible or if the patient isn't covered by Medicare they would have to pay.  Free partner testing is available when the other partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a cystic fibrosis mutation and details of the partner (name and/or lab ID) are provided on the request  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
AFB - Sputum,Urine,Fluid,CSF, Tissue	AFB	1. Urine requirement: 3 early morning collections. 2. Sputum requirement from base of lungs obtained by deep cough is needed – <b>NOT SALIVA</b>	1. Urine or 2. Sputum or 3. Fluid or 4. Tissue or 5. CSF	1. Yellow Top Jar or 2. White Top Jar or 3. White Top Jar or 4. White Top Jar or 5. CSF Collection Tube-additive free (red top or aliquot tube)	20	10	N/A	1. Refrigerate  2. Refrigerate  3. Room Temperature  4. Room Temperature  5. Room Temperature	1 YT or 2 & 3. SRA or 4 & 5. MI	
AFB / Mycobacterium avium PCR	IWY	Lab Referral Includes M.avium	Sputum Urine Washing Tissue		N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
AFP - In Pregnancy	DNS	<b>Transport on Dry Ice or in Freezer Packs</b>  For PREGNANT PATIENTS 14-21 weeks- sample sent to QML for testing.  Must be a recognised specialist to request this test in isolation. This test may be collected on a General Practitioner's request as part of a second trimester triple screen (AFP/unconjugated oestriol/HCG). Record Gestational age on request form.  For PREGNANT PATIENTS 9 – 13 weeks, 6 days – samples are run in-house as part of the first trimester screen (see 'first trimester screen').	Serum	SST	8.5	5	Centrifuge only Do Not Separate	Freeze whole tube	SRA / REF	QML
AFP - Tumour Marker	AFP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
AFP - Unspecified	AFP	Lab Note: For male patients and non-pregnant females- tested in CC	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
AFP - Amniotic Fluid	AAF	Dr collection	Amniotic Fluid	White Top Jar	10	2	N/A	Refrigerate	SRA / REF	QML
Agent Orange( Dioxin)	AGO		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT / REF	
Agglutinins - Blood Group Abs	ABS	Request form MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  All samples MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	BB	
Agglutinins - Viral / Infectious Antibodies	VAB		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Agglutinins-Cold	CAG	<b>ONLY PERFORMED AT SPECIFIC SITES</b> - contact collections advisor for location of sites with a monitored water bath. Submit both primary tube and secondary tube (aliquot sample- serum) and mark tubes "ATTENTION BLOOD BANK"  <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.  <b>Note for North Ryde Main Lab:</b> Collections for the test can be performed at the ACC Main Lab North Ryde on: Tuesdays, Wednesdays and Thursdays between 8am-12pm booking via the ACC phone: 0422 006 134 from 8am – 3pm (M-F)	Whole Blood	Plain Clot (NO SST).	8.5	5	Incubate for 30 minutes at 37°C, Spin for 10 minutes at 3,000rpm, Incubate again for 30 minutes then separate serum and red cells ENSURE THERE ARE NO RED CELLS IN THE SERUM. Both tubes must be submitted for testing	Room Temperature	BB	
AH50	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	Sutherland Hospital
AIDS PCR	HIL	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Lab Note:</b> Unspun samples can still be processed if they are spun and separated in SRA within 24 hours of collection.	Plasma	Pink EDTA	6	4	Centrifuge & Separate	Freeze	SRA	
AIDS PRO -VIRAL DNA	PVD	** Sample to be sent to the Lab at North Ryde as <b>Urgent in RED BAG</b> marked " <b>ATTENTION SENDAWAYS</b> " and send with the earliest courier. Sample needs to reach St Vincents within 72 hrs of collection  <b>Collection to be done on Monday - Thursday Only</b>	1. Whole Blood <b>and</b>  2. Serum	1. Pink EDTA  <b>and</b>  2. SST	1. 6  2. 8.5	1. 4  2. 5	1. DO NOT Centrifuge  2. Centrifuge & Separate	1. Refrigerate  2. Refrigerate	SRA / REF	SYP
AL - Blood	ALU	Refer to <b>FRM-CL-159</b> Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6	6	DO NOT Centrifuge	Refrigerate	SC	
AL - Urine	IWY	If 24 hour urine requested - Contact Collections Advisor for Acid washed bottle Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Acid Washed)	1. 50 or 2. > 200	1. 10 or 2. 100	N/A	1. Refrigerate  2. Refrigerate	SRA / REF	RNS
AL- Serum	ALU	Refer to <b>FRM-CL-159</b> Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6	6	DO NOT Centrifuge	Refrigerate	SC	
ALA	ALA	Urine collected preferably during attack. ** Wrap in Foil and place extra barcode on outside of foiled aliquot	Random Urine	Yellow Top Jar	50	10	<b>Wrap in foil securely</b>	Refrigerate	YT / REF	RPA
Alanine Aminotransferase	ALT		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Albumin	ALB **See comment	<b>Do not collect</b> urine sample unless specifically requested by the doctor <b>Collection &amp; Data Entry Note:</b> Only if Doctor specifically requests urine, then refer to “Albumin Creatinine Ratio Microalbumin” for sample requirements and ultra code.	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Albumin Creatinine Ratio Microalbumin	UMA MAT		1. Random Urine or 2. 8-10hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (PLAIN)	1. 50 <b>or</b> 2. > 200	1. 10 <b>or</b> 2. 100	N/A	Refrigerate both samples	1. YT or 2. SRA	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Albumin Timed Urine Excretion	MAT	8-10 Hour collection also accepted	24hr Urine	4Lt Urine Bottle (plain)	> 200	100	N/A	Refrigerate	<b>AUTO</b>	
Alcohol Breath Test	ABT	Devices are located in selected approved ACC's or for onsite testing. See IS-COM-3. Collectors must be trained before performing.  <b>**Non-Medicare Rebateable test</b> <b>Commercial patients:</b> For patient pre-payments, contact Commercial Department on 02 9005 7090 for a price <b>For Non-commercial patients:</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Breath Test	Breath Test	As prompted	As prompted	N/A	N/A	<b>COM</b>	
Alcohol - <b>Non-Legal</b> Purposes	ALC	<b>Do not use alcohol swab before or during collection.</b> Patient must supply payment for testing and must accompany the blood. <b>**Contact the Commercial Dept on 02 9005 7090 for the cost of this test</b> Tubes or Urine to be bagged separately from other samples and marked <b>attention to "TOXICOLOGY"</b> .	1. Whole Blood or 2. Random Urine	1. Fluoride Oxalate <b>or</b> 2. Yellow Top Jar	1. 4 or 2. 50	1. 4 or 2. 10	1. DO NOT Centrifuge or 2. N/A	Refrigerate samples	<b>TX</b>	
Alcohol (Blood) - <b>Legal</b> purposes	LBA	<b>Do NOT use alcohol swab before or during collection.</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Includes samples to be Sealed.</b> <b>Tick “Other” box, indicate Alcohol (Blood) Legal Purposes – LBA</b> <b>Follow as per COC procedure, samples to be sent using QML COC to SRA Referral tests Laverty, North Ryde.</b>	Whole blood	2x Fluoride Oxalate	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Aldactone	QFX	<b>Test no longer available</b>								
Aldolase	CK	<b>Test no longer available</b> Recommended test- CK	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Aldosterone / Renin / Angiotensin Converting Enzyme	RNM ACE	<b>Transport on Dry Ice or in Freezer Packs</b> * Cold Collection- Tubes need to be cold at collection	1. Plasma <b>and</b> 2. Serum	1. 2x EDTA <b>and</b> 2. SST	1. 2x 4 and 2. 8.5	1. 2x 4 and 2. 8.5	Centrifuge & Separate all tubes	Freeze	<b>SRA / REF</b>	<b>QML</b>
Aldosterone / Renin Ratio	RNM	<b>Transport on Dry Ice or in Freezer Packs</b> * Cold Collection- Tubes need to be cold at collection	1. Plasma <b>and</b> 2. Serum	1. 2x EDTA <b>and</b> 2. SST	1. 2x 4 and 2. 8.5	1. 2x 4 and 2. 8.5	Centrifuge & Separate all tubes	Freeze	<b>SRA / REF</b>	<b>QML</b>
Aldosterone - Blood	RNM	<b>Transport on Dry Ice or in Freezer Packs</b> * Cold Collection- Tubes need to be cold at collection	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>QML</b>
Aldosterone - Urine	UAL		24hr Urine	4Lt Urine Bottle (plain)	> 200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Alfavirus	RRV BFV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Alkaline Phosphatase	ALP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Alkaline Phosphatase Isoenzymes (Fractionated)	API		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Alkaptonuria	AKU	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** NSW Patients are bulk-billed.</b> <b>NON-NSW Patients this is a Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Freeze	<b>SRA / REF</b>	<b>WCH</b>
ALKM Abs / ALKMA	LKM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Allegron	NTR	Collect trough level within 1 hr of next dose.	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	QML
Allergy Skin Tests: (Scratch, Prick, Patch)	IGE RAS	<b>Test no longer available.</b> Recommend tests - IgE and RAST <b>If the recommended test is performed:</b> <b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Allergy Test	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Allopurinol	EXP	Collect Sample 6-9hrs post dose. Provide medication details including time and date of last dose.	Plasma	EDTA	4	2	Centrifuge & Separate - within 4 hours of collection	Refrigerate	SRA / REF	SYP
Allorin	EXP	Collect Sample 6-9hrs post dose. Provide medication details including time and date of last dose.	Plasma	EDTA	4	2	Centrifuge & Separate - within 4 hours of collection	Refrigerate	SRA / REF	SYP
ALP Iso / Isoenzymes / Fractionated	API		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Alpha - Gal	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Alpha - 1,3 Galactose	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Alpha 1 Antitrypsin - Blood	AAT		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Alpha 1 Antitrypsin - Faeces	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Freeze	SRA / REF	RBH
Alpha 1 Antitrypsin Genotype	A1A	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Alpha 1 Globulin	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Alpha 1 Glycoprotein	AL1	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	HAPS
Alpha 1 IGG	AGG		Random Urine	Yellow Top Jar	50	<20		Refrigerate	YT / REF	
Alpha 1 Microglobulin - Urine	UA1 or IWY <b>**See Comment</b>	<b>Data Entry Note:</b> CODE: <b>UA1</b> if this test is requested on it's own CODE: <b>IWY</b> if this test is ordered with A1, IgG and Citrate/Cr	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	HAPS

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Alpha 1M	UA1 or IWY **See Comment	<b>Data Entry Note:</b> CODE: <b>UA1</b> if this test is requested on it's own CODE: <b>IWY</b> if this test is ordered with A1, IgG and Citrate/Cr	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>HAPS</b>
Alpha 2 Macroglobulin	QFX	NO Known Lab In Australia Currently performing this Assay								
Alpha Fetoprotein	AFP	** If Patient pregnant ( 14-21 weeks) , record gestational age on request form - test Referred to QML	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Alpha Fetoprotein - Amniotic fluid	AAF	<b>Dr collection</b>	Amniotic fluid	White Top Jar	10	2	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Alpha Galactosidase	AGT	<b>Collector's Note:</b> Samples to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"  <b>**Dedicated tubes (2XEDTA) required</b>  Collect specimens Monday to Thursday only <b>SANOFI GENZYME commercial request form:</b> <b>The test should be free of charge for patients presented with SANOFI GENZYME commercial request forms.</b> The Sanofi company will take care of the charge. Please don't charge patients with SANOFI GENZYME forms <b>For all other requests: this is not covered by medicare</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood or Guthrie Card	2xEDTA or Filter Paper **See comment	10	5	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>ADW&amp;CH</b>
Alpha-Glucosidase (Alpha Glucosidase)	IWY	<b>Contact Sendaways and advise of sample being collected</b> ** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked " <b>ATTENTION: SENDAWAYS</b> " ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Lab Note:</b> Guthrie Card to be processed in lab upon arrival by Sendaways	Whole Blood	EDTA	8.5	5	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>ADW&amp;CH</b>
Alpha Subunit Glycoprotein	<b>TSU</b>	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
Alpha Thalassaemia screen	HBE		Whole Blood	Purple EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Alpha Thalassaemia- Genetic Testing	IWY	<b>Do not collect pre-payment at time of collection.</b>  MBS rebate is criteria based. An out of pocket fee may apply. Patients must be of reproductive age. For known mutations within family, clinical notes MUST be included on request form, specifying familial variant(s).  1.If patient agrees use "Patient Advised of Fee" Stamp on the request form. 2.Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Alpha TSH Subunit	TSU	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	2x SST	2x 8.5	2x 8.5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Alpha-amino-3-hydroxy-5-methyl-4-isoxazole-propionic acid receptor Ab	AMR	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum or 2. CSF	1. SST <b>or</b> 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	<b>SRA / REF</b>	<b>RBH</b>
Alphatocopherol	EVI	<b>Transport on Dry Ice or in Freezer Packs</b> <b>**</b> Wrap aliquot tube in foil and Place extra barcode on outside of foiled aliquot.	Serum	Plain Clot (NO SST).	8.5	5	Centrifuge & Separate - and <b>Wrap in foil ASAP</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Alphavirus	RRV BFV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Alprazolam	UDS or DLI <b>**See Comment</b>	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note:</b> <b>UDS</b> = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2. AS 4308 Kit <b>*See Comment</b>	1. 50 or 2. 3x10ml tubes	1. 20 or 2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT or 2. TX</b>	
Alprazolam - serum	IWY	Trough levels must be collected within the hour preceding the next prescribed dose. Record on the request form the time of the dose immediately preceding collection and the time of collection	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
ALT	ALT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Aluminium - Plasma and/or Serum	ALU	Refer to <b>FRM-CL-159</b> Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6	6	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
Aluminium - Urine	IWY	If 24 hour urine requested - Contact Collections Advisor for Acid washed bottle Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc	1. Random Urine or 2. 24hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Acid Washed)	1. 50 or 2. > 200	1. 10 or 2. 100	N/A	1. Refrigerate  2. Refrigerate	<b>SRA / REF</b>	<b>RNS</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Alzheimer AD2	AZR	<p>Collection is Monday to Wednesday ONLY</p> <p>Treat as Critical Urgent.</p> <p><b>** Dedicated tubes (2xEDTA) required</b></p> <p><b>Collectors Note:</b> This is a special test and only select ACCs can collect this – Refer to Find Us for locations of approved sites.</p> <p><b>Lab Note:</b> Refer to IS-SRA-62 for instructions on the processing of the samples in the laboratory.</p> <p><b>**Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15)</p> <p>* Inform Patient of out-of-pocket expense, if patient agrees</p> <p>2. Payment is processed via BPoint (accessed via Prime) to accept the fee as per IS-CL-38</p> <p>3. Stamp request form with “Prepayment processed in Collection Room” stamp and complete details.</p> <p>4. Patient is given a completed Healius Pre-Payment receipt: Stores Material #700472</p> <p>Test Turn Around Time: TBA</p>	Whole Blood	2 x Pink EDTA	6	6	Deliver tubes without delay to the onsite laboratory for processing	Time Critical, deliver at Room Temperature to onsite laboratory	Delivery to onsite laboratory for processing	<b>QML</b>
Alzheimers Disease - CSF	IWY	<p><b>Dr Collect</b></p> <p><b>** Critical Urgent Pathway</b></p> <p>** Specimens to be placed in RED Specimen Bag and attach Doc - FRM-CL-80 Critical Urgent Specimen form</p> <p><b>Collectors and Lab Note:</b> For CSF Collection Procedures and guidelines please refer to FRM-CL-233 “National Dementia Diagnostics Laboratory – Sample collection and test information” document.</p> <p><b>Sendaways:</b> “”FRM-SRA-73 – CSF Alzheimer’s Disease Specimen Data Submission Sheet - The Florey Institute” ” Document required to be filled upon submission.</p> <p>Sample to be kept in polypropylene tube and not submitted in a polystyrene tube.</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>** Non-Medicare Rebateable test</p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15)</p> <p>* Inform Patient of out of pocket expense, if patient agrees</p> <p>2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	CSF	Polypropylene Sterile Container	1	<0.5	N/A	Refrigerate	<b>SRA / REF</b>	<b>NDDL</b>
AMA	AMA **Data Entry see comment	<p><b>Data Entry Note:</b> A normal request for AMA gets <b>AMA</b> only. If M2 is specifically requested, it should be coded for an <b>AMA &amp; IWY</b></p> <p><b>Lab Note:</b> M2 is a Sendaways test</p>	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO SRA / REF (for M2 Requests)</b>	<b>RPAH (for M2 request)</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Ambulatory Blood Pressure Monitoring	BPM	BPM needs to be sent inside the pouch to protect the machine. BPM in pouch, form and diary (FRM-CL-132) are transported in Diagnostics clear pencil case bag. <b>If there is an urgent BPM that requires a result ASAP</b> , please contact Diagnostics on 90057039 so we are aware of the patient. When making bookings for patients to get monitor fitted, allow enough time for transportation and uploading if the patient has another appointment with a cardiologist or another doctor. If error is showing on the machine, refer to FRM-DG-6 Reference table for Error Codes on the Blood Pressure Monitor, if the code is not on the error list, contact Diagnostics on 9005 7039.  <b>If the patient is 15 years or younger</b> , please write on the request form the patient's height & weight. If the BPM is urgent, simply tick or stamp with urgent, this does not require a red specimen bag <b>SRA Note:</b> Diagnostics scans all paperwork into RICS	24 Hour Blood Pressure Monitor	24 Hour Blood pressure monitor	N/a	N/A	N/A	BPM in pouch, transported with form and diary in Diagnostics clear pencil case bag	Version 20 BPMs to Diagnostics DI, North Ryde  Version 12 BPMs to your closest lab.	
AMH	AMH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Amikacin	AMK	<b>Transport on Dry Ice or in Freezer Packs</b> Samples are only stable for 48 hours, if delayed freeze serum	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>
Amino Acids - Urine	AAS	<b>Transport on Dry Ice or in Freezer Packs</b>	Random Urine	Yellow Top Jar	50	10	Freeze within 2 hrs of collection	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Amino Acids - Plasma	AMC	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Lithium Heparin	8	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Amino Acids	IWY	By prior arrangement with the Westmead Children's Pathologist Head of Biochemistry only. Contact: 02 9845 3654. <b>Specimen must be transported asap after collection.</b>	Amniotic Fluid	White Top Jar	50	10	N/A	Room Temperature	<b>SRA / REF</b>	<b>WCH</b>
Amino Acids	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	CSF	CSF Collection Tube-additive free (red top or aliquot tube)	1	< 0.5	Freeze ASAP - within 2 hours of collection	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Amino Laevulinic Acid	ALA	Urine collected preferably during attack. <b>** Wrap in Foil and place extra barcode on outside of foiled aliquot</b>	Random Urine	Yellow Top Jar	50	10	<b>Wrap in foil securely</b>	Refrigerate	<b>YT / REF</b>	<b>RPA</b>
Aminophylline	THE		Serum	Plain Clot (NO SST).	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>SKP</b>
Amiodarone	AMD	Record on the request form the time of the dose immediately preceding collection and the time of collection. Test done every Wednesday. Take just before dose or 8 hours after a dose and record collection time on the request form. <b>For Trough Levels-</b> Collect within 1 hr of next dose or more than 4-hrs post dose. Note time since last dose and record on the request form.	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
Amitriptyline	AMT	Collect immediately prior to next dose. Provide clinical and medication details, including time and date of last dose	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
AML GENE PANEL	MPD	<p>Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"><li>• Most patients will be Medicare eligible</li><li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li><li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li></ul> <p>Preferred request form “Haematology NGS Panel request“ can be found on the Genomic Diagnostics website: <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -&gt; For Practitioners -&gt; Request forms -&gt; Cancer Genetics Request form</p> <p>Any queries call Genomic Diagnostics on 1800 822 999</p>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Ammonia	AMM	Transport on Dry Ice or in Freezer Packs	Plasma	EDTA	4	2	Centrifuge & Separate	Freeze	SRA / REF	RPA
Ammonia - Urine	IWY	Transport on Dry Ice or in Freezer Packs <b>Note:</b> Ammonia tests are prone to false elevations if sample collection and transport is not performed correctly	1. Random Urine or 2. 24 hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle	1. 50 or 2. > 200	1. 10 or 2. 100	1. N/A  2. N/A	Freeze	SRA / REF	RNS
Amoeba, Amoebic, Amoebiasis Antigen Test	FMC	** Must be tested within 24 hrs after collection (Micro destination) or Freeze sample, <b>Transport on Dry Ice or in Freezer Packs</b> , and send in as frozen to SRA destination.	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate or Freeze- <b>see comments**</b>	M/SRA	
Amoebic Antibodies	AMS		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
AMPA receptor Ab	AMR	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum or 2. CSF	1. SST <b>or</b> 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	SRA / REF	RBH
Amphetamine - Blood	QFX	<b>Test no longer available</b> Urine Drug Screens recommended or contact the Toxicology department 90057241								
Amphetamine - Urine	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note:</b> UDS = Drug Screen Urine - General DLI = Drug Screen Urine - Chain of Custody  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x10ml tubes	1. 20 or 2. 2x10ml tubes	N/A	Refrigerate	1. YT or 2. TX	
Amphetamine- Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	TX	
Amphiphysin	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Amphiphysin Ab	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Amylase - Isoenzyme	IAM		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	WCH
Amylase - Pancreatic / Salivary	IAM		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	WCH
Amylase - Peritoneal Fluid	PFC	<b>Dr Collect-</b> Doctor to be advised that a serum Amylase is to be run as well- SST to be collected if not done.	Peritoneal Fluid	White Top Jar	5	5	N/A	Refrigerate	SRA	
Amylase - Blood	AMY		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Amylase - Urine	IWY	<b>Collection Note:</b> 1. Timed Urine - collect 24 hour urine 2. Spot urine can be used ONLY if timed urine is not requested.  <b>Lab Note:</b> Volume must be noted before sending	1. 24 hr Urine or 2. Random **See Comment	1. 4 litre Urine Bottle (Plain Bottle) or 2. Spot Urine **See Comment	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Amyloid A	SAM	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Amyloid Precursor Protein	QFX	<b>Test currently not available in Australia</b>								
Amyloid Probability Score	AZR	Collection is Monday to Wednesday ONLY  Treat as Critical Urgent.  <b>** Dedicated tubes (2xEDTA) required</b>  <b>Collectors Note:</b> This is a special test and only select ACCs can collect this – Refer to Find Us for locations of approved sites.  <b>Lab Note:</b> Refer to IS-SRA-62 for instructions on the processing of the samples in the laboratory.  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out-of-pocket expense, if patient agrees 2. Payment is processed via BPoint (accessed via Prime) to accept the fee as per IS-CL-38 3. Stamp request form with “Prepayment processed in Collection Room” stamp and complete details. 4. Patient is given a completed Healius Pre-Payment receipt: Stores Material #700472  Test Turn Around Time: TBA	Whole Blood	2 x Pink EDTA	6	6	Deliver tubes without delay to the onsite laboratory for processing	Time Critical, deliver at Room Temperature to onsite laboratory	Delivery to onsite laboratory for processing	<b>QML</b>
Amyotrophic Lateral Sclerosis ALS PCR	ALS	<b>Urgent Transport- Must be delivered to Concord Lab within 24hrs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). <b>Lab Contact Ph: 02 9767 6796</b>	Whole Blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>CON</b>
ANA	ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anabolic Steroids	IWY	The client must supply documentation to support their request for analysis, and include the statement “the donor of the urine is not involved in a competitive sport” as outlined on the NMI form. <b>FRM-CL-166 ASDTL non-sport clients form</b> is to be filled by the client, signed and sent with the cold specimen.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	Yellow Top Jar	50	40	N/A	Refrigerate	<b>YT / REF</b>	<b>NMI</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Anal - Threadworm/Pinworm Collection	CEL	Attach cellotape to skin around anus sample once and remove tape. Send tape attached to a glass slide. Glass Slide to be labelled and sent to lab in a slide mailer.	Cellotape	Glass slide	N/A	N/A	N/A	Room Temperature	MI	
Anal Swab - Gonorrhoea & Chlamydia PCR	CPC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on www.laverty.com.au for further information.  Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests	Swab **See comment	cobas PCR Media Dual Swab Sample Pack (Use Woven Swab)	N/A	N/A	**See Comment	Room Temperature	MD	
Anal Swab - M,C&S	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Anaphylaxis	TPT	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	QML* **Metro Labs only: Refer to your site specific SOP
ANCA	LAA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Androgen Receptor PCR	ARP	<b>Collector's Note: DO NOT</b> collect on Fridays or weekends. <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	CON
Androgens Profile / Studies / Metabolites	=AND		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Androstenedione <15 years	HOC		Serum	Plain red top (no gel)	5	2	Centrifuge & Separate	Refrigerate	SRA / REF	WCH
Androstenedione >15 years	ANE		Serum	Plain Red Top (no Gel)	5	2	Centrifuge & Separate	Refrigerate	SRA / REF	WCH
Aneuploidy	IWY	Contact Sendaways								
ANF	ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Angelman Syndrome /Prader-Willi Syndrome	RAY	Chromosomal microarray will be performed as preliminary testing where AS/PWS genetic testing has been requested  Medicare criteria applies: Methylation testing CANNOT be requested with microarray testing. A repeat collection may be required for methylation testing. To be performed >15 days after initial testing  Collector's note: Ensure the OSF (To Follow) procedure is followed for the Methylation testing PWS (Prader Willi Syndrome) and the new collection date, >15 days, is added on the OSF form  All enquiries contact the Genetics Department on (07) 3121 4462  MBS Rebate applies	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Angelman Syndrome Testing	IWY	Medicare criteria applies: Methylation testing CANNOT be requested with microarray testing.  COLLECTION NOTE: Collect ONLY when AS methylation testing is requested AND Chromosomal Microarray has been collected >15 days apart. Refer to “Angelman Syndrome/Prader-willi Syndrome”.  Sendaways Note: Check if Microarray has previously been performed (check with QML if required). If Microarray has not been performed, follow comment guide under “Angelman Syndrome/Prader-willi Syndrome”.  All enquiries contact the Genetics Department on (07) 3121 4462  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  MBS Rebate: medicare criteria applies Additional genetic testing where required: \$650 for MLPA and Sequencing for Angelman Syndrome	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	Mater Pathology
Angiotensin Converting Enzyme	ACE		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Angiotensin Converting Enzyme - CSF	IWY	Dr Collect	CSF	Sterile Container	1	0.5	n/a	Refrigerate	SRA / REF	RBH
Angiotensin II	QFX	Test no longer available								
Antenatal Screen	FBC H1 H6 SYM RUB BGA DVI HIR	2 X SST will cover for tests 3, 4, 6 & 7. 2 X EDTAs for tests 1 & 5  Collect for the 7 tests listed below  1. Full Blood Count 2. Hepatitis Serology 3. Syphilis 4. Rubella 5. Blood Group & antibody screen 6. Vitamin D 7. HIV	1. Whole Blood and 2. Serum and 3. Serum and 4. Whole Blood	1. EDTA and 2. SST and 3. SST and 4. EDTA	1. 4 2. 8.5 3. 8.5 4. 4	1. 2 2. 5 3. 5 4. 2	1. DO NOT centrifuge 2. Centrifuge 3. Centrifuge 4. DO NOT centrifuge	Refrigerate all specimens	1. HA 2. AUTO 3. AUTO 4. BB	
Antenatal Serology	H1 H6 SYM RUB HIR	2 X SST will cover for tests 2,3 & 4 Collect for the 4 tests listed below  1. Hepatitis Serology 2. Syphilis 3. Rubella 4. HIV	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	AUTO	
Antenex	QFX	No Known Lab in Australia Currently Performing this Assay								
Anti Acetylcholine Receptor Abs	ACR		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Anti Ach ABs for M Gravis	ACR		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Anti Actin Ab	SMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti Adrenal Antibodies	ADR		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Anti Amphiphysin antibodies	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Anti ASCA abs	SCI		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Anti Basement Membrane Antibodies	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Anti-Cardiac Antibodies	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RPAH
Anti Cardiolipin Ab	CAD		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti CCP	CCP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti Centromere Antibodies	ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti Cholinergic Receptor Abs	ACR		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Anti CW	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Anti D (detection / screen / assessment)	ABS	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Anti Diuretic Hormone	IWY	<b>This assay is no longer available and has been replaced with Copeptin. Please refer to Copeptin entry for collection requirements.</b> <b>Copeptin is a Non-Medicare Rebateable Test</b>								
Anti DNA	DNA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti DNase B	ASE		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti-dsDNA	DNA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Duffy (Fy <sup>a</sup> or Fy <sup>b</sup> )	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Anti E	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Anti ENA	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Endomysial Antibodies	IGA EMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti GAD Antibodies	GAD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti Gastric Mucosa /Parietal Cell Abs	GPC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Gliadin Antibodies	IGA GLI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Gliadin IgA / IgG	IGA GLI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Glomerular Basement Membrane Abs	GBM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Glutamic Acid Decarboxylase Antibody	GAD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti GM-1 Ab	GM1	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Anti GQ1B Ab	GQ1	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RBH</b>
Anti Heart Antibodies	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPAH</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Anti Histone Abs	AHS		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Anti HLA Antibodies	HLA	Also known as Tissue Typing (HLA) **Need to ring RED CROSS before collection and book in Ph: 02 9229 4444	Whole Blood	ACD	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	RCR
Anti Hu / Ri / Yo Abs	ANU		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Anti IA2	IA2		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Anti IgA Ab	IWY	Anti IgA Ab must be clearly mentioned on the request form.	Serum	SST	8.5		Centrifuge	Refrigerate	SRA / REF	Sutherland Hospital
Anti Insulin Antibodies	AIA		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	SYP
Anti Intercellular Substance ( ICSA)	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Anti Intrinsic Factor Antibodies	IFB		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti Islet Cell Antibodies	ISL		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	LIV
Anti-Jo-1	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti K (Kell)	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	BB	
Anti Kidd (Jk <sup>a</sup> or Jk <sup>b</sup> )	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	BB	
Anti-La (SS-B)	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti Leucocyte Cytoplasmic Abs	LAA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti Lewis ABs	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	BB	
Anti Liver Cytosol I Abs	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RPA
Anti Liver Kidney Microsomal Abs	LKM		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Anti M	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	BB	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Anti M & phenotype	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Anti MAG	MYA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QE2</b>
Anti Mog Antibody	IWY		Serum	SST	4	2	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Anti MCV	QFX	<b>Test no longer available</b> Recommended alternative test is Anti-CCP or contact the Immunopathologist on call on 90057000								
Anti Microsomal AB	ATP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Mitochondrial Antibodies	AMA **Data Entry see comment	<b>Data Entry Note:</b> A normal request for AMA gets <b>AMA</b> only. If M2 is specifically requested, it should be coded for an <b>AMA &amp; IWY</b> <b>Lab Note:</b> M2 is a Sendaways test to be sent to ICPMR	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO SRA / REF (for M2 Requests)</b>	<b>RPAH (for M2 request)</b>
ANTI-MPO Ab	MPO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Mullerian Hormone	AMH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti - Mutated Citrullinated Vimentin (MCV)	QFX	<b>Test no longer available</b> ** Contact HOD / Immunopathologist on 90057000 with Referring doctor's details for alternative test recommendations								
Anti Myeloperoxidase Abs	MPO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Neuronal Antibodies	ANU		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Anti Neuronal Nuclear Antibodies 1 & 2	ANU	Part of ANU panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Anti Neutrophil Cytoplasmic Abs	LAA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti NMDA Receptore Ab (NMDA Receptor Ab)	NDM	<b>If requested specifically</b>  <b>***Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum or 2. CSF	1. SST or 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	<b>SRA / REF</b>	<b>RBH</b>
Anti Nuclear Factor / Antibody	ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Nucleosome Ab	CAN	<b>Chromatin Abs used to be done in-house at Laverty.</b>	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Anti Ovarian/Ovary Antibodies	OVA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti Parietal Cell Antibodies	GPC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Peroxidase Antibodies	ATP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Phospholipase A2 Receptor (Anti PLA2R)	PHA	<b>Lab Note:</b> Contact Person- Chris Bundell <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QE2</b>
Anti Phospholipid Abs	LUP CAD B2G	<b>1. Transport on Dry Ice or in Freezer Packs</b> ** Separate ( spun ) citrate tubes into their own aliquot tube. (LUP goes to Coags Department, rest done in Immunology)  1. Collector's Note: Please refer to IS-CL-24 for double spin protocol	1. Plasma and 2. Serum	1.3 x Citrate and 2. SST	1.3 x 2.7 and 2. 8.5	1.3 x 2.7 and 2. 8.5	1.Double Spin Protocol Refer to IS-CL-24 and 2. Centrifuge	1. Freeze and 2. Refrigerate	<b>1. CO 2. AUTO</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Anti Pituitary Antibodies	QFX	<b>Test no longer available in Australia</b>								
Anti Platelet Antibodies	PLT	<b>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Needs to reach POW within 24hrs of collection.</b>  <b>Sydney Metro areas:</b> Contact COMS room to organise Urgent Courier for samples to be taken direct to Sendaways. Collect Monday to Thursday only am collection. Samples must arrive to North Ryde before 12md. <b>Regional areas:</b> Collect Mon to Weds AM only AND Contact Sendaways Dept prior to collection <b>Lab Note:</b> Platelets need to be less than one hundred for test to be performed. Covered by Medicare	1. Whole Blood <b>and</b> 2. Serum	1. <b>5x</b> EDTA <b>and</b> 2. <b>2x</b> Plain / Clot	1. 5 x 4 <b>and</b> 2. 2 X 8.5	1. 5 x 4 <b>and</b> 2. 2 X 8.5	1. DO NOT Centrifuge- keep as whole blood  2. Centrifuge and separate serum	Keep ALL samples at Room Temperature	<b>SRA / REF</b>	<b>POW</b>
Anti Platelet Factor 4 (Anti PF4)	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> Requesting Dr to complete the relevant THANZ 2-page form. The form is located at <a href="https://www.thanz.org.au/resources/covid-19">https://www.thanz.org.au/resources/covid-19</a>	2x Serum and 4x Plasma	2 x Plain/clot and 4 x Citrate	2 x 8.5 and 4 x 2.7	2 x 8.5 and 4 x 2.7	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>CON</b>
Anti PM1	MLB		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti Proteinase 3 Antibody	AP3		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Recoverin Abs	ANU		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Anti Reticulin Abs	IGA TTA	No longer performed, currently recommended test for coeliac disease screening is TTA	Serum	SST X 2	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anit-ribosomal P (riboP)	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti RNP (Ribonucleoprotein) Abs	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti-Ro (SS-A)	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti S	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form MUST</b> contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Anti Saccharomyces Cerevisiae Abs	SCI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti Salivary Gland Antibodies	QFX	<b>Test no longer available</b> <b>** Contact HOD / Immunopathologist on 90057000 with Referring doctor's details for alternative test recommendations</b>								
Anti Scl-70	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti-single stranded DNA	QFX	<b>Test no longer available</b>								
Anti Skeletal (Striated) Muscle Ab	STR		Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Anti Skin - Basement Membrane	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti SLA	SLG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Anti-Sm	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti SM1 Antibodies	MYA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QE2</b>
Anti Smooth Muscle Antibody	SMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Soluble Liver Antigen	SLG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Anti Sperm Abs - Semen	SPA		Semen	White Top Jar	2	2	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti Sperm Abs - Serum	SPA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Anti SS-A	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti SS-B	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Streptolysin-O-Titre	ASO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Striated Muscle	STR		Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Anti Thrombin III	AN3	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Correct volume critical.</b>  <b>Specific clinical criteria apply for Medicare rebate</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	2 x Citrate	2x2.7 Full Draw ** Volume critical **	2x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Anti Thyroglobulin Antibodies	TAB		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Thyroid Antibodies	THA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Thyroid Peroxidase Antibodies	ATP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Tissue Transglutaminase IgA	IGA TTA		Serum	SST X 2	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti TJ (a) Antigen	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Anti Tja Antibody	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Anti Topoisomerase (Scl-70)	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Anti Xa level	XAA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Send via Urgent Pathway</b>  * Correct volume critical. A list of the medication that the patient is on is required for testing Please place in SEPARATE BAG , <b>ATT: Coags</b>	Plasma	2 x Citrate	2 x2.7 Full draw*	2 x 2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	<b>CO</b>	
Antibiotic Allergy Test	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Antibodies - Red Blood Cell (RBC)	ABS	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Antibodies screen/ Titre	ABS	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Antimony	USB	Random Urine is the preferred sample to monitor antimony exposure and yellow top jar is the only container accepted. If 24 hour urine requested - Contact Collections Advisor for acid washed bottle. Yellow top jars are the only container to be used when aliquoting urine antimony. Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24 hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Acid Washed)	1. 50 or 2. > 200	1. 10 or 2. 100	1. N/A  2. N/A	Refrigerate both samples	<b>1. YT 2. SRA</b>	
Antimony - Blood	QFX	Testing for antimony in blood not available								
Antimony - Urine	USB	Random Urine is the preferred sample to monitor antimony exposure and yellow top jar is the only container accepted. If 24 hour urine requested - Contact Collections Advisor for acid washed bottle. Yellow top jars are the only container to be used when aliquoting urine antimony. Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24 hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Acid Washed)	1. 50 or 2. > 200	1. 10 or 2. 100	1. N/A  2. N/A	Refrigerate both samples	<b>1. YT 2. SRA</b>	
AP3	AP3		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
APC	PCR	Clarify with the doctor whether this is Adenomatous Polyposis Coli (Genetic Test) or Activated Protein C Resistance								
APCR	PCR	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Correct volume critical.</b>  <b>Specific clinical criteria apply for Medicare rebate</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	3 x Citrate	3 x 2.7 Full Draw <b>** Volume critical **</b>	3 x 2.7 Full Draw <b>** Volume critical **</b>	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Apixaban Anti Xa	XAA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Send via Urgent Pathway</b>  * Correct volume critical. A list of the medication that the patient is on is required for testing Please place in SEPARATE BAG , <b>ATT: Coags</b>	Plasma	2 x Citrate	2 x 2.7 Full draw*	2 x 2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	<b>CO</b>	
APLA	LUP CAD B2G	<b>1. Transport on Dry Ice or in Freezer Packs</b> <b>** Separate ( spun ) citrate tubes into their own aliquot tube.</b> (LUP goes to Coags Department, rest done in Immunology)  1. <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol	1. Plasma <b>and</b> 2. Serum	1. 3 x Citrate <b>and</b> 2. SST	1. 3 x 2.7 and 2. 8.5	1.3 x 2.7 and 2. 8.5	1.Double Spin Protocol Refer to IS-CL-24 <b>and</b> 2. Centrifuge	1. Freeze <b>and</b> 2. Refrigerate	<b>1. CO 2. AUTO</b>	
APO E	APE	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Apo B100 Genotyping	QFX	No known lab in Australia currently performing this test. Test cannot be completed. Patient should be advised to consult with a Genetic counsellor.								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
APO E GENOTYPE	APE	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
APOB Gene	FIC	Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
APOE Gene	FIC	Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Apolipoprotein (a) - lipoprotein (a) Lp(a)	APA	Fasting 12 hrs Less than 8 hrs not acceptable. <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Apolipoprotein A1	APO	Fasting 12 hrs. Less than 8hrs not acceptable	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Apolipoprotein B / Apo B	APO	Fasting 12 hrs. Less than 8hrs not acceptable	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Apolipoprotein B100 Genotyping	QFX	No known lab in Australia currently performing this test. Test cannot be completed. Patient should be advised to consult with a Genetic counsellor.								
Apolipoprotein E genotyping	APE	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
APTT	APT	<b>Send via Urgent Pathway</b> *Correct volume critical- full draw required or a recollection will be necessary. <b>Record any anticoagulant medication</b>  * If sample gets to lab within 4 hrs – leave unspun at room temperature. Transport at room temperature * If delay to lab greater than 4 hrs – then spin, separate and freeze. Transport in freezer pack.	Whole Blood	Citrate	2.7 Full draw*	2.7 Full draw*	*See Comment	See Comment	CO	
Aquaporin-4 antibodies	NMO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Ara h 1	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Ara h 2	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Ara h 3	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Ara h 8	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Ara h 9	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Arah 2 (peanut allergy)	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Arava	LEF	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Arbovirus Abs	RRV BFV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
ARR	RNM	<b>Transport on Dry Ice or in Freezer Packs</b> * Cold Collection- Tubes need to be cold at collection	1. Plasma and 2. Serum	1. 2x EDTA and 2. SST	1. 2x 4 and 2. 8.5	1. 2x 4 and 2. 8.5	Centrifuge & Separate all tubes	Freeze	<b>SRA / REF</b>	<b>QML</b>
Arsenic (Inorganic) - Urine	IWY	<b>*Urine sample to be collected at the end of shift – Preferably at the end of the working week</b>  <b>RNSH (Royal North Shore Hospital) – Performs Total Inorganic Arsenic only</b>  <b>WOR (WorkCover / TestSafe Australia) – Performs a more comprehensive Arsenic assay which includes (MMAv, DMAv, AsIII, AsV)</b>  <b>Note for requests going to WorkCover/TestSafe – ** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out-of-pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp on the request form. Complete details and ask Patient to Sign 3. Provide patient with Healius “out-of-pocket” fee notice: Stores Material Code #700428 4. Write clearly the lab reference number on the out-of-pocket fee notice that is given to the patient.	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>SRA / REF</b>	<b>RNS or WOR</b>
Arsenic - Blood	ABN	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Arsenic Speciation	IWY	<p>*Urine sample to be collected at the end of shift – Preferably at the end of the working week</p> <p>RNSH (Royal North Shore Hospital) – Performs Total Inorganic Arsenic only</p> <p>WOR (WorkCover / TestSafe Australia) – Performs a more comprehensive Arsenic assay which includes (MMAv, DMAv, AsIII, AsV)</p> <p>Note for requests going to WorkCover/TestSafe – ** Non-Medicare Rebateable test</p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15)</p> <p>* Inform Patient of out-of-pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp on the request form. Complete details and ask Patient to Sign</p> <p>3. Provide patient with Healius “out-of-pocket” fee notice: Stores Material Code #700428</p> <p>4. Write clearly the lab reference number on the out-of-pocket fee notice that is given to the patient.</p>	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	SRA / REF	RNS or WOR
Arsenic - Urine	ARS	<p>Place samples in separate bag/container marked as "Special Chemistry-Metals Area".</p> <p>To avoid contamination/interference it is important to advise patients: (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.</p>	1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain)	1. 50 or 2. > 200	1. 20 or 2. 100	N/A	Refrigerate both samples	1. YT or 2. SRA	
Arterial Blood Gas	BGS	<p><b>** DOCTOR COLLECT ONLY**</b></p> <p>Refer patient back to Doctor or hospital.</p> <p><b>** Test blood within 40 mins of collection</b></p> <p>Only Performed at laboratories associated directly with hospitals – and performed at Wagga Wagga ACC - Edward St POCT</p> <p>Not performed in Collection Centres or at the Main Laboratory.</p>	Whole Blood	Lithium Heparin 2 mL cc-venting blood gas syringe	2	1	Keep cool ( <b>NOT ON ICE</b> ) or at RT but not higher, syringe must be tightly capped and mixed regularly by rolling the syringe between your palms for at least 15 seconds, do not shake	Transport cool or at RT Do not use ice slurry. Sample must be in the lab within 25 minutes of collection	Relevant Hospital	
Arthritis Profile - tests 1-10 must be listed individually on request.	UEC LFT ANA FBC ESR CRP ENA DNA URA RF	<p><b>If all tests requested, 2 X SST will cover tests 1,2,3,5,7,8,9,10.</b></p> <p><b>1 X EDTA will cover tests 4 &amp; 5</b></p> <p><b>Collect for the 10 tests listed below</b></p> <p>1. Urea Creatinine Electrolytes</p> <p>2. Liver Function Tests</p> <p>3. Anti Nuclear Antibody</p> <p>4. Full Blood Count</p> <p>5. ESR</p> <p>6. C Reactive Protein</p> <p>7. Anti ENA Abs</p> <p>8. Anti-dsDNA</p> <p>9. Uric Acid -serum</p> <p>10. Rheumatoid Factor</p>	1. Serum and 2. Whole Blood	1. 2 x SST and 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate all specimens	1. AUTO 2. HA	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Arylsulphatase A	IWY	Collect between 9 am and 1pm from Monday to Thursday only. Excluding day preceding Public Holidays. Send Urgently.  **Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign Sendaways to Genetic Medicine at Adelaide Women's and Children's Hospital.  Part of Lysosomal Enzyme Panel (White Cell Enzymes). Arylsulphatase level.	Whole Blood	2 x EDTA	2x8ml	2x3ml	DO NOT Centrifuge	Room Temperature	SRA / REF	WAC
ASAB	SPA		Semen	White Top Jar	2	2	N/A	Refrigerate	SRA / REF	QML
Asbestos Bodies -sputum	PWC	NOTE : If doctor requests a series sputum or sputum x 3, 3 samples are to be collected over 3 consecutive days, otherwise single sputum sample to be collected.  Specimen must be brought in on day of collection.  Note: Doctors may also use the terminology neoplastic or malignant cells for cancer  Note: Must be a deep cough sputum sample not saliva.	Early morning deep cough sputum sample from the lungs	White Top Jar	N/A	N/A	N/A	Refrigerate	CY	
ASCA	SCI		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Ascitic Fluid - Biochemistry	PFC		Ascitic Fluid	White Top Jar	10	2	N/A	Refrigerate	SRA	
Ascitic Fluid - Cytology	CYF		Ascitic Fluid	White Top Jar	10	2	N/A	Refrigerate	SRA	
Ascitic Fluid - M,C&S	FLD		Ascitic Fluid	White Top Jar	10	2	N/A	Refrigerate	SRA	
Ascorbic Acid	CVI	<b>Transport on Dry Ice or in Freezer Pack</b> <b>** Place extra barcode on outside of foiled aliquot</b>	Serum	Plain Clot	8.5	5	Centrifuge & Separate and Wrap in foil ASAP.**	Freeze	SRA / REF	QML
ASLO AB	ASO		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
ASMA	SMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
ASOT	ASO		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Aspartate Aminotransferase	AST		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Aspergillus Culture	FUN		1. Lesion or 2. Sputum	1. Blue Top swab or 2. White Top Jar	N/A	N/A	N/A	Room Temperature	SRA	
Aspergillus Precipitins / Antibodies	ASP		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Aspergillus specific IgE	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Aspirate - Joint	FLD	Dr collect	Joint Fluid	White Top Jar	50	< 10	N/A	Room Temperature	SRA	
Aspiration Cytology – Pathologists Collection	FNA	Contact Cytology department for patient appointment Ph: 90057463  Note: Doctors may also use the terminology malignant cells	Aspirate	Slide(s) and Hanks and/or SurePath	N/A	N/A	N/A	Refrigerate	CY	
Aspirin	SAC	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
AST	AST		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Astra Zeneca Vaccine (VITT)	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  Requesting Dr to complete the relevant THANZ 2-page form. The form is located at <a href="https://www.thanz.org.au/resources/covid-19">https://www.thanz.org.au/resources/covid-19</a>	2x Serum and 4x Plasma	2 x Plain/clot and 4 x Citrate	2 x 8.5 and 4 x 2.7	2 x 8.5 and 4 x 2.7	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>CON</b>
Astro Virus	IWY		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
AT3, ATIII	AN3	<b>Transport on Dry Ice or in Freezer Packs</b> ** Correct volume critical.  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	2 x Citrate	2x2.7 Full Draw ** Volume critical **	2x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Atazanavir	AZV	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
ATG	TAB		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
ATH	AN3	<b>Transport on Dry Ice or in Freezer Packs</b> ** <b>Correct volume critical.</b>  <b>Specific clinical criteria apply for Medicare rebate</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	2 x Citrate	2x2.7 Full Draw ** Volume critical **	2x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Atypical Mycobacteria	AFB	1. Urine requirement: 3 early morning collections. 2. Sputum requirement from base of lungs obtained by deep cough is needed – <b>NOT SALIVA</b>	1. Urine <b>or</b> 2. Sputum <b>or</b> 3. Fluid <b>or</b> 4. Tissue <b>or</b> 5. CSF	1. Yellow Top Jar <b>or</b> 2. White Top Jar <b>or</b> 3. White Top Jar <b>or</b> 4. White Top Jar <b>or</b> 5. CSF Collection Tube-additive free (red top or aliquot tube)	20	10	N/A	1. Refrigerate  2. Refrigerate  3. Room Temperature  4. Room Temperature  5. Room Temperature	<b>1 YT or 2 &amp; 3. SRA or 4 &amp; 5. MI</b>	
Atypical Pneumonia PCR	MPP CHD LGN	This test includes Mycoplasma Pneumoniae PCR, Chlamydia Pneumoniae PCR and Legionella Pneumoniae PCR.	Naso Pharyngeal Aspirate	Green Top Viral swab or White top Dry Swab or White Top Jar	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Atypical Pneumonia Serology	CHT LPN MYC MYM	<b>Lab Note:</b> LPN goes to QML	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Atypical Tuberculins	QTB	<p><b>** Place ALL 4 tubes in one RED BAG and send via the Urgent Specimen pathway.</b> Needs to reach Serology department in North Ryde within 16 hours of collection. For final collection times, refer to FRM-GEN-145 Quantiferon Test- Final Collection Times sheet.</p> <p><b>Collector's Note:</b> No collections on Public Holidays Refer to FRM-GEN-145 Quantiferon Test- Final Collection Times and IS-CL-16 Quantiferon TB Gold Tube Collection Order Quantiferon kit from collections advisor.</p> <p><b>Lab Note:</b> Refer to IS-SRA-15 Incubation procedure</p> <p><b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Medicare Rebateable</b> If patient is immunosuppressed or immunocompromised, exposed to a confirmed case of active TB; a person who is to commence, or has commenced tumour necrosis factor (TNF) inhibitor therapy; a person who is to commence, or has commenced renal dialysis; a person with silicosis; or a person who is, or is about to become immunosuppressed because of a disease or a medical treatment.</p>	Whole Blood	1x Quantiferon Kit 4 tubes in total (grey, green, yellow, purple)	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Mix tubes by inversion (ten times) after collection	Room Temperature	SRA	
Auto Antibody Screen	AAB **See comment	Test panels to be pathologist coded	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Auto Haemolysis Screen	FBC RET DAT BIL HAP LDH	<p><b>Collect for the 6 tests listed below:</b> <b>If all tests are requested,</b> <b>1 X EDTA ( Whole blood) will cover tests 1, 2 &amp; 3</b> <b>1 X SST ( Centrifuge) will cover tests 4,5 &amp; 6</b></p> <p>1.Full Blood Count 2. Reticulocytes 3. Direct Antiglobulin Test 4. Bilirubin - serum 5. Haptoglobulins 6. LDH</p>	1. Serum  and  2. Whole Blood	1. SST  and  2. EDTA	1. 8.5  2. 4	1. 5  2. 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate all specimens	1. AUTO  2. HA	
Autoclave testing	SPO	Send to Microbiology		Spore strips	n/a			Refrigerate	MI	
Autoclaving	QFX	Send to Microbiology		Instruments	n/a			Room Temperature	SRA	
Autoimmune Abs	AAB **See comment	Test panels to be pathologist coded	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Autoimmune Hepatitis Screen	ANA AMA LKM SMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Autoimmune encephalitis Abs	IWY	<p><b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p> <p><b>Includes NMDA, VGKC (CASPR2, LGi-1), GABA-B, DPPX and IgLON5 in a single screen. Only if LE screen is requested, otherwise refer to individual tests. Do not open individual panels.</b> <b>Specialist referral only</b></p>	1. Serum or 2. CSF	1. SST or 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	SRA / REF	ICPMR



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Autoimmune Limbic Encephalopathy Screen	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>Includes NMDA, VGKC (CASPR2, LGI-1), GABA-B, DPPX and IgLON5 in a single screen. Only if LE screen is requested, otherwise refer to individual tests. Do not open individual panels.</b> <b>Specialist referral only</b>	1. Serum or 2. CSF	1. SST <b>or</b> 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	<b>SRA / REF</b>	<b>ICPMR</b>
Autologous Crossmatch	XM	<b>DO NOT SEPARATE TRANSFUSION FORM</b> * If patient has been pregnant or recently transfused in the last 3 months or has history of a clinically significant antibody please collect no greater than 72 hours before date required. * For all other patients a GPH/XM can be collected up to 30 days before required for elective surgery. <b>Note:</b> 30 days starts from date of collection. <b>Blood Transfusion form and request form MUST</b> contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b> A red label must be attached to each tube for all Group and Hold/Cross Match tests. <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples and Blood Transfusion form. In Sydney Metro Areas: Prior to collection, Collection staff must contact Blood Bank Department on 02 90057270 to confirm at which lab these samples will be tested and stored prior to the anticipated operation / transfusion. <b>Collectors Note:Send BOTH Transfusion form and specimens directly to Blood Bank</b>	1. Whole Blood  <b>and</b>  2. Whole Blood	1. 2x EDTA **  <b>and</b>  2. Plain Clot**  <b>**Red Blood Bank labels required to be fixed to all tubes.</b> <b>**See Comments</b>	1. 2x 4  2. 8.5	1. 2x 2  2. 5	1. DO NOT Centrifuge  2. DO NOT Centrifuge	Refrigerate all tubes	<b>BB</b>	
Aventyl	NTR	Collect trough level within 1 hr of next dose.	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Avian - PPD (Avian, Atypical) Avian - Skin test Avian Mycobacterium Serology	QTB	<b>** Place ALL 4 tubes in one RED BAG and send via the Urgent Specimen pathway.</b> Needs to reach Serology department in North Ryde within 16 hours of collection. For final collection times, refer to FRM-GEN-145 Quantiferon Test- Final Collection Times sheet.  <b>Collector's Note:</b> No collections on Public Holidays Refer to FRM-GEN-145 Quantiferon Test- Final Collection Times and IS-CL-16 Quantiferon TB Gold Tube Collection Order Quantiferon kit from collections advisor.  <b>Lab Note:</b> Refer to IS-SRA-15 Incubation procedure  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>Medicare Rebateable</b> If patient is immunosuppressed or immunocompromised, exposed to a confirmed case of active TB; a person who is to commence, or has commenced tumour necrosis factor (TNF) inhibitor therapy; a person who is to commence, or has commenced renal dialysis; a person with silicosis; or a person who is, or is about to become immunosuppressed because of a disease or a medical treatment.	Whole Blood	1x Quantiferon Kit 4 tubes in total (grey, green, yellow, purple)	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Mix tubes by inversion (ten times) after collection	Room Temperature	<b>SRA</b>	
Avian Precipitins	AVP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Avian Influenza PCR	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Axilla- Staph Carriage	PUS		Both sides	Blue Top swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Azathioprine Metabolites	6MP	MUST have FBC performed as well	Whole Blood	2x EDTA	8	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
B Cells	IWY	Time sensitive test which is required to be sent to ICPMR within 48hrs of collection. Monday-Thursday Collection only  *Mark sample bags as “Critical Urgent – Attention: Sendaways, samples to go to ICPMR”  Lab Note: If samples are received on Friday – They are to be received at ICPMR by 4pm.	Whole blood	EDTA	5	5	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>ICPMR</b>
B - CTX	CTB	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	
B + T Cells	FLO	ACD tube must be filled-full draw. Regional Labs to send blood film.	Whole blood	1. ACD and 2. EDTA	1. 6 and 2. 4	1. 6 - <b>see comment</b> 2. 4	DO NOT Centrifuge any tubes	Room Temperature	<b>SRA / FLO</b>	
B Vitamin (B3)	VB3	Contact Collections Advisor for 4 litre Bottle with added acid	24 hr Urine	4Lt Urine Bottle (acid added)	>200	<100	N/A	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
B Vitamins (B1 & B2)	VB1 or VB2	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Dedicated tube (EDTA) required.</b> Place extra barcode on outside of foiled tube	Whole blood	EDTA <b>** Dedicated</b>	4	4	DO NOT Centrifuge <b>wrap tube in foil</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
B12 and Red Cell Folate	B12 FOL *See comment	SERUM FOLATE IS A MORE SUITABLE TEST  Red cell folate (RCF) testing is no longer processed routinely. If the doctor has requested a RCF and require a result for appropriate clinical indications, this will need to be discussed and agreed with a Consultant Haematologist on +61 290027085 or Dr Lucinda Wallman, Medical Director on +61 290057179.  **Data Entry Comment: Data entry only code RCF IF REQUEST FORM INDICATES APPROVED BY PATHOLOGIST TO DO TEST	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge 2. DO NOT Centrifuge	Refrigerate both tubes	<b>1. AUTO</b> <b>2. HA</b>	If legitimate request and approved by consultant, please refer sample to QML. Request form must indicate discussion and approval by consultant.
B12 and Serum Folate	B12 FOL *See comment	SERUM FOLATE IS A MORE SUITABLE TEST  Red cell folate (RCF) testing is no longer processed routinely. If the doctor has requested a RCF and require a result for appropriate clinical indications, this will need to be discussed and agreed with a Consultant Haematologist on +61 290027085 or Dr Lucinda Wallman, Medical Director on +61 290057179.  **Data Entry Comment: Data entry only code RCF IF REQUEST FORM INDICATES APPROVED BY PATHOLOGIST TO DO TEST	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge 2. DO NOT Centrifuge	Refrigerate both tubes	<b>1. AUTO</b> <b>2. HA</b>	If legitimate request and approved by consultant, please refer sample to QML. Request form must indicate discussion and approval by consultant.
B12 Vitamin	B12		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
B19 Antibodies	PAM PAG *See Comment	<b>Data Entry Note:</b> Antenatal request : Please code PAG only unless IgM is specifically requested If Parvovirus IgM has been requested, code PAG and PAM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
B2 Microglobulin - blood	B2M		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
B2 Microglobulin - urine	B2U		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
B27 - HLA B27	H27		All tubes Whole blood	1. EDTA or 2. 1 X ACD	1. 4 or 2. 6	1. 4 or 2. 6	DO NOT Centrifuge any tubes	Room Temperature ONLY for both tubes	<b>SRA / FLO</b>	
B2GP1	B2G		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
B6 Vitamin	VB6	<b>Transport on Dry Ice or in Freezer Packs</b> * Place extra barcode on outside of foiled tube **Must be a Fasting sample	Whole Blood	EDTA	4	4	DO NOT Centrifuge <b>Wrap tube in foil</b> * See Comment	Freeze	<b>SRA / REF</b>	<b>QML</b>
Babesia	QFU **See Comment	<b>Data Entry:</b> Check if this is requested for Babesia Studies / Serology: Panel code <b>IWY</b> Blood film for Haematology: Panel code <b>FBC/BF</b>								
Babesia Serology	IWY	This is for Ab only	Serum	SST	8.5	5	N/A	Refrigerate	<b>SRA / REF</b>	<b>ARRL</b>
Bacterial Antigens - Pneumococcal	SOL or ULP *DE see comment	Address to Port Macquarie Laboratory  <b>DATA ENTRY NOTE:</b> For Port Macquarie Requests Only use SOL For all other requests use ULP	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT / REF</b>	<b>POR</b>
Bacterial Vaginosis Culture	GMC	<b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	Vaginal Discharge	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Barbiturates Screen- Non Legal / Legal	1. BAR or 2. BAL *DE see comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  * <b>Collector's Note:</b> 1. Non-Legal or 2. Legal ** <b>Data Entry Note:</b> <b>BAR</b> = Drug Screen Urine - General <b>BAL</b> = Drug Screen Urine - Chain of Custody (Legal)  ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x 10	1. 10 or 2. 2x 10	N/A	Refrigerate	<b>TX</b>	
Barium -Urine	IWY	** Contact Collections Advisor for acid washed bottle	Timed Urine	4Lt Urine Bottle (Acid Washed)**	500	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Barmah Forest Antibodies (IgG + IgM)	BFV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Barr Bodies / Buccal Smear	QFX	This test is NOW OUTDATED and has been replaced by chromosome analysis.								
Bartonella henselae serology	SFA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Bartonella PCR	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>ICPMR</b>
Basement Membrane Abs - Renal	GBM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Basement Membrane Abs - Skin	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
BCR - ABL PCR	PHL	<b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>** <u>Dedicated tubes (2xEDTA) required</u></b> Collect specimens Monday to Thursday and must reach the lab before 6pm on day of collection  Regional areas must contact sendaways dept before collection  <b>Lab Note:</b> The sample must reach QML within 24-48 hours Also can be written as BCR/ABL PCR or BCR ABL PCR	Whole blood	2 x EDTA ** <b>Dedicated</b>	2x 4	2x 4	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>QML</b>
BCR / ABL PCR	PHL	<b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>** <u>Dedicated tubes (2xEDTA) required</u></b> Collect specimens Monday to Thursday and must reach the lab before 6pm on day of collection  Regional areas must contact sendaways dept before collection  <b>Lab Note:</b> The sample must reach QML within 24-48 hours Also can be written as BCR - ABL PCR or BCR ABL PCR	Whole blood	2 x EDTA ** <b>Dedicated</b>	2x 4	2x 4	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>QML</b>
BDKRB2 GENE TEST	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	2xPink EDTA or 2xPurple EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>Genomics for life</b>
Bence Jones Protein	UIF EPU	Referral will indicate Random Urine OR 24 hour Urine collection, collect as indicated.	1.Spot urine <b>or</b> 2. 24 hr Urine	1.Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (plain)	1. 50  or 2. > 200	1. 10 or 2. 100	N/A	Refrigerate all specimens	<b>1. YT 2. SRA</b>	
Benzene- Urine	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). Note: results cannot be released until payment is finalized.  <b>Lab Note</b> – ‘benzene’ is measured as the metabolite PMA (S-Phenylmercapturic acid).	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Benzodiazepines - Blood	QFX	<b>Test no longer available</b> Urine Drug Screens recommended or contact the Toxicology department 90057241								
Benzodiazepines ( Legal or Non-Legal )	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note: UDS</b> = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50  or 2. 3x10ml tubes	1. 20  or 2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT or 2. TX</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Benzodiazepines- Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	TX	
Benzotran	OXA	Chain of custody if indicated	Random Urine	Yellow Top Jar / UDS Kit	50	20	N/A	Refrigerate	YT / REF	RPA
Benzoylecgonine - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	TX	
Beryllium - Urine	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested.  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 or 2. > 200	1. 20 or 2. 100	N/A	Refrigerate both samples	SRA / REF	RNS
Beryllium- Blood	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested.  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6	6	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS
Beta 2 Glycoprotein 1 Abs	B2G		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Beta 2 Glycoprotein 1 Antibodies	B2G		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Beta - 2 Microglobulin (blood)	B2M		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Beta - 2 Microglobulin (urine)	B2U		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Beta 2 Transferrin (Blood and CSF)	TB2	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Serum Sample to be collected and send with fluid sample</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	1. Nasal, Aural or other Discharge (Fluid) <b>And</b> 2. Serum	1. CSF Collection Tube-additive free (Red Top or Aliquot tube) <b>And</b> 2. Plain Clot/SST	1. 1.0 and 2. 9	1. < 0.5 and 2. 5	1. N/A  2. Centrifuge & Separate	Freeze both samples ASAP -within 2 hours of collection.	SRA / REF	SYP
Beta Carotene	CAR	<b>** Dedicated tube (SST) required</b>  <b>** Wrap in Foil &amp; place extra barcode on outside of foil</b>	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge <b>Wrap in foil</b>	Refrigerate	SRA / REF	QML
Beta Cell Antibody	GAD IA2		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Beta Galactosidase	IWY	- Please inform Sendaways before collection - <b>Must reach testing lab (Adelaide Women's And Children's) within 48 hours</b> - <b>Collections Monday to Thursday ONLY</b> - Clinical Notes desired  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	EDTA	10	5	DO NOT Centrifuge	Room Temperature	SRA / REF	WAC
Beta - HCG	PTU	*Early morning urine required	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Beta - HCG - Quantitative	PTQ	<b>** If clinical notes refer to complications- treat specimen as CRITICAL URGENT.</b> <b>Examples of complications:</b> <b>Ectopic, miscarriage, bleeding, abdominal pain</b>  <b>Tubes need to reach testing lab within 2 hours.</b>  <b>**If no complications on request form- treat as Urgent</b>  For Sydney Metro ACCs: COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas: contact the local peripheral lab.	Serum	SST	8.5	5	Centrifuge	Refrigerate Urgent Transport to testing lab**	<b>AUTO</b>	
Beta - HCG - Qualitative	PTS	<b>** If clinical notes refer to complications- treat specimen as CRITICAL URGENT.</b> <b>Examples of complications:</b> <b>Ectopic, miscarriage, bleeding, abdominal pain</b>  <b>Tubes need to reach testing lab within 2 hours.</b>  <b>**If no complications on request form- treat as Urgent</b> For Sydney Metro ACCs: COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas: contact the local peripheral lab.	Serum	SST	8.5	5	Centrifuge	Refrigerate Urgent Transport to testing lab**	<b>AUTO</b>	
Beta Interferon Neutralising Antibodies	QFX	This test is no longer available.								
Beta OH Butyrate	BKE	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Specimens should be drawn without stasis (preferably without the use of a tourniquet)</b>	Plasma	Fluoride Oxalate	5	2	Separate plasma within 15 minutes and Freeze	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Beta Thalassaemia - Genetic Testing	BTG	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
BF (Blood Film)	BF FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
BFV	BFV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
BG (Blood Group)	BG	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
BHCG - Qualitative	PTS	<b>** If clinical notes refer to complications- treat specimen as CRITICAL URGENT.</b> <b>Examples of complications:</b> <b>Ectopic, miscarriage, bleeding, abdominal pain</b>  <b>Tubes need to reach testing lab within 2 hours.</b>  <b>**If no complications on request form- treat as Urgent</b> For Sydney Metro ACCs: COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas: contact the local peripheral lab.	Serum	SST	8.5	5	Centrifuge	Refrigerate Urgent Transport to testing lab**	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
BHCG - Quantitative	PTQ	<b>** If clinical notes refer to complications- treat specimen as CRITICAL URGENT.</b> <b>Examples of complications:</b> <b>Ectopic, miscarriage, bleeding, abdominal pain</b>  <b>Tubes need to reach testing lab within 2 hours.</b>  <b>**If no complications on request form- treat as Urgent</b>  For Sydney Metro ACCs: COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas: contact the local peripheral lab.	Serum	SST	8.5	5	Centrifuge	Refrigerate Urgent Transport to testing lab**	<b>AUTO</b>	
BHCG - Urine	PTU	*Early morning urine required	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Bicarbonate ( HCO3)	BIC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Big Big Prolactin	PLG PRL	Tested 3 times per week	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Bile Acids/Salts	BAC	Fasting 8 to 12 hours If Patient is pregnant- treat as Urgent Test and fasting is not required <b>** Non-Medicare Rebateable test - Patients who are not pregnant</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Bile Duct Antibodies	AMA **Data Entry see comment	<b>Data Entry Note:</b> A normal request for AMA gets <b>AMA</b> only. If M2 is specifically requested, it should be coded for an <b>AMA &amp; IWY</b> <b>Lab Note:</b> M2 is a Sendaways test	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b> <b>SRA / REF (for M2 Requests)</b>	<b>RPAH</b> <b>(for M2 request)</b>
Bilharzia Schistosoma	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Bilharzia Schistosoma	USC	** Specimen to be last stream urine collected between 12 midday - 3pm	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Bilharzia Schistosoma -Antibodies	SCS		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Bilirubin - amniotic fluid	CFL	* Place extra barcode on outside of foiled jar	Amniotic Fluid	White Top Jar	20	5	Protect from light <b>wrap jar in foil*</b>	Refrigerate	SRA	
Bilirubin - serum	BIL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Bilirubin - Total / Fractionated	NBL	* Place extra barcode on outside of foiled tube	Serum	SST	8.5	5	Centrifuge and <b>wrap tube in foil*</b>	Refrigerate	<b>AUTO</b>	
Bilirubin - urine	BUB	*Place extra barcode on outside of foiled jar	Random Urine	Yellow Top Jar	20	5	Protect from light <b>wrap jar in foil*</b>	Refrigerate	<b>YT</b>	
Biogenic Amines - Plasma	QFX	Test is no longer available at Laverty Pathology Alternate test: Plasma Metanephtrines.  For any queries, contact the Chemical Pathologist on call on 90057000.								
Biotinidase	GUR	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Dried blood spot	Guthrie Card See Comment **	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>WCH</b>
Bird Fanciers Disease	AVP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Bird Flu	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Bismuth (blood)	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Bismuth (urine)	IWY	<b>Early Morning collection.</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Spot urine <b>or</b> 2. 24hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Acid washed )	1. 50  2. > 200	1. 10  2. 100	1. N/A  2. N/A	Refrigerate all samples	<b>1. YT / REF or 2. SRA / REF</b>	<b>RPA</b>
BJP	UIF EPU	Referral will indicate Random Urine OR 24 hour Urine collection, collect as indicated.	1.Spot urine <b>or</b> 2. 24 hr Urine	1.Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (plain)	1. 50  or 2. > 200	1. 10 or 2. 100	N/A	Refrigerate all specimens	<b>1. YT 2. SRA</b>	
BK Virus PCR	IWY	<b>** Renal Transplant = EDTA Blood Only</b>  ** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"  <b>** Lab Note:</b> Samples require to reach RPA Hospital within 24hrs. If delivery time will be longer, plasma needs to refrigerated.	1. Whole blood or 2. Random Urine or 3. CSF Dr Collect	1. EDTA <b>or</b> 2.Yellow Top Jar <b>or</b> 3. CSF Collection Tube-additive free (red top or aliquot tube)	1. 4  2. 50  3. 1.0	1. 2  2. 10  3. < 0.5	1. Centrifuge & Separate  2. N/A  3. N/A	1. Freeze 2. Refrigerate 3. Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Bladder Tap	UMC		Random Urine	Yellow Top Jar	20	5	N/A	Refrigerate	<b>YT</b>	
Blast Cells	FLO	ACD tube must be filled-full draw. <b>Regional Labs</b> - to send blood film.	Whole blood	1. ACD  2. EDTA	1. 6  2. 4	1. 6 - see comment  2. 4	DO NOT Centrifuge	Room Temperature	<b>SRA / FLO</b>	
Bleeding Time	CS	<b>No Longer routinely performed</b> Contact Haematology dept <b>Data Entry Note: If citrate collected code CS</b>								

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Bleeding/Coagulation Disorders	CS	<b>Send via Urgent Pathway</b>  1. * Correct volume critical - full draw required or recollection will be necessary.  Record any bleeding/coagulation abnormalities. Record any anticoagulant medication taken.  <b>**If delay to lab greater than 4 hrs - then spin, separate and Freeze. Transport in freezer pack.</b> <b>If citrate is unspun then transport at room temperature.</b>  Bleeding and Clotting screen/studies/profile, Coagulation screen/studies/profile	Whole blood	1. Citrate  <b>and</b>  2. EDTA	1. 2.7 *Full Draw critical  2. 4	1. 2.7 *Full Draw critical  2. 4	**See Comment	**See Comment	<b>1. CO</b>  <b>2. HA</b>	
Blood Alzheimer Biomarker	AZR	Collection is Monday to Wednesday ONLY  Treat as Critical Urgent.  <b><u>** Dedicated tubes (2xEDTA) required</u></b>  <b>Collectors Note:</b> This is a special test and only select ACCs can collect this – Refer to Find Us for locations of approved sites.  <b>Lab Note:</b> Refer to IS-SRA-62 for instructions on the processing of the samples in the laboratory.  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out-of-pocket expense, if patient agrees 2. Payment is processed via BPoint (accessed via Prime) to accept the fee as per IS-CL-38 3. Stamp request form with “Prepayment processed in Collection Room” stamp and complete details. 4. Patient is given a completed Healius Pre-Payment receipt: Stores Material #700472  Test Turn Around Time: TBA	Whole Blood	2 x Pink EDTA	6	6	Deliver tubes without delay to the onsite laboratory for processing	Time Critical, deliver at Room Temperature to onsite laboratory	Delivery to onsite laboratory for processing	<b>QML</b>
Blood Cultures ( Paediatric, aerobic and anaerobic )	BC	Transport Urgent	Whole blood	Aerobic and Anaerobic Blood culture bottles	10	5	Shake gently to mix	Room Temperature	<b>MI</b>	
Blood Drug Screen	QFX	<b>Test no longer available</b> Urine Drug Screens recommended or contact the Toxicology department 90057241								
Blood Film (Microfilaria)	BF FBC	Blood Film prepared in Haematology	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Blood Gas - Arterial	BGS	<b>** DOCTOR COLLECT ONLY**</b> Refer patient back to Doctor or hospital.  <b>** Test blood within 40 mins of collection</b> Only Performed at laboratories associated directly with hospitals – and performed at Wagga Wagga ACC - Edward St POCT Not performed in Collection Centres or at the Main Laboratory.	Whole Blood	Lithium Heparin 2 mL cc-venting blood gas syringe	2	1	Keep cool ( <b>NOT ON ICE</b> ) or at RT but not higher, syringe must be tightly capped and mixed regularly by rolling the syringe between your palms for at least 15 seconds, do not shake	Transport cool or at RT Do not use ice slurry. Sample must be in the lab within 25 minutes of collection	<b>Relevant Hospital</b>	
Blood Gas - Venous	VBG	<b>** DOCTOR COLLECT ONLY**</b> Refer patient back to Doctor or hospital.  <b>** Test blood within 25 mins of collection.</b> Only Performed at laboratories associated directly with hospitals – and performed at Wagga Wagga ACC - Edward St POCT	Whole Blood	Lithium Heparin 2 mL cc-venting blood gas syringe	2	1	Keep cool or at RT, do not use ice	Keep cool or at RT, do not use ice	<b>Relevant Hospital</b>	
Blood Group	BG	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Blood Group - Duffy (Fy <sup>a</sup> or Fy <sup>b</sup> )	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Blood Group and antibody screen	BGA	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Blood Group - Genotyping	IWY	Contact Blood Bank if doctor orders it is a special sendaway test ph 90057270 Genotyping is not offered by Laverty								
Blood Group and Antibodies	BGA	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Blood Group and Hold (Save)	GPH	<b>DO NOT SEPARATE TRANSFUSION FORM</b>  * If patient has been pregnant or recently transfused in the last 3 months or has history of a clinically significant antibody please collect no greater than 72 hours before date required.  * For all other patients a GPH/XM can be collected up to 30 days before required for elective surgery. Note: 30 days starts from date of collection. <b>Blood Transfusion form and request form MUST</b> contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> . A red label must be attached to each tube for all Group and Hold/Cross Match tests. <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples and Blood Transfusion form. In Sydney Metro Areas: Prior to collection, Collection staff must contact Blood Bank Department on 02 90057270 to confirm at which lab these samples will be tested and stored prior to the anticipated operation / transfusion. <b>Collectors Note: Send BOTH Transfusion form and specimens directly to BB</b>	1. Whole Blood <b>and</b> 2. Whole Blood	1. 2x EDTA ** <b>and</b> 2. Plain Clot**  <b>**Red Blood Bank labels required to be fixed to all tubes.</b> *See Comments	1. 2x 4 and 2. 8.5	1. 2x 2 and 2. 5	1. DO NOT Centrifuge  2. DO NOT Centrifuge	Refrigerate all tubes	<b>BB</b>	
Blood Group Antibodies	ABS	<b>Request form MUST</b> contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Blood Lactate	LCT	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Fluoride Oxalate	5 ml	2 ml	Centrifuge AND Separate within 30 mins of collection	Freeze within 30 mins	<b>AUTO</b>	
Blood Managanese	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested.  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube (K2 EDTA)	6	1	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Blood Parasites	MP	<b>Transport specimen as "Urgent"</b> ** Mark tube as "MP- URGENT" <b>Notify Department 9005 7267</b>	Whole Blood	EDTA	4	2	DO NOT Centrifuge ** See Comment	Refrigerate	<b>HA</b>	
Blood Pressure Monitoring	BPM	BPM needs to be sent inside the pouch to protect the machine.  BPM in pouch, form and diary (FRM-CL-132) are transported in Diagnostics clear pencil case bag.  <b>If there is an urgent BPM that requires a result ASAP</b> , please contact Diagnostics on 90057039 so we are aware of the patient.  When making bookings for patients to get monitor fitted, allow enough time for transportation and uploading if the patient has another appointment with a cardiologist or another doctor. If error is showing on the machine, refer to FRM-DG-6 Reference table for Error Codes on the Blood Pressure Monitor, if the code is not on the error list, contact Diagnostics on 9005 7039.  <b>If the patient is 15 years or younger</b> , please write on the request form the patient's height & weight. If the BPM is urgent, simply tick or stamp with urgent, this does not require a red specimen bag  <b>SRA Note:</b> Diagnostics scans all paperwork into RICS	24 Hour Blood Pressure Monitor	24 Hour Blood pressure monitor	N/a	N/A	N/A	BPM in pouch, transported with form and diary in Diagnostics clear pencil case bag	Version 20 BPMs to Diagnostics DI, North Ryde  Version 12 BPMs to your closest lab.	
Blood Smear	BF FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Blood Sugar	GLU		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Blood Transfusion	XM	<b>DO NOT SEPARATE TRANSFUSION FORM</b> * If patient has been pregnant or recently transfused in the last 3 months or has history of a clinically significant antibody please collect no greater than 72 hours before date required. * For all other patients a GPH/XM can be collected up to 30 days before required for elective surgery. <b>Note:</b> 30 days starts from date of collection. <b>Blood Transfusion form and request form MUST</b> contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> . A red label must be attached to each tube for all Group and Hold/Cross Match tests. <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples and Blood Transfusion form. In Sydney Metro Areas: Prior to collection, Collection staff must contact Blood Bank Department on 02 90057270 to confirm at which lab these samples will be tested and stored prior to the anticipated operation / transfusion. <b>Collectors Note:Send BOTH Transfusion form and specimens directly to Blood Bank</b>	1. Whole Blood  <b>and</b>  2. Whole Blood	1. 2x EDTA **  <b>and</b>  2. Plain Clot**  <b>**Red Blood Bank labels required to be fixed to all tubes.</b> <b>**See Comments</b>	1. 2x 4  2. 8.5	1. 2x 2  2. 5	1. DO NOT Centrifuge  2. DO NOT Centrifuge	Refrigerate all tubes	<b>BB</b>	
Blood Transfusion - Reactions to	XM	<b>Contact BB on 02 90057270 for specific instructions</b>							<b>BB</b>	
Blood Urea Nitrogen - BUN	URE		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Blood Viscosity	PV	Test is no longer available. Alternative test is Plasma Viscosity (PV)								
Blood Wasserman Reaction - BWR	SYM		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	<b>AUTO</b>	
BNP	BNP	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RBH</b>
Bone Chemistry	CAP DVI PTH ALP		1. Serum <b>and</b> 2. Plasma	1. SST <b>and</b> 2. EDTA	1. 8.5  2. 4	1. 5  2. 4	1. Centrifuge  2. Centrifuge and Separate	Refrigerate all tubes	<b>1. &amp; 2. AUTO</b>	
Bone Marrow - Chromosomes/Cytogenetics	CRO	Contact main lab 9005 7000 to make appointment with Haematologist		Hanks Solution/ Lithium Heparin/Bone Marrow	N/A	N/A		Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Bone Marrow - Flow Cytometry	FLO	Contact main lab 9005 7000 to make appointment with Haematologist Tube available from Flow Cytometry Department.		1. RPMI Solution  or  2. Bone marrow collected in EDTA tube	N/A	N/A		Room Temperature	<b>SRA/FLO</b>	
Bone Marrow - Trepine	BMT	Contact main lab 9005 7000 to make appointment with Haematologist	Bone Core	Formalin or Bouins Pot	N/A	N/A		Room Temperature	<b>HP</b>	
Bone Marrow - Antigens, Compatibility, Transplantation	HLA		Whole blood	ACD	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RCR</b>
Bone Marrow Examination - Aspirate	BMA	Contact main lab 9005 7000 to make appointment with Haematologist	Bone Marrow (fresh)	Smears spread on glass slides	N/A	N/A		Refrigerate	<b>SRA/FLO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Bone Metabolism Tests	DPD CAP DVI PTH ALP	<b>3.</b> ** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	1. Serum <b>and</b> 2. Plasma <b>and</b> 3. Random Urine	1. SST <b>and</b> 2. EDTA <b>and</b> 3. Yellow top jar	1. 8.5 2. 4 3. 50	1. 5 2. 4 3. 10	1. Centrifuge 2. Centrifuge and Separate 3. Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate all tubes	<b>1. &amp; 2. AUTO</b> <b>3. YT</b>	
Bone Specific Alkaline Phosphatase	OSE	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>QML</b>
Bone Turnover Markers	CTB P1N	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	
Bordetella parapertussis PCR Bordetella pertussis PCR	BPP	Test includes Bordetella parapertussis  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid transport medium container. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Bordetella Pertussis serology	PER	Pertussis IgA is no longer available at Laverty Pathology	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Bornholm Disease Serology	COX		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Boron - Blood	QFX	Not done on blood								
Boron - Urine	IWY	If 24hr urine requested, Contact Collections Adviser for acid washed bottle. <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine or 2. 24hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Acid washed)	1. 50 or 2. > 200	1. 10 or 2. 100	1. N/A or 2. N/A	Refrigerate all samples	<b>1. YT / REF or</b> <b>2. SRA / REF</b>	<b>RPA</b>
Borrelia Burgdorferi Serology	LYM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Borrelia SPP DNA Detection Screen	QFX	<b>Test no longer available</b> ** Contact HOD / Microbiologist on 90057000- with Referring doctor's details for alternative test recommendations								
Bradykinin receptor B2	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	2xPink EDTA or 2xPurple EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>Genomics for life</b>
BRAF	KRS	Contact Histology on 02 90057133 Unstained slides x 4 to be sent directly to Genomic Diagnostics  Contact Genomic Diagnostics on 03 9918 2020 for the cost of this is test  <b>Medicare Rebateable if:</b> Tumour tissue from unresectable stage III or stage IV metastatic cutaneous melanoma, requested by, or on behalf of, a specialist or consultant physician  Otherwise Non-rebateable test fee	Tissue	N/A	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>GD</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Brain Natriuretic Peptide	BNP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RBH</b>
BRaOVO	BRC	<b>**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval. Collection times recorded on tube and form.</b>  <b>Medicare is available for patients who meet criteria. Referral must be from a specialist to meet eligibility requirements.</b>  <b>If doctor is a specialist, and ticks the MBS Eligible/Criteria Met box on Cancer Genetics request form, or if they write MBS eligible on form, then we accept the patient is covered.</b> <b>If doctor is a specialist and these are not noted, then advise the patient there may be an out of pocket fee (as per below). Do not attempt to collect payment at time of collection, patient will be contacted by the laboratory (Genomic Diagnostics) for financial consent before testing proceeds.</b>  <b>If doctor is a GP, patient is required to pay for package and undergo genetic counselling through our genetic counselling partners. Advise the patient there is an out of pocket fee, which includes genetic counselling, but do not attempt to collect payment, patient will be contacted by the laboratory (Genomic Diagnostics) for financial consent before testing proceeds.</b>	Whole blood	2x Pink EDTA <b>or</b> 2 x Purple EDTA <b>**See Comment</b>	2 x 6 mls <b>or</b> 2 x 9mls <b>**See Comment</b>	2 x 6 mls <b>or</b> 2 x 9 mls <b>**See Comment</b>	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>GD</b>
BraOVO Plus	BRC	<b>**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval. Collection times recorded on tube and form.</b>  <b>“BraOVO Plus” cannot be ordered by a GP.</b>  <b>Do Not Collect Prepayment</b>  <b>Medicare is available for patients who meet criteria. Referral must be from a specialist to meet eligibility requirements.</b>  <b>If the specialist ticks the MBS Eligible/Criteria Met box on Cancer Genetics request form, or if they write MBS eligible on form, then we accept the patient is covered.</b>  <b>If these are not noted, then advise the patient there may be an out of pocket fee (as per below). Do not attempt to collect payment at time of collection, patient will be contacted by the laboratory (Genomic Diagnostics) for financial consent before testing proceeds.</b>	Whole blood	2x Pink EDTA <b>or</b> 2 x Purple EDTA <b>**See Comment</b>	2 x 6 mls <b>or</b> 2 x 9mls <b>**See Comment</b>	2 x 6 mls <b>or</b> 2 x 9 mls <b>**See Comment</b>	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>GD</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
BRCA1 and BRCA2	BRC	<p><b>**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval. Collection times recorded on tube and form.</b></p> <p><b>Medicare is available for patients who meet criteria. Referral must be from a specialist to meet eligibility requirements.</b></p> <p><b>BRCA 1 / BRCA 2 cannot be ordered by a GP.</b></p> <p><b>Do Not Collect Prepayment</b></p> <p><b>Medicare is available for patients who meet criteria. Referral must be from a specialist to meet eligibility requirements.</b></p> <p><b>If the specialist ticks the MBS Eligible/Criteria Met box on Cancer Genetics request form, or if they write MBS eligible on form, then we accept the patient is covered.</b></p> <p><b>If these are not noted, then advise the patient there may be an out of pocket fee (as per below). Do not attempt to collect payment at time of collection, patient will be contacted by the laboratory (Genomic Diagnostics) for financial consent before testing proceeds.</b></p>	Whole blood	2x Pink EDTA <b>or</b> 2 x Purple EDTA <b>**See Comment</b>	2 x 6 mls <b>or</b> 2 x 9mls <b>**See Comment</b>	2 x 6 mls <b>or</b> 2 x 9 mls <b>**See Comment</b>	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Breast Cancer Gene	BRC	<p><b>**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval. Collection times recorded on tube and form.</b></p> <p><b>Medicare is available for patients who meet criteria. Referral must be from a specialist to meet eligibility requirements.</b></p> <p><b>BRCA 1 / BRCA 2 cannot be ordered by a GP.</b></p> <p><b>Do Not Collect Prepayment</b></p> <p><b>Medicare is available for patients who meet criteria. Referral must be from a specialist to meet eligibility requirements.</b></p> <p><b>If the specialist ticks the MBS Eligible/Criteria Met box on Cancer Genetics request form, or if they write MBS eligible on form, then we accept the patient is covered.</b></p> <p><b>If these are not noted, then advise the patient there may be an out of pocket fee (as per below). Do not attempt to collect payment at time of collection, patient will be contacted by the laboratory (Genomic Diagnostics) for financial consent before testing proceeds.</b></p>	Whole blood	2x Pink EDTA <b>or</b> 2 x Purple EDTA <b>**See Comment</b>	2 x 6 mls <b>or</b> 2 x 9mls <b>**See Comment</b>	2 x 6 mls <b>or</b> 2 x 9 mls <b>**See Comment</b>	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Breast Cyst / Fluid - Cytology	CYF		Cyst Fluid	White Top jar	20 mls			Refrigerate	<b>CY</b>	
Breast Discharge M C & S	PUS		Pus	Blue Top Swab <b>or</b> White Top Jar				Room Temperature	<b>MI</b>	
Breast Fine Needle Aspirate / FNA	FNA	Contact Cytology department for patient appointment Ph: 90057463  Note: Doctors may also use the terminology malignant cells	Aspirate	Slide(s) and Hanks and/or SurePath	N/A			Refrigerate	<b>CY</b>	
Breast Nipple Discharge - Cytology	CYF	Contact Cytology department for patient Dr Collection or Trained Collection Staffappointment Ph: 90057463	Fluid	Slide(s) and Hanks and/or SurePath	N/A			Refrigerate	<b>CY</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Breast Tumour Markers CA15.3	C15		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Breath Test for H. Pylori - C14	C14	Fasting.	Breath	H.Pylori Test Kit	N/A			Room Temperature	SRA	
Bromide	BRO	<b>**Dedicated tube required</b> Note: EDTA is also accepted but Trace Element is preferred	Plasma	Trace Element	6	4	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Bromide Level	BRO	<b>**Dedicated tube required</b> Note: EDTA is also accepted but Trace Element is preferred	Plasma	Trace Element	6	4	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Bronchial - Cytology	CYF	Dr Collect	washings and/or brushing	White Top jar and/or slides	N/A	N/A	N/A	Refrigerate	CY	
Bronchial - AFB/TB	AFB	Write " AFB" in black marker on lid of container	Brushings/ washings	White Top jar	N/A			Room Temperature	MI	
Bronchial- Culture	RES		Brushings/ washings	White Top jar	N/A			Room Temperature	MI	
Broncho Alveolar Lavage - AFB	AFB	Write " AFB" in black marker on lid of container	Bronco Alveolar Lavage	White Top Jar	N/A			Room Temperature	MI	
Broncho Alveolar Lavage - Culture	RES		Bronco Alveolar Lavage	White Top Jar	N/A			Room Temperature	MI	
Brucella / Brucellosis Antibodies	BRU		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
BSF	GLU		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
BSL	GLU		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
BT - Bleeding Time	CS	<b>No Longer routinely performed</b> Contact Haematology dept <b>Data Entry Note: If citrate collected code CS also</b>								
B-Type Natriuretic Peptide	BNP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	SRA / REF	RBH
Bullous Pemphigoid	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
BUN	URE		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Buprenorphine (Non Legal or Legal )	1. BUP or 2. BUL **DE See comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note: BUP</b> = Drug Screen Urine - General <b>BUL</b> = Drug Screen Urine - Chain of Custody (Legal)  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x 10mL tubes	1. 10 or 2. 2x 10mL tubes	N/A	Refrigerate	TX	
Bursa Fluid - M,C&S	FLD		Bursa Fluid	White Top Jar	N/A	N/A	N/A	Refrigerate	MI	
Butyrylcholinesterase	IWY		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	QML
Butyrylcholinesterase genotyping	IWY	<b>** Non-Medicare Rebateable test</b> 1. Phone Accounts receivable on 02 9082 3998 for pricing. 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum  2. Whole Blood	1. Plain / Clot  2. Pink EDTA	1. 8.5  2. 6	1. 5  2. 6	1. Centrifuge and separate  2. DO NOT Centrifuge	Refrigerate all tubes	SRA / REF	RPA
BV (Bacterial Vaginosis)	GMC	<b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	Vaginal Discharge	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
C. Burnetii	QFS		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
C-Kit Mutation specific for D816V	IWY	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Whole Blood or 2. Bone Marrow	1. EDTA or 2. Bone Marrow collected in EDTA tube	1. 10 or 2. 3	1. 3 or 2. 1	1. DO NOT Centrifuge  2. N/A	Room Temperature	<b>SRA / REF</b>	<b>RNSH</b>
C Peptide	CP1		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
C Reactive Protein	CRP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
C1 Esterase Inhibitor	CI	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
C1 Esterase Inhibitor(including Functional Level)	C1F	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	2	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
C1 Functional	C1F	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	2	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
C1 - INH	CI	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
C1Q	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> ** Divide serum into 3 separate aliquot tubes -minimum- 1ml of serum into each aliquot tube.	Serum	SST	2 X 8.5	2 X 8.5	Centrifuge & Separate ASAP	Freeze** within 1 hour of collection	<b>SRA / REF</b>	<b>SHS</b>
C3 Complement	C3		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
C3 Nephritic Factor (C3 Nef)	C3N	<b>Transport on Dry Ice or in Freezer Packs</b>	1. Plasma and 2. Serum	1. EDTA and 2. SST	1. 4 and 2. 8.5	1. 4 and 2. 5	Centrifuge & Separate	Freeze all tubes within 1 hour after separation	<b>1 &amp; 2 SRA / REF</b>	<b>FMLC</b>
C4 Complement	C4		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CA 17.7 / CA 17.3	QFX	<b>Test no longer available</b>								
Ca, Ca ++, Ca 2+, Calcium	CA	<b>** Collect without tourniquet where possible</b>  <b>Collector's Note:</b> Check test, do not confuse with other calcium tests	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CA-123, CA-27, CA-29	QFX	<b>Test no longer available</b>								
CA-125 (Ovaries)	125		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CA-127	QFX	Test is no longer available								
CA-15.3 (Breast)	C15		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CA-19.9 (Pancreas/ Bowel/Colon)	C19		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CA-72.4 -Stomach (Gastric) Cancer Markers Ovarian Cancer Markers	CA7	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Cadmium (Cd) - Blood	BCD	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
Cadmium (Cd) Urine	UCD	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain)	1. 50 or 2. > 200	1. 20 or 2. 100	N/A	Refrigerate both samples	<b>1. YT or 2. SRA</b>	
Caeruloplasmin (CAE)	CAE		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Caffeine	IWY	Record the time of the dose immediately preceding collection on the request form.	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Calcitonin	CCI	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Calcitriol	D12	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>CON</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Calcium - Urine	UCA	<b>2. Acid added in SRA</b> <b>Lab Note:</b> mix well and leave for several hours before taking an aliquot	1. Random Urine or 2. 24hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50  2. > 200	1. 10  2. 100	1. N/A  2. N/A	1. Refrigerate  2. Refrigerate	<b>1. YT</b>  <b>2. SRA</b>	
Calcium - Ionised	CAW	<b>** Dedicated tube (SST - full draw) required.</b>  ** Collect anaerobically- that is- as the second tube, if only one tube is required, collect a purge tube first, followed by the SST for this test. Place label / tape across top of tube stopper- label as <b>"i Ca"</b> and <b>tube must not to be opened prior to testing.</b>	Serum	SST - Full Draw <b>** Dedicated</b>	8.5	8.5	Centrifuge ASAP after clotting. But not before 20 minutes	Refrigerate	<b>AUTO</b>	
Calcium Load	CLD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Calculated Free Testosterone	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Calculated GFR	CCR	PLEASE ENSURE HEIGHT AND WEIGHT ARE RECORDED	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Calculus - Urinary Renal, Bladder	CCC		Renal Stone	White Top Jar	N/A	N/A		Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Calici Virus	NLV		Faeces	Brown Top Jar	10 grams	> 1 gram		Refrigerate	<b>MI</b>	
Calprotectin (Faecal)	CAL	Although Faecal calprotectin has now been listed as a Medicare Rebateable item, there are Medicare criteria that apply:  Patients may be able to bulk bill if they satisfy the below criteria: • Patient is under 50 years old and the request form does not indicate ‘private’ or ‘private billing’  BPOINT payment is required if: • Patient is 50 years old and over • Patient is under 50 years old but the requesting doctor has ticked/indicated ‘Private’ or ‘Private billing’	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
CALR	CLR	<b>This test is now covered under Medicare</b>	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Calreticulin Mutation / Calreticulin Gene Testing / CALR Exon 9 Mutation	CLR	<b>This test is now covered under Medicare</b>	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
CA-Lung	CEA CCI	<b>2. Transport on Dry Ice or in Freezer Packs</b>	Serum	2x SST ** See Comment	2x 8.5	2x 5	1. Centrifuge 2. Centrifuge & Separate	1. Refrigerate 2. Freeze	<b>1. AUTO</b> <b>2 SRA / REF</b>	<b>RPA</b>
Campylobacter	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Campylobacter Jejuni Antibodies	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Cancer SP antigen	QFX	<b>Test no longer available</b>								
Cancer-associated retinopathy Abs	ANU	Part of Anti-Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Candida Albicans - IgE	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Candida albicans Antibodies / Serology	CAA	Candida assay will be run every Thursday	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Candida (Syscan 3)	QFX	<b>Test no longer available</b>								

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cannabinoids - synthetic	JWI	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Il p	1. Yellow Top Jar <b>or</b> 2.AS 4308 Kit	1. 50  2. 3x 10	1. 10  2. 2x 10	N/A	Refrigerate	<b>TX</b>	
Cannabinoids, Cannabis (THC)- Legal or Non legal	UDS or DLI <b>**See Comment</b>	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note: UDS</b> = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar <b>or</b> 2.AS 4308 Kit <b>*See Comment</b>	1. 50  <b>or</b>  2. 3x10ml tubes	1. 20  <b>or</b>  2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT or 2. TX</b>	
Cannabis - Blood	QFX	<b>Test no longer available</b> Urine Drug Screens recommended or contact the Toxicology department 90057241								
Cannabis - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	<b>TX</b>	
Capecitabine	IWY	<b>***Dedicated tube required</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>DHM</b>
CAR Abs	ANU	Part of Anti-Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Carbamazepine	TEG	Collect greater than 4-hrs post dose. Note time since last dose.	Serum	Plain/Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Carbamazepine - Free	FCM	<b>Transport on Dry Ice or in Freezer Packs</b> Collect greater than 4-hrs post dose. Note time since last dose.	Serum	Plain/Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>
Carbamazepine - Free and Total	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> Collect greater than 4-hrs post dose. Note time since last dose.	Serum	Plain/Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>
Carbapenemase Resistant Enterobacterales	CPO	<b>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.</b> Screening swab from hospital – so urgent- same day referred to lab.  Positives Notified to PHU, Screening specimens from hospitals.  <b>**2.Collector's Note:</b> Rectal swabs are Dr or Practice Registered Nurse Collects Only <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Faeces or 2. Rectal swab** See comment	1. Brown Top Jar or 2. Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Carbapenemase Resistant Enterobacteriaceae / Carbapenemase Producing Enterobacteriaceae CRE / CPE	CPO	<p>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Screening swab from hospital – so urgent- same day referred to lab.</p> <p>Positives Notified to PHU, Screening specimens from hospitals.</p> <p><b>**2.Collector’s Note:</b> Rectal swabs are Dr or Practice Registered Nurse Collects Only <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	1. Faeces or 2. Rectal swab** See comment	1. Brown Top Jar or 2. Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Carbapenemase Resistant Enterobacterales / Carbapenemase Resistant Enterobacteriaceae / Carbapenemase Producing Enterobacteriaceae - CRE / CRO /CPE/CPO	CPO	<p>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Screening swab from hospital – so urgent- same day referred to lab.</p> <p>Positives Notified to PHU, Screening specimens from hospitals.</p> <p><b>**2.Collector’s Note:</b> Rectal swabs are Dr or Practice Registered Nurse Collects Only <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	1. Faeces or 2. Rectal swab** See comment	1. Brown Top Jar or 2. Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Carbohydrate Deficient Transferrin	CDT	<p><b>Chain of custody procedure to be followed at all times.</b> If there is no chain of custody request form supplied, please use TMP-COM-9 from DRS to document chain of custody process (cross out AS4308 wording in the bottom section of the form and initial this crossout.) SST must be sealed with tamper evident tape around the lid of the tube, signed by the collector and the client, placed in a green transit bag, locked and forwarded to Toxicology.</p> <p>Toxicology Note: Toxicology to give to sendaways to send to QML This test can be collected at any collection centre.</p> <p>Refer to Non-Medicare Rebateable test list for the cost of the test. For commercial clients, please contact Commercial Department 9005 7090. Inform patient of out of pocket expense, if patient agrees. Use “Patient Advised of Fee” stamp if the patient is to pay. Complete details and ask Patient to sign. <b>Note:</b> CDT Testing only occurs on Wednesday at QML</p>	Serum	SST	8.5	5	Centrifuge	In Green Satchel – Refrigerate	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Carbohydrate Deficient Transferrin – HPCA / AHPRA	CDT	<p><b>Chain of custody procedure to be followed at all times.</b></p> <p>Client will bring in <b>HPCA/AHPRA</b> request form.</p> <p>SST must be sealed with tamper evident tape around the lid of the tube, signed by the collector and the client, placed in a green transit bag, locked and forwarded to Toxicology. Be advised that this can be collected at any collection centre.</p> <p>Please see IS-CL-30 for the instruction sheet for HPCA and for CDT instruction flowchart.</p> <p>If Urine Drug Screen also required, place both sealed samples in a separate bag together and place in green satchel.</p> <p>Clients are required to pay for the tests as per the request form. Please ensure pre-payment form is filled out.</p> <p>Contact Commercials 9005 7090 for pre-payment form if required.</p> <p><b>Lab Note:</b> Toxicology to hand to Sendaways to forward to QML <b>Note:</b> CDT Testing only occurs on Wednesday at QML</p>	Serum	SST	8.5	5	Centrifuge	In Green Satchel – Refrigerate	<b>SRA / REF</b>	<b>CON</b>
Carbon Monoxide	CHB	<p><b>* Dedicated Tube (EDTA) required</b></p> <p><b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b></p> <p>This test must reach RPA within 12hrs of collection. Contact Sendaways department (9005 7210) before collection. <b>Regions</b> should only collect Monday to Thursday</p> <p><b>Friday submissions</b> – Samples must arrive to RPAH before 4pm</p>	Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Carboxy Haemoglobin	CHB	<p><b>* Dedicated Tube (EDTA) required</b></p> <p><b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b></p> <p>This test must reach RPA within 12hrs of collection. Contact Sendaways department (9005 7210) before collection. <b>Regions</b> should only collect Monday to Thursday</p> <p><b>Friday submissions</b> – Samples must arrive to RPAH before 4pm</p>	Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Carcino Embryonic Antigen	CEA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Carcinoid Screen	HIU STN	<p>1. Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores SRA Note: Send 2 urine aliquots to QML <b>2. Transport on Dry Ice or in Freezer Packs</b></p>	1. 24hr Urine <b>and</b> 2. Serum	1.4Lt Urine Bottle (Acid added) <b>and</b> 2. SST	1. > 200 and 2. 8.5	1. 100 and 2. 5	1. N/A and 2. Centrifuge & Separate	1. Refrigerate and 2. Freeze Transport on Dry Ice or in Freezer Packs	<b>1. SRA / REF and 2. SRA / REF</b>	<b>1. QML 2. SYP</b>
Cardiac - Isoenzymes	CKI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cardiac Enzymes	TNI	<b>** CRITICAL URGENT PATHWAY</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  <b>For Sydney Metro ACCs-</b> COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. <b>For Regional Areas-</b> contact the local peripheral lab. <b>Tubes need to reach testing lab within 2 hours.</b>	Serum	SST	8.5	5	Centrifuge	Refrigerate <b>** Critical Urgent</b> Transport to testing lab	<b>AUTO</b>	
Cardiolipin Antibodies	CAD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Cardiotropic Viral Serology	FLA COX	<b>Sendaways Note: COX – to be sent to POW</b> FLA – to be sent to QML	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>1.QML</b> <b>2.POW</b>
<b>Cardiovascular Profile (Fasting) - Integrative Health Request</b>	=CP	<b>Collect for the tests listed below</b> ELFTs, High Sensitive CRP, HDL/LDL, Apolipoprotein A & B, Fibrinogen, Homocysteine, Lipoprotein (a)  <b>**See below comments prior to collection</b>  Fasting 12 hours, Less than 8 hours not acceptable  <b>** 3. Transport on dry ice or in freezer packs</b>  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Serum  2. Whole Blood  3. Plasma  4. Serum	1. SST  2. Citrate  3. EDTA  4. SST	1. 8.5  2. 2.7 Full draw* 3. 4  4. 8.5	1. 5  2. 2.7 Full draw* 3. 4  4. 5	1. Centrifuge  2. DO NOT Centrifuge  3. Centrifuge & Separate  4. Centrifuge	1. Refrigerate  2. Refrigerate  3. Freeze <b>**See comment</b>  4. Refrigerate	<b>1. Auto</b>  <b>2. CO</b>  <b>3. SRA</b>  <b>4. SRA / REF</b>	<b>4. QML</b>
Cardol	SOT		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Carnitine	CRT	<b>Transport on Dry Ice or in Freezer Packs</b> *** Freeze within 20 minutes of collection if possible	Plasma	Lithium Heparin	8	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Carotene	CAR	<b>** Dedicated tube (SST) required</b>  <b>** Wrap in Foil &amp; place extra barcode on outside of foil</b>	Serum	SST <b>** Dedicated</b>	8.5	5	Centrifuge <b>Wrap in foil</b>	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Carotenoids	CAR	<b>** Dedicated tube (SST) required</b>  <b>** Wrap in Foil &amp; place extra barcode on outside of foil</b>	Serum	SST <b>** Dedicated</b>	8.5	5	Centrifuge <b>Wrap in foil</b>	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
CASA	QFX	<b>Test no longer available</b>								
Casts	CST		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT</b>	
Cat scratch fever Abs	SFA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Cat Scratch PCR Disease/Fever	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>ICPMR</b>
Catecholamines - Plasma	QFX	Test is no longer available at Laverty Pathology Alternate test: Plasma Metanephrynes.  For any queries, contact the Chemical Pathologist on call on 90057000.								
Catecholamines - urine	CAT	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Catecholamines - urine (CHILD)	CTC		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
CBE	FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
CCD	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CCP	CCP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CCR	CCR	PLEASE ENSURE HEIGHT AND WEIGHT ARE RECORDED	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CD34 Count	STM	This test is only done on Cord Blood. Dr Collect only	Cord Blood	EDTA or Greiner cryosterilised tube	4	4	DO NOT Centrifuge	Room Temperature	<b>FLO</b>	
CD4, CD8, CD4/CD8 Ratio, CD3, CD16/56, CD59	FLO		1. Whole Blood <b>and</b> 2. Whole Blood	1. EDTA <b>and</b> 2. ACD	1. 4 and 2. 6	1. 4 and 2. 6	1. DO NOT Centrifuge  2. DO NOT Centrifuge	Room Temperature	<b>HA</b>	
CDT	CDT	<b>Chain of custody procedure to be followed at all times.</b> If there is no chain of custody request form supplied, please use TMP-COM-9 from DRS to document chain of custody process (cross out AS4308 wording in the bottom section of the form and initial this crossout.) SST must be sealed with tamper evident tape around the lid of the tube, signed by the collector and the client, placed in a green transit bag, locked and forwarded to Toxicology.  Toxicology Note: Toxicology to give to sendaways to send to QML This test can be collected at any collection centre.  Refer to Non-Medicare Rebateable test list for the cost of the test. For commercial clients, please contact Commercial Department 9005 7090. Inform patient of out of pocket expense, if patient agrees. Use “Patient Advised of Fee” stamp if the patient is to pay. Complete details and ask Patient to sign. <b>Note:</b> CDT Testing only occurs on Wednesday at QML	Serum	SST	8.5	5	Centrifuge	In Green Satchel – Refrigerate	<b>SRA / REF</b>	<b>QML</b>
CE	TNI	<b>** CRITICAL URGENT PATHWAY</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  <b>For Sydney Metro ACCs-</b> COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. <b>For Regional Areas-</b> contact the local peripheral lab. <b>Tubes need to reach testing lab within 2 hours.</b>	Serum	SST	8.5	5	Centrifuge	Refrigerate <b>** Critical Urgent</b> Transport to testing lab	<b>AUTO</b>	
CEA	CEA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Cellcept	MPL	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Sendaways Note:</b> Test is performed at St Vincents once a week on <b>Wednesday ONLY</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
Cellotape Test	CEL	Attach cellotape to skin around anus sample once and remove tape. Send tape attached to a glass slide. Glass Slide to be labelled and sent to lab in a slide mailer.	Cellotape	Glass slide	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Ceramidase	IWY	<b>** Must arrive at testing lab within 36 hours.</b> <b>**To be collected on Mon, Tues &amp; Wed only</b>	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ADW&amp;CH</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Cerebrospinal Fluid	CSF	Dr Collect ** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.	Fluid	CSF Collection Tube-additive free (red top or aliquot tube)	1	< 0.5		Room Temperature	MI	
Ceruloplasmin	CAE		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Cervical - M,C&S	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Cervical Screening Test - CST	CVX	<b>Dr Collect or Registered Practice Nurse</b>  Patients who are at least 24 years and 9 months of age or show symptoms/or following the test of cure pathway, will qualify for the medicare rebate. Pts under this age, the test is not rebateable  Patients who qualify as an early sexual debut patient, ie, 1st intercourse < 14 yrs of age and have not had the Gardasil vaccination are allowed one rebatable test between the ages of 20-25 yrs.  <b>One only in a 57 month period covered by medicare.</b>  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	ThinPrep vial	ThinPrep	20ml	20ml	N/A	Room Temperature	CY	
Cervical Screening Test - CST - Self Collection	CVX	Self collection is now available to all patients that are due for a routine test or for follow up of a positive HPV test. It is not suitable for patients that are symptomatic, under the test of cure protocol, been exposed to DES or have a history of Adenocarcinoma-in-situ or Gynaecological cancer.  It is to be taken under the supervision of a health professional. For routine patients only one in a 57 month period covered by Medicare for patients aged at least 24 years and 9 months. Patient who qualify as an early sexual debut patient, that is, first intercourse > 14 years of age and have not had the Gardasil vaccination are allowed one Medicare rebateable test between the ages of 20-25 years.  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Vaginal	Copan red top FloQ swab 552.80 and a ThinPrep vial	ThinPrep - 20mL	ThinPrep - 20mL	N/A	Room Temperature	CY	
CFT	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
CFTR (50 mutations)	CFG	<p>***<b>CONDITIONAL MBS ELIGIBILTiy</b>***</p> <p>Medicare rebate is available for patients with established family history when referred by either a GP or a specialist. This includes parents, children, full-siblings, half-siblings, grandparents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed. Excluded are second cousins and more distant relatives.</p> <p>Other referral reasons that are covered by Medicare rebates are <b>ONLY</b> eligible when referred by a specialist. These include testing of a person where their reproductive partner is a known cystic fibrosis carrier, specific clinical scenarios associated with an ongoing pregnancy and diagnostic testing for patients suspected of having cystic fibrosis disease.</p> <p>If the doctor specifically indicates that the patient is ineligible or if the patient isn't covered by Medicare they would have to pay.</p> <p>Free partner testing is available when the other partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a cystic fibrosis mutation and details of the partner (name and/or lab ID) are provided on the request</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
CFTR - RNS ONLY	CFG	RNS no longer perform this test. Please now refer to entry – Cystic Fibrosis Full 50 Mutations.								
CGA	CGA	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p>If Patient has been on treatment for peptic (stomach) ulcer disease within the last month, record the medication on the request form..</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze within 20mins of separating	<b>SRA</b>	
CGH array/assay	RAY	Collect Monday to Thursday only	Whole blood	1. Adult- 1x Pink EDTA 2. Child - Paed EDTA	1. 4 2. 1	1. 4 2. 1	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
CGH array/assay ( <b>John Hunter Requests</b> )	IWY	Only send to JHH if Doctor requests it to be sent there ** Collect Monday to Thursday	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>JHH</b>
CH50	TTP	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>Sutherland Hospital</b>
Charcot - Marie - Tooth	CMT	<p><b>Urgent Transport-</b> Must be delivered to Concord Lab within 24hrs of collection</p> <p><b>Lab Note:</b> For Type 1A Charcot-Marie-Tooth (analysis of PMP22 gene mutation) AND Type 1B (X-linked CMT or Connexin CMT). Also for patients with chromosome 17p duplication</p> <p><b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out-of-pocket expense, if patient agrees 2. Payment is processed via BPoint (accessed via Prime) to accept the fee as per IS-CL-38 3. Stamp request form with “Prepayment processed in Collection Room” stamp and complete details. 4. Patient is given a completed Healius Pre-Payment receipt: Stores Material #700472</p>	Whole blood	3 x Purple EDTA	3 x 4	3 x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>CON</b>



Lavery Pathology										
COR-5 Lavery Pathology A-Z Test Guide v9.0 Website Version										
Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Chicken pox testing - PCR	HSC	HSV and VZV performed on all samples, Site determined by doctor  <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	MD	
Chikungunya	CHK		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Chlamydia - Cervical, Urethral PCR	CPC	Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests  <b>1 &amp; 3. Doctor collect</b> 1. Flocked swab is only used for cervical, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on www.lavery.com.au for further information  2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.  <b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA	1. Swab or 2. Urine or 3. Thinprep	1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or 3. ThinPrep	1. N/A 2. 15-30 3. N/A	1. N/A 2. 4 3. N/A	2. Refer to IS-CL-31	Room Temperature	<b>1. MD or 2. Green top Jar – SRA and cobas tube- MD or 3. SRA</b>	
Chlamydia - Eye Swab	CPC	<b>Dr Collect only</b> Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on www.lavery.com.au for further information.  Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests	Swab	cobas PCR Media Dual Swab Sample Pack (Woven)	N/A	N/A	**See Comment	Room Temperature	MD	
Chlamydia - Throat Swab PCR	CPC	<b>Dr Collect only</b> Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on www.lavery.com.au for further information.  Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests	Swab	cobas PCR Media Dual Swab Sample Pack (Woven)	N/A	N/A	**See Comment	Room Temperature	MD	
Chlamydia - Urine PCR	CPC	Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests  Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.  <b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA	Urine **See Comment	Green Top Jar <b>and</b> cobas PCR urine sample packet <b>**See comment</b>	15-30	4	2. Refer to IS-CL-31	Room Temperature	<b>Green top Jar – SRA and cobas tube- MD</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Chlamydia & Gonorrhoea PCR	CPC	Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests  1 & 3. <b>Doctor collect</b> 1. Flocked swab is only used for cervical, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on www.laverty.com.au for further information  2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.  <b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA	1. Swab or 2. Urine or 3. Thinprep	1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or 3. ThinPrep	1. N/A 2. 15-30 3. N/A	1. N/A 2. 4 3. N/A	2. Refer to IS-CL-31	Room Temperature	1. MD or 2. Green top Jar – SRA and cobas tube- MD or 3. SRA	
Chlamydia Antibody Serology ( Respiratory )	CHT		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Chlamydia pneumoniae PCR	IWY		Swab	Dry Swab only	n/a			Room Temperature	SRA / REF	ICPMR
Chlamydia psittaci PCR (Psittacosis)	PSI		Swab	Dry Swab only	n/a			Room Temperature	SRA / REF	QE2
Chlamydia trachomatis Serology (STD Chlamydia)	CLA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Chloride - Blood	CL		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Chloride - Urine	UCL		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	
Chlorinated Hydrocarbons	IWY		Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Refrigerate	SRA / REF	WOR
Chlorpyrifos	CPF	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
Cholecalciferol	DVI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Cholera	FMC	Must be Liquid Stool	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Cholesterol	CHO		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Cholesterol - Cholesterol / HDL-C Ratio	=CTL		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Cholinesterase - Serum	SCE	<b>** Dedicated sample required</b>	1. Serum <b>or</b> 2. Whole Blood <b>or</b> 3. Whole Blood	1. SST (preferred) or 2. Lithium Heparin <b>or</b> 3. EDTA <b>Dedicated **</b>	1. 8 2. 8.5 3. 6	1. 8 2. 8.5 3. 6	1. Centrifuge  2. DO NOT Centrifuge  3. DO NOT Centrifuge	Refrigerate	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cholinesterase - Genotyping Atypical	IWY	<b>1. Transport on Dry Ice or in Freezer Packs</b> <b>***Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 4	1. Centrifuge & Separate 2. DO NOT Centrifuge	1. Freeze 2. Refrigerate	<b>1 &amp; 2. SRA / REF</b>	<b>RPA</b>
Cholinesterase - Red Cell	RCE	<b>** <u>Dedicated tube (EDTA) required</u></b> Assayed fortnightly on Fridays. A history of organophosphate (pesticide) exposure must be sought and recorded on the request form. Lab Contact Ph: 02 9515 8279.	Whole Blood	EDTA <b>** Dedicated</b>	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Chromatin Ab	CAN	<b>Chromatin Abs used to be done in-house at Laverty.</b>	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Chromium - Blood Serum and/or Plasma	SCM	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
Chromium - <b>Whole Blood</b>	WCR	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube - preferred Purple EDTA - acceptable	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
Chromium - Red Cell	QFX	<b>Test not available</b> <b>Alternative test: Chromium - Whole Blood</b>								
Chromium - Joint Fluids / Aspirates	FCC	Sample is to be placed in dedicated specimen bag, marked "ATTENTION SPECIAL CHEMISTRY- METALS"	Joint Fluid / Aspirate	White Top Jar	2	1	N/A	Refrigerate	<b>SC</b>	
Chromium - Urine	UCH	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2 > 200	1. 20 2. 100	N/A	Refrigerate both samples	<b>1. YT or 2. SRA</b>	
Chromogranin A	CGA	<b>Transport on Dry Ice or in Freezer Packs</b> If Patient has been on treatment for peptic (stomach) ulcer disease within the last month, record the medication on the request form.. <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze within 20mins of separating	<b>SRA</b>	
Chromosomal microarray	RAY	Collect Monday to Thursday only	Whole blood	1. Adult- 1x Pink EDTA  2. Child - Paed EDTA	1. 4 2. 1	1. 4 2. 1	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Chromosome Analysis for Turners Syndrome	CRO	Regional Collections – Collect Monday to Thursday ONLY Metro Collections - Collect Monday to Friday (AM) ONLY	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Chromosomes - Amniotic Fluid	CRO	Dr collection	Amniotic Fluid	White Top Jar	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QML</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Chromosomes - 1. Amniotic Fluid OR 2. CVS	CRO	<b>Dr Collection</b> For further queries and supplies, contact Cytogenetics department 0731214444	1. Amniotic Fluid  or  2. CVS	1. 2x9mL Sterile falcon tube or 2. 10-30 mg Vilin in sterile Saline or transport media	1. 2x9mL Sterile falcon tube or 2. 10-30 mg Vilin in sterile Saline or transport media	N/A	N/A	Refrigerate - DO NOT Freeze	SRA / REF	QML
Chromosomes - Bone Marrow	CRO	Dr collection		Hanks Solution/lithium Heparin/Bone Marrow	N/A	N/A	N/A	Room Temperature	SRA / REF	QML
Chromosomes - Chorionic Villus	CVK	Dr collection		Dr collection	N/A	N/A	N/A	Room Temperature	SRA / REF	SGN
Chromosomes - Foetal Tissue	CRO	If delay in transport, more than 24-hrs , add saline and keep cool Dr collection		STERILE SALINE No Formalin to be used	N/A	N/A	N/A	Room Temperature ** See comment	SRA / REF	QML
Chromosomes Fragile X (Cytogenetics only)	FGX		Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Chromosomes Studies - Blood / Banding	CRO	Regional Collections – Collect Monday to Thursday ONLY Metro Collections - Collect Monday to Friday (AM) ONLY	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	SRA / REF	QML
Chronic Eosinophilic Leukaemia	IWY	<b>** CRITICAL URGENT PATHWAY</b> Collectors Note: Samples to be collected and sent urgently. Mark sample bags as "Critical Urgent - Attention: “Sendaways”  This test must reach Alfred Hospital within 48 hrs of collection. Contact Sendaways department (9005 7210) before collection. Can only collect Monday to Thursday.  Characterisation of the gene rearrangement fip1l1-pdgfra in the diagnostic work-up and management of a patient with laboratory evidence of:a) mast cell disease; orb) idiopathic hypereosinophilic syndrome; orc) chronic eosinophilic leukaemia; 1 or more tests  Lab note: Please attention samples Molecular Lab, Haematology	Whole Blood	1.1xPink EDTA or 2.2xPurple EDTA	1.9mL or 2.2x6mL	1.9mL or 2.2x6mL	DO NOT Centrifuge	Room Temperature	SRA / REF	The Alfred Hospital
<b>Chronic Fatigue Syndrome</b> - includes all tests below: FBC, ESR EUC,CA,PO4,LFT,TSH Urine Protein and Sugar Urine Iodine Random	FBC ESR UEC CAP LFT TSH UMC UIO	<b>** Provide patient with 2 urine jars at the time of voiding for collection of 2 samples.</b>  <b>Lab Use Only:</b> Urine sugar is done via a dip stick, a quantitative result is not given	1. Whole Blood <b>and</b> 2. Serum <b>and</b> 3. Random Urine x2	1. EDTA <b>and</b> 2. SST <b>and</b> 3. 2x Yellow Top Jar	1. 4  2. 8.5  3. 2x 50	1. 2  2. 5  3. 2x 20	1. DO NOT Centrifuge 2. Centrifuge 3. N/A	Refrigerate all specimens	1. HA 2. AUTO 3. YT	
Chylomicrons	IWY		Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Circulating Tumour Cell Count	QFX	Test is currently unavailable.								
Citrate - Urine	UCI		24hr Urine	4Lt Urine Bottle (Plain)	> 200	100	N/A	Refrigerate	SRA / REF	CON
Citrullinaemia	AMC ORG	<b>Transport on Dry Ice and in Freezer Packs</b>	1. Plasma <b>and</b> 2. Random Urine	1. Lithium heparin <b>and</b> 2. Yellow Top Jar	1. 8 <b>and</b> 2. 50	1. 4 <b>and</b> 2. 20	1. Centrifuge and Separate 2. N/A	Freeze both samples	SRA REF	1. RPA 2. WCH

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
CJD Screen / 14-3-3 protein	IWY	Dr Collect  <b>** Critical Urgent Pathway</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  <b>Collector’s and Lab Note:</b> For CSF Collection Procedures and guidelines please refer to FRM-CL-233 “National Dementia Diagnostics Laboratory – Sample collection and test information” document.  <b>Sendaways:</b> “FRM-SRA-73 - CSF CJD 14-3-3 Specimen Data Submission Sheet – The Florey Institute” Document required to be filled upon submission. Sample to be kept in polypropylene tube and not submitted in a polystyrene tube. Samples to be sent frozen	CSF	Polypropylene Sterile Container	1	< 0.5	N/A	Refrigerate	<b>SRA / REF</b>	<b>Aust CJD Registry Melb Uni</b>
CK	CK		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CK-BB or CK Brain Tissue or CK BB	CKI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CK Isoenzymes	CKI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CK Electrophoresis	CKI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CK-MB or CKMB or CK MB	TNI	Used in monitoring of Heart Failure CK-MB - Test is no longer clinically relevant and is no longer tested. It is replaced by measurement of Troponin (I or T)  <b>** CRITICAL URGENT PATHWAY</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - FRM-CL-80 Critical Urgent Specimen form</b>  For Sydney Metro ACCs- COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas- contact the local peripheral lab. Tubes need to reach testing lab within 2 hours.	Serum	SST	8.5	5	Centrifuge	Refrigerate ** Critical Urgent Transport to testing lab	<b>AUTO</b>	
CK-MM or CK Muscle Isoenzymes or CKMM	CKI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Clexane	XAA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Send via Urgent Pathway</b>  * Correct volume critical. A list of the medication that the patient is on is required for testing Please place in SEPARATE BAG , <b>ATT: Coags</b>	Plasma	2 x Citrate	2x2.7 Full draw*	2x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	<b>CO</b>	
CLL Antibodies	FLO	ACD tube must be filled-full draw.	Whole blood	1. ACD and 2. EDTA	1. 6 2. 4	1. 6 see comment 2. 4	DO NOT Centrifuge	Room Temperature	<b>HA</b>	
Clobazam	CLZ	Collect trough level within 1 hr of next dose. Note time of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Clomipramine	CLM	Collect immediately prior to next dose. Provide clinical and medication details, including time and date of last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Clonazepam blood	CLO	Collect trough level within 1 hr of next dose. Note time of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Clonazepam Urine	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal  <b>**Data Entry Note:</b> <b>UDS</b> = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50  or  2. 3x10ml tubes	1. 20  or  2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT or 2. TX</b>	
Clostridium Difficile - Culture	CDP	<b>Test is no longer available, please code for CDP (Clostridium (Clostridioides) difficile PCR)</b> <b>** Freeze if sample older than 24hrs</b>	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate <b>**See comment</b>	<b>MI</b>	
Clostridium Difficile - Toxin	CDP	Freeze if sample older than 24hrs	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate <b>**See comment</b>	<b>MI</b>	
Clozapine	CZP	Collect trough level immediately before next dose. Note medication details including time of last dose and dosage.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
CMA	RAY		Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
CML PCR ABL	PHL	<b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>** <u>Dedicated tubes (2xEDTA) required</u></b> Collect specimens Monday to Thursday and must reach the lab before 6pm on day of collection  Regional areas must contact sendaways dept before collection  <b>Lab Note:</b> The sample must reach QML within 24-48 hours	Whole blood	2 x EDTA ** <b>Dedicated</b>	2x 4	2x 4	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>QML</b>
CMP Calcium, magnesium, phosphate	CAP MG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CMT Gene Test	CMT	<b>Urgent Transport-</b> Must be delivered to Concord Lab within 24hrs of collection  <b>Lab Note:</b> For Type 1A Charcot-Marie-Tooth (analysis of PMP22 gene mutation) AND Type 1B (X-linked CMT or Connexin CMT). Also for patients with chromosome 17p duplication  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	3 x Purple EDTA	3 x 4	3 x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>CON</b>
CMV	CMV (IgG)  CMM (IgM) See comment	<b>Lab Use</b> - If IgG and IgM then code both	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CMV	IWY		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>POW</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab	
CMV PCR	CMS	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>Collectors note:</b> Consent must be gained irrespective of any requests regarding billing noted on the form.  <b>Lab Note:</b> Please check for the following: •Is the requesting doctor from St Vincents Hospital? •Is this patient a transplant patient? •Is this a SydPath request form? If any of these are YES, refer to SydPath for testing  Swab has been removed from Specimen Type, this can no longer be used for this test.	1. Frozen Plasma <b>or</b> 2. Urine <b>or</b> 3. CSF	1. Pink EDTA <b>or</b> 2. Yellow Top Jar <b>or</b> 3. CSF Collection Tube-additive free (red top or aliquot tube)	1. 6  2. 20  3. 1.0	1. 6  2. 5  3. < 0.5	1. Centrifuge & Separate Pink EDTA  2. N/A  3. N/A	1. Freeze  Room Temperature for all other specimens	<b>SRA / REF</b>	<b>QML or SYP **See comment</b>	
CMV PCR - Stool (Faeces)	IWY		Faeces	Brown Top Jar	10 grams	>1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>POW</b>	
CMV PCR - Sydpath Request Forms	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>Collectors note:</b> Consent must be gained irrespective of any requests regarding billing noted on the form.  <b>Lab Note:</b> Please check for the following: •Is the requesting doctor from St Vincents Hospital? •Is this patient a transplant patient? •Is this a SydPath request form? If any of these are YES, refer to SydPath for testing	Frozen Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze *See Comment	<b>SRA / REF</b>	<b>SYP</b>	
CMV (Cytomegalovirus) IgG Avidity	CMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>		
Coagulation Screen / Studies / Profile	CS	<b>Send via Urgent Pathway</b>  1. * Correct volume critical - full draw required or recollection will be necessary.  Record any bleeding/coagulation abnormalities. Record any anticoagulant medication taken.  <b>**If delay to lab greater than 4 hrs - then spin, separate and Freeze. Transport in freezer pack.</b> <b>If citrate is unspun then transport at room temperature.</b>  <b>Tests Include:</b> Prothrombin time, INR, Activated Partial Thromboplastin Time(APTT), Fibrinogen, Thrombin Time and Platelets	Whole blood	1. Citrate  <b>and</b>  2. EDTA	1. 2.7 *Full Draw critical  2. 4	1. 2.7 *Full Draw critical  2. 4	**See Comment	**See Comment	<b>1. CO  2. HA</b>		
Cobalt - Blood and/or Plasma	Serum	SCO	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
Cobalt - <b>Whole Blood</b>	BCO	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube - preferred Purple EDTA - acceptable	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>		

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cobalt - Joint Fluids/Apsirates	FCC	Sample is to be placed in dedicated specimen bag, marked "ATTENTION SPECIAL CHEMISTRY- METALS"	Joint Fluid / Aspirate	White Top Jar	2	1	N/A	Refrigerate	SC	
Cobalt- Urine	UCO	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50  2. > 200	1. 20  2. 100	N/A	Refrigerate both samples	1. YT  2. SRA	
Cocaine - Blood	QFX	Urine Drug Screens recommended or contact the Toxicology department 90057241								
Cocaine - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	TX	
Cocaine- legal or non legal	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal  <b>**Data Entry Note:</b> UDS = Drug Screen Urine - General DLI = Drug Screen Urine - Chain of Custody  ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50  or  2. 3x10ml tubes	1. 20  or  2. 2x10ml tubes	N/A	Refrigerate	1. YT or 2. TX	
Coccidioidomycosis serology	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Codeine - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	TX	
Codeine- legal or non legal	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal  <b>**Data Entry Note:</b> UDS = Drug Screen Urine - General DLI = Drug Screen Urine - Chain of Custody  ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50  or  2. 3x10ml tubes	1. 20  or  2. 2x10ml tubes	N/A	Refrigerate	1. YT or 2. TX	
Coeliac – Genetic Test	CDG		Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Coeliac Disease Antibodies / Screening / Master Panel	IGA GLG TTA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Coeliac Serology	GLG TTA IGA	Includes- Anti Tissue Transglutaminase IgA and deamidated gliadin peptide IgG	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Coeliac Disease Profile - Integrative Health Request	=COP	<b>Collect for the tests listed below</b>  Deamidated Gliadin Peptide Antibodies, Tissue Transglutaminase IgA, Total Serum IGA  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries  Requires B-point payment prior and recorded receipt number on request form.	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Coenzyme Q10	Q10	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Sample MUST be Wrapped in foil</b> <b>Place extra barcode on outside of foiled tube</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	8.5	5	Centrifuge & Separate <b>and Wrap in foil ASAP.**</b>	Freeze	<b>SRA / REF</b>	<b>ARL</b>
Cold Agglutinins	CAG	<b>ONLY PERFORMED AT SPECIFIC SITES</b> - contact collections advisor for location of sites with a monitored water bath. Submit both primary tube and secondary tube (aliquot sample- serum) and mark tubes "ATTENTION BLOOD BANK"  <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.  Note for North Ryde Main Lab: Collections for the test can be performed at the ACC Main Lab North Ryde on:  Tuesdays, Wednesdays and Thursdays between 8am-12pm booking via the ACC phone: 0422 006 134 from 8am – 3pm (M-F)	Whole Blood	Plain Clot (NO SST).	8.5	5	Incubate for 30 minutes at 37°C, Spin for 10 minutes at 3,000rpm, Incubate again for 30 minutes then separate serum and red cells ENSURE THERE ARE NO RED CELLS IN THE SERUM. Both tubes must be submitted for testing	Room Temperature	<b>BB</b>	
Collagen	CCP DNA ENA LAA ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Collagen Binding Assay	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Citrate	2.7 Full Draw critical	2.7 Full Draw critical	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>ICPMR</b>
Collagen Telopeptides - Urine	TEL	<b>Transport on Dry Ice or in Freezer Packs</b>	Second void urine	Yellow Top Jar	50	20	N/A	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Colonoscopy Biopsy	PWH		Tissue Biopsy	Formalin container/pot	N/A	N/A	N/A	Room Temperature	<b>HP</b>	
Colorectal Cancer Gene Panel	KRC	<b>** Contact Histo-North Ryde Lab. 90057133</b> Unstained slides x 10 to be sent directly Genomic Diagnostics  <b>**Only Medicare Rebateable if referred by a specialist for investigation of metastatic colorectal cancer otherwise</b> <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Tissue	N/A	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>GD</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Colorectal Cancer Predictive Gene Test	PGT	<b>**Collectors note:</b> Each tube taken as separate venepuncture at 10 minutes interval.  Collection times recorded on tube and form.  ***CONDITIONAL MBS ELIGIBILTiy*** Must be requested by a specialist and stated that patient has a relative with a familial gene (and what the gene is) OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020	Whole Blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Complement - C3	C3		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Complement - C3 and C4	C34		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Complement - C4	C4		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Complement - C5	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> <b>**Collector's note:</b> Divide serum into 3 separate aliquot tubes – minimum 1mL of serum into each aliquot tube	Serum	2 x SST	2 x 8.5	2 X 8.5	Centrifuge & Separate ASAP ** See Comment	Freeze within 1 hour of collection	<b>SRA / REF</b>	<b>SHS</b>
Complement - C9	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> ** Divide serum into 3 separate aliquot tubes -minimum- 1ml of serum into each aliquot tube.	Serum	SST	2 X 8.5	2 X 8.5	Centrifuge & Separate ASAP** See Comment	Freeze** within 1 hour of collection.	<b>SRA / REF</b>	<b>SHS</b>
Complement - Total / Haemolytic	TTP	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>Sutherland Hospital</b>
Complement C2	C2	<b>Transport on Dry Ice or in Freezer Packs</b> ** Divide serum into 3 separate aliquot tubes -minimum- 1ml of serum into each aliquot tube.	Serum	2x SST	2x 8.5	2x 8.5	Centrifuge & Separate ASAP** See Comment	Freeze within 1 hour of collection.	<b>SRA / REF</b>	<b>SHS</b>
Complement C7 and C8	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> ** Divide serum into 3 separate aliquot tubes -minimum- 1ml of serum into each aliquot tube.	Serum	2x SST	2x 8.5	2x 8.5	Centrifuge & Separate ASAP** See Comment	Freeze** within 1 hour of collection.	<b>SRA / REF</b>	<b>SHS</b>
Complement C1q	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> ** Divide serum into 3 separate aliquot tubes -minimum- 1ml of serum into each aliquot tube.	Serum	SST	2 X 8.5	2 X 8.5	Centrifuge & Separate ASAP	Freeze** within 1 hour of collection	<b>SRA / REF</b>	<b>SHS</b>
Comprehensive Biochemical Analysis Integrative Health Request	=CBA	<b>Collect for the tests listed:</b> ELFTs, Caeruloplasmin & Vitamin D Full Blood Count Plasma Zinc, Plasma Copper, Copper:Zinc Ratio, Whole Blood Histamine, Homocysteine  <b>**See comments below prior to collection</b>  * <b>3</b> Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked ""SC"". Both Primary Tube and Aliquot to be sent to special chemistry - place both samples in bag/container marked as 'Special Chemistry-Metals Area'. Collections should not be performed within 96 hours of receiving contrast media for CT Scans, MRI, etc"  <b>** 4 &amp; 5 Transport on dry ice or in freezer packs</b>  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Serum  2. Whole Blood  3. Plasma  4. Whole Blood  5. Plasma	1. SST  2. EDTA  3. Trace Element *See comment  4. 2 x Lithium Heparin  5. EDTA	1. 8.5  2. 4  3. 6  4. 2x8  5. 4	1. 5  2. 2  3. 4  4. 2x5  5. 4	1. Centrifuge  2. DO NOT Centrifuge  3. Centrifuge & Separate  4. DO NOT Centrifuge  5. Centrifuge & Separate	1. Refrigerate  2. Refrigerate  3. Refrigerate  4. "Freeze **See comment"  5. "Freeze **See comment"	<b>1. AUTO</b>  <b>2. HA</b>  <b>3. SC</b>  <b>4. SRA / REF</b>  <b>5. SRA</b>	<b>4. QML</b>
Congenital adrenal hyperplasia PCR	CAH		Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>Mater Hospital Brisbane</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Conjunctival Swab - C & S	RES		Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Conjunctival Swab - Viral Culture	**See comment	<p>Viral culture is not routinely available and is replaced by PCR, if available.</p> <p><b>Site of sample and clinical notes/what virus(s) is suspected, MUST be stated</b></p> <p><b>*Data Entry Note:</b> If doctor specifies- Herpes/Varicella Zoster – code HSC Adenovirus – code RVP Other**/Unknown – code RVP and HSC</p> <p><b>**Collectors note:</b> There might be a fee related to Other virus. If other virus indicated: 1. Phone Accounts receivable on 02 9082 3998 for pricing. 2. If there is a fee, then Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Swab	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	MD	
Connective Tissue Disease Screen	ANA ENA DNA RF CCP CRP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Connexin 26	IWY	<p><b>Require Ethnic background, clinical details and Consent for testing</b></p> <p><b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	Whole Blood	EDTA	4	3	DO NOT Centrifuge	Room Temperature	SRA / REF	RNS
Connexin 30	IWY	<p><b>Require Ethnic background, clinical details and Consent for testing</b></p> <p><b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	Whole Blood	EDTA	4	3	DO NOT Centrifuge	Room Temperature	SRA / REF	RNS
Coombs Test - Direct	DAT	<p><b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date &amp; Time of collection, Collector's signature.</p> <p><b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.</p>	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	
Coombs Test - Indirect	ABS	<p><b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date &amp; Time of collection, Collector's signature.</p> <p><b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.</p>	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Coombs Test - Cord Blood	CRD	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
COPD	SPR	<b>Predicted values are required.</b> If you are unable to collect the predicted values on the spirometry, due to patients age or due to patient finding it too hard to complete the blows successfully, the spiro will be an automatic recollect. • This is due to the new spirometry doctor not reporting on Spirometry with no predicted values. • Suggest to the patient that the spirometry can also be performed at the hospital or specialist.  <b>SRA Note:</b> Diagnostics scans all paperwork into RICS  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Spirometer	Spirometer	N/A	N/A	N/A	Diagnostics Envelope	<b>DI</b>	
Copeptin	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Note:</b> ADH, aka Vasopressin or Anti Diuretic Hormone test, is no longer available, Copeptin has replaced this.	Plasma	EDTA	4	4	Centrifuge & Sperate Immediately	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Copper (Cu) - <b>Plasma / Serum</b>	CU	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". <b>**Both Primary Tube and Aliquot</b> to be sent to special chemistry- place both samples in bag/container marked as "Special Chemistry-Metals Area". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	<b>Plasma</b>	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
Copper (Cu) - Urine	UCU	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	<b>1. YT or 2. SRA</b>	
Copper (Cu) – Red Cell	RCU	<b>** High concentrations of Gadolinium, Iodine and Barium</b> are known to interfere with most metals tests. If either Gadolinium, Iodine or Barium containing contrast media has been administrated, a specimen should not be collected for 96 hours.	Whole Blood	Trace Element Tube	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Copper: Zinc Profile - Integrative Health Request -	=CUZ	<b>Collect for the tests listed below</b> Plasma Copper, Plasma Zinc, Copper:Zinc Ratio, Caeruloplasmin  <b>**See comments prior to collection</b>  Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1.Plasma and 2.Serum	1.Trace Element Tube and 2.SST	1.6mL and 2.8.5mL	1.6mL and 2.5mL	1.Centrifuge & Separate and 2.Centrifuge	Refrigerate both	<b>1.SC and 2.AUTO</b>	
Copper:Zinc Ratio	CZR	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Plasma	Trace Element Tube	6mL	6mL	Centrifuge & Separate	Refrigerate	<b>SC</b>	
Cordarone	AMD	Record on the request form the time of the dose immediately preceding collection and the time of collection. Test done every Wednesday. Take just before dose or 8 hours after a dose and record collection time on the request form. <b>For Trough Levels-</b> Collect within 1 hr of next dose or more than 4-hrs post dose. Note time since last dose and record on the request form.	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
Core Biopsy	PWH		Tissue Biopsy	Formalin container/pot	N/A	N/A	N/A	Room Temperature	<b>HP</b>	
Cornea Swab/Cornea Scrapping	RES		Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Cornea Swab/Cornea Scrapping for Acanthamoeba Culture	IWY	Contact Microbiology department prior to collection. <b>Micro Note:</b> To be sent to ICPMR.	Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI ICPMR</b>	
Corrected Calcium	CA	<b>** Collect without tourniquet where possible</b>  <b>Collector's Note:</b> Check test, do not confuse with other calcium tests	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Corticosteroids	17C	<b>LAB NOTE:</b> 50mL or greater must be sent to testing lab Testing lab requires samples to be transferred into a 50ml Yellow Top jar.  <b>Testing lab will not accept multiple 10ml aliquot tubes of urine.</b>	24hr Urine	4Lt Urine Bottle (Plain)	> 200 see comment	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>DTP</b>
Corticotrophic Releasing Hormone	QFX	<b>Test no longer available</b>								
Cortisol < 15 years old	CO1	There will no longer be a separate entry for “Cortisol - < 15 years old” under 15 years old as the Cortisol entry in A-Z will cover all ages.								
Cortisol - Diurnal, AM / PM	CO1	<b>Collection times:</b> Collect between 8-9am and then again at between 2- 4pm Different Lab Numbers must be given to each collection.  <b>PM Cortisol must be forwarded to the Lab with an Outstanding Specimen Form with a new Lab Number</b>	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Cortisol - Serum (random)	CO1 *See Comment	<b>Collectors &amp; Data Entry Note:</b> Check if Dexamethasone Suppression Test has been requested (this could also be in Clinical Notes). If Cortisol is requested with Dexamethasone Suppression Test*, code DST panel only.  <b>*DATA ENTRY NOTE:</b> CODE QFU if Mass spectrometry is requested. QFU data entry member please email to Chemical Pathologist indicating mass spectrometry requested and then delete QFU.	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cortisol - Urine	UFC **See Commen	<b>Collectors Note:</b> IF the dexamethasone suppression test (DST) is also on the request form, THEN the 24 hr collection of urine should be completed before dexamethasone is given to the patient.  <b>**DATA ENTRY NOTE:</b> CODE QFU if Mass spectrometry is requested. QFU data entry member please email to Chemical Pathologist indicating mass spectrometry requested and then delete QFU.	24hr Urine	4Lt Urine Bottle (Plain)	> 200	100	N/A	Refrigerate	SRA	
Cortisol - Salivary	RCS	** Contact Collections Advisor for the Test Kit	Saliva	Test Kit ** See Comment	N/A	N/A	N/A	Refrigerate	SRA / REF	RBH
Cotinine (Urine)	UCT	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Cotinine (Blood)	COT	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	AUTO	
Counsyl Foresight Carrier Screen	CFC	<b>Collector's note: "Myriad - Foresight Carrier Screen - Test Request Form" is required.</b>  <b>** Non-Medicare Rebateable test</b> 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, visit website at www.gdpay.com.au or call Genomics Diagnostice, 1800822999, to arrange payment.  <b>DO NOT TURN PATIENT AWAY</b> <b>Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15)</b>  <b>Please note:</b> This test is <b>NOT</b> the Genetic Carrier Scéen	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
COVID-19 Antibody (Abs/Serology) IgG	NSQ	Do Not Confuse with COVID-19 PCR (Swab) <b>NSQ includes both Nucleocapsid and spike protein IgG</b>	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	SE	
COVID-19 IgG antibodies	NSQ	Do Not Confuse with COVID-19 PCR (Swab) <b>NSQ includes both Nucleocapsid and spike protein IgG</b>	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	SE	
Covid IgM (Travellers ONLY)	QFX	<b>Test no longer available</b>								
COVID-19 IgM Antibodies	QFX	<b>Test is no longer available</b>	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	AUTO	
COVID-19 PCR	NCP	<b>**Collectors note:</b> ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid transport medium container. <b>**Only ONE swab</b> is required for co-requests of RVP and/or NCP and/or BPP. Refer to <b>IS-CL-64</b> Procedure for Respiratory Pathogen PCR swab collection at ACC  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
COVID-19 Serology IgG antibodies	NSQ	Do Not Confuse with COVID-19 PCR (Swab) <b>NSQ includes both Nucleocapsid and spike protein IgG</b>	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	SE	
COVID-19 Serology IgM	QFX	<b>Test is no longer available</b>	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	AUTO	
CVID Memory B Cell	IWY		Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	SRA / REF	ICPMR

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cowpox Virus PCR	IWY	**Site determined by Referring Doctor  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Swab **See Comment	Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	VIDRL
Coxiella Burnetii	QFS		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Coxiella Burnetii PCR	CBP		Whole Blood	EDTA	4	4	DO NOT SPIN	Refrigerate	SRA / REF	QH
Coxsackie A	COX		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	POW
Coxsackie PCR	EVP	** Site determined by Referring Doctor	**See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	QML
Coxsackie virus antibody	COX		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	POW
CPK	CK		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
CQ10	Q10	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Sample MUST be Wrapped in foil</b> <b>Place extra barcode on outside of foiled tube</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	8.5	5	Centrifuge & Separate and Wrap in foil ASAP.**	Freeze	SRA / REF	ARL
CRE / CPE	CPO	** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Screening swab from hospital – so urgent- same day referred to lab.  Positives Notified to PHU, Screening specimens from hospitals.  <b>**2.Collector’s Note:</b> Rectal swabs are Dr or Practice Registered Nurse Collects Only <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Faeces or 2. Rectal swab** See comment	1. Brown Top Jar or 2. Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Creatine Kinase	CK		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Creatinine - 24 hr Clearance	CRC	Serum and urine must be collected within same 24-hr period. Height and Weight of patient required.	1. 24hr Urine and 2. Serum	1. 4Lt Urine Bottle (Plain) and 2. SST	1. > 200 2. 8.5	1. 100 2. 5	1. N/A 2. Centrifuge	Refrigerate all samples	1. SRA 2. AUTO	
Creatinine Clearance - 24 hr	CRC	Serum and urine must be collected within same 24-hr period. Height and Weight of patient required.	1. 24hr Urine and 2. Serum	1. 4Lt Urine Bottle (Plain) and 2. SST	1. > 200 2. 8.5	1. 100 2. 5	1. N/A 2. Centrifuge	Refrigerate all samples	1. SRA 2. AUTO	
Creatinine - Serum	CR		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Creatinine - Urine	UCR		1. Random Urine or 2. 24hr Urine	1. Yellow Top Jar or 2. 4Lt Urine Bottle (plain)	1. 50 2. > 200	1. 10 2. 100	1. N/A 2. N/A	Refrigerate all samples	1. YT 2. SRA	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cresol	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	SRA / REF	WOR
Creutzfeld-Jacob Disease ( CJD)	IWY	<b>Dr Collect</b>  <b>** Critical Urgent Pathway</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  <b>Collector’s and Lab Note:</b> For CSF Collection Procedures and guidelines please refer to FRM-CL-233 “National Dementia Diagnostics Laboratory – Sample collection and test information” document.  <b>Sendaways:</b> “FRM-SRA-73 - CSF CJD 14-3-3 Specimen Data Submission Sheet – The Florey Institute” Document required to be filled upon submission. Sample to be kept in polypropylene tube and not submitted in a polystyrene tube. Samples to be sent frozen	CSF	Polypropylene Sterile Container	1	< 0.5	N/A	Refrigerate	SRA / REF	Aust CJD Registry Melb Uni
CRO / CPO	CPO	<b>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.</b> Screening swab from hospital – so urgent- same day referred to lab.  Positives Notified to PHU, Screening specimens from hospitals.  <b>**2.Collector’s Note:</b> Rectal swabs are Dr or Practice Registered Nurse Collects Only <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Faeces or 2. Rectal swab** See comment	1. Brown Top Jar or 2. Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Crohn's	SCI LAA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO SRA / REF	QML
Cross Links (Urine)	DPD	<b>** Place barcode on the outside of the foiled jar.</b> A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	YT	
Crosslaps	CTB	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Crossmatch	XM	<b>DO NOT SEPARATE TRANSFUSION FORM</b> * If patient has been pregnant or recently transfused in the last 3 months or has history of a clinically significant antibody please collect no greater than 72 hours before date required. * For all other patients a GPH/XM can be collected up to 30 days before required for elective surgery. <b>Note:</b> 30 days starts from date of collection. <b>Blood Transfusion form and request form MUST</b> contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b> A red label must be attached to each tube for all Group and Hold/Cross Match tests. <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples and Blood Transfusion form. In Sydney Metro Areas: Prior to collection, Collection staff must contact Blood Bank Department on 02 90057270 to confirm at which lab these samples will be tested and stored prior to the anticipated operation / transfusion. <b>Collectors Note:Send BOTH Transfusion form and specimens directly to Blood Bank</b>	1. Whole Blood  <b>and</b>  2. Whole Blood	1. 2x EDTA **  <b>and</b>  2. Plain Clot**  <b>**Red Blood Bank labels required to be fixed to all tubes.</b> <b>**See Comments</b>	1. 2x 4  2. 8.5	1. 2x 2  2. 5	1. DO NOT Centrifuge  2. DO NOT Centrifuge	Refrigerate all tubes	<b>BB</b>	
CRP	CRP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
CRP - HS	SCP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Cryofibrinogen	CRF	<b>ONLY PERFORMED at North Ryde Main Lab</b> <b>**Collector's Note:</b> Samples must be kept at 37 degC Phone Coagulation department 90057109 to pick up sample ➤ Or walk sample in Haematology and deliver directly to a staff member. They will place the sample into a 37degC water bath in the coagulation area.  <b>Note to Coag:</b> Samples are to be kept at 37degC, until processing.  <b>Note for North Ryde Main Lab:</b> Collections for the test can be performed at the ACC Main Lab North Ryde on: Tuesdays, Wednesdays and Thursdays between 8am-12pm Booking via the ACC phone: 0422 006 134 from 8am – 3pm (M-F)	1. Plasma <b>and</b> 2. Serum	1. 3 x EDTA <b>and</b> 2. 1x Serum/gel tube	Full Draw	Full Draw	** See Comment	**See Comment	<b>CO</b>	
Cryoglobulins	CRY	<b>ONLY PERFORMED</b> at North Ryde Main Lab or closest peripheral lab with a monitored water bath. Submit both tube and aliquot sample- serum - mark <b>"ATTENTION: BLOOD BANK"</b> . Ensure there is no red cell in the serum tube If ACC does not have a waterbath - <b>DO NOT COLLECT</b> . No other vessels are appropriate for temperature monitoring  Note for North Ryde Main Lab: Collections for the test can be performed at the ACC Main Lab North Ryde on: Tuesdays, Wednesdays and Thursdays between 8am-12pm booking via the ACC phone: 0422 006 134 from 8am – 3pm (M-F)	Serum	Plain Clot (NO SST)	8.5	5	Incubate for 30 minutes at 37°C, Spin for 10 minutes at 3,000rpm, Incubate again for 30 minutes then separate serum and red cells	Room Temperature	<b>BB</b>	
Cryoproteins	CRY	<b>ONLY PERFORMED</b> at North Ryde Main Lab or closest peripheral lab with a monitored water bath. Submit both tube and aliquot sample- serum - mark <b>"ATTENTION: BLOOD BANK"</b> . Ensure there is no red cell in the serum tube If ACC does not have a waterbath - <b>DO NOT COLLECT</b> . No other vessels are appropriate for temperature monitoring  Note for North Ryde Main Lab: Collections for the test can be performed at the ACC Main Lab North Ryde on: Tuesdays, Wednesdays and Thursdays between 8am-12pm booking via the ACC phone: 0422 006 134 from 8am – 3pm (M-F)	Serum	Plain Clot (NO SST)	8.5	8.5	Incubate for 30 minutes at 37°C, Spin for 10 minutes at 3,000rpm, Incubate again for 30 minutes then separate serum and red cells	Room Temperature	<b>BB</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cryptococcus Antigen - CSF	CRA		CSF	White Top Jar	1	< 0.5	N/A	Room Temperature	SRA	
Cryptococcus Antigen - Serum	CRA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Cryptosporidium - Faeces	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
CSF - Oligoclonal Bands CSF - IgG, Albumin	EPC	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. CSF - Dr Collect	1. CSF and 2. Serum	1. CSF Collection Tube-additive free (red top or aliquot tube) and 2. SST	1. 1.0 and 2. 8.5	1. < 0.5 and 2. 5	1. N/A and 2. Centrifuge	1. Room Temperature and 2. Refrigerate	SRA / REF	LIV
CSF - M,C&S	CSF	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Dr Collect	CSF	CSF Collection Tube-additive free (red top or aliquot tube)	1	< 0.5	N/A	Room Temperature	MI	
CSF - Syphilis / VDRL	IWY	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Dr Collect	CSF	CSF Collection Tube-additive free (red top or aliquot tube)	1	< 0.5	N/A	Room Temperature	SRA / REF	ICPMR
CSF - Xanthochromic Index	CXA	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. ** Place extra barcode on outside of foiled container Dr Collect <b>Doctor Comment:</b> CSF should ideally be drawn a minimum of 12 hours after a suspected event	CSF	CSF Collection Tube-additive free (red top or aliquot tube)	1	1	Wrap in Foil- See Comment **	Refrigerate	SRA / REF	LIV
CSF - Chemistry (Protein, Glucose, Chloride)	CSB	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Dr Collect	CSF	CSF Collection Tube-additive free (red top or aliquot tube)	1	< 0.5	N/A	Room Temperature		
CSF - Herpes Simplex PCR only	HCF	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Dr Collect	CSF	CSF Collection Tube-additive free (red top or aliquot tube)	1	< 0.5	N/A	Room Temperature	SRA / REF	ICPMR
CSF (Cerebrospinal Fluid) - Cytology	CYF	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Dr Collect <b>Contact lab on 90057426</b>	CSF	CSF Collection Tube-additive free (red top or aliquot tube)	1	< 0.5	N/A	Room Temperature send immediately or Refrigerate		
C-Telopeptide	CTB	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA	
CTC	QFX	Test is currently unavailable.								
CTX -Telopeptide Cross Links	CTB	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA	
Culture of Tissue for Microbial Pathogens	PUS		Pus / Tissue	White Top Jar	N/A	N/A	N/A	Room Temperature	MI	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cushings Syndrome	CO1 ACH	<b>1. Transport on Dry Ice or in Freezer Packs</b>  *EDTA Tube to be kept in the Freezer prior to collection	1. Plasma <b>and</b> 2. Serum	1. EDTA Cold Collection* <b>and</b> 2. SST	1. 4 <b>and</b> 2. 8.5	1. 2 <b>and</b> 2. 5	1. Centrifuge & Separate <b>and</b> 2. Centrifuge	1. Freeze **See comment <b>and</b> 2. Refrigerate	<b>1. SRA</b> <b>2. AUTO</b>	
Cyanide	TCY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine and 2. Serum	1. Yellow Top Jar and 2. SST	1. 50 and 2. 8.5	1. 10 and 2. 5	1. N/A and 2. Centrifuge	Refrigerate both specimens	<b>SRA / REF</b>	<b>WOR</b>
Cyanocobalamin	B12		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Cyclic citrullinated Peptide Abs	CCP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Cyclosporin A (CyA) peak / C2	C2C	Peak level 2 hours post dose (If cyclosporin request does not state peak or trough, default test should be trough) Date and time of last dose must be noted on request form <b>For regional areas-</b> sample must be batched directly to serology	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Cyclosporin A (CyA) trough	CYC	Trough level 12 hours post dose (If cyclosporin request does not state peak or trough, default test should be trough) Date and time of last dose must be noted on request form. <b>For regional areas-</b> samples must be batched directly to serology	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
CYP27A1 Gene	FIC	Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Cystatin C	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>Tamworth Hospital</b>
Cysteine Crystals - urine	UMC		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Cystine Screen - Adult	CYS	Early morning sample	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Cystic Fibrosis -Genetic Tests (for RNS only)	CFG	RNS no longer perform this test. Please now refer to entry – Cystic Fibrosis Full 50 Mutations.								

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cystic Fibrosis Full 50 Mutations	CFG	<p>***<b>CONDITIONAL MBS ELIGIBILTiy</b>***</p> <p>Medicare rebate is available for patients with established family history when referred by either a GP or a specialist. This includes parents, children, full-siblings, half-siblings, grandparents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed. Excluded are second cousins and more distant relatives.</p> <p>Other referral reasons that are covered by Medicare rebates are ONLY eligible when referred by a specialist. These include testing of a person where their reproductive partner is a known cystic fibrosis carrier, specific clinical scenarios associated with an ongoing pregnancy and diagnostic testing for patients suspected of having cystic fibrosis disease.</p> <p>If the doctor specifically indicates that the patient is ineligible or if the patient isn't covered by Medicare they would have to pay.</p> <p>Free partner testing is available when the other partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a cystic fibrosis mutation and details of the partner (name and/or lab ID) are provided on the request</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Cystic Fibrosis Transmembrane Conductance Regulator	CFG	<p>***<b>CONDITIONAL MBS ELIGIBILTiy</b>***</p> <p>Medicare rebate is available for patients with established family history when referred by either a GP or a specialist. This includes parents, children, full-siblings, half-siblings, grandparents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed. Excluded are second cousins and more distant relatives.</p> <p>Other referral reasons that are covered by Medicare rebates are ONLY eligible when referred by a specialist. These include testing of a person where their reproductive partner is a known cystic fibrosis carrier, specific clinical scenarios associated with an ongoing pregnancy and diagnostic testing for patients suspected of having cystic fibrosis disease.</p> <p>If the doctor specifically indicates that the patient is ineligible or if the patient isn't covered by Medicare they would have to pay.</p> <p>Free partner testing is available when the other partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a cystic fibrosis mutation and details of the partner (name and/or lab ID) are provided on the request</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Cysticercosis	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>ICPMR</b>
Cysts -faeces	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Cytogenetics blood	CRO	Regional Collections – Collect Monday to Thursday ONLY Metro Collections - Collect Monday to Friday (AM) ONLY	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Cytokine Assay Panel	SSS \$\$T1	Selected collection centres only. Please refer to IS-CL-58 for collection instructions  Sendaways Note: Please follow instructions as per request form	wHole Blood	PPT Tube (Pearl White Top)	5	5	Invert tube 8-10 times. DO NOT CENTRIFUGE	2- 8 degrees Celsius	<b>SRA / REF</b>	<b>QML</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cytology (Effusions)	CYF	Dr Collection  Fluid container must not be opened prior to testing	Effusion	White Top Jar or fluid collection bag or 24 hr urine bottle for large volume	N/A	N/A	N/A	Refrigerate	SRA	
Cytology (Sputum)	PWC	NOTE : If doctor requests a series sputum or sputum x 3, 3 samples are to be collected over 3 consecutive days, otherwise single sputum sample to be collected.  Specimen must be brought in on day of collection.  Note: Doctors may also use the terminology neoplastic or malignant cells for cancer  Note: Must be a deep cough sputum sample not saliva.	Early morning deep cough sputum sample from the lungs	White Top Jar	N/A	N/A	N/A	Refrigerate	CY	
Cytology (Cervical)	CVX	<b>Dr Collect or Registered Practice Nurse</b>  Patients who are at least 24 years and 9 months of age or show symptoms/or following the test of cure pathway, will qualify for the medicare rebate. Pts under this age, the test is not rebateable  Patients who qualify as an early sexual debut patient, ie, 1st intercourse < 14 yrs of age and have not had the Gardasil vaccination are allowed one rebatable test between the ages of 20-25 yrs.  <b>One only in a 57 month period covered by medicare.</b>  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	ThinPrep vial	ThinPrep	20ml	20ml	N/A	Room Temperature	CY	
Cytology (Urine)	PWC	<b>**Note:</b> Collect only 1 x Urine sample UNLESS doctor specifically requests a specific number of urine samples over a specific number of days. ONLY If doctor specifies 3 samples, then please collect 1x sample on each of 3 consecutive days.  DO <b>NOT COLLECT</b> the first specimen passed (use 2nd voided). <b>A fresh mid morning specimen is required.</b> Specimen must be brought in on day of collection.  If patient cannot supply the minimum volume of 30mls either instruct them to have a large drink of water and try again or ask them to return the next day with a full container  <b>Note:</b> Doctors may also use the terminology neoplastic or malignant cells	Mid morning mid stream Urine	1 or 3 x Yellow Top Jar **See comment	1. 1x50 or 2. 3x 50 *See Comment	1. 1x30 or 2. 3x 30	N/A	Refrigerate	CY	
Cytomegalovirus Antibodies IgG only	CMV (IgG)  CMM (IgM) See comment	<b>Data Entry Note:</b> If IgG and IgM then code both	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Cytomegalovirus Antibodies- IgM	CMM CMV See comment	<b>Data Entry Note:</b> If IgG and IgM then code both	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Cytomegalovirus (CMV) IgG Avidity	CMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Cytomegalovirus PCR	CMS	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>Collectors note:</b> Consent must be gained irrespective of any requests regarding billing noted on the form.  <b>Lab Note:</b> Please check for the following: •Is the requesting doctor from St Vincents Hospital? •Is this patient a transplant patient? •Is this a SydPath request form? If any of these are YES, refer to SydPath for testing  Swab has been removed from Specimen Type, this can no longer be used for this test.	1. Frozen Plasma <b>or</b> 2. Urine <b>or</b> 3. CSF	1. Pink EDTA <b>or</b> 2. Yellow Top Jar <b>or</b> 3. CSF Collection Tube-additive free (red top or aliquot tube)	1. 6  2. 20  3. 1.0	1. 6  2. 5  3. < 0.5	1. Centrifuge & Separate Pink EDTA  2. N/A  3. N/A	1. Freeze  Room Temperature for all other specimens	<b>SRA / REF</b>	<b>QML or SYP **See comment</b>
Cytomegalovirus PCR - Stool (Faeces)	IWY		Faeces	Brown Top Jar	10 grams	>1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Cytomegalovirus PCR - Sydpath Request Forms	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>Collectors note:</b> Consent must be gained irrespective of any requests regarding billing noted on the form.  <b>Lab Note:</b> Please check for the following: •Is the requesting doctor from St Vincents Hospital? •Is this patient a transplant patient? •Is this a SydPath request form? If any of these are YES, refer to SydPath for testing	Frozen Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze *See Comment	<b>SRA / REF</b>	<b>SYP</b>
Cytotoxic Antibody Screen	CTA	<b>**Contact Sendaways on 02 9005 7210 for the cost of this test</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RCR</b>
Cytotoxic Food Allergy Test	QFX	IgG food allergy testing is not available at Laverty Pathology. Please refer patient to an ACL (Australian Clinical Laboratory) collection centre for collection. <b>Note: Testing is privately billed</b>								
D Dimer	FDP	<b>** CRITICAL URGENT PATHWAY</b> <b>* Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  Transport Citrate tubes as <b>CRITICAL Urgent</b> in RED BAG and refer the samples to the nearest lab (North Ryde or local peripheral / regional lab)  <b>**<u>Spin and separate if GREATER THAN 4hrs to reach testing lab.</u></b>	Whole Blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge <b>** See Comment</b>	Refrigerate	<b>CO</b>	
D Fragilis	FMP		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
D816V	IWY	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Whole Blood or 2. Bone Marrow	1. EDTA or 2. Bone Marrow collected in EDTA tube	1. 10 or 2. 3	1. 3 or 2. 1	1. DO NOT Centrifuge  2. N/A	Room Temperature	<b>SRA / REF</b>	<b>RNSH</b>
Dihydroxy phenol ethylene glycol	DPG	Acid on receipt at lab	24hr Urine	4Lt Urine Bottle (plain)	> 200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
D. Bili / Bilirubin	NBL	* Place extra barcode on outside of foiled tube	Serum	SST	8.5	5	Centrifuge and <b>wrap tube in foil*</b>	Refrigerate	<b>AUTO</b>	
Dabigatran	DAB	<b>Send via Urgent Pathway</b>  <b>Transport on Dry Ice or in Freezer Packs</b> *Correct Volume critical Record last dose on request form	Plasma	2X Citrate	2 X 2.7 Full draw*	2 X 2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24	Freeze immediately after aliquoting	<b>CO</b>	
DAT	DAT	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Dehydroepiandrosterone (DHEA)	QFU	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Lab / DE Note:</b> Laverty Chemical Pathologist to decide whether code is to be DHE or DHA <b>Collector's Note:</b> Do not confuse with DHEAS  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>POW</b>
Dehydroepiandrosterone Sulphate (DHEAS)	DHE *See Comment	<b>Collector and Data Entry Note:</b> Do not confuse with DHEA <b>Collector Note:</b> Separate and freeze serum if unsure (DHEA has cost involved)	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Delta Amino Laevulinic Acid	ALA	Urine collected preferably during attack. <b>** Wrap in Foil and place extra barcode on outside of foiled aliquot</b>	Random Urine	Yellow Top Jar	50	10	<b>Wrap in foil securely</b>	Refrigerate	<b>YT / REF</b>	<b>RPA</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Delta F 508	CFG	<p>***<b>CONDITIONAL MBS ELIGIBILTiy</b>***</p> <p>Medicare rebate is available for patients with established family history when referred by either a GP or a specialist. This includes parents, children, full-siblings, half-siblings, grandparents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed. Excluded are second cousins and more distant relatives.</p> <p>Other referral reasons that are covered by Medicare rebates are <b>ONLY</b> eligible when referred by a specialist. These include testing of a person where their reproductive partner is a known cystic fibrosis carrier, specific clinical scenarios associated with an ongoing pregnancy and diagnostic testing for patients suspected of having cystic fibrosis disease.</p> <p>If the doctor specifically indicates that the patient is ineligible or if the patient isn't covered by Medicare they would have to pay.</p> <p>Free partner testing is available when the other partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a cystic fibrosis mutation and details of the partner (name and/or lab ID) are provided on the request</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Delta Hepatitis	HPD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Dementia Screen	TSH FOL B12 CRP FBC LFE SYM ANA		1. Serum and 2. Whole Blood	1 SST and 2. EDTA	1. 8.5 2. 4	1. 8.5 2. 4	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate both tubes	<b>1. AUTO</b>  <b>2. HA</b>	
Dengue Fever Abs / Serology	DF DRT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Dengue Fever PCR	DFP		Serum	Plain Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QHF</b>
Dental Abcess	RES		Pus	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Deoxycorticosteroid	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Lithium Heparin	8	8	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>DTP</b>
Deoxypyridinoline Crosslinks	DPD	<p>** Place barcode on the outside of the foiled jar.</p> <p>A random early morning urine specimen is preferred.</p> <p>A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.</p>	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	<b>YT</b>	
Deoxyribose Nucleic acid Abs (DNA)	DNA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Dermatophyte	FUN	<p><b>Please Do NOT collect SWABS</b></p> <p><b>Collector's Note:</b> Refer to COR-13 Section 14 Collection Procedures</p>	Skin Scraping Nail Clipping	White Top Jar	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Desipramine	IMI	Trough level is taken within 1 hour before next dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Devic's Disease Abs	NMO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Dexamethasone Level	IWY	This is usually ordered as part of a Dexamethasone Suppression Test (Panel: DST), <b>POST DOSE</b> of Dexamethasone.	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Dexamethasone Suppression Test	DST	<p>All other tests must be collected prior to the Dexamethasone tablets being taken. This includes the UFC/ Urine cortisol.</p> <p>The collector orders the Dexamethasone tablets by following the instructions on FRM-CL-76 Special Tubes Order Form.</p> <p>The request form for DST may include ACTH and Cortisol. These should be collected as a baseline test the day before the DST collection. Only collect if specified on the request form.</p> <p>ACTH may also be requested at the same time as DST collection. Only collect if specified on the request form.</p> <p>The tests requested may include a dexamethasone level. This should be collected at the same time as the DST. The test is confirming that the dexamethasone tablet has been absorbed adequately. Only collect if specified on the request form.</p> <p>Refer to COR-13 Collection Procedure Manual for further instructions.</p> <p><b>Collectors and Data entry Note:</b>**If ACTH – panel:ACH or Dexamethasone Level – panel:IWY, have also been requested, collect these as per collection requirements**</p> <p><b>Data Entry note:</b> If Cortisol is requested with Dexamethasone Suppression Test, code DST panel only.</p>	Serum	SST	8.5	5	Centrifuge	Refrigerate	MANUAL	
DGP IGA / IGG	IGA GLI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
DHEA	QFU *See comment	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>Lab / DE Note:</b> Lavery Chemical Pathologist to decide whether code is to be DHE or DHA</p> <p><b>Collector's Note:</b> Do not confuse with DHEAS</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	POW
DHEAS	DHE *See Comment	<p><b>Collector and Data Entry Note:</b> Do not confuse with DHEA</p> <p><b>Collector Note:</b> Separate and freeze serum if unsure (DHEA has cost involved)</p>	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
DHGP	DPG	Acid on receipt at lab	24hr Urine	4Lt Urine Bottle (plain)	> 200	100	N/A	Refrigerate	SRA / REF	SYP
DHP	IWY	<p><b>***Dedicated tube required</b></p> <p><b>**Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	DHM
DHPDHASE	IWY	<p><b>***Dedicated tube required</b></p> <p><b>**Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	DHM
Diabetic Abs	INS GAD IA2		Serum	2 X SST	2 X 8.5	2 X 5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Diabetes Monitoring Profile (Fasting) - Integrative Health Request -	=DMP	<b>Collect for the tests listed below</b> Blood Sugar (Glucose), Lipid Profile, HDL, LDL, HBA1c, Urine Microalbumin  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Serum <b>and</b> 2. Whole blood <b>and</b> 3. Random Urine	1. SST <b>and</b> 2. EDTA <b>and</b> 3.Yellow Top Jar	1. 8.5 2. 4 3. 50	1. 5 2. 2 3. 10	1. Centrifuge  2. DO NOT Centrifuge  3. N/A	Refrigerate all specimens	<b>1. AUTO</b> <b>2. HA</b> <b>3. YT</b>	
Diastase	IWY AMY	<b>2. Lab Note:</b> Urine Volume must be noted before sending to DTP	1. Serum <b>and</b> 2. 24 hr Urine	1. SST <b>and</b> 2. 4 litre Urine Bottle (Plain Bottle)	1. 8.5 2. 50	1. 5 2. 10	1. Centrifuge 2. N/A	Refrigerate both samples	<b>1. AUTO</b> <b>2. SRA / REF</b>	<b>2. DTP</b>
Diazemuls	QFX	No Known Lab in Australia Currently Performing this Assay								
DIC Screen	CS FDP	Contact Doctor for specific tests	Whole Blood	1. Citrate and 2. EDTA	1. 2.7 and 2. 4	1. 2.7 and 2. 4	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Differential Cell Count (Diff Cell Count or Diff Count)	CYF **See Comment	This test can be requested on fluids,washings and lavages.  **Data Entry Note: CSF counts are performed under CSF panel by microbiology	Body Fluid	White Top Jar or Fluid Collection Bag	50	N/A	N/A	Refrigerate	<b>CY</b>	
Differential White Cell Count	WBC	Part of FBC	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Digene test	QFX	<b>Test no longer available</b>								
Digoxin	DIG	Collect greater than 8-hrs post dose. Note time since last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Dihydrotestosterone	DHT	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Clinical Notes Required</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze Serum	<b>SRA / REF</b>	<b>POW</b>
Dihydroxyphenyl Ethylene Glycol	DPG	Acid on receipt at lab	24hr Urine	4Lt Urine Bottle (plain)	> 200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
Dihydropyrimidine Dehydrogenase	IWY	<b>***Dedicated tube required</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>DHM</b>
Dilantin - Total	DIL	Collect just before next dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Dilantin - Free	FDI	Collect just before next dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>LIV</b>
Diphtheria Antibodies	DIP / DSA *See Comment	Test is only performed to assess for Immunodeficiency, not for Immune status.  For Diphtheria only (Only for Immunodeficiency Purposes.)  *Data Entry Note: Laverty Immunologist to decide if DSA code to be added.  **Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use " <b>Patient Advised of Fee</b> " Stamp. Complete details and ask Patient to Sign	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Direct antiglobulin test	DAT	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Direct bilirubin- Indirect/ Neonatal	NBL	* Place extra barcode on outside of foiled tube	Serum	SST	8.5	5	Centrifuge and <b>wrap tube in foil*</b>	Refrigerate	<b>AUTO</b>	
Disaccharidase Biopsy	EBI	<b>Transport on Dry Ice or in Freezer Packs</b> NO FORMALIN- Studies for Enzymes	Biopsy	White Top Jar	N/A	N/A	Jar to be wrapped in parafilm and frozen	Freeze	<b>SRA</b>	
Disopyramide	QFX	<b>Test is No longer Available</b>								
DNA antibodies	DNA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
DNA Dose - Multiple Gene Test	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>HSP</b>
DNA Extraction & Storage	IWY	When both microarray and DNA extraction/storage is requested, ensure that both tests are referred to the same lab.	Whole Blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
DNA Fragmentation - Semen	QFX	DNA Fragmentation cannot be performed by Laverty pathology. Patient is to be referred to a Fertility Clinic (i.e. Genea or IVF Australia) for testing. This test is time sensitive and must be performed within 1 hour of collection. <b>COLLECTOR NOT TO COLLECT ANY SAMPLE</b>								
DNA for Malignant Hypothermia	DMH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Turnaround time 3 months.</b> Referring Doctor needs to speak to Royal Perth Hospital Mark Davis ph (08) 6383 4219 Re: test and criteria needed to run test.	Whole Blood	5x EDTA	5x 4	3x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RPH</b>
Donovanosis	IWY	<b>**Collection site is advised by Dr</b>  <b>**Collector's Note:</b> Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Swab	White Top Dry Swab **See Comment	N/A	N/A	N/A	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Dopamine - plasma	QFX	Test is no longer available at Laverty Pathology Alternate test: Plasma Metanephrines.  For any queries, contact the Chemical Pathologist on call on 90057000.								
Dopamine - urine	CAT	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Dothiepin	DOT	Collect immediately prior to next dose. Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Double Stranded DNA	DNA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Down's Screen Test	*See Comment	Refer to Triple Test <b>OR</b> FTS <b>Depending on Gestational Age</b>								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Doxepin	DOX	Collect immediately prior to next dose. Provide medication details, including time and date of last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	QML
DPD	DPD	** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	YT	
DPYD Screen	IWY	<b>***Dedicated tube required</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	DHM
DQ2 / DQ8 - Coeliac Gene Test	CDG		Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Drug Allergy Testing	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Drug Screen- Blood	QFX	<b>Test no longer available</b> Urine Drug Screens recommended or contact the Toxicology department 90057241								
Drug Screen Urine - General	UDS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Drug Screen Urine Sealed Chain of Custody	DLI	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal, code as DLI</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	AS 4308 Kit	3 x 10mL tubes	2 x 10mL tubes	N/A	Refrigerate	TX	
Drug Testing - <b>Blood</b> ( Legal or medical )	QFX	<b>Test no longer available</b> Urine Drug Screens recommended or contact the Toxicology department 90057241								
DRVVT	LUP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign)	Plasma	3 x Citrate	3 x 2.7 Full Draw critical	3 x 2.7 Full Draw critical	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting.	Freeze	CO	
ds DNA antibodyies	DNA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
DTPA serology	DIP / DSA TET PER *See Comment	Test is only performed to assess for Immunodeficiency, not for Immune status.  For Diphtheria only (Only for Immunodeficiency Purposes.)  *Data Entry Note: Laverty Immunologist to decide if DSA code to be added.  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	1. AUTO 2. SRA / REF	QML WCH
Ducene	QFX	No Known Lab in Australia Currently Performing this Assay								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Duffy Antibodies	ABS	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> Request form MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	BB	
Duodenal Biopsy	PWH		Tissue Biopsy	Formalin container/pot	N/A	N/A	N/A	Room Temperature	HP	
Duodenal Biopsy - see endoscopy	PWH		Tissue Biopsy	Blue topped formalin container	N/A	N/A	N/A	Room Temperature	HP	
Dysmorphic Red Cells	DYS UMC	Part of MSU	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
E1	QFX	<b>Test available via NutriPath - contact Sendaways for further details - 9005 7210</b>								
E2	E2		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
E3 - In Pregnancy	DNS	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Lab Note:</b> E3 not available on its own Dr must request Downs Screen.	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	QML
Ear Swab - M,C&S & or fungi	RES		Ear Pus	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
East Test	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Ebola Virus	QFX	If patient presents with this request, advise the patient that collection and testing of sample is not available at Laverty pathology. <b>DO NOT COLLECT SAMPLE</b> for Ebola virus or for any other test on the same request form. Contact laboratory manager or clinical microbiologist with the name and contact details of the requesting doctor (fax request form if possible) who will advise requesting doctor to discuss case with public health.								
EBUS FNA	FNA	To be treated the same as FNA from any other body site.  <b>Lab Note:</b> Process as a Priority	FNA	Slides and SurePath &/or saline washings	N/A	N/A		Refrigerate	CY	
EBV - Abs / Serology	EBV		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
EBV - Early Antigen(EA-R AND EA-D)	QFX	Test no longer available								
EBV - IgA	QFX	Test no longer available								
EBV - Nuclear Antigen (EBNA)	EBV		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
EBV PCR	IWY		Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	SRA / REF	SYP
EBV RNA / Quantitation/Viral Load	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	SRA / REF	VIDRL
EBV Viral Detection PCR	EBP		Swab	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	POW

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
ECG – REPORT ONLY	ECR	<b>ECG REPORT ONLY is when non-Cardioscan equipment has produced a trace and requires Laverty Pathology to provide a report only.</b>  * Generally, a Doctors surgery may perform a trace on their own ECG machinery (non-cardioscan equipment) and provides to a collector to forward to the laboratory for our team to provide a report only.  * Lab number, patient name, DOB and gender must be on the trace. RICS the trace then place in a Diagnostics envelope labelled with the patient name and lab number and forward to the Diagnostics Department at North Ryde.  * Urgent/routine hardcopy of ECG trace can be faxed to Diagnostics on (02) 90057643 or via encrypted email diagnostics@laverty.com.au if preferred. * If the ECG is urgent, mark the request form and envelope as urgent.	Paper Trace	N/A	N/A	N/A	N/A	ECG TRACE sent in diagnostics Envelope	<b>DI</b>	
ECG (Electrocardiogram)	ECG	Urgent hard copy of ECG trace can be faxed to Diagnostics on 90057643 to enable the uploading to Cardioscan as urgent.  Urgent ECG sent in as paper trace or soft copy ECG already transmitted to Cardioscan, where the doctor requires the results ASAP, please contact Diagnostics team on 02 90057039 When collecting for an Athlete e.g NRL or AFL player, ATH must be added after the lab number e.g 21 – 12345678ATH  If the ECG is urgent, simply tick or stamp with urgent, this does not require a red specimen bag.  <b>SRA Note:</b> Diagnostics scans all paperwork into RICS  Out of pocket fee applies <b>except</b> to concession card holders, pension card holders, DVA card holders, and patient younger than 18 or older than 80  Collector <b>must</b> record concession card details on request form. 'Patient Advised of Fee' stamp must ONLY be used if an out of pocket fee applies <b>** Non-Medicare Rebateable test</b> 1.Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Paper Trace or Cardioscan	Paper Trace or Cardioscan	N/A	N/A	N/A	ECG sent in Diagnostics Envelope	<b>DI</b>	
ECG (TRACE ONLY)	ECT	Tracing given to Doctor/Hospital Directly (no report by lab)		Paper Trace	N/A	N/A	N/A	N/A	<b>DI</b>	
Ecgonine Methyl Ester - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	<b>TX</b>	
Echinococcus	HYD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Echis Test	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Citrate	2.7	2.7	Centrifuge & Separate	Freeze within 1 hr of collection	<b>SRA / REF</b>	<b>RNS</b>
Echovirus PCR	EVP	** Site determined by Referring Doctor	**See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Echovirus Serology	COX		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
ECP	ECP	<b>Transport on Dry Ice or in Freezer Packs</b>  Medicare rebate only for children under 12 years.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate 60 - 120 minutes from collection	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Efavirenz	EVZ	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
eGFR (Estimated Glomerular Filtration Rate)	CR		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
EGFR mutation analysis	KRL	<b>** Contact Histo-North Ryde Lab. 02 90057133</b> Unstained slides x 10 to be sent directly to Genomic Diagnostics  <b>MBS Eligibility:</b> A test of tumour tissue from a patient diagnosed with non-small cell lung cancer, shown to have non-squamous histology or histology not otherwise specified, requested by, or on behalf of, a specialist or consultant physician Otherwise Non-rebateable test fee applies	Tissue	N/A	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
EHA ((Entamoeba histolytica antigen test))	FMP	<b>Test is no longer available, please code for FMP</b>	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate		
Ehlers-Danlos Syndrome Gene Panel	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	2xPurple EDTA	2x6	2x4	DO NOT CENTRIFUGE	Room Temperature	<b>SRA / REF</b>	<b>WCH</b>
Ehlers-Danlos Syndrome Genetic Screen (EDS)	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	2xPurple EDTA	2x6	2x4	DO NOT CENTRIFUGE	Room Temperature	<b>SRA / REF</b>	<b>WCH</b>
EKTA	VB1	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** <u>Dedicated tube (EDTA) required.</u></b> Place extra barcode on outside of foiled tube	Whole blood	EDTA ** <b>Dedicated</b>	4	4	DO NOT Centrifuge <b>wrap tube in foil</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Elastase	ELS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	<b>MI</b>	
Electrolytes	EL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Electrolytes - Urine	UNA UK		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Electrolytes - FAECES	IWY	Collectors Please note: Patients should be informed that a liquid, diarrhoea type sample is required for testing.	Faeces - Liquid	Brown Top Jar	10 mls	5 mls	N/A	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Electrophoresis - Haemoglobin	HBE		Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Electrophoresis - Serum	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Electrophoresis - Urine	EPU		1. Spot urine <b>or</b> 2. 24hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 10 2. 100	1. N/A 2. N/A	Refrigerate all samples	<b>1. YT</b>  <b>2. SRA</b>	
Electrophoretogram	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
ELF	ELF	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>S&amp;N</b>
ELP	=LFF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
ENA	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Endo & Ecto Cervical Cytology	CVX	<b>Dr Collect or Registered Practice Nurse</b>  Patients who are at least 24 years and 9 months of age or show symptoms/or following the test of cure pathway, will qualify for the medicare rebate. Pts under this age, the test is not rebateable  Patients who qualify as an early sexual debut patient, ie, 1st intercourse < 14 yrs of age and have not had the Gardasil vaccination are allowed one rebatable test between the ages of 20-25 yrs.  <b>One only in a 57 month period covered by medicare.</b>  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	ThinPrep vial	ThinPrep	20ml	20ml	N/A	Room Temperature	<b>CY</b>	
Endocervical swab C&S	GMC	<b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>		Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Endomysial Abs	IGA EMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Endoscopic Biopsies - Studies for Enzymes	EBI	<b>Transport on Dry Ice or in Freezer Packs</b> NO FORMALIN- Studies for Enzymes	Biopsy	White Top Jar	N/A	N/A	Jar to be wrapped in parafilm and frozen	Freeze	<b>SRA</b>	
Endoscopy - Helicobacter	HE	contact Microbiology department for ordering transport media	Biopsy	Special Amies Transport Media	N/A	N/A	N/A	Refrigerate	<b>MI</b>	
Endoscopy Biopsy -Histology	PWH		Tissue Biopsy	Blue topped formalin container	N/A	N/A	N/A	Room Temperature	<b>HP</b>	
Enhanced Liver Fibrosis	ELF	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>S&amp;N</b>
Enolase	NSE	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SHS</b>
Entamoeba Histolytica	FMP	<b>Test is no longer available, please code for FMP</b>	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Entamoeba Histolytica Antibodies	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Enterobius vermicularis	CEL	Attach cellotape to skin around anus sample once and remove tape. Send tape attached to a glass slide. Glass Slide to be labelled and sent to lab in a slide mailer.	Cellotape	Glass slide	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Enterotoxigenic E coli	IWY		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Enterovirus antibodies	COX		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Enterovirus PCR (CSF)	ECF	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	CSF	CSF Collection Tube-additive free (red top or aliquot tube)	1	< 0.5	N/A	Room Temperature	<b>SRA / REF</b>	<b>ICPMR</b>
Enterovirus PCR (faeces)	IWY		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Enterovirus PCR (Swab) <b>Non-Respiratory Site</b>	EVP	** Site determined by Referring Doctor	**See Comment	Green Top Viral Swab	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Enterovirus PCR (Swab) <b>Respiratory ONLY</b>	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Entyvio	IWY		Serum	SST	8.5	5	Centrifuge and Separate	Refrigerate	<b>SRA / REF</b>	<b>S&amp;N</b>
Enzymes Pancreatic Cancer	C19 AMY LIA	Done routinely at NR Chem	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Eosinophil Cationic Protein	ECP	<b>Transport on Dry Ice or in Freezer Packs</b>  Medicare rebate only for children under 12 years.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate 60 - 120 minutes from collection	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Eosinophils - Eye / Nose / Mouth	CYF	Doctor collect or Trained Collection Staff  <b>Slides should be air-dried</b>	Eye / Nose/ Mouth	Smear on slide	N/A	N/A	N/A	Room Temperature		
Eosinophils - Sputum or Urine	PWC	Specimen must be brought in on day of collection.  Note: Doctors may also use the terminology neoplastic or malignant cells for cancer  Note: Sputum must be a deep cough sputum sample not saliva. Urine - DO NOT COLLECT the first specimen passed (use 2nd voided). A fresh mid morning specimen is required.	1. Early morning deep cough sputum sample from the lungs <b>or</b> 2. Mid morning, mid stream Urine	1. White Top Jar <b>or</b> 2. Yellow top jar	1. N/A or 2. 50	1. N/A or 2.30	N/A	Refrigerate	<b>CY</b>	
Eosinophils Count	ESP		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
EPG	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Epidermal Intercellular Substance Ab	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Epilim - Free	FVA	<b>Transport on Dry Ice or in Freezer Packs</b>  Collect immediately prior to next dose (at least 8 hours post dose). Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Epilim - Total	VAL	Collect immediately prior to next dose (at least 8 hours post dose). Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Epinephrine - Plasma	QFX	Test is no longer available at Laverty Pathology Alternate test: Plasma Metanephrines.  For any queries, contact the Chemical Pathologist on call on 90057000.								
Epinephrine -urine	CAT	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Epitestosterone (17Nor Testosterone)	QFX	<b>Test no longer available</b>								
EPO	EYP FBC	<b>Transport on Dry Ice or in Freezer Packs</b>  **Collector's note: MUST have FBC performed as well – Collect extra EDTA * Sendaways note: A copy of the FBC to be sent with EYP  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1.Serum AND 2. Whole Blood	1.SST AND 2.EDTA **See comment	1.8.5 and 2. 4	1.5 and 2. 2	1.Centrifuge & Separate and 2. DO NOT Centrifuge **See comment	1.Freeze and 2. Refridgerate	<b>1.SRA / REF 2. HA</b>	<b>1.QML</b>
Epstein Barr Virus (IgG + IgM)	EBV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Epstein Barr Virus Ab (VCA IgG & IgM, EBNA IgG)	EBV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Erythema Infectiosum Serology	PAM PAG *See Comment	<b>Data Entry Note:</b> Antenatal request : Please code PAG only unless IgM is specifically requested If Parvovirus IgM has been requested, code PAG and PAM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Erythrocyte Protophyrin (EPP)	POB	<b>** Wrap in foil ASAP.</b> * Place extra barcode on outside of foiled jar.	Whole Blood	EDTA	4	4	DO NOT Centrifuge <b>Wrap in foil**</b>	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Erythrocyte Sedimentation Rate	ESR		Whole blood	EDTA or ESR tube (area dependent)	4	4	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Erythrocyte Transketolase	VB1	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** <u>Dedicated tube (EDTA) required.</u></b> Place extra barcode on outside of foiled tube	Whole blood	EDTA <b>** Dedicated</b>	4	4	DO NOT Centrifuge <b>wrap tube in foil</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Erythrocytes Count/indices	FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Erythropoietin	EYP FBC	<b>Transport on Dry Ice or in Freezer Packs</b>  **Collector's note: MUST have FBC performed as well – Collect extra EDTA * Sendaways note: A copy of the FBC to be sent with EYP  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1.Serum AND 2. Whole Blood	1.SST AND 2.EDTA **See comment	1.8.5 and 2. 4	1.5 and 2. 2	1.Centrifuge & Separate and 2. DO NOT Centrifuge **See comment	1.Freeze and 2. Refridgerate	<b>1.SRA / REF 2. HA</b>	<b>1.QML</b>
ESBL - Faeces	IWY	<b>Collectors &amp; Lab Note:</b> If specimen is being transported overnight, refrigerate	Faeces	Brown Top Jar	50 grams	> 5 gram	N/A	Room Temperature <b>**See Comment</b>	<b>SRA / REF</b>	<b>DTP</b>
ESBL - Urine	UMC		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
ESR	ESR		Whole blood	EDTA or ESR tube (area dependent)	4	4	DO NOT Centrifuge	Refrigerate	<b>HA</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Essential Fatty Acids	ESF	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze within 2 hours of collection	<b>SRA / REF</b>	<b>Mater Hospital Brisbane</b>
Estrogen	E2		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Estrone	QFX	<b>Test available via NutriPath - contact Sendaways for further details - 9005 7210</b>								
ETG - Hair Follicle	HFE	<b>**Non-Medicare Rebateable test</b>  Contact the Commercial Department on 02 9005 7090 for queries on where this testing is performed, pricing and confirmation of collection details. For pre-payment, contact 1800 328 987	Hair						<b>SRA / REF</b>	<b>QML</b>
ETG - Urine	ETG	<b>AS4308 / Chain of custody Collection procedure to be followed.</b>  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	UDS Kit	3 x 10mL tubes	2 x 5mL tubes	N/A	Place in sealed green bag; <b>Refrigerate</b> while awaiting transport	<b>SRA / REF</b>	<b>QML</b>
Ethanol - Legal	LBA	<b>Do NOT use alcohol swab before or during collection.</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Includes samples to be Sealed.</b> <b>Tick “Other” box, indicate Alcohol (Blood) Legal Purposes – LBA</b> <b>Follow as per COC procedure, samples to be sent using QML COC to SRA Referral tests Laverty, North Ryde.</b>	Whole blood	2x Fluoride Oxalate	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Ethanol - Non- Legal	ALC	<b>Do not use alcohol swab before or during collection.</b> Patient must supply payment for testing and must accompany the blood. <b>**Contact the Commercial Dept on 02 9005 7090 for the cost of this test</b> Tubes or Urine to be bagged separately from other samples and marked <b>attention to "TOXICOLOGY"</b> .	1. Whole Blood or 2. Random Urine	1. Fluoride Oxalate <b>or</b> 2. Yellow Top Jar	1. 4 or 2. 50	1. 4 or 2. 10	1. DO NOT Centrifuge or 2. N/A	Refrigerate samples	<b>TX</b>	
Ethmoid abcess	RES		PUS	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Ethosuximide	ETH		Plasma	Lithium heparin	8	8	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Ethyl Glucuronide - Hair Follicle	HFE	<b>**Non-Medicare Rebateable test</b>  Contact the Commercial Department on 02 9005 7090 for queries on where this testing is performed, pricing and confirmation of collection details. For pre-payment, contact 1800 328 987	Hair						<b>SRA / REF</b>	<b>QML</b>
Ethyl Glucuronide - Urine	ETG	<b>AS4308 / Chain of custody Collection procedure to be followed.</b>  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	UDS Kit	3 x 10mL tubes	2 x 5mL tubes	N/A	Place in sealed green bag; <b>Refrigerate</b> while awaiting transport	<b>SRA / REF</b>	<b>QML</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Ethylene Glycol	IWY		1. Serum or 2. Plasma or 3. Plasma	1. Plain Clot (Red top) or 2. Lithium Heparin (Green top) or 3. EDTA (Purple top)	6	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
EUC	UEC		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
EUS FNA	FNA	To be treated the same as FNA from any other body site.  Lab Note: Process as a Priority	FNA	Slides and SurePath &/or saline washings	N/A	N/A		Refrigerate	CY	
Everolimus	EVL		Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	SRA / REF	POW
Extractable Nuclear Antigens	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Eye Muscle AB ( Thyroid Eye Disorder )	IWY	Transport on Dry Ice or in Freezer Packs Lab Note: Away Lab Contact- Prof Jack Wall- Nepean Hospital	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	NEP
Eye Swab - M,C&S	RES			Blue Top Swab	N/A	N/A	N/A	Room Temperature		
Fabrys Disease	AGT	Collector's Note: Samples to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"  **Dedicated tubes (2XEDTA) required  Collect specimens Monday to Thursday only <b>SANOFI GENZYME commercial request form:</b> The test should be free of charge for patients presented with SANOFI GENZYME commercial request forms. The Sanofi company will take care of the charge. Please don't charge patients with SANOFI GENZYME forms For all other requests: this is not covered by medicare  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood or Guthrie Card	2xEDTA or Filter Paper **See comment	10	5	DO NOT Centrifuge	Room Temperature	SRA / REF	ADW&CH
Factor Assays - Factor VII (7)	7F	Transport on Dry Ice or in Freezer Packs *Correct Volume critical	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	CO	
Factor Assays - Factor X (10)	10F	Transport on Dry Ice or in Freezer Packs *Correct Volume critical	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	CO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Factor Assays - Factor XI (11)	11F	<b>Transport on Dry Ice or in Freezer Packs</b> *Correct Volume critical	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Factor Assays - Factor XII (12)	12F	<b>Transport on Dry Ice or in Freezer Packs</b> *Correct Volume critical	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Factor Assays - Factor XIII (13)	F13	<b>Transport on Dry Ice or in Freezer Packs</b> Correct Volume critical	Plasma	2x Citrate	2x 2.7	2x 2.7	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>SRA / REF</b>	<b>QML</b>
Factor F8 Inhibitor	FI	<b>Transport on Dry Ice or in Freezer Packs</b> Correct Volume critical	Plasma	3 x Citrate	3 x 2.7	3 x 2.7	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Factor II (2)	2F	<b>Transport on Dry Ice or in Freezer Packs</b> Correct Volume critical	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Factor IX (9) Christmas	9F	<b>Transport on Dry Ice or in Freezer Packs</b> Correct Volume critical	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Factor V (5 <b>not</b> Leiden)	5F	<b>Transport on Dry Ice or in Freezer Packs</b> *Correct Volume critical	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Factor V (5) Leiden - Genotyping (blood)	52M	<b>Medicare Rebateable test if patient being investigated for DVT or first degree relative with mutation otherwise</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Factor V (5) Leiden -Genotyping (swab)	QFX	<b>Test no longer available</b>								

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Factor Assays - Factor VIII (8)	8F	<b>Transport on Dry Ice or in Freezer Packs</b> *Correct Volume critical	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	<b>CO</b>	
Factor Xa	XAA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Send via Urgent Pathway</b>  * Correct volume critical. A list of the medication that the patient is on is required for testing Please place in SEPARATE BAG , <b>ATT: Coags</b>	Plasma	2 x Citrate	2 x 2.7 Full draw*	2 x 2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	<b>CO</b>	
Faecal Calprotectin	CAL	Although Faecal calprotectin has now been listed as a Medicare Rebateable item, there are Medicare criteria that apply:  Patients may be able to bulk bill if they satisfy the below criteria: • Patient is under 50 years old and the request form does not indicate ‘private’ or ‘private billing’  BPOINT payment is required if: • Patient is 50 years old and over • Patient is under 50 years old but the requesting doctor has ticked/indicated ‘Private’ or ‘Private billing’	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Faecal D-Fragilis	FMP		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Faecal Fat (1 day Quantitation)	QFX	Test is no longer available.								
Faecal Fat (3 day Quantitation)	QFX	Test is no longer available.								
Faecal Norovirus	NLV		Faeces	Brown Top Jar	10 grams	> 1 gram		Refrigerate	<b>MI</b>	
Faecal Pancreatic Elastase	ELS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	<b>MI</b>	
Faecal PCR	FMP	This tests for: <u>5 Parasites:</u> Cryptosporidium, Giardia, Dientamoeba, E.histolytica, Blastocystis. <u>5 Pathogens:</u> Salmonella, Shigella, Campylobacter, Yersinia, Aeromonas.	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Faecal Sugars	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Faeces - C. Difficile Culture / Toxin	CDP	Freeze if sample older than 24hrs	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate <b>**See comment</b>	<b>MI</b>	
Faeces - Campylobacter	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Faeces - Cryptosporidium / Cryptosporidium antigen	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Faeces - Cryptosporidium / Giardia antigen, PCR	FMP		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Faeces - Culture +/- Sensitivity	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Faeces - Electrolytes	IWY	Collectors Please note: Patients should be informed that a liquid, diarrhoea type sample is required for testing.	Faeces - Liquid	Brown Top Jar	10 mls	5 mls	N/A	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Faeces - Fat globules	FAT	Screening test	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Faeces - Haemoglobin	OCB	<b>** 3 Faeces specimen collections from 3 separate days.</b> Please give <u>different lab number</u> to each specimen. <b>Each specimen MUST also have a different date of collection and request form</b>  No special diet needed.  Occult Blood Collection Tubes (Green Kit), is the preferred collection. Tubes are ordered through stores: Mat Number: 689791	Faeces <b>See Comment**</b>	1. 3 x Occult Blood Collection Tubes Green Kit (Preferred) **See comment or 2. 3x Brown Top Jars (submitted)	1. 3x 10 grams  2. 3x 10 grams	1. 3x > 1 gram  2. 3x > 1 gram	N/A	Refrigerate all samples	MI	
Faeces - M,C&S -- Ova, Cysts and Parasites	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Faeces Microscopy for Cells	FMC RWC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Faeces - Pinworms	CEL		Anal Sticky tape	Slide				Room Temperature	MI	
Faeces - Reducing Substances	FSU		Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	MI	
Faeces - Rotavirus	ROT		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Faeces - Adenovirus	ADV		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Faeces – Giardia / Cryptosporidia Antigen	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Faeces – Helicobacter Ag	HPA	Bulk Billed	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	SRA / REF	DTP
Faeces - Occult Blood	OCB	<b>** 3 Faeces specimen collections from 3 separate days.</b> Please give <u>different lab number</u> to each specimen. <b>Each specimen MUST also have a different date of collection and request form</b>  No special diet needed.  Occult Blood Collection Tubes (Green Kit), is the preferred collection. Tubes are ordered through stores: Mat Number: 689791	Faeces <b>See Comment**</b>	1. 3 x Occult Blood Collection Tubes Green Kit (Preferred) **See comment or 2. 3x Brown Top Jars (submitted)	1. 3x 10 grams  2. 3x 10 grams	1. 3x > 1 gram  2. 3x > 1 gram	N/A	Refrigerate all samples	MI	
Faeces- Campylobacter PCR	FMP		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Faeces VRE -- Vancomycin Resistant Enterococci	CVR		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
FAI	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Familial Adenomatous Polyposis Coli	APG	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	SRA / REF	HAPS

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Familial Adenomatous Polyposis (FAP) Genetic Test	AOP	<p>**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval.</p> <p>Collection times recorded on tube and form.</p> <p>***CONDITIONAL MBS (Medicare) ELIGIBILTiy*** Must be requested by a specialist and stated to be at &gt;10% risk OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020</p>	Whole Blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Familial Hypercholesterolaemia	FIC	<p>Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level</p> <p><b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Familial Mediterranean Fever Gene	FMF	<p><b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p> <p>Testing is available for one gene (MEFV gene for FMF) or three genes (MEFV gene, NLRP3 gene for CAPS and TNFRSF1A gene for TRAPS)</p>	Whole blood	2x Pink EDTA	2x 6	2x 6	DO NOT Centrifuge	Refrigerate	SRA / REF	WCH
Familial Predictive Gene	PGT	<p>**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval.</p> <p>Collection times recorded on tube and form.</p> <p>***CONDITIONAL MBS ELIGIBILTiy*** Must be requested by a specialist and stated that patient has a relative with a familial gene (and what the gene is) OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020</p>	Whole Blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Farmers Lung Precipitins	FLP		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RPA



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
FAP Gene Panel	AOP	<b>**Collectors note:</b> Each tube taken as separate venepuncture at 10 minutes interval.  Collection times recorded on tube and form.  ***CONDITIONAL MBS (Medicare) ELIGIBILTiy*** Must be requested by a specialist and stated to be at >10% risk OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020	Whole blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Fasciolasis Ab	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Fasciolopsis Buski Serology(liver Fluke)	QFX	<b>Not available in Australia</b>								
Fatty Acids - Free Non Esterified	FA	<b>Transport on Dry Ice or in Freezer Packs</b> Patient must fast 12 hours (Only water and prescribed tablets are allowed)	Plasma	EDTA	4	2	Centrifuge & Separate	Freeze	SRA / REF	RPA
FBC (Full Blood Count)	FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
FCP (Full Clotting Profile)	CS	<b>Send via Urgent Pathway</b>  1. * Correct volume critical - full draw required or recollection will be necessary.  Record any bleeding/coagulation abnormalities.  Record any anticoagulant medication taken.  <b>**If delay to lab greater than 4 hrs - then spin, separate and Freeze. Transport in freezer pack.</b> <b>If citrate is unspun then transport at room temperature.</b>	Whole blood	1. Citrate  <b>and</b>  2. EDTA	1. 2.7 *Full Draw critical  2. 4	1. 2.7 *Full Draw critical  2. 4	**See Comment	**See Comment	1. CO  2. HA	
FDP	FDP	<b>** CRITICAL URGENT PATHWAY</b> <b>* Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  Transport Citrate tubes as <b>CRITICAL Urgent</b> in RED BAG and refer the samples to the nearest lab (North Ryde or local peripheral / regional lab)  <b>**<u>Spin and separate if GREATER THAN 4hrs to reach testing lab.</u></b>	Whole Blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge <b>** See Comment</b>	Refrigerate	CO	
Fe	FES		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Female hormones - FSH, LH, Oestrogen, Progesterone, Prolactin	FSH LH E2 PGS PRL		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
<b>Female Hormone Profile - Integrative Health Request</b>	=FHP	<b>Collect for the tests listed below</b> Oestradiol (E2), Progesterone, FSH, LH, Prolactin, SHBG, Testosterone, Androstenedione, DHEAS <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Femoral Head	\$\$T1 SSS	See instructions on request form	See Comment	KIT Tubes	8.5	8.5	Centrifuge then return to KIT package	Refrigerate	SRA / REF	
Fentanyl - Urine	1. FNT or 2. FNL **DE See comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  * <b>Collector's Note:</b> 1. Non-Legal or 2. Legal  ** <b>Data Entry Note:</b> FNT = Drug Screen Urine - General FNL = Drug Screen Urine - Chain of Custody  ** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x 10mL tubes	1. 20 or 2. 2x 10mL tubes	N/A	Refrigerate	TX	
Ferritin	FER **See Comment	<b>Data Entry Note:</b> Only use panel FER if doctor has requested Ferritin on it's own otherwise see Iron Studies - panel FES	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Feto-Maternal Haemorrhage	HBF	Samples more than 8 hours old cannot be tested. Place in RED bag mark as URGENT. <b>Notify Department 9005 7267</b>	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
FGF-23 FGF23	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	EDTA	4	2	Centrifuge & Separate	Freeze Plasma	SRA / REF	RNS
FHI (Faecal Haemoglobin Immunological Test)	OCB	<b>** 3 Faeces specimen collections from 3 separate days.</b> Please give <u>different lab number</u> to each specimen. <b>Each specimen MUST also have a different date of collection and request form</b>  No special diet needed.  Occult Blood Collection Tubes (Green Kit), is the preferred collection. Tubes are ordered through stores: Mat Number: 689791	Faeces <b>See Comment**</b>	1. 3 x Occult Blood Collection Tubes Green Kit (Preferred) **See comment or 2. 3x Brown Top Jars (submitted)	1. 3x 10 grams  2. 3x 10 grams	1. 3x > 1 gram  2. 3x > 1 gram	N/A	Refrigerate all samples	MI	
Fibrin Degradation Products	FDP	<b>** CRITICAL URGENT PATHWAY</b> <b>* Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  Transport Citrate tubes as <b>CRITICAL Urgent</b> in RED BAG and refer the samples to the nearest lab (North Ryde or local peripheral / regional lab)  <b>**<u>Spin and separate if GREATER THAN 4hrs to reach testing lab.</u></b>	Whole Blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge <b>** See Comment</b>	Refrigerate	CO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Fibrinogen	FIB	<b>Send via Urgent Pathway</b>  * Correct volume critical - full draw required or recollection will be necessary.  Record any bleeding/coagulation abnormalities.  Record any anticoagulant medication taken.  <b>**If delay to lab greater than 4 hrs - then spin, separate and Freeze. Transport in freezer pack.</b> <b>If citrate is unspun then transport at room temperature.</b>	Whole blood or Plasma *See Comment	Citrate	2.7 *Full Draw critical	2.7 *Full Draw critical	**See Comment	**See Comment	<b>1. CO</b>  <b>2. HA</b>	
Fibroblast Growth Factor 23	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	EDTA	4	2	Centrifuge & Separate	Freeze Plasma	<b>SRA / REF</b>	<b>RNS</b>
Fifth Disease	PAM PAG *See Comment	<b>Data Entry Note:</b> Antenatal request : Please code PAG only unless IgM is specifically requested If Parvovirus IgM has been requested, code PAG and PAM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Filaria Abs - Filariasis	FIL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Filaria ICT	IWY		1.Serum or 2.Heparinised Plasma	1.SST or 2.Lithium Heparin	6	6	1.Centrifuge OR 2.Centrifuge and separate	Refrigerate both samples	<b>SRA / REF</b>	<b>ICPMR</b>
Fine Needle Aspirate	FNA	Dr Collect To prevent leakage, place vial in a separate bag before placing in main specimen bag. Note: Doctors may also use the terminology malignant cells	Aspirate	Slides and SurePath				Refrigerate	<b>CY</b>	
Fine Needle Aspirate - Flow Cytometry	FLO	Solution available from Collections Advisor Keep cold. Dr Collect		RPMI solution				Refrigerate	<b>HA</b>	
FIP1L1-PDGfra Gene Rearrangement	IWY	<b>** CRITICAL URGENT PATHWAY</b> Collectors Note: Samples to be collected and sent urgently. Mark sample bags as "Critical Urgent - Attention: "Sendaways"  This test must reach Alfred Hospital within 48 hrs of collection. Contact Sendaways department (9005 7210) before collection. Can only collect Monday to Thursday.  Characterisation of the gene rearrangement fip1l1-pdgfra in the diagnostic work-up and management of a patient with laboratory evidence of:a) mast cell disease; orb) idiopathic hypereosinophilic syndrome; orc) chronic eosinophilic leukaemia; 1 or more tests  Lab note: Please attention samples Molecular Lab, Haematology	Whole Blood	1.1xPink EDTA or 2.2xPurple EDTA	1.9mL or 2.2x6mL	1.9mL or 2.2x6mL	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>The Alfred Hospital</b>
Fipronil	OEC	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine <b>and</b> 2. Whole Blood	1.Yellow Top Jar <b>and</b> 2. Lithium Heparin	1. 20 <b>and</b> 2. 8	1. 10 <b>and</b> 2. 5	1. N/A <b>and</b> 2. DO NOT Centrifuge	Refrigerate both samples	<b>1. YT / REF</b> <b>2 SRA / REF</b>	<b>WOR</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
First Trimester Screen	FTS *See comment	<p>***THIS IS NOT FOR PREGNANCY TEST (BHCG)***</p> <p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>** Dedicated tube (SST) required</b></p> <p>Patient to be 9 -13 weeks gestation. Medicare Rebateable. PLEASE NOTE THAT IF THE DOCTORS REQUEST DOES NOT MARRY UP WITH THE GESTATIONAL AGE [e.g. TRIPLE TEST (AFP/UE3/hCG) REQUESTED BEFORE 14 WEEKS OR FTS (FREE-Beta-HCG / PAPP-A) REQUESTED AFTER 14 WEEKS]] THEN ORDER AN FTS AND LEAVE THE TROUBLESHOOTING TO BE DONE BY THE SPECIAL CHEMISTRY LAB. THIS IS SO THAT THE SAMPLE CAN BE FROZEN AND THE CORRECT TEST ARRANGED AT A LATER STAGE WITHOUT THE TIME-SENSITIVE SAMPLES BEING LOST. WHEN IN DOUBT – PLEASE ASK....</p> <p>Data Entry Note: If the FTS panel is entered there is no need to code AFP</p>	Serum	SST ** Dedicated	8.5	5	Centrifuge and Freeze whole tube after centrifuging.	Freeze	SRA	
FISH ( Fluorscence in situ hybridisation)	CRO	Regional Collections – Collect Monday to Thursday ONLY Metro Collections - Collect Monday to Friday (AM) ONLY	Whole blood	2x Lithium Heparin	2x 8	2x 8	DO NOT Centrifuge	Room Temperature	SRA / REF	QML
FK506	TAC	Trough level 12hrs post dose. The date and time of the last dose must be noted on the request form. <b>For regional areas:</b> sample to be batched directly to Serology Department	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	HA	
Flavivirus Serology	IWY	IWY: Flavivirus screen at ICPMR	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Flavivirus PCR	FVV	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	QHF
FLCN Gene Mutation	IWY	DO NOT COLLECT until testing lab has emailed Sendaway team with pricing and consent form. This will then be sent to collection room for patient to fill out.  Email must be sent to patientcare@genomicsforlife.com.au prior to sample collection. They will advise what sample to collect and how much is required.	**See Comment	**See Comment	**See Comment	**See Comment	**See Comment	Refrigerate	SRA / REF	Genomics for life
Flecainide	FLE	Sample must be collected immediately prior to next dose Provide medication details including time and date of last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	QML
Flow Cytometry	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 and 2. 4	1. 6 * <b>See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	FLO	
Flu Virus A and B serology	FLA		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Flucloxacillin	QFX	<b>Test no longer available</b> ** Contact HOD / Microbiologist on 90057000 with referring doctor's details for alternative test recommendations								
Fluconazole	IWY	Trough level is collected just before next dose (within 1 hour).If dose changed, level to be re-tested in 5 days	Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	SRA / REF	SYP
Flucytosine	IWY	Trough level is collected just before next dose (within 1 hour).	Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	SRA / REF	SYP



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Fluid Chemistry	Data Entry **See Comment	Keep anaerobic as much as possible <b>Collectors Note:</b> Place label / tape across top of lid- label as "FI Chem" and container and must not to be opened prior to testing  <b>Data Entry Note:</b> Use the below panels for the fluid type: PFC: Peritoneal fluid PLF: Pleural fluid PEF: Pericardial fluid SFC: Synovial fluid ( Eg: Joint fluid, Knee, TKR) DIF: Dialysate fluid ( Kidney dialysis) CSB: Cerebrospinal fluid CFL: Drain, Unknown and Nasal fluid types	Fluid	White Top Jar	20	<5	N/A	Refrigerate	SRA	
Fluid M, C & S (Ascites, Peritoneal)	FLD		Fluid	White Top Jar	20	<5	N/A	Refrigerate	MI	
Fluoride (F) - Blood	QFX	<b>This test is no longer available.</b> <b>Recommended sample for Fluoride is Urine.</b> <b>Refer to Fluoride - (F) - Urine (Panel:UFL)</b>								
Fluoride (F) - Urine	UFL	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
FMF	FMF	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  Testing is available for one gene (MEFV gene for FMF) or three genes (MEFV gene, NLRP3 gene for CAPS and TNFRSF1A gene for TRAPS)	Whole blood	2x Pink EDTA	2x 6	2x 6	DO NOT Centrifuge	Refrigerate	SRA / REF	WCH
FMR1 mutation	FGX		Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
FNA - Flow Cytometry	FLO	Solution available from Collections Advisor Keep cold.		RPMI solution				Refrigerate	HA	
FNA - Cytology	FNA	Dr Collect To prevent leakage, place vial in a separate bag before placing in main specimen bag. Note: Doctors may also use the terminology malignant cells	Aspirate	Slides and SurePath				Refrigerate	CY	
FNA - Culture	PUS	Contact Cytology Department on 02 9005 7463 to make an appointment with the Pathologist. Dr Collect	Aspirate	White Top Jar	N/A	N/A	N/A	Refrigerate	MI	QML
Foetal Tissue - Fresh Tissue - Cytogenetics	CRO	<b>** For Karyotyping tests to be submitted only in sterile saline/Hanks and code as CRO</b> Dr Collect	Foetal Tissue (Fresh)	White top Jar/bucket <b>**See Comment</b>	N/A	N/A	N/A	Room Temperature	SRA / REF	QML
Foetal Tissue - Histology	PWH	Dr Collect	Foetal Tissue	Blue topped formalin container	N/A	N/A	N/A	Room Temperature	HP	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Foetus Autopsy	PWH	<b>Foetus Autopsy:</b> This is not performed at Laverty Pathology and should not be accepted.  NSW Health offers a state wide expert perinatal post mortem service. Google NSW perinatal post mortem service and all the information is there.  <a href="http://www.pathology.health.nsw.gov.au/clinical-service/perinatal-post-mortem-service">htt://www.pathology.health.nsw.gov.au/clinical-service/perinatal-post-mortem-service</a>  Ideally, the referring clinician should notify the Perinatal Post Mortem Service Care Co-ordinator on 0436698366  Gestations over 14 weeks are eligible. Gestation under 14 weeks are treated as products of conception as a normal histology specimen.  Refer to FRM-HP-202 for the referral guide.	Foetus Autopsy					Fridge	Do Not accept, arrange as per comments	NSW Health
Folate	FOL *See comment	SERUM FOLATE IS A MORE SUITABLE TEST  Red cell folate (RCF) testing is no longer processed routinely. If the doctor has requested a RCF and require a result for appropriate clinical indications, this will need to be discussed and agreed with a Consultant Haematologist on +61 290027085 or Dr Lucinda Wallman, Medical Director on +61 290057179.  **Data Entry Comment: Data entry only code RCF IF REQUEST FORM INDICATES APPROVED BY PATHOLOGIST TO DO TEST	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate both tubes	1. AUTO 2. HA	If legitimate request and approved by consultant, please refer sample to QML. Request form must indicate discussion and approval by consultant.
Folate - Red Cell	FOL *See comment	SERUM FOLATE IS A MORE SUITABLE TEST  Red cell folate (RCF) testing is no longer processed routinely. If the doctor has requested a RCF and require a result for appropriate clinical indications, this will need to be discussed and agreed with a Consultant Haematologist on +61 290027085 or Dr Lucinda Wallman, Medical Director on +61 290057179.  **Data Entry Comment: Data entry only code RCF IF REQUEST FORM INDICATES APPROVED BY PATHOLOGIST TO DO TEST	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate both tubes	1. AUTO 2. HA	If legitimate request and approved by consultant, please refer sample to QML. Request form must indicate discussion and approval by consultant.
Folate - Red Cell - Commercial or Private bill Patients	QFX	No longer available								
Follicle Stimulating Hormone	FSH		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Formaldehyde Level	QFX	Test no longer available								
FPTLC Hereditary neuropathy gene	HNG		Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	DTP
Francisella Tularensis	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Fragile X	FGX		Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Fragile X PCR - Fragile X DNA Chromosomes	FGX		Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Free androgen index	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Free BHCG (part of First Trimester Screen)	FTS	<p>***THIS IS NOT FOR PREGNANCY TEST (BHCG)***</p> <p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>** Dedicated tube (SST) required</b></p> <p>Patient to be 9 -13 weeks gestation. Medicare Rebateable. PLEASE NOTE THAT IF THE DOCTORS REQUEST DOES NOT MARRY UP WITH THE GESTATIONAL AGE [e.g. TRIPLE TEST (AFP/UE3/hCG) REQUESTED BEFORE 14 WEEKS OR FTS (FREE-Beta-HCG / PAPP-A) REQUESTED AFTER 14 WEEKS]] THEN ORDER AN FTS AND LEAVE THE TROUBLESHOOTING TO BE DONE BY THE SPECIAL CHEMISTRY LAB. THIS IS SO THAT THE SAMPLE CAN BE FROZEN AND THE CORRECT TEST ARRANGED AT A LATER STAGE WITHOUT THE TIME-SENSITIVE SAMPLES BEING LOST. WHEN IN DOUBT – PLEASE ASK....</p> <p>Data Entry Note: If the FTS panel is entered there is no need to code AFP</p>	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge and Freeze whole tube after centrifuging.	Freeze	SRA	
Free Calcium	CAW	<p><b>** Dedicated tube (SST - full draw) required.</b></p> <p>** Collect anaerobically- that is- as the second tube, if only one tube is required, collect a purge tube first, followed by the SST for this test. Place label / tape across top of tube stopper- label as "i Ca" and <b>tube must not to be opened prior to testing.</b></p>	Serum	SST - Full Draw ** <b>Dedicated</b>	8.5	8.5	Centrifuge ASAP after clotting. But not before 20 minutes	Refrigerate	AUTO	
Free DHEA	QFU *See comment	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>Lab / DE Note:</b> Laverty Chemical Pathologist to decide whether code is to be DHE or DHA</p> <p><b>Collector's Note:</b> Do not confuse with DHEAS</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	POW
Free Fatty Acids	FA	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p>Patient must fast 12 hours (Only water and prescribed tablets are allowed)</p>	Plasma	EDTA	4	2	Centrifuge & Separate	Freeze	SRA / REF	RPA
Free Light Chain (FLC)	FLC		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Free Metanephrines	FMT		Plasma	EDTA Plasma	4	3	Centrifuge & Separate ASAP	Refrigerate	SRA / REF	QML
Free PSA	Data Entry code: FPS  SRA Add on use code: PSF	<p>Medicare Rules are based on age, result (historical and current) and Family History. A fee may apply in some circumstances.</p> <p>Patients should discuss with their referring doctor.</p> <p>Fill in the form, FRM-CL-187 Patient Questionnaire: Prostate Health and ask the patient to sign</p> <p>Medicare covers one Prostate-Specific Antigen (PSA) test every 2 years unless patient has a confirmed history of prostate disease.</p> <p>If patient needs additional tests within this time frame due to a known history of prostate disease, Medicare will cover the costs. If not covered by Medicare, patient will be charged a fee.</p> <p>Medicare will not cover more than one PSA every 2 years for Benign Prostatic Hyperplasia (BPH).</p>	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Free T3, Free T4	Refer to IS-DE-2 **See Comment	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Free Testosterone - calculated	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Free-BHCG (part of First Trimester Screen)	FTS	<b>***THIS IS NOT FOR PREGNANCY TEST (BHCG)***</b>  <b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Dedicated tube (SST) required</b>  Patient to be 9 -13 weeks gestation. Medicare Rebateable. PLEASE NOTE THAT IF THE DOCTORS REQUEST DOES NOT MARRY UP WITH THE GESTATIONAL AGE [e.g. TRIPLE TEST (AFP/UE3/hCG) REQUESTED BEFORE 14 WEEKS OR FTS (FREE-Beta-HCG / PAPP-A) REQUESTED AFTER 14 WEEKS]] THEN ORDER AN FTS AND LEAVE THE TROUBLESHOOTING TO BE DONE BY THE SPECIAL CHEMISTRY LAB. THIS IS SO THAT THE SAMPLE CAN BE FROZEN AND THE CORRECT TEST ARRANGED AT A LATER STAGE WITHOUT THE TIME-SENSITIVE SAMPLES BEING LOST. WHEN IN DOUBT – PLEASE ASK....  Data Entry Note: If the FTS panel is entered there is no need to code AFP	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge and Freeze whole tube after centrifuging.	Freeze	<b>SRA</b>	
Frisium	CLZ	Collect trough level within 1 hr of next dose. Note time of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Fructosamine	FRU		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Fructosamine	FRS	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Only to be performed if Semen count is Zero</b>	Semen	White Top Jar **See Comment	N/A	N/A	N/A	Freeze	<b>SRA / REF</b>	<b>QML</b>
Fructose	FRS	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Only to be performed if Semen count is Zero</b>	Semen	White Top Jar **See Comment	N/A	N/A	N/A	Freeze	<b>SRA / REF</b>	<b>QML</b>
FSH	FSH		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
FTA Abs - Syphilis	FTI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
FTS	FTS	<b>***THIS IS NOT FOR PREGNANCY TEST (BHCG)***</b>  <b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Dedicated tube (SST) required</b>  Patient to be 9 -13 weeks gestation. Medicare Rebateable. PLEASE NOTE THAT IF THE DOCTORS REQUEST DOES NOT MARRY UP WITH THE GESTATIONAL AGE [e.g. TRIPLE TEST (AFP/UE3/hCG) REQUESTED BEFORE 14 WEEKS OR FTS (FREE-Beta-HCG / PAPP-A) REQUESTED AFTER 14 WEEKS]] THEN ORDER AN FTS AND LEAVE THE TROUBLESHOOTING TO BE DONE BY THE SPECIAL CHEMISTRY LAB. THIS IS SO THAT THE SAMPLE CAN BE FROZEN AND THE CORRECT TEST ARRANGED AT A LATER STAGE WITHOUT THE TIME-SENSITIVE SAMPLES BEING LOST. WHEN IN DOUBT – PLEASE ASK....  Data Entry Note: If the FTS panel is entered there is no need to code AFP	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge and Freeze whole tube after centrifuging.	Freeze	<b>SRA</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Full Gastrointestinal - Integrative Health Request	=FGP	<b>Collect for the tests listed below</b>  <b>- Faeces MCS &amp; OCP, Faecal Multiplex PCR, Calprotectin</b> - This tests for: 5 Parasites:Cryptosporidium, Giardia, Dientamoeba, E.histolytica, Blastocystis. 5 Pathogens: Salmonella, Shigella, Campylobacter, Yersinia, Aeromonas. <b>- Clostridium Difficile Toxin,</b> <b>- Helicobacter Pylori Stool Antigen</b>  <b>-Coeliac Serology, ANCA</b> Includes- Anti Tissue Transglutaminase IgA, IgG deamidated gliadin peptide antibodies <b>- ASCA</b>  <b>**See comments prior to collection</b>  <b>** Freeze if sample is older than 24 hours</b>  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Faeces and 2. Faeces and 3. Faeces and 4. Serum and 5. Serum	1. Brown Top Jar and 2. Brown Top Jar and 3. Brown Top Jar and 4. SST and 5. SST	1. 9 grams and 2. 50 grams and 3. 10 gram and 4. 8.5 and 5. 8.5	1. < 1 gram 2. < 1 gram 3. <1 gram 4. 5 5. 5	1. N/A 2. N/A 3. N/A 4. Centrifuge 5. Centrifuge	1. Refrigerate 2. Refrigerate **See Comment 3. Refrigerate 4. Refrigerate 5. Refrigerate	1. MI 2. MI 3. SRA / REF 4. AUTO 5. SRA / REF	3. DTP 5. QML
Fume Fever Syndrome	=WFS	Welding Fumes Screen/Testing This screen will include and test for the following metals: • Cadmium (Cd) • Chromium (Cr) • Cobalt (Co) • Copper (Cu) • Lead (Pb) • Nickel (Ni) • Vanadium (V) • Zinc(Zn) • Manganese(Mn) • Iron Studies These requests are for work purposes, cannot be bulk-billed  Patient’s full home address as well as their employer name and address must be provided at the time of collection  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1 Random Urine  <b>and</b>  2.Serum	1. Yellow Top Jar  <b>and</b>  2. SST	1. 20   2. 8	1. 10   2. 8	1. N/A   2. Centrifuge	Refrigerate both samples	1. YT   2. AUTO	
Fungal Blood culture	IWY	Blood culture vials to be ordered from the Microbiology Laboratory (North Ryde) only. One vial per patient.  <b>Transport Urgent</b>	Whole blood	BD BACTEC Myco / F Lytic Culture vials	5	1	Shake gently to mix	2 -25 deg C in dry condition <b>out of direct light.</b>	SRA / REF	ICPMR
Fungal Culture / Examination (Microscopy - KOH Examination and fungal cultures)	FUN	<b>Please Do NOT collect SWABS</b>  <b>Collector's Note:</b> Refer to COR-13 Section 14 Collection Procedures	Skin Scraping Nail Clipping Plucked Hair	White Top Jar	N/A	N/A	N/A	Room Temperature	MI	
Fungal PCR	IWY	<b>Dr Collect</b>  <b>*Nail Clippings are not accepted</b>  <b>*For all other specimen types please query with a Microbiologist first prior to sending.</b>	Tissue/Fluid/CSF/Pleural Fluid/Joint Fluid/ Washing	White Top Jar	N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
Fungal Precipitins	ASP		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
FVL	52M	<b>Medicare Rebateable test if patient being investigated for DVT or first degree relative with mutation otherwise</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
G6PD Screen / Assay ( Qualitative)	GPD		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
G6PD Screen / Assay ( Quantitative)	G6Q		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
GABA-B receptor Ab	GAR	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum or 2. CSF	1. SST or 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	<b>SRA / REF</b>	<b>RBH</b>
Gabapentin	GAB	Trough level is collected before next dose (within 1 hour).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
GAD Antibodies	GAD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Galactokinase	QFX	Collected directly at Westmead Children’s Hospital. Provide the patient with the phone numbers 98453283 or 98453284. The patient is required to be there before 11am on a Wednesday								
Galactose 1 Phosphate Uridyl Transferase	QFX	Collected directly at Westmead Children’s Hospital. Provide the patient with the phone numbers 98453283 or 98453284. The patient is required to be there before 11am on a Wednesday								
Galactosidase	IWY	<b>Please check which test is required:</b> Refer Alpha Galactosidase OR Refer Beta Galactosidase								
GALT	QFX	Collected directly at Westmead Children’s Hospital. Provide the patient with the phone numbers 98453283 or 98453284. The patient is required to be there before 11am on a Wednesday								
Gamma Globulins	IMG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Gamma Glutamyl Transferase	GGT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Gamma-Hydroxybutyric Acid (Urine - Drug Screen)	IWY	AS4308 / Chain of custody Collection procedure to be followed.  Toxicology Note: Toxicology to give to sendaways to send to RASL  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	UDS Kit	3 x 10mL tubes	2 x 5mL tubes	N/A	Place in sealed green bag; Refrigerate while awaiting transport	<b>SRA / REF</b>	<b>RASL</b>
Gan Gan Virus	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Ganglioside Ab	GM1	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Gastric Fluid MCS and/or Cytology	FLD CYF **Data Entry See Comment	<b>Lab Note:</b> If requested for both Micro and Cytology, send the fluid to Micro first  <b>Data Entry Note:</b> If requested for both cytology and micro code <b>FLD &amp; CYF</b> . If Micro only, code <b>FLD</b> . If Cytology only code <b>CYF</b>	Gastric Fluid	White Top Jar	5	1	N/A	Refrigerate	<b>SRA</b>	
Gastric Inhibitory Peptide	GIP	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	2x EDTA	2x 4	2x 4	Centrifuge & Separate	Freeze ASAP	<b>SRA / REF</b>	<b>Royal Hobart</b>
Gastric Parietal Cell Abs	GPC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Gastrin	GAS	<b>Transport on Dry Ice or in Freezer Packs</b> Patient needs to fast overnight.	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Gastrointestinal Blood Loss	OCB	<b>** 3 Faeces specimen collections from 3 separate days.</b> Please give <u>different lab number</u> to each specimen. <b>Each specimen MUST also have a different date of collection and request form</b>  No special diet needed.  Occult Blood Collection Tubes (Green Kit), is the preferred collection. Tubes are ordered through stores: Mat Number: 689791	Faeces <b>See Comment**</b>	1. 3 x Occult Blood Collection Tubes Green Kit (Preferred) **See comment or 2. 3x Brown Top Jars (submitted)	1. 3x 10 grams  2. 3x 10 grams	1. 3x > 1 gram  2. 3x > 1 gram	N/A	Refrigerate all samples	<b>MI</b>	
GBS	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Low vagina	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
GBS PCR	IWY	Microbiology will send to ICPMR for PCR if required	Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
<b>General Wellbeing Profile - Basic - Integrative Health Request</b>	=GBP	<b>Collect for the tests listed below</b> Full Blood Count, ESR ELFTs, CRP, HDL/LDL, Iron Studies  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Whole Blood and 2. Serum	1. EDTA and 2. SST	1. 4  2. 8.5	1. 2  2. 5	1. DO NOT Centrifuge  2. Centrifuge	Refrigerate both samples	1. HA  2. AUTO	
<b>General Wellbeing Profile - Extensive (FASTING) - Integrative Health Request</b>	=GEP	<b>Collect for the tests listed below</b> Full Blood Count, ESR, Serum Folate ELFTs, CRP, HDL/LDL, Iron Studies, Vitamin D, Vitamin B12  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Whole Blood and 2. Serum	1. 2 x EDTA and 2. SST	1. 2 x 4  2. 8.5	1. 2 x 2  2. 5	1. DO NOT Centrifuge  2. Centrifuge	Refrigerate all samples	1. HA  2. AUTO	
Genetic Carrier Screen (CFG/FGX/SMA)	=GCS or IWY *See Comment	<b>Only 1 tube required for the 3 tests</b>  <b>DO NOT COLLECT PREPAYMENT</b>  Medicare is available for patients who meet criteria. Criteria is based around patients who are pregnant or looking to become pregnant, or the reproductive partners of carriers (those who test positive to one of the conditions).  If the patient is not covered, they will be contacted by the laboratory (Genomic Diagnostics) for financial consent before testing proceeds.  <b>DO NOT TURN PATIENT AWAY</b>  Data Entry Note: This master test panel automatically loads Fragile X (FGX), Cystic Fibrosis (CFG) and SMA (SMU)	Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	GD
Genetic Studies for Thrombophilia COAG Factors - blood	52M	<b>Medicare Rebateable test if patient being investigated for DVT or first degree relative with mutation otherwise</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Genetic Studies for COAG Factors - buccal swab	QFX	<b>Test no longer available</b>								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Genital Mycoplasma / Ureaplasma (PCR)	MYU	<p><b>1 &amp; 3. Doctor collect</b></p> <p>1. Flocked swab is only used for cervical and urethral, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on <a href="http://www.laverty.com.au">www.laverty.com.au</a> for further information</p> <p>2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.</p> <p><b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA</p>	1. Swab or 2. Urine or 3. Thinprep	1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or 3. ThinPrep	1. N/A 2. 15-30 3. N/A	1. N/A 2. 4 3. N/A	2. Refer to IS-CL-31	Room Temperature	<b>1. MD or 2. Green top Jar – SRA and cobas tube- MD or 3. SRA</b>	
Gentamicin - Once Daily Dosing / Random levels	GEN	<p><b>To allow calculation of the area under the curve (AUC), two samples should be collected.</b></p> <p>One should be five minutes after the completion of the infusion, and the other 6 – 8 hours post-dose.</p> <p><b>Make sure they are SUBMITTED SEPARATELY WITH DIFFERENT NUMBERS and that the TIME OF COLLECTION AND TIME OF DOSE IS CLEARLY STATED</b></p>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Gentamicin - Multiple Daily Dosing OR Trough request	GPT	Sample should be collected just prior to the next dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
German Measles	RUB RMG <b>**See Comment</b>	<b>*** Data Entry Note:</b> Please code a RUB (IgG) with all IgM only RMG requests	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Gestational Diabetes - 50 gram Screen	GLP	Glucose - 1 hr Post 50 gm Load, Polycose Test  Also known as Glucose Load- in Pregnancy and must only be done on PREGNANT females when requested.50g Load to be given - Fasting not required.	Whole Blood	Fluoride Oxalate Tube	4	2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	
GFR	CR		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
GFR with height & weight	CCR	PLEASE ENSURE HEIGHT AND WEIGHT ARE RECORDED	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
GGT	GGT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
GH	GH	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	
GH Supression Test	GTT GH GH GH	Collect 1x FIOx and 1x SST at baseline (fasting), 1hr and 2 hrs post-75g glucose load. Some referring clinicians may want a variant of this test, in such cases, please follow their instructions.  <b>Collector's Note:</b> <b>Ensure all tubes are labelled with collection times.</b>	1. Whole Blood and 2. Serum	1. 3x Fluoride Oxalate and 2. 3x SST	1. 3x 4 2. 3x 8.5	1. 3x 2 2. 3x 5	1. DO NOT Centrifuge 2. Centrifuge & separate	1. Refrigerate 2. Freeze	<b>1. AUTO 2. SRA</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
GHB	A1D or A1M **See Comment	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
GHB (Urine – Drug Screen)	IWY	AS4308 / Chain of custody Collection procedure to be followed.  Toxicology Note: Toxicology to give to sendaways to send to RASL  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). And for positive confirmation: Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	UDS Kit	3 x 10mL tubes	2 x 5mL tubes	N/A	Place in sealed green bag; Refrigerate while awaiting transport	SRA / REF	RASL
Ghrelin	QFX	<b>Test no longer available</b>								
Giant Cell Arteritis	ENA ANA CRP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Giardia Antibodies	QFX	<b>Test no longer available</b> ** Contact HOD / Microbiologist on 90057000 with Referring doctor's details for alternative test recommendations								
Giardia lamblia/ giardiasis	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Gilbert's Syndrome	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Gingiva	RES		Pus	Blue Top Swab				Room Temperature	MI	
Glandular Fever	EBV		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Gladin antibodies (IgA and IgG)	IGA GLI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Globulins	TP ALB		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Glomerular Basement Membrane Abs	GBM		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Glomerular filtration rate- one day renal function test	CRC	Serum and urine must be collected within same 24-hr period. Height and Weight of patient required.	1. 24hr Urine <b>and</b> 2. Serum	1. 4Lt Urine Bottle (Plain) <b>and</b> 2. SST	1. > 200  2. 8.5	1. 100  2. 5	1. N/A  2. Centrifuge	Refrigerate all samples	1. SRA 2. AUTO	
Glucagon Assay	GGN	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Pre-chill tubes in fridge</b> - separate within 30 mins of collection send frozen. Order special tube using the FRM-CL-76 Special Tubes/Containers order form.	Plasma	VIP TUBE (Special Trasylol and EDTA collection tubes) ** Cold Collection	4	4	Centrifuge AND Separate within 30 mins of collection	Freeze	SRA / REF	RPA

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Glucose - 1 hr Post 50 gm Load	GLP	Also known as Glucose Load- in Pregnancy and must only be done on PREGNANT females when requested.50g Load to be given - Fasting not required.	Whole Blood	Fluoride Oxalate Tube	4	2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	
Glucose - Bi Daily	G2	Collect a fasting blood sample and another blood sample to be taken exactly 2 hours after a meal is eaten. collection time and time since last meal. Note	Whole blood	2x Fluoride Oxalate Tubes	2x 4	2x 2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	
Glucose - Serum	GLU		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Glucose - Urine	UMC		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Glucose -6-phosphate dehydrogenase	GPD		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Glucose Post - PP ( 2 hrs post prandial - after food)	G2	Collect a fasting blood sample and another blood sample to be taken exactly 2 hours after a meal is eaten. collection time and time since last meal. Note	Whole blood	2x Fluoride Oxalate Tubes	2x 4	2x 2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	
Glucose Tolerance Test - Prolonged ( 3-4 hours )	EGT	Dietary requirements are not necessary if patient is having prolonged GTT to test for Hypoglycaemia. Ensure tubes are labelled as per GTT Collection Procedure in COR-13 Specimen Collection Procedure Manual. Some referring doctors may want a variant of this test, in such cases, please follow their instructions and collect samples as requested for the duration of the test. Test should not be performed in ACCs if longer than 4 hours duration. Referring doctor to be notified for further instructions.	Whole blood	Fluoride Oxalate Tubes	4	2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	
Glucose Tolerance Test - 75 gms	GTT	Fasting required Ensure tubes are labelled as per GTT Collection Procedure in COR-13 Specimen Collection Procedure Manual. Some referring clinicians may want a variant of this test, in such cases, please follow their instructions	Whole blood	3x Fluoride Oxalate Tubes	3x 4	3x 2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	
Glucose Tolerance Test - With Insulin Series - Insulin Series (Kidson Baseline)	EIN EGT	<b>** For Dr. Kidson baseline Insulins, collect 2 extra SSTs before fasting bloods are taken.</b> Fasting required. Ensure all tubes are labelled with collection times.	1. Whole Blood and 2. Serum	1. 3x Fluoride Oxalate and 2. 3x SST	1. 3x 4 2. 3x 8.5	1. 3x 2 2. 3x 5	1. DO NOT Centrifuge 2. Centrifuge	Refrigerate all tubes	<b>AUTO</b>	
Glutamate Receptor Abs	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum or 2. CSF	1. SST or 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	<b>SRA / REF</b>	<b>RBH</b>
Glutamine	AMC	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Lithium Heparin	8	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Glutathione Peroxidase	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Lithium Heparin	8.5	5	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Gluten Antibodies	IGA GLI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Glycated Haemoglobin Glycosylated Haemoglobin	A1D or A1M **See Comment	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Glycoprotein	B2G		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Glycoprotein Ab	IWY		Serum	SST	4	2	Centrifuge	Refrigerate	SRA / REF	WCH
Glyphosate	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Post Shift Spot Urine	Yellow Top Jar	25-50	25	N/A	Refrigerate	SRA / REF	TestSafe
GM 1 Ab	GM1	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
GnRH (Stimulation Test) Gonadotrophin Releasing Hormone	IWY	Test only done at RPA, Contact at RPA- Julie Hetherington, .Endocrinology and Metabolism Centre Lvl 6 Royal Prince Alfred Hospital 6 West , Missenden Rd, Camperdown, ph 95157226. 2hr test with special injection Contact Sendaways on 02 90057210								
Gonadotrophins	LH FSH		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Gonadotrophins Stimulation Test	QFX	<b>Test no longer available</b>								
Gonorrhoea MCS	RES  or  GMC	2. <b>**Collector’s Note:</b> Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	1. Throat / Eye for neonate or 2. Genital / Rectal Swab **See comment	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Gonorrhoea PCR	CPC	Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests  <b>1 &amp; 3. Doctor collect</b> 1. Flocked swab is only used for cervical, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor’s brochure located on www.laverty.com.au for further information  2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.  <b>**Collector’s note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA	1. Swab or 2. Urine or 3. Thinprep	1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or 3. ThinPrep	1. N/A 2. 15-30 3. N/A	1. N/A 2. 4 3. N/A	2. Refer to IS-CL-31	Room Temperature	<b>1. MD or 2. Green top Jar – SRA and cobas tube- MD or 3. SRA</b>	
Gonorrhoea PCR throat swab	CPC	<b>Dr Collect only</b> Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor’s brochure located on www.laverty.com.au for further information.  Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests	Swab	cobas PCR Media Dual Swab Sample Pack (Woven)	N/A	N/A	**See Comment	Room Temperature	MD	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
GPC / GPC Abs	GPC		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Gram Negative Intracellular Diplococci - GNICD	GMC	** Site determined by Referring Doctor  **Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	See Comment**	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Gram Stain	PUS	Lab Note: Slide made in micro		Glass Slide					MI	
Graves Abs	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Groin Swab	PUS		Groin	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Group and Hold	GPH	<b>DO NOT SEPARATE TRANSFUSION FORM</b>  * If patient has been pregnant or recently transfused in the last 3 months or has history of a clinically significant antibody please collect no greater than 72 hours before date required.  * For all other patients a GPH/XM can be collected up to 30 days before required for elective surgery. Note: 30 days starts from date of collection. <b>Blood Transfusion form and request form MUST</b> contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b> A red label must be attached to each tube for all Group and Hold/Cross Match tests. <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples and Blood Transfusion form. In Sydney Metro Areas: Prior to collection, Collection staff must contact Blood Bank Department on 02 90057270 to confirm at which lab these samples will be tested and stored prior to the anticipated operation / transfusion. <b>Collectors Note: Send BOTH Transfusion form and specimens directly to BB</b>	1. Whole Blood <b>and</b> 2. Whole Blood	1. 2x EDTA <b>**</b> <b>and</b> 2. Plain Clot**  <b>**Red Blood Bank labels required to be fixed to all tubes.</b> *See Comments	1. 2x 4 <b>and</b> 2. 8.5	1. 2x 2 <b>and</b> 2. 5	1. DO NOT Centrifuge  2. DO NOT Centrifuge	Refrigerate all tubes	BB	
Group B Strep Swab	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only Streptococcus B Screening - Low Vaginal / Anal Swab preferable	Anal / Rectal /Low vaginal **See comment	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Group B Strep PCR	IWY	Microbiology will send to ICPMR for PCR if required	Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Growth Hormone Assay	GH	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA	
Growth Hormone Suppression Test	GTT GH GH GH	Collect 1x FIOx and 1x SST at baseline (fasting), 1hr and 2 hrs post-75g glucose load. Some referring clinicians may want a variant of this test, in such cases, please follow their instructions.  <b>Collector's Note:</b> <b>Ensure all tubes are labelled with collection times.</b>	1. Whole Blood <b>and</b> 2. Serum	1. 3x Fluoride Oxalate <b>and</b> 2. 3x SST	1. 3x 4  2. 3x 8.5	1. 3x 2  2. 3x 5	1. DO NOT Centrifuge  2. Centrifuge & separate	1. Refrigerate  2. Freeze	1. AUTO 2. SRA	
GTT	GTT	Fasting required Ensure tubes are labelled as per GTT Collection Procedure in COR-13 Specimen Collection Procedure Manual. Some referring clinicians may want a variant of this test, in such cases, please follow their instructions	Whole blood	3x Fluoride Oxalate Tubes	3x 4	3x 2	DO NOT Centrifuge	Refrigerate	AUTO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
GTT - With Insulin Series - Insulin Series (Kidson Baseline)	EIN EGT	<b>** For Dr. Kidson baseline Insulins, collect 2 extra SSTs before fasting bloods are taken.</b> Fasting required. Ensure all tubes are labelled with collection times.	1. Whole Blood <b>and</b> 2. Serum	1. 3x Fluoride Oxalate <b>and</b> 2. 3x SST	1. 3x 4 2. 3x 8.5	1. 3x 2 2. 3x 5	1. DO NOT Centrifuge 2. Centrifuge	Refrigerate all tubes	<b>AUTO</b>	
GTT - prolonged	EGT	Dietary requirements are not necessary if patient is having prolonged GTT to test for Hypoglycaemia. Ensure tubes are labelled as per GTT Collection Procedure in COR-13 Specimen Collection Procedure Manual. Some referring doctors may want a variant of this test, in such cases, please follow their instructions and collect samples as requested for the duration of the test. Test should not be performed in ACCs if longer than 4 hours duration. Referring doctor to be notified for further instructions.	Whole blood	Fluoride Oxalate Tubes	4	2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	
GTT with Growth Hormone	GTT GH GH GH	Collect 1x FIOx and 1x SST at baseline (fasting), 1hr and 2 hrs post-75g glucose load. Some referring clinicians may want a variant of this test, in such cases, please follow their instructions.  <b>Collector's Note:</b> <b>Ensure all tubes are labelled with collection times.</b>	1. Whole Blood <b>and</b> 2. Serum	1. 3x Fluoride Oxalate <b>and</b> 2. 3x SST	1. 3x 4 2. 3x 8.5	1. 3x 2 2. 3x 5	1. DO NOT Centrifuge 2. Centrifuge & separate	1. Refrigerate 2. Freeze	<b>1. AUTO 2. SRA</b>	
Gum Swab	RES		Gum	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Guthrie Test Newborn Screening	QFU	Baby / Child needs to go to their nearest Hospital for this test								
H1N1	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Haematinics	B12 FOL FES		1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge 2. DO NOT Centrifuge	Refrigerate both tubes	<b>1. AUTO 2. HA</b>	
Haematocrit - HCT	HT		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Haematology Cell Surface markers(HCSM + LSM )	FLO	ACD tube must be filled-full draw. Regional Labs to send blood film.	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 and 2. 4	1. 6 - <b>see comment</b> 2. 4	DO NOT Centrifuge any tubes	Room Temperature	<b>SRA / FLO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Haemochromatosis - PCR (Gene Test- C282Y, H63D,S65C ) (HFE Gene Studies)	HGA	<b>** Only Medicare Rebateable if</b> (a) the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or (b) the patient has a first degree relative with haemochromatosis; or (c) the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis  <b>Otherwise ** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Haemoglobin - A1C	A1D or A1M **See Comment	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Haemoglobin - A2	HBE		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Haemoglobin - H	HBE		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Haemoglobin - Hb	HB		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Haemoglobin - S	HBE		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Haemoglobinopathy Screen	HBE		Whole blood	Purple EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Haemoglobinuria	UMC		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Haemolysis Screen	*See Comment	<b>Refer to Auto Haemolysis Screen and codes</b>								
Haemolytic complement	TTP	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>Sutherland Hospital</b>
Haemophilia Screen - Factor 8 & 9	8F 9F	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	2 x Citrate If greater than one factor request, collect 4 x Citrate	2x 2.7 or 4x2.7 Full draw*	2x 2.7 or 4x2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24	Freeze within 1 hour of collection	<b>CO</b>	
Haemophilus Ducreyi PCR	IWY	<b>**Collectors note:</b> Collection site is advised by Dr  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Swab	White Top Dry Swab **See Comment	N/A	N/A	N/A	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Haemophilus Influenza Abs	HIB	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Haemosiderin - Urine	PWC	<p><b>**NOTE:</b> Collect only 1x urine sample UNLESS doctor specifically requests a specific number of urine samples over a specific number of days.</p> <p>ONLY If doctor specifies 3 samples, then please collect 1x sample on each of 3 consecutive days.</p> <p>DO NOT COLLECT the first specimen passed (use 2nd voided). A fresh mid morning specimen is required. Specimen should be brought in on day of collection.</p> <p>If patient cannot supply the minimum volume of 30mls either instruct them to have a large drink of water and try again or ask them to return the next day with a full container.</p> <p>Note: Doctors may also use the terminology neoplastic or malignant cells</p>	Mid morning, mid stream Urine	Yellow Top Jar	50	30	N/A	Refrigerate	CY	
Hair Collection for Drugs of Abuse	HFD	<p><b>**Non-Medicare Rebateable test</b></p> <p>Contact the Commercial Department on 02 9005 7090 for queries on where this testing is performed, pricing and confirmation of collection details.</p> <p>For pre-payment, contact 1800 328 987</p>	Hair						SRA / REF	QML
Hair Follicle for Drug Test	HFD	<p><b>**Non-Medicare Rebateable test</b></p> <p>Contact the Commercial Department on 02 9005 7090 for queries on where this testing is performed, pricing and confirmation of collection details.</p> <p>For pre-payment, contact 1800 328 987</p>	Hair						SRA / REF	QML
Hair Samples for Fungi	FUN	<p><b>Please Do NOT collect SWABS</b></p> <p><b>Collector's Note:</b> Refer to COR-13 Section 14 Collection Procedures</p>	Plucked Hairs	White Top Jar	N/A	N/A	N/A	Room Temperature	MI	
Hams Test	FLO	<p>Test replaced by PNH Screen.</p> <p><b>** ACD tube must be filled-full draw.</b></p>	Whole blood	1. ACD and 2. EDTA	1. 6 2. 4	1. 6 - see comment** 2. 4	DO NOT Centrifuge	Room Temperature	HA	
Hand Foot and Mouth - PCR (Faeces)	IWY		Faeces	Brown Top Jar	10 gram	>1 gram	N/A	Refrigerate	SRA / REF	POW
Hand Foot and Mouth - PCR (swab)	EVP	<b>** Site determined by Referring Doctor</b>	<b>**See Comment</b>	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	QML
Hand Foot and Mouth - Serology	COX		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	POW
Haplotypes	CDG		Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	SRA / REF	GD
Haptoglobins	HAP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Harada Culture	FCS		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	SRA / REF	ICPMR
Hashimoto's Disease	THA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Hb	HB		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Hb EPG	HBE		Whole blood	Purple EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
HBA1C	A1D or A1M <b>**See Comment</b>	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
HCG qualitative	PTS	<b>** If clinical notes refer to complications- treat specimen as CRITICAL URGENT.</b> <b>Examples of complications:</b> <b>Ectopic, miscarriage, bleeding, abdominal pain</b>  <b>Tubes need to reach testing lab within 2 hours.</b>  <b>**If no complications on request form- treat as Urgent</b> For Sydney Metro ACCs: COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas: contact the local peripheral lab.	Serum	SST	8.5	5	Centrifuge	Refrigerate Urgent Transport to testing lab**	<b>AUTO</b>	
HCG quantitative	PTQ	<b>** If clinical notes refer to complications- treat specimen as CRITICAL URGENT.</b> <b>Examples of complications:</b> <b>Ectopic, miscarriage, bleeding, abdominal pain</b>  <b>Tubes need to reach testing lab within 2 hours.</b>  <b>**If no complications on request form- treat as Urgent</b>  For Sydney Metro ACCs: COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas: contact the local peripheral lab.	Serum	SST	8.5	5	Centrifuge	Refrigerate Urgent Transport to testing lab**	<b>AUTO</b>	
HCG - Urine (BHCG - Urine)	PTU	*Early morning urine required	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
HCO3- Bicarbonate	BIC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
HDL Cholesterol HDLC	=CTL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
HE4	HE4	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Heart Abs	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPAH</b>
Heat Shock Proteins 70	H70	<b>** If greater than 4hr delay to Lab Centrifuge, Separate and Freeze Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate**	<b>SRA / REF</b>	<b>ICPMR</b>
Heavy Metals Test - Blood	BPB BHG BCD ABN	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube - preferred Purple EDTA - acceptable	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
Heavy Metals Test - Urine	UPB UHG UCD ARS	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	<b>1. YT</b> <b>2. SRA</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Heinz Bodies	HZB		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Helicobacter Ag (Faeces)	HPA	Bulk Billed	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	SRA / REF	DTP
Helicobacter Pylori - Abs	HEL		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Helicobacter Pylori - Biopsy, Culture	HE	Contact Collections Advisor for ordering the media		Special Amies Transport Media	N/A	N/A	N/A	Refrigerate	MI	
Helicobacter Pylori Breath Test	C14	Fasting.	Breath	H.Pylori Test Kit	N/A			Room Temperature	SRA	
Helicobacter Pylori - Culture	HE	contact Microbiology department for ordering transport media	Biopsy	Special Amies Transport Media	N/A	N/A	N/A	Refrigerate	MI	
Helicobacter Pylori - Faeces	HPA	Bulk Billed	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	SRA / REF	DTP
Helper Suppressor Ratio	FLO	ACD tube must be filled-full draw.	Whole blood	1. ACD and 2. EDTA	1. 6 2. 4	1. 6 - see comment 2. 4	DO NOT Centrifuge	Room Temperature	HA	
Hendra Virus	HEV	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	QHF
Heparin Cofactor II	HP2	<b>Transport on Dry Ice or in Freezer Packs</b> ** Collector to write on request form -test to be sent to Austin Repat Hospital Melbourne.	Plasma	Citrate	2.7	2.7	Centrifuge AND Separate into 2 x 1ml aliquots	Freeze within 1 hour after collection	SRA / REF	AUS
Heparin Induced Thrombocytopenia	HP	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Citrate	5	1	Centrifuge & Separate	Freeze	SRA / REF	RPA
Heparin Monitoring	XAA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Send via Urgent Pathway</b>  * Correct volume critical. A list of the medication that the patient is on is required for testing Please place in SEPARATE BAG , <b>ATT: Coags</b>	Plasma	2 x Citrate	2 x 2.7 Full draw*	2 x 2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	CO	
Heparin Platelet Abs	HP	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Citrate	5	1	Centrifuge & Separate	Freeze	SRA / REF	RPA
Hepatitis - A, B, C or all of them	Refer to Data Entry IS-DE-2	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide  <b>Collectors Note:</b> These tests can be requested as: Hepatitis B Surface antigen - HBsAg Hepatitis B Core Antibody - HBcAb Hepatitis B Surface Antibody - HBsAb Hepatitis B Core IgM - HBcIgM Hepatitis A IgM - Hep A IgM Hepatitis A Total - Hep A Total Hepatitis C - Hep C Hepatitis B E Ag - EAG Hepatitis B E Ab - EAB	Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	AUTO	
Hepatitis A (PCR-Stool)	QFX	This test is no longer available.								
Hepatitis A PCR - (Serum)	IWY		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	SRA / REF	VIDRL
Hepatitis B DNA, PCR, Viral Load Quant	HEB	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Criteria based - 1 per 12 months. Up to 4 if on therapy</b>  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze	SRA	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Hepatitis B Mutation	HBM	Transport on Dry Ice or in Freezer Packs	Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze	SRA / REF	VIDRL
Hepatitis B Surface Antigen-Quantitative Serology	H1B	<b>Collectors note:</b> Do not confuse with Hepatitis B surface Antibody / Antigen  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Hepatitis B Resistance Testing	IWY		1. Serum and 2. Whole Blood	1. SST and 2. Pink EDTA	1. 8.5 and 2. 6	1. 8.5 and 2. 6	1. Centrifuge and 2. DO NOT Centrifuge	Refrigerate both tubes	SRA / REF	VIDRL
Hepatitis C RIBA Blot	IWY		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	SRA / REF	VIDRL
Hepatitis C Genotype / Subtype / Serotype	HCS	Transport on Dry Ice or in Freezer Packs Medicare Criteria based - 1 per 12 months.  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze	SRA	
Hepatitis C Viral Load	HPQ	Transport on Dry Ice or in Freezer Packs Medicare Criteria based - 2 per 12 months  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze	SRA	
Hepatitis C PCR (RNA or DNA)	HPC	Transport on Dry Ice or in Freezer Packs Criteria based - 1 per 12 months. Up to 4 if on therapy  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze	SRA	
Hepatitis C PCR (also known as Hep C RNA, Hep C Qualitative, Hep C Viral RNA PCR or DNA)	HPC	Transport on Dry Ice or in Freezer Packs Criteria based - 1 per 12 months. Up to 4 if on therapy  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze	SRA	
Hepatitis C PCR Quantitative	HPQ	Transport on Dry Ice or in Freezer Packs Medicare Criteria based - 2 per 12 months  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	Pink EDTA	6	6	Centrifuge & Separate	Freeze	SRA	
Hepatitis D (Delta)	HPD		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Hepatitis D DNA PCR	IWY	Transport on Dry Ice or in Freezer Packs <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	VIDRL
Hepatitis E	HPE		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Hepatitis G PCR	QFX	<b>Test no longer available</b>  ** Contact HOD / Microbiologist on 90057000 with Referring doctor's details for alternative test recommendations								
Herbicides (Occupational)	PEO	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine <b>and</b> 2. Whole blood	1. Yellow Top Jar <b>and</b> 2. Lithium heparin	1. 20 <b>and</b> 2. 8	1. 10 <b>and</b> 2. 5	1. N/A and 2. DO NOT Centrifuge	Refrigerate all samples	<b>1. YT / REF</b> <b>2. SRA / REF</b>	<b>WOR</b>
Hereditary Nonpolyposis Colorectal Cancer	LYN	**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval.  Collection times recorded on tube and form.  ***CONDITIONAL MBS (Medicare) ELIGIBILTiy*** Must be requested by a specialist and stated to be at >10% risk OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020	Whole blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Hereditary Spherocytosis Screen	IWY	Collect Monday to Thursday only	Whole blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Heroin	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note:</b> UDS = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50  or  2. 3x10ml tubes	1. 20  or  2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT or 2. TX</b>	
Heroin - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	<b>TX</b>	
Herpes Simplex 1 & 2 Western blot	QFX	<b>Test no longer available</b>								
Herpes Simplex IgM	HSM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Herpes Simplex Virus - Antibodies	HSV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Herpes Simplex Virus - Culture	HSC	HSV and VZV performed on all samples, Site determined by doctor **Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	
Herpes Simplex Virus - Direct Immunofluorescence / Ag		<b>Test no longer available</b> <b>Alternative: HSV / VZV PCR test</b>								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Herpes Simplex Virus PCR	HSC	HSV and VZV performed on all samples, Site determined by doctor **Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	
Herpes Simplex Virus PCR - urine	HZG	<b>If PCR from urine is specifically requested it can be performed but will be referred out. Swab from a lesion or vesicle fluid is the preferred sample for HSV PCR and will be done in Laverty-MD</b>	Random Urine	Green Topped Jar	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>GPS</b>
Herpes Western Blot	QFX	<b>Test no longer available</b> Herpes Simplex 1 & 2 Western blot								
Herpes Zoster - IgG	VZG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Herpes Zoster - IgM	VZM *See Comment	<b>Data Entry Note:</b> Please code VZG as well with all VZM requests	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Herpes Zoster - PCR - Shingles / Chickenpox Varicella	HSC	HSV and VZV performed on all samples, Site determined by doctor **Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	
Hess Test tourniquet test	QFX	<b>Test no longer available</b> ** Contact HOD / Haematologist on 90057000 with Referring doctor's details for alternative test recommendations								
Hexosaminidase A (Tay Sachs Disease)	IWY	SEALS require the following history for testing: 1. On Oral Contraceptive Pill? 2. Country of birth 3. Parents Country of Birth 4. Grandparents Country of Birth  *** <b>Collect</b> Mon - Thurs only, not Fridays, Weekends or Public Holidays ** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	2 x EDTA	4	4	DO NOT Centrifuge	Refrigerate all tubes	<b>SRA / REF</b>	<b>SEALS</b>
HFE Gene Studies	HGA	<b>** Only Medicare Rebateable if</b>  (a) the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or (b) the patient has a first degree relative with haemochromatosis; or (c) the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis  <b>Otherwise ** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
HFMD PCR (Hand Foot and Mouth Disease PCR)	EVP	** Site determined by Referring Doctor	**See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QML</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Hg	BHG	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube - preferred Purple EDTA - acceptable	6mL	6mL	DO NOT Centrifuge	Refrigerate	SC	
HHV6	HH6		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
HIAA	HIU	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores SRA Note: Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle ( Acid added )	>200	100	N/A	Refrigerate	SRA / REF	QML
High Sensitive CRP	SCP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
High Vaginal Swab - M, C, S	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Swab **See comment	Blue Top Swab	N/A	N/A	N/A	Room Temperature		
Highly Sensitive Testosterone	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Hippuric Acid	IWY	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
Histamine - Urine	UHI	<b>Collector's Note:</b> Special diet and Urine container with acid added from Collections advisor. Refer to <b>IS-CL-25</b> Histamine - Urine Test Dietary Requirement  <b>Lab Note:</b> Freeze in SRA	24hr Urine	4Lt Urine Bottle ( acid added)	>200	<50	N/A	Refrigerate	SRA / REF	WCH
Histamine - Plasma	HST	<b>Transport on Dry Ice or in Freezer Packs</b>	Whole blood	EDTA	4	2.5	DO NOT Centrifuge - Freeze Whole Blood	Freeze	SRA / REF	QML
Histone Antibodies	AHS		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Histopathology	PWH		Tissue Biopsy	Formalin container/pot	N/A	N/A	N/A	Room Temperature	HP	
Histopathology- Direct Immunofluorescence	DIT	Special Transport Media - contact Histology on 90057000 to order. If none available, can be transported in either saline-soaked gauze or in a tube of Michael's transport medium Dr Collect	Fresh Tissue only	White Top Jar- No Formalin	N/A	N/A	N/A	Refrigerate	HP	
Histoplasmosis Abs serology	HSA		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	ICPMR
Histoplasmosis C&S	FUN	Contact Microbiology Dept 02 9005 7000								
HITTS Antibody	HP	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Citrate	5	1	Centrifuge & Separate	Freeze	SRA / REF	RPA
HIV-1 Proviral DNA PCR	PVD	** Sample to be sent to the Lab at North Ryde as <b>Urgent in RED BAG</b> marked " <b>ATTENTION SENDAWAYS</b> " and send with the earliest courier. Sample needs to reach St Vincents within 72 hrs of collection  <b>Collection to be done on Monday - Thursday Only</b>	1. Whole Blood <b>and</b> 2. Serum	1. Pink EDTA <b>and</b> 2. SST	1. 6  2. 8.5	1. 4  2. 5	1. DO NOT Centrifuge  2. Centrifuge & Separate	1. Refrigerate  2. Refrigerate	SRA / REF	SYP
HIV Viral load - HIV PCR	HIL	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Lab Note:</b> Unspun samples can still be processed if they are spun and separated in SRA within 24 hours of collection.	Plasma	Pink EDTA	6	4	Centrifuge & Separate	Freeze	SRA	
HIV Ab (Medical)	HIR		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	AUTO	
HIV Ag/Ab	HIR		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	AUTO	
HIV Ag/Ab (Insurance / Commercial Requests)	HII		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	AUTO	
HIV Antigen (P24)	HIR		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
HIV Clade	QFX	** Contact HOD / Microbiologist on 9005 7000 with Referring doctor's details for alternative test recommendations								
HIV Resistance Genotyping test	HRG	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Dedicated tube (Pink EDTA) required</b>  <b>Lab Note:</b> Copy of report for HIV Viral load to accompany sample	Plasma	1x Pink EDTA ** <b>Dedicated</b>	1x 6	1x 6	Centrifuge and separate	Freeze within 12 hours of collection.	<b>SRA / REF</b>	<b>SYP</b>
HIV Seroconversion	PVD	** Sample to be sent to the Lab at North Ryde as <b>Urgent in RED BAG</b> marked " <b>ATTENTION SENDAWAYS</b> " and send with the earliest courier. Sample needs to reach St Vincents within 72 hrs of collection  <b>Collection to be done on Monday - Thursday Only</b>	1. Whole Blood <b>and</b> 2. Serum	1. Pink EDTA <b>and</b> 2. SST	1. 6 2. 8.5	1. 4 2. 5	1. DO NOT Centrifuge  2. Centrifuge & Separate	1. Refrigerate  2. Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
HIV Western Blot	HIT		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
HLA - B27	H27		All tubes Whole blood	1. EDTA <b>or</b> 2. 1 X ACD	1. 4 <b>or</b> 2. 6	1. 4 <b>or</b> 2. 6	DO NOT Centrifuge any tubes	Room Temperature ONLY for both tubes	<b>SRA / FLO</b>	
HLA - B57	B57	<b>Collection Note:</b> Monday - Thursday collection ONLY  <b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  Sample needs to reach ICPMR within 24 hrs	Whole blood	2 X EDTA- Full Draw	2 X 9	2 X 6	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>ICPMR</b>
HLA - Compatibility, Transplantation, Antigens	HLA	<b>** Dedicated tube (SST) required</b> SST will not be shared with other departments.  For Red Cross Requests for full HLA typing or tissue matching or stem cell donation	1. Whole blood <b>and</b> 2. Whole blood <b>and</b> 3.Serum	1. EDTA <b>and</b> 2. 3x ACD <b>and</b> 3. SST ** <b>Dedicated</b>	1. 4 2. 3x 6 3. 8.5	1. 4 2. 3x 6 3. 8.5	1. DO NOT Centrifuge  2. DO NOT Centrifuge  3. Centrifuge	All tubes Room Temperature ONLY	<b>SRA / REF</b>	<b>RCR</b>
HLA 29	H29		All tubes Whole blood	1. 2x EDTA <b>and</b> 2. ACD	1. 2x 4 2. 6	1. 2x 4 2. 6	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>RCR</b>
HLA A27	HL2		All tubes Whole blood	1. 5 x EDTA <b>and</b> 2. ACD	1. 5 X 4 2. 6	1. 5 X 4 2. 6	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>RCR</b>
HLA B1502	H15		whole blood	ACD	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RCR</b>
HLA B17	H17	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	whole blood	ACD	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RCR</b>
HLA-B 5801	H58	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	whole blood	2x ACD	2x 6	2x 6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RCR</b>
HLA Dq High resolution - HLA for Coeliac Disease	CDG		Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
HLA DQB1*0602	IWY *See Comment	**Sendaways Note: If requested on an AUSTRALIAN RED CROSS BLOOD SERVICE request form then sample has to be sent to the RED CROSS and coded CP	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>JHH *See comment</b>
HLA Genotyping for Narcolepsy	IWY *See Comment	**Sendaways Note: If requested on an AUSTRALIAN RED CROSS BLOOD SERVICE request form then sample has to be sent to the RED CROSS and coded CP	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>JHH *See comment</b>
HLA Tissue Typing (Human Leucocyte Antigen) - Monthly	HLA		Serum	SST	8.5	5	Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RCR</b>
HMA	HMA	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
HMG CoA R antibodies	HRA	Attention Dr Blundell c/o Immunology, Path West  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>PW</b>
HNPPCC	LYN	<b>**Collectors note:</b> Each tube taken as separate venepuncture at 10 minutes interval.  Collection times recorded on tube and form.  <b>***CONDITIONAL MBS (Medicare) ELIGIBILTiy***</b> Must be requested by a specialist and stated to be at >10% risk OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020	Whole blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
HNPP Genetic Markers (PMP22)	P22	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>CON</b>
Hold Serum	HLD	<b>** <u>Dedicated tube (SST) required.</u></b>  ** Not 'Group and Hold' test- dedicated tube.  Save Serum	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge	Refrigerate	<b>SRA</b>	
Holotranscobalamin	A12		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Holter Monitor 24hr	HOL	If the Holter is more than 24 hours, the following day/days are to be put on to-follow forms with a different lab number for each day. Each day clearly labelled with which disc was used and which day it is e.g. day 1 of 2.  The request form and diary (FRM-CL-131) must be sent with the Holter disc. Disc/Machine number should be written on the diary and/or request form for every Holter patient.  If you do not have to-follow form, you can copy the original form and put a new lab number on the day 2, new lab number on day 3 etc  If there is an urgent Holter that needs to be reported on ASAP, please contact Diagnostics on 90057039 to inform us of the patient details and where it is being sent from. Note: Cardioscan do not report Holters on the weekend, please allow enough travel time for Urgent requests.  <b>SRA Note:</b> Diagnostics scans all paperwork into RICS	Holter Monitor 24hr	Holter Monitor 24hr	N/A	N/A	N/A	Holter is transported in Diagnostic clear pencil case bag	<b>DI</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
HOMA Index	HOM GLU INS	Collect 3 SST samples at 10 min, 5 mins and 0 mins. HOMA Index = [mean of 3 fasting insulins x fasting glucose ( at 0 mins) divided by 22.5. RE: RCPA Commonsense Pathology Series. Dr. Warren Kidson FRACP. Dec 2002	1. Serum <b>and</b> 2. Whole Blood	1. 3x SST <b>and</b> 2. 1x Fluoride Oxalate	1. 3x 8.5 2. 1x 4	1. 3x 5 2. 1x 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate all tubes	<b>AUTO</b>	
Homocysteine	HMA	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA</b>	
Homogentisic Acid Urine	AKU	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** NSW Patients are bulk-billed.</b> <b>NON-NSW Patients this is a Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Homovanillic acid	HVL	Medication list must come with urine. <b>If child, a Random Urine collection can be done.</b>	24hr Urine	4Lt Urine Bottle (plain)	>200	<50	N/A	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Hormone Profile - Ovarian	FSH LH E2 PGS		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Hormone Profile - under 15yrs	HOC		Serum	Plain red top (no gel)	5	2	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Hormone Profile -female	FSH LH E2 PGS PRL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Hormone Profile -Male	TES FSH LH PRL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
HPP	HPP	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
HPV	CVX *See comment	<b>Dr Collect or Registered Practice Nurse</b>  Patients who are at least 24 years and 9 months of age or show symptoms/or following the test of cure pathway, will qualify for the medicare rebate. Pts under this age, the test is not rebateable  Patients who qualify as an early sexual debut patient, ie, 1st intercourse < 14 yrs of age and have not had the Gardasil vaccination are allowed one rebatable test between the ages of 20-25 yrs.  <b>One only in a 57 month period covered by medicare.</b>  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>Data Entry Note:</b> If this is requested for male, code QFX	ThinPrep vial	ThinPrep	20ml	20ml	N/A	Room Temperature	<b>CY</b>	
HPV Serology	QFX	Test is not available								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
HS CRP	SCP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
HSP 70	H70	<b>** If greater than 4hr delay to Lab Centrifuge, Separate and Freeze</b> <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate**	<b>SRA / REF</b>	<b>ICPMR</b>
HSV - PCR culture	HSC	HSV and VZV performed on all samples, Site determined by doctor <b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b> <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab <b>**See Comment</b>	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	
HSV / VZV PCR	HSC	HSV and VZV performed on all samples, Site determined by doctor <b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b> <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab <b>**See Comment</b>	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	
HSV antibodies	HSV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
HSV direct immunofluorescence	QFX	<b>No longer performed-</b> See HSV PCR test								
HTLV 1 + 2 Ab	HLV		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	<b>AUTO</b>	
Human Epidymal-Specific Protein 4	HE4	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Human Herpes Virus Type 6	HH6		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Human Herpes Virus Type 7	QFX	Test no available in Australia <b>** Contact HOD / Microbiologist on 9005 7000 with Referring doctor's details for alternative test recommendations</b>								
Human Leucocyte Antigen Typing (HLA)	HLA	<b>** <u>Dedicated tube (SST) required</u></b> SST will not be shared with other departments.  For Red Cross Requests for full HLA typing or tissue matching or stem cell donation	1. Whole blood <b>and</b> 2. Whole blood <b>and</b> 3.Serum	1. EDTA <b>and</b> 2. 3x ACD <b>and</b> 3. SST <b>** Dedicated</b>	1. 4 2. 3x 6 3. 8.5	1. 4 2. 3x 6 3. 8.5	1. DO NOT Centrifuge  2. DO NOT Centrifuge  3. Centrifuge	All tubes Room Temperature ONLY	<b>SRA / REF</b>	<b>RCR</b>
Human Metapneumovirus	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  <b>**Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label.</b> <b>**Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.</b>  <b>*** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)</b>	Swab <b>**See comment</b>	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Human Pancreatic Polypeptide	HPP	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Human Papilloma Virus	CVX	<b>Dr Collect or Registered Practice Nurse</b>  Patients who are at least 24 years and 9 months of age or show symptoms/or following the test of cure pathway, will qualify for the medicare rebate. Pts under this age, the test is not rebateable  Patients who qualify as an early sexual debut patient, ie, 1st intercourse < 14 yrs of age and have not had the Gardasil vaccination are allowed one rebateable test between the ages of 20-25 yrs.  <b>One only in a 57 month period covered by medicare.</b>  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>Data Entry Note:</b> If this is requested for male, code QFX	ThinPrep vial	ThinPrep	20ml	20ml	N/A	Room Temperature	<b>CY</b>	
Humira	IWY	Collect pre-dose (trough) specimen just before next dose. Record medication details, current dose, and time and date of last dose on request form.	Serum	SST	85	4	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>DTP</b>
Huntington's Chorea (Disease)	HC	Test Cannot be ordered by a GP. Must be referred by a Neurologist or Clinical Geneticist  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	4x EDTA	4x 4	4x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Hydatid Serology / Antibodies	HYD		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Hydoxy-Vitamin D	DVI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Hydrogen / Methane Breath Test	XXX	<b>Contact Gastrolab 1300 624 771 to arrange collection at Westmead or Bondi Junction or Woden</b> or order home kits at <a href="http://www.gastrolab.com.au/breathtestkits">www.gastrolab.com.au/breathtestkits</a>  Breath tests are available for Fructose, Glucose, Lactose, Lactulose, Mannitol, Sorbitol & Sucrose.  <b>** Non-Medicare Rebateable test</b> Patients are required to make payment at the collection centre  <b>Data Entry Note:</b> No Ultra Panel is required. The samples come directly to Serology and results of the test are sent to Gastrolab. Results are not available on Ultra		Special Breath Test Kit **						
Hydroxy Butyric Dehydrogenase - HBDH	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Random Urine	Yellow Top Jar	50	10	N/A	Freeze	<b>SRA / REF</b>	<b>Murdoch Childrens Research Institute</b>
Hydroxycorticosteroids (17OH)	CO1 UFC 17C	Adult testing is done at North Ryde, Paediatric testing is done at RCH	1. 24hr Urine <b>and</b> 2. Serum	1. 4Lt Urine Bottle (Plain) <b>and</b> 2. SST	1. > 200  2. 8.5	1. 100  2. 5	1. N/A  2. Centrifuge	Refrigerate all samples	<b>1. SRA 2. AUTO</b>	
Hydroxymethylmandelic acid	MTA	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Hydroxypregnenalone / Hydroxypregnenalone -17	QFX	<b>Test no longer available</b>								

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Hydroxyproline - urine	DPD	<b>No longer done - replace with DPD</b>  ** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	YT	
Hydroxytryptamine	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	SYP
Hydroxypyrene - urine	PAH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
Hypersensitivity pneumonitis	AVP		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RPA
IA2 antibodies	IA2		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
IAA Antibodies (insulin antibodies)	AIA		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	SYP
IBT for Sperm Antibodies Immuno-Bead	SPA	Please contact Sendaways department on 90057210 for further information.  If there is a cost included ensure to inform Patient of the out of pocket expense, if patient agrees: 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign							SRA / REF	QML
IC Ab	ISL		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	LIV
ICA 512	IA2		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
ICT / IDC - Indirect Coomb Test	ABS	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	
IF	IF EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
IF antibodies IFA IF Ab	IFB		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
IFE	IF EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
IgA - Saliva	QFX	<b>No known lab within Australia are testing Salivary IgA.</b>								
IgA - serum	IGA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
IgD	IGD	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
IgE	IGE **See comment	<b>Note:</b> If doctor has requested allergen/s besides IgE, refer to 'IgE – Specific' entry for collection and data entry requirements.	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
IgE – Specific	RAS	Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable. <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
iGENE Test	NIP (‘Generation’) or NAA (Generation 46) or NPX (‘Generation Plus’ for the microdeletion option)	<p>** Streck Tube kit to be organised via the special tubes orders process using FRM-CL-76</p> <p><b>Note:</b> Generation Plus test isn’t available for twin pregnancies or for cases of a demised twin pregnancy</p> <p><b>Collector’s note:</b> <b>Standard NIPT – Generation:</b></p> <ul style="list-style-type: none"><li>• Can be collected Monday - Sunday</li><li>• Turnaround time: up to 5 working business days on receipt at the Genomic Diagnostics laboratory</li></ul> <p><b>Generation 46:</b></p> <ul style="list-style-type: none"><li>• Can be collected Monday - Sunday</li><li>• Turnaround time: up to 5 working business days on receipt at the Genomic Diagnostics laboratory</li></ul> <p><b>Generation Plus Test</b></p> <ul style="list-style-type: none"><li>• Genomic Diagnostics require two Streck tubes to be collected</li><li>• <b>Collect MONDAY ONLY</b></li><li>• Turnaround time – up to 14 working business days.</li></ul> <p><b>** Non-Medicare Rebateable test</b></p> <p>Notify patient, testing will not proceed until payment is made Patient prepayment required, please direct the patients to pay online via <a href="http://www.generationnipt.com.au">www.generationnipt.com.au</a> For any payment issues, call Genomic Diagnostics on 1800 822 999</p>	Plasma	Streck Tube  Generation Plus test – 2 x Streck tubes required **See Comments	10 ml Generation Plus – 2 x 10mL	10 ml Generation Plus – 2 x 10mL	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
IGF (1)	SOM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
IGF- BP3 or BP3(IGF-BP3), IGFBP3 or IGBP4	BP3	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>DTP</b>
IgG	IGG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
IgG Subclasses ( IgG4 )	GSU IGG *See Comment	<p><b>Data entry note:</b> Ultra prompts user to add IGG when GSU is added.</p>	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
IgG Ab Deamidated Gliadin Peptide	IGA GLG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
IGRA	QTB	<b>** Place ALL 4 tubes in one RED BAG and send via the Urgent Specimen pathway.</b> Needs to reach Serology department in North Ryde within 16 hours of collection. For final collection times, refer to FRM-GEN-145 Quantiferon Test- Final Collection Times sheet.  <b>Collector's Note:</b> No collections on Public Holidays Refer to FRM-GEN-145 Quantiferon Test- Final Collection Times and IS-CL-16 Quantiferon TB Gold Tube Collection Order Quantiferon kit from collections advisor. <b>Lab Note:</b> Refer to IS-SRA-15 Incubation procedure <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Medicare Rebateable</b> If patient is immunosuppressed or immunocompromised, exposed to a confirmed case of active TB; a person who is to commence, or has commenced tumour necrosis factor (TNF) inhibitor therapy; a person who is to commence, or has commenced renal dialysis; a person with silicosis; or a person who is, or is about to become immunosuppressed because of a disease or a medical treatment.	Whole Blood	1x Quantiferon Kit 4 tubes in total (grey, green, yellow, purple)	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Mix tubes by inversion (ten times) after collection	Room Temperature	<b>SRA</b>	
IgM	IGM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
I-HP (1-Hydroxyprene)	PAH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
IL-2 Receptor Assay	IL2	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	8	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RRW</b>
IL-28	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Room Temperature		<b>ICPMR</b>
IL-6 Assay	IL6	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>QML</b>
IM Screen/Test	PB EBV		1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge - SST  2. DO NOT Centrifuge	Refrigerate all tubes	<b>1. AUTO 2. HA</b>	
Imipramine	IMI	Collect immediately prior to next dose. Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Immune Complexes (cirulating)	QFX	<b>Test no longer available</b>  <b>** Contact HOD / Immunopathologist on 9005 7000 with Referring doctor's details for alternative test recommendations</b>								

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Immune Factors	IMG IGE		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immune Markers	FLO	** ACD tube must be filled-full draw. <b>Regional Labs</b> to send blood film.	Whole Blood	1. ACD and 2. EDTA	1. 6 2. 4	1. 6 <b>see comment**</b> 2. 4	DO NOT Centrifuge	Room Temperature ONLY	<b>1. FLO 2. HA</b>	
Immunoelectrophoresis - Urine	UIF EPU	Referral will indicate Random Urine OR 24 hour Urine collection, collect as indicated.	1. Random Urine or 2.24h Urine	1. Yellow Top Jar or 2.4Ltt Urine Bottle	1. 50 or 2. > 200	1. 10 or 2. 100	N/A	Refrigerate	<b>1. YT 2. SRA</b>	
Immunoelectrophoresis - Serum	IF EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunofixation - Serum	IF EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunofixation - Urine	UIF EPU	Referral will indicate Random Urine OR 24 hour Urine collection, collect as indicated.	1. Random Urine or 2.24h Urine	1. Yellow Top Jar or 2.4Ltt Urine Bottle	1. 50 or 2. > 200	1. 10 or 2. 100	N/A	Refrigerate	<b>1. YT 2. SRA</b>	
Immunofixation Electrophoresis	IF EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunofluorescence - Biopsy	DIT	Special Transport Media - contact Histology on 90057000 to order. If none available, can be transported in either saline-soaked gauze or in a tube of Michael's transport medium Dr Collect	Fresh Tissue only	White Top Jar- No Formalin	N/A	N/A	N/A	Refrigerate	<b>HP</b>	
Immunofluorescence -Histopathology / Biopsy	DIT	Special Transport Media - contact Histology on 90057000 to order. If none available, can be transported in either saline-soaked gauze or in a tube of Michael's transport medium	Fresh Tissue only	White Top Jar- No Formalin	N/A	N/A	N/A	Refrigerate	<b>HP</b>	
Immunofluorescence -Sputum	IWY		Sputum	White Top Jar	20	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Immunoglobulin - EPG	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunoglobulins - G Subclass	GSU IGG *See Comment	<b>Data entry note:</b> Ultra prompts user to add IGG when GSU is added.	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunoglobulins - IgA	IGA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunoglobulins - IgD	IGD	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Immunoglobulins - IgG	IGG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunoglobulins - IgM	IGM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunoglobulins-serum	IMG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Immunophenotyping	FLO		All tubes Whole blood	1. ACD and 2. EDTA	1. 6 2. 4	1. 6 - see comment** 2. 4	DO NOT Centrifuge	Room Temperature ONLY	<b>1. FLO 2. HA</b>	
Immunoreactive Trypsin	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Lithium Heparin	8	5	Centrifuge & Separate	Freeze within 20mins of collection	<b>SRA / REF</b>	<b>QML</b>
Imuran level	QFU- **See Comment	<b>Data Entry Note:</b> If a Doctor requests Imuran level he will need to be contacted to confirm if he wants 6MP OR TMT.								
Imuran Metabolites	6MP	MUST have FBC performed as well	Whole Blood	2x EDTA	8	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Indices (red Cells)	FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Indirect Bilirubin/direct bilirubin	NBL	* Place extra barcode on outside of foiled tube	Serum	SST	8.5	5	Centrifuge and <b>wrap tube in foil*</b>	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Indirect Coombs Test	ABS	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Infectious mononucleosis	EBV PB		1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge - SST  2. DO NOT Centrifuge	Refrigerate all tubes	<b>1. AUTO 2. HA</b>	
Inflammatory Markers	ESR CRP		1. Whole Blood <b>and</b> 2. Serum	1. EDTA or ESR tube (area dependent) <b>and</b> 2. SST	1. 4 2. 8.5	1. 4 2. 8.5	1. DO NOT Centrifuge  2. Centrifuge	Refrigerate both tubes	<b>HA AUTO</b>	
Infliximab / Infliximab Antibody	IWY	<b>Collector's Note:</b> Drug brand name and Drug level required Pre Dose trough levels collection time  Infliximab Ab will be run regardless of request if Infliximab level is less than 2ug/mL  Sendaways Note: If serum is 7 days old, freeze for transport	Serum	SST	10	1	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>DOR</b>
Influenza A & B Abs	FLA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Influenza A Abs	FLA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Influenza A and B antigen assay	1. RVP or 2. RVC **See Comment	1. Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium.  Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label.  **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC. *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)  2. Rapid PCR (Flu A, Flu B & RSV ONLY) on the GeneXpert currently only for Defence Force in Wagga Wagga, for all other requests refer to Respiratory Virus PCR (RVP) Regional Lab Note: Refer to IS-MD-6 for further instructions  Data Entry Note: If Defence Force request code RVC (if Rapid indicated) For all other requests code RVP	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Influenza (Immunofluorescence)	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
Influenza PCR	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
Influenza Rapid ICT	RVC **See comment	Rapid PCR (Flu A, Flu B & RSV ONLY) on the GeneXpert currently only for Defence Force in Wagga Wagga, for all other requests refer to Respiratory Virus PCR (RVP) Regional Lab Note: Refer to IS-MD-6 for further instructions  Data Entry Note: If Defence Force request code RVC (if Rapid indicated) For all other requests code RVP	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
Inhibin - Total	**See comment	<b>**Attention: Collectors and Data Entry</b>  If patient is pregnant, see Inhibin A (panel: IWY) In all other patients, see Inhibin B (panel: IBM)  These tests may occur fees, please refer to each entry.								
Inhibin A	IWY *See Comment	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Data Entry: Use this code ONLY if testing for 2nd Trimester Screen</b> which includes the following: Alpha-Feto Protein, Unconjugated Estriol, Free Beta hCG and Inhibin A  <b>Non-Medicare Rebateable Test</b> 1. Refer to Non-Medicare rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform patient of out of pocket expense, if patient agrees <b>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</b> Out of pocket range for 2nd Trimester Screening	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	VCGS



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Inhibin B	IBM	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Refer to Inhibin A if requested in second trimester of pregnancy.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>S&amp;N</b>
Inorganic Arsenic - Urine	IWY	<b>*Urine sample to be collected at the end of shift – Preferably at the end of the working week</b>  <b>RNSH (Royal North Shore Hospital) – Performs Total Inorganic Arsenic only</b>  <b>WOR (WorkCover / TestSafe Australia) – Performs a more comprehensive Arsenic assay which includes (MMAv, DMAv, AsIII, AsV)</b>  Note for requests going to WorkCover/TestSafe – <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out-of-pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp on the request form. Complete details and ask Patient to Sign 3. Provide patient with Healius “out-of-pocket” fee notice: Stores Material Code #700428 4. Write clearly the lab reference number on the out-of-pocket fee notice that is given to the patient.	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>SRA / REF</b>	<b>RNS or WOR</b>
INR	PR	<b>** Correct volume critical - full draw required or recollection will be necessary. Send via Urgent Pathway</b> Record any bleeding/coagulation abnormalities and current drugs on the request form.	Whole blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge	Room Temperature	<b>CO</b>	
Insect Identification	MIC		Insect	White Top Jar	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Insecticides - Occupational	PEO	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine <b>and</b> 2. Whole Blood	1.Yellow Top Jar <b>and</b> 2. Lithium Heparin	1. 20 <b>and</b> 2. 8	1. 10 <b>and</b> 2. 5	1. N/A and 2. DO NOT Centrifuge	Refrigerate both samples	<b>SRA / REF</b>	<b>WOR</b>
Instrument Sterilisation- Autoclaving	<b>QFX</b>	<b>Contact your Area Coordinator for further instructions</b>								
Insulin - Assay	INS		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Insulin Antibodies	AIA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
Insulin Series- with GTT	EIN EGT	<b>** For Dr. Kidson baseline Insulins, collect 2 extra SSTs before fasting bloods are taken.</b> Fasting required. Ensure all tubes are labelled with collection times.	1. Whole Blood <b>and</b> 2. Serum	1. 3x Fluoride Oxalate <b>and</b> 2. 3x SST	1. 3x 4 2. 3x 8.5	1. 3x 2 2. 3x 5	1. DO NOT Centrifuge 2. Centrifuge	Refrigerate all tubes	<b>AUTO</b>	
Insulin Like Growth Factor- 1	SOM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Insulin Resistance	QFU **See Comment	<b>**This condition may be tested by: HOMA Index or 2 hour GTT with Insulins.</b> Contact Referring doctor for instruction as to which test he/she prefers for patient. If Referring doctor is unsure, pass on doctor's contact details to Chemical Pathologist at North Ryde laboratory on 90057605.								

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Insulin Resistance Profile (Fasting) - Integrative Health Request	=IRP	<b>Collect for the two (2) tests listed below</b> Lipid Profile (HDL, Cho, Tri) HOMA Index (1 x Fasting Glucose and 3 x Fasting Insulin)  <b>*See the following comments prior to collection</b>  <b>** 3 x Fasting Insulin</b> - 3 x SST samples at 10 mins, 5 mins and 0 mins. HOMA Index = [mean of 3 fasting insulins x fasting glucose ( at 0 mins) divided by 22.5. <i>RE: "RCPA Commonsense Pathology Series. Dr. Warren Kidson FRACP. Dec 2001"</i>  <b>*** 1 x Fasting Glucose</b> - collected at 0 minutes  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Serum and 2. Serum and 3. Whole Blood	1. SST and 2. 3 x SST <b>**See Comment</b> and 3. 1 x Fluoride Oxalate <b>***See Comment</b>	1. 8.5  2. 3 x 8.5  3. 4	1. 5  2. 3 x 5  3. 2	1. Centrifuge  2. Centrifuge  3. DO NOT Centrifuge	1. Refrigerate  2. Refrigerate all tubes  3. Refrigerate all tubes	AUTO	
Insulin -See Comment.	SIN	<b>Do not confuse with Insulin Series with GTT.</b> At Doctor's request- tubes may be collected at specified times Eg. 0min, 5min, 10min and not necessarily with GTT. Important note: collection times MUST be written on tubes	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Insulin Series with GTT - with Insulin levels at - 10min, 5min, 0min	GIN	<b>** For Dr. Kidson baseline Insulins, collect 2 extra SSTs before fasting bloods are taken.</b> Fasting required. Ensure all tubes are labelled with collection times.	1. Whole Blood and 2. Serum	1. 3x Fluoride Oxalate and 2. 3x SST	1. 3x 4 2. 3x 8.5	1. 3x 2 2. 3x 5	1. DO NOT Centrifuge 2. Centrifuge	Refrigerate all tubes	AUTO	
Intact PTH	PTH	<b>Lab Note:</b> Freeze plasma if not tested within 24 hours	Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate <b>**See Comment</b>	AUTO	
Intercellular Substance Ab	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Interferon Beta Antibodies	QFX	This test is no longer available.								
Interleukin 28B (IL28B)	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Room Temperature	SRA / REF	ICPMR
Interleukin IL1 Assay	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	W & C Hosp Adelaide
Interleukin - 6 Assay	IL6	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	QML
Intrinsic Factor Abs	IFB		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Iodine - Urine	UIO	URINE IS THE PREFERRED SAMPLE TO MONITOR IODINE DEFICIENCY. <b>** Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI,etc.</b>	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle ( plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Iodine - Serum	QFU	<b>URINE IS THE PREFERRED SAMPLE TO MONITOR IODINE DEFICIENCY. If 'Iodine' is requested - collect urine.</b>  <b>ONLY COLLECT SERUM IF 'SERUM IODINE' IS SPECIFICALLY REQUESTED</b>	Plasma	EDTA / Trace Element	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RNS

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Ionised Calcium	CAW	<b>** Dedicated tube (SST - full draw) required.</b>  ** Collect anaerobically- that is- as the second tube, if only one tube is required, collect a purge tube first, followed by the SST for this test. Place label / tape across top of tube stopper- label as "i Ca" and <b>tube must not to be opened prior to testing.</b>	Serum	SST - Full Draw ** <b>Dedicated</b>	8.5	8.5	Centrifuge ASAP after clotting. But not before 20 minutes	Refrigerate	<b>AUTO</b>	
Iron ( Urine) - 24 hour	UFE	Contact Collections Advisor for Acid washed bottle.	24hr Urine	4Lt Urine Bottle (Acid washed)	> 200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Iron ( Urine) - Spot	UFT		Random Urine	Yellow topped jar	50	20	N/A	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Iron in Liver Biopsy	IWY	Dr collect	Tissue Biopsy	Formalin container/pot	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>RPA</b>
Iron Studies	FES		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
IRT	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Lithium Heparin	8	5	Centrifuge & Separate	Freeze within 20mins of collection	<b>SRA / REF</b>	<b>QML</b>
ISAC Allergy Testing	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Ischaemoglutins	BG	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Islet Cell Abs	ISL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>LIV</b>
IsoAmylase	IAM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Isocyanate	OEC	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow top jar	50	20	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Isomorphic Cells	DYS UMC	Part of MSU	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Isoptin (Verapamil)	QFX	<b>Test no longer available</b>								
Itraconazole	ITR		Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
IUD - MCS	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	IUD	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
IVF Stimulation Cycle	IVF LH E2 PGS	<b>Send via Urgent Pathway</b>  If specified as <b>Critical Urgent</b> on request form, then follow Critical Urgent Pathway	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
JAK-2 Exon 12 Mutation	J12 *See Comment	<b>** Collector &amp; Data Entry Note:</b> Not to be confused with JAK 2 Gene Mutation test.  * Doctor collect ONLY for Bone Marrow  <b>The referral must be from a Specialist or Consultant Physician.</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  Note this test cannot be claimed on current MBS as part of item number for JAK2 V617F	1.Whole Blood or 2. Bone Marrow *Dr collect only	1. EDTA or 2. Bone Marrow in EDTA tube	1. 4 mL or 2. 4 mL	1. 4 mL or 2. 1 mL	Do NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
JAK 2 Exon 14 Mutation	JK2	<b>Only Medicare Rebateable</b> if in there is evidence of polycythaemia vera or essential thromobocyaemia  <b>**Non-Medicare Rebateable test</b> 1.Contact Genomic Diagnostics on 03 9918 2020 for the cost of this is test 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>JAK 2 Gene Mutation could also be requested as:</b> Janus Kinase 2 Mutation V617F Mutation JAK 2 Exon 14 Mutation	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
JAK 2 Gene Mutation	JK2	<b>Only Medicare Rebateable</b> if in there is evidence of polycythaemia vera or essential thromobocyaemia  <b>**Non-Medicare Rebateable test</b> 1.Contact Genomic Diagnostics on 03 9918 2020 for the cost of this is test 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>JAK 2 Gene Mutation could also be requested as:</b> Janus Kinase 2 Mutation V617F Mutation JAK 2 Exon 14 Mutation	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Janus Kinase 2 Mutation	JK2	<b>Only Medicare Rebateable</b> if in there is evidence of polycythaemia vera or essential thromobocyaemia  <b>**Non-Medicare Rebateable test</b>  1.Contact Genomic Diagnostics on 03 9918 2020 for the cost of this is test  2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>JAK 2 Gene Mutation could also be requested as:</b> Janus Kinase 2 Mutation V617F Mutation JAK 2 Exon 14 Mutation	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Japanese Encephalitis (JEV)	IWY	<b>Clinical History required:</b> Patient to advise of recently travelled destinations and symptoms. This is <b>NOT</b> a test for Immunity / Post Vaccination	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
JC Virus PCR	IWY	<b>** Renal Transplant = EDTA Blood Only</b>  <b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>** Lab Note:</b> Samples require to reach St Vincent’s Hospital within 24hrs	1.Whole blood or 2.Random Urine or 3.CSF Dr Collect	1.EDTA or 2.Yellow Top Jar or 3.CSF Collection Tube-additive free (red top or aliquot tube)	1. 4mL or 2. 50mL or 3. 1mL	1. 2mL or 2. 50mL or 3. <0.5mL	1. DO NOT Centrifuge 2. N/A 3. N/A	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
JC Virus PCR (CSF)	IWY	<b>**CSF - Doctor Collect Only</b>  <b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>** Lab Note:</b> Samples require to reach St Vincent’s Hospital within 24hrs	CSF Dr Collect	CSF Collection Tube-additive free (red top or aliquot tube)	1mL	<0.5mL	N/A	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
JC Virus Serology	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
JEV (Japanese Encephalitis)	IWY	<b>Clinical History required:</b> Patient to advise of recently travelled destinations and symptoms. This is <b>NOT</b> a test for Immunity / Post Vaccination	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Jo 1 antibodies	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
John Cunningham Virus PCR	IWY	<b>** Renal Transplant = EDTA Blood Only</b>  <b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>** Lab Note:</b> Samples require to reach St Vincent’s Hospital within 24hrs	1.Whole blood or 2.Random Urine or 3.CSF Dr Collect	1.EDTA or 2.Yellow Top Jar or 3.CSF Collection Tube-additive free (red top or aliquot tube)	1. 4mL or 2. 50mL or 3. 1mL	1. 2mL or 2. 50mL or 3. <0.5mL	1. DO NOT Centrifuge 2. N/A 3. N/A	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
John Cunningham Virus Serology	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Joint Aspirate/Fluid	FLD	Dr collect	Joint Fluid	White Top Jar	50	< 10	N/A	Room Temperature	<b>SRA</b>	
Joint Aspirate/Fluid - Cytology	CYF	Transport specimen as "Urgent" Doctor Collect - Send to Lab ASAP	Fluid	White Top jar	as collected	N/A		Refrigerate	<b>SRA</b>	
K (Potassium)	K	Avoid trauma and haemolysis, uncentrifuged samples should be transported at room temperature	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
K2	JWI	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Urine	1. Yellow Top Jar <b>or</b> 2.AS 4308 Kit	1. 50  2. 3x 10	1. 10  2. 2x 10	N/A	Refrigerate	<b>TX</b>	
KALA-AZAR	LCN	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>ICPMR</b>
Karyotype - Blood	CRO	Regional Collections – Collect Monday to Thursday ONLY Metro Collections - Collect Monday to Friday (AM) ONLY	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Karotyping For Trisomy 21	IWY CRO	Regional Collections – Collect Monday to Thursday ONLY Metro Collections - Collect Monday to Friday (AM) ONLY	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature		<b>QML</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Karyotyping - Blood	CRO	Regional Collections – Collect Monday to Thursday ONLY Metro Collections - Collect Monday to Friday (AM) ONLY	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	SRA / REF	QML
Karyotyping - POC	CRO	Dr collect	POC	White Top Jar	N/A	N/A	N/A	Room Temperature		QML
Kell (K)Blood Group	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	
Kennedy Disease	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	3x EDTA	3x 4	3x 4	DO NOT Centrifuge	Room Temperature Urgent Transport		CON
Keppra	KEP		Serum	Plain Clot	8	8	Centrifuge & Separate	Refrigerate	SRA / REF	QML
Ketone - Qualitative - Urine	UMD		Random Urine	Yellow top jar	50	20	N/A	Refrigerate	YT	
Ketone - Quantitative - Serum	IWY	<b>Collector's Note:</b> Refer to “Beta OH Butyrate” for Ketones collection if Dr is not specifically requesting for “Serum Ketones”	Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	HAPS
Ketones	BKE	<b>Transport on Dry Ice or in Freezer Packs</b> ** Specimens should be drawn without stasis (preferably without the use of a tourniquet)	Plasma	Fluoride Oxalate	5	2	Separate plasma within 15 minutes and Freeze	Freeze	SRA / REF	RPA
Ketosteroids (17)	QFX	<b>** Discontinued test. Please ring Chemical Pathologist on 9005 7605 if this test is requested on the form. **</b>								
Kidd(Jka/Jkb)	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	
Kidd(Jka/Jkb) Blood Group	BGP	<b>PLEASE CONTACT DEPT BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	
Kinidin	QFX	<b>Test no longer available</b>								
Klebsiella Granulomatis PCR	IWY	<b>**Collection site is advised by Dr</b>  <b>**Collector's Note:</b> Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Swab	White Top Dry Swab **See Comment	N/A	N/A	N/A	Refrigerate	SRA / REF	RBH

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Kleihauer Count	HBF	Samples more than 8 hours old cannot be tested. Place in RED bag mark as URGENT. <b>Notify Department 9005 7267</b>	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Klinefelters Genetic Test	IWY		Whole blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	SRA / REF	HBF
KRAS Mutation Analysis	KRC	** Contact Histo-North Ryde Lab. 90057133 Unstained slides x 10 to be sent directly Genomic Diagnostics  <b>**Only Medicare Rebateable if referred by a specialist for investigation of metastatic colorectal cancer otherwise</b> <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Tissue	N/A	N/A	N/A	N/A	Room Temperature	SRA / REF	GD
Kryptopyrrole (Safelabs Request Form)	UKP for Safelab requests	<b><u>This test is NOT NATA or TGA accredited.</u></b> Collected for Research purposes ONLY. ** Place extra barcode on the outside of the foiled jar <b>Transport on Dry Ice or in Freezer Packs</b> <b>SRA Note:</b> <u>Do NOT</u> remove the foil-pass onto Sendaways asap <b>If Safelabs form is used,</b> payment for Safelabs is required at collection. There will also be a collection fee payable to Laverty Pathology, <b>refer to TMP-CL-15</b> <b>If Applied Analytical Request form is used</b> Phone Commercials on 02 9005 7090 for Pricing or enquiries <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Data Entry Note:</b> UKP - Panel for Safelabs Request KPU - Panel for Applied Analytical Request	Random Urine	Special Urine Kit- <b>available from Collections Advisor</b>	60	30	<b>Wrap in foil ASAP</b> after collection to protect from light **	Freeze	SRA / REF	SAF
Kryptopyrrole (Applied Analytical Request Form)	KPU for Applied Analytical requests	<b><u>This test is NOT NATA or TGA accredited.</u></b> Collected for Research purposes ONLY.  <b>** Place extra barcode on the outside of the foiled jar Transport on Dry Ice or in Freezer Packs</b> <b>Phone Commercials on 02 9005 7090 for Pricing or enquiries</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	Special Urine Kit- <b>available from Collections Advisor</b>	60	30	<b>Wrap in foil ASAP</b> after collection to protect from light **	Freeze	SRA / REF	AAL
Kunjin Virus	KUN		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
LA	LUP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign)	Plasma	3 x Citrate	3 x 2.7 Full Draw critical	3 x 2.7 Full Draw critical	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting.	Freeze	CO	
La Antibodies (SSB)	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
LAC	LUP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign)	Plasma	3 x Citrate	3 x 2.7 Full Draw critical	3 x 2.7 Full Draw critical	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting.	Freeze	CO	
Lacrimal Duct/Sac- M,C & S	RES		Pus	Blue Top Swab				Room Temperature		
Lactase persistence	IWY	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	EDTA	4	2	DO NOT Centrifuge	Room Temperature	SRA / REF	Sonic Genetics
Lactase persistence gene testing	IWY	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	EDTA	4	2	DO NOT Centrifuge	Room Temperature	SRA / REF	Sonic Genetics
Lactate	LCT	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Fluoride Oxalate	5 ml	2 ml	Centrifuge AND Separate within 30 mins of collection	Freeze within 30 mins	AUTO	
Lactate / Pyruvate Ratio - Blood	QFX	<b>This test is no longer available</b>								
Lactic Acid	LCT	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Fluoride Oxalate	5 ml	2 ml	Centrifuge AND Separate within 30 mins of collection	Freeze within 30 mins	AUTO	
Lactate Dehydrogenase - Isoenzymes	LDI		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Lactic / Lactate Dehydrogenase	LDH		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Lactose (Faeces)	FSU		Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	MI	
Lactose Breath Test	XXX	<b>Contact Gastrolab 1300 624 771 to arrange collection at Westmead or Bondi Junction or Woden</b> or order home kits at <a href="http://www.gastrolab.com.au/breathtestkits">www.gastrolab.com.au/breathtestkits</a>  <b>** Non-Medicare Rebateable test</b> Patients are required to make payment at the collection centre  <b>Data Entry Note:</b> No Ultra Panel is required. The samples come directly to Serology and results of the test are sent to Gastrolab. Results are not available on Ultra		Special Breath Test Kit **						
Lactose Intolerance	QFU	This condition may be tested by: Lactose Tolerance Test, Hydrogen Breath Test, Disaccharidase Biopsy or Lactase Persistence Gene Testing.  Contact Referring doctor for instruction as to which test he/she prefers for patient.  If Referring doctor is unsure, pass on doctor's contact details to Chemical Pathologist at North Ryde laboratory on 90057605.								
Lactose Intolerance Genetic Testing	IWY	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	EDTA	4	2	DO NOT Centrifuge	Room Temperature	SRA / REF	Sonic Genetics



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Lactose Tolerance Test	XXX	Lactose Tolerance Test is no longer available.  **Alternative test is Hydrogen/Methane Breath test for Lactose intolerance  Contact Gastrolab 1300 624 771 to arrange collection at Westmead or Bondi Junction or Woden or order home kits at <a href="http://www.gastrolab.com.au">www.gastrolab.com.au</a>  Non-Medicare Rebateable test Patients are required to make payment at the collection centre  Data Entry Note: No Ultra Panel is required. The samples come directly to Serology and results of the test are sent to Gastrolab. Results are not available on Ultra		Special Breath Test Kit **See comment					SE	
Lamellar Bodies – Amniotic fluid	LBD	This test replaces the LS - L/S Ratio test Dr Collect	Amniotic Fluid	White Top Jar	N/A	N/A	N/A	Room Temperature	SRA / REF	RBH
Lamictal	LAM		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Lamotrigine	LAM		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Lanoxin	DIG	Collect greater than 8-hrs post dose. Note time since last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	AUTO	
Larynx- MCS	RES			Blue Top Swab				Room Temperature		
Latex / Latex Specific IgE	RAS	Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable. ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
LATS	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Laxatives	IWY	SRA Note: Urine to be transported on ice pack	Random Urine	Yellow top jar	>20	<20	N/A	Refrigerate	SRA / REF	RMH
LBC (Liquid Based Cytology)	CVX or CYF *See comment	Dr Collect or Registered Practice Nurse  In particular circumstances, patients will qualify for the medicare rebate.  If criteria not met : 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	ThinPrep	ThinPrep	20ml	20ml	N/A	Room Temperature	CY	
LDL	=CTL		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
LDL Fractional	IWY	** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	4	2	Centrifuge	Refrigerate	SRA / REF	SAN Pathology

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
LDL subfractions/ LDL Lipid Particle Size	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	4	2	Centrifuge	Refrigerate	SRA / REF	SAN Pathology
LDLR Gene	FIC	Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
LDLRAP1 Gene	FIC	Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
LE Cells (Lupus Erythematosus)	ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Lead - Blood	BPB	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube - preferred Purple EDTA - acceptable	6mL	6mL	DO NOT Centrifuge	Refrigerate	SC	
Lead - Serum	BPB	<b>Serum Lead NOT TESTED - only done on WHOLE BLOOD.</b> Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube - preferred Purple EDTA - acceptable	6mL	6mL	DO NOT Centrifuge	Refrigerate	SC	
Lead - Urine	UPB	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Lebers Optic Neuropathy Mitochondrial DNA	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	2x Pink EDTA	2x 6	2x 6	DO NOT Centrifuge	Refrigerate	SRA / REF	St Vincents Neuromuscular Diagnostic Lab-Melbourne
Leflunomide	LEF	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Legionella Antibodies	LPN		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Legionella Antigen	ULP **See Comment	<b>**DATA ENTRY:</b> Code to be used when either or both Urinary Legionella/Pneumococcal Ag is requested.	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	SRA / REF	POR
Legionella Longbeachae Antibodies	LPN		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Legionella PCR	IWY		Sputum	White Top jar	N/A	N/A	N/A	Refrigerate	SRA / REF	QML
Leiden	52M	<b>Medicare Rebateable test if patient being investigated for DVT or first degree relative with mutation otherwise</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Leishmaniasis Antibodies	LCN	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	ICPMR
LEPG	IWY		Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Leptin	LPT	<b>Transport on Dry Ice or in Freezer Packs</b> <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
Leptospira	IWY	Check request form and refer to A-Z entries for collection requirements:  Leptospirosis PCR - Serum OR Leptospirosis PCR - CSF - <b>Doctor Collect</b>								
Leptospira Serology	LEP		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Leptospirosis Antibody	LEP		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Leptospirosis PCR - CSF	IWY	<b>CSF - Doctor Collect Only</b>	CSF Dr Collect	CSF Collection Tube-additive free (red top or aliquot tube)	1mL	>0.5mL	N/A	Room Temperature	SRA / REF	S&N
Leptospirosis PCR - Serum	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QHF
Leptospirosis PCR - URINE	IWY		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	S&N
Leucocyte Alkaline Phosphatase	QFX	Leucocyte Alkaline Phosphate - Test no longer available. Alternative test - JAK 2								
Leukaemia markers	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 and 2. 4	1. 6 <b>*See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	FLO	
Leutic Screening	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	AUTO	
Levetiracetam Level	KEP		Serum	Plain Clot	8	8	Centrifuge & Separate	Refrigerate	SRA / REF	QML
Lewis Blood Group	BGP	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Lewis Blood Testing	BGP	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
LFT	LFT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
LFTE	=LFF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
LGV	CPC IFI	<b>**Collector's Note:</b> Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Lab note:</b> If CPC positive please add LGV	Swab (Rectal) **See comment	White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	<b>ICPMR (only if CPC positive)</b>
LH	LH		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
LH/FSH Ratio	RLF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
LH - child under 15yrs	HOC		Serum	Plain red top (no gel)	5	2	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Li	LI		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Light Chains ( Serum )	FLC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Light Chains ( Urine )	UIF EPU	Referral will indicate Random Urine OR 24 hour Urine collection, collect as indicated.	1.Spot urine <b>or</b> 2. 24 hr Urine	1.Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (plain)	1. 50  or 2. > 200	1. 10 or 2. 100	N/A	Refrigerate all specimens	<b>1. YT 2. SRA</b>	
Linevox	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  Collect trough level immediately before next dose. Note medication details including time of last dose and dosage.	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
Linezolid	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  Collect trough level immediately before next dose. Note medication details including time of last dose and dosage.	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
Lip Swab- M,C & S	RES		Swab	Blue Top Swab	N/A			Room Temperature		
LIPA Gene	FIC	Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Lipase	LIA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Lipid Electrophoresis	IWY		Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Lipid EPG	IWY		Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Lipid Studies Lipid Profile	CHO TRG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Lipids and HDL Lipids and ratio, Lipids and Fractions, Lipogram	=CTL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Lipid Subfraction Analysis	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	4	2	<b>Centrifuge</b>	Refrigerate	<b>SRA / REF</b>	<b>SAN Pathology</b>
Lipoprotein (a)	APA	Fasting 12 hrs Less than 8 hrs not acceptable. <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Lipoprotein EPG	IWY		Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Lipoprotein X	IWY		Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Liquid Based Cytology - LBC	CVX or CYF *See comment	<b>Dr Collect or Registered Practice Nurse</b>  In particular circumstances, patients will qualify for the medicare rebate.  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	ThinPrep	ThinPrep	20ml	20ml	N/A	Room Temperature	<b>CY</b>	
Listeria Abs	QFX	<b>Test no longer available</b> <b>** Contact HOD / Microbiologist on 9005 7000 with Referring doctor's details for alternative test recommendations</b>								
Listeria Culture	LTA	<b>Lab note:</b> Listeria Culture will only be performed if Listeria PCR is positive.	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Listeria Culture / PCR	LTA	<b>Lab note:</b> Listeria Culture will only be performed if Listeria PCR is positive.	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Lithium	LI		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Liver Antibody Screening Liver Auto antibodies Liver Auto Immune Markers	ANA AMA LKM SMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Liver Biopsy - Iron	IWY	Dr collect	Tissue Biopsy	Formalin container/pot	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>RPA</b>
Liver Fluke (Fasciola Hepatica)	LFA		Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Liver Function Tests Includes Liver Enzymes- AST, ALT, GGT, BIL,TP, ALB, ALP	LFT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Liver Kidney Microsomal Antibodies	LKM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
LKM	LKM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Long Chain Fatty Acids + very long chain	VFA	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	8	8	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Lopinavir	LPV	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
Low Density Lipoprotein Cholesterol (LDL-C)	=CTL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Low Vaginal Swab ( LVS)	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Low vagina **See comment	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
LRH Stimulation Test	QFX	<b>Test no longer available</b>								
LSM	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 and 2. 4	1. 6 <b>*See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	<b>FLO</b>	
LTT	XXX	<b>Lactose Tolerance Test is no longer available.</b>  <b>**Alternative test is Hydrogen/Methane Breath test for Lactose intolerance</b>  Contact Gastrolab 1300 624 771 to arrange collection at Westmead or Bondi Junction or Woden or order home kits at <a href="http://www.gastrolab.com.au">www.gastrolab.com.au</a>  Non-Medicare Rebateable test Patients are required to make payment at the collection centre  Data Entry Note: No Ultra Panel is required. The samples come directly to Serology and results of the test are sent to Gastrolab. Results are not available on Ultra		Special Breath Test Kit <b>**See comment</b>					<b>SE</b>	
Lung Abcess	RES	Dr Collect	Abscess Pus	Blue Top Swab				Room Temperature	<b>MI</b>	
Lung NSCLC Gene Panel	KRL	** Contact Histo-North Ryde Lab. 02 90057133 Unstained slides x 10 to be sent directly to Genomic Diagnostics  <b>MBS Eligibility:</b> A test of tumour tissue from a patient diagnosed with non-small cell lung cancer, shown to have non-squamous histology or histology not otherwise specified, requested by, or on behalf of, a specialist or consultant physician Otherwise Non-rebateable test fee applies	Tissue	N/A	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Lupus Anticoagulant / Lupus Inhibitor	LUP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	3 x Citrate	3 x 2.7 Full Draw critical	3 x 2.7 Full Draw critical	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting.	Freeze	<b>CO</b>	
Lupus Erythematosus Screen/Factor	ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Lupus or Lupus Inhibitor / Lupus Anticoagulant	LUP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	3 x Citrate	3 x 2.7 Full Draw critical	3 x 2.7 Full Draw critical	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting.	Freeze	<b>CO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Lupus Serology	ANA DNA ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Luteinising Hormone	LH		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Lyme Serology	LYM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Lyme Western Blot	LWB		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Lymph Node Biopsy	PWH		Tissue Biopsy	Formalin container/pot	N/A	N/A	N/A	Room Temperature	<b>HP</b>	
Lymph Node FNA	FNA	Dr Collect To prevent leakage, place vial in a separate bag before placing in main specimen bag. Note: Doctors may also use the terminology malignant cells	Aspirate	Slides +/- RMPI	N/A			Room Temperature	<b>CY</b>	
Lymphoid malignancy panel (65 genes)	LYD	<b>Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria.</b> • Most patients will be Medicare eligible • The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid. • Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.  <b>Preferred request form can be found on the Genomic Diagnostics website: <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -&gt; For Practitioners -&gt; Request forms</b>	1. Blood or 2. Bone Marrow (Doctor collect)	1. Purple EDTA or 2. Bone Marrow collected in EDTA tube	1. 4mL 2. 4mL	1. 4mL 2. 1mL	<b>DO NOT Centrifuge</b>	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Lymphocyte Marker Studies / Lymphocyst Surface Markers / Typing Lymphoma Markers	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 and 2. 4	1. 6 <b>*See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	<b>FLO</b>	
Lymphocytic Choriomeningitis Abs	QFX	** Contact HOD / Microbiologist on 9005 7000 with Referring doctor's details for alternative test recommendations								
Lymphogranuloma venereum Abs / Serology (LGV Ab)	CLA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Lymphogranuloma venereum PCR	CPC IFI	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Lab note:</b> If CPC positive please add LGV	Swab (Rectal) **See comment	White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	<b>ICPMR (only if CPC positive)</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Lynch Syndrome	LYN	<p>**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval.</p> <p>Collection times recorded on tube and form.</p> <p>***CONDITIONAL MBS (Medicare) ELIGIBILTiy*** Must be requested by a specialist and stated to be at &gt;10% risk OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020</p>	Whole blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Lynch Syndrome Gene Panel	LYN	<p>**Collectors note: Each tube taken as separate venepuncture at 10 minutes interval.</p> <p>Collection times recorded on tube and form.</p> <p>***CONDITIONAL MBS (Medicare) ELIGIBILTiy*** Must be requested by a specialist and stated to be at &gt;10% risk OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020</p>	Whole blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Lysozymes Assay	QFX	** Contact HOD / Chemical Pathologist on 9005 7000 with Referring doctor's details for alternative test recommendations								
Lyssa Virus	RAB	<b>Clinical History required:</b> Patient to advise of vaccination status. This test is <b>NOT</b> for diagnosing infection, this test is for assessing Immunity.	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Macro CK	CKI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Macroprolactin	PLG PRL	Tested 3 times per week	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Mad Cow Disease	IWY	<p>Dr Collect</p> <p><b>** Critical Urgent Pathway</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b></p> <p><b>Collector’s and Lab Note:</b> For CSF Collection Procedures and guidelines please refer to FRM-CL-233 “National Dementia Diagnostics Laboratory – Sample collection and test information” document.</p> <p><b>Sendaways:</b> “FRM-SRA-73 - CSF CJD 14-3-3 Specimen Data Submission Sheet – The Florey Institute” Document required to be filled upon submission. Sample to be kept in polypropylene tube and not submitted in a polystyrene tube. Samples to be sent frozen</p>	CSF	Polypropylene Sterile Container	1	< 0.5	N/A	Refrigerate	SRA / REF	Aust CJD Registry Melb Uni



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Magnesium (Mg) - Red Cell	BMG		Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	SRA / REF	RPA
Magnesium (Mg) - Serum	MG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Magnesium (Mg) - Urine	UMG	SRA Note: Acid added to 24 hr Urine in SRA.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain )	1. 50 2 > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Malarial antibodies	QFX	This test is no longer available for testing, alternative test is Malaria Parasites (MP)							SRA / REF	
Malarial Parasites (+ ICT) Thick and Thin	MP	** Indicate MP clearly on EDTA tube and bag separately. Send in as urgent and mark bag - "ATTENTION: Haematology Supervisor"	Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	HA	
Male Hormone Profile - Integrative Health Request	=MHP	Collect for the tests listed below Testosterone, Calculated Free Testosterone, SHBG, DHEAS, FSH, LH  Integrative Health Request - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	Serum	2 x SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Male Sex Hormone(s) Profile	TES FSH LH PRL	Clarification Required from Doctor  MHP, Male Hormone Profile	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Malignant Cells	FNA	Dr Collect To prevent leakage, place vial in a separate bag before placing in main specimen bag. Note: Doctors may also use the terminology malignant cells	Aspirate	Slides and SurePath				Refrigerate	CY	
Maltose Stool	FSU		Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	MI	
Mammalian meat allergy	RAS	** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Mammary Tumour Markers CA15.3	C15		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Mandelic Acid	MDL	Random Urine at end of work shift. ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow top jar	50	20	N/A	Refrigerate	SRA / REF	WOR
Mandible Swab - M,C & S	RES		Swab	Blue Top Swab				Room Temperature	MI	
Manganese (Mn)- Blood	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube (K2 EDTA)	6	1	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS
Manganese (Mn) - Red Cell	RMN	High concentrations of <b>Gadolinium</b> , <b>Iodine</b> and <b>Barium</b> are known to interfere with most metals tests. If either Gadolinium, Iodine or Barium containing contrast media has been administrated, a specimen should not be collected for 96 hours.	Whole blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	SRA / REF	RPA
Manganese (Mn) - Urine	UMN	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain)	1. 50 2 > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Mannose Binding Lectin	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifule & Separate	Freeze	<b>SRA / REF</b>	<b>Pathwest</b>
Mantoux (Human, PPD)	QFX	<b>Test no longer available. Offer Quantiferon or refer patient to chest clinic</b>								
MAP Adenomatous Polyposis	AOP	<b>**Collectors note:</b> Each tube taken as separate venepuncture at 10 minutes interval.  Collection times recorded on tube and form.  <b>***CONDITIONAL MBS (Medicare) ELIGIBILTiy***</b> Must be requested by a specialist and stated to be at >10% risk OR stating the patient is MBS eligible. IF NOT, a fee will apply – which will need to be prepaid 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, pay online at genomicdiagnostics.com.au. Specialist referrals ONLY. GP referrals NOT accepted Discuss with Genomic Diagnostics - PH: 03 9918 2020	Whole Blood	2xPink EDTA or 2xPurple EDTA **See Comment	2x 6mls or 2x 9mls **See Comment	2x 6mls or 2x 9mls **See Comment	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Marfans Syndrome	MAS	Questionnaire from Testing lab must accompany blood.** <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>WCH</b>
Marijuana - Saliva	OL	Oral Fluid Drugs of Abuse Confirmatory testing  <b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	<b>TX</b>	
Marijuana - Urine	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal  <b>**Data Entry Note:</b> UDS = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x10ml tubes	1. 20 or 2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT or 2. TX</b>	
Mast Cell Tryptase	TPT	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>QML* *Metro Labs only: Refer to your site specific SOP</b>
Mastoid Swab - M, C & S	RES		Swab	Blue Top Swab				Room Temperature	<b>SRA</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Maternal Abs (antibodies)	BGA	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Maternal screening for MSS	*See Comment	Refer to Triple Test <b>OR</b> FTS <b>Depending on Gestational Age</b>								<b>QML</b>
Maturity-Onset Diabetes of the Young (MODY)	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>Mater Hospital Brisbane</b>
Mauive Factor	UKP or KPU **See Comment	<b><u>This test is NOT NATA or TGA accredited.</u></b> Collected for Research purposes ONLY. ** Place extra barcode on the outside of the foiled jar <b>Transport on Dry Ice or in Freezer Packs</b> <b>SRA Note:</b> <u>Do NOT</u> remove the foil-pass onto Sendaways asap <b>If Safelabs form is used,</b> payment for Safelabs is required at collection. There will also be a collection fee payable to Laverty Pathology, <b>refer to TMP-CL-15</b> <b>If Applied Analytical Request form is used</b> Phone Commercials on 02 9005 7090 for Pricing or enquiries <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Data Entry Note:</b> UKP - Panel for Safelabs Request KPU - Panel for Applied Analytical Request	Random Urine	Special Urine Kit- <b>available from Collections Advisor</b>	60	30	<b>Wrap in foil ASAP</b> after collection to protect from light **	Freeze	<b>SRA / REF</b>	<b>SAF or AAL</b>
Maxilla Swab	RES		Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
MBA 20	=LFF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
MBL	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifule & Separate	Freeze	<b>SRA / REF</b>	<b>Pathwest</b>
McArdle's syndrome	MCS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	3x EDTA	3x 4	3x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QE2</b>
MCV / MCHC / MCH	FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
MDA - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	<b>TX</b>	
MDMA - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	<b>TX</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Measles Culture	SME	Sample to be sent to the Lab at North Ryde as Urgent in RED BAG marked “ATTENTION SENDAWAYS” and send with the earliest courier.  <b>30 minutes restrictive entry into the ACC, post collection of a suspected infectious measles patient</b>	Swab	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
Measles IF	SME	Sample to be sent to the Lab at North Ryde as Urgent in RED BAG marked “ATTENTION SENDAWAYS” and send with the earliest courier.  <b>30 minutes restrictive entry into the ACC, post collection of a suspected infectious measles patient</b>	Swab	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
Measles Immunofluorescence - Urine	UME	Sample to be sent to the Lab at North Ryde as Urgent in RED BAG marked “ATTENTION SENDAWAYS” and send with the earliest courier  <b>30 minutes restrictive entry into the ACC, post collection of a suspected infectious measles patient</b>	Random Urine	Yellow topped jar	50	20	N/A	Refrigerate	SRA / REF	ICPMR
Measles Virus PCR	SME UME	Sample to be sent to the Lab at North Ryde as Urgent in RED BAG marked “ATTENTION SENDAWAYS” and send with the earliest courier.  <b>30 minutes restrictive entry into the ACC, post collection of a suspected infectious measles patient</b>  <b>Both Samples Recommended</b>	1. Swab and 2. Random Urine	1. 2 x Green Top Viral swab and 2. Green Top Jar	1. N/A  2. 20	1. N/A  2. 10	N/A	1. Room Temperature  2. Refrigerate	SRA / REF	ICPMR
Measles Serology	MEA *See Comment	<b>30 minutes restrictive entry into the ACC, post collection of a suspected infectious measles patient</b>  <b>Data Entry:</b> If requested for IgG and IgM or IgM Only, code MEA and MEM	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Measles Virus Abs ( <b>IgG only</b> )	MEA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Measles Virus Abs ( <b>IgG and IgM</b> )	MEA MEM	<b>30 minutes restrictive entry into the ACC, post collection of a suspected infectious measles patient</b>	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Measles, Mumps Rubella	MEA MUM RUB		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
MEFV Gene	FMF	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  Testing is available for one gene (MEFV gene for FMF) or three genes (MEFV gene, NLRP3 gene for CAPS and TNFRSF1A gene for TRAPS)	Whole blood	2x Pink EDTA	2x 6	2x 6	DO NOT Centrifuge	Refrigerate	SRA / REF	WCH
Melanocyte Stimulating Hormone ( MSH )	QFX	<b>Test no longer available</b>								
Melanoma Gene Panel	KRS	Contact Histology on 02 90057133 Unstained slides x 4 to be sent directly to Genomic Diagnostics  Contact Genomic Diagnostics on 03 9918 2020 for the cost of this is test  <b>Medicare Rebateable if:</b> Tumour tissue from unresectable stage III or stage IV metastatic cutaneous melanoma, requested by, or on behalf of, a specialist or consultant physician  Otherwise Non-rebateable test fee	Tissue	N/A	N/A	N/A	N/A	Room Temperature	SRA / REF	GD
Melatonin	QFX	<b>Test no longer available</b>								
Melioidosis Abs	MLA		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Melleril	TDZ	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Membranous glomerulonephritis Ab	PHA	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees. 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>PW</b>
Memory B Cell	IWY	Time sensitive test which is required to be sent to ICPMR within 48hrs of collection. Monday-Thursday Collection only  *Mark sample bags as “Critical Urgent – Attention: Sendaways, samples to go to ICPMR”  Lab Note: If samples are received on Friday – They are to be received at ICPMR by 4pm.	Whole blood	EDTA	5	5	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>ICPMR</b>
MEN 1 Screen	MEN	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	3x EDTA	3x 4	3x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RBH</b>
MENIN Genetic Screen/ Test	MEN	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	3x EDTA	3x 4	3x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RBH</b>
Meningococcal Serology	MGC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Meningococcal PCR	1.IWY (blood collect) or 2.MGF (CSF collect)	<b>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.</b>  <b>2. Dr Collect</b>	1. Blood <b>or</b> 2. CSF-Dr Collect	1. EDTA <b>or</b> 2.CSF Collection Tube-additive free (red top or aliquot tube)	1. 4 or 2. 1	1. 4 or 2. < 0.5	1. DO NOT Centrifuge  2. N/A	1. Refrigerate  2. Room Temperature	<b>1 &amp; 2 SRA / REF</b>	<b>POW</b>
Menopausal Screen	E2, FSH		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Mercury (Hg) - Urine	UHG	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2 > 200	1. 20 2. 100	N/A	Refrigerate both samples	<b>1. YT</b>  <b>2. SRA</b>	
Mercury (Hg) - Red Cell	MER		Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Mercury - Whole Blood	BHG	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube - preferred Purple EDTA - acceptable	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
Mesomark Asbestos Testing	QFX	<b>TEST NO LONGER AVAILABLE.</b> <b>Testing kits not being manufactured.</b> <b>No Alternative Test</b>								
Mesothelioma Screen	QFX	<b>TEST NO LONGER AVAILABLE.</b> <b>Testing kits not being manufactured.</b> <b>No Alternative Test</b>								
Met Hb	MHB	<b>** <u>Dedicated Tube (EDTA) required</u></b>	Whole Blood	EDTA <b>** Dedicated</b>	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Metabolic Screen	AMC	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Lithium Heparin	8	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Metabolic Screen - Urine	MSC	<b>Transport on Dry Ice or in Freezer Packs</b> Patient medication must be provided.  This test is bulk billed ONLY for people residing in NSW. <b>For all other states and territories this test is Non-Medicare rebatable so consent must be obtained.</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Metanephrine / Normetanephrine	FMT		Plasma	EDTA Plasma	4	3	Centrifuge & Separate ASAP	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Metanephrines urine -Adult	MTA	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Metanephrines- Urine Child	CTC		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Metformin	QFX	Test is no longer available in Australia								
Methadone - Serum	MTD	Trough level is taken before next dose (within 1 hour)	Whole Blood	Plain / Clot	8.5	5	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Methadone - Urine (Methadone Clinic)	UDS	If patient does not meet Medicare criteria below, see Urine Drug Screen- General or Urine Drug Screen- legal  Urine Drug Screening can only be bulk billed for: •Medical assessment of patients •Monitoring of patients participating in a drug abuse treatment program  Medicare Rebate does not apply for: •Medico-legal testing •Pre-employment testing •Occupational health and safety testing •Surveillance of sports people •Testing for courts, parole boards, medical boards or similar agencies	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Methaemalbumin (Schumm's Test)	IWY		Serum	Plain / Clot	8.5	5	Centrifuge and separate	Refrigerate	<b>SRA / REF</b>	<b>JHH</b>
Methaemoglobin	MHB	<b>** Dedicated Tube (EDTA) required</b>	Whole Blood	EDTA ** <b>Dedicated</b>	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
Methamphetamine- Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	<b>TX</b>	
Methicillin Resistant Staphylococci - MRSA	PUS	If site not specified collect : Axilla, Groin, Nose- both nostrils.	Axilla, Perineal, Nostrils	Blue Top Swab	N/A			Room Temperature		
Methotrexate	MTX	<b>**Collector's note:</b> Place extra barcode on outside of foiled aliquo	Serum	Plain / Clot	8.5	5	Centrifuge& Separate and Wrap in foil ASAP **See Comment	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Methyl Histamine	UHI	<b>Collector's Note:</b> Special diet and Urine container with acid added from Collections advisor. Refer to <b>IS-CL-25</b> Histamine - Urine Test Dietary Requirement  <b>Lab Note:</b> Freeze in SRA	24hr Urine	4Lt Urine Bottle ( acid added)	>200	<50	N/A	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Methyl Indole Acetic Acid	UHI	<b>Collector's Note:</b> Special diet and Urine container with acid added from Collections advisor. Refer to <b>IS-CL-25</b> Histamine - Urine Test Dietary Requirement  <b>Lab Note:</b> Freeze in SRA	24hr Urine	4Lt Urine Bottle ( acid added)	>200	<50	N/A	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Methyl Malonic Acid / Methymalonate - Plasma (Quantitative)	MMA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	Lithium Heparin	8	8	Centrifuge& Separate Immediately	Freeze	<b>SRA / REF</b>	<b>RBH</b>
Methyl Malonic Acid / Methymalonate - Urine (Qualitative)	MMA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Freeze within 2 hrs of collection</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	Yellow top jar	50	20	N/A	Freeze **	<b>SRA / REF</b>	<b>RBH</b>
<b>Methylation Profile - Integrative Health Request</b>	=MP	<b>Collect for the five (5) tests listed below</b> MTHFR, Homocysteine, FBC, Serum Folate, Vitamin B12  <b>**See comments prior to collection</b>  <b>For Homocysteine:</b> <b>** Transport on Dry Ice or in Freezer Packs</b>  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Whole Blood and 2. Plasma and 3. Whole Blood and 4. Serum	1. Pink EDTA and 2. EDTA and 3. 2 x EDTA and 4. SST	1. 6 2. 4 3. 2 x 4 4. 8.5	1. 6 2. 4 3. 2 x 2 4. 5	1. DO NOT Centrifuge  2. Centrifuge & Separate  3. DO NOT Centrifuge  4. Centrifuge	1. Room Temperature  2. Freeze <b>**See comment</b>  3. Refrigerate both tubes  4. Refrigerate	1. SRA / REF  2. SRA  3. HA  4. AUTO	1. GD
Methylation Testing	IWY	Medicare criteria applies: Methylation testing CANNOT be requested with microarray testing.  COLLECTION NOTE: Collect ONLY when AS methylation testing is requested AND Chromosomal Microarray has been collected >15 days apart. Refer to “Angelman Syndrome/Prader-willi Syndrome”.  Sendaways Note: Check if Microarray has previously been performed (check with QML if required). If Microarray has not been performed, follow comment guide under “Angelman Syndrome/Prader-willi Syndrome”.  All enquiries contact the Genetics Department on (07) 3121 4462  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  MBS Rebate: medicare criteria applies Additional genetic testing where required: \$650 for MLPA and Sequencing for Angelman Syndrome	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>Mater Pathology</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Methylene Tetrahydrofolate Reductase Gene - Blood	MTH	Medicare if clinical indication is for investigation of DVT or Pulmonary Embolism or a first degree relative who has a proven MTHFR mutation otherwise:  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Methylene Tetrahydrofolate Reductase Genotyping - Buccal Swab	QFX	<b>Test no longer available</b>								
Mexiletine / Mexitil	MEX	Trough level - collect at least 6-8 hours after last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	JHH
Mg - Magnesium	MG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
MHP	TES LH FSH PRL	Clarification Required from Doctor	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Mianserin	MIA	Trough level is taken before next dose (within 1 hour)	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Microalbumin	MAT UMA		1. Random Urine or 2. 8-10hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (PLAIN)	1. 50 <b>or</b> 2. > 200	1. 10 <b>or</b> 2. 100	N/A	Refrigerate both samples	1. YT <b>or</b> 2. SRA	
Micronutrients	CU SEL ZN	<b>Collector's note:</b> Wrap aliquot tube around TE primary tube-send together in bag marked "SC".  Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC".  <b>Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.</b>	Plasma	Trace Element Tube	6	6	Centrifuge & Separate <b>**See comment</b>	Refrigerate	SC	
Microfilariae - Larvae	BF FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Microglobulin - Urine	B2U		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Microglobulin - Blood	B2M		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Microsomal Abs - Liver	LKM		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Microsomal Abs - Thyroid	THA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Microurine - Midstream Urine C&S	UMC		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Midnight Salivary Cortisol	RCS	<b>** Contact Collections Advisor for the Test Kit</b>	Saliva	Test Kit <b>** See Comment</b>	N/A	N/A	N/A	Refrigerate	SRA / REF	RBH
MIF	AMH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Mineralocorticoid	RNM	<b>Transport on Dry Ice or in Freezer Packs</b> * Cold Collection- Tubes need to be cold at collection	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	QML
Mitochondrial Abs	AMA <b>**Data Entry see comment</b>	<b>Data Entry Note:</b> A normal request for AMA gets <b>AMA</b> only. If M2 is specifically requested, it should be coded for an <b>AMA &amp; IWY</b> <b>Lab Note:</b> M2 is a Sendaways test	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO SRA / REF (for M2 Requests)	RPAH (for M2 request)



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Mitotic cells	CYF	Air dried smear		Slides and/or SurePath or Hanks vial				Room Temperature	CY	
Mixing Studies / Mixing Test	MXT	<b>Transport on Dry Ice or in Freezer Packs</b> ** Correct volume critical.	Plasma	2 x Citrate	2x2.7 Full Draw ** Volume critical **	2x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	CO	
MMA - Plasma	MMA	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	Lithium Heparin	8	8	Centrifuge& Separate Immediately	Freeze	SRA / REF	RBH
MMF	MPL	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Sendaways Note:</b> Test is performed at St Vincents once a week on <b>Wednesday ONLY</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	SRA / REF	SYP
MMR	MEA MUM RUB		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
MNS blood group	BGP	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	
Moca	MOC	<b>Collectors Note:</b> Sample must be an 'End-of-shift' random urine for testing  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	Yellow top jar	50	20	N/A	Refrigerate	YT / REF	WOR
MODY Gene Test	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	Mater Hospital Brisbane
Mog Ab	IWY		Serum	SST	4	2	Centrifuge	Refrigerate	SRA / REF	WCH
Mogadon	NTZ	Trough level is taken before next dose (within 1 hour)	Whole blood	Lithium Heparin	8	8	DO NOT Centrifuge	Refrigerate	SRA / REF	RPA
Molecular Karyotype	RAY	Collect Monday to Thursday only	Whole blood	1. Adult- 1x Pink EDTA  2. Child - Paed EDTA	1. 4  2. 1	1. 4  2. 1	DO NOT Centrifuge	Room Temperature	SRA / REF	QML
Molluscum contagioum PCR	IWY	<b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	Swab	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	QHF

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Molybdenum (Mo) - Plasma	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested.  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.  <b>** Non-Medicare Rebatable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS
Molybdenum (Mo) - Urine	QFX	Test is not available								
Molybdenum testing	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested.  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.  <b>** Non-Medicare Rebatable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS
Molybdenum level	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested.  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.  <b>** Non-Medicare Rebatable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS
Molybdenum plasma	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested.  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.  <b>** Non-Medicare Rebatable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Molybdenum blood	IWY	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested.  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.  <b>** Non-Medicare Rebatable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS
Monilia Abs	CAA	Candida assay will be run every Thursday	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Monkeypox	IWY	*Gel swabs are not accepted.  Collectors Note: Site determined by the doctor.  <b>Collectors cannot collect swabs from anal, rectal or genital sites. These body sites are Doctor Collected ONLY.</b> If possible, collect two swabs from distinct lesions and/or anatomical locations by vigorously rubbing the bottom of the legion to ensure you collect cellular material from the lesion base. Please refer to IS-CL-60 for collection procedure.	Swab	Molecular Viral Swab, Orange Flock, Green Top Viral swab or White top Dry	N/A	N/A	Swabs to be placed in a specimen bag, then in a second specimen bag	Room Temperature	SRA / REF	ICPMR
Monoclonal HB Stool	OCB	<b>** 3 Faeces specimen collections from 3 separate days.</b> Please give <u>different lab number</u> to each specimen. <b>Each specimen MUST also have a different date of collection and request form</b>  No special diet needed.  Occult Blood Collection Tubes (Green Kit), is the preferred collection. Tubes are ordered through stores: Mat Number: 689791	Faeces See Comment**	1. 3 x Occult Blood Collection Tubes Green Kit (Preferred) **See comment or 2. 3x Brown Top Jars (submitted)	1. 3x 10 grams  2. 3x 10 grams	1. 3x > 1 gram  2. 3x > 1 gram	N/A	Refrigerate all samples	MI	
Monomeric Prolactin	PRL		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Mononucleosis Serology	PB EBV		1. Serum and 2. Whole Blood	1. SST and 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge - SST  2. DO NOT Centrifuge	Refrigerate all tubes	1. AUTO 2. HA	
Monospot	PB		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Morbilli	MEA *See comment	<b>30 minutes restrictive entry into the ACC, post collection of a suspected infectious measles patient</b>  <b>Data Entry:</b> If requested for IgG and IgM or IgM Only, code MEA and MEM	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Morphine	DLI	AS4308 Chain of custody procedure to be followed if indicated as Drug Legal, code as DLI  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	AS 4308 Kit	3 x 10mL tubes	2 x 10mL tubes	N/A	Refrigerate	TX	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Morphine - Saliva	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	TX	
Motor End Plate Antibodies	ACR		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Mouth Swab	RES		Swab	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
MPL Mutation Detection test	ERM	Medicare Rebateable in the investigation of polycythaemia vera or essential thrombocythaemia  <b>**Non-Medicare Rebateable test</b>  1.Contact Genomic Diagnostics on 03 9918 2020 for the cost of this is test  2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
MPN	MPD	Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.otherwise a fee will apply which will be invoiced.  Any queries call Genomic Diagnostics on 1800 822 999.  <b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria. • Most patients will be Medicare eligible • The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid. • Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
MPN GENE PANEL	MPD	Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.otherwise a fee will apply which will be invoiced.  Any queries call Genomic Diagnostics on 1800 822 999.  <b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria. • Most patients will be Medicare eligible • The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid. • Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
MPN NGS	MPD	Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.otherwise a fee will apply which will be invoiced.  Any queries call Genomic Diagnostics on 1800 822 999.  <b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria. • Most patients will be Medicare eligible • The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid. • Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
MPO	MPO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
MPO - PR3	AAA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Mpox (Monkeypox)	IWY	*Gel swabs are not accepted.  Collectors Note: Site determined by the doctor.  <b>Collectors cannot collect swabs from anal, rectal or genital sites. These body sites are Doctor Collected ONLY.</b> If possible, collect two swabs from distinct lesions and/or anatomical locations by vigorously rubbing the bottom of the lesion to ensure you collect cellular material from the lesion base. Please refer to IS-CL-60 for collection procedure.	Swab	Molecular Viral Swab, Orange Flock, Green Top Viral swab or White top Dry	N/A	N/A	Swabs to be placed in a specimen bag, then in a second specimen bag	Room Temperature	<b>SRA / REF</b>	<b>ICPMR</b>
MRO Swab	PUS PUS RES		1. Axilla, Nostrils and 2. Perineal or 3. Faeces	1. Blue Top Swab and 2. Blue Top Swab or 3. Brown Top Jar	1. N/A 2. N/A 3. 10 grams	1. N/A 2. N/A 3. > 1 gram	N/A	Refrigerate all samples	<b>MI</b>	
MRSA	PUS	If site not specified collect : Axilla, Groin, Nose- both nostrils.	Swab	Blue Top Swab	N/A			Room Temperature		
MSH - Melanocyte Stimulating Hormone	QFX	<b>Test no longer available</b>								
MSU	UMC		Random Urine	Yellow top jar	50	20	N/A	Refrigerate	<b>YT</b>	
MTHFR - Blood	MTH	Medicare if clinical indication is for investigation of DVT or Pulmonary Embolism or a first degree relative who has a proven MTHFR mutation otherwise  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
MTHFR - Buccal Swab	QFX	<b>Test no longer available</b>								
Mucopolysaccharides	MUC	<b>Transport on Dry Ice or in Freezer Packs</b>	Random Urine	Yellow top jar	50	20	Freeze within 2hrs of collection	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Multiple Biochemical Analysis	=LFF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Multiple Myeloma screen	EPU UIF EPG IF FLC		1. Random Urine <b>and</b> 2. Serum	1. Yellow top jar <b>and</b> 2. SST	1. 50 <b>and</b> 2. 8.5	1. 20 <b>and</b> 2. 4	1. N/A <b>and</b> 2. Centrifuge	Refrigerate all samples	<b>1. YT</b> <b>2. SRA</b>	
Mumps Antigen / Mumps PCR	MMP	<b>**Non-Medicare Rebateable test</b> <b>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees</b> <b>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</b>	Throat	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QHF</b>
Mumps Virus Abs <b>(IgG and IgM)</b>	MUM MMM	<b>Data Entry Note:</b> If requested for IgG and IgM or IgM Only code MUM and MMM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Mumps Virus Abs <b>(IgG only)</b>	MUM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Murelax	IWY	Collect trough level within 1 hr of next dose. Note time since last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Murray Valley Encephalitis Virus Abs	MVV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Muscle enzymes	CK		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Muscle Specific Tyrosine Kinase Antibody	MSK	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>CON</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Muscular Dystrophy (X Gene probe)	MUD	<b>** Urgent Transport:</b> Must reach reference hospital within 24 hrs  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Room Temperature Urgent Transport **	<b>SRA / REF</b>	<b>POW</b>
Muscular Dystrophy Duchenne	IWY	<b>Turnaround time 4-6 weeks</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	3x EDTA	3x 4	3x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>POW</b>
MUSK	MSK	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>CON</b>
MVE	MVV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Myasthenia Gravis Investigation	MSK ACR	<b>1. Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum <b>and</b> 2. Serum	1. SST <b>and</b> 2. SST	1. 8.5  2. 8.5	1. 5  2. 5	Both Centrifuge & Separate	1. Freeze  2. Refrigerate	<b>SRA / REF</b>	<b>QML/ CON</b>
Mycobacteria Chimaera	IWY	Blood culture vials to be ordered from the Microbiology Laboratory (North Ryde) only. One vial per patient.  <b>Transport Urgent</b>	Whole blood	BD BACTEC Myco / F Lytic Culture vials	5	1	Shake gently to mix	2 -25 deg C in dry condition <b>out of direct light.</b>	<b>SRA / REF</b>	<b>ICPMR</b>
Mycobacteria - General Culture	AFB	1. Urine requirement: 3 early morning collections. 2. Sputum requirement from base of lungs obtained by deep cough is needed – <b>NOT SALIVA</b>	1. Urine <b>or</b> 2. Sputum <b>or</b> 3. Fluid <b>or</b> 4. Tissue <b>or</b> 5. CSF	1. Yellow Top Jar <b>or</b> 2. White Top Jar <b>or</b> 3. White Top Jar <b>or</b> 4. White Top Jar <b>or</b> 5. CSF Collection Tube-additive free (red top or aliquot tube)	20	10	N/A	1. Refrigerate  2. Refrigerate  3. Room Temperature  4. Room Temperature  5. Room Temperature	<b>1 YT or 2 &amp; 3. SRA or 4 &amp; 5. MI</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Mycobacteria- General Culture including Mycobacterium marinatum	AFB		1. Urine or 2. Sputum or 3. Fluid or 4.Tissue or 5. CSF	1. Yellow Top Jar or 2. White Top Jar or 3. White Top Jar or 4. White Top Jar or 5. CSF Collection Tube-additive free (red top or aliquot tube)	N/A	N/A	N/A	1. Refrigerate  2. Refrigerate  3. Room Temperature  4. Room Temperature  5. Room Temperature	1 YT or 2 & 3. SRA or 4 & 5. MI	
Mycobacterial Blood culture / Fungal Blood culture	IWY	Blood culture vials to be ordered from the Microbiology Laboratory (North Ryde) only. One vial per patient.  <b>Transport Urgent</b>	Whole blood	BD BACTEC Myco / F Lytic Culture vials	5	1	Shake gently to mix	2 -25 deg C in dry condition <b>out of direct light.</b>	SRA / REF	ICPMR
Mycobacterium species PCR	IWY	Lab Referral Includes M.avium	Sputum Urine Washing Tissue		N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
Mycobacterium Serology	QFX	<b>Test no longer available</b> ** Contact HOD / Microbiologist on 9005 7000 with Referring doctor's details for alternative test recommendations								
Mycobacterium Ulcerans	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Test also acceptable on:</b> Fresh Tissue Biopsy and Paraffin-Embedded Fixed Tissue sections. Any other sample type – Check with VIDRL	Swab	Dry Orange Top Swab	N/A	N/A	N/A	Refrigerate	SRA / REF	VIDRL
Mycophenolate	MPL	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Sendaways Note:</b> Test is performed at St Vincents once a week on <b>Wednesday ONLY</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	SRA / REF	SYP
Mycophenolate Acid	MPL	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Sendaways Note:</b> Test is performed at St Vincents once a week on <b>Wednesday ONLY</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	SRA / REF	SYP

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Mycoplasma Genitalium - PCR	MYU	<p><b>1 &amp; 3. Doctor collect</b></p> <p>1. Flocked swab is only used for cervical and urethral, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on <a href="http://www.laverty.com.au">www.laverty.com.au</a> for further information</p> <p>2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.</p> <p><b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA</p>	<p>1. Swab or</p> <p>2. Urine or</p> <p>3. Thinprep</p>	<p>1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or</p> <p>2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or</p> <p>3. ThinPrep</p>	<p>1. N/A</p> <p>2. 15-30</p> <p>3. N/A</p>	<p>1. N/A</p> <p>2. 4</p> <p>3. N/A</p>	<p>2. Refer to IS-CL-31</p>	Room Temperature	<p><b>1. MD or</b></p> <p><b>2. Green top Jar – SRA and cobas tube- MD or</b></p> <p><b>3. SRA</b></p>	
Mycoplasma Genitalium - PCR - Semen	IWY		Semen	White Topped Jar	N/A	0.5mL	N/A	Room Temperature	<b>SRA / REF</b>	<b>WDP</b>
Mycoplasma Hominis	QFX	This test is no longer available								
Mycoplasma pneumoniae Antibodies	MYC MYM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Mycoplasma Pneumoniae PCR	MPP		Naso pharyngeal Aspirate	Green Top Viral swab or White top Dry Swab or White Top Jar	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
MYD88 L265P Quantitative/Qualitative Genetic Testing	IWY	<p><b>**Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
MYD88 Somatic Gene Test	IWY	<p><b>**Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Myelin Antibodies	MYA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QE2</b>
Myelin Oligodendrocyte	IWY		Serum	SST	4	2	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Myeloid	MPD	<p>Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"> <li>• Most patients will be Medicare eligible</li> <li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li> <li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li> </ul> <p>Preferred request form “Haematology NGS Panel request” can be found on the Genomic Diagnostics website:  <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -&gt; For Practitioners -&gt; Request forms -&gt; Cancer Genetics Request form</p> <p>Any queries call Genomic Diagnostics on 1800 822 999</p>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Myeloid 62 gene panel (AML)	MPD	<p>Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"><li>• Most patients will be Medicare eligible</li><li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li><li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li></ul> <p>Preferred request form “Haematology NGS Panel request“ can be found on the Genomic Diagnostics website: <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -&gt; For Practitioners -&gt; Request forms -&gt; Cancer Genetics Request form</p> <p>Any queries call Genomic Diagnostics on 1800 822 999</p>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Myeloid gene panel (AML)	MPD	<p>Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"><li>• Most patients will be Medicare eligible</li><li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li><li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li></ul> <p>Preferred request form “Haematology NGS Panel request“ can be found on the Genomic Diagnostics website: <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -&gt; For Practitioners -&gt; Request forms -&gt; Cancer Genetics Request form</p> <p>Any queries call Genomic Diagnostics on 1800 822 999</p>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Myeloid NGS	MPD	<p>Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"><li>• Most patients will be Medicare eligible</li><li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li><li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li></ul> <p>Preferred request form “Haematology NGS Panel request“ can be found on the Genomic Diagnostics website: <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -&gt; For Practitioners -&gt; Request forms -&gt; Cancer Genetics Request form</p> <p>Any queries call Genomic Diagnostics on 1800 822 999</p>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Myeloid Malignancy Panel	MPD	<p>Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"><li>• Most patients will be Medicare eligible</li><li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li><li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li></ul> <p>Preferred request form “Haematology NGS Panel request“ can be found on the Genomic Diagnostics website: <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -&gt; For Practitioners -&gt; Request forms -&gt; Cancer Genetics Request form</p> <p>Any queries call Genomic Diagnostics on 1800 822 999</p>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD

Lavery Pathology		COR-5 Lavery Pathology A-Z Test Guide v9.0 Website Version								
Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Myeloproliferative Disease	MPD	<p>Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.otherwise a fee will apply which will be invoiced.</p> <p>Any queries call Genomic Diagnostics on 1800 822 999.</p> <p><b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"><li>• Most patients will be Medicare eligible</li><li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li><li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li></ul>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Myeloproliferative Gene Panel	MPD	<p>Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.otherwise a fee will apply which will be invoiced.</p> <p>Any queries call Genomic Diagnostics on 1800 822 999.</p> <p><b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"><li>• Most patients will be Medicare eligible</li><li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li><li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li></ul>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Myeloproliferative neoplasm gene panel (MPN)	MPD	<p>Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.otherwise a fee will apply which will be invoiced.</p> <p>Any queries call Genomic Diagnostics on 1800 822 999.</p> <p><b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"><li>• Most patients will be Medicare eligible</li><li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li><li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.</li></ul>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Myocardial Abs (Heart / Cardiac)	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RPAH
Myoglobin - Serum	SMY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Myoglobin - Urine	MYO	<b>Collectors Note: Do NOT collect Friday, Saturday and Sunday</b>  <b>** <u>Dedicated sample (Yellow top jar) required.</u></b>  <b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>Lab Note only:</b> pH to be adjusted to 8-9 (by adding 10% Na2CO3) within 24 hours post collection prior to sending to RBH  <b>Regional Lab:</b> Send urgently to North Ryde, mark Yellow Top with "MYO-PH adjustment"  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar ** <b>Dedicated</b>	70	70	N/A	Refrigerate	<b>YT / REF</b>	<b>RBH</b>
Myositis Line Blot	MLB		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Myotonic Dystrophy	MYD	Lab Note: Antenatal diagnosis and southern blot analysis- DNA CONTACT LAB 2 WEEKS BEFORE DESPATCH CVS - Chorionic Villus Sample. 15 mL EDTA blood from both parents also required Dr Collect	Chorionic Villus					Room Temperature	<b>SRA / REF</b>	<b>CON</b>
Myotonic Dystrophy ( Southern blot analysis) Genotyping : DNA	MYG	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>CON</b>
Myriad Counsyl Foresight Carrier Screen	CFC	<b>Collector's note: "Myriad - Foresight Carrier Screen - Test Request Form" is required.</b>  <b>** Non-Medicare Rebateable test</b> 1. Ask Patient to provide the receipt number of the payment required, this is to be recorded on the request form 2. If payment hasn't been made and patient agrees with payment, visit website at www.gdpay.com.au or call Genomics Diagnostice, 1800822999, to arrange payment.  <b>DO NOT TURN PATIENT AWAY</b> <b>Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15)</b>  <b>Please note:</b> This test is <b><u>NOT</u></b> the Genetic Carrier Sceen	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Mysoline	MYL	Turn around time- 5 working days	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>S &amp; N</b>
N Terminal Procollagen Peptide	P1N	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	
N1NP	P1N	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	
Na (Sodium) - Serum	NA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Na (Sodium) - Urine	UNA		1. Random Urine or 2. 24hr Urine	1. Yellow topped jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	<b>1. YT</b>  <b>2. SRA</b>	
NA / DHPG Ratio	IWY	<b>Lab Note:</b> Acid added in SRA and Freeze upon receipt in SRA	24hr Urine	4Lt Urine Bottle (Plain)	> 200	<50	N/A	Refrigerate	<b>SRA / REF</b>	<b>DTP</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
NAAT (Nucleic Acid Amplification Test) - for Chlamydia and Gonorrhoea	CPC	Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests  1 & 3. <b>Doctor collect</b> 1. Flocked swab is only used for cervical, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on www.laverty.com.au for further information  2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.  <b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA	1. Swab or 2. Urine or 3. Thinprep	1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or 3. ThinPrep	1. N/A 2. 15-30 3. N/A	1. N/A 2. 4 3. N/A	2. Refer to IS-CL-31	Room Temperature	1. MD or 2. Green top Jar – SRA and cobas tube- MD or 3. SRA	
NADIR	FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Nail Scraping / Clippings	FUN	<b>Please Do NOT collect SWABS</b>  <b>Collector's Note:</b> Refer to COR-13 Section 14 Collection Procedures	Nail Clippings	White top jar	N/A	N/A	N/A	Room Temperature	MI	
Nanobacter serology	QFX	<b>Test no longer available</b> ** Contact HOD / Microbiologist on 9005 7000 with Referring doctor's details for alternative test recommendations								
NAP	QFX	<b>Test no longer available.</b> <b>Alternative test - JAK 2</b>								
Narcolepsy Genotyping	IWY *See Comment	**Sendaways Note: If requested on an AUSTRALIAN RED CROSS BLOOD SERVICE request form then sample has to be sent to the RED CROSS and coded CP	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	SRA / REF	JHH *See comment
Narcolepsy Genotyping (Red Cross Referral only)	CP * See comment	**Sendaways Note: This is for AUSTRALIAN RED CROSS BLOOD SERVICE request forms only. All other requests are sent to JHH and coded IWY.	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	SRA / REF	Red Cross *See comment
Nasal Cytogram for Eosinophils	CYF	Doctor collect or Trained Collection Staff  <b>Slides should be air-dried</b>	Eye / Nose/ Mouth	Smear on slide	N/A	N/A	N/A	Room Temperature		
Nasal Fluid -identification to exclude CSF	TB2	<b>Transport on Dry Ice or in Freezer Packs</b> ** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway- "ATTENTION SENDAWAYS" <b>Dr Collect</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Nasal Fluid	White Top Jar	N/A	N/A	N/A	Freeze Transport to lab as "Critical Urgent"	SRA / REF	SYP
Nasal Swab - MCS	RES		Nose	Blue Top Swab	N/A	N/A	N/A	Room Temperature		
Nasopharyngeal Aspirate for PCR	BPP		Naso pharyngeal aspirate	White Top Jar			N/A	Room Temperature	MD	
N-Desmethyl Diazepam	QFX	<b>No Known Lab in Australia Currently Performing this Assay</b>								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
NBOMes - Urine	BIO	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal  ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x 10mL tubes	1. 20 or 2. 2x 10mL tubes	N/A	Refrigerate	TX	
NCC	NCC	Not for Pap Test Register		PAP/HPV						
NMDA Receptor Ab (Anti NMDA Receptore Ab)	NDM	<b>If requested specifically</b>  <b>2. CSF - Dr Collect</b>  ***Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum or 2. CSF	1. SST or 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	SRA / REF	RBH
NEFA	FA	<b>Transport on Dry Ice or in Freezer Packs</b> Patient must fast 12 hours (Only water and prescribed tablets are allowed)	Plasma	EDTA	4	2	Centrifuge & Separate	Freeze	SRA / REF	RPA
Neoral C2	C2C or CYC *See comment	<b>Collection Note:</b> <b>Cyclosporin A (CyA) peak /C2:</b> Peak level 2 hours post dose (If cyclosporin request does not state peak or trough, default test should be trough)  <b>Cyclosporin A (CyA) trough:</b> Trough level 12 hours post dose (If cyclosporin request does not state peak or trough, default test should be trough)  <b>Date and time of last dose must be noted on request form.</b>  <b>For regional areas-</b> sample must be batched directly to serology  <b>Data Entry Note:</b> C2C = Cyclosporin A (CyA) peak / C2 CYC = Cyclosporin A (CyA) trough	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	HA	
Nephrogenous Cyclic AMP- Blood / Urine	QFX	** Contact HOD / Microbiologist on 9005 7000 with Referring doctor's details for alternative test recommendations								
Neural Tube Defect Screen	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> 14 weeks LMP	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA	
Neuroblastoma VMA screen	VCA	<b>Transport on Dry Ice or in Freezer Packs</b> Children only	Random Urine	Yellow Top Jar	50	20	N/A	Freeze	SRA / REF	WCH
Neuro Immunology Profile- Integrative Health Request	=NIP	<b>Collect for the three (3) tests listed below</b> 24hr Urine Catecholamines, 24hr Urine Metanephrynes 24hr Urine 5HIAA  <b>*See comments prior to collection</b> 1. Acid Added <b>after</b> collection in SRA 2. Acid to be added <b>prior</b> to collection. Contact Collections Advisor for bottle with acid  <b>Integrative Health Request-</b> Please phone 02 9005 7090 for pricing or enquiries. Requires B-point payment prior and recorded receipt number on request form.	1. 24hr Urine (plain) and 2. 24hr Urine (acid added)  *See Comment	1. 4Lt Urine Bottle (plain) and 2. 4Lt Urine Bottle (Acid added)  *See Comment	Both Samples >200	Both Samples 100	N/A	Both Samples Refrigerate	SRA	
Neuromyelitis Optica Abs	NMO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Neuronal Antibodies	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Neurone Specific Enolase	NSE	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	SHS
Neurontin	GAB	Trough level is collected before next dose (within 1 hour).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Neutralising Abs to Interferon	QFX	This test is no longer available.								
Neutrophil (Cytoplasmic) Antibody	LAA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Neutrophil Alkaline Phosphatase	QFX	Test no longer available. Alternative test - JAK 2								
Neutrophil Count	WBC	Part of FBC	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Neutrophil Function Test	QFX	Done on Thursdays only through Children's Hospital Westmead, Contact Ph: 02 98453323 to make a booking. Requesting doctor needs to speak to specialist on 9845 3690 before test is done.								
NGS Studies	MPD	Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria. • Most patients will be Medicare eligible • The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid. • Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.  Preferred request form “Haematology NGS Panel request“ can be found on the Genomic Diagnostics website: <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -> For Practitioners -> Request forms -> Cancer Genetics Request form  Any queries call Genomic Diagnostics on 1800 822 999	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
NH3	AMM	Transport on Dry Ice or in Freezer Packs	Plasma	EDTA	4	2	Centrifuge & Separate	Freeze	SRA / REF	RPA
Niacin	VB3	Contact Collections Advisor for 4 litre Bottle with added acid	24 hr Urine	4Lt Urine Bottle (acid added)	>200	<100	N/A	Refrigerate	SRA / REF	RPA
Nickel - urine	UNI	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Nickel - blood	IWY	High concentrations of <b>Gadolinium</b> , <b>Iodine</b> and <b>Barium</b> are known to interfere with most metals tests. ** If either Gadolinium, Iodine or Barium containing contrast media has been administrated, a specimen should not be collected for 96 hours.  <b>NOTE: Urine is the preferred sample to monitor occupational exposure.</b>  <b>Lab Note:</b> for <u>Add-On Test Only</u> , Purple Top K2 -edta accepted	Whole Blood	1. Trace Element K2 EDTA Tube or 2. Purple Top EDTA Tube	6	6	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS
Nicotine - serum	COT	** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	AUTO	
Nicotine - urine	UCT	** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Nicotinic Acid - 24HR	NTA		24hr Urine	4Lt Urine Bottle	> 200	100	N/A	Refrigerate	SRA / REF	RPA

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
NIPT	NIP (‘Generation’) or NAA (Generation 46) or NPX (‘Generation Plus’ for the microdeletion option)	<p>** Streck Tube kit to be organised via the special tubes orders process using FRM-CL-76</p> <p><b>Note:</b> Generation Plus test isn’t available for twin pregnancies or for cases of a demised twin pregnancy</p> <p><b>Collector’s note:</b> <b>Standard NIPT – Generation:</b></p> <ul style="list-style-type: none"><li>• Can be collected Monday - Sunday</li><li>• Turnaround time: up to 5 working business days on receipt at the Genomic Diagnostics laboratory</li></ul> <p><b>Generation 46:</b></p> <ul style="list-style-type: none"><li>• Can be collected Monday - Sunday</li><li>• Turnaround time: up to 5 working business days on receipt at the Genomic Diagnostics laboratory</li></ul> <p><b>Generation Plus Test</b></p> <ul style="list-style-type: none"><li>• Genomic Diagnostics require two Streck tubes to be collected</li><li>• <b><u>Collect MONDAY ONLY</u></b></li><li>• Turnaround time – up to 14 working business days.</li></ul> <p><b>** Non-Medicare Rebateable test</b></p> <p>Notify patient, testing will not proceed until payment is made Patient prepayment required, please direct the patients to pay online via <a href="http://www.generationnipt.com.au">www.generationnipt.com.au</a> For any payment issues, call Genomic Diagnostics on 1800 822 999</p>	Plasma	Streck Tube  Generation Plus test – 2 x Streck tubes required **See Comments	10 ml Generation Plus – 2 x 10mL	10 ml Generation Plus – 2 x 10mL	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Nitrazepam - Non industry	NTZ	Trough level is taken before next dose (within 1 hour)	Whole blood	Lithium Heparin	8	8	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Nitrazepam - Industry	NTI		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Nitroblue Tetrazolium	QFX	<p><b>This test cannot be performed by Laverty Pathology. The patient is to be referred to Westmead Children's Hospital. Contact (02) 9845 3323 to book in the test.</b></p> <p><b>This test is only collected on Thursday mornings from 8:30am and will need to be booked in advance.</b></p> <p>.</p>								
NK Cells	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b>  2. EDTA	1. 6 and 2. 4	1. 6 <b>*See comment and</b> 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	<b>FLO</b>	
NMO Abs	NMO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Nocardia	PUS		Pus	1. Blue Top Swab <b>or</b> 2. White Top Jar	N/A	N/A	N/A	Room Temperature	<b>1 &amp; 2 MI</b>	
Non-Esterified Fatty Acids	FA	<b>Transport on Dry Ice or in Freezer Packs</b> Patient must fast 12 hours (Only water and prescribed tablets are allowed)	Plasma	EDTA	4	2	Centrifuge & Separate	Freeze	SRA / REF	RPA



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Non-invasive Prenatal Aneuploidy Testing	NIP ('Generation') or NAA (Generation 46) or NPX ('Generation Plus' for the microdeletion option)	<p>** Streck Tube kit to be organised via the special tubes orders process using FRM-CL-76</p> <p><b>Note:</b> Generation Plus test isn't available for twin pregnancies or for cases of a demised twin pregnancy</p> <p><b>Collector's note:</b> <b>Standard NIPT – Generation:</b></p> <ul style="list-style-type: none"><li>• Can be collected Monday - Sunday</li><li>• Turnaround time: up to 5 working business days on receipt at the Genomic Diagnostics laboratory</li></ul> <p><b>Generation 46:</b></p> <ul style="list-style-type: none"><li>• Can be collected Monday - Sunday</li><li>• Turnaround time: up to 5 working business days on receipt at the Genomic Diagnostics laboratory</li></ul> <p><b>Generation Plus Test</b></p> <ul style="list-style-type: none"><li>• Genomic Diagnostics require two Streck tubes to be collected</li><li>• <b>Collect MONDAY ONLY</b></li><li>• Turnaround time – up to 14 working business days.</li></ul> <p><b>** Non-Medicare Rebateable test</b></p> <p>Notify patient, testing will not proceed until payment is made Patient prepayment required, please direct the patients to pay online via <a href="http://www.generationnipt.com.au">www.generationnipt.com.au</a> For any payment issues, call Genomic Diagnostics on 1800 822 999</p>	Plasma	Streck Tube  Generation Plus test – 2 x Streck tubes required <b>**See Comments</b>	10 ml Generation Plus – 2 x 10mL	10 ml Generation Plus – 2 x 10mL	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Norclozapine	CZP	Collect trough level immediately before next dose. Note medication details including time of last dose and dosage.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Noradrenaline- Plasma	QFX	Test is no longer available at Laverty Pathology Alternate test: Plasma Metanephries.  For any queries, contact the Chemical Pathologist on call on 90057000.								
Noradrenaline Urine Adult	CAT	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Noradrenaline Urine child	CTC		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Nordiazepam	QFX	<b>No Known Lab in Australia Currently Performing this Assay</b>								
Nordothiepin	NDP	Collect immediately prior to next dose. Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Nordoxepin	DOX	Collect immediately prior to next dose. Provide medication details, including time and date of last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Normalised Androgen Ratio (NAR)	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Normetanephries - adult urine	MTA	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Normetanephries - child urine	CTC		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Normetanephries - Plasma	FMT		Plasma	EDTA Plasma	4	3	Centrifuge & Separate ASAP	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Normison	TEM	Trough 1hr pre next dose.	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RPA</b>
Noro Virus	NLV		Faeces	Brown Top Jar	10 grams	> 1 gram		Refrigerate	<b>MI</b>	
Nortriptyline	NTR	Collect trough level within 1 hr of next dose.	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Norwalk Virus	NLV		Faeces	Brown Top Jar	10 grams	> 1 gram		Refrigerate	<b>MI</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Nose Swab	RES		Nose	Blue Top Swab	N/A	N/A	N/A	Room Temperature		
Nose Swab - Eosinophils	CYF	Doctor collect or Trained Collection Staff  <b>Slides should be air-dried</b>	Eye / Nose/ Mouth	Smear on slide	N/A	N/A	N/A	Room Temperature		
Notch 3 Gene Notch 3 Cadasil	IWY	<b>Phone Sendaways for price requirements</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	3x EDTA	3x 4	3x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPH</b>
NRNP	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
NSE	NSE	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SHS</b>
<b>NSU (Non-Specific Urethritis)</b>	GMC CPC UMC	<b>Confirm tests with doctor</b>  <b>Collect for Tests 1 to 3 below</b> <b>1. Gonorrhoea M, C, S</b> <b>2. Chlamydia &amp; Gonorrhoea PCR</b> <b>3. Urine M C&amp;S</b>  2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.  <b>**Collector’s note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA	1. Swab and 2. Urine and 3. Random Urine	1. Blue Top Swab and 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment and</b> 3. Yellow Top Jar	1. N/A 2. 15-30 3. 50	1. N/A 2. 4 3. 20	2. Refer to IS-CL-31	1. Room Temperature  2. Room Temperature  3. Refrigerate	<b>1. MI</b>  <b>and</b>  <b>2. Green top Jar – SRA, cobas tube-MD</b>  <b>and</b>  <b>3. YT</b>	
<b>NT-ProBNP</b>	BNP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RBH</b>
NTS	FTS	<b>***THIS IS NOT FOR PREGNANCY TEST (BHCG)***</b>  <b>Transport on Dry Ice or in Freezer Packs</b>  <b><u>** Dedicated tube (SST) required</u></b>  Patient to be 9 -13 weeks gestation. Medicare Rebateable. PLEASE NOTE THAT IF THE DOCTORS REQUEST DOES NOT MARRY UP WITH THE GESTATIONAL AGE [e.g. TRIPLE TEST (AFP/UE3/hCG) REQUESTED BEFORE 14 WEEKS OR FTS (FREE-Beta-HCG / PAPP-A) REQUESTED AFTER 14 WEEKS)] THEN ORDER AN FTS AND LEAVE THE TROUBLESHOOTING TO BE DONE BY THE SPECIAL CHEMISTRY LAB. THIS IS SO THAT THE SAMPLE CAN BE FROZEN AND THE CORRECT TEST ARRANGED AT A LATER STAGE WITHOUT THE TIME-SENSITIVE SAMPLES BEING LOST. WHEN IN DOUBT – PLEASE ASK....  Data Entry Note: If the FTS panel is entered there is no need to code AFP	Serum	SST <b>** Dedicated</b>	8.5	5	Centrifuge and Freeze whole tube after centrifuging.	Freeze	<b>SRA</b>	
NTX or N - Telopeptide	TEL	<b>Transport on Dry Ice or in Freezer Packs</b>	Second void urine	Yellow Top Jar	50	20	N/A	Freeze	<b>SRA / REF</b>	<b>RPA</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Nuchal Translucency	FTS	<p>***THIS IS NOT FOR PREGNANCY TEST (BHCG)***</p> <p>Transport on Dry Ice or in Freezer Packs</p> <p><b>** Dedicated tube (SST) required</b></p> <p>Patient to be 9 -13 weeks gestation. Medicare Rebateable. PLEASE NOTE THAT IF THE DOCTORS REQUEST DOES NOT MARRY UP WITH THE GESTATIONAL AGE [e.g. TRIPLE TEST (AFP/UE3/hCG) REQUESTED BEFORE 14 WEEKS OR FTS (FREE-Beta-HCG / PAPP-A) REQUESTED AFTER 14 WEEKS]] THEN ORDER AN FTS AND LEAVE THE TROUBLESHOOTING TO BE DONE BY THE SPECIAL CHEMISTRY LAB. THIS IS SO THAT THE SAMPLE CAN BE FROZEN AND THE CORRECT TEST ARRANGED AT A LATER STAGE WITHOUT THE TIME-SENSITIVE SAMPLES BEING LOST. WHEN IN DOUBT – PLEASE ASK....</p> <p>Data Entry Note: If the FTS panel is entered there is no need to code AFP</p>	Serum	SST ** Dedicated	8.5	5	Centrifuge and Freeze whole tube after centrifuging.	Freeze	SRA	
Nucleocapsid Covid IgG (Also known as: Nucleocapsid IgG, N-Protein)	NSG *See Comment	* Data Entry Note: Use Code NSQ for routine COVID IgG requests.	Serum	SST ** Dedicated	8.5	5	Centrifuge	Refrigerate	AUTO	
Nutritional and Metal Toxicity Profile - Integrative Health Request	=MTP	<p><b>Collect for the ten tests listed below</b></p> <p>1. Serum Caeruloplasmin, Serum Copper, Plasma Selenium, Plasma Zinc, Blood Lead, Blood Chromium, Blood Mercury, Blood Manganese</p> <p>2. Urine Arsenic 3. Urinary Iodine</p> <p><b>**See comments prior to collection</b></p> <p><b>For Trace Element/Metals Bloods and Urine collects:</b></p> <p>1. Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested</p> <p>Both Primary Tube and Aliquot to be sent to special chemistry - place both samples in bag/container marked as "Special Chemistry - Metals Area". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, ect.</p> <p><b>Urines:</b></p> <p>To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.</p> <p>3.Urinary Iodine: URINE IS THE PREFFERED SAMPLE TO MONITOR IODINE DEFICIENCY.</p> <p><b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.</p>	1. Serum <b>and</b> 2. Serum <b>and</b> 3. Plasma <b>and</b> 4. Whole Blood <b>and</b> 5. Random urine <b>or</b> 24hr Urine <b>and</b> 6. Random Urine <b>or</b> 24hr Urine	1. SST <b>and</b> 2. Plain Clot <b>and</b> 3. Trace Element Tube <b>and</b> 4. Trace Element Tube - preferred <b>or</b> Purple EDTA - acceptable <b>and</b> 5. Yellow top jar <b>or</b> 4Lt Urine Bottle (Plain) <b>and</b> 6. Yellow top jar <b>or</b>	1. 8.5 <b>and</b> 2. 8.5 <b>and</b> 3. 6 <b>and</b> 4. 6 <b>and</b> 5. 50 or > 199 <b>and</b> 6. 50 or > 200	1. 5 <b>and</b> 2. 5 <b>and</b> 3. 6 <b>and</b> 4. 6 <b>and</b> 5. 20 or 99 <b>and</b> 6. 20 or 100	1. Centrifuge 2. Centrifuge & Separate 3. Centrifuge and Separate 4. DO NOT Centrifuge 5. N/A 6. N/A	1. Refrigerate 2. Refrigerate 3. Refrigerate 4. Refrigerate 5. Refrigerate both samples 6. Refrigerate both samples	1. Auto 2. SC 3. SC 4. SC 5. YT or SRA 6. YT or SRA	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Obesity Profile (Fasting) - Integrative Health Request	=OP	<b>Collect for the three (3) tests listed below</b> Interleukin-6, MTHFR, HOMA Index (1 x Fasting Glucose and 3 x Fasting Insulin)  <b>*See the following comments prior to collection</b> <b>1. **Transport on Dry Ice or in Freezer Packs</b> <b>3. ** 3 x Fasting Insulin</b> - 3 x SST samples at 10 mins, 5 mins and 0 mins. HOMA Index = [mean of 3 fasting insulins x fasting glucose ( at 0 mins) divided by 22.5. RE: "RCPA Commonsense Pathology Series. Dr. Warren Kidson FRACP. Dec 2001"  <b>4.*** 1 x Fasting Glucose</b> - collected at 0 minutes  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Serum and 2. Whole Blood and 3. Serum and 4. Whole Blood	1. SST and 2. Pink EDTA and 3. 3 x SST <b>**See Comment and</b> 4. 1 x Fluoride Oxalate <b>***See Comment</b>	1. 8.5 2. 6 3. 3 x 8.5 4. 4	1. 1.5 2.6 2. 3 x 5 3. 2	1. Centrifuge & Separate  2. <b>DO NOT</b> Centrifuge  2. Centrifuge  3. <b>DO NOT</b> Centrifuge	1. Freeze <b>**See comment</b>  2. Refrigerate  3. Refrigerate all tubes  4. Refrigerate all tubes	AUTO	
OCB	EPC	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.	1. CSF and 2. Serum	1. CSF Collection Tube-additive free (red top or aliquot tube) and 2. SST	1. 1.0 and 2. 8.5	1. < 0.5 and 2. 5	1. N/A and 2. Centrifuge	1. Room Temperature and 2. Refrigerate	SRA / REF	LIV
Occult Blood	OCB	<b>** 3 Faeces specimen collections from 3 separate days.</b> Please give <u>different lab number</u> to each specimen. <b>Each specimen MUST also have a different date of collection and request form</b>  No special diet needed.  Occult Blood Collection Tubes (Green Kit), is the preferred collection. Tubes are ordered through stores: Mat Number: 689791	Faeces <b>See Comment**</b>	1. 3 x Occult Blood Collection Tubes Green Kit (Preferred) <b>**See comment or</b> 2. 3x Brown Top Jars (submitted)	1. 3x 10 grams 2. 3x 10 grams	1. 3x > 1 gram 2. 3x > 1 gram	N/A	Refrigerate all samples	MI	
Occupational Exposure to Chemicals	OEC	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine and 2. Whole Blood	1.Yellow Top Jar and 2. Lithium Heparin	1. 20 and 2. 8	1. 10 and 2. 5	1. N/A and 2. DO NOT Centrifuge	Refrigerate both samples	1. YT / REF 2 SRA / REF	WOR
Occupational Exposure to Weedicides, Pesticides & Herbicides	PEO	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine and 2. Whole blood	1. Yellow Top Jar and 2. Lithium heparin	1. 20 and 2. 8	1. 10 and 2. 5	1. N/A and 2. DO NOT Centrifuge	Refrigerate all samples	1. YT / REF 2. SRA / REF	WOR
Oesophageal Cytology	CYF			Slide+/- white top Jar +/- Surepath vial				Refrigerate	CY	
Oestradiol	E2		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Oestriol - In Pregnancy	DNS	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Lab Note:</b> E3 not available on its own Dr must request Downs Screen.	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	QML
Oestrogen	E2		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Oestrogen Metabolites Urinary 2,12	IWY	<b>The patient must order the special kits by contacting Nutripath on 03 9880 2900</b>	Urine	Special Urine Kit				Refrigerate	SRA / REF	DTP



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Oestrone	QFX	<b>Test available via NutriPath - contact Sendaways for further details - 9005 7210</b>							<b>SRA / REF</b>	
OH Progesterone (17OH)	17H	Transport on Dry Ice or in Freezer Packs	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>POW</b>
OH Proline - urine collection	DPD	** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	<b>YT</b>	
Olanzapine	OLZ	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>GRI</b>
Oligoclonal Bands	EPC	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.	1. CSF <b>and</b> 2. Serum	1. CSF Collection Tube-additive free (red top or aliquot tube) <b>and</b> 2. SST	1. 1.0 and 2. 8.5	1. < 0.5 and 2. 5	1. N/A and 2. Centrifuge	1. Room Temperature  and 2. Refrigerate	<b>SRA / REF</b>	<b>LIV</b>
Oligoclonal Bands - CSF	EPC	Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.	1. CSF <b>and</b> 2. Serum	1. CSF Collection Tube-additive free (red top or aliquot tube) <b>and</b> 2. SST	1. 1.0 and 2. 8.5	1. < 0.5 and 2. 5	1. N/A and 2. Centrifuge	1. Room Temperature  and 2. Refrigerate	<b>SRA / REF</b>	<b>LIV</b>
Omega 3 and 6 Essential Fatty Acids	ESF	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze within 2 hours of collection	<b>SRA / REF</b>	<b>Mater Hospital Brisbane</b>
Omega 5 Gliadin	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).n	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Omni inhalant screen	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Opiates (Screen) - chain of custody	UDS or DLI <b>**See Comment</b>	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note:</b> <b>UDS</b> = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit <b>*See Comment</b>	1. 50 or 2. 3x10ml tubes	1. 20 or 2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT or 2. TX</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Opiates - Blood	QFX	<b>Test no longer available</b> Urine Drug Screens recommended or contact the Toxicology department 90057241								
Oral Fluid Drugs of Abuse Confirmatory testing	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	<b>TX</b>	
Oral Fluid Drugs of Abuse Onsite Screening	OFT	<b>Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the on-site screening devices.	Saliva	Toxwipe 7 - Instant Oral Fluid Device	N/A	N/A	N/A	N/A	<b>TX</b>	
Orbit Swab - M, C & S	RES		Eye Socket	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Orf Virus - PCR	IWY		Blister Fluid	White Top Jar	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>ICPMR</b>
OrfVirus PCR	ORF	*Performed on all samples, Site determined by doctor. Site to be indicated on form.  Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.  <b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	*Swab See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QHF</b>
Organic Acids - urine	ORG	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	20	N/A	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Organo Carbamates Organo Phosphates OrganoPhosphates Insecticides/Cholinesterase	RCE	<b>** <u>Dedicated tube (EDTA) required</u></b>  Assayed fortnightly on Fridays. A history of organophosphate (pesticide) exposure must be sought and recorded on the request form. Lab Contact Ph: 02 9515 8279.	Whole Blood	EDTA ** <b>Dedicated</b>	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Organophosphates screen	CPF	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Organo Chlorides Pesticide	PEO	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine <b>and</b>  2. Whole blood	1. Yellow Top Jar <b>and</b>  2. Lithium heparin	1. 20 <b>and</b> 2. 8	1. 10 <b>and</b> 2. 5	1. N/A and 2. DO NOT Centrifuge	Refrigerate all samples	<b>1. YT / REF</b> <b>2. SRA / REF</b>	<b>WOR</b>
Ornithine - Urine	AAS	<b>Transport on Dry Ice or in Freezer Packs</b>	Random Urine	Yellow Top Jar	50	10	Freeze within 2 hrs of collection	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Ornithine - Blood	ORB	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Lith Heparin	8	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>WCH</b>
Ornithosis	AVP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Osmolality - Serum	OSM	<b>** Urgent Request- Place specimen in RED BAG and transport with the earliest courier.</b>	Serum	SST	8.5	5	Centrifuge	Refrigerate Transport ASAP **	<b>AUTO</b>	
Osmolality - urine	UOS	<b>** Urgent Request- Place specimen in RED BAG and transport with the earliest courier.</b> Collectors - A Random Urine is all that is required, although it can be done on 24 hour samples if requested	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50  2 > 200	1. 20  2. 100	N/A	Refrigerate both samples	<b>1. YT</b>  <b>2. SRA</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Osmolality - Stool	IWY	Only performed on Liquid samples. Formed samples are rejected	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	SRA / REF	RNS
Ospolot	SUL	Collect sample a minimum of 8 hours after the last dose or immediately prior to the next dose. Provide medication detail including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge AND Separate	Refrigerate	SRA / REF	QML
Ostase (Pagets Disease)	OSE	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	QML
Osteocalcin	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Sendaways Note:</b> Frozen samples should remain frozen in transit to the referred laboratory  Assay is performed on Monday  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	4	Centrifuge and Separate	Freeze	SRA / REF	RNS
Osteoporosis Screen	DPD DVI CA	<b>1. ** Place barcode on the outside of the foiled jar.</b> A random early morning urine specimen is preferred.	1. Random Urine <b>and</b> 2. Serum	1. Yellow top jar <b>and</b> 2. SST	1. 50 <b>and</b> 2 8.5	1. 20 <b>and</b> 2. 5	1. Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment and</b> 2. Centrifuge	Refrigerate both samples	<b>1. YT and 2. AUTO</b>	
Ova Cysts Parasites	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Ovalbumin	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Ovarian Abs	OVA		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Ovarian Cancer Marker	125		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Ovarian Hormones	FSH LH E2 PGS	Test clarification required from doctor	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Ovomucoid (egg allergy)	RAS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Oxalate - urine	UOX	Contact collections advisor for bottle with acid added	24hr Urine	4Lt Urine Bottle (Acid Added )	> 200	100	N/A	Refrigerate	SRA / REF	RPA
Oxaloacetic Transaminase	AST		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Oxazepam	IWY	Collect trough level within 1 hr of next dose. Note time since last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Oxcarbazepine (Trileptal)	OXC		Plasma	Lithium heparin tube (NO SST)	5	2	Centrifuge and Separate	Refrigerate	SRA / REF	SNP

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Oxosteroid 17-OH steroids	QFX	** Discontinued test. Please ring Chemical Pathologist on 9005 7605 if this test is requested on the form. **								
Oxosteroid 17-OH steroids, Specialist requesting	IWY		24hr Urine	4Lt Urine Bottle (Plain)	> 200	100	N/A	Refrigerate	SRA / REF	DTP
Oxycodone - Urine	1. OXY or 2. OXL  **DE See comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal  <b>**Data Entry note:</b> Code for Drug legal test as OXL  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x 10mL tubes	1. 20 or 2. 2x 10mL tubes	N/A	Refrigerate	TX	
Oxypurinol	EXP	Collect Sample 6-9hrs post dose. Provide medication details including time and date of last dose.	Plasma	EDTA	4	2	Centrifuge & Separate - within 4 hours of collection	Refrigerate	SRA / REF	SYP
Oxytocin	QFX	<b>Test no longer available</b>								
P 24 Antigen	HIR		Serum	2x SST	2x 8.5	2x 5	Centrifuge	Refrigerate	AUTO	
P and C ANCA	LAA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
P. Falciparum	MP	** Indicate MP clearly on EDTA tube and bag separately. Send in as urgent and mark bag - "ATTENTION: Haematology Supervisor"	Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	HA	
P1NP	P1N	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA	
P3NP	P3N	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>**Non-Medicare Rebateable Test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) “Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	S & N
P2 PSA	PHI	Performed every 2 weeks at QML pathology.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
P4	PGS		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Pagets Screen	OSE	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	QML
PAH	PAH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Palate Swab - M, C & S	RES		Palate	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
PALB or Pre Albumin	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SYP	SYP
Palladium	IWY	Please contact Sendaways, 0290057210, for the test requirements  If there is a cost included ensure to inform Patient of the out of pocket expense, if patient agrees: 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign							SRA / REF	
PAN Haem panel (96 genes) - Haematology Next Generation Sequencing (NGS) panels	MPD or LYD **See comment	<b>**Data Entry note: If Haematology NGS panel request form is used, there is a specific data entry instructions on whether to use LYD or MPD. If a normal request form is used and the test request is PAN Haem, please enter MPD</b>  <b>Must be requested by a Specialist.</b>  Pricing and MBS: All Haematology gene panels are MBS eligible subject to criteria. • Most patients will be Medicare eligible • The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid. • Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.  Preferred request form can be found on the Genomic Diagnostics website: <a href="https://www.genomicdiagnostics.com.au/">https://www.genomicdiagnostics.com.au/</a> -> For Practitioners -> Request forms  Any queries call Genomic Diagnostics on 1800 822 999	1. Blood or 2. Bone Marrow (Doctor collect)	1. Purple EDTA or 2. Bone Marrow collected in EDTA tube	1. 4mL 2. 4mL	1. 4mL 2. 1mL	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Pancreatic - Poly Peptide	HPP	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
Pancreatic Beta Cell Antibodies	ISL		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	LIV
Pancreatic Elastase - faecal	ELS	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	MI	
Pancreatic Lipase	LIA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Pancreatic Tests	AMY LIA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Pap Smear - Cervical / Vaginal Vault	CVX	<b>Dr Collect or Registered Practice Nurse</b>  Patients who are at least 24 years and 9 months of age or show symptoms/or following the test of cure pathway, will qualify for the medicare rebate. Pts under this age, the test is not rebateable  Patients who qualify as an early sexual debut patient, ie, 1st intercourse < 14 yrs of age and have not had the Gardasil vaccination are allowed one rebatable test between the ages of 20-25 yrs.  <b>One only in a 57 month period covered by medicare.</b>  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	ThinPrep vial	ThinPrep	20ml	20ml	N/A	Room Temperature	CY	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PAPP-A - Test	FTS	<b>***THIS IS NOT FOR PREGNANCY TEST (BHCG)***</b>  <b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Dedicated tube (SST) required</b>  Patient to be 9 -13 weeks gestation. Medicare Rebateable. PLEASE NOTE THAT IF THE DOCTORS REQUEST DOES NOT MARRY UP WITH THE GESTATIONAL AGE [e.g. TRIPLE TEST (AFP/UE3/hCG) REQUESTED BEFORE 14 WEEKS OR FTS (FREE-Beta HCG / PAPP-A) REQUESTED AFTER 14 WEEKS]] THEN ORDER AN FTS AND LEAVE THE TROUBLESHOOTING TO BE DONE BY THE SPECIAL CHEMISTRY LAB. THIS IS SO THAT THE SAMPLE CAN BE FROZEN AND THE CORRECT TEST ARRANGED AT A LATER STAGE WITHOUT THE TIME-SENSITIVE SAMPLES BEING LOST. WHEN IN DOUBT – PLEASE ASK....  Data Entry Note: If the FTS panel is entered there is no need to code AFP	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge and Freeze whole tube after centrifuging.	Freeze	<b>SRA</b>	
Paracetamol	PAR	<b>Always send as Critical Urgent with Critical Urgent Specimen Transport Form.</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>SKP</b>
Parainfluenza Ab	QFX	Test is no longer available								
Parainfluenza Swab	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Paranasal Swab	RES		Sinus	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Paraneoplastic Antibodies	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Parapertussis PCR	BPP	Test includes Bordetella parapertussis  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid transport medium container. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Paraprotein Electrophoresis	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Parapoxvirus PCR	IWY	*Performed on all samples, Site determined by doctor. Site to be indicated on form.  Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.  <b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	*Swab See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QHF</b>
Parasites - Microcopy, Culture and Sensitivity	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Parasites - PCR (Multiplex)	FMP	This tests for: <u>5 Parasites</u> :Cryptosporidium, Giardia, Dientamoeba, E.histolytica, Blastocystis. <u>5 Pathogens</u> : Salmonella, Shigella, Campylobacter, Yersinia, Aeromonas.	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Parathormone / Parathyroid Hormone	PTH **See Comment	** SST needed at the same time for Calcium level. <b>Strathfield lab:</b> Test PTH for Strathfield Private Hospital only.  <b>Lab Note:</b> Freeze plasma if not tested within 24 hours  <b>Data Entry Note: Check test, do not confuse with</b> Parathyroid Hormone Related Peptide - PTHrP - panel <b>PRP</b>	1. Plasma <b>and</b> 2. Serum	1. EDTA-Full Draw <b>and</b> 2. SST <b>**See Comment</b>	1. 4  2. 8.5	1. 4  2. 5	1. Centrifuge & Separate 2. Centrifuge	Refrigerate both samples Freeze plasma if not tested within 24 hours	<b>Auto</b>	
Parathyroid Hormone Related Peptide	QFX	Test no longer available								
Parechovirus	EVP	** Site determined by Referring Doctor	**See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Parietal Cell Abs	GPC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Paronychia	PUS		Fluid / Pus	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Parotid Salivary Gland Abs (Auto Antibodies)	QFX	<b>Test no longer available</b> ** Contact HOD / Immunopathologist on 90057000 with Referring doctor's details for alternative test recommendations								
Parotid Swab - M, C & S	RES		Parotid	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Parotitis	MUM MMM	<b>Data Entry Note:</b> If requested for IgG and IgM or IgM Only code MUM and MMM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Paroxysmal Nocturnal Haemoglobinuria	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 and 2. 4	1. 6 <b>*See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	<b>FLO</b>	
Partial Thromboplastin Time	APT	<b>Send via Urgent Pathway</b> *Correct volume critical- full draw required or a recollection will be necessary. <b>Record any anticoagulant medication</b>  * If sample gets to lab within 4 hrs – leave unspun at room temperature. Transport at room temperature * If delay to lab greater than 4 hrs – then spin, separate and freeze. Transport in freezer pack.	Whole Blood	Citrate	2.7 Full draw*	2.7 Full draw*	*See Comment	See Comment	<b>CO</b>	
Parvovirus	PAM PAG *See Comment	<b>Data Entry Note:</b> Antenatal request : Please code PAG only unless IgM is specifically requested If Parvovirus IgM has been requested, code PAG and PAM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Parvovirus B19 Abs - Serology	PAM PAG *See Comment	<b>Data Entry Note:</b> Antenatal request : Please code PAG only unless IgM is specifically requested If Parvovirus IgM has been requested, code PAG and PAM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Parvovirus B19 PCR	IWY	<b>If this is a VIDRL request, then:</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  Otherwise Medicare Rebatable	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Parvovirus PCR	PVP	<b>If this is a VIDRL request, then:</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  Otherwise Medicare Rebatable	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Parvovirus ( Slap Cheek )	PAM PAG *See Comment	<b>Data Entry Note:</b> Antenatal request : Please code PAG only unless IgM is specifically requested If Parvovirus IgM has been requested, code PAG and PAM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
PAS fungal staining	PWH FUN	<b>Please Do NOT collect SWABS</b> <b>Collector's Note:</b> Refer to COR-13 Section 14 Collection Procedures	Nail Clippings	White Top Jar	N/A			Refrigerate	<b>MI</b>	
Paternity Test ( DNA Testing )	QFX	<b>Test is no longer available</b>								
PATH	PTH	<b>Lab Note:</b> Freeze plasma if not tested within 24 hours	Plasma	EDTA	4	4	Centrifuge & Separate	Refrigerate **See Comment	<b>AUTO</b>	
Paul Bunnell	PB		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Pb (Lead)	BPB	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube - preferred Purple EDTA - acceptable	6mL	6mL	DO NOT Centrifuge	Refrigerate	<b>SC</b>	
PBG (URINE)	POU	<b>**Must be frozen within 12 hours of collection.</b> <b>Transport on Dry Ice or in Freezer Packs</b> ** Place extra barcode on the outside of the foiled jar and transport frozen to the laboratory.  <b>SRA Note: Do NOT remove the foil-pass onto Sendaways asap</b>	Random Urine - preferably early a.m., second-voided sample	Yellow Top Jar	50	10	<b>Wrap in foil ASAP</b> after collection to protect from light **	Freeze Foiled Container <b>**See Comment</b>	<b>SRA / REF</b>	<b>QML</b>
PCA	GPC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
PCA 3	QFX	Test no longer available in Australia								
PCA-1 ( Anti Neuronal Abs - Purkinje Abs )	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
PCBs	PCB	<b>Turn around time: 2 weeks</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Lith Heparin	8	5	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WOR</b>
<b>PCOS Screen - Poly Cystic Ovary Screen</b>	LH FSH PRL TSH =TSF	<b>Poly Cystic Ovary screen</b> <b>** 1 X SST ( Centrifuged) will cover all tests.</b> 1.LH 2. FSH 3.PROLACTIN 4. TSH 5. SHG 6. FAI	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
PCP (Phencyclidine)	PCP	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar / AS 4308 Kit	1 x 50ml (UDS) or 3 x 10 ml tubes (AS 4308)	1 x 50ml (UDS) or 3 x 10 ml tubes (AS 4308)	N/A	Refrigerate	TX	
PCP (Pneumocystis carinii)	IWY		1. Tissue or 2. Bronchial Wash Fluid or 3. Sputum	1. White Top Jar or 2. White Top Jar or 3. White Top Jar	20	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
PCP Viruses Washing	IWY	Refer to PCP (Pneumocystis carinii)								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PCSK9 Gene	FIC	Item No 73352, criteria based. The referral must be requested by specialist and meet other criteria associated with LDL level  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	5	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
PCT	ZPR	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). <b>Lab Referral:</b> Procalcitonin ( ZPR) to Quantitative Procalcitonin (PCN) as required	Serum	SST	8.5	5	Centrifuge & Separate ASAP	Freeze ASAP	AUTO	
PDP	LFE MG LDH		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Pemphigoid Abs	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Pemphigus Abs	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Penicillin Allergy	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Pepsinogen 1 & 2	QFX	<b>Test no longer available</b> <b>** Contact HOD / Chemical Pathologist on 9005 7000 with Referring doctor's details for alternative test recommendations</b>								
Perfluorooctane sulfonate	PFO	<b>** Place specimens in RED BAG marked "Attention: Sendaways PFOA/PFOS sample"</b>  Refer to IS-ADA-31 For further instructions  Government funded testing may be available through Sonic Healthcare. Patients should confirm eligibility at <a href="http://health.gov.au/internet/main/publishing.nsf/Content/ohp-pfas.htm">http://health.gov.au/internet/main/publishing.nsf/Content/ohp-pfas.htm</a> Patients that still wish to proceed with testing at Laverty will be billed out an out-of-pocket charge of \$650. If patient agrees, Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  Commercial clients billed as per their agreement.	Serum	2 x Plain Clot (Red Top)	10-15	2.5	Spin and Separate	Refrigerate	SRA / REF	NMI



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Perfluorooctanoic acid	PFO	<b>** Place specimens in RED BAG marked "Attention: Sendaways PFOA/PFOS sample"</b>  Refer to IS-ADA-31 For further instructions  Government funded testing may be available through Sonic Healthcare. Patients should confirm eligibility at <a href="http://health.gov.au/internet/main/publishing.nsf/Content/ohp-pfas.htm">http://health.gov.au/internet/main/publishing.nsf/Content/ohp-pfas.htm</a> Patients that still wish to proceed with testing at Lavery will be billed out an out-of-pocket charge of \$650. If patient agrees, Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  Commercial clients billed as per their agreement.	Serum	2 x Plain Clot (Red Top)	10-15	2.5	Spin and Separate	Refrigerate	<b>SRA / REF</b>	<b>NMI</b>
Perhexiline	PEX	Collect Trough level 4hrs post dose. Note time and dose of last dose taken.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Pericardial Abs	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPAH</b>
Peripheral smear	BF FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Peritoneal Dialysis Profile	LFE MG LDH		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Peritoneal Fluid - Cytology	CYF	Dr Collect	Peritoneal Fluid	White Top Jar	N/A	N/A	N/A	Refrigerate	<b>CY</b>	
Peritoneal Fluid - M,C&S	FLD	Dr Collect	Peritoneal Fluid	White Top Jar	N/A	N/A	N/A	Refrigerate	<b>MI</b>	
Pernicious Anaemia	GPC IFB		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Pertussis PCR and Parapertussis PCR	BPP	Test includes Bordetella parapertussis  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid transport medium container. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Pertussis Serology - Antibodies (IgG)	PER	Pertussis IgA is no longer available at Lavery Pathology	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Pertussis Toxin Serology	PER	Pertussis IgA is no longer available at Lavery Pathology	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Pesticides / Weedicides	PEO	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine <b>and</b>  2. Whole blood	1. Yellow Top Jar <b>and</b>  2. Lithium heparin	1. 20 <b>and</b> 2. 8	1. 10 <b>and</b> 2. 5	1. N/A and 2. DO NOT Centrifuge	Refrigerate all samples	<b>1. YT / REF 2. SRA / REF</b>	<b>WOR</b>
PeTH Screen	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>**Dedicated tube required</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Freeze	<b>SRA / REF</b>	<b>RBH</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PFA -100 - <b>Metro Collections</b>	PFT	<p>This is for Sydney Metro Collections Only For Regional patients, see entry under <u>PFA-100 - Regional Collections</u> for further instructions</p> <p><b>** CRITICAL URGENT SAMPLE</b> **** Monday - Friday am collections ONLY - by Midday***</p> <p>* METRO COLLECTIONS ONLY * CALL Lab 9005-7109 PRIOR To COLLECTION * MUST arrive in lab and test within 4hrs of collection ** Label PFA on lid ** Place in RED specimen bag with FRM-CL-80 "critical urgent form"</p>	Whole Blood	2 x Citrate	2x 2.7 Full Draw**	2x 2.7 Full Draw**	DO NOT Centrifuge	Room Temperature	<b>CO</b>	
PFA-100 - <b>Regional Collections</b>	QFX	<p><b>For Regional Collections</b> <b>Do not collect from patient, advise patient:</b> <b>Hunter, Forster, Taree, Port Macquarie, Coffs Harbour, New England Regions:</b> This test can only collected at John Hunter Hospital, appointment needed after consultation with Dr M. Seldon. JHH Lab contact number 02 4921 4419. JHH will NOT accept samples collected by Laverty Collectors <b>Central Coast:</b> This test can only be collected at the North Gosford ACC Monday-Thursday 12:00-13:00 Please phone 02 4331 4090 to arrange. <b>Wollongong, Nowra, Bowral:</b> This test is performed at St George Hospital, Gray St Kogarah 2217. Phone Switch: 02 91131111 Outpatients Collection Room (accessed by Ground Floor via Belgrave St) Monday to Friday 7:30am to 4:45pm and Saturday 8:30am to 10:30am. No booking or special instructions required. Just attend with request and Medicare card. <b>Central West:</b> Not available. Please contact the lab on 0290057109 for further instructions <b>ACT, Wagga, Griffith:</b> Test can only be collected at The Canberra Hospital: Yamba Dr, Garraan. South Coast ACC: Moruya, Mogo and Tura Beach, patient is to contact their nearest hospital for advice or travel to The Canberra Hospital.</p>								
PFAS	PFO	<p><b>** Place specimens in RED BAG marked "Attention: Sendaways PFOA/PFOS sample"</b></p> <p>Refer to IS-ADA-31 For further instructions</p> <p>Government funded testing may be available through Sonic Healthcare. Patients should confirm eligibility at <a href="http://health.gov.au/internet/main/publishing.nsf/Content/ohp-pfas.htm">http://health.gov.au/internet/main/publishing.nsf/Content/ohp-pfas.htm</a> Patients that still wish to proceed with testing at Laverty will be billed out an out-of-pocket charge of \$650. If patient agrees, Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p> <p>Commercial clients billed as per their agreement.</p>	Serum	2 x Plain Clot (Red Top)	10-15	2.5	Spin and Separate	Refrigerate	<b>SRA / REF</b>	<b>NMI</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PFOA / PFOS	PFO	<p><b>** Place specimens in RED BAG marked "Attention: Sendaways PFOA/PFOS sample"</b></p> <p>Refer to IS-ADA-31 For further instructions</p> <p>Government funded testing may be available through Sonic Healthcare. Patients should confirm eligibility at <a href="http://health.gov.au/internet/main/publishing.nsf/Content/ohp-pfas.htm">http://health.gov.au/internet/main/publishing.nsf/Content/ohp-pfas.htm</a></p> <p>Patients that still wish to proceed with testing at Laverty will be billed out an out-of-pocket charge of \$650.</p> <p>If patient agrees, Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p> <p>Commercial clients billed as per their agreement.</p>	Serum	2 x Plain Clot (Red Top)	10-15	2.5	Spin and Separate	Refrigerate	SRA / REF	NMI
PGx MH (Mental Health) (Pharmacogenomics Testing (PGx) MH)	PLD *See Comment	<p><b><u>Please send this via Urgent Pathway</u></b></p> <p><b>** Dedicated tube (Pink EDTA) required</b></p> <p><b>Data Entry Note:</b> For Sonic PGx request forms, these should be coded as PGx Multi (PLX)</p> <p><b>Non-Medicare rebateable test.</b></p> <p>Patient prepayment required Phone Genomics on 1800 822 999 or direct to <a href="http://www.gdpay.com.au">www.gdpay.com.au</a> for payment.</p> <p><b>Patient should have receipt number written on standard request form.</b> If problems phone: 1800 822 999</p>	Blood	1x Pink EDTA <b>**Dedicated tube</b>	6	4	N/A	Room Temperature	SRA / REF	GD
PGx Multi (Pharmacogenomics Testing (PGx) Multi)	PLX *See Comment	<p><b><u>Please send this via Urgent Pathway</u></b></p> <p><b>** Dedicated tube (Pink EDTA) required</b></p> <p><b>Data Entry Note:</b> For Sonic PGx request forms, these should be coded as PGx Multi (PLX)</p> <p><b>Non-Medicare rebateable test.</b></p> <p>Patient prepayment required Phone Genomics on 1800 822 999 or direct to <a href="http://www.gdpay.com.au">www.gdpay.com.au</a> for payment.</p> <p><b>Patient should have receipt number written on standard request form.</b> If problems phone: 1800 822 999</p>	Blood	1x Pink EDTA <b>**Dedicated tube</b>	6	4	N/A	Room Temperature	SRA / REF	GD

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PGx Pain  (Pharmacogenomics Testing (PGx) Pain)	PLP *See Comment	<b><u>Please send this via Urgent Pathway</u></b> <b>** Dedicated tube (Pink EDTA) required</b>  <b>Data Entry Note:</b> For Sonic PGx request forms, these should be coded as PGx Multi (PLX)  <b>Non-Medicare rebateable test.</b>  Patient prepayment required Phone Genomics on 1800 822 999 or direct to <b>www.gdpay.com.au</b> for payment.  <b>Patient should have receipt number written on standard request form.</b> If problems phone: 1800 822 999	Blood	1x Pink EDTA <b>**Dedicated tube</b>	6	4	N/A	Room Temperature	SRA / REF	GD
PH - Urine	UPH		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	
Phaeochromocytoma Screening	CAT	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	SRA / REF	QML
Pharynx / Pharyngeal / Oropharyngeal Swab - M, C & S	RES		Pharynx	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Phase Contrast Microscopy -urine	UMC DYS	Part of MSU	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Phencyclidine PCP	PCP	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar / AS 4308 Kit	1 x 50ml (UDS) or 3 x 10 ml tubes (AS 4308)	1 x 50ml (UDS) or 3 x 10 ml tubes (AS 4308)	N/A	Refrigerate	TX	
Phenergan Level	QFX	<b>Test is not available</b>								
Phenobarbitone / Phenobarbital	PHE	Collect 4-hrs or more after dose.	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Phenolphthalein	IWY		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	
Phenols	PHU	Sample must be an 'End-of-shift' random urine for testing  <b>****Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	TestSafe
Phenothiazines	DSP		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	QML
Phenotype for Duffy (Fy <sup>a</sup> or Fy <sup>b</sup> )	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b>  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	BB	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Phenotype for Kell (K)	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Phenotype for Kidd (Jka or Jkb)	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Phenotype for Lewis (Lea or Leb)	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Phenotype for MNS	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Phenotype for Rhesus	BGP	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Phenotyping	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD and 2. EDTA	1. 6 and 2. 4	1. 6 <b>*See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	<b>FLO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Phenotyping - Rh Phenotype	BGP	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Phenylalanine - <b>Urine</b> Phenylketonuria - Assay	PHY	<b>Transport on Dry Ice or in Freezer Packs</b>	Random Urine	Yellow Top Jar	50	10	N/A	Freeze ASAP	<b>SRA / REF</b>	<b>WCH</b>
Phenylalanine - <b>Plasma</b>	PHY	Mark specimen bag – “ATTENTION: SENDAWAYS”  <b>Test is strictly for only patients on PKU Monitoring</b> Covered by Medicare <b>SRA NOTE:</b> Sendaways is to prepare a Guthrie Card within 24hrs of receiving sample	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>WCH</b>
Phenylcyclohexyl Piperidine (PCP)	PCP	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar / AS 4308 Kit	1 x 50ml (UDS) or 3 x 10 ml tubes (AS 4308)	1 x 50ml (UDS) or 3 x 10 ml tubes (AS 4308)	N/A	Refrigerate	TX	
Phenylmercapturic acid	IWY	<b>****Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Phenytoin - Total	DIL	Collect just before next dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Phenytoin - Free	FDI	Collect just before next dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>LIV</b>
PHI	PHI	Performed every 2 weeks at QML pathology.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Philadelphia	PHL	<b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>** <u>Dedicated tubes (2xEDTA) required</u></b> Collect specimens Monday to Thursday and must reach the lab before 6pm on day of collection  Regional areas must contact sendaways dept before collection  <b>Lab Note:</b> The sample must reach QML within 24-48 hours	Whole blood	2 x EDTA ** <b>Dedicated</b>	2x 4	2x 4	DO NOT Centrifuge	Room Temperature ONLY	<b>SRA / REF</b>	<b>QML</b>
Phosphate (PO4)	PHO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Phosphate (PO4)	UPO	** Acid added in SRA to sample, after collection	24hr Urine	4Lt Urine Bottle (Plain) ** See Comment	> 200	100	N/A	Refrigerate	SRA	
Phosphatidylethanol	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>**Dedicated tube required</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Freeze	SRA / REF	RBH
Phospho-Tau Proteins	IWY	<b>Dr Collect</b> <b>** Critical Urgent Pathway</b> ** Specimens to be placed in RED Specimen Bag and attach Doc - FRM-CL-80 Critical Urgent Specimen form  <b>Collectors and Lab Note:</b> For CSF Collection Procedures and guidelines please refer to FRM-CL-233 “National Dementia Diagnostics Laboratory – Sample collection and test information” document. <b>Sendaways:</b> ""FRM-SRA-73 – CSF Alzheimer’s Disease Specimen Data Submission Sheet - The Florey Institute" " Document required to be filled upon submission. Sample to be kept in polypropylene tube and not submitted in a polystyrene tube.  <b>** Non-Medicare Rebateable test</b> ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	CSF	Polypropylene	1	<0.5	N/A	Refrigerate	SRA / REF	NDDL
Phosphoethanolamine	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Random Urine	Yellow Top Jar	50	10	N/A	Freeze	SRA / REF	WCH
Phospholipase - A2 receptor Ab	PHA	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	PW
Phospholipid Abs	LUP CAD B2G	<b>1. Transport on Dry Ice or in Freezer Packs</b> ** Separate ( spun ) citrate tubes into their own aliquot tube. (LUP goes to Coags Department, rest done in Immunology)  1. <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol	1. Plasma <b>and</b> 2. Serum	1.3 x Citrate <b>and</b> 2. SST	1.3 x 2.7 and 2. 8.5	1.3 x 2.7 and 2. 8.5	1.Double Spin Protocol Refer to IS-CL-24 <b>and</b> 2. Centrifuge	1. Freeze <b>and</b> 2. Refrigerate	<b>1. CO</b> <b>2. AUTO</b>	
Phosphorus (PO4)	UPO	** Acid added in SRA to sample, after collection	24hr Urine	4Lt Urine Bottle (Plain) ** See Comment	> 200	100	N/A	Refrigerate	SRA	
Phosphorus (PO4)	PHO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Physeptone	MTD		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Picornavirus Hand Foot Mouth	EVP	** Site determined by Referring Doctor	**See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PIGF / PLGF	PGF	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Dedicated tube (SST) required</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	
Pin Worm	CEL	Attach cellotape to skin around anus sample once and remove tape. Send tape attached to a glass slide. Glass Slide to be labelled and sent to lab in a slide mailer.	Cellotape	Glass slide	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Pituitary Auto Abs	QFX	<b>Test no longer available in Australia</b>							<b>SRA / REF</b>	<b>HAPS</b>
Pituitary Function Test	FSH LH TFH PRL ACH	<b>2. Transport on Dry Ice or in Freezer Packs</b> * EDTA Tube to be kept in the Freezer prior to collection	1. Serum <b>and</b> 2. Plasma	1. SST <b>and</b> 2. EDTA Cold Collection*	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge 2. Centrifuge and separate	1. Refrigerate 2. Freeze	<b>1. AUTO</b>  <b>2. SRA</b>	
Pituitary Hormones	FSH LH TFH PRL ACH	<b>2. Transport on Dry Ice or in Freezer Packs</b> * EDTA Tube to be kept in the Freezer prior to collection	1. Serum <b>and</b> 2. Plasma	1. SST <b>and</b> 2. EDTA Cold Collection*	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge 2. Centrifuge and separate	1. Refrigerate 2. Freeze	<b>1. AUTO</b>  <b>2. SRA</b>	
PK level	PKL	Sample to be marked "ATTENTION SENDAWAYS" - MUST be sent to arrive at WCH next day	Whole Blood	Lithium Heparin	8	5	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
PLA-2R Ab	PHA	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>PW</b>
Placental Growth Factor	PGF	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Dedicated tube (SST) required</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	
Plasma Free Hb	QFX	<b>Test is not available</b>								
Plasma Free Metanephrines	FMT		Plasma	EDTA Plasma	4	3	Centrifuge & Separate ASAP	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Plasma Osmolality	OSM	<b>** Urgent Request-</b> Place specimen in RED BAG and transport with the earliest courier.	Serum	SST	8.5	5	Centrifuge	Refrigerate Transport ASAP **	<b>AUTO</b>	
Plasma Renin	RNM	<b>Transport on Dry Ice or in Freezer Packs</b> * Cold Collection- Tubes need to be cold at collection	Plasma	2x EDTA ** Tubes needs to be cold at collection	2x 4	2x 4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>QML</b>
Plasma Renin Activity	PRA	<b>Transport on Dry Ice or in Freezer Packs</b> Cold Collection	Plasma	2x EDTA ** Tubes needs to be cold at collection	2x 4	2x 4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Plasma Viscosity	PV	NOTE: Plasma MUST be separated within 24hrs of collection.	Plasma	2x EDTA	2x 4	2x 2	Centrifuge AND Separate	Room Temperature	<b>SRA / REF</b>	<b>RBH</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Plasminogen	PMG	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Citrate	2.7	2.7	Double Spun AND Separate	Freeze	SRA / REF	QML
Plasminogen Activator Inhibin	PMI	<b>Transport on Dry Ice or in Freezer Packs</b> ** Volume critical <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Citrate	2.7 Full Draw**	2.7 Full Draw**	Centrifuge AND Separate	Freeze	SRA / REF	Monash Health Pathology
Plasmodium Falciparum	MP	** Indicate MP clearly on EDTA tube and bag separately. Send in as urgent and mark bag - "ATTENTION: Haematology Supervisor"	Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	HA	
Plasmodium falciparum (Malaria) PCR	MP	Research - agreement not to be billed to patients Haematology Department will change the code to IWY if required	Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	HA	
Platelet Aggregation test	PFT	This is for Sydney Metro Collections Only For Regional patients, see entry under <u>PFA-100 - Regional Collections</u> for further instructions  <b>** CRITICAL URGENT SAMPLE</b> **** Monday - Friday am collections ONLY - by Midday***  * METRO COLLECTIONS ONLY * CALL Lab 9005-7109 PRIOR To COLLECTION * MUST arrive in lab and test within 4hrs of collection ** Label PFA on lid ** Place in RED specimen bag with FRM-CL-80 "critical urgent form"	Whole Blood	2 x Citrate	2x 2.7 Full Draw**	2x 2.7 Full Draw**	DO NOT Centrifuge	Room Temperature	CO	
Platelet Auto Antibodies	PLT	<b>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway. Needs to reach POW within 24hrs of collection.</b>  <b>Sydney Metro areas:</b> Contact COMS room to organise Urgent Courier for samples to be taken direct to Sendaways. Collect Monday to Thursday only am collection. Samples must arrive to North Ryde before 12md. <b>Regional areas:</b> Collect Mon to Weds AM only AND Contact Sendaways Dept prior to collection <b>Lab Note:</b> Platelets need to be less than one hundred for test to be performed. Covered by Medicare	1. Whole Blood  <b>and</b>  2. Serum	1. <b>5x</b> EDTA <b>and</b> 2. <b>2x</b> Plain / Clot	1. 5 x 4 <b>and</b> 2. 2 X 8.5	1. 5 x 4 <b>and</b> 2. 2 X 8.5	1. DO NOT Centrifuge- keep as whole blood  2. Centrifuge and separate serum	Keep ALL samples at Room Temperature	SRA / REF	POW
Platelet Count	PL		Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	HA	
Platelet Count from Citrate	PLC	<b>** Only to be done if Doctor specifically requests "Platelet Count from Citrate". Mark specimen bag - "ATTENTION Haematology Supervisor"</b>	Whole Blood	1. 1x Sodium Citrate and 2. 1 x EDTA	1. 2.7 and 2. 4	1. 2.7 and 2. 2	DO NOT Centrifuge	Refrigerate both tubes	HA	
Platelet Function Analysis / Test	PFT	This is for Sydney Metro Collections Only For Regional patients, see entry under <u>PFA-100 - Regional Collections</u> for further instructions  <b>** CRITICAL URGENT SAMPLE</b> **** Monday - Friday am collections ONLY - by Midday***  * METRO COLLECTIONS ONLY * CALL Lab 9005-7109 PRIOR To COLLECTION * MUST arrive in lab and test within 4hrs of collection ** Label PFA on lid ** Place in RED specimen bag with FRM-CL-80 "critical urgent form"	Whole Blood	2 x Citrate	2x 2.7 Full Draw**	2x 2.7 Full Draw**	DO NOT Centrifuge	Room Temperature	CO	

Lavery Pathology				COR-5 Lavery Pathology A-Z Test Guide v9.0 Website Version						
Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Platelet Serotonin - ** See Comment prior to collection	PLS	<p>* Must only be collected Monday to Thursday .</p> <p><b>2.**Transport on Dry Ice or in Freezer Packs</b></p> <p style="text-align: right;">** Place</p> <p>extra barcode on the outside of the foiled tube Contact Sendaways dept on 02 90057210 and advise of collection.</p> <p><b>Regional areas:</b> Contact sendaways on 0290057210 before collection</p> <p><b>Lab note:</b> Perform FBC on one EDTA and send results to POW.</p>	Whole Blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge tubes	<p>1. Refrigerate 1x EDTA for FBC</p> <p>2. Second EDTA is to be <b>Wrapped in Foil</b> and Freeze ** <b>See comment</b></p>	<b>SRA / REF</b>	<b>RBH</b>
Platinum - Urine	IWY		Urine	Yellow Top Jar	20	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Platinum - Blood	IWY		Plasma	Lithium Heparin	8	8	Centrifuge and Separate	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Pleural Fluid - Chemistry	PLF	<p>Keep anaerobic as much as possible Dr Collect</p> <p><b>Collectors Note:</b> Place label / tape across top of lid- label as "FI Chem" and container and must not to be opened prior to testing .</p>	Pleural Fluid	White Top Jar	N/A	N/A	N/A	Refrigerate	<b>AUTO</b>	
Pleural Fluid - Cytology	CYF	Dr collect	Pleural Fluid	White Top Jar or fluid collection bag	N/A	N/A	N/A	Refrigerate		
Pleural Fluid - M,C&S	FLD	Dr Collect	Pleural Fluid	White Top Jar	N/A	N/A	N/A	Refrigerate	<b>MI</b>	
Pleural Fluid - Tuberculosis PCR	IWY	Lab Referral	Pleural Fluid	White Top Jar	N/A	N/A	N/A	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
PMF GENE PANEL	MPD	<p>Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), <b>OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.</b>otherwise a fee will apply which will be invoiced.</p> <p>Any queries call Genomic Diagnostics on 1800 822 999.</p> <p><b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria.</p> <ul style="list-style-type: none"> <li>• Most patients will be Medicare eligible</li> <li>• The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid.</li> <li>• Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked <b>OR</b> if a standard BU form is used and it is stated the patient is MBS eligible.</li> </ul>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
PML RAR Alpha PCR - <b>Blood whole</b>	IWY	<p><b>** Critical Urgent Pathway</b></p> <p><b>** Specimens to be placed in RED Specimen Bag and attach FRM-CL-80 Critical Urgent Specimen form</b></p> <p>Keep cool DO NOT place in direct contact with icepack.</p> <p><b>Do NOT spin. Do not collect on Friday.</b> Samples must reach referred lab within 24hrs (regional can be stretched to 48hrs).</p> <p><b>Clinical History required,</b> is this the first diagnosis, what stage of diagnosis, and is the patient on treatment.</p> <p>Results generally take between 2-3 weeks. <b>Bone marrow is the preferred sample type.</b></p>	Whole Blood	EDTA	10	10	DO NOT Centrifuge tubes	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PML RAR Alpha PCR - <b>Bone Marrow</b>	IWY	<b>** Critical Urgent Pathway</b> <b>** Specimens to be placed in RED Specimen Bag and attach FRM-CL-80 Critical Urgent Specimen form</b>  Keep cool DO NOT place in direct contact with icepack.  <b>Do NOT spin. Do not collect on Friday.</b> Samples must reach referred lab within 24hrs (regional can be stretched to 48hrs).  <b>Clinical History required</b> , is this the first diagnosis, what stage of diagnosis, and is the patient on treatment.  Results generally take between 2-3 weeks. <b>Bone marrow is the preferred sample type.</b>	Bone Marrow	EDTA	2	1	DO NOT Centrifuge tubes	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
PMP22 Deletion	IWY		Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>CON</b>
PMP22 <b>Duplication</b> (HNPP Genetic markers)	IWY		Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>CON</b>
PMP22 <b>Sequencing</b> (HNPP Genetic Markers)	P22	<b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>CON</b>
Pneumococcus / Pneumococcal Abs	PCC	<b>****Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Pneumococcus Antigen	ULP **See Comment	<b>**DATA ENTRY:</b> Code to be used when either or both Urinary Legionella/Pneumococcal Ag is requested.	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>SRA / REF</b>	<b>POR</b>
Pneumocystis Jirovecii PCR	IWY	<b>** Note:</b> Bronchial washing is a Dr collect only	Sputum or Bronchial Washing **see comment	White Top Jar	n/A	N/A	n/A	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
PNH	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 and 2. 4	1. 6 <b>*See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	<b>FLO</b>	
Poliomyelitis antibody	QFX	No laboratory test in Australia								
Polychlorinated Biphenyls	PCB	<b>Turn around time: 2 weeks</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	Lith Heparin	8	5	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WOR</b>
Polycose test	GLP	Also known as Glucose Load- in Pregnancy and must only be done on PREGNANT females when requested.50g Load to be given - Fasting not required.	Whole Blood	Fluoride Oxalate Tube	4	2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Polycystic Ovary Screen	LH FSH PRL TSH =TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Polycythemia	FBC		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Polynuclear Aromatic Hydrocarbon	PAH	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Polyma Virus PCR	IWY	<b>** Renal Transplant = EDTA Blood Only</b>  <b>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</b>  <b>** Lab Note:</b> Samples require to reach St Vincent’s Hospital within 24hrs  For CSF - refer to JC Virus PCR (CSF)	1.Whole blood or 2.Random Urine or 3.CSF Dr Collect	1.EDTA or 2.Yellow Top Jar or 3.CSF Collection Tube- additive free (red top or aliquot tube)	1. 4mL or 2. 50mL or 3. 1mL	1. 2mL or 2. 50mL or 3. <0.5mL	1. DO NOT Centrifuge 2. N/A 3. N/A	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
Polyoma Virus Serology	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Porphobilinogen Deaminase	PBG	<b>** Wrap in foil ASAP</b> * Place extra barcode on outside of foiled jar  SRA Note: Do NOT remove the foil-pass onto Sendaways	Whole Blood	EDTA	4	2	DO NOT Centrifuge <b>Wrap in foil ASAP.</b>	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Porphyrins - Blood	POB	<b>** Wrap in foil ASAP</b> * Place extra barcode on outside of foiled jar  SRA Note: Do NOT remove the foil-pass onto Sendaways	Whole Blood	EDTA	4	2	DO NOT Centrifuge <b>Wrap in foil ASAP.</b>	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Porphyrins - Faeces	POF	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** ASAP Wrap in foil</b> <b>** Place extra barcode on the outside of the foiled jar</b>  NOTE: Faeces can only be done if both urine and blood porphyrins have already been tested and results are negative but symptoms still persist. Otherwise reference lab will not accept testing. Refer to collection for Porphyrins - Urine (POU) and Porphyrins - Blood (POB).	Faeces	Brown Top Jar	10 grams	> 1 gram	<b>Wrap container in foil ASAP</b>	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Porphyrins - Urine	POU	<b>**Must be frozen within 12 hours of collection.</b> <b>Transport on Dry Ice or in Freezer Packs</b> <b>** Place extra barcode on the outside of the foiled jar and transport frozen to the laboratory.</b>  <b>SRA Note: Do NOT remove the foil-pass onto Sendaways asap</b>	Urine - preferably early a.m., second-voided sample	Yellow Top Jar	50	10	<b>Wrap in foil ASAP</b> after collection to protect from light <b>**</b>	Freeze Foiled Container <b>**See Comment</b>	<b>SRA / REF</b>	<b>QML</b>
Porphyrins - Plasma	IWY	<b>** Wrap in foil ASAP</b> * Place extra barcode on outside of foiled jar  SRA Note: Do NOT remove the foil-pass onto Sendaways	Whole Blood	EDTA	4	2	DO NOT Centrifuge <b>Wrap in foil ASAP.</b>	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Porphyrin Zinc	HZP FBC	<b>** 1x EDTA: Wrap in foil ASAP -</b> * Place extra barcode on outside of foiled tube  SRA Note: Do NOT remove the foil-pass onto Sendaways  * MUST have FBC performed as well – Collect extra EDTA	Whole Blood	1. 1xEDTA Foil wrapped and 2. 1xEDTA <b>**See comment</b>	1. 4 and 2. 4	1. 2 and 2. 2	DO NOT Centrifuge  1. Wrap in foil ASAP. <b>**See comment</b>	Refrigerate both	<b>SRA / REF</b>	<b>QML</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Porphobilinogen <b>AND</b> (POU) Delta Aminolevulinic (ALA)	IWY ALA	** Place extra barcode on outside of foiled jar <b>SRA Note:</b> Do NOT remove the foil-pass onto Sendaways ASAP <b>Sendaways Note:</b> If tests are requested together, specimen must be sent to RPA	Urine - preferably early a.m., second-voided sample	Yellow Top Jar	50	10	<b>Wrap in foil ASAP</b> after collection to protect from light**	Refrigerate  (ONLY Freeze if urine is not sent for over 48 hours)	<b>SRA / REF</b>	<b>RPA</b>
Posaconazole	IWY	<b>**Transport on Dry Ice or in Freezer Packs</b>	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
Post Mortem Examinations	QFX	<b>Post Mortems are not performed at Laverty Pathology</b>								
Postnasal Sinus Swab - M, C & S	RES		Postnasal sinus	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Potassium (K) - Red Cell	QFX	Test is no longer available								
Potassium (K) - Serum	K	Avoid trauma and haemolysis, uncentrifuged samples should be transported at room temperature	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Potassium (K) - Stool	IWY	Liquid stool only suitable for this analysis	Faeces	Brown Top Jar	10 grams	<1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Potassium (K) - Urine	UK		1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2 > 200	1. 20 2. 100	N/A	Refrigerate both samples	<b>1. YT</b> <b>2. SRA</b>	
Poxvirus PCR	IWY	*Performed on all samples, Site determined by doctor. Site to be indicated on form.  Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.  <b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	*Swab See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QHF</b>
PP ( Post Prandial )	G2	Collect a fasting blood sample and another blood sample to be taken exactly 2 hours after a meal is eaten. Note collection time and time since last meal.	Whole blood	2x Fluoride Oxalate Tubes	2x 4	2x 2	DO NOT Centrifuge	Refrigerate	<b>AUTO</b>	
PPD - (Mantoux Test)	QTB	Not available-alternative test is Quantiferon gold test or go to nearest Hospital with Chest Clinic								
PPE	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
PR	PR	** Correct volume critical - full draw required or recollection will be necessary. <b>Send via Urgent Pathway</b> Record any bleeding/coagulation abnormalities and current drugs on the request form.	Whole blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge	Room Temperature	<b>CO</b>	
PR / APT	CS	<b>Send via Urgent Pathway</b>  1. * Correct volume critical - full draw required or recollection will be necessary.  Record any bleeding/coagulation abnormalities.  Record any anticoagulant medication taken.  <b>**If delay to lab greater than 4 hrs - then spin, separate and Freeze. Transport in freezer pack.</b> <b>If citrate is unspun then transport at room temperature.</b>	Whole blood	1. Citrate <b>and</b>  2. EDTA	1. 2.7 *Full Draw critical  2. 4	1. 2.7 *Full Draw critical  2. 4	**See Comment	**See Comment	<b>1. CO</b>  <b>2. HA</b>	
PR 3 Proteinase 3 Ab	AP3		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
PRA	PRA	<b>Transport on Dry Ice or in Freezer Packs</b> ** Cold Collection	Plasma	2x EDTA ** Tubes needs to be cold at collection	2x 4	2x 4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PRA + Aldosterone Ratio	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> * Cold Collection- Tubes need to be cold at collection and kept on ice until separation	Plasma	2x EDTA	2x 4	2x 4	Centrifuge & Separate all tubes	Freeze all tubes and aliquots	<b>SRA / REF</b>	<b>RPA</b>
Pradaxa	DAB	<b>Send via Urgent Pathway</b>  <b>Transport on Dry Ice or in Freezer Packs</b> *Correct Volume critical Record last dose on request form	Plasma	2X Citrate	2 X 2.7 Full draw*	2 X 2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24	Freeze immediately after aliquoting	<b>CO</b>	
Prader Willi Genetic Test	IWY	Medicare criteria applies: Methylation testing CANNOT be requested with microarray testing.  COLLECTION NOTE: Collect ONLY when PWS methylation testing is requested AND Chromosomal Microarray has been collected >15 days apart. Refer to “Angelman Syndrome/Prader-willi Syndrome”  Sendaways Note: Check if Microarray has previously been performed (check with QML if required). If Microarray has not been performed, follow comment guide under “Angelman Syndrome/Prader-willi Syndrome”.  All enquiries contact the Genetics Department on (07) 3121 4462  MBS Rebate: medicare criteria applies	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>Mater Pathology</b>
Prealbumin	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
Precipitins	ASP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Precivity AD2 Alzheimer Biomarker	AZR	Collection is Monday to Wednesday ONLY  Treat as Critical Urgent.  <b>** Dedicated tubes (2xEDTA) required</b>  <b>Collectors Note:</b> This is a special test and only select ACCs can collect this – Refer to Find Us for locations of approved sites.  <b>Lab Note:</b> Refer to IS-SRA-62 for instructions on the processing of the samples in the laboratory.  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out-of-pocket expense, if patient agrees 2. Payment is processed via BPoint (accessed via Prime) to accept the fee as per IS-CL-38 3. Stamp request form with “Prepayment processed in Collection Room” stamp and complete details. 4. Patient is given a completed Healius Pre-Payment receipt: Stores Material #700472  Test Turn Around Time: TBA	Whole Blood	2 x Pink EDTA	6	6	Deliver tubes without delay to the onsite laboratory for processing	Time Critical, deliver at Room Temperature to onsite laboratory	Delivery to onsite laboratory for processing	<b>QML</b>
Preeclampsia Screening - First Trimester	PGF	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Dedicated tube (SST) required</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST ** <b>Dedicated</b>	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Preeclampsia Screening - Second Trimester	IWY	<b>Collectors Note: Accurate gestation age is required</b>  <b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>POW</b>
Pregnancy Test - Qualitative	PTS	<b>** If clinical notes refer to complications- treat specimen as CRITICAL URGENT.</b> <b>Examples of complications:</b> <b>Ectopic, miscarriage, bleeding, abdominal pain</b>  <b>Tubes need to reach testing lab within 2 hours.</b>  <b>**If no complications on request form- treat as Urgent</b> For Sydney Metro ACCs: COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas: contact the local peripheral lab.	Serum	SST	8.5	5	Centrifuge	Refrigerate Urgent Transport to testing lab**	<b>AUTO</b>	
Pregnancy Test - Quantitative	PTQ	<b>** If clinical notes refer to complications- treat specimen as CRITICAL URGENT.</b> <b>Examples of complications:</b> <b>Ectopic, miscarriage, bleeding, abdominal pain</b>  <b>Tubes need to reach testing lab within 2 hours.</b>  <b>**If no complications on request form- treat as Urgent</b>  For Sydney Metro ACCs: COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. For Regional Areas: contact the local peripheral lab.	Serum	SST	8.5	5	Centrifuge	Refrigerate Urgent Transport to testing lab**	<b>AUTO</b>	
Pregnancy Test - Urine	PTU	*Early morning urine required	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Pregnenalone	QFX	<b>Test is not available</b>								
Prenatal Paternity Test (Non-Invasive)	QFX	<b>Test is no longer available</b>								
Primary myelofibrosis gene panel (PMF)	MPD	Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), <b>OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.</b> otherwise a fee will apply which will be invoiced.  Any queries call Genomic Diagnostics on 1800 822 999.  <b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria. • Most patients will be Medicare eligible • The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid. • Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked <b>OR if a standard BU form is used and it is stated the patient is MBS eligible.</b>	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Primidone	MYL	Turn around time- 5 working days	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>S &amp; N</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Pro BNP	BNP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RBH</b>
Pro collagen N-Terminal Propeptide	P1N	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA</b>	
Pro collagen 3 N-Terminal Propeptide	P3N	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>**Non-Medicare Rebateable Test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) “Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>S &amp; N</b>
Pro Insulin	PIN	<b>Transport on Dry Ice or in Freezer Packs</b> Must be 12 hrs fasting  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>POW</b>
Procalcitonin	ZPR	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Lab Referral:</b> Procalcitonin ( ZPR) to Quantitative Procalcitonin (PCN) as required	Serum	SST	8.5	5	Centrifuge & Separate ASAP	Freeze ASAP	<b>AUTO</b>	
Procalcitonin - Quantitative	PCN *See Comment	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Lab Referral:</b> Procalcitonin ( ZPR) to Quantitative Procalcitonin (PCN) as required <b>DE Note:</b> Only use this code if Doctor specifically requests Quantitative	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>ICPMR</b>
Products of Conception	PWH	<b>** For Karyotyping tests to be submitted only in saline/Hanks and code as CRO</b> Dr collect	POC	Blue top formalin container or Plain Formalin container/pot <b>** See Comment</b>	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Progesterone	PGS		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Proinsulin	PIN	<b>Transport on Dry Ice or in Freezer Packs</b> Must be 12 hrs fasting  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>POW</b>
Prolactin	PRL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Prolactin - Serial - See Comment	SPL	Collect as per Doctor's instructions on Referral.	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Prostaglandin	QFX	<b>Test is not available</b>								
Prostaglandin E2	QFX	<b>Test is not available</b>								
Prostate Cancer Gene 3 Test	QFX	Test no longer available in Australia								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Prostate Health Index	PHI	Performed every 2 weeks at QML pathology.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Prostate Specific Antigen - Free	Data Entry code: FPS  SRA Add on use code: PSF	Medicare Rules are based on age, result (historical and current) and Family History. A fee may apply in some circumstances.  Patients should discuss with their referring doctor.  Fill in the form, FRM-CL-187 Patient Questionnaire: Prostate Health and ask the patient to sign  Medicare covers one Prostate-Specific Antigen (PSA) test every 2 years unless patient has a confirmed history of prostate disease. If patient needs additional tests within this time frame due to a known history of prostate disease, Medicare will cover the costs. If not covered by Medicare, patient will be charged a fee. Medicare will not cover more than one PSA every 2 years for Benign Prostatic Hyperplasia (BPH).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Prostate Specific Antigen - Total	PSA	Medicare Rules are based on age, result (historical and current) and Family History. A fee may apply in some circumstances.  Patients should discuss with their referring doctor.  Fill in the form, FRM-CL-187 Patient Questionnaire: Prostate Health and ask the patient to sign  Medicare covers one Prostate-Specific Antigen (PSA) test every 2 years unless patient has a confirmed history of prostate disease. If patient needs additional tests within this time frame due to a known history of prostate disease, Medicare will cover the costs. If not covered by Medicare, patient will be charged a fee. Medicare will not cover more than one PSA every 2 years for Benign Prostatic Hyperplasia (BPH).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Prostatic Acid Phosphatase	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge, Separate & Freeze	Freeze	<b>SRA / REF</b>	<b>IMVS</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Prostatic Massage Screen (Bodsworth Technique) - Pre and Post Prostatic Massage Urine	1. CPC 2. UMC 3. UMC 4. GMC *See Comment	1. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection. **Collector's note: Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA  2 and 3: When there is a request for Pre and Post Prostatic Massage Urine Cultures, please follow and adhere to the Consecutive Collection process – Refer to COR-13; Section: 8.6 - 8.8. Ensure the following: •Each urine specimen sample must be given a separate laboratory ID •Each urine specimen sample must be correctly labelled as either Pre or Post. •The urine specimen samples are processed with a request form or TOF/OSF. • Check each urine specimen sample is labelled with the same laboratory ID as the corresponding request form or TOF/OSF. 4. Doctor Collect  Data Entry Note: Ensure that 2 x UMC are coded for the 2 different sample types.	1. FVU - First Void Urine 2. MSU - Mid Stream Urine 3. TSU - Terminal (End) Stream Urine 4. Swab *See Comment	1. Green Top Jar and cobas PCR urine sample packet **See comment 2. Yellow top jar 3. Yellow top jar 4. Swab	1. 15-30ml 2. 50 ml 3. 50 ml 4. N/A	1. 4ml 2. 20 ml 3. 20 ml 4. N/A	1. Refer to IS-CL-31 2, 3 and 4. N/A	1. Room Temperature 2. Refrigerate 3. Refrigerate 4. Room Temperature	1. Green top Jar – SRA and cobas tube- MD 2. YT 3. YT 4. MI	
Protein - Ascitic Fluid / Ascites	PFC	Dr Collect	Ascitic Fluid	White Top Jar	10	2	N/A	Refrigerate	SRA	
Protein - Serum	TP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Protein - Urine	1. UMP 2. UTP		1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Protein C	PRC	<b>Transport on Dry Ice or in Freezer Packs</b> ** Correct volume critical.  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	2 x Citrate	2x2.7 Full Draw ** Volume critical **	2x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	CO	
Protein EPG	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Protein IEPG	IF EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Protein S	PRS	<b>Transport on Dry Ice or in Freezer Packs</b> ** Correct volume critical.  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	2 x Citrate	2x2.7 Full Draw ** Volume critical **	2x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	CO	
Prothiaden	DOT	Collect immediately prior to next dose. Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	QML
Prothrombin 20210 Gene Test (Mutation)	52M	<b>Medicare Rebateable test if patient being investigated for DVT or first degree relative with mutation otherwise</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Prothrombin 20210 Gene Test (Mutation) - Buccal	QFX	<b>Test no longer available</b>								

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Prothrombin Ratio (PR)	PR	** Correct volume critical - full draw required or recollection will be necessary. <b>Send via Urgent Pathway</b> Record any bleeding/coagulation abnormalities and current drugs on the request form.	Whole blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge	Room Temperature	CO	
Protoporphyrin Zinc (ZPP)	HZP FBC	** 1x EDTA: Wrap in foil ASAP - * Place extra barcode on outside of foiled tube  SRA Note: Do NOT remove the foil-pass onto Sendaways  * MUST have FBC performed as well – Collect extra EDTA	Whole Blood	1. 1xEDTA Foil wrapped and 2. 1xEDTA **See comment	1. 4 and 2. 4	1. 2 and 2. 2	DO NOT Centrifuge  1. Wrap in foil ASAP. **See comment	Refrigerate both	SRA / REF	QML
Protozoa Ag (Stool)	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
PSA - Total	PSA	Medicare Rules are based on age, result (historical and current) and Family History. A fee may apply in some circumstances.  Patients should discuss with their referring doctor.  Fill in the form, FRM-CL-187 Patient Questionnaire: Prostate Health and ask the patient to sign  Medicare covers one Prostate-Specific Antigen (PSA) test every 2 years unless patient has a confirmed history of prostate disease. If patient needs additional tests within this time frame due to a known history of prostate disease, Medicare will cover the costs. If not covered by Medicare, patient will be charged a fee. Medicare will not cover more than one PSA every 2 years for Benign Prostatic Hyperplasia (BPH).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
PSA Free / Unbound PSA	Data Entry code: FPS  SRA Add on use code: PSF	Medicare Rules are based on age, result (historical and current) and Family History. A fee may apply in some circumstances.  Patients should discuss with their referring doctor.  Fill in the form, FRM-CL-187 Patient Questionnaire: Prostate Health and ask the patient to sign  Medicare covers one Prostate-Specific Antigen (PSA) test every 2 years unless patient has a confirmed history of prostate disease. If patient needs additional tests within this time frame due to a known history of prostate disease, Medicare will cover the costs. If not covered by Medicare, patient will be charged a fee. Medicare will not cover more than one PSA every 2 years for Benign Prostatic Hyperplasia (BPH).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Pseudocholinesterase genotyping	IWY	** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	1. Serum  2. Whole Blood	1. SST  2. EDTA	1. 8.5  2. 4	1. 5  2. 4	1. Centrifuge  2. Do not Centrifuge	Refrigerate both tubes	SRA / REF	RPA
Pseudomonas pseudomallei Serology	MLA		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Psittacosis - Serology / Abs	CHT		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Psittacosis - PCR	IWY			Dry Swab only	n/a			Room Temperature	SRA / REF	ICPMR
Psoriatic Arthropathy	CRP H27 RF		1. Serum and 2. Whole Blood	1. SST and 2. ACD	1. 8.5  2. 6	1. 5  2. 6	1. Centrifuge  2. DO NOT Centrifuge	1. Refrigerate  2. Room Temperature	1. AUTO 2. FLO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
PT	PR	** Correct volume critical - full draw required or recollection will be necessary. <b>Send via Urgent Pathway</b> Record any bleeding/coagulation abnormalities and current drugs on the request form.	Whole blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge	Room Temperature	CO	
PTH	PTH **See Comment	** SST needed at the same time for Calcium level. <b>Strathfield lab:</b> Test PTH for Strathfield Private Hospital only.  <b>Lab Note:</b> Freeze plasma if not tested within 24 hours  <b>Data Entry Note: Check test, do not confuse with</b> Parathyroid Hormone Related Peptide - PTHrP - panel <b>PRP</b>	1. Plasma <b>and</b> 2. Serum	1. EDTA-Full Draw <b>and</b> 2. SST <b>**See Comment</b>	1. 4 2. 8.5	1. 4 2. 5	1. Centrifuge & Separate 2. Centrifuge	Refrigerate both samples Freeze plasma if not tested within 24 hours	Auto	
PTH related peptide ( PTHrP )	QFX	Test no longer available								
PTTK	APT	<b>Send via Urgent Pathway</b> *Correct volume critical- full draw required or a recollection will be necessary. <b>Record any anticoagulant medication</b>  * If sample gets to lab within 4 hrs – leave unspun at room temperature. Transport at room temperature * If delay to lab greater than 4 hrs – then spin, separate and freeze. Transport in freezer pack.	Whole Blood	Citrate	2.7 Full draw*	2.7 Full draw*	*See Comment	See Comment	CO	
Punch Skin Biopsy	PWH		Tissue Biopsy	Formalin container/pot	N/A	N/A	N/A	Room Temperature	HP	
Purines Screen / Pyrimidines Screen	PPS	<b>Attention SRA:</b> Stand filled urine jar in hot water for 10mins on arrival in SRA. At the end of 10 mins, shake, note volume, take 10mL aliquot and Freeze. Store and <b>Transport on dry ice.</b> Send to ATT: Chemical Pathology Mater Pathology Central Adult Hospital Lvl 6 Raymond Terrace South Brisbane QLD 4101 Australia, <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine Early morning sample	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	Mater Hospital Brisbane
Purkinje Cell Antibodies	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Pus Swab	PUS	** Swab area as requested	Pus **	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Pyrethroids	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	1. Lithium Heparin or 2. EDTA	1. 8 or 2. 4	1. 8 or 2. 4	DO NOT Centrifuge	Refrigerate both tubes	SRA / REF	WOR
Pyridinoline	DPD	** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	YT	
Pyridoxal 5 phosphate	VB6	<b>Transport on Dry Ice or in Freezer Packs</b> * Place extra barcode on outside of foiled tube <b>**Must be a Fasting sample</b>	Whole Blood	EDTA	4	4	DO NOT Centrifuge <b>Wrap tube in foil</b> * See Comment	Freeze	SRA / REF	QML
Pyridoxine	VB6	<b>Transport on Dry Ice or in Freezer Packs</b> * Place extra barcode on outside of foiled tube <b>**Must be a Fasting sample</b>	Whole Blood	EDTA	4	4	DO NOT Centrifuge <b>Wrap tube in foil</b> * See Comment	Freeze	SRA / REF	QML



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Pyrrole	UKP or KPU **See Comment	<b><u>This test is NOT NATA or TGA accredited.</u></b> Collected for Research purposes ONLY. ** Place extra barcode on the outside of the foiled jar <b>Transport on Dry Ice or in Freezer Packs</b> <b>SRA Note:</b> <u>Do NOT remove the foil-pass onto Sendaways asap</u> <b>If Safelabs form is used,</b> payment for Safelabs is required at collection. There will also be a collection fee payable to Lavery Pathology, <b>refer to TMP-CL-15</b> <b>If Applied Analytical Request form is used</b> Phone Commercials on 02 9005 7090 for Pricing or enquiries <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Data Entry Note:</b> UKP - Panel for Safelabs Request KPU - Panel for Applied Analytical Request	Random Urine	Special Urine Kit- <b>available from Collections Advisor</b>	60	30	<b>Wrap in foil ASAP</b> after collection to protect from light **	Freeze	<b>SRA / REF</b>	<b>SAF or AAL</b>
Pyruvate Kinase	PKL	Sample to be marked "ATTENTION SENDAWAYS" - MUST be sent to arrive at WCH next day	Whole Blood	Lithium Heparin	8	5	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>WCH</b>
Pyruvate/Lactate Ratio	QFX	<b>This test is no longer available</b>								
Q Fever PCR	IWY		Whole Blood	EDTA	4	4	DO NOT SPIN	Refrigerate	<b>SRA / REF</b>	<b>QH</b>
Q Fever Abs (IgG only or IgG & & IgM)	QFS		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Q Fever – Complement Fixation	QFS		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Q Fever virus Phase 1 and/or Phase 2 Abs	QF1 QF3 *See Comment	<b>Data Entry Note:</b> Phase 1 ONLY = QF1 Phase 1 & 2 = QF3	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	
Q Fever Phase 2 Abs	QFS		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Q10 Enzymes	Q10	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Sample MUST be Wrapped in foil</b> <b>Place extra barcode on outside of foiled tube</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	8.5	5	Centrifuge & Separate <b>and Wrap in foil ASAP.**</b>	Freeze	<b>SRA / REF</b>	<b>ARL</b>
Quadruple Test	IWY *See Comment	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>Data Entry: Use this code ONLY if testing for 2nd Trimester Screen</b> which includes the following: Alpha-Feto Protein, Unconjugated Estriol, Free Beta hCG and Inhibin A  <b>Non-Medicare Rebateable Test</b> 1. Refer to Non-Medicare rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). Out of pocket range for 2nd Trimester Screening	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>VCGS</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
QuantiFERON Gold Test	QTB	<b>** Place ALL 4 tubes in one RED BAG and send via the Urgent Specimen pathway.</b> Needs to reach Serology department in North Ryde within 16 hours of collection. For final collection times, refer to FRM-GEN-145 Quantiferon Test- Final Collection Times sheet.  <b>Collector's Note:</b> No collections on Public Holidays Refer to FRM-GEN-145 Quantiferon Test- Final Collection Times and IS-CL-16 Quantiferon TB Gold Tube Collection Order Quantiferon kit from collections advisor. <b>Lab Note:</b> Refer to IS-SRA-15 Incubation procedure <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Medicare Rebateable</b> If patient is immunosuppressed or immunocompromised, exposed to a confirmed case of active TB; a person who is to commence, or has commenced tumour necrosis factor (TNF) inhibitor therapy; a person who is to commence, or has commenced renal dialysis; a person with silicosis; or a person who is, or is about to become immunosuppressed because of a disease or a medical treatment.	Whole Blood	1x Quantiferon Kit 4 tubes in total (grey, green, yellow, purple)	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Mix tubes by inversion (ten times) after collection	Room Temperature	<b>SRA</b>	
Quantification FMH	HBF	Samples more than 8 hours old cannot be tested. Place in RED bag mark as URGENT. <b>Notify Department 9005 7267</b>	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Quetiapine	IWY		Plasma	Lithium Heparin	8	8	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>GRI</b>
Quinate	QNE	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Quinidine	QFX	<b>Test no longer available</b>								
Quinine	QNE	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Quinine Induced Platelet Abs	IWY	Contact Send Away  Please contact Sendaways department on 90057210 for further information.  If there is a cost included ensure to inform Patient of the out of pocket expense, if patient agrees: 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	Citrate	2.7	2.7	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>SEALS</b>
RA latex	RF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Rabies Abs	RAB	<b>Clinical History required:</b> Patient to advise of vaccination status. This test is <b>NOT</b> for diagnosing infection, this test is for assessing Immunity.	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Rapid ICT	RVC **See comment	Rapid PCR (Flu A, Flu B & RSV ONLY) on the GeneXpert currently only for Defence Force in Wagga Wagga, for all other requests refer to Respiratory Virus PCR (RVP) Regional Lab Note: Refer to IS-MD-6 for further instructions  Data Entry Note: If Defence Force request code RVC (if Rapid indicated) For all other requests code RVP	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Rapid Plasma Reagin (RPR)	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	<b>AUTO</b>	
RAST	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
RAST Isocyanate HDI TDI MDI	IWY	Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
RBP (Retinol Binding Protein)	RBP	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RPA
RCM	QFU	As per Haematologist Chief Scientist: Contact HOD/Haematologists to clarify what the doctor is requesting								
RDA	=LFF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
RDW (Red Cell Distribution )	FBC	Part of FBC	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Recoverin Abs	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Rectal Swab - M,C&S	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Rectum **See comment	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Rectal Swab PCR - Chlamydia/gonorrhoea	CPC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on www.laverty.com.au for further information.  Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests	Swab **See comment	cobas PCR Media Dual Swab Sample Pack (Woven)	N/A	N/A	**See Comment	Room Temperature	MD	
Rectal Swab PCR - LGV	CPC IFI	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Lab note:</b> If CPC positive please add LGV	Swab (Rectal) **See comment	White Top Swab	N/A	N/A	N/A	Room Temperature	MD	ICPMR (only if CPC positive)
Rectal Swab PCR - Syphilis	PSY	**Site depends on Doctor's Referral  Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	**See Comment	White Top Swab	N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
Red Cell Chromium	QFX	<b>Test not available</b> Alternative test: Chromium - Whole Blood								
Red Cell Antibodies	ABS	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	BB	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Red Cell Cholinesterase	RCE	<b>** Dedicated tube (EDTA) required</b>  Assayed fortnightly on Fridays. A history of organophosphate (pesticide) exposure must be sought and recorded on the request form. Lab Contact Ph: 02 9515 8279.	Whole Blood	EDTA ** <b>Dedicated</b>	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Red Cell Ferritin	IWY		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Red Cell Folate	FOL *See comment	SERUM FOLATE IS A MORE SUITABLE TEST  Red cell folate (RCF) testing is no longer processed routinely. If the doctor has requested a RCF and require a result for appropriate clinical indications, this will need to be discussed and agreed with a Consultant Haematologist on +61 290027085 or Dr Lucinda Wallman, Medical Director on +61 290057179.  **Data Entry Comment: Data entry only code RCF IF REQUEST FORM INDICATES APPROVED BY PATHOLOGIST TO DO TEST	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate both tubes	<b>1. AUTO 2. HA</b>	If legitimate request and approved by consultant, please refer sample to QML. Request form must indicate discussion and approval by consultant.
Red Cell Folate - Commercial or Private bill Patients	FOL	<b>For non-Medicare Red Cell Folate requests for Commercial Clients or Privately Billed patients</b>  **** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>For Integrative Health Pricing</b> , please contact Commercials on 02 9005 7090  <b>Commercial Requests</b> – invoice will be sent to the requesting authority as per the request form	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate both tubes	<b>1. AUTO 2. HA</b>	
Red Cell Lewis phenotyping	BGP	<b>CONTACT DEPT 90057611 BEFORE COLLECTING</b> <b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Red Cell Manganese	RMN	High concentrations of <b>Gadolinium, Iodine</b> and <b>Barium</b> are known to interfere with most metals tests. If either Gadolinium, Iodine or Barium containing contrast media has been administrated, a specimen should not be collected for 96 hours.	Whole blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Red Cell Magnesium	BMG		Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Red Cell Mass	QFU	As per Haematologist Chief Scientist: Contact HOD/Haematologists to clarify what the doctor is requesting								
Red Cell Mercury	IWY		Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Red Cell Morphology - Urine	UMC DYS	Part of MSU	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	<b>YT</b>	
Red Cell Potassium	QFX	Test is no longer available								
Red Cell Selenium	BSN		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Red Cell Survival	QFX	<b>Test no longer available</b> ** Contact HOD / Haematologist on 90057000 with Referring doctor's details for alternative test recommendations								



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Red Cell Zinc	BZN		Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	SRA / REF	RPA
Reducing Substances / Sugars - Faeces	FSU		Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	MI	
Reducing Substances / Sugars - Urine	USU	Transport on Dry Ice or in Freezer Packs	Random Urine	Yellow Top Jar	50	10	N/A	Freeze ASAP	YT	
Renal Function Tests / Profile Includes - NA, K, CL, CO2, UEC, URA, CAP	RP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Renal Stone	CCC		Renal Stone	White Top Jar	N/A	N/A		Refrigerate	SRA / REF	QML
Renin - Plasma	RNM	Transport on Dry Ice or in Freezer Packs * Cold Collection- Tubes need to be cold at collection	Plasma	2x EDTA ** Tubes needs to be cold at collection	2x 4	2x 4	Centrifuge & Separate	Freeze	SRA / REF	QML
Renin Activity	PRA	Transport on Dry Ice or in Freezer Packs Cold Collection**	Plasma	2x EDTA ** Tubes needs to be cold at collection	2x 4	2x 4	Centrifuge & Separate	Freeze	SRA / REF	RPA
Renin:Aldosterone Ratio Renin:Angiotensin Ratio	RNM	Transport on Dry Ice or in Freezer Packs * Cold Collection- Tubes need to be cold at collection	1. Plasma and 2. Serum	1. 2x EDTA and 2. SST	1. 2x 4 and 2. 8.5	1. 2x 4 and 2. 8.5	Centrifuge & Separate all tubes	Freeze	SRA / REF	QML
Reproductive Hormones - Female	LH FSH E2 PGS		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Respiratory Function Test (Spirometry)	SPR	<b>Predicted values are required.</b> If you are unable to collect the predicted values on the spirometry, due to patients age or due to patient finding it too hard to complete the blows successfully, the spiro will be an automatic recollect. • This is due to the new spirometry doctor not reporting on Spirometry with no predicted values. • Suggest to the patient that the spirometry can also be performed at the hospital or specialist.  <b>SRA Note:</b> Diagnostics scans all paperwork into RICS  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Spirometer	Spirometer	N/A	N/A	N/A	Diagnostics Envelope	DI	
Respiratory Syncytial Virus (RSV)	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Respiratory Syncytial Virus (RSV) Antigen	RSD **See Comment	Only available for Port Macquarie, for all other areas refer to RVP	Swab	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	MD	
Respiratory Syncytial Virus Antibodies	RSV		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	WDP
Respiratory Virus PCR	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	1.Swab or 2. Sputum	1. Flocked swab and red-topped liquid transport medium container (Mat#: 700412 or 2. White Top Jar	1.N/A or 2.20ml	1.N/A or 2.10mL	N/A	1.Room Temperature or 2. Refrigerate	1. Molecular Respiratory Bench or 2. MD	
Reticulocytes (Retics)	RET		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Retinal Abs	ANU	Part of ANU panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
Retinol	AVI	<b>Transport on Dry Ice or in Freezer Packs</b> **Fasting Samples recommended by QML ** Place extra barcode on outside of foiled aliquot tube	Serum	Plain / Clot	8.5	5	Centrifuge, Separate & Wrap in foil	Freeze immediately	SRA / REF	QML
Retinol Binding Protein	RBP	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RPA
Reverse BG - see Blood Group	BG	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples</b> MUST be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	BB	
Reverse T3	RT3	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Collectors note:</b> Allow to clot for 30 minutes, centrifuge, separate and freeze immediately. Grossly lipaemic or haemolysed samples are not acceptable . Tests results available after 1 - 2 weeks  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate *See Note	Freeze	SRA / REF	QML
RF	RF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Rhesus (Rh) Antibodies	ABS	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, Collector's signature.  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Rhesus (Rh) Phenotype	BGP	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Rhesus (Rh) Phenotype / Genotype Selective criteria, CONTACT DEPT 90057611 BEFORE COLLECTING	BGP	<b>Request form</b> MUST contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature</b> .  <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples.	Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>BB</b>	
Rheumatoid Factor - Synovial Fluid	QFX	<b>Test no longer available</b>								
Rheumatoid Factor- Blood	RF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Rhinovirus	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Riboflavin	VB2	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Dedicated tube (EDTA) required.</b> Place extra barcode on outside of foiled tube	Whole blood	EDTA ** <b>Dedicated</b>	4	4	DO NOT Centrifuge <b>wrap tube in foil</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Ribonucleoprotein Ab	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Ribosomal Abs	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Ribosomal P Abs	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Rickettsial Abs	WEL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Risperdal	RIS	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>QE2</b>
Risperidone	RIS	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>QE2</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Ristocetin Co Factor	VWS	Test has been replaced with Von Willebrands Factor / Screen <b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol	Plasma	4 x Citrate	4 x 2.7 Full Draw ** Volume critical **	4 x 2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	CO	
Ritonavir	RIT	** Collect sample as morning trough, just before next dose	Plasma	2x EDTA See Comment**	2x 4	2x 4	Centrifuge & Separate	Refrigerate	SRA / REF	SYP
Rivaroxaban Anti Xa	XAA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Send via Urgent Pathway</b>  * Correct volume critical. A list of the medication that the patient is on is required for testing Please place in SEPARATE BAG , <b>ATT: Coags</b>	Plasma	2 x Citrate	2 x 2.7 Full draw*	2 x 2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	CO	
Rivotril	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  * <b>Collector's Note:</b> 1. Non-Legal or 2. Legal  ** <b>Data Entry Note:</b> <b>UDS</b> = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50  or  2. 3x10ml tubes	1. 20  or  2. 2x10ml tubes	N/A	Refrigerate	1. YT or 2. TX	
RNA Polymerase (RNP Pol III)	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	JHH
ROMA Index ( Risk of Ovarian Malignancy Algorithm )	HE4	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Rose Waaler	RF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Roseola	HH6		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Ross River Virus	RRV		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Rotavirus Antigen	ROT		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
RPR	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	AUTO	
RRV	RRV		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
RSV Antibodies	RSV		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	WDP
Rubella Virus PCR	IWY		Throat	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	VIDRL
Rubella Virus Abs (IgG &/or IgM)	RUB RMG **See Comment	<b>*** Data Entry Note:</b> Please code a RUB (IgG) with all IgM only RMG requests	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Rubeola	MEA *See comment	<b>30 minutes restrictive entry into the ACC, post collection of a suspected infectious measles patient</b>  <b>Data Entry:</b> If requested for IgG and IgM or IgM Only, code MEA and MEM	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Russell Viper Venom	LUP	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol  Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	3 x Citrate	3 x 2.7 Full Draw critical	3 x 2.7 Full Draw critical	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting.	Freeze	CO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Rythomodan	QFX	Test is No longer Available								
Sabril	SAB	Transport on Dry Ice or in Freezer Packs	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
Salbutimide Salbutamol	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	QML
Salicylate	SAC	Transport on Dry Ice or in Freezer Packs	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
Saliva - Confirmatory testing	OL	<b>**Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the pricing and confirmation collection kits	Saliva	Cozart Oral fluid Collection Tubes A & B	3	3	N/A	Refrigerate	TX	
Saliva Onsite Drug Testing	OFT	<b>Non-Medicare Rebateable test.</b> Contact the Commercial Department on 02 9005 7090 for queries on the on-site screening devices.	Saliva	Toxwipe 7 - Instant Oral Fluid Device	N/A	N/A	N/A	N/A	TX	
Salivary Duct / Parotid Gland Abs	QFX	** Contact HOD / Immunopathologist on 90057000 with Referring doctor's details for alternative test recommendations								
Salivary Hormones	RCS	** Contact Collections Advisor for the Test Kit	Saliva	Test Kit ** See Comment	N/A	N/A	N/A	Refrigerate	SRA / REF	RBH
Salivary IgA	QFX	No known lab within Australia are testing Salivary IgA.								
Salmonella Antibodies	WID		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
SAP	ALP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Sarcoid Test	ACE		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
SARS -COV-2 IgG Abs / Serology	NSQ	Do Not Confuse with COVID-19 PCR (Swab) NSQ includes both Nucleocapsid and spike protein IgG	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	SE	
SARS -COV-2 IgG	NSQ	Do Not Confuse with COVID-19 PCR (Swab) NSQ includes both Nucleocapsid and spike protein IgG	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	SE	
SARS-COV-2 IgM	QFX	Test is no longer available	Serum	2 x SST	2 x 8.5	2 x 5	Centrifuge	Refrigerate	AUTO	
SARS-CoV-2 PCR	NCP	<b>**Collectors note:</b> ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid transport medium container. <b>**Only ONE swab</b> is required for co-requests of RVP and/or NCP and/or BPP. Refer to <b>IS-CL-64</b> Procedure for Respiratory Pathogen PCR swab collection at ACC  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
Save Serum	HLD	<b>** Dedicated tube (SST) required.</b>  ** Not 'Group and Hold' test- dedicated tube.	Serum	SST ** Dedicated	8.5	5	Centrifuge	Refrigerate	SRA	
Scabies	MIC FUN **Data Entry See Comment	<b>Data Entry Note:</b> If ordered just as Scabies, code = MIC. If ordered with culture, code= MIC and FUN  <b>Collector's Note:</b> Refer to COR-13 Section 14 Collection Procedures	Skin Scrapings	White top Jar	N/A	N/A	N/A	Room Temperature	MI	
Scarlet Fever ( Blood )	ASO ASE		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	QML
Scarlet Fever ( Swab )	RES		Throat	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Schilling Test	QFX	<b>Test No Longer Performed</b> Alternative tests- See Intrinsic Factor Antibodies+ Gastric Parietal Cells Antibodies. Collect for both tests.								
Schistocytes - Peripheral Blood	BF FBC		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Schistosomiasis - Antibodies	SCS		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Schistosomiasis - Faeces	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Schistosomiasis - Urine	USC	** Specimen to be last stream urine collected between 12 midday - 3pm	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Schumm's Test	IWY		Serum	Plain / Clot	8.5	5	Centrifuge and separate	Refrigerate	SRA / REF	JHH
SCL - 70 antibodies	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Scleroderma	ENA ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Scleroderma antibodies	ENA ANA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Scleroderma Line Blot	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
SCN1A mutation analysis	IWY	<b>** Non-Medicare Rebateable test</b> <b>1.Contact Genomic Diagnostics on 03 9918 2020 for the cost of the test.</b> 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	2x Pink EDTA	2x 6	2x 4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Scoline Apnoea Test	IWY	<b>** Non-Medicare Rebateable test</b> 1. Phone Sendaways, 0290057210 for prining 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	1. Serum  2. Whole Blood	1. Plain / Clot  2. Pink EDTA	1. 8.5  2. 6	1. 5  2. 6	1. Centrifuge and separate  2. DO NOT Centrifuge	Refrigerate all tubes	SRA / REF	RPA
Scrapings for Fungi	FUN	Site depends on Doctor's Referral  <b>Please Do NOT collect SWABS</b>  <b>Collector's Note:</b> Refer to COR-13 Section 14 Collection Procedures	Skin Scrapings	White Top Jar	N/A	N/A	N/A	Room Temperature	MI	
Secretin Stimulation Test	QFX	<b>Test is not available</b>								
Sedimentation Rate	ESR		Whole blood	EDTA or ESR tube (area dependent)	4	4	DO NOT Centrifuge	Refrigerate	HA	
Selenium - plasma/serum	SEL	Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Plasma	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	SC	
Selenium (Se) - Urine	SEU	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50  2 > 200	1. 20  2. 100	N/A	Refrigerate both samples	1. YT  2. SRA	
Selenium Red Cell	BSN		Whole Blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	SRA / REF	RPA

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Semen Analysis – Fertility / Infertility	SFI	<p><b>Please arrange specimen drop off by patient to the closest lab that performs semen analysis. Check the specific operational hours.</b></p> <p>Specimen must reach the lab within 45 minutes of collection as it must be examined by the lab within 1 hour of collection.</p> <p>Ask patient to fill in the semen analysis Patient Information Sheet and please ensure current patient information sheets are being used.</p> <p>Collectors Note: Patients for Pre/Post Vasectomy test only are excluded from the fee. Refer to Semen Analysis – Post Vasectomy entry for requirements</p> <p><b>****Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p> <p>Commercial Requests – invoice will be sent to the requesting authority as per the request form</p>	Semen	White Top Jar	1.5	0.5	N/A	Room Temperature Urgent Transport**	CY	
Semen Antibodies	SPA		Semen	White Top Jar	2	2	N/A	Refrigerate	SRA / REF	QML
Semen IBT	SPA	<p>Please contact Sendaways department on 90057210 for further information.</p> <p>If there is a cost included ensure to inform Patient of the out of pocket expense, if patient agrees:</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>							SRA / REF	QML
Semen Cytology	CYF		Semen	White Top Jar	N/A	N/A	N/A	Refrigerate	CY	
Seminal Fluid - Post / Vasovasectomy	SPV	<p><b>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.</b></p> <p><b>Collectors Note:</b></p> <p><b>First Sample Post-Vasectomy:</b> Sample <b>MUST</b> reach the testing lab within 3 hours of collection. **Place specimens in RED BAG and send via the Urgent pathway.</p> <p><b>Repeat Sample</b> – Sample <b>MUST</b> reach the testing lab within 1 hour of collection. Please arrange specimen drop off by patient to the closest lab that performs semen analysis. Check the specific operational hours.</p> <p>When confirming with the patient over the phone for the time to drop the sample off, please use the time guidelines for first sample (within 3 hours to testing lab) or repeat sample (within 1 hour to testing lab).</p> <p>Contact COMMs Room- 02 90057022 to organise urgent pick-up.</p>	Semen	White Top Jar	1.5	0.5	N/A	Room Temperature Urgent Transport**	CY	
Seminal Fluid - M, C & S	GMC		Semen	White Top Jar	N/A	N/A	N/A	Room Temperature	MI	
Seminal Fluid - Sperm Antibodies	SPA		Semen	White Top Jar	2	2	N/A	Refrigerate	SRA / REF	QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Seminal Fluid – Fertility / Infertility	SFI	<p><b>Please arrange specimen drop off by patient to the closest lab that performs semen analysis. Check the specific operational hours.</b></p> <p>Specimen must reach the lab within 45 minutes of collection as it must be examined by the lab within 1 hour of collection.</p> <p>Ask patient to fill in the semen analysis Patient Information Sheet and please ensure current patient information sheets are being used.</p> <p>Collectors Note: Patients for Pre/Post Vasectomy test only are excluded from the fee. Refer to Semen Analysis – Post Vasectomy entry for requirements</p> <p><b>****Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p> <p>Commercial Requests – invoice will be sent to the requesting authority as per the request form</p>	Semen	White Top Jar	1.5	0.5	N/A	Room Temperature Urgent Transport**	CY	
Seminal Fructose	FRS	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>Only to be performed if Semen count is Zero</b></p>	Semen	White Top Jar **See Comment	N/A	N/A	N/A	Freeze	SRA / REF	QML
Sensitive Oestradiol	E2S		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	POW
Sensitive PSA	PSA	<p>Medicare Rules are based on age, result (historical and current) and Family History. A fee may apply in some circumstances.</p> <p>Patients should discuss with their referring doctor.</p> <p>Fill in the form, FRM-CL-187 Patient Questionnaire: Prostate Health and ask the patient to sign</p> <p>Medicare covers one Prostate-Specific Antigen (PSA) test every 2 years unless patient has a confirmed history of prostate disease.</p> <p>If patient needs additional tests within this time frame due to a known history of prostate disease, Medicare will cover the costs. If not covered by Medicare, patient will be charged a fee.</p> <p>Medicare will not cover more than one PSA every 2 years for Benign Prostatic Hyperplasia (BPH).</p>	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Sensitive Testosterone	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
SEP	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Serapax	IWY	Collect trough level within 1 hr of next dose. Note time since last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Seroquel	IWY		Plasma	Lithium Heparin	8	8	Centrifuge & Separate	Refrigerate	SRA / REF	GRI
Serotonin - Serum	STN	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p>Contact Collections Advisor for preparation diet for patient If doctor requests it.</p>	Serum	SST	8.5	5	Centrifuge, Separate and Freeze within 1 hr of collection	Freeze	SRA / REF	SYP
Serotonin - Urine	UST	<p>Acid to be added prior to collection.</p> <p>Contact Collections Advisor for bottle with acid and preparation diet for patient If doctor requests it.</p>	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	SRA / REF	RPA
Serum EPG	EPG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Serum Glutamic Oxaloacetic Transaminase	AST		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Serum Glutamic Pyruvic Transaminase (SGPT- ALT )	ALT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Serum Light Chains (Serum Free Light Chains)	FLC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Serum Myoglobin	SMY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Serum Uric Acid / Serum UA	URA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Sex Hormone Binding Globulin	SHG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Sexually Transmitted Diseases / Infections	STD CPC	Serology/Molecular will confirm tests with doctor. Collect both blood and urine as specified  2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.  **Collector's note: Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA	1. Serum <b>and</b> 2. Urine **See Comment	1. SST <b>and</b> 2. Green Top Jar and cobas PCR urine sample packet **See comment	1. 8.5 2. 15-30	1. 5 2. 4	1. Centrifuge  2. Refer to IS-CL-31	1. Refrigerate  2. Room Temperature	1.AUTO <b>and</b> 2. Green top Jar – SRA and cobas tube- MD	
Sezary Cells	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 and 2. 4	1. 6 * <b>See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	<b>FLO</b>	
sFlt1/PIGF Ratio	IWY	<b>Collectors Note: Accurate gestation age is required</b>  <b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>POW</b>
SFLC	FLC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
SG	USG		Random Urine	Yellow Top Jar	50		N/A	Refrigerate	<b>YT</b>	
SGOT	AST		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
SGPT	ALT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
SGPT	ALT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
SHBG	SHG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Shiga Toxin (E Coli)	SHT		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Shingles Antibodies	VZG VZM		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Shingles Immunofluorescence	HSC	<b>Test no Longer Performed</b> Alternative test - See HSV / VZV PCR								
Shingles PCR	HSC	HSV and VZV performed on all samples, Site determined by doctor **Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	
Sickle Cell Test	HBE		Whole blood	Purple EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Silver	AG	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	2x EDTA	2x 4	2x 2	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Silver - Urine	USI	Contact Collections Advisor for Acid Washed bottle if 24hr urine requested  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Acid Wash)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	<b>1 &amp; 2 SRA / REF</b>	<b>RPA</b>
Sindbis Virus	SIV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QHF</b>
Sinequan	DOX	Collect immediately prior to next dose. Provide medication details, including time and date of last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Single Stranded DNA	QFX	<b>Test not available</b>								
Sirolimus	SIR		Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Sjogren's Abs	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Skeletal / Striated Muscle Abs	STR		Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Skin - Scraping for Fungi	FUN	<b>Please Do NOT collect SWABS</b>  <b>Collector's Note:</b> Refer to COR-13 Section 14 Collection Procedures	Skin Scraping Nail Clipping Plucked Hair	White Top Jar	N/a	N/A	N/A	Room Temperature	<b>MI</b>	
Skin - Abs ( Not Further Specified )	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Skin - Basement Membrane Antibodies	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Skin-Intracellular Cement / Substance Abs	PGO		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Slapped Cheek Disease	PAM PAG *See Comment	<b>Data Entry Note:</b> Antenatal request : Please code PAG only unless IgM is specifically requested If Parvovirus IgM has been requested, code PAG and PAM	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
SLA	SLG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
SLC	FLC		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
SLE	ANA ENA DNA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Sm (Smith) Abs	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Smooth Muscle Abs	SMA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
SMA Deletion	SMU *See Comment	Only 1 tube required for the 3 tests  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). Bill to patient unless part of Genetic Carrier Screen panel ‘=GCS’ in which case payment will be taken upon receipt of sample at GD  <b>Data Entry Note:</b> If Cystic Fibrosis (CFG) and Fragile X (FGX) are ordered on the same request with SMA (SMU), then the Genetic Carrier Screen (=GCS) master panel should be entered rather than the three individual panels  Free partner testing is available where the original partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a SMN1 deletion and details of the partner (name and/or lab ID) are provided on the request	Whole Blood	1 x Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
SMA Genetic Test	SMU *See Comment	<p>Only 1 tube required for the 3 tests</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p> <p>Bill to patient unless part of Genetic Carrier Screen panel ‘=GCS’ in which case payment will be taken upon receipt of sample at GD</p> <p><b>Data Entry Note:</b> If Cystic Fibrosis (CFG) and Fragile X (FGX) are ordered on the same request with SMA (SMU), then the Genetic Carrier Screen (=GCS) master panel should be entered rather than the three individual panels</p> <p>Free partner testing is available where the original partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a SMN1 deletion and details of the partner (name and/or lab ID) are provided on the request</p>	Whole Blood	1 x Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
SMN1 Deletion	SMU *See Comment	<p>Only 1 tube required for the 3 tests</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p> <p>Bill to patient unless part of Genetic Carrier Screen panel ‘=GCS’ in which case payment will be taken upon receipt of sample at GD</p> <p><b>Data Entry Note:</b> If Cystic Fibrosis (CFG) and Fragile X (FGX) are ordered on the same request with SMA (SMU), then the Genetic Carrier Screen (=GCS) master panel should be entered rather than the three individual panels</p> <p>Free partner testing is available where the original partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a SMN1 deletion and details of the partner (name and/or lab ID) are provided on the request</p>	Whole Blood	1 x Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
SMN1 Gene	SMU *See Comment	<p>Only 1 tube required for the 3 tests</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p> <p>Bill to patient unless part of Genetic Carrier Screen panel ‘=GCS’ in which case payment will be taken upon receipt of sample at GD</p> <p><b>Data Entry Note:</b> If Cystic Fibrosis (CFG) and Fragile X (FGX) are ordered on the same request with SMA (SMU), then the Genetic Carrier Screen (=GCS) master panel should be entered rather than the three individual panels</p> <p>Free partner testing is available where the original partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a SMN1 deletion and details of the partner (name and/or lab ID) are provided on the request</p>	Whole Blood	1 x Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
SMRP (Soluble Mesothelin Related Peptide)	QFX	TEST NO LONGER AVAILABLE. Testing kits not being manufactured. No Alternative Test								
Sodium (Na) - Serum	NA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Sodium (Na) - Urine	UNA		1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 or 2. > 200	1. 20 or 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Sodium (Na) - Stool	IWY	Liquid stool only suitable for this analysis	Faeces	Brown Top Jar	10 grams	<1 gram	N/A	Refrigerate	SRA / REF	RNS
Sodium Dichromate	SCM	Refer to FRM-CL-159 Trace Element /Heavy Metals Collection chart if other elements requested Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Whole Blood	Trace Element Tube	6mL	6mL	DO NOT Centrifuge	Refrigerate	SC	
Soluble Liver Antigen	SLG		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RPA
Soluble Transferrin Receptor	STF	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
Sodium Valproate - Free	FVA	<b>Transport on Dry Ice or in Freezer Packs.</b>  Collect immediately prior to next dose (at least 8 hours post dose). Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	LIV
Sodium Valproate - Total	VAL	Collect immediately prior to next dose (at least 8 hours post dose). Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	AUTO	
Soluble CD25	IL2	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	8	5	Centrifuge & Separate	Freeze	SRA / REF	RRW
Solvent Screen / Tests	OEC	Also known as Occupational Exposure to Chemicals <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
Somatomedin - C	SOM		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Sotacor	SOT		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RBH
Sotalol	SOT		Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RBH
Specific Gravity - Urine	USG		Random Urine	Yellow Top Jar	50		N/A	Refrigerate	YT	
Specific IgE	RAS	<b>Medicare rebates are available for up to 4 allergens or mixes. Extra allergens or mixes tested will be non-Rebateable.</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Sperm Analysis	SFI SPV	<b>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.</b>  Please arrange specimen drop off by patient to the closest lab that performs semen analysis. Check the specific operational hours.  Specimen must reach the lab within 45 minutes of collection as it must be examined by the lab within 1 hour of collection.  Ask patient to fill in the semen analysis Patient Information Sheet and please ensure current patient information sheets are being used.  Collectors Note: Patients for Pre/Post Vasectomy test only are excluded from the fee.  **** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  Commercial Requests – invoice will be sent to the requesting authority as per the request form	Semen	White Top Jar	1.5	0.5	N/A	Room Temperature Urgent Transport**	<b>CY</b>	
Sperm Antibodies - Female	SPA		Serum	SST	8.5	2	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Sperm Antibodies Male (semen and blood)	SPA		1. Semen and 2. Serum	1. White Top Jar and 2. SST	1. 2 and 2. 8.5	1. 2 and 2. 2	1. N/A 2. Centrifuge	Both Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Sperm Counts	SFI SPV	<b>** Place specimens in RED BAG and send via the Critical Urgent Specimen pathway.</b>  Please arrange specimen drop off by patient to the closest lab that performs semen analysis. Check the specific operational hours.  Specimen must reach the lab within 45 minutes of collection as it must be examined by the lab within 1 hour of collection.  Ask patient to fill in the semen analysis Patient Information Sheet and please ensure current patient information sheets are being used.  Collectors Note: Patients for Pre/Post Vasectomy test only are excluded from the fee.  **** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  Commercial Requests – invoice will be sent to the requesting authority as per the request form	Semen	White Top Jar	1.5	0.5	N/A	Room Temperature Urgent Transport**	<b>CY</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Spinal Muscular Atrophy Screen	SMU *See Comment	<p>Only 1 tube required for the 3 tests</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p> <p>Bill to patient unless part of Genetic Carrier Screen panel ‘=GCS’ in which case payment will be taken upon receipt of sample at GD</p> <p><b>Data Entry Note:</b> If Cystic Fibrosis (CFG) and Fragile X (FGX) are ordered on the same request with SMA (SMU), then the Genetic Carrier Screen (=GCS) master panel should be entered rather than the three individual panels</p> <p>Free partner testing is available where the original partner was tested for Genetic Carrier Screen by Laverty and found to be a carrier of a SMN1 deletion and details of the partner (name and/or lab ID) are provided on the request</p>	Whole Blood	1 x Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Spirometry	SPR	<p><b>Predicted values are required.</b></p> <p>If you are unable to collect the predicted values on the spirometry, due to patients age or due to patient finding it too hard to complete the blows successfully, the spiro will be an automatic recollect.</p> <ul style="list-style-type: none"><li>• This is due to the new spirometry doctor not reporting on Spirometry with no predicted values.</li><li>• Suggest to the patient that the spirometry can also be performed at the hospital or specialist.</li></ul> <p><b>SRA Note:</b> Diagnostics scans all paperwork into RICS</p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	Spirometer	Spirometer	N/A	N/A	N/A	Diagnostics Envelope	DI	
Spore Strip	SPO	Send to Microbiology Doctor Collect		Spore strips	n/a			Refrigerate	MI	
Spotted Fever	WEL		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Sputum - Culture / Fungal Culture	RES	Must be sputum not saliva	Sputum	White Top Jar	N/A	N/A	N/A	Room Temperature	MI	
Sputum - Eosinophils - Cytology - Identification of Asbestos Bodies	PWC	<p>NOTE : If doctor requests a series sputum or sputum x 3, 3 samples are to be collected over 3 consecutive days, otherwise single sputum sample to be collected.</p> <p>Specimen must be brought in on day of collection.</p> <p>Note: Doctors may also use the terminology neoplastic or malignant cells for cancer</p> <p>Note: Must be a deep cough sputum sample not saliva.</p>	Early morning deep cough sputum sample from the lungs	White Top Jar	N/A	N/A	N/A	Refrigerate	CY	
Sputum - Induced, White cell count	QFU	Must be sputum not saliva <b>Note: Please check with Cytology and Microbiology</b>	Sputum	White Top Jar	N/A	N/A	N/A	Room Temperature	MI	
Sputum AFB PCR	TBP		Sputum	White Top Jar	N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
Sr - Urine (Sr = Strontium)	IWY	To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain)	1. 50 or 2. > 200	1. 20 or 2. 100	N/A	Refrigerate both samples	SRA / REF	RNS

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
SSA (Ro)Abs SSB (La) Abs	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Staph carriage	PUS PUS RES	If site not specified collect : Axilla, Groin, Nose- both nostrils.	Axilla, Perineal, Nostrils	Blue Top Swab	N/A			Room Temperature		
Staphylococcal Endotoxin	QFX	Test is no longer available in Australia								
STD Screen / STI Screen	STD CPC	Serology/Molecular will confirm tests with doctor. Collect both blood and urine as specified  2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.  **Collector's note: Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA	1. Serum <b>and</b> 2. Urine **See Comment	1. SST <b>and</b> 2. Green Top Jar and cobas PCR urine sample packet **See comment	1. 8.5  2. 15-30	1. 5  2. 4	1. Centrifuge  2. Refer to IS-CL-31	1. Refrigerate  2. Room Temperature	<b>1.AUTO and 2. Green top Jar – SRA and cobas tube- MD</b>	
Stelara	IWY	<b>Collectors:</b> Collect both Plain Clot and SST, mark Attention: Sendaways  Collect pre-dose (trough) specimen just before next dose. Record medication details, current dose, and time and date of last dose on request form.  <b>Sendaways:</b> Send both sample types for testing.  **** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	1. SST and 2. Plain Clot	1. 8.5 and 2. 8.5	1. 5 and 2. 5	1 & 2 Centrifuge & Separate	Room Temperature	<b>SRA / REF</b>	<b>S&amp;N</b>
STEM CELL TRANSPLANT PANEL	MPD	Must be requested by a specialist for (i) the diagnosis of a patient with suspected polycythaemia vera (PV) or essential thrombocythaemia (ET), OR (ii) the diagnostic work-up of transplant eligible primary myelofibrosis.otherwise a fee will apply which will be invoiced.  Any queries call Genomic Diagnostics on 1800 822 999.  <b>Pricing and MBS:</b> All Haematology gene panels are MBS eligible subject to criteria. • Most patients will be Medicare eligible • The Haematology NGS Panel request form has specific boxes for the MBS criteria being met or if private fee is to be paid. • Do not advise patient of a private fee if one of the MBS Eligible boxes is ticked OR if a standard BU form is used and it is stated the patient is MBS eligible.	Whole Blood	Purple EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Steroids- Anabolic	IWY	The client must supply documentation to support their request for analysis, and include the statement “the donor of the urine is not involved in a competitive sport” as outlined on the NMI form. <b>FRM-CL-166 ASDTL non-sport clients form</b> is to be filled by the client, signed and sent with the cold specimen.  ** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	Yellow Top Jar	50	40	N/A	Refrigerate	<b>YT / REF</b>	<b>NMI</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Steroid Sulphatase	IWY	<p>** Sample to be sent to the Lab at North Ryde as Urgent in RED Bag marked "ATTENTION: SENDAWAYS"</p> <p>*Dedicated sample required</p> <p>*Collect specimens Monday to Thursday</p> <p>Regional areas must contact sendaways dept before collection</p> <p><b>Lab Note:</b> The sample must reach SA Pathology within 48 hours of collection</p> <p><b>**Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	Whole blood	EDTA	10	7	DO NOT Centrifuge	Refrigerate	SRA / REF	SA Path
Stones	CCC		Renal Stone	White Top Jar	N/A	N/A		Refrigerate	SRA / REF	QML
Stool Acidity for lactose	FSU		Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	MI	
Stool Multiplex PCR	FMP	<b>DE Note:</b> Unless MC & S requested, FMC will be added if indicated by Micro Dept	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Stool Pathogen PCR	FMP	<b>DE Note:</b> Unless MC & S requested, FMC will be added if indicated by Micro Dept	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Stool PCR	FMP	<b>DE Note:</b> Unless MC & S requested, FMC will be added if indicated by Micro Dept	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Stool Ph	QFX	Test is not available								
Strep Pneumonia Serology	PCC	<p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p>	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	WCH
Streptococcal Antibodies	ASO		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
<b>Stress / Fatigue Profile - Integrative Health Request</b>	=SFP	<p><b>Collect for the five (5) tests listed below</b></p> <p>Anti Nuclear Factor / Antibody, Anti ENA, Epstein Barr Virus, DHEAS, Early Morning Cortisol</p> <p><b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries</p> <p>Requires B-point payment prior and recorded receipt number on request form.</p>	Serum	2 x SST	2 x 8.5	2x5	Centrifuge both samples	Refrigerate both samples	AUTO	
Striated Muscle Abs	STR		Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RBH
Strongyloides - Antibodies	STO		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML
Strongyloides DNA Screen (Faeces)	IWY		Faeces	Brown Top Jar	10 grams	>1 gram	N/A	Refrigerate	SRA / REF	ICPMR
Strongyloides - Faeces ( Culture )	FCS		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	SRA / REF	ICPMR
Strongyloides - Faeces (Microscopy only)	FMC		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Strongyloides Nucleic Acid (Faeces)	IWY		Faeces	Brown Top Jar	10 grams	>1 gram	N/A	Refrigerate	SRA / REF	ICPMR
Strongyloides PCR (Faeces)	IWY		Faeces	Brown Top Jar	10 grams	>1 gram	N/A	Refrigerate	SRA / REF	ICPMR
Strontium - Urine	IWY	To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain)	1. 50 or 2. > 200	1. 20 or 2. 100	N/A	Refrigerate both samples	SRA / REF	RNS



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Styrene	MDL	Random Urine at end of work shift <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow top jar	50	20	N/A	Refrigerate	SRA / REF	WOR
SUA	URA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Succinylcholine sensitivity	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	1. Serum  2. Whole Blood	1. SST  2. EDTA	1. 8.5  2. 4	1. 5  2. 4	1. Centrifuge  2. Do not Centrifuge	Refrigerate both tubes	SRA / REF	RPA
Sucrase Stool	FSU		Faeces	Brown Top Jar	10 grams	> 1 gram	Transport cold	Refrigerate	MI	
Sucrose Lysis Test	FLO		1. Whole Blood <b>and</b> 2. Whole Blood	1. EDTA <b>and</b> 2. ACD	1. 4 and 2. 6	1. 4 and 2. 6	1. DO NOT Centrifuge  2. DO NOT Centrifuge	Room Temperature	HA	
Sudan Fat/ Stain	FAT		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Sugar Chromatography	IWY	<b>Needs to be frozen immediately</b> , if the sample is taken and stored at home, ask the mother to keep the stool sample in the Freezer and transport everywhere frozen. If the sample thaws out, the test will be negative  <b>Transport on Dry Ice or in Freezer Packs</b>	Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Freeze	SRA / REF	WCH
Sulphonylurea Screen	IWY	Includes testing for the following medications: oral hypoglycaemics: glibenclamide, gliclazide, glipizide, chlorpropamide, tolbutamide, tolazamide.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RMH
Sulthiame / Sulthiamine	SUL	Collect sample a minimum of 8 hours after the last dose or immediately prior to the next dose. Provide medication detail including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge AND Separate	Refrigerate	SRA / REF	QML
Suprapubic Aspiration / Tap	UMC		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	
Surface Markers	FLO	ACD tube must be filled - full draw. Preferably attach ACD and EDTA tubes with an elastic band and send together. Regional Labs send tubes together with a labelled blood film all in a plastic container	Whole blood	1. ACD <b>and</b>  2. EDTA	1. 6 and 2. 4	1. 6 <b>*See comment</b> and 2. 4	DO NOT Centrifuge either tube	Room Temperature ONLY	FLO	
Swab M & C & S	PUS	Site depends on Doctor's Referral	See Comment	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Swine Flu	RVP	Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
Switched Memory B Cell	IWY		Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	SRA / REF	ICPMR

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Synacthen Stimulation Test - Short, Long or extended	SYN	Test for Addison's Disease  <b>Dr collect only-</b> The doctor can perform the Synacthen Stimulation Test him / herself (the test must be performed under medical supervision due to the very small risk of anaphylaxis). Blood is taken at baseline, and then at 30 and 60 minutes following the IM administration of 250 ug of Synacthen (available from pharmacies on the schedule). The samples should be submitted together as a synacthen stimulation test, and clearly labelled with times.	Serum	SST	8	5	Centrifuge	Refrigerate	AUTO	
Synovial Fluid - Chemistry / Protein/ Urate / Uric Acid Assay / RF	SFC	Keep anaerobic as much as possible Collectors Note: Place label / tape across top of lid- label as "FI Chem" and container and must not to be opened prior to testing	Fluid	White Top Jar	20	<5	N/A	Refrigerate	SRA	
Synovial Fluid - Culture / Crystals / Pyrophosphate Crystals	FLD	Collectors Note: Place label / tape across top of lid- label as	Ascitic Fluid	White Top Jar	10	2	N/A	Refrigerate	SRA	
Synovial fluid - cytology	CYF	Dr Collection  Fluid container must not be opened prior to testing	Fluid	White Top Jar or fluid collection bag or 24 hr urine bottle for large volume	N/A	N/A	N/A	Refrigerate	SRA	
Synthetic Cannabinoids	JWI	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Urine	1. Yellow Top Jar <b>or</b> 2.AS 4308 Kit	1. 50 2. 3x 10	1. 10 2. 2x 10	N/A	Refrigerate	TX	
Synthetic Cathinones - Urine	STH	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar <b>or</b> 2.AS 4308 Kit <b>*See Comment</b>	1. 50 <b>or</b> 2. 3x 10mL tubes	1. 20 <b>or</b> 2. 2x 10mL tubes	N/A	Refrigerate	TX	
Synthetic Pyrethrins	QFX	<b>Testing is currently not available. Doctors requesting this test are advised to contact Test Safe for further information on (02) 9473 4000</b>							SRA / REF	
Syphilis Serology	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	AUTO	
Syphilis PCR	PSY	**Site depends on Doctor's Referral  Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	**See Comment	White Top Swab	N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
Syscan 3	QFX	<b>Test no longer available</b>								
Systemic Lupus	ANA ENA DNA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
T - cell arrangement / T-cell Receptor Rearrange	TCR	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). If patient does not accept the cost, DO NOT COLLECT THE SPECIMEN and advise the patient to discuss this with their doctor.	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	QML
T / B / NK	FLO	ACD tube must be filled-full draw. Regional Labs to send blood film.	Whole blood	1. ACD <b>and</b> 2. EDTA	1. 6 <b>and</b> 2. 4	1. 6 - <b>see comment</b> 2. 4	DO NOT Centrifuge any tubes	Room Temperature	SRA / FLO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
TCR Gene Rearrangement Studies	TCR	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). If patient does not accept the cost, DO NOT COLLECT THE SPECIMEN and advise the patient to discuss this with their doctor.	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	QML
T and B Cells/Subsets , T - cell subsets, T4 and T8	FLO	ACD tube must be filled-full draw. Regional Labs to send blood film.	Whole blood	1. ACD and 2. EDTA	1. 6 and 2. 4	1. 6 - <b>see comment</b> 2. 4	DO NOT Centrifuge any tubes	Room Temperature	SRA / FLO	
T3	FT3		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
T4	FT4		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Tacrolimus	TAC	Trough level 12hrs post dose. The date and time of the last dose must be noted on the request form. <b>For regional areas:</b> sample to be batched directly to Serology Department	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	HA	
Tambocor	FLE	Sample must be collected immediately prior to next dose Provide medication details including time and date of last dose.	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	QML
Tapeworm Antibody	QFX	Test Not Available								
Targocid	IWY		Serum	SST	8.5	5	Centrifuge and Separate	Freeze	SRA / REF	LIV
TAY SACHS Disease	IWY	SEALS require the following history for testing: 1. On Oral Contraceptive Pill? 2. Country of birth 3. Parents Country of Birth 4. Grandparents Country of Birth  *** Collect Mon - Thurs only, not Fridays, Weekends or Public Holidays <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole Blood	2 x EDTA	4	4	DO NOT Centrifuge	Refrigerate all tubes	SRA / REF	SEALS
TB	AFB	1. Urine requirement: 3 early morning collections. 2. Sputum requirement from base of lungs obtained by deep cough is needed – <b>NOT SALIVA</b>	1. Urine or 2. Sputum or 3. Fluid or 4. Tissue or 5. CSF	1. Yellow Top Jar or 2. White Top Jar or 3. White Top Jar or 4. White Top Jar or 5. CSF Collection Tube-additive free (red top or aliquot tube)	20	10	N/A	1. Refrigerate  2. Refrigerate  3. Room Temperature  4. Room Temperature  5. Room Temperature	1 YT or 2 & 3. SRA or 4 & 5. MI	
TB PCR	TBP	Note: Fluids and Tissues are Doctor collects	Sputum, Urine, Fluids, Tissues or Respiratory specimens	White Top Jar	N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
TB Screening Test (IGRA/TST)	QTB	<b>** Place ALL 4 tubes in one RED BAG and send via the Urgent Specimen pathway.</b> Needs to reach Serology department in North Ryde within 16 hours of collection. For final collection times, refer to FRM-GEN-145 Quantiferon Test- Final Collection Times sheet.  <b>Collector's Note:</b> No collections on Public Holidays Refer to FRM-GEN-145 Quantiferon Test- Final Collection Times and IS-CL-16 Quantiferon TB Gold Tube Collection Order Quantiferon kit from collections advisor. <b>Lab Note:</b> Refer to IS-SRA-15 Incubation procedure <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Medicare Rebateable</b> If patient is immunosuppressed or immunocompromised, exposed to a confirmed case of active TB; a person who is to commence, or has commenced tumour necrosis factor (TNF) inhibitor therapy; a person who is to commence, or has commenced renal dialysis; a person with silicosis; or a person who is, or is about to become immunosuppressed because of a disease or a medical treatment.	Whole Blood	1x Quantiferon Kit 4 tubes in total (grey, green, yellow, purple)	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Mix tubes by inversion (ten times) after collection	Room Temperature	<b>SRA</b>	
TBG	TBG	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge and Separate	Freeze	<b>SRA / REF</b>	<b>QML</b>
TBIL	BIL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Tegafur	IWY	<b>***Dedicated tube required</b>  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	EDTA	4	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>DHM</b>
Tegretol	TEG	Collect greater than 4-hrs post dose. Note time since last dose.	Serum	Plain/Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Tegretol - Free	FCM	<b>Transport on Dry Ice or in Freezer Packs</b>  Collect greater than 4-hrs post dose. Note time since last dose.	Serum	Plain/Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>
Tegretol - Free and Total	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  Collect greater than 4-hrs post dose. Note time since last dose.	Serum	Plain/Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>
Teicoplanin	IWY		Serum	SST	8.5	5	Centrifuge and Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>
Telo peptide	TEL	<b>Transport on Dry Ice or in Freezer Packs</b>	Second void urine	Yellow Top Jar	50	20	N/A	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Temazepam	TEM	Trough 1hr pre next dose.	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RPA</b>
Terbutaline	IWY		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>QML</b>
Testicular Antibodies	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Testicular Ca Markers	MCG AFP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Testosterone - Free	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Testosterone - Total	TES		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Tetanus Abs	TET		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Tetrahydrocannabinoids Cannabinoids	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note: UDS</b> = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x10ml tubes	1. 20 or 2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT or 2. TX</b>	
TFT	Refer to IS-DE-2 **See Comment	Data Entry Note: Code History Refer to Data Entry IS-DE-2 Easy Referencing Guide  This Test is also for patients receiving Thyroxine replacement	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Tg RIA - Specialist Requests	TGR	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RNS</b>
TGA	TAB		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
TGN	6MP	MUST have FBC performed as well	Whole Blood	2x EDTA	8	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Thalassaemia Gene Test	IWY	<b>Lab Note:</b> Sendaways Dept to contact the referring doctor to advise on whether Alpha or Beta Thal Gene test required.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML or RPA</b>
Thalassaemia Investigation - Genetic (Alpha Thalassaemia)	IWY	<b>Do not collect pre-payment at time of collection.</b>  MBS rebate is criteria based. An out of pocket fee may apply. Patients must be of reproductive age. For known mutations within family, clinical notes MUST be included on request form, specifying familial variant(s).  1.If patient agrees use "Patient Advised of Fee" Stamp on the request form. 2.Complete details and ask Patient to Sign 3.Provide patient with Healius “out-of-pocket” fee notice (Stores Material Code #700428) 4.Clearly write the lab reference number on the out-of-pocket fee notice that is given to the patient.	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Thalassaemia Investigation - Genetic (Beta Thalassaemia)	BTG	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Thalassaemia Investigation - Haematological	HBE		Whole blood	Purple EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Thalassaemia Screen - Haematological	HBE		Whole blood	Purple EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Thallium (Th) - Blood	TH	Medicare Rebateable	Whole Blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Thallium (Th) - Urine	TLL	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50  2. > 200	1. 20  2. 100	N/A	Refrigerate both samples	<b>1. YT</b> <b>2. SRA</b>	
THC (Tetrahydrocannabinoids Cannabinoids)	UDS or DLI **See Comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal <b>**Data Entry Note: UDS</b> = Drug Screen Urine - General <b>DLI</b> = Drug Screen Urine - Chain of Custody  ** Non-Medicare Rebateable test 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50  or  2. 3x10ml tubes	1. 20  or  2. 2x10ml tubes	N/A	Refrigerate	<b>1. YT</b> <b>or</b> <b>2. TX</b>	
Theodur / Theophylline	THE		Serum	Plain / Clot	8.5	5	Centrifuge AND Separate	Refrigerate	<b>SRA / REF</b>	<b>SKP</b>
Thiamine ( TPP Effect )	VB1	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** <u>Dedicated tube (EDTA) required.</u></b> Place extra barcode on outside of foiled tube	Whole blood	EDTA ** <b>Dedicated</b>	4	4	DO NOT Centrifuge <b>wrap tube in foil</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Thiazide	IWY		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>RMH</b>
Thick and Thin Films	MP	** Indicate MP clearly on EDTA tube and bag separately. Send in as urgent and mark bag - "ATTENTION: Haematology Supervisor"	Whole blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Thiocyanate - Blood	TCY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Thiocyanate - Urine	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Thiopurine Genotype	TMT		Whole blood	1 x Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Thiopurine Metabolites	6MP	MUST have FBC performed as well	Whole Blood	2x EDTA	8	4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>POW</b>
Thiopurine Methyltransferase	TMT		Whole blood	1 x Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Thioridazine	TDZ	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
Throat Swab - M,C&S	RES		Throat	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Throat Swab - Viral Culture	*See Comment	<p>Viral culture is not routinely available and is replaced by PCR, if available.</p> <p><b>Site of sample and clinical notes/what virus(s) is suspected, MUST be stated</b></p> <p><b>*Data Entry Note:</b> If doctor specifies- Herpes/Varicella Zoster – code HSC Respiratory – code RVP Other**/Unknown – code RVP and HSC</p> <p><b>For RVP:</b> Test includes Influenza A (swine flu, H1N1, bird flu); influenza B; RSV; Rhinovirus; Enterovirus; Parainfluenza and Adenovirus</p> <p><b>**Collectors note:</b> There might be a fee related to Other virus. If other virus indicated: 1. Phone Accounts receivable on 02 9082 3998 for pricing. 2. If there is a fee, then Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	** See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	MD	
Throat Swab - HSV	HSC	<p>HSV and VZV performed on all samples, Site determined by doctor</p> <p><b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b></p>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	MD	
Throat Swab - Respiratory Virus	RVP	<p>Test includes Influenza A (swine flu, H1N1, bird flu); Influenza B; RSV; Rhinovirus; Parainfluenza; Human Metapneumovirus and Adenovirus</p> <p><b>**Collectors note:</b> ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid viral transport medium. Ensure barcode label is placed straight down the tube (so it can be scanned) with the orientation towards the top of the label. <b>**Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC.</b></p> <p><b>*** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)</b></p>	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
Throat Swab ( Diphtheria )	AVC		Throat	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	SRA / REF	ICPMR
Throat Swab (Pertussis-Whooping cough)	BPP	<p>Test includes Bordetella parapertussis</p> <p><b>**Collectors note:</b> ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid transport medium container. <b>**Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC</b></p> <p><b>*** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)</b></p>	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	Molecular Respiratory Bench	
Thrombin Clotting Time (TCT)	TT	** Correct volume critical.	Whole blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge	Refrigerate	CO	
Thrombocytes	FBC	Part of FBC	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Thrombophilia Screen / Thrombosis Screen	=TMB	<b>Transport on Dry Ice or in Freezer Packs</b>  Tests includes: Protein S, Protein C, Activated Protein C Resistance,Lupus Anticoagulant, Anti Thrombin III  ** Correct volume critical. **** Separate the spun citrate tubes as 5 individual aliquots. <b>Specific clinical criteria apply for Medicare rebate</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Plasma	5 x Citrate	5x2.7 Full Draw ** Volume critical **	5x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	CO	
Thrombosis Genotyping - blood	52M MTH	Only Medicare Rebateable in the investigation of proven venous or pulmonary thromboembolism or first degree relative.  <b>** Non-Medicare Rebateable test</b> 1.Contact Genomic Diagnostics on 03 9918 2020 for the cost of the test. 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole blood	1 x Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	SRA / REF	GD
Thrombosis Genotyping - mouth swab	QFX	<b>Test no longer available</b>								
Thymic Antibodies	QFX	<b>Test is not available</b>								
Thymus antibodies	STR		Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RBH
Thyrocalcitonin	CCI	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RPA
Thyroglobulin Antibody	TAB		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Thyroglobulin Level - Non Specialist	THY		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Thyroglobulin Level - Specialist Requests	TGR	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RNS
Thyroglobulin RIA (Tg RIA) - Specialist Requests	TGR	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	RNS
Thyroid CC Antibodies	THA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Thyroid Binding Globulin	TBG	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge and Separate	Freeze	SRA / REF	QML
Thyroid binding immunoglobulin- hTRAb	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Thyroid Profile- Basic - Integrative Health Request	=TBP	<b>Collect for the three (3) tests listed below</b> Thyroid Stimulating Hormone FT3 FT4  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Thyroid Profile - Extensive - Integrative Health Request -	=TFP	<b>Collect for the six (6) tests listed below</b> Thyroid Stimulating Hormone, FT3, FT4, Thyroid Autoantibodies, Reverse T3 <b>**See comments prior to collection</b> <b>**Transport on Dry Ice or in Freezer Packs.</b> Tests results available after 1 - 2 weeks  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Serum and 2. Serum	1. SST and 2. Plain / Clot	1. 8.5 2. 8.5	1. 5 2. 5	1. Centrifuge 2. Centrifuge and Separate	1. Refrigerate 2. Freeze **See Comment	1. AUTO 2. SRA / REF	2. QML
Thyroid Function Tests	Refer to IS-DE-2 **See Comment	<b>Data Entry Note:</b> Code History Refer to Data Entry IS-DE-2 Easy Referencing Guide  This Test is also for patients receiving Thyroxine replacement	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Thyroid Immunoglobulins	THA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Thyroid Index	Refer to IS-DE-2 **See Comment	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Thyroid Peroxidase Antibodies	ATP		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Thyroid Receptor Antibodies	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Thyroid Stimulating Antibodies	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Thyroid Stimulating Hormone	TSH		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Thyroid Stimulating Immunoglobulins	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Thyroid Tissue Antibody	THA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Thyrotrophin Releasing Hormone Test	IWY	This is a procedure performed by a doctor in Hospital and involves injection followed by timed collections for TSH levels. Contact Dr Fulcher 99268388. ** Blood samples taken at "0" mins ( pre-injection), then 30 mins and 60mins after injection. All tues are to be clearly marked with times of each collection.	Serum	3x SST ** See comment	3x 8.5	3x 8.5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Thyroxine Level	Refer to Data Entry IS-DE-2	<b>Refer to Data Entry IS-DE-2 Easy Referencing Guide</b> <b>Data Entry Note: Code History</b> This Test is also for patients receiving Thyroxine replacement	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Tiagabine	GAB	Trough level is collected before next dose (within 1 hour).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
TIBC	FES	<b>Clinical Note:</b> The same information is provided by the total transferrin quantitation	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Tick Identification	IWY			White Top Jar	N/A	N/A	N/A	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Tick typhus Serology	WEL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Tin	SN		Whole blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Tissue for Microbiology / Culture	PUS		Tissue	White Top Jar	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Tissue Typing (HLA) – Donor only	HLA	<b>SAMPLES NEED TO REACH RED CROSS WITHIN 24 HOURS AFTER COLLECTION.</b> <b>Collect: Monday to Thursday ONLY</b> For further enquiries contact Red Cross on 02- 9234 2322  By appointment in collection centre as must book in with Red Cross	Whole blood	<b>1. Bone Marrow:</b> 4 x ACD or <b>2. Kidney:</b> 7 x ACD	1. 20 ml or 2. 40ml	1. 20 ml or 2. 40ml	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RCR</b>
Tissue Typing (HLA) – Recipient only	CP	<b>SAMPLES NEED TO REACH RED CROSS WITHIN 24 HOURS AFTER COLLECTION.</b> <b>Collect: Monday to Thursday ONLY</b> For further enquiries contact Red Cross on 02- 9234 2322  By appointment in collection centre as must book in with Red Cross	Whole blood	<b>Bone Marrow:</b> 4 x ACD and 1 x Plain Clot  <b>Kidney:</b> 7 x ACD and 1 x Plain Clot	1. 20 ml & 10 ml or 2. 40ml & 10	1. 20 ml & 10 ml or 2. 40ml & 10	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RCR</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Titanium - Blood	IWY	We recommend the use of Certified Trace Element blood collection tubes to minimise contamination and improve reliability of test result.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc	Whole Blood	Trace Element Tube (K2 EDTA)	6	1	DO NOT Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Titanium - Urine	IWY	We recommend the use of Certified Trace Element blood collection tubes to minimise contamination and improve reliability of test result.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 or 2 > 200	1. 20 or 2. 100	N/A	Refrigerate both samples	<b>SRA / REF</b>	<b>RNS</b>
TNF Alpha Tumour Necrosis Factor Alpha	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> Serum is to be Frozen within 2 hrs <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze <b>**See comment</b>	<b>SRA / REF</b>	<b>ADW&amp;CH</b>
Tobramycin	TOB	Sample to be sent to the Lab at North Ryde as Urgent in RED BAG marked “ATTENTION SENDAWAYS” and sent with the earliest courier.  Before blood collection, record the time and date of commencement of the last dose on the request form. <b>* For Single Daily Dose</b> Tobramycin a) Collect a "peak" sample between 6 and 14 hours after the start of the last dose. b) If a "trough" sample is specifically requested, collect a sample immediately before the next infusion <b>* For Three Times Daily Dose</b> Tobramycin a) Collect a Trough sample immediately before the next infusion. b) Collect a Peak sample 10 minutes after the end of the IV infusion OR One hour after intramuscular injection <b>* For Twice Daily Dose</b> Proceed as for Three Times Daily dose. <b>* If Trough only, or Peak only requested-</b> Check and record the dosage times / regimes and collect according to this. <b>* If Random Tobramycin requested,</b> collect one sample only at least six hours after the dose	Serum	SST	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Tocopherol	EVI	<b>Transport on Dry Ice or in Freezer Packs</b> <b>**</b> Wrap aliquot tube in foil and Place extra barcode on outside of foiled aliquot.	Serum	Plain Clot (NO SST).	8.5	5	Centrifuge & Separate - and <b>Wrap in foil ASAP</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Tofranil	IMI	Collect immediately prior to next dose. Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Toluene	TOL	Random Urine collected at end of work shift. <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Toluene Disocyanate	IWY	Random Urine following suspected exposure or at end of work shift.	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>WOR</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Toluric Acid	IWY	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT / REF	WOR
Tolvon	MIA	Trough level is taken before next dose (within 1 hour)	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Tongue Swab- M, C & S	RES		Tongue	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Tonsil Swab - M, C & S	RES		Tonsil	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Tooth Swab- M, C & S	RES		Tooth	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Topamax / Topiramate	TPM	Collect 2-4hrs post dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RPA
Torch Studies	TOX RUB CMV HSV	<b>Includes Tests:</b>  Torch Studies 1 Torch Studies 2 Torch Studies 3 Torch Studies 4  For all 4 tests collect 1X SST	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Total Haemolytic Complement - CH50/CH100	TTP	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	Sutherland Hospital
Total iron Binding Capacity	FES	<b>Clinical Note:</b> The same information is provided by the total transferrin quantitation	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Total Protein	TP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Total-tau	IWY	<b>Dr Collect</b> <b>** Critical Urgent Pathway</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - FRM-CL-80 Critical Urgent Specimen form</b>  <b>Collectors and Lab Note:</b> For CSF Collection Procedures and guidelines please refer to FRM-CL-233 "National Dementia Diagnostics Laboratory – Sample collection and test information" document. <b>Sendaways:</b> ""FRM-SRA-73 – CSF Alzheimer’s Disease Specimen Data Submission Sheet - The Florey Institute" " Document required to be filled upon submission. Sample to be kept in polypropylene tube and not submitted in a polystyrene tube.  <b>** Non-Medicare Rebateable test</b> <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	CSF	Polypropylene	1	<0.5	N/A	Refrigerate	SRA / REF	NDDL
Toxocara Abs	TXA		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Toxoplasma Abs (IgG & IgM)	TOX		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
TPHA	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	AUTO	
TPMT & TPMT Phenotype	TMT		Whole blood	1 x Pink EDTA	4	4	DO NOT Centrifuge	Refrigerate	SRA / REF	GD
TPO Antibodies	ATP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
TPPA	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	AUTO	
TRAB	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Trachea / Tracheostomy Swab - M, C & S	RES		Trachea	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Trace Elements - Serum/Plasma	CU SEL ZN	<b>Collector’s note:</b> Wrap aliquot tube around TE primary tube-send together in bag marked “SC”.  Refer to FRM-CL-159 Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC".  <b>Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.</b>	Plasma	Trace Element Tube	6	6	Centrifuge & Separate **See comment	Refrigerate	SC	
Trachomatis Titre	CLA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Tramadol - Urine	1. TRM or 2. TRL **DE See comment	<b>AS4308 Chain of custody procedure to be followed if indicated as Drug Legal</b>  <b>* Collector's Note:</b> 1. Non-Legal or 2. Legal  <b>Data Entry note:</b> Code for Drug legal test as TRL  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	1. Yellow Top Jar or 2.AS 4308 Kit *See Comment	1. 50 or 2. 3x 10mL tubes	1. 20 or 2. 2x 10mL tubes	N/A	Refrigerate	TX	
Transcobalamin ( I & II )	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> ** Place extra barcode on outside of foiled aliquot Transcobalamin II not Available	Serum	SST	8.5	5	Centrifuge & Separate <b>wrap in foil</b> ** See Comment	Freeze foiled aliquot	SRA / REF	QML
Transferrin - Carbohydrate Deficient	CDT	<b>Chain of custody procedure to be followed at all times.</b> If there is no chain of custody request form supplied, please use TMP-COM-9 from DRS to document chain of custody process (cross out AS4308 wording in the bottom section of the form and initial this crossout.) SST must be sealed with tamper evident tape around the lid of the tube, signed by the collector and the client, placed in a green transit bag, locked and forwarded to Toxicology.  Toxicology Note: Toxicology to give to sendaways to send to QML This test can be collected at any collection centre.  Refer to Non-Medicare Rebateable test list for the cost of the test. For commercial clients, please contact Commercial Department 9005 7090. Inform patient of out of pocket expense, if patient agrees. 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38). <b>Note:</b> CDT Testing only occurs on Wednesday at QML	Serum	SST	8.5	5	Centrifuge	In Green Satchel – Refrigerate	SRA / REF	QML



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Transferrin - Carbohydrate Deficient - HPCA / AHPRA	CDT	<b>Chain of custody procedure to be followed at all times.</b>  Client will bring in <b>HPCA/AHPRA</b> request form.  SST must be sealed with tamper evident tape around the lid of the tube, signed by the collector and the client, placed in a green transit bag, locked and forwarded to Toxicology. Be advised that this can be collected at any collection centre.  Please see IS-CL-30 for the instruction sheet for HPCA and for CDT instruction flowchart.  If Urine Drug Screen also required, place both sealed samples in a separate bag together and place in green satchel.  Clients are required to pay for the tests as per the request form. Please ensure pre-payment form is filled out.  Contact Commercials 9005 7090 for pre-payment form if required.  <b>Lab Note:</b> Toxicology to hand to Sendaways to forward to QML <b>Note:</b> CDT Testing only occurs on Wednesday at QML	Serum	SST	8.5	5	Centrifuge	In Green Satchel – Refrigerate	<b>SRA / REF</b>	<b>CON</b>
Transferrin Isoforms	IWY	<b>For diagnosis of congenital disorders of glycosylation</b>  <b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) *Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate AND Freeze	Freeze sample ASAP -within 2 hours of collection.	<b>SRA / REF</b>	<b>WCH</b>
Transferrin Assay	FES		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Transglutaminase IgA / Abs	IGA TTA		Serum	SST X 2	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Transketolase	VB1	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** <u>Dedicated tube (EDTA) required.</u></b> Place extra barcode on outside of foiled tube	Whole blood	EDTA ** <b>Dedicated</b>	4	4	DO NOT Centrifuge <b>wrap tube in foil</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Transplantation - Antigens and Compatibility	HLA	<b>** <u>Dedicated tube (SST) required</u></b> SST will not be shared with other departments.  For Red Cross Requests for full HLA typing or tissue matching or stem cell donation	1. Whole blood <b>and</b> 2. Whole blood <b>and</b> 3.Serum	1. EDTA <b>and</b> 2. 3x ACD <b>and</b> 3. SST ** <b>Dedicated</b>	1. 4  2. 3x 6  3. 8.5	1. 4  2. 3x 6  3. 8.5	1. DO NOT Centrifuge  2. DO NOT Centrifuge  3. Centrifuge	All tubes Room Temperature ONLY	<b>SRA / REF</b>	<b>RCR</b>
Treponema antibodies	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	<b>AUTO</b>	
TRH Stimulation Test	IWY	This is a procedure performed by a doctor in Hospital and involves injection followed by timed collections for TSH levels. Contact Dr Fulcher 99268388. <b>** Blood samples taken at "0" mins ( pre-injection), then 30 mins and 60mins after injection. All tues are to be clearly marked with times of each collection.</b>	Serum	3x SST <b>** See comment</b>	3x 8.5	3x 8.5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RNS</b>
Trichinosis Serology	TRS		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Trichomonas, Trichomonas PCR - Swab or First Void Urine or Thinprep	TRI	<p>1 &amp; 3. <b>Doctor collect</b></p> <p>1. Flocked swab is only used for cervical, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on <a href="http://www.laverty.com.au">www.laverty.com.au</a> for further information</p> <p>2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.</p> <p><b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA</p>	1. Swab or 2. Urine or 3. Thinprep	1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or 3. ThinPrep	1. N/A 2. 15-30 3. N/A	1. N/A 2. 4 3. N/A	2. Refer to IS-CL-31	Room Temperature	1. MD or 2. Green top Jar – SRA and cobas tube- MD or 3. SRA	
Tricyclic Antidepressants Qualitative	TCA	Positive screens are presumptive only. Additional costs for a Mass spectrometric identification and confirmation. Call the Toxicology Department on 02 9005 7241	Random Urine	Yellow Top Jar	20	10	N/A	Refrigerate	TX	
Triglycerides	TRG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Trileptal	IWY		Plasma	Lithium heparin tube (NO SST)	5	2	Centrifuge and Refrigerate	Refrigerate	SRA / REF	SNP
Trimethylamine - Urine	IWY	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>** Non-Medicare Rebateable test</b></p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees</p> <p>2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).</p> <p><b>Lab Note:</b> Testing lab requires original urine container to be parafilmed.</p>	Random Urine	Yellow Top	50	10	N/A	Freeze	SRA / REF	RBH
Triple Test (Trisomy 21)	DNS	<p><b>***THIS IS NOT FOR PREGNANCY TEST (BHCG)***</b></p> <p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p>Depends on Gestational age: If between 9-13 weeks- FTS is performed in SC. If between 14-21 weeks Triple Test is performed at RPA</p> <p>PLEASE NOTE THAT IF THE DOCTORS REQUEST DOES NOT MARRY UP WITH THE GESTATIONAL AGE [E.G. TRIPLE TEST (AFP/UE3/hCG) REQUESTED BEFORE 14 WEEKS OR FTS (FREE-Beta HCG / PAPP-A) REQUESTED AFTER 14 WEEKS) THEN ORDER AN FTS AND LEAVE THE TROUBLESHOOTING TO BE DONE BY THE SPECIAL CHEMISTRY LAB.] THIS IS SO THAT THE SAMPLE CAN BE FROZEN AND THE CORRECT TEST ARRANGED AT A LATER STAGE WITHOUT THE TIME-SENSITIVE SAMPLES BEING LOST. WHEN IN DOUBT – PLEASE ASK</p>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	SRA / REF	QML
Trisomy 21 for Kayrotyping	IWY CRO	Regional Collections – Collect Monday to Thursday ONLY Metro Collections - Collect Monday to Friday (AM) ONLY	Whole Blood	Lithium Heparin	8	8	DO NOT Centrifuge	Room Temperature		QML

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Troponin I	TNI	<b>** CRITICAL URGENT PATHWAY</b> <b>** Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  <b>For Sydney Metro ACCs-</b> COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. <b>For Regional Areas-</b> contact the local peripheral lab. <b>Tubes need to reach testing lab within 2 hours.</b>	Serum	SST	8.5	5	Centrifuge	Refrigerate <b>** Critical Urgent</b> Transport to testing lab	<b>AUTO</b>	
Troponin T	TNT	<b>** Specimens to be placed in RED Specimen Bag and attach "Critical Urgent Note for Trop/Cardiac Enzymes"</b> <b>For Sydney Metro ACCs-</b> COMMS Room MUST be contacted on 02 90057022 to organise urgent pick-up. <b>For Regional Areas-</b> contact the local peripheral lab. This test is only offered at North Ryde	Serum	SST	8.5	5	Centrifuge	Refrigerate <b>** Critical Urgent</b> Transport to testing lab- <b>**See comment</b>	<b>AUTO</b>	
Tru Quant Test	QFX	<b>Test no longer available</b>								
Trypanosomiasis Serology	TYS	Do not confuse with Trypanosomiasis Serology - <b>African</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Trypanosomiasis Serology – <b>African</b>	QFX	NOTE: This test is no longer available <b>Do not confuse with Trypanosomiasis Serology or Trypanosomiasis Serology - American</b>								
Trypanosomiasis Serology - <b>American</b>	TYS	Do not confuse with Trypanosomiasis Serology - <b>African</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Trypsin antibodies	AAT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Trypsinogen	QFX	<b>Test no longer available</b> <b>** Contact HOD / Chemical Pathologist on 9005 7000 with Referring doctor's details for alternative test recommendations</b>								
Tryptase	TPT	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>QML* *Metro Labs only: Refer to your site specific SOP</b>
Tryptic Activity (Faeces)	QFX	<b>Test is no longer available</b>								
Tryptophan	AMC	<b>Transport on Dry Ice or in Freezer Packs</b>	Plasma	Lithium Heparin	8	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>RPA</b>
TSAT	FES		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
TSH	TSH		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
TSH Alpha Subunit	TSU	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	2x SST	2x 8.5	2x 8.5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>
TSH Receptor Antibodies (TRAb)	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
TSH, Free T3 Free T4	Refer to IS-DE-2 <b>**See Comment</b>	<b>Data Entry Note:</b> Refer to Data Entry IS-DE-2 Easy Referencing Guide								
TSI	TSI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
TST Reactivity	QTB	<p><b>** Place ALL 4 tubes in one RED BAG and send via the Urgent Specimen pathway.</b> Needs to reach Serology department in North Ryde within 16 hours of collection. For final collection times, refer to FRM-GEN-145 Quantiferon Test- Final Collection Times sheet.</p> <p><b>Collector's Note:</b> No collections on Public Holidays Refer to FRM-GEN-145 Quantiferon Test- Final Collection Times and IS-CL-16 Quantiferon TB Gold Tube Collection Order Quantiferon kit from collections advisor.</p> <p><b>Lab Note:</b> Refer to IS-SRA-15 Incubation procedure</p> <p><b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Medicare Rebateable</b> If patient is immunosuppressed or immunocompromised, exposed to a confirmed case of active TB; a person who is to commence, or has commenced tumour necrosis factor (TNF) inhibitor therapy; a person who is to commence, or has commenced renal dialysis; a person with silicosis; or a person who is, or is about to become immunosuppressed because of a disease or a medical treatment.</p>	Whole Blood	1x Quantiferon Kit 4 tubes in total (grey, green, yellow, purple)	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Mix tubes by inversion (ten times) after collection	Room Temperature	SRA	
TTG Abs	IGA TTA		Serum	SST X 2	8.5	5	Centrifuge	Refrigerate	AUTO	
Tuberculosis	AFB	1. Urine requirement: 3 early morning collections. 2. Sputum requirement from base of lungs obtained by deep cough is needed – <b>NOT SALIVA</b>	1. Urine or 2. Sputum or 3. Fluid or 4. Tissue or 5. CSF	1. Yellow Top Jar or 2. White Top Jar or 3. White Top Jar or 4. White Top Jar or 5. CSF Collection Tube-additive free (red top or aliquot tube)	20	10	N/A	1. Refrigerate  2. Refrigerate  3. Room Temperature  4. Room Temperature  5. Room Temperature	1 YT or 2 & 3. SRA or 4 & 5. MI	
Tuberculosis PCR (Pleural Fluid)	IWY		Pleural Fluid	White Top Jar	N/A	N/A	N/A	Refrigerate	SRA / REF	ICPMR



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Tuberculosis Serology	QTB	<b>** Place ALL 4 tubes in one RED BAG and send via the Urgent Specimen pathway.</b> Needs to reach Serology department in North Ryde within 16 hours of collection. For final collection times, refer to FRM-GEN-145 Quantiferon Test- Final Collection Times sheet.  <b>Collector's Note:</b> No collections on Public Holidays Refer to FRM-GEN-145 Quantiferon Test- Final Collection Times and IS-CL-16 Quantiferon TB Gold Tube Collection Order Quantiferon kit from collections advisor.  <b>Lab Note:</b> Refer to IS-SRA-15 Incubation procedure  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Medicare Rebateable</b> If patient is immunosuppressed or immunocompromised, exposed to a confirmed case of active TB; a person who is to commence, or has commenced tumour necrosis factor (TNF) inhibitor therapy; a person who is to commence, or has commenced renal dialysis; a person with silicosis; or a person who is, or is about to become immunosuppressed because of a disease or a medical treatment.	Whole Blood	1x Quantiferon Kit 4 tubes in total (grey, green, yellow, purple)	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Critical Volume - Fill up to the black mark on the side of the tubes ~1ml	Mix tubes by inversion (ten times) after collection	Room Temperature	<b>SRA</b>	
Tubular Reabsorption Phosphorus	BIO									
Tularaemia Serology (IgM and IgG)	IWY		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Tumour Marker - Thyroid Cancer	THY CCI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Tumour Markers	QFU	Doctor needs to specify what markers are required	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Tumour Molecular Profiling	NGS	<b>**Contact Histology on 02 90057133</b> Unstained slides x 10 to be sent directly to Genomic Diagnostics.  MBS eligible if also eligible for RAS (KRAS/NRAS) or EGFR testing. Otherwise refer to TMP-CL-15 for out of pocket expense	Tissue	N/A	N/A	N/A	N/A	Room Temperature	<b>SRA / REF</b>	GD
Tumour Necrosis Factor	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Serum is to be Frozen within 2 hrs.</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>ADW&amp;CH</b>
TWAR	CHT		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Typhoid antibodies	WID		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Typhoid (Blood Culture)	BC	Transport Urgent	Whole blood	Aerobic and Anaerobic Blood culture bottles	10	5	Shake gently to mix	Room Temperature	<b>MI</b>	
Typhoid / Para Typhoid- Culture	FMC FMP		Faeces	Brown Top Jar	10 grams	< 1 gram	N/A	Refrigerate	<b>MI</b>	
Typhus Abs	WEL		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
U (Urea)	URE		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
U1 RNP Abs	ENA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
UA (Uric Acid) - Serum	URA		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
UDS - Legal	DLI	<b>AS4308 / Chain of custody Collection procedure to be followed.</b>  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Random Urine	UDS Kit	3x 10	2x 5	N/A	Place in sealed green bag; Refrigerate while awaiting transport		
UDS - Medical	UDS	If patient does not meet Medicare criteria below, see Urine Drug Screen- General or Urine Drug Screen- legal  Urine Drug Screening can only be bulk billed for: •Medical assessment of patients •Monitoring of patients participating in a drug abuse treatment program  Medicare Rebate does not apply for: •Medico-legal testing •Pre-employment testing •Occupational health and safety testing •Surveillance of sports people •Testing for courts, parole boards, medical boards or similar agencies	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
UEC or U/E/C	UEC		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
UFC	UFC **See Commen	<b>Collectors Note:</b> IF the dexamethasone suppression test (DST) is also on the request form, THEN the 24 hr collection of urine should be completed before dexamethasone is given to the patient.  <b>**DATA ENTRY NOTE:</b> CODE QFU if Mass spectrometry is requested. QFU data entry member please email to Chemical Pathologist indicating mass spectrometry requested and then delete QFU.	24hr Urine	4Lt Urine Bottle (Plain)	100	50	N/A	Refrigerate	SRA	
Ultra Sensitive CRP	SCP		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Ultra Sensitive PSA	PSA	Medicare Rules are based on age, result (historical and current) and Family History. A fee may apply in some circumstances.  Patients should discuss with their referring doctor.  Fill in the form, FRM-CL-187 Patient Questionnaire: Prostate Health and ask the patient to sign  Medicare covers one Prostate-Specific Antigen (PSA) test every 2 years unless patient has a confirmed history of prostate disease. If patient needs additional tests within this time frame due to a known history of prostate disease, Medicare will cover the costs. If not covered by Medicare, patient will be charged a fee. Medicare will not cover more than one PSA every 2 years for Benign Prostatic Hyperplasia (BPH).	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Ultra Sensitive Testosterone	=TSF		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Unconjugated Bilirubin	NBL	* Place extra barcode on outside of foiled tube	Serum	SST	8.5	5	Centrifuge and wrap tube in foil*	Refrigerate	AUTO	
Urate - Synovial Fluid	SFC	Keep anaerobic as much as possible Collectors Note: Place label / tape across top of lid- label as "FI Chem" and container and must not to be opened prior to testing	Fluid	White Top Jar	20	<5	N/A	Refrigerate	SRA	
Urate / Uric Acid / UA - Serum	URA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Urate / Uric Acid / UUA - Urine	UUA		24hr Urine	4Lt Urine Bottle (Plain)	>200	100	N/A	Refrigerate	SRA	
Urea - Serum	URE		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Urea - Urine	UUR		24hr Urine	4Lt Urine Bottle (Plain)	>200	100	N/A	Refrigerate	SRA	
Urea Breath Test - C14	C14	Fasting.	Breath	H.Pylori Test Kit	N/A			Room Temperature	SRA	
Ureaplasma Urealyticum	MYU	<p><b>1 &amp; 3. Doctor collect</b></p> <p>1. Flocked swab is only used for cervical and urethral, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on <a href="http://www.lavery.com.au">www.lavery.com.au</a> for further information</p> <p>2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.</p> <p><b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA</p>	1. Swab or 2. Urine or 3. Thinprep	1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or 3. ThinPrep	1. N/A 2. 15-30 3. N/A	1. N/A 2. 4 3. N/A	2. Refer to IS-CL-31	Room Temperature	<b>1. MD or 2. Green top Jar – SRA and cobas tube- MD or 3. SRA</b>	
Urethral Discharge/Smear - Chlamydia	CPC	<p>Both Chlamydia trachomatis and Neisseria Gonorrhoea are tested on all requests</p> <p><b>1 &amp; 3. Doctor collect</b></p> <p>1. Flocked swab is only used for cervical, all other sites, use Woven swab. Place swab in cobas tube and carefully break the swab at the black score line. Refer to doctor's brochure located on <a href="http://www.lavery.com.au">www.lavery.com.au</a> for further information</p> <p>2. Patient to collect first void urine - 15-30mLs - Patient must not have passed urine for at least 1 hour before collection.</p> <p><b>**Collector's note:</b> Refer to IS-CL-31 for further instructions on how to transfer urine from Green Top jar to cobas PCR Media Tube. Original Green Top jar is to be sent to SRA</p>	1. Swab or 2. Urine or 3. Thinprep	1. cobas PCR Media Dual Swab Sample Pack (Flocked or Woven swab) <b>**See Comment</b> or 2. Green Top Jar and cobas PCR urine sample packet <b>**See comment</b> or 3. ThinPrep	1. N/A 2. 15-30 3. N/A	1. N/A 2. 4 3. N/A	2. Refer to IS-CL-31	Room Temperature	<b>1. MD or 2. Green top Jar – SRA and cobas tube- MD or 3. SRA</b>	
Urethral Discharge/Smear - Culture	GMC	<b>**Collector's Note:</b> Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Swab <b>**See comment</b>	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
UFC	UFC <b>**See Commen</b>	<p><b>Collectors Note:</b> IF the dexamethasone suppression test (DST) is also on the request form, THEN the 24 hr collection of urine should be completed before dexamethasone is given to the patient.</p> <p><b>**DATA ENTRY NOTE:</b> CODE QFU if Mass spectrometry is requested. QFU data entry member please email to Chemical Pathologist indicating mass spectrometry requested and then delete QFU.</p>	24hr Urine	4Lt Urine Bottle (Plain)	100	50	N/A	Refrigerate	SRA	
Uric Acid - Serum	URA		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Uric Acid (SUA) - Synovial Fluid For Crystals	FLD		Ascitic Fluid	White Top Jar	10	2	N/A	Refrigerate	SRA	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Urinary Inorganic Arsenic Speciation	IWY	<p>*Urine sample to be collected at the end of shift – Preferably at the end of the working week</p> <p>RNSH (Royal North Shore Hospital) – Performs Total Inorganic Arsenic only</p> <p>WOR (WorkCover / TestSafe Australia) – Performs a more comprehensive Arsenic assay which includes (MMAv, DMAv, AsIII, AsV)</p> <p>Note for requests going to WorkCover/TestSafe – ** Non-Medicare Rebateable test</p> <p>1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15)</p> <p>* Inform Patient of out-of-pocket expense, if patient agrees</p> <p>2. Use "Patient Advised of Fee" Stamp on the request form. Complete details and ask Patient to Sign</p> <p>3. Provide patient with Healius “out-of-pocket” fee notice: Stores Material Code #700428</p> <p>4. Write clearly the lab reference number on the out-of-pocket fee notice that is given to the patient.</p>	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	SRA / REF	RNS or WOR
Urinary Legionella / Pneumococcal Antigen	ULP **See Comment	<b>**DATA ENTRY:</b> Code to be used when either or both Urinary Legionella/Pneumococcal Ag is requested.	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	SRA / REF	POR
Urinary Metabolic Profile	QFX	<b>**Profile no longer available-</b> Integrative Health Request - Please phone 02 9005 7090 for enquiries							SRA / REF	WCH
Urine A1M	UA1 or IWY **See Comment	<b>Data Entry Note:</b> CODE: <b>UA1</b> if this test is requested on it’s own CODE: <b>IWY</b> if this test is ordered with A1, IgG and Citrate/Cr	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	HAPS
Urine ACR	UMA MAT		1. Random Urine or 2. 8-10hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (PLAIN)	1. 50 <b>or</b> 2. > 200	1. 10 <b>or</b> 2. 100	N/A	Refrigerate both samples	1. YT <b>or</b> 2. SRA	
Urine AFB	AFB	1. Urine requirement: 3 early morning collections. 2. Sputum requirement from base of lungs obtained by deep cough is needed – <b>NOT SALIVA</b>	1. Urine <b>or</b> 2. Sputum or 3. Fluid or 4. Tissue <b>or</b> 5. CSF	1. Yellow Top Jar or 2. White Top Jar or 3. White Top Jar or 4. White Top Jar or 5. CSF Collection Tube-additive free (red top or aliquot tube)	20	10	N/A	1. Refrigerate  2. Refrigerate  3. Room Temperature  4. Room Temperature  5. Room Temperature	1 YT <b>or</b> 2 & 3. SRA <b>or</b> 4 & 5. MI	



Lavery Pathology				COR-5 Lavery Pathology A-Z Test Guide v9.0 Website Version						
Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
Urine Alpha 1 Microglobulin	UA1 or IWY **See Comment	<b>Data Entry Note:</b> CODE: <b>UA1</b> if this test is requested on it's own CODE: <b>IWY</b> if this test is ordered with A1, IgG and Citrate/Cr	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>SRA / REF</b>	<b>HAPS</b>
Urine Bilinogen or Urobilinogen	URB		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT</b>	
Urine Bilirubin	BUB	*Place extra barcode on outside of foiled jar	Random Urine	Yellow Top Jar	20	5	Protect from light <b>wrap jar in foil*</b>	Refrigerate	<b>YT</b>	
Urine Bone Markers	DPD	** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	<b>YT</b>	
Urine Calcium	UCA	<b>2. Acid added in SRA</b>  <b>Lab Note:</b> mix well and leave for several hours before taking an aliquot	1. Random Urine or 2. 24hr Urine	1. Yellow Top Jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50  2. > 200	1. 10  2. 100	1. N/A  2. N/A	1. Refrigerate  2. Refrigerate	<b>1. YT</b>  <b>2. SRA</b>	
Urine Cast	CST	Requested in addition to UMC	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT</b>	
Urine Catheter	UMC		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT</b>	
Urine Chemistry	UNA UK UMP	If tests not indicated on Referral, then, Sodium, potassium, creatinine and protein are performed	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT</b>	
Urine Copper	UCU	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50  2 > 200	1. 20  2. 100	N/A	Refrigerate both samples	<b>1. YT</b>  <b>2. SRA</b>	
Urine Corticosteroid	17C	<b>LAB NOTE:</b> 50mL or greater must be sent to testing lab Testing lab requires samples to be transferred into a 50ml Yellow Top jar.  <b>Testing lab will not accept multiple 10ml aliquot tubes of urine.</b>	24hr Urine	4Lt Urine Bottle (Plain)	> 200 see comment	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>DTP</b>
Urine Cytology for Malignant Cells	PWC	<b>**Note:</b> Collect only 1 x Urine sample UNLESS doctor specifically requests a specific number of urine samples over a specific number of days. ONLY If doctor specifies 3 samples, then please collect 1x sample on each of 3 consecutive days.  <b>DO NOT COLLECT</b> the first specimen passed (use 2nd voided). <b>A fresh mid morning specimen is required.</b> Specimen must be brought in on day of collection.  If patient cannot supply the minimum volume of 30mls either instruct them to have a large drink of water and try again or ask them to return the next day with a full container  <b>Note:</b> Doctors may also use the terminology neoplastic or malignant cells	Mid morning mid stream Urine	1 or 3 x Yellow Top Jar **See comment	50	30	N/A	Refrigerate	<b>CY</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Urine DPD	DPD	** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	YT	
Urine Drug Screen - Legal	DLI	<b>AS4308 / Chain of custody Collection procedure to be followed.</b>  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	UDS Kit	3x 10	2x 5	N/A	Place in sealed green bag; Refrigerate while awaiting transport	TX	
Urine Drug Screen – Medical	UDS	If patient does not meet Medicare criteria below, see Urine Drug Screen- General or Urine Drug Screen- legal  Urine Drug Screening can only be bulk billed for: •Medical assessment of patients •Monitoring of patients participating in a drug abuse treatment program  Medicare Rebate does not apply for: •Medico-legal testing •Pre-employment testing •Occupational health and safety testing •Surveillance of sports people •Testing for courts, parole boards, medical boards or similar agencies	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Urine Drugs of Abuse Instant Screening	ICT	<b>Non-Medicare Rebateable</b> Contact the Commercial Department for queries on the pricing and Instant kits on 02 9005 7090	Random Urine	ICup2 Instant	20	10	N/A	N/A	TX	
Urine Dysmorphic Red Cells	DYS UMC	Part of MSU	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Urine EPG	EPU		1. Spot urine or 2. 24hr Urine	1. Yellow Top Jar or 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 10 2. 100	1. N/A 2. N/A	Refrigerate all samples	1. YT 2. SRA	
Urine ETG (Ethyl Glucoronide)	ETG	<b>AS4308 / Chain of custody Collection procedure to be followed.</b>  <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	UDS Kit	3 x 10mL tubes	2 x 5mL tubes	N/A	Place in sealed green bag; <b>Refrigerate</b> while awaiting transport	SRA / REF	QML
Urine Free Cortisol	UFC <b>**See Commen</b>	<b>Collectors Note:</b> IF the dexamethasone suppression test (DST) is also on the request form, THEN the 24 hr collection of urine should be completed before dexamethasone is given to the patient.  <b>**DATA ENTRY NOTE:</b> CODE QFU if Mass spectrometry is requested. QFU data entry member please email to Chemical Pathologist indicating mass spectrometry requested and then delete QFU.	24hr Urine	4Lt Urine Bottle (Plain)	100	50	N/A	Refrigerate	SRA	
Urine Haemoglobin	UMC		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Urine Haemosiderin	PWC	<b>**NOTE:</b> Collect only 1x urine sample UNLESS doctor specifically requests a specific number of urine samples over a specific number of days. ONLY If doctor specifies 3 samples, then please collect 1x sample on each of 3 consecutive days.  DO NOT COLLECT the first specimen passed (use 2nd voided). A fresh mid morning specimen is required. Specimen should be brought in on day of collection.  If patient cannot supply the minimum volume of 30mls either instruct them to have a large drink of water and try again or ask them to return the next day with a full container.  Note: Doctors may also use the terminology neoplastic or malignant cells	Mid morning mid stream Urine	Yellow Top Jar	50	30	N/A	Refrigerate	CY	
Urine IgG	IWY		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	JHH
Urine Iodine	UIO	URINE IS THE PREFERRED SAMPLE TO MONITOR IODINE DEFICIENCY. ** Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI,etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle ( plain)	1. 50 2 > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Urine Ketones	KEE		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	
Urine Kryptopyrrole	UKP or KPU **See Comment	<b><u>This test is NOT NATA or TGA accredited.</u></b> Collected for Research purposes ONLY. ** Place extra barcode on the outside of the foiled jar <b>Transport on Dry Ice or in Freezer Packs</b> <b>SRA Note:</b> Do NOT remove the foil-pass onto Sendaways asap <b>If Safelabs form is used,</b> payment for Safelabs is required at collection. There will also be a collection fee payable to Laverty Pathology, <b>refer to TMP-CL-15</b> <b>If Applied Analytical Request form is used</b> Phone Commercials on 02 9005 7090 for Pricing or enquiries <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign <b>Data Entry Note:</b> UKP - Panel for Safelabs Request KPU - Panel for Applied Analytical Request	Random Urine	Special Urine Kit- <b>available from Collections Advisor</b>	60	30	<b>Wrap in foil ASAP</b> after collection to protect from light **	Freeze	SRA / REF	SAF or AAL
Urine Leptospirosis	QFX	This test is no longer available.								
Urine Leptospirosis PCR	IWY		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	S&N
Urine M C&S / UMC	UMC		Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Urine Metals	QFU	* * Doctor to indicate WHICH METALS ARE REQUIRED TO BE TESTED. Contact Dr if not indicated	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate		
Urine Microscopy	UMD	<b>Unified Health and BUPA ONLY</b>	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	
Urine Moca	MOC	<b>Collectors Note:</b> Sample must be an 'End-of-shift' random urine for testing  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	WOR

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Urine Myeloma Screen	UIF EPU	Referral will indicate Random Urine OR 24 hour Urine collection, collect as indicated.	1.Spot urine or 2. 24 hr Urine	1.Yellow Top Jar or 2. 4Lt Urine Bottle (plain)	1. 50 or 2. > 200	1. 10 or 2. 100	N/A	Refrigerate all specimens	1. YT 2. SRA	
Urine OHP - CC	DPD	** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	YT	
Urine Oxalate	UOX	Contact collections advisor for bottle with acid added	24hr Urine	4Lt Urine Bottle (Acid Added)	> 200	100	N/A	Refrigerate	SRA / REF	RPA
Urine PCA3	QFX	Test no longer available in Australia								
Urine Renal Cell Carcinoma	PWC	<b>**NOTE:</b> Collect only 1x urine sample UNLESS doctor specifically requests a specific number of urine samples over a specific number of days. ONLY If doctor specifies 3 samples, then please collect 1x sample on each of 3 consecutive days.  DO NOT COLLECT the first specimen passed (use 2nd voided). A fresh mid morning specimen is required. Specimen should be brought in on day of collection.  If patient cannot supply the minimum volume of 30mls either instruct them to have a large drink of water and try again or ask them to return the next day with a full container.  Note: Doctors may also use the terminology neoplastic or malignant cells	Mid morning mid stream Urine	Yellow Top Jar	50	30	N/A	Refrigerate	CY	
Urine Renal Function	1. UMP UNA UK 2. UTP		1. Random Urine or 2. 24hr Urine	1. Yellow top jar or 2. 4Lt Urine Bottle (Plain)	1. 50 2 > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Urine Salbutamide	STU		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	SRA / REF	RPA
Urine Salts	UNA UK		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	
Urine Schistosmiasis (Bilharzia)	USC	** Specimen to be last stream urine collected between 12 midday - 3pm	Random Urine	Yellow Top Jar	50	20	N/A	Refrigerate	YT	
Urine Sediment (For Dr Harris)	UIH		Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	YT	
Urine Steroid Profile	17C	<b>LAB NOTE:</b> 50mL or greater must be sent to testing lab Testing lab requires samples to be transferred into a 50ml Yellow Top jar.  <b>Testing lab will not accept multiple 10ml aliquot tubes of urine.</b>	24hr Urine	4Lt Urine Bottle (Plain)	> 200 see comment	100	N/A	Refrigerate	SRA / REF	DTP



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Urine Trimethylamine	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).  <b>Lab Note:</b> Testing lab requires original urine container to be parafilmed.	Random Urine	Yellow Top	50	10	N/A	Freeze	<b>SRA / REF</b>	<b>RBH</b>
Urine X Links	DPD	** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	<b>YT</b>	
Ustekinumab	IWY	<b>Collectors:</b> Collect both Plain Clot and SST, mark Attention: Sendaways  Collect pre-dose (trough) specimen just before next dose. Record medication details, current dose, and time and date of last dose on request form.  <b>Sendaways:</b> Send both sample types for testing.  <b>****Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	1. SST and 2. Plain Clot	1. 8.5 and 2. 8.5	1. 5 and 2. 5	1 & 2 Centrifuge & Separate	Room Temperature	<b>SRA / REF</b>	<b>S&amp;N</b>
V617F Mutation	JK2	<b>Only Medicare Rebateable</b> if in there is evidence of polycythaemia vera or essential thromobocytiaemia  <b>**Non-Medicare Rebateable test</b> 1.Contact Genomic Diagnostics on 03 9918 2020 for the cost of this is test  2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign  <b>JAK 2 Gene Mutation could also be requested as:</b> Janus Kinase 2 Mutation V617F Mutation JAK 2 Exon 14 Mutation	Whole Blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>GD</b>
Vaginal Discharge MCS	GMC	<b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	Vaginal Discharge	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Vaginal Swab - M,C&S	GMC	<b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	Vagina <b>**See comment</b>	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
Vaginal Swab - Viral	HSC	<b>**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only</b>	Vagina <b>**See comment</b>	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Vaginal Vault Smear	CVX	<b>Dr Collect or Registered Practice Nurse</b>  Patients who are at least 24 years and 9 months of age or show symptoms/or following the test of cure pathway, will qualify for the medicare rebate. Pts under this age, the test is not rebateable  Patients who qualify as an early sexual debut patient, ie, 1st intercourse < 14 yrs of age and have not had the Gardasil vaccination are allowed one rebatable test between the ages of 20-25 yrs.  <b>One only in a 57 month period covered by medicare.</b>  <b>If criteria not met :</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	ThinPrep vial	ThinPrep	20ml	20ml	N/A	Room Temperature	<b>CY</b>	
Valium	QFX	<b>No Known Lab in Australia Currently Performing this Assay</b>								
Valproate - Free	FVA	<b>Transport on Dry Ice or in Freezer Packs</b>  Collect immediately prior to next dose (at least 8 hours post dose). Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>
Valproate - Total	VAL	Collect immediately prior to next dose (at least 8 hours post dose). Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Valproic Acid - Free	FVA	<b>Transport on Dry Ice or in Freezer Packs</b>  Collect immediately prior to next dose (at least 8 hours post dose). Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>LIV</b>
Valproic Acid - Total	VAL	Collect immediately prior to next dose (at least 8 hours post dose). Provide medication details, including time and date of last dose	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Vanadium (V)	UV	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	<b>1. YT</b> <b>2. SRA</b>	
Vancomycin - Random	VAN	Trough concentrations are recommended for therapeutic monitoring of vancomycin, preferably acquired at steady state (just before fourth dose).	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Refrigerate	<b>AUTO</b>	
Vancomycin Resistant Enterococci	CVR	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	1. Rectum **See comment or 2. Faeces	1. Blue Top Swab or 2. Brown Top Jar	1. N/A or 2. 10 grams	1. N/A or 2. > 1 gram	1. N/A or 2. N/A	1. Refrigerate or 2. Refrigerate	<b>MI</b>	
Vanillyl Mandelic Acid - <b>Children</b>	VCA	<b>Mark samples "Attention Sendaways".</b>	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	
Vanillyl Mandelic Acid (VMA)	CAT	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Varicella Zoster - IgG	VZG		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Varicella Zoster - IgM	VZM *See Comment	<b>Data Entry Note:</b> Please code VZG as well with all VZM requests	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Varicella Zoster - Culture Varicella Zoster Virus PCR	HSC	HSV and VZV performed on all samples, Site determined by doctor **Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	MD	
Varicella Zoster Antibodies IgG	VZG		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Varicella Zoster Antibodies IgM	VZM *See Comment	<b>Data Entry Note:</b> Please code VZG as well with all VZM requests	Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Varicella Zoster PCR	HSC	HSV and VZV performed on all samples, Site determined by doctor **Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	MD	
Vasculitis Screen	CRY C34 ENA DNA ANA LAA RF	<b>1. ONLY PERFORMED</b> at North Ryde Main Lab or closest peripheral lab with a monitored water bath. Submit both tube and aliquot sample- serum - mark <b>"ATTENTION: BLOOD BANK"</b> . Ensure there is no red cell in the serum tube If ACC does not have a waterbath - <b>DO NOT COLLECT</b> . No other vessels are appropriate for temperature monitoring  Note for North Ryde Main Lab: Collections for the test can be performed at the ACC Main Lab North Ryde on: Tuesdays, Wednesdays and Thursdays between 8am-12pm booking via the ACC phone: 0422 006 134 from 8am – 3pm (M-F)	1. Serum  <b>and</b>  2. Serum	1. **Plain Clot (NO SST)  <b>and</b>  2. 2 X SST	1. 8.5  2. 2 X 8.5	1. 8.5  2. 2 X 8.5	1. Incubate for 30 minutes at 37°C, Spin for 10 minutes at 3,000rpm, Incubate again for 30 minutes then separate serum and red cells  2. Centrifuge	1. Room Temperature  2. Refrigerate	<b>1.BB</b>  <b>2. AUTO</b>	
Vasoactive Intestinal Polypeptide	VIP	<b>Transport on Dry Ice or in Freezer Packs</b> ** Pre-chill tubes in fridge - separate within 30 mins of collection send frozen. Order special tube using the FRM-CL-76 Special Tubes/Containers order form. 12 hour fast essential	Plasma	VIP TUBE (Special Trasylol and EDTA collection tubes) ** Cold Collection	4	4	Centrifuge AND Separate within 30 mins of collection	Freeze immediately after separation.	SRA / REF	RPA
Vasopressin	IWY	<b>This assay is no longer available and has been replaced with Copeptin. Please refer to Copeptin entry for collection requirements. Copeptin is a Non-Medicare Rebateable Test</b>								
VD Serology	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	AUTO	
VDRL	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	AUTO	
Vedolizumab Level	IWY		Serum	SST	8.5	5	Centrifuge and Separate	Refrigerate	SRA / REF	S&N
Venesection	TV	<b>By appointment only, done at selected ACCs by accredited / skilled staff for this procedure. For list of ACCs call North Ryde Lab.</b>  <b>Hb blood test to be collected 3 days (no more than 7 days prior to performing venesection)</b>  **** <b>Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	1. Terumo Blood Pack 2. <b>EDTA</b>	1. 500 2. 4	1. 100 2. 2	1. N/A 2. DO NOT Centrifuge	Refrigerate both tubes	SRA	
Venous Bicarb	UEC		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Venous Blood PH	BGS	<b>** DOCTOR COLLECT ONLY**</b> Refer patient back to Doctor or hospital.  ** Test blood within 40 mins of collection Only Performed at laboratories associated directly with hospitals – and performed at Wagga Wagga ACC - Edward St POCT Not performed in Collection Centres or at the Main Laboratory.	Whole Blood	Lithium Heparin 2 mL cc-venting blood gas syringe	2	1	Keep cool ( <b>NOT ON ICE</b> ) or at RT but not higher, syringe must be tightly capped and mixed regularly by rolling the syringe between your palms for at least 15 seconds, do not shake	Transport cool or at RT Do not use ice slurry. Sample must be in the lab within 25 minutes of collection	<b>Relevant Hospital</b>	
Verapamil (Isoptin)	QFX	<b>Test no longer available</b>								
Very long Chain Fatty Acids	VFA	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	8	8	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>WCH</b>
VGCC	VOG	If requested specifically  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum or 2. CSF	1. SST or 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	<b>SRA / REF</b>	<b>RBH</b>
VGKC	VGK	If requested specifically  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Vimpat	QFX	<b>Test no longer available</b>								
VIP	VIP	<b>Transport on Dry Ice or in Freezer Packs</b>  ** Pre-chill tubes in fridge - separate within 30 mins of collection send frozen. Order special tube using the FRM-CL-76 Special Tubes/Containers order form. 12 hour fast essential	Plasma	VIP TUBE (Special Trasylol and EDTA collection tubes) ** Cold Collection	4	4	Centrifuge AND Separate within 30 mins of collection	Freeze immediately after separation.	<b>SRA / REF</b>	<b>RPA</b>
Viral - Culture: Herpes Viral PCR : Herpes	HSC	HSV and VZV performed on all samples, Site determined by doctor **Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only <b>Ensure that cells and fluid from the suspect vesicles and/or lesions are collected.</b>	Swab **See Comment	Green Top Swab (preferred) or White Top Swab	N/A	N/A	N/A	Room Temperature	<b>MD</b>	
Viral Antibodies	VAB		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Viral - Faeces	ADV ROT		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Viral Culture - Sputum	*See Comment	<p>Viral culture is not routinely available and is replaced by PCR, if available. <b>Site of sample and clinical notes/what virus(s) is suspected, MUST be stated</b></p> <p><b>*Data Entry Note:</b> If doctor specifies- Herpes/Varicella Zoster – code HSC Respiratory – code RVP Other**/ Unknown – code RVP and HSC</p> <p><b>For RVP:</b> Test includes Influenza A (swine flu, H1N1, bird flu); influenza B; RSV; Rhinovirus; Enterovirus; Parainfluenza and Adenovirus</p> <p><b>**Collectors note:</b> There might be a fee related to Other virus. If other virus indicated: 1. Phone Accounts receivable on 02 9082 3998 for pricing. 2. If there is a fee, then Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	Sputum	White Top Jar	N/A	N/A	N/A	Room Temperature	MD	
Viral Culture - Swab	*See Comment	<p>Viral culture is not routinely available and is replaced by PCR, if available. <b>Site of sample and clinical notes/what virus(s) is suspected, MUST be stated</b> <b>Collector’s note:</b> If site is not specified, write the site on the form to indicate which area of the body the swab was taken from. If required, contact the doctor if site is unknown.</p> <p><b>*Data Entry Note:</b> If doctor specifies- Herpes/Varicella Zoster – code HSC Respiratory – code RVP Other**/Unknown – code RVP and HSC</p> <p><b>For RVP:</b> Test includes Influenza A (swine flu, H1N1, bird flu); influenza B; RSV; Rhinovirus; Enterovirus; Parainfluenza and Adenovirus</p> <p><b>**Collectors note:</b> There might be a fee related to Other virus. If other virus indicated: 1. Phone Accounts receivable on 02 9082 3998 for pricing. 2. If there is a fee, then Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign</p>	** See Comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	MD	
Viral Load - HIV	HIL	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>Lab Note:</b> Unspun samples can still be processed if they are spun and separated in SRA within 24 hours of collection.</p>	Plasma	Pink EDTA	6	4	Centrifuge & Separate	Freeze	SRA	
Viscosity - Plasma Viscosity	PV	NOTE: Plasma MUST be separated within 24hrs of collection.	Plasma	2x EDTA	2x 4	2x 2	Centrifuge AND Separate	Room Temperature	SRA / REF	RBH
Viscosity - Whole Blood	PV	Test is no longer available. Alternative test is Plasma Viscosity (PV)								
Vitamin A	AVI	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>**Fasting Samples recommended by QML</b></p> <p><b>** Place extra barcode on outside of foiled aliquot tube</b></p>	Serum	Plain / Clot	8.5	5	Centrifuge, Separate & <b>Wrap in foil</b>	Freeze immediately	SRA / REF	QML
Vitamin B1	VB1	<p><b>Transport on Dry Ice or in Freezer Packs</b></p> <p><b>** <u>Dedicated tube (EDTA) required.</u></b></p> <p>Place extra barcode on outside of foiled tube</p>	Whole blood	EDTA ** <b>Dedicated</b>	4	4	DO NOT Centrifuge <b>wrap tube in foil</b>	Freeze	SRA / REF	QML
Vitamin B12	B12		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Vitamin B12 and Folate	B12 FOL *See comment	SERUM FOLATE IS A MORE SUITABLE TEST  Red cell folate (RCF) testing is no longer processed routinely. If the doctor has requested a RCF and require a result for appropriate clinical indications, this will need to be discussed and agreed with a Consultant Haematologist on +61 290027085 or Dr Lucinda Wallman, Medical Director on +61 290057179.  **Data Entry Comment: Data entry only code RCF IF REQUEST FORM INDICATES APPROVED BY PATHOLOGIST TO DO TEST	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate both tubes	<b>1. AUTO</b> <b>2. HA</b>	If legitimate request and approved by consultant, please refer sample to QML. Request form must indicate discussion and approval by consultant.
<b>Vitamin B12 and Folate Deficiency Profile -</b>  <b>Integrative Health Request</b>	=BFP	<b>Collect for the seven (7) tests listed below</b> Full Blood Count, Serum Folate Vitamin B12, Serum Folate, Intrinsic Factor Antibodies, Gastric Parietal Cell Antibodies, Homocysteine  <b>**See comments prior to collection</b> <b>Homocysteine:</b> <b>**Plasma: Transport on Dry Ice or in Freezer Packs</b>  <b>Integrative Health Request</b> - Please phone 02 9005 7090 for Pricing or enquiries Requires B-point payment prior and recorded receipt number on request form.	1. Whole Blood and 2. Serum and 3. Serum and 4. Plasma <b>*see comment</b>	1. 2 x EDTA and 2. SST and 3. SST and 4. EDTA	1. 2 x 4 2. 8.5 3. 8.5 4. 4	1. 2 x 2 2. 5 3. 5 4. 4	1. DO NOT Centrifuge 2. Centrifuge 3. Centrifuge 4. Centrifuge and Separate	1. Refrigerate 2. Refrigerate 3. Refrigerate 4. Freeze <b>**See Comment</b>	1. HA 2. AUTO 3. AUTO 4. SRA	
Vitamin B2	VB2	<b>Transport on Dry Ice or in Freezer Packs</b> <b>** Dedicated tube (EDTA) required.</b> Place extra barcode on outside of foiled tube	Whole blood	EDTA <b>** Dedicated</b>	4	4	DO NOT Centrifuge <b>wrap tube in foil</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Vitamin B3	VB3	Contact Collections Advisor for 4 litre Bottle with added acid	24 hr Urine	4Lt Urine Bottle (acid added)	>200	<100	N/A	Refrigerate	<b>SRA / REF</b>	<b>RPA</b>
Vitamin B5	QFX	<b>Test no longer available</b> ** Contact HOD / Chemical Pathologist on 9005 7000 with Referring doctor's details for alternative test recommendations								
Vitamin B6	VB6	<b>Transport on Dry Ice or in Freezer Packs</b> * Place extra barcode on outside of foiled tube **Must be a Fasting sample	Whole Blood	EDTA	4	4	DO NOT Centrifuge <b>Wrap tube in foil</b> * See Comment	Freeze	<b>SRA / REF</b>	<b>QML</b>
Vitamin B9	FOL *See comment	SERUM FOLATE IS A MORE SUITABLE TEST  Red cell folate (RCF) testing is no longer processed routinely. If the doctor has requested a RCF and require a result for appropriate clinical indications, this will need to be discussed and agreed with a Consultant Haematologist on +61 290027085 or Dr Lucinda Wallman, Medical Director on +61 290057179.  **Data Entry Comment: Data entry only code RCF IF REQUEST FORM INDICATES APPROVED BY PATHOLOGIST TO DO TEST	1. Serum <b>and</b> 2. Whole Blood	1. SST <b>and</b> 2. EDTA	1. 8.5 2. 4	1. 5 2. 2	1. Centrifuge  2. DO NOT Centrifuge	Refrigerate both tubes	<b>1. AUTO</b> <b>2. HA</b>	If legitimate request and approved by consultant, please refer sample to QML. Request form must indicate discussion and approval by consultant.
Vitamin C	CVI	<b>Transport on Dry Ice or in Freezer Pack</b> <b>** Place extra barcode on outside of foiled aliquot</b>	Serum	Plain Clot	8.5	5	Centrifuge & Separate and <b>Wrap in foil ASAP.**</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Vitamin D 125	D12	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	SST	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>CON</b>
Vitamin D (25OH and1,25OH)	D12 DVI *See Comment	<b>Data Entry note:</b> Both codes to be entered when 25OH and 1,25OH are requested together.								
Vitamin D3	DVI		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Vitamin E	EVI	<b>Transport on Dry Ice or in Freezer Packs</b> ** Wrap aliquot tube in foil and Place extra barcode on outside of foiled aliquot.	Serum	Plain Clot (NO SST).	8.5	5	Centrifuge & Separate - and <b>Wrap in foil ASAP</b>	Freeze	<b>SRA / REF</b>	<b>QML</b>
Vitamin K	KVI	<b>Transport on Dry Ice or in Freezer Packs</b> ** Place extra barcode on outside of foiled aliquot  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	Plain Clot (NO SST)	8.5	5	Centrifuge & Separate protect from light- <b>wrap in foil **</b> See Comment-	Freeze foiled aliquot	<b>SRA / REF</b>	<b>POW</b>
Vitreous Biopsy - M, C & S	RES	Dr collect	Biopsy Tissue	White Top Jar	N/A	N/A	N/A	Room Temperature		
VLCFA	VFA	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	Lithium Heparin	8	8	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>WCH</b>
VMA Adults	CAT	Acid to be added prior to collection. Oder Cont 24 Hour urine acid bottle (Acid Prior) mat # 679397 from stores <b>SRA Note:</b> Send 2 urine aliquots to QML	24hr Urine	4Lt Urine Bottle (Acid added)	>200	100	N/A	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
VMA <b>Children</b>	VCA	<b>Mark samples "Attention Sendaways".</b>	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	
Voltage dependant potassium (K) channel antibodies	VDK	If requested specifically  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Voltage Gated calcium channel antibodies	VOG	If requested specifically  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1. Serum or 2. CSF	1. SST <b>or</b> 2. CSF Collection tube - additive free (red top or aliquot tube)	1. 8.5 or 2. 1	1. 2.5 or 2. 1	1. Centrifuge or 2. N/A	Refrigerate both	<b>SRA / REF</b>	<b>RBH</b>
Voltage Gated potassium (K) channel antibodies	VGK	If requested specifically  <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>RBH</b>
Von Hippel Lindau Syndrome	IWY	<b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	2x EDTA	2x 4	2x 4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>RNS</b>
Von Willebrands Factor / Screen	VWS	Test includes- Factor VIII level, RCo, vWF:ag, vWF:ac  <b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol	Plasma	4 x Citrate	4 x 2.7 Full Draw ** Volume critical **	4 x 2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	<b>CO</b>	



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Voriconazole	VOZ		Plasma	EDTA	4	4	Spin and Separate Refrigerate Plasma	Refrigerate	SRA / REF	SYP
VRE - Rectal swab or Faeces	CVR	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	1. Rectum **See comment or 2. Faeces	1. Blue Top Swab or 2. Brown Top Jar	1. N/A or 2. 10 grams	1. N/A or 2. > 1 gram	1. N/A or 2. N/A	1. Refrigerate or 2. Refrigerate	MI	
VTE	=TMB	<b>Transport on Dry Ice or in Freezer Packs</b> ** Correct volume critical. . Specific clinical criteria apply for Medicare rebate 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of a possible out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Plasma	5 x Citrate	5x2.7 Full Draw ** Volume critical **	5x2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze	CO	
Vulval Lesions - Bacterial / Fungal Culture	GMC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Vulva **See comment	Blue Top Swab	N/A	N/A	N/A	Room Temperature	MI	
Vulval Lesions - Viral Culture or PCR	HSC	**Collector's Note: Rectal/Anal/Genital swabs are Dr or Practice Registered Nurse Collects Only	Vulva **See comment	Green Top Viral swab	N/A	N/A	N/A	Room Temperature	MD	
VWD Screen/Test	VWS	Test includes- Factor VIII level, RCo, vWF:ag, vWF:ac <b>Transport on Dry Ice or in Freezer Packs</b> <b>Collector's Note:</b> Please refer to IS-CL-24 for double spin protocol	Plasma	4 x Citrate	4 x 2.7 Full Draw ** Volume critical **	4 x 2.7 Full Draw ** Volume critical **	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	CO	
VZV	VZG VZM		Serum	SST	8.5	5	Centrifuge	Refrigerate	AUTO	
Warfarin Ab	IWY		Serum	Plain Clot	8.5	5	Centrifuge & Separate	Refrigerate	SRA / REF	RBH
Wassermann Reaction	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	AUTO	
WCC	WBC	Part of FBC	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	HA	
Weedicides - Occupational Workcover	PEO	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1.Random Urine <b>and</b> 2. Whole Blood	1. Yellow Top Jar <b>and</b> 2. Lithium Heparin	1. 20 <b>and</b> 2. 8	1. 10 <b>and</b> 2. 8	1. N/A and 2. DO NOT Centrifuge	Refrigerate both samples	SRA / REF	WOR
Weil Felix Abs	WEL		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	QML



Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Welding Fumes Screen / Welding Fumes Testing	=WFS	This screen will include and test for the following metals: • Cadmium (Cd) • Chromium (Cr) • Cobalt (Co) • Copper (Cu) • Lead (Pb) • Nickel (Ni) • Vanadium (V) • Zinc(Zn) • Manganese(Mn) • Iron Studies These requests are for work purposes, cannot be bulk-billed  Patient's full home address as well as their employer name and address must be provided at the time of collection <b>**Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	1 Random Urine  <b>and</b>  2.Serum	1. Yellow Top Jar  <b>and</b>  2. SST	1.   20   2.    8	1.  10   2.   8	1.   N/A   2. Centrifuge	Refrigerate both samples	<b>1. YT</b>   <b>2. AUTO</b>	
West Nile Virus	WNV		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
Whipples Disease	WHI		<b>CSF</b>	CSF Collection Tube-additive free (red top or aliquot tube)	N/A	N/A	Seal tube with Parafilm	Refrigerate	<b>SRA / REF</b>	<b>ICPMR</b>
White Cell Count	WBC	Part of FBC	Whole blood	EDTA	4	2	DO NOT Centrifuge	Refrigerate	<b>HA</b>	
Whooping cough PCR	BPP	Test includes Bordetella parapertussis  **Collectors note: ONE swab to sample the oropharynx (throat) and then both nostrils. Use a flocked swab and liquid transport medium container. **Only ONE swab is required for co-requests of RVP and/or NCP and/or BPP. Refer to IS-CL-64 Procedure for Respiratory Pathogen PCR swab collection at ACC  *** IF MCS (Micro) is co-requested, please also collect a BACTERIAL swab (Mat # 682309)	Swab **See comment	Flocked swab and red-topped liquid transport medium container (Mat#: 700412)	N/A	N/A	N/A	Room Temperature	<b>Molecular Respiratory Bench</b>	
Whooping cough serology	PER	Pertussis IgA is no longer available at Laverty Pathology	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
Widal Antibodies / Test	WID		Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>SRA / REF</b>	<b>QML</b>
Wilson disease	CAE CU UCU	Collections for Plasma and Urine copper should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Serum <b>and</b> 2. Plasma <b>and</b> 3. 24hr Urine	1. SST <b>and</b> 2. Trace Element tube <b>and</b> 3. 4Lt Urine Bottle (Plain)	1. 8.5 and 2 6 and 3. > 200	1.  4 and 2.  6 and 3. <100	1. Centrifuge and separate 2. DO NOT Centrifuge	Refrigerate all samples	<b>1. Auto</b> <b>2. SC</b> <b>3. SRA</b>	
Worms   - Ova Cysts Parasites	FMC FMP		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	<b>MI</b>	
Wound Culture / Swab	PUS	Wound site as per doctor's Referral	See Comment	Blue Top Swab	N/A	N/A	N/A	Room Temperature	<b>MI</b>	
WR	SYM		Serum	2x SST	2x 8.5	2x 8.5	Centrifuge	Refrigerate	<b>AUTO</b>	
X - Links (Urine)	DPD	** Place barcode on the outside of the foiled jar. A random early morning urine specimen is preferred. A 24 hour specimen (if specifically requested.) may be collected in a plain 4 litre bottle.	Random Urine	Yellow Top Jar	50	10	Protect from Light, <b>wrap jar in foil.</b> <b>**See Comment</b>	Refrigerate	<b>YT</b>	

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Lavery Destination	Referred Lab
X-LINKED BULBOSPINAL MUSCULAR ATROPHY SPINAL AND BULBAR MUSCULAR ATROPHY PCR	ARP	<b>Collector's Note: DO NOT</b> collect on Fridays or weekends.  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2.Use "Patient Advised of Fee" Stamp. Complete details and ask Patient to Sign	Whole Blood	Pink EDTA	6	4	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>CON</b>
X Match	XM	<b>DO NOT SEPARATE TRANSFUSION FORM</b> * If patient has been pregnant or recently transfused in the last 3 months or has history of a clinically significant antibody please collect no greater than 72 hours before date required. * For all other patients a GPH/XM can be collected up to 30 days before required for elective surgery. <b>Note:</b> 30 days starts from date of collection. <b>Blood Transfusion form and request form MUST</b> contain identical information which includes all of the following: Barcode, Patient's Surname and Given Name(s), Date of Birth, Date & Time of collection, <b>Collector's signature.</b> A red label must be attached to each tube for all Group and Hold/Cross Match tests. <b>All samples MUST</b> be labelled with patient and collection details and signed by the collector. Ensure the Collector's Declaration signature on the request form matches the signature on the samples and Blood Transfusion form. In Sydney Metro Areas: Prior to collection, Collection staff must contact Blood Bank Department on 02 90057270 to confirm at which lab these samples will be tested and stored prior to the anticipated operation / transfusion. <b>Collectors Note:Send BOTH Transfusion form and specimens directly to Blood Bank</b>	1. Whole Blood  <b>and</b>  2. Whole Blood	1. 2x EDTA **  <b>and</b>  2. Plain Clot**  <b>**Red Blood Bank labels required to be fixed to all tubes.</b> **See Comments	1. 2x 4  2. 8.5	1. 2x 2  2. 5	1. DO NOT Centrifuge  2. DO NOT Centrifuge	Refrigerate all tubes	<b>BB</b>	
Xa	XAA	<b>Transport on Dry Ice or in Freezer Packs</b> <b>Send via Urgent Pathway</b>  * Correct volume critical. A list of the medication that the patient is on is required for testing Please place in SEPARATE BAG , <b>ATT: Coags</b>	Plasma	2 x Citrate	2 x 2.7 Full draw*	2 x 2.7 Full draw*	Double Spin Protocol Refer to IS-CL-24 Freeze immediately after aliquoting	Freeze immediately after aliquoting	<b>CO</b>	
XDP	FDP	<b>** CRITICAL URGENT PATHWAY</b> <b>* Specimens to be placed in RED Specimen Bag and attach Doc - <u>FRM-CL-80 Critical Urgent Specimen form</u></b>  Transport Citrate tubes as <b>CRITICAL Urgent</b> in RED BAG and refer the samples to the nearest lab (North Ryde or local peripheral / regional lab)  <b>**Spin and separate if GREATER THAN 4hrs to reach testing lab.</b>	Whole Blood	Citrate	2.7 Full Draw critical**	2.7 Full Draw critical**	DO NOT Centrifuge <b>** See Comment</b>	Refrigerate	<b>CO</b>	
Xylene	TOL	Random Urine collected at end of work shift <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Random Urine	Yellow Top Jar	50	10	N/A	Refrigerate	<b>YT / REF</b>	<b>WOR</b>
Xylose Absorption Test	IWY	<b>** Collectors:</b> Contact Sendaways on 02 90057210. <b>Lab Note:</b> Contact Biochemistry Dorevitch Pathology- 03 92440444							<b>SRA / REF</b>	
Y Chromosome Gene Deletion / Microdeletion	YDL	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>
Y Deletion Studies 9Y Chromosome Gene Deletion	YDL	<b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Whole blood	Pink EDTA	6	6	DO NOT Centrifuge	Room Temperature	<b>SRA / REF</b>	<b>QML</b>

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required- mls	Minimum Volume for testing- mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
Yellow Fever Serology	YFS	<b>Clinical History required:</b> Patient to advise of recently travelled destinations and symptoms.  This is <b>NOT</b> a test for Immunity / Post Vaccination	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
Yersinia - Antibody serology	YER		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RCH-Vic
Yersinia - Culture	FMC FMP		Faeces	Brown Top Jar	10 grams	> 1 gram	N/A	Refrigerate	MI	
Yo Antibodies	ANU	Part of Neuronal Ab panel	Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	RBH
ZAP 70	IWY	<b>** Do NOT collect FRIDAY PM or WEEKENDS. Specimen must reach RNS Laboratory within 12 hours of collection. Please call sendaways on 90057210 to advise of collection. Transport in RED bag marked "ATTENTION SENDAWAYS DEPT".</b>	Whole blood	EDTA	4	1	DO NOT Centrifuge	Refrigerate	SRA / REF	RNS-Palms
Zarontin	ETH		Plasma	Lithium heparin	8	8	Centrifuge & Separate	Refrigerate	SRA / REF	RBH
ZIKA - Blood	ZKA		Serum	SST	8.5	5	Centrifuge	Refrigerate	SRA / REF	ICPMR
ZIKA - PCR	ZKP		1. Whole blood or 2. Random Urine	1. EDTA (Preferred) or 2. Yellow Top Jar (Acceptable)	1. 4 or 2. 50	1. 1 or 2. 20	1. DO NOT Centrifuge or 2. N/A	Refrigerate samples	SRA / REF	POW
Zinc (Zn) - plasma / serum	ZN	Refer to <b>FRM-CL-159</b> Trace Element/Heavy Metals collection chart if other elements requested. Ensure specimen bag is marked "SC". Collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	Plasma	Trace Element Tube	6mL	6mL	Centrifuge & Separate **See comment	Refrigerate	SC	
Zinc (Zn) - Urine	UZN	Place samples in separate bag/container marked as "Special Chemistry-Metals Area". To avoid contamination/interference it is important to advise patients (i) that dust from clothing does not come into contact with urine during collection, (ii) urine is not collected into metal containers, (iii) collections should not be performed within 96 hours of receiving contrast media for CT scans, MRI, etc.	1. Random Urine or 2. 24hr Urine	1. Yellow top jar <b>or</b> 2. 4Lt Urine Bottle (Plain)	1. 50 2. > 200	1. 20 2. 100	N/A	Refrigerate both samples	1. YT 2. SRA	
Zinc (Zn) - Red cell	BZN		Whole Blood	EDTA	4	4	DO NOT Centrifuge	Refrigerate	SRA / REF	RPA
Zinc Transporter 8 antibodies	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	4	1	Centrifuge	Freeze	SRA / REF	RCH-Vic
Zinc T8 Ab	iWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	4	1	Centrifuge	Freeze	SRA / REF	RCH-Vic
Zn-T8 Antibody	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	4	1	Centrifuge	Freeze	SRA / REF	RCH-Vic

Test Name	ULTRA CODE	Additional Comments	Specimen Type	Container Type	Specimen Volume required-mls	Minimum Volume for testing-mls	Specimen Handling	Storage & Transport	Laverty Destination	Referred Lab
ZnT8 Ab	IWY	<b>Transport on Dry Ice or in Freezer Packs</b>  <b>** Non-Medicare Rebateable test</b> 1. Refer to Non-Medicare Rebateable test list for the cost of the test (Doc No: TMP-CL-15) * Inform Patient of out of pocket expense, if patient agrees 2. Take pre-payment and record receipt number and amount paid on Request Form (Doc No: IS-CL-38).	Serum	SST	4	1	Centrifuge	Freeze	<b>SRA / REF</b>	<b>RCH-Vic</b>
Zoonoses ABS	QFU	As per Microbiologist, need to clarify what infection is being investigated by the referrer as 'Zoonoses' covers a wide range of potential infections.	Serum	SST	8.5	5	Centrifuge	Refrigerate	<b>AUTO</b>	
ZPP	HZP FBC	<b>** 1x EDTA: Wrap in foil ASAP -</b> <b>* Place extra barcode on outside of foiled tube</b>  SRA Note: Do NOT remove the foil-pass onto Sendaways  <b>* MUST have FBC performed as well – Collect extra EDTA</b>	Whole Blood	1. 1xEDTA Foil wrapped and 2. 1xEDTA <b>**See comment</b>	1. 4 and 2. 4	1. 2 and 2. 2	DO NOT Centrifuge  1. Wrap in foil ASAP. <b>**See comment</b>	Refrigerate both	<b>SRA / REF</b>	<b>QML</b>
Zyloprim	OXF	Collect Sample 6-9hrs post dose. Provide medication details including time and date of last dose.	Plasma	EDTA	4	2	Centrifuge & Separate - within 4 hours of collection	Refrigerate	<b>SRA / REF</b>	<b>SYP</b>
Zyprexa	OLZ	<b>Transport on Dry Ice or in Freezer Packs</b>	Serum	Plain / Clot	8.5	5	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>GRI</b>
Zyvox	IWY	<b>Transport on Dry Ice or in Freezer Packs</b> Collect trough level immediately before next dose. Note medication details including time of last dose and dosage.	Plasma	EDTA	4	4	Centrifuge & Separate	Freeze	<b>SRA / REF</b>	<b>SYP</b>