

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
A1AT Phenotyping (see <u>Alpha 1-Antitrypsin Phenotype, Serum</u>)						
A2M (see <u>Alpha2-Macroglobulin, Serum</u>)						
Abdominal Fat Pad FNAB for Amyloid Detection Fat Pad for Amyloid	Cytopathology- UH	Fine Needle Aspiration CYTOPATHOL OGY REQUISITION- NON- GYNAECOLOG ICAL AREA	Performed as required	See report	2017-06-28	Any questions: Please call the Cytopathology Laboratory at LHSC - University Campus during regular working hours (0830-1630) Ext. 35056.
ABO Titre Alloantibody Antibody Titre	Blood Transfusion	6 mL Pink (EDTA) top Vacutainer tube BLOOD TRANSFUSION REQUISITION or Electronic order	Daily Urgent, if indicated	See report	2005-03-26	
Abortus, Stillbirth or Deceased Neonate	Pathology	Abortus Stillbirth Deceased Neonate See links in Collection Information	As required		2011-07-21	
ACA (see <u>Anticardiolipin</u>)						
ACADM (see <u>Medium Chain Acyl CoA Dehydrogenase Deficiency(MCAD)</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Acanthamoeba Culture	Microbiology (VH)	CSF Corneal scrapings Contact lens cases and fluid PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred weekdays to the Public Health Laboratory.		2006-07-01	
AcCoA: Alpha-Glucosamine Acetyltransferase, Fibroblasts MPSIIIC Sanfilippo C Syndrome	Biochemical Genetics	Fibroblasts BIOCHEMICAL GENETICS LAB REQUISITION	As required	600-935 pmol/hr/mg protein	2009-10-01	
ACCP (see <u>Anti Cyclic Citrullinated Peptide, Serum</u>)						
ACE (see <u>Angiotensin Converting Enzyme, CSF, Angiotensin Converting Enzyme, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Acetaminophen Tylenol Tempra Paracetamol	Core UH & VH	4.5 mL Green top Vacutainer Pediatric: 0-2 years: Green 0.6 mL Microtainer 2-10 years: 2 mL Green top GENERAL LABORATORY REQUISITION	As required	<u>Therapeutic:</u> 70-130 µmol/L <u>Toxic Levels:</u> 4 hr. after ingestion: >990 µmol/L 12 hr. after ingestion: >260 µmol/L Please interpret acetaminophen results with great caution as bilirubin has been found to significantly interfere with this method (artificially elevates the results)	2010-08-04	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Acetoacetate + Beta Hydroxybutyrate, Biochemical Genetics Lab	Biochemical Genetics	<p>6 mL Green (Sodium or Lithium Heparin) top Vacutainer tube</p> <p>Pediatric: 0-2 yrs: 2 x 0.5 mL Green top 2-10 yrs: 3 mL Green top BIOCHEMICAL GENETICS LAB REQUISITION</p>	As required	<p>Acetoacetate: 0.02-0.08 mmol/L</p> <p>Beta-hydroxybutyrate: 0.06-0.17 mmol/L</p>	2008-06-10	<p>To be ordered for investigating biochemical genetics and metabolic disorders only. For all other requests refer to Beta Hydroxybutyrate, Plasma/Serum (test performed in the Core Lab).</p> <ol style="list-style-type: none"> 1. Pipette 0.5 mL of freshly drawn whole blood from the Green top tube (on ice) into cold acetoacetate tube containing 1.0 mL of 8% perchloric acid (PCA). 2. Mix and spin in cold centrifuge. 3. Aliquot supernatant into clean transport tube. 4. Re-spin in cold centrifuge and remove supernatant into another clean transport tube. (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Acetone (see <u>Alcohol Fractionation (by Gas Liquid Chromatography)</u>)						
Acetylcholine Receptor Antibodies (see <u>Anti-Acetylcholine Receptor Antibodies, Serum</u>)						
aCGH (see <u>Microarray, Prenatal Microarray</u>)						
ACHR (see <u>Anti-Acetylcholine Receptor Antibodies, Serum</u>)						
ACHR Variant (see <u>Muscle Specific Tyrosine Kinase Antibodies</u>)						
AchRAb (see <u>Anti-Acetylcholine Receptor Antibodies, Serum</u>)						
Acid fast Bacilli Culture (AFB) (see <u>Mycobacterium Culture</u>)						
Acid Lipase Lysosomal Acid Lipase Wolman's Disease CESD (Cholesterol Ester Storage Disease)	Biochemical Genetics	Dried Blood Spot BIOCHEMICAL GENETICS LAB REQUISITION	As required	80-230 pmol/hr/dried blood dot punch	2009-10-01	
Acid Maltase (see <u>Alpha-Glucosidase, Dried Blood Spot, Alpha-Glucosidase, Fibroblasts</u>)						
Acid Mucopolysaccharide (see <u>Mucopolysaccharide Screen,Urine</u>)						
ACRAB (see <u>Anti-Acetylcholine Receptor Antibodies, Serum</u>)						
ACTH (see <u>Adrenocorticotropic Hormone, Plasma</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
ACTH Stimulation Test, Plasma/Serum Cosyntropin Test	Core	<p><u>FOR ACTH TESTING:</u> Adult: 4 mL Lavender top (EDTA) Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Lavender top (EDTA) Microtainer 2-10 years: 2 mL Lavender top (EDTA) Vacutainer tube Red, Gold, or Light Green (Li-heparin) top tubes are NOT acceptable.</p> <p><u>FOR CORTISOL TESTING:</u> Adult: 4.5 mL Light Green top (Li-Heparin) Vacutainer tube</p>	<p>For cortisol testing, as required.</p> <p>For ACTH testing, Tuesday afternoons.</p> <p>(more...)</p>	Interpretation of this test is based on the clinical circumstances, other medications and the formulation of ACTH used for this stimulation challenge.	2019-12-09	<p>Biotin may interfere with the cortisol and ACTH tests. Samples should not be taken from patients receiving high biotin doses (i.e. > 5 mg/day) until at least 8 hours after the last biotin administration.</p> <p>Oral contraceptives, pregnancy, or estrogen therapy cause elevated plasma cortisol levels due to an increase in binding proteins.</p> <p>Patients suffering from 21-hydroxylase deficiency exhibit elevated 21-deoxycortisol levels and this can cause falsely elevated cortisol results.</p> <p><u>FOR ACTH TESTING:</u> Use a refriger (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
ADAMTS-13 Activity	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tube GENERAL LABORATORY REQUISITION	Monday-Friday 0800-1600	41-130%		
Additional Kidney Living donor Crossmatch (see <u>HLA Workup Living Donor Additional or Final</u>)						
ADH (see <u>Copeptin (Surrogate Measure of Anti-Diuretic Hormone), Plasma/Serum</u>)						
ADNA (see <u>Anti double stranded DNA, IgG</u>)						
Adrenal Antibodies, Serum Anti adrenal antibodies Steroid Cell Antibodies	Core	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	Adrenal Antibodies: Negative Mitochondrial Antibodies: Negative	2016-08-08	Note: Test approved for Endocrinologists. For all other requests, please page the Biochemist on-call. LTC Staff: Collect sample, manually label and send to SRA to order
Adrenalin (see <u>Catecholamines, Urine</u>)						
Adrenaline (see <u>Catecholamines, Plasma (Norepinephrine, Epinephrine)</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Adrenocorticotrophic Hormone, Plasma ACTH	Core	<p>Adult: 4 mL Lavender top (EDTA) Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Lavender top (EDTA) Microtainer 2-10 years: 2 mL Lavender top (EDTA) Vacutainer tube</p> <p>Red, Gold, or Light Green (Li-heparin) top tubes are NOT acceptable. GENERAL LABORATORY REQUISITION</p>	Tuesday afternoons	7 - 10 am: 1.6 - 13.9 pmol/L	2009-02-12	<p>Biotin may interfere with this test. Samples should not be taken from patients receiving high biotin doses (i.e. > 5 mg/day) until at least 8 hours after the last biotin administration.</p> <p>ACTH levels undergo diurnal variation. Values are normally higher in the morning and lower in the evening. Use a refrigerated centrifuge to separate plasma. Analyze samples immediately or freeze them at -20 C.</p>
AFP (see <u>Alpha Fetoprotein (Non-Pregnancy), Fluid, Alpha Fetoprotein (Non-Pregnancy), Plasma/Serum</u>)						
AGA1 (see <u>Anti GA1 IgM, Serum</u>)						
AGAD (see <u>Anti Glutamic Acid Decarboxylase, Serum/CSF</u>)						
AGU (see <u>Aspartylglucosaminidase, Leukocyte/Fibroblasts</u>)						
AILD-relevant antinuclear antibodies (ANA2) (see <u>Autoimmune Liver Disease (AILD) Profile</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
ALA (see <u>Porphyrin Precursors (Random and 24 hour urine)</u>)						
Alanine Aminotransferase, Plasma ALT	Core	4.5 mL Green (Lithium Heparin) top Vacutainer Serum from a 5 mL Gold top or 6 mL Red top Vacutainer tube is also acceptable. Pediatric: 0-2 yrs: Green top Microtainer (BD 365985) 2-10 yrs: 2 mL Green top GENERAL LABORATORY REQUISITION	As required	Male: ≤41 U/L Female: ≤33 U/L	2008-11-15	The presence of hemolysis may falsely elevate ALT. Used in the evaluation of liver disease; elevated in most forms of liver disease.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Albumin, Plasma	Core	4.5 mL Green (Lithium Heparin) top Vacutainer Pediatric: 0-2 years: 0.5 mL Green top Microtainer 2-10 years: 3 mL Green top GENERAL LABORATORY REQUISITION	As required	0-4 days: 28-44 g/L 5 days-14 years: 38-54 g/L 15 years-18 years: 32-45 g/L >18 years: 35-52 g/L	2008-11-15	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Albumin,CSF CSF ALB CSFI	Core	<p>Adult: 1.0 mL of CSF and a 5 mL Gold or 6 ml Red top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Gold or Red Microtainer 2-10 years: 3 mL Gold or Red Vacutainer tube</p> <p>GENERAL LABORATORY REQUISITION</p>	Daily	<350 mg/L	2010-01-11	
Albumin/Creatinine Ratio (see <u>Microalbumin,Urine</u>)						
Alcohol Fractionation (by Gas Liquid Chromatography) Volatile Screen Methanol Isopropanol Acetone Ethanol	Core (VH)	5 mL Gold top Vacutainer tube. Lithium Heparin or EDTA plasma is also acceptable. GENERAL LABORATORY REQUISITION	As Required	<p>Toxic Levels:</p> <p>Methanol: >6 mmol/L</p> <p>Isopropanol: >7 mmol/L</p> <p>Acetone: >6.9 mmol/L</p> <p>Ethanol: >33 mmol/L</p>	2010-01-26	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Aldosterone to Renin Concentration Ratio, Plasma	Endocrinology	<p>Adult:4 mL Lavender top Vacutainer tube</p> <p>Pediatric: 2-10 years: 3 mL Lavender top (EDTA) Vacutainer tube</p> <p>Red, Gold, Light Green (Li-Heparin), or Lavender (EDTA) top tubes are NOT acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600	<p>This ratio is used as a screening test for primary hyperaldosteronism.</p> <p>Ratios ≥ 144 are considered screen positive and warrant further investigation.</p>	2014-11-21	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Aldosterone, Plasma	Endocrinology	<p>Adult: 4 mL Lavender top Vacutainer tube</p> <p>Pediatric: 0-2 years: 2 x 0.5 mL Lavender top (EDTA) Microtainers 2-10 years: 3 mL Lavender top (EDTA) Vacutainer tube</p> <p>Red, Gold, Light Green (Li- Heparin), or Lavender (EDTA) top tubes are NOT acceptable GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800-1600	<p><u>Child:</u> 0 - 30 days: 320 - 4621 pmol/L 1 - 12 months: 125 - 2870 pmol/L 1 - 4 years: 112 - 1575 pmol/L 4 - 10 years: 102 - 1521 pmol/L 13 - 17 years: ≤ 729 pmol/L</p> <p><u>Adult:</u> 7 - 10 am upright: ≤ 1118 pmol/L 7 - 10 am supine: ≤ 712 pmol/L</p>	2014-11-17	
Aldosterone, Urine	Core	24-hour urine GENERAL LABORATORY REQUISITION	Referred out Monday-Friday	≥14 years: 3-78 nmol/day	2017-11-07	Aldosterone output increases in normal persons on low salt intake or on diuretic medication.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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Alkaline Phosphatase Fractionation (see Alkaline Phosphatase Isoenzymes, Serum)

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alkaline Phosphatase Isoenzymes, Serum Alkaline Phosphatase Fractionation ALP Isoenzymes	Clinical Immunology	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Red or Gold top Microtainer 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Light Green (Li-Heparin) or Lavender (EDTA) top tubes are NOT acceptable GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800-1600	<p>ALP Isoenzyme Fraction Reference Interval (U/L)AgeLiver</p> <p>1BoneLiver 2Intestinal</p> <p>≤14 days ≤77≤248≤17 ≤3515 days-<1 year ≤145≤469≤33≤661-<10 years ≤104≤335≤23≤4710-<13 years ≤129≤417≤29≤58</p> <p>Male 13-<15 years ≤145≤468≤33≤66 Male 15-<17 years ≤103≤331≤23≤46 Male 17-<19 years ≤46≤149≤10≤21 Male ≥19 years ≤92≤97≤12≤18 Female 13-<15 years ≤79≤254≤18≤36 Female 15-<17 years ≤36≤117≤8≤16 Fema (more...)</p>	2010-01-11	<p>If alkaline phosphatase isoenzymes are ordered and it has been ≤ 15 days since the collection date of the last sample run, the test will be cancelled. Please monitor using the total alkaline phosphatase result.</p> <p>1. The reference values of the individual isoenzymes vary with age, sex, hormonal state (pregnancy, menopause, puberty) and medications.</p> <p>2. In children, ALP is increased due to predominant bone isoenzymes.</p> <p>3. Intestinal isoenzymes are absent in about 60% of normal subjects</p> <p>4. Our method (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alkaline Phosphatase, Plasma	Core	<p>4.5 mL Green (Lithium Heparin) top Vacutainer tube</p> <p>Pediatric: 0-2 years: Green 0.5 mL Microtainer 2-10 years: 2 mL Green top GENERAL LABORATORY REQUISITION</p>	As required	<p>Male & Female Children:</p> <p>≤14 days: 83-248 U/L</p> <p>15 days-1 year: 122-469 U/L</p> <p>1-10 years: 142-335 U/L</p> <p>10-13 years: 129-417 U/L</p> <p>Male:</p> <p>13-15 years: 116-468 U/L</p> <p>15-17 years: 82-331 U/L</p> <p>17-19 years: 55-149 U/L</p> <p>>19 years: 40-130 U/L</p> <p>Female:</p> <p>13 years-15 years: 57-254 U/L</p> <p>15-17 years: 50-117 U/L</p> <p>17-19 years: 45-87 U/L (more...)</p>	2008-11-15	<p>Hemolysis is an interfering substance with this methodology.</p> <p>Normally increased to 400 IU/L in children, adolescence and pregnancy. Abnormally elevated with increased osteoblastic activity (e.g. bone metastasis, Paget's disease of bone), in obstructive liver disease and in some carcinomas of the bronchus. Patients with low alkaline phosphatase levels: A low level can occur in various medical conditions and may be a marker for hypophosphatasia, a now potentially treatable disorder of bone mineralization</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Allergen Specific IgE, Serum Immunoglobulin E, Allergen Specific RAST Test	Core	5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube Each test requires 50 L and 2 mL is sufficient for 10-12 tests. Pediatric: 0-2 years: Red 0.5 mL Microtainer (this volume sufficient for maximum of 2 allergens) 2-10 years: 2 mL Red top (this volume sufficient for 10-12 allergens) GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	IgE Activity Allergy Index: <0.35 kU/L 0: No sensitivity 0.35 - 0.69 kU/L 1: Low 0.70 3.49 kU/L 2: Moderate 3.50 17.49 kU/L 3: High 17.50 49.99 kU/L 4: Very High 50.00 100.00 kU/L 5: Very High >100.00 kU/L 6: Extremely High	2010-03-16	Testing limited to 10 allergens and to LHSC/SJH Allergists, Clinical Pharmacologists and Pediatric Respirologists. All other test requests will require approval by the Clinical Biochemist. Clinician must determine clinical significance of specific IgE result after correlation with clinical exam and history. Detectable levels are present in patients with allergic disease and in approx. 15% of asymptomatic healthy persons. Some with classic atopic symptoms may not have detectable levels. Specific IgE may decrease with time and lack of exposure to allergens. (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Allergic Alveolitis (see <u>Aspergillus fumigatus IgG Antibodies, Farmers Lung IgG Antibodies, Serum</u>)						
Allergic Lung Serology (see <u>Aspergillus fumigatus IgG Antibodies, Farmers Lung IgG Antibodies, Serum</u>)						
Alloantibody (see <u>ABO Titre</u>)						
ALP Isoenzymes (see <u>Alkaline Phosphatase Isoenzymes, Serum</u>)						
Alpha 1 Antitrypsin Clearance (see <u>Alpha 1-Antitrypsin Clearance, Feces and Serum</u>)						
Alpha 1 Antitrypsin Phenotype (see <u>Alpha 1-Antitrypsin Phenotype, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha 1-Antitrypsin Clearance, Feces and Serum Alpha-1 Antitrypsin Clearance Alpha-1-Antitrypsin Clearance Alpha1 Antitrypsin Clearance Alpha 1 Antitrypsin Clearance	Core	<p>FECES: Collect all feces produced within a 24-hour period in fecal collection containers provided by the Core Laboratory upon request. If no specimen is obtained within 24 hours, extend collection time to 48 to 72 hours. Document time frame (duration of collection) on container.</p> <p>SERUM: Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 0-2 ye (more...)</p>	Referred out Monday-Thursday	Clearance: ≤ 27 mL/24 hours Fecal alpha1-antitrypsin: ≤ 54 mg/dL Serum alpha1-antitrypsin: 100-190 mg/dL	2019-10-22	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha 1-Antitrypsin Phenotype, Serum Alpha-1 Antitrypsin Phenotype Alpha-1-Antitrypsin Phenotype Alpha1 Antitrypsin Phenotype Alpha 1 Antitrypsin Phenotype A1AT Phenotyping Alpha 1-Antitrypsin Proteotype	Core	Adult: 5 mL Gold top Vacutainer tube Pediatric: 0-2 years: 2 x 0.5 mL Red or Gold top Microtainer 2-10 years: 3 mL Red Vacutainer top GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	Alpha-1-Antitrypsin: 100 - 190 mg/dL (reference interval from Mayo Medical Laboratories) Proteotype: Negative for S and Z phenotypes (Non S Non Z)	2010-01-21	<p>This test is available exclusively to LHSC/SJHC physicians.</p> <p>All specimens submitted for A1AT phenotyping/proteotyping will have a serum A1AT level measured at LHSC as a screening test. Those specimens with an A1AT result of ≤ 1.50 g/L will be referred out for proteotyping automatically as long as phenotyping/proteotyping has been ordered and phenotyping/proteotyping has not been done on the patient in the past. If the A1AT level is >1.50 g/L, the sample will not be referred out for phenotyping/proteotyping without bio (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha 1-Antitrypsin Proteotype (see <u>Alpha 1-Antitrypsin Phenotype, Serum</u>)						
Alpha 1-Antitrypsin, Serum/Plasma Alpha Protease Inhibitor	Clinical Immunology	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Red or Gold top Microtainer 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Light Green (Li-Heparin) or Lavender (EDTA) top tubes are also acceptable GENERAL LABORATORY REQUISITION</p>	Monday-Friday 0800-1600	0.90-2.00 g/L	2010-01-11	<p>Patients with homozygous deficiency of alpha 1-antitrypsin usually have levels less than 0.6 g/L.</p> <p>Levels rise in acute phase reaction.</p>
Alpha 1-Microglobulin			Test unavailable until further notice			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha Fetoprotein (Non-Pregnancy), Fluid Alphafetoprotein AFP	Core	Fluid GENERAL LABORATORY REQUISITION	As required	No reference range available for fluid	2018-07-10	

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha Fetoprotein (Non-Pregnancy), Plasma/Serum Alphafetoprotein AFP	Core	<p>Adult: 4.5 mL Light Green top (Li-Heparin) Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Light Green top (Li-Heparin) Microtainer 2-10 years: 3 mL Light Green top (Li-Heparin) Vacutainer tube</p> <p>Red, Gold, or Lavender (EDTA) top tubes are also acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	As required	<p>> 5 years: ≤ 7 g/L</p> <p>Literature indicates that from birth to 1 month of age, expected AFP values are up to 18,964 g/L for girls and up to 16,387 g/L for boys. From 1 month to 12 months of age, expected values are up to 77 g/L for girls and up to 28 g/L for boys. The AFP level continues to fall slowly until adult levels are reached at about 5 years of age.</p>	2017-04-03	<p>Biotin may interfere with this test. Samples should not be taken from patients receiving high biotin doses (i.e. > 5 mg/day) until at least 8 hours after the last biotin administration.</p> <p>Used as a tumour marker for non-seminomatous germ cell tumours and hepatocellular carcinoma. Not recommended for cancer screening in the general population.</p> <p>Levels can also be increased in other diseases such as acute viral hepatitis, chronic active hepatitis, and liver cirrhosis.</p> <p>Alpha fetoprotein is increased in pregnancy and is a part of prenatal maternal seru (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha Protease Inhibitor (see <u>Alpha 1-Antitrypsin, Serum/Plasma</u>)						
Alpha-1 Antitrypsin Clearance (see <u>Alpha 1-Antitrypsin Clearance, Feces and Serum</u>)						
Alpha-1 Antitrypsin Phenotype (see <u>Alpha 1-Antitrypsin Phenotype, Serum</u>)						
Alpha-1-Antitrypsin Clearance (see <u>Alpha 1-Antitrypsin Clearance, Feces and Serum</u>)						
Alpha-1-Antitrypsin Phenotype (see <u>Alpha 1-Antitrypsin Phenotype, Serum</u>)						
Alpha-Fucosidase, Leukocyte/Plasma/Fibroblasts Fucosidosis	Biochemical Genetics	1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer 2. 4.5 mL Green (Lithium Heparin) top Vacutainer tube (preferred specimen type) 3. Fibroblasts 1. & 2. GENERAL LABORATORY REQUISITION 3. BIOCHEMICAL GENETICS LAB REQUISITION	As required	Leukocyte: 60-121 nmol/hr/mg protein Plasma: 214-1070 nmol/hr/mL plasma Fibroblast: 54-313 nmol/hr/mg protein	2009-10-01	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha-Galactosidase, Leukocyte Fabry's Disease	Biochemical Genetics	6 mL Dark Green (Sodium Heparinized) top Vacutainer tube BIOCHEMICAL GENETICS LAB REQUISITION	As required	Leukocyte:24-56 nmol/hr/mg protein	2009-10-01	
Alpha-Galactosidase, Plasma Fabry's Disease	Biochemical Genetics	6 mL Dark Green (Sodium Heparinized) top Vacutainer tube BIOCHEMICAL GENETICS LAB REQUISITION	As required	4.2-15 nmol/hr/mL plasma	2009-10-01	
Alpha-Glucosidase, Dried Blood Spot Acid Maltase GSDII Pompe Disease	Biochemical Genetics	Blood spot on filter paper card or EDTA Lavender top tube BIOCHEMICAL GENETICS LAB REQUISITION	As required	78-342 nmol/hr/3mm disc	2008-06-10	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha-Glucosidase, Fibroblasts GSDII Pompe Disease Acid Maltase	Biochemical Genetics	Fibroblasts BIOCHEMICAL GENETICS LAB REQUISITION	As required	5.3-8.5 nmol/hr/mg protein	2008-06-10	
Alpha-Iduronidase, Leukocyte/Plasma/Fibroblasts MPSI Hurler Syndrome Scheie Syndrome	Biochemical Genetics	<p>1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer</p> <p>2. 4.5 mL Green (Lithium Heparin) top Vacutainer tube (preferred specimen type)</p> <p>3. Fibroblasts</p> <p>1. & 2. GENERAL LABORATORY REQUISITION</p> <p>3. BIOCHEMICAL GENETICS LAB REQUISITION</p>	As required	Leukocyte: 5.5-15.3 nmol/hr/mg protein	2008-06-10	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha-Mannosidase, Leukocyte/Plasma/Fibroblasts	Biochemical Genetics	1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer 2. 4.5 mL Green (Lithium Heparin) top Vacutainer tube (preferred specimen type) 3. Fibroblasts 1. & 2. GENERAL LABORATORY REQUISITION 3. BIOCHEMICAL GENETICS LAB REQUISITION	As required	Leukocyte: 151-264 nmol/hr/mg protein Plasma: 21-47 nmol/hr/mL plasma Fibroblast: 68-184 nmol/hr/mg protein	2008-06-10	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha-N-Acetylgalactosaminidase, Leukocyte/Plasma/Fibroblasts Schindler Disease	Biochemical Genetics	1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer 2. 4.5 mL Green (Lithium Heparin) top Vacutainer tube (preferred specimen type) 3. Fibroblasts 1. & 2. GENERAL LABORATORY REQUISITION 3. BIOCHEMICAL GENETICS LAB REQUISITION	As required	Leukocyte: 0.55-1.10 deltaA410/hr/mg protein Fibroblast: 1.83-2.67 deltaA410/hr/mg protein	2008-06-10	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alpha-N-Acetylglucosaminidase, Plasma MPSIIIB Sanfilippo B Syndrome	Biochemical Genetics	6 mL Dark Green (Sodium Heparinized) top Vacutainer tube BIOCHEMICAL GENETICS LAB REQUISITION	As required	0.11-0.25 nmol/hr/ mL plasma	2008-06-10	
Alpha-N-Acetylneuraminidase, Fibroblasts Sialidase	Biochemical Genetics	Fibroblasts BIOCHEMICAL GENETICS LAB REQUISITION	As required	11.9-20.1 nmol/hr/mg protein	2008-06-10	
Alpha-Tocopherol (see <u>Vitamin E, Serum/Plasma</u>)						
Alpha1 Antitrypsin Clearance (see <u>Alpha 1-Antitrypsin Clearance, Feces and Serum</u>)						
Alpha1 Antitrypsin Phenotype (see <u>Alpha 1-Antitrypsin Phenotype, Serum</u>)						
Alpha2-Macroglobulin, Serum A2M	Core	Adult: 5 mL Gold top Vacutainer tube Pediatric: 2-10 years: 3.5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	1.02 2.59 g/L	2019-04-17	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Alphafetoprotein (see <u>Alpha Fetoprotein (Non-Pregnancy), Fluid, Alpha Fetoprotein (Non-Pregnancy), Plasma/Serum</u>)						
Alphafetoprotein (Pregnancy) (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u>)						
ALT (see <u>Alanine Aminotransferase,Plasma</u>)						
Aluminum, Erythrocytes	Trace Elements	Reference number 368381- HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0-708 nmol/L Conventional Units: 0.0-19.1 µg/L	2014-11-17	Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
Aluminum, Whole Blood	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0-560 nmol/L Conventional Units: 0.0-15.1 µg/L	2014-11-17	Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Aluminum, Plasma/Serum	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0-293 nmol/L Conventional Units: 0-7.9 µg/L	2001-05-29	Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Aluminum,Urine	Trace Elements	24 hour urine collected in an unused 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u> Random Urine: 0-0.63 µmol/L µmol/mol creatinineAgeFe maleMale0-110-75.00-71.612-190-45.70-44.420-290-51.60-39.430-390-62.40-46.040-490-74.10-48.550-590-87.50-55.860-690-86.30-58.370-790-90.00-63.0≥800-110.50-71.6 24 Hour Urine: 0-0.93 µmol/d <u>Conventional Units:</u> Random Urine: 0-17.0 µg/L (more...)	2002-10-30	Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Amikacin, Serum Aminoglycoside Amikin	Core	<p>Adult: 6 mL Red top Vacutainer tube</p> <p><u>Blood collection tubes with separator gels are not acceptable for this test.</u> GENERAL LABORATORY REQUISITION</p>	Referred out Monday- Thursday	<p><u>Therapeutic Range:</u></p> <p>For traditional (conventional) dosing method in adults: Pre-dose (trough): <8 mg/L Half-hour post-dose (peak): 20-30 mg/L For urinary tract infection (peak): 15-30 mg/L</p> <p>For extended interval (once daily) dosing method in adults: Pre-dose (trough): <1.0 mg/L 8-12 h post dose (peak): Use nomogram for interpretation</p>	2007-10-18	
Amikin (see <u>Amikacin, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Amino Acids, 24-Hour Urine Cystine Cystinuria	Biochemical Genetics	24 hour urine collection BIOCHEMICAL GENETICS LAB REQUISITION	As required	See report	2008-06-10	
Amino Acids, CSF	Biochemical Genetics	Cerebrospinal fluid (CSF) BIOCHEMICAL GENETICS LAB REQUISITION	As required	See report	2008-06-10	
Amino Acids, Plasma Phenylalanine Phenylketonuria PKU	Biochemical Genetics	6 mL Green (Sodium or Lithium Heparin) top Vacutainer tube BIOCHEMICAL GENETICS LAB REQUISITION	As required	See report	2010-01-15	Quantitative determination of individual amino acids. Useful in screening for inborn errors of metabolism of amino acids. Elevated in a wide variety of inherited metabolic disorders.
Amino Acids, Random Urine	Biochemical Genetics	Random Urine BIOCHEMICAL GENETICS LAB REQUISITION	As required	See report	2008-06-10	

Aminoglycoside (see Amikacin, Serum)

Aminoglycosides (see Gentamicin, Serum/Plasma, Tobramycin, Serum/Plasma)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Aminolevulinic Acid (see <u>Porphyrin Precursors (Random and 24 hour urine)</u>)						
Aminophylline (see <u>Theophylline, Serum</u>)						
Amiodarone/Desethyl amiodarone, Serum	Toxicology/Special Chemistry	6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Monday - Friday 0800-1600	Amiodarone 2.30 -3.90 µ mol/L Desethylamiodarone 2.30-3.90 µmol/L	1998-09-18	
Amitriptyline (metabolite) (see <u>Nortriptyline, Serum/Plasma</u>)						
Amitriptyline, Serum/Plasma Elavil	Core	2 x 6 mL Red top Vacutainer or 2 x 4 mL Lavender top EDTA Vacutainer tube GENERAL LABORATORY REQUISITION	As required	Amitriptyline + Nortriptyline: 450-900 nmol/L	2004-05-12	Referred out Monday - Thursday. Testing is also possible on urine and Gastric lavage samples. Toxic: Amitriptyline + Nortriptyline: Greater than 1800 nmol/L

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Ammonia, Plasma	Core (VH)	<p>4 mL K₂ or K₃ EDTA Lavender top Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Lavender Microtainer (must be venous draw) 2-10 years: 3 mL Lavender top (must be venous draw).</p> <p>NICU ONLY Micropick specimens are acceptable Use the CBC Microtainer tube, put on ice and deliver to Core Laboratory immediately. GENERAL LABORATORY REQUISITION</p>	As required	Male: 15-55 µmol/L Female: 11-48 µmol/L	2008-11-15	<p>Hemolyzed samples are not acceptable as lysed red blood cells may elevate ammonia concentration.</p> <p>Hemolysis interferes with result. Hemolyzed samples will have a comment attached to the result for children < 18. For adults ≥18, a comment will be attached to the result, unless hemolysis is >201, in which case the test will be canceled.</p> <p>Lipemia may also cause interference. >149 µmo/L Therapeutic concentration of Cefoxitin, Acetaminophen (paracetamol), Ibuprofen, Sulfasalazine and Temozolomide interfere with the assay (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
<p>Amniotic Fluid Chromosome Analysis QF-PCR Microarray</p>	<p>Cytogenetics (VH)</p>	<p>20 mL of amniotic fluid for QF-PCR, Microarray (if required) and back up culture (additional sample if external testing required)</p> <p>3mL EDTA Maternal Blood Sample CYTOGENETICS REQUISITION . (must include patient's name, address, Ontario Health Insurance Number, PIN (if applicable), originating location, Dr's full name and address, test requested, speci (more...)</p>	<p>As required</p>	<p>See final report</p>		<p>The Cytogenetics Lab is staffed from 0700-1700 (Monday-Friday), Ext. 78974 (office), or 75714 (lab).</p> <p>For additional information please refer to the Cytogenetics Webpage. See final report Prenatal diagnostic test performed at approximately 16-18 weeks gestation. Must prearrange with Cytogenetics Lab.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Amoebic Serology Entamoeba histolytica IgG	Microbiology (VH)	5 mL Gold top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred weekdays to the Public Health Laboratory in Toronto.		2009-02-22	
Amphetamine Screen,Urine Amphetamines Methamphetamine Dextroamphetamine MDMA Ecstasy	Core	Random Urine GENERAL LABORATORY REQUISITION	As required	Negative	2008-11-15	
Amphetamines (see <u>Amphetamine Screen,Urine</u>)						
Amputation	Pathology	Limb (arm, leg) or portions thereof PowerChart: E- order choosing appropriate specimen. See Identification of Clinical Specimens	As Required	See report		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Amylase,Fluid	Core UH & VH	Fluid (Pleural, Synovial, Peritoneal Dialysis, Pericardial etc.) GENERAL LABORATORY REQUISITION	As required	See report for ranges dependent on fluid type. Units are reported in U/L.	2005-04-20	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Amylase- Total,Plasma	Core	4.5 mL Green (Lithium Heparin) top Vacutainer Pediatric: 0-2 years: 0.5 mL Green Microtainer 2-10 years: 2 mL Green top tube GENERAL LABORATORY REQUISITION	As required	Adult: 28-100 U/L Pediatric: Up to 2 X Adult levels	2008-11-15	Hemolyzed plasma may interfere with this test methodology. Besides acute pancreatitis, amylase is increased in other acute abdominal disorders (intestinal obstruction, perforations, biliary obstruction). Also increased in renal disease, after morphine, salivary gland inflammation, macroamylasemia and diabetic ketoacidosis. Occasional cases of acute pancreatitis may yield normal plasma amylase results. Increased in "mumps" (S-type).

ANA (see Anti Nuclear Antibody)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anaerobic Culture	Microbiology (VH)	Aspirates of abscesses, lesions or sinus, biopsies/tissues, body fluids. MICROBIOLOGY REQUISITION	Daily		2008-04-02	<p>Specimens which contain normal anaerobic flora or those likely to be contaminated with anaerobic flora will not be processed. For example, sputum, faeces, vaginal, and mouth specimens are not acceptable.</p> <p>Samples sent on swabs are inferior to actual fluids or tissues.</p> <p>See Blood Culture - Aerobic/Anaerobic</p>

Anafranil (see Clomipramine and Metabolite, Serum)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
ANCA P-ANCA / Anti-MPO (anti-myeloperoxidase antibody) C-ANCA / Anti-PR3 (anti-proteinase antibody)	Clinical Immunology	5 mL Gold top Vacutainer tube or 6 mL Red top EDTA, heparin or citrate plasma tube Pediatric: 0-2 years: Red 1.0 pk. 2-10 years: 2 mL Red top GENERAL LABORATORY REQUISITION	Wednesday and Friday <u>For STAT samples:</u> Availability of STAT testing is 07:00-15:00 Monday to Friday. Saturday, Sunday & holiday requests will be processed the next business day. STAT testing must be pre- arranged with the Immunology Lab by calling x35541. See Critical Information Required section prior to calling.	Negative: ≤19 RU/mL	2010-12-09	A single autoantibody test is not diagnostic and should not be used to determine course of treatment. The test result must be evaluated with consideration of clinical presentation, patient history and other laboratory tests. Interpretive Comments: cANCA and pANCA are two fluorescence patterns that are associated with a number of antibodies. Our current methodology of ELISA detects anti MPO (a major antibody for pANCA) and anti PR3 (a major antibody for cANCA) only. ANCA testing is mainly indicated in patients with a tentative or a definite diagn (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Androstenedione, Serum	Core	<p>Adult: 6 mL Red top Vacutainer tube</p> <p>Pediatric: 0-2 years: 2 x 0.5 mL Red top Microtainers 2-10 years: 2 x 0.5 mL Red top Microtainers</p> <p>Plasma (heparin) is also acceptable GENERAL LABORATORY REQUISITION</p>	Referred out Monday-Thursday	<p>Male: 0 <14 days: 0.0 2.5 nmol/L 14 days <1 year: 0.1 2.1 nmol/L 1 <6 years: 0.1 0.6 nmol/L 6 <10 years: 0.2 0.9 nmol/L 10 <12 years: 0.0 2.5 nmol/L 12 <15 years: 0.5 2.0 nmol/L 15 <19 years: 0.9 3.6 nmol/L 19 <31 years: 1.8 7.7 nmol/L 31 <51 years: 1.4 6.6 nmol/L 51 <89 years: 1.8 7.7 nmol/L</p> <p>Female: 0 <14 days: 0.0 2.5 nmol/L 14 days <1 year: 0.1 2.1 nmol/L 1 <6 years: 0.1 0.6 nmol/L 6 <10 y (more...)</p>	2017-11-07	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Angiotensin Converting Enzyme, CSF ACE	Core	Cerebrospinal Fluid (CSF) GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	No reference range available for CSF	2017-11-07	
Angiotensin Converting Enzyme, Serum ACE	Core	Adult: 5 mL Gold top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Red or Gold top Microtainer 2-10 years: 3 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	<1 year: 16-126 U/L 1-3 years: 14-108 U/L 3-5 years: 12-89 U/L 5-10 years: 14-106 U/L 10-13 years: 15-111 U/L 13-17 years: 13-100 U/L 17-20 years: 11-79 U/L >20 years: 9-63 U/L	2017-11-07	
Angiotensin II Receptor Subtype 1 antibody (see Anti-AT1R)						
ANNA-3 (see Comprehensive Autoimmune Encephalitis Panel, Serum/CSF)						
Anti adrenal antibodies (see Adrenal Antibodies, Serum)						
Anti AQP4 antibody (see Neuromyelitis Spectrum Profile)						
Anti Asialo GM1 (GA1) (see Anti GA1 IgM, Serum)						
Anti cardiolipin Antibodies\ (see Anticardiolipin)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti CENP A (see <u>Systemic Sclerosis Profile</u>)						
Anti CENP B (see <u>Systemic Sclerosis Profile</u>)						
Anti Cyclic Citrullinated Peptide (see <u>Anti Cyclic Citrullinated Peptide, Serum</u>)						
Anti Cyclic Citrullinated Peptide, Serum ACCP Anti Cyclic Citrullinated Peptide	Clinical Immunology	5 mL Gold top Vacutainer tube or 6 mL Red top EDTA, heparin or citrated plasma tube Pediatric: 0-2 yrs: Red 0.5pk. 2-10 yrs: 2 mL Red top GENERAL LABORATORY REQUISITION	Batch Analysis	Negative ≤ 5 RU/mL	2010-01-11	Anti-CCP antibodies are potentially important surrogate markers for diagnosis and prognosis in rheumatoid arthritis (RA) because they: - are as sensitive as, and more specific than, IgM Rheumatoid Factor (RF) in early and fully established disease - may predict the eventual development into RA when found in undifferentiated arthritis - may be detected in healthy individuals years before onset of clinical RA Reports above the top standard are reported as ">200" RU/mL

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Deamidated Gliadin Peptide (see <u>Gliadin (DGP) Antibodies</u>)						
Anti DNA (see <u>Anti double stranded DNA, IgG</u>)						
Anti double stranded DNA, IgG Anti DNA Anti native DNA IgG Antibodies to double stranded DNA ADNA Anti dsDNA	Clinical Immunology	5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube as well as EDTA, heparin or citrated plasma Pediatric: 0-2 years: Red 0.5 pk. 2-10 years: 2 mL Red top GENERAL LABORATORY REQUISITION	Weekdays	Negative: ≤ 99 IU/ml Positive: >99 IU/ml	2009-10-26	
Anti dsDNA (see <u>Anti double stranded DNA, IgG</u>)						
Anti EJ (see <u>Myositis Antibodies Profile</u>)						
Anti ENA Identification, Serum--SEE ANA	Clinical Immunology				2010-01-11	
Anti ENA Screen, Serum--SEE ANA						
Anti Fibrillarin (see <u>Systemic Sclerosis Profile</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti GA1 IgM, Serum AGA1 Anti-Asialo IgM Anti Asialo GM1 (GA1) Anti-Asialo GM1 Anti-GA1 IgM ASGM1 IgM vs GA1 IgM vs Asialo-GM1 (GA1) IgM antibodies to Asialo GM1	Core	5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube Pediatric: 0-2 years: Red 0.5pk. 2-10 years: 2 mL Red top TESTING LAB REQUISITION FORM	Referred out monthly	Titre: < 3000 Units	2010-01-11	<p>This test is available exclusively to SJH/LHSC physicians.</p> <p>For more information, please contact:</p> <p>Senior Technologist Immunology Lab (519) 685-8500 ext. 35541</p> <p>Associated with chronic motor neuropathy syndromes.</p>
Anti GAD (see <u>Anti Glutamic Acid Decarboxylase, Serum/CSF</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Gangliosides Profile IgG and IgM, Serum Anti GM1 IgG Anti GM2 IgG Anti GM3 IgG Anti GD1a IgG Anti GD1b IgG Anti GT1b IgG Anti GQ1b IgG Anti GM1 IgM Anti GM2 IgM Anti GM3 IgM Anti GD1a IgM Anti GD1b IgM Anti GT1b IgM Anti GQ1b IgM	Clinical Immunology	Adult: 6 mL Red top Vacutainer tube Pediatric: 0-2 years: Red 0.5 mL Microtainer 2-10 years: 3 mL Red top tube EDTA, Heparin or Citrate plasma are also acceptable GENERAL LABORATORY REQUISITION	Batch analysis	Negative	2019-11-27	Immunoblot results will be reported as either negative or positive for specific antibodies as the following: (+) Borderline 1+ Weak Positive 2+ Positive 3+ Strong Positive Antibodies Against Ig Class Associated Neuropathies GM1, GD1a, GD1b and GT1b IgM Multifocal motor neuropathy (MMN) GM2 and GM3 IgM, IgG Multifocal motor neuropathy (MMN) GM3, GD1a and GT1b IgM Guillain-Barre syndrome (GBS) GM1, GM2, GD1b and GQ1b IgM, IgG Guillain-Barre syndrome (GBS) GM2, GD1a and GD1b IgM Chronic inflammatory demyelinating (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti GBM (see <u>Anti Glomerular Basement Membrane, Serum</u>)						
Anti GD1a IgG (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GD1a IgM (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GD1b IgG (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GD1b IgM (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Glomerular Basement Membrane, Serum Anti GBM Glomerular Basement Membrane, IgG antibody	Clinical Immunology	5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube. EDTA, heparin or citrated plasma are also acceptable. Pediatric: 0-2 years: Red 0.5 pk. 2-10 years: 2 mL Red top GENERAL LABORATORY REQUISITION	Routine: Wednesdays and Fridays <u>For STAT samples:</u> Availability of STAT testing is 0700-1500 hrs, seven days a week. ** Sample must be in Immunology by noon to insure testing is completed by 15:00** STAT testing must be pre-arranged with the Immunology Lab by calling ext. 35541. See "Critical Information Required" section prior to calling.	Negative: ≤19 RU/mL	2010-01-11	A single autoantibody test is not diagnostic and should not be used to determine course of treatment. The test result must be evaluated with consideration of clinical presentation, patient history and other laboratory tests. For the detection of IgG class antibodies to NC1 domain of Type 4 collagen found in glomerular basement membrane. Increases may occur in Goodpasture's Syndrome.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Glutamic Acid Decarboxylase, Serum/CSF AGAD Anti-GAD65 Anti GAD Glutamic Acid Decarboxylase-65 Antibodies	Clinical Immunology	Adult: 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Red top Microtainer 2-10 years: 2 mL Red top Vacutainer tube CSF collected in a standard CSF tube. GENERAL LABORATORY REQUISITION	Batch analysis	<5.0 IU/mL	2010-06-01	
Anti GM1 IgG (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GM1 IgM (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti GM1, IgM serum IgM antibodies to Ganglioside Monosialic Acid IgM antibodies to AGM1	Clinical Immunology	6 mL Red top Vacutainer tube Pediatric: 0-2 yrs: Red 1.0 pk. 2-10 yrs: 2 mL Red top GENERAL LABORATORY REQUISITION	Batch Analysis	Ratio %NegativeLess than or equal to 29Borderline Positive30-50 Positive>50- 100Strong Positive>100 Borderline positive result should be retested after a subsequent blood draw.	2010-12-14	
Anti GM2 IgG (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GM2 IgM (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GM3 IgG (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GM3 IgM (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GQ1b IgG (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GQ1b IgM (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GT1b IgG (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti GT1b IgM (see <u>Anti Gangliosides Profile IgG and IgM, Serum</u>)						
Anti HAV IgG (see <u>Hepatitis A Antibody IgG</u>)						
anti HAV IgM (see <u>Hepatitis A Antibody IgM</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti HBc (IgG + IgM) (see <u>Hepatitis B Core Antibody</u>)						
Anti HCV (see <u>Hepatitis C Antibody</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Histone Group, Serum Anti-Histones HIST	Clinical Immunology	5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube as well as EDTA, heparin or citrate plasma Pediatric: 0-2 yrs: Red 1.0 pk. 2-10 yrs: 2 mL Red top GENERAL LABORATORY REQUISITION	Batch Analysis	Negative: ≤ 0.9 Positive: > 0.9	2010-04-07	A single autoantibody test is not diagnostic and should not be used to determine course of treatment. The test result must be evaluated with consideration of clinical presentation, patient history and other laboratory tests. Histone antibodies are the major antibodies found in 50-90% drug-induced lupus erythematosus. As well, histone antibodies are found along with other antibodies in 20-50% of Systemic Lupus Erythematosus and 10-15% of Rheumatoid Arthritis, Mixed Connective Tissue Disease and Progressive Scleroderma. This test does (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti IgA	Blood Transfusion	6 mL Red top Vacutainer tube BLOOD TRANSFUSION REQUISITION	Referred out Monday - Friday	See report	2009-04-21	IgA level must be <0.2 g/L before test will be referred Patients with anti-IgA requiring a transfusion must only receive washed red cells and platelets and IgA deficient plasma.
Anti Insulin (see <u>Insulin Antibodies, Serum</u>)						
Anti Intrinsic Factor (see <u>Intrinsic Factor Antibodies, Serum</u>)						
Anti Islet Cell Antibodies, Serum Islet Cell Antibodies Pancreatic Antibodies	Core	5 mL Gold top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Red top tube GENERAL LABORATORY REQUISITION	Daily	Negative		
Anti JO1 (see <u>Myositis Antibodies Profile</u>)						
Anti Ku (see <u>Myositis Antibodies Profile, Systemic Sclerosis Profile</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Liver/Kidney Microsome Antibody (Anti LKM) (see <u>Autoimmune Liver Disease (AILD) Profile</u>)						
Anti MAG, Serum (see <u>Myelin-Associated Glycoprotein IgM, Serum</u>)						
Anti MDA5 (see <u>Myositis Antibodies Profile</u>)						
Anti Mi-2 alpha (see <u>Myositis Antibodies Profile</u>)						
Anti Mi-2 beta (see <u>Myositis Antibodies Profile</u>)						
Anti Mitochondrial Antibody (AMA) (see <u>Autoimmune Liver Disease (AILD) Profile</u>)						
Anti MOG antibody (see <u>Neuromyelitis Spectrum Profile</u>)						
Anti Mycelial (see <u>Antiendomysial Antibodies</u>)						
Anti Myelin Oligodendrocyte Glycoprotein and Anti Aquaporin4, IgG (see <u>Neuromyelitis Spectrum Profile</u>)						
Anti Myelin-Associated Glycoprotein IgM (see <u>Myelin-Associated Glycoprotein IgM, Serum</u>)						
Anti native DNA (see <u>Anti double stranded DNA, IgG</u>)						
Anti NMO antibody (see <u>Neuromyelitis Spectrum Profile</u>)						
Anti NOR90 (see <u>Systemic Sclerosis Profile</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Nuclear Antibody ANA	Clinical Immunology	Serum (preferred) from a 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube Pediatric: 0-2 years: Red 0.5pk. 2-10 years: 2 mL Red top EDTA, heparin or citrated plasma will also be accepted. Other fluids will not be accepted. GENERAL LABORATORY REQUISITION	Batch Analysis	Negative <1:80	2010-01-11	ANA should not be used to monitor disease activity. Positive ANA other than anti-dsDNA should not be repeated. If ANA was tested positive previously, repeat testing will not be processed. Anti-dsDNA may correlate with disease activity and positive results can be repeated 1-3 months for active disease and 6-12 months for less active disease. Repeat testing for Anti-dsDNA within 1 month will not be processed. If ANA is negative or borderline positive (1:80), repeat testing is allowed only if the patient has developed new symptoms of SARD and the (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti NXP2 (see Myositis Antibodies Profile)						
Anti OJ (see Myositis Antibodies Profile)						
Anti Parietal Cell Antibody Parietal Antibodies	Core (all campuses)	5 mL Gold top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Red top Microtainer 2-10 years: 2 mL Red top tube GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	Negative <1:20		Dilutions 1:20 to 1:320 Grossly hemolyzed, lipemic or microbially contaminated specimens may interfere with the performance and should be documented.
Anti PDGFR (see Systemic Sclerosis Profile)						
Anti Phospholipid Antibodies (see Anticardiolipin)						
Anti PL-12 (see Myositis Antibodies Profile)						
Anti PL-7 (see Myositis Antibodies Profile)						
Anti Platelet Antibodies (see Platelet Antibodies)						
Anti PM-Scl 100 (see Myositis Antibodies Profile)						
Anti PM-Scl 75 (see Myositis Antibodies Profile)						
Anti PM-Scl100 (see Systemic Sclerosis Profile)						
Anti PM-Scl75 (see Systemic Sclerosis Profile)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Ro-52 (see <u>Myositis Antibodies Profile, Systemic Sclerosis Profile</u>)						
Anti RP11 (see <u>Systemic Sclerosis Profile</u>)						
Anti RP155 (see <u>Systemic Sclerosis Profile</u>)						
Anti SAE1 (see <u>Myositis Antibodies Profile</u>)						
Anti Scl-70 (see <u>Systemic Sclerosis Profile</u>)						
Anti Skin Antibodies (see <u>Pemphigus/Pemphygoid Antibodies</u>)						
Anti Smooth Muscle Antibody (ASMA) (see <u>Autoimmune Liver Disease (AILD) Profile</u>)						
Anti SRP (see <u>Myositis Antibodies Profile</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Streptolysin O Screen ASO Screen and Titre	Virology Laboratory	5 mL Gold or 6 mL Red top Vacutainer tube VIROLOGY REQUISITION	Testing is performed daily, Monday-Friday	<p>A detectable level of 200 IU/mL ASO antibodies is usually regarded as the normal upper limit since less than 15-20% of healthy individuals demonstrate titres greater than 200 IU/mL when their sera are assayed. In most newborns the titre is initially greater than that of the mother due to maternally acquired IgG but the levels fall sharply during the first weeks of life.</p> <p>Normal ASO levels for preschool children (more...)</p>	2006-11-16	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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Anti Th/To (see Systemic Sclerosis Profile)

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti Thrombin AT Antithrombin	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tube Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling GENERAL LABORATORY REQUISITION	Weekly	0 - 5 days: 0.39-0.87 U/mL 5 days - 1 month: 0.41-0.93 U/mL 1 month - 3 months: 0.48-1.08 U/mL 3 months - 6 months: 0.73-1.21 U/mL 6 months - 1 year: 0.84-1.24 U/mL 1 year - 5 years: 0.82-1.39 U/mL 5 years - 10 years: 0.90-1.31 U/mL 10 years - 16 years: 0.77-1.32 U/mL 16 years - Adult: 0.71-1.15 U/mL Uncertainty of Measurement: 0.39 0.05 1.14 0.20	2006-06-01	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti TIF1 gamma (see <u>Myositis Antibodies Profile</u>)						
Anti Tr, Serum Purkinje Cell Cytoplasmic Antibody Type Tr	Core	5 mL Gold or 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out monthly	Negative	2015-12-03	<p>This test is available exclusively to LHSC/SJHC physicians. For more information, please contact: Senior Technologist Immunology Lab, LHSC (519)-685-8500 ext. 35541</p> <p>The presence of ant-Tr is usually associated with paraneoplastic cerebellar degeneration and Hodgkins disease.</p>
Anti VGCC (see <u>Voltage Gated Calcium Channel Antibodies</u>)						
Anti Xa Assay (see <u>Heparin Assay</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-21-Hydroxylase Antibodies, Serum 21-Hydroxylase Antibodies	Core	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Light Green (Li-Heparin) or Lavender (EDTA) top tubes are NOT acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	Referred out Monday-Thursday	Negative	2020-04-29	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-Acetylcholine Receptor Antibodies, Serum Acetylcholine Receptor Antibodies ACHR ACRA AchRab	Core	Adult: 1-2 x 5 mL Gold top Vacutainer tubes Pediatric: 2-10 years: 1-3 x 3.5 mL Gold top Vacutainer tubes UBC Neuro-Immunology Laboratory Requisition must be completed by neurologist or ophthalmologist	Referred out Monday	Absent	2017-11-07	Associated with Myasthenia Gravis. Qualitative assay is performed first. If negative, reflexing to anti-muscle-specific tyrosine kinase (anti-MuSK) antibody testing is performed if requested on the requisition form. If qualitative assay is positive, assay is repeated with cold alpha-bungarotoxin to rule out non-specific binding. If qualitative test is truly positive, quantitative test is performed. If a previous sample has been received from the patient, it will be included in the quantitative test to allow comparison of antibody titers between samples. (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-AMPAR1/R2 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-Amphiphysin (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-AP3B2 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-Asialo GM1 (see <u>Anti GA1 IgM, Serum</u>)						
Anti-Asialo IgM (see <u>Anti GA1 IgM, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-AT1R Angiotensin II Receptor Subtype 1 antibody	Transplant	6 mL Red top Vacutainer tube - No additives or separator gel TRANSPLANT LABORATORY REQUISITION	As required Monday to Friday except Stat holidays	<10 U/mL Negative 10-17 U/mL Borderline Positive >17 U/mL Positive	2020-06-29	<p>This test will include pre-transplant and post transplant samples to differentiate between pre-tx and de novo antibody.</p> <p>It is common to hold off testing until several samples are available for testing (maximum is 14 days).</p> <p>Angiotensin II is an oligopeptide hormone that causes vasoconstriction and release of aldosterone from the adrenal cortex, increasing blood pressure. AT1R antibodies have been linked to severe vascular rejection and malignant hypertension.</p>
Anti-CASPR2 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-CV2 (CRMP5) (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-DPPX (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-GA1 IgM (see <u>Anti GA1 IgM, Serum</u>)						
Anti-GABARB1/B2 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-GAD65 (see <u>Anti Glutamic Acid Decarboxylase, Serum/CSF, Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-GFAP (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-GRAF (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-Histones (see <u>Anti Histone Group, Serum</u>)						
Anti-Hu (ANNA-1) (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-IgLON5 Antibody, Serum/CSF	Clinical Immunology	<p>Adult: 5 mL Gold or 6 mL Red top Vacutainer tube</p> <p>EDTA, heparin or citrated plasma are also acceptable.</p> <p>Pediatric: 0-2 years: 0.5 mL Red Microtainer 2-10 years: 2 mL Red top Vacutainer tube</p> <p>CSF: Suggest CSF be submitted with serum for testing. CLINICAL IMMUNOLOGY REQUISITION</p>	Batch analysis	Negative	2019-02-26	<p>This test is available to neurologists at LHSC/SJHC and accepted from referred in locations.</p> <p>A single autoantibody test is not diagnostic and should not be used to determine course of treatment.</p> <p>The test result must be evaluated with consideration of clinical presentation, patient history and other laboratory tests.</p> <p>Associated disease: parasomnia, tauopathy</p>
Anti-ITPR1 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-KLHL11 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-LGI1 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-Ma2/Ta (PNMA2) (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-MAG, IgM (see <u>Myelin-Associated Glycoprotein IgM, Serum</u>)						
Anti-mGluR1 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-Microsomal Antibodies (see <u>Anti-Thyroid Peroxidase Antibodies, Serum/Plasma</u>)						
Anti-Neurochondrin (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-NIF (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-NMDAR (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-PDE10A (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-PLA2R (see <u>Phospholipase A2 Receptor (PLA2R) Antibodies</u>)						
Anti-Recoverin (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-Ri (ANNA-2) (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-SARS-CoV-2 (IgG + IgM) (see <u>Anti-SARS-CoV-2 Total Antibody</u>)						
Anti-SARS-CoV-2 Antibody (see <u>Anti-SARS-CoV-2 Total Antibody</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-SARS-CoV-2 Total Antibody Anti-SARS-CoV-2 Antibody COVID Serology Anti-SARS-CoV-2 (IgG + IgM)	Core	<p>Adult: 4.5 mL Green (Lithium Heparin) top Vacutainer</p> <p>Serum from a 5 mL Gold top or 6 mL Red top is also acceptable.</p> <p>Pediatric: 0-2 years: 0.5 mL Green or Gold top Microtainer 2-10 years: 3 mL Green top or 2 mL Gold top tube GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2020-08-01	<p>Serology testing examines a persons blood to see if they have antibodies to COVID-19. Testing detects both IgG and IgM antibodies (total) to SARS-CoV-2 nucleocapsid (N) antigen of the SARS- CoV-2 virus.</p> <p>Serology testing is limited to the currently approved uses in Ontario (See PHO COVID-19 Serology) including:</p> <p>The investigation of suspected cases of Multisystem Inflammatory Syndrome in Children (MIS-C) With Approval: Serology may be considered in patients with severe illness who have tested re (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-SOX1 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-Thyroglobulin Antibodies, Serum/Plasma Thyroid Antibodies	Core	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Red or Gold top Microtainer 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Lavender top (EDTA) tubes are also acceptable</p> <p>Light Green top (Li-Heparin) tubes are NOT acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	As required	≤ 115 IU/mL	2009-02-12	<p>Biotin may interfere with this test. Samples should not be taken from patients receiving high biotin doses (i.e. > 5 mg/day) until at least 8 hours after the last biotin administration.</p> <p>Measurement of anti-thyroglobulin antibodies is automatically performed with each serum thyroglobulin test order.</p> <p>Thyroglobulin concentrations > 2000 g/L may lead to falsely elevated anti-thyroglobulin antibody results.</p> <p>The presence of anti-thyroglobulin antibodies may cause falsely low thyroglobulin measurements.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-Thyroid Peroxidase Antibodies, Serum/Plasma Anti-Thyroperoxidase Antibodies Anti-TPO Antibodies Anti-Microsomal Antibodies	Core	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Red or Gold top Microtainer 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Light Green top (Li-Heparin) tubes are also acceptable</p> <p>Lavender top (EDTA) tubes are NOT acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	Tuesdays	≤ 34 IU/mL	2009-12-01	<p>Biotin may interfere with this test. Samples should not be taken from patients receiving high biotin doses (i.e. > 5 mg/day) until at least 8 hours after the last biotin administration.</p> <p>Falsely elevated results may be obtained in patients being treated with Itraconazole.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-Thyroid Stimulating Hormone Receptor Antibodies, Serum Anti-TSH receptor antibodies Thyrotropin Receptor Antibodies TRAb Thyroid Stimulating Immunoglobulin TSI Long Acting Thyroid Stimulator LATS Thyrotropin Binding Inhibitor Immunoglobulin TBII	Endocrinology	Adult: 5 mL Gold top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Red or Gold top Microtainer 2-10 years: 3 mL Red top Vacutainer tube Light Green (Li-Heparin) or Lavender (EDTA) top tubes are NOT acceptable GENERAL LABORATORY REQUISITION	Monday Friday 0800-1600	Elevated: > 1.8 IU/L	2017-12-12	
Anti-Thyroperoxidase Antibodies (see <u>Anti-Thyroid Peroxidase Antibodies, Serum/Plasma</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-Tissue Transglutaminase Antibodies (IgA), Serum/Plasma Transglutaminase Antibody tTGAB Tissue Transglutaminase Antibody	Endocrinology	<p>Adult: 6 mL Red top Vacutainer tube</p> <p>Pediatric: 0-2 years: 2 x 0.5 mL Red or Gold top Microtainers 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Gold, Light Green (Li-Heparin), or Lavender (EDTA) top tubes are also acceptable GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800-1600	Negative: <8.0 AU/mL Positive: ≥8.0 AU/mL	2009-02-12	
Anti-Titin (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-TPO Antibodies (see <u>Anti-Thyroid Peroxidase Antibodies, Serum/Plasma</u>)						
Anti-Tr (DNER) (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Anti-TSH receptor antibodies (see <u>Anti-Thyroid Stimulating Hormone Receptor Antibodies, Serum</u>)						
Anti-Yo (PCA-1) (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anti-Zic4 (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>)						
Antibody Investigation	Blood Transfusion	6 mL Pink (EDTA) top Vacutainer tube Reflex ordered in Blood Transfusion Laboratory	Daily, Urgent if indicated.	See report		
Antibody Titre (see <u>ABO Titre, Prenatal Titre</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anticardiolipin ACA Lupus Anticoagulant Anti cardiolipin Antibodies\ Anti Phospholipid Antibodies	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	Adult: Four 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling GENERAL LABORATORY REQUISITION	Weekly	Negative	2006-06-01	Testing includes: INR PTT Anticardiolipin IgG Interpretation Anticardiolipin IgM Interpretation Lupus Anticoagulant - battery including LA screen, sensitive and insensitive aPTT, mixing studies and platelet neutralization Blue (Sodium Citrate) top tubes should be centrifuged within 4 hours of collection. The blood specimen must be double centrifuged to prepare platelet free plasma. Centrifuge the primary tube or tubes for 10 minutes at 3000 rpm, aliquot and re- (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Anticonvulsant (see <u>Carbamazepine, Serum/Plasma-Total, Ethosuximide, Serum, Phenobarbital, Serum/Plasma, Phenytoin, Serum/Plasma-Total, Primidone, Serum</u>)						
Antidiuretic hormone (see <u>Copeptin (Surrogate Measure of Anti-Diuretic Hormone), Plasma/Serum</u>)						
Antiendomysial Antibodies EMA Anti Mycelial	Core (all sites)	6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday- Thursday	Negative	2010-01-25	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Antimony, Erythrocytes	Trace Elements	Reference # 366480- Glass BD Green Sodium Heparin tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.00-1.64 nmol/L Conventional Units: 0-0.20 µg/L	2009-09-03	Reference Ranges are based on Non- Occupationally exposed population. Samples collected in plastic tubes yield elevated antimony results due to leaching from the tube walls. High antimony results should be followed up with a repeat request for antimony making sure that the sample is collected in a glass tube. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Antimony,Urine	Trace Elements	24 hour urine collected in an unused 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units</u> Random Urine: 0-0.46 nmol/L Agenmol/mol creatinineFemale Male0-110-54.70-52.212-190-33.30-32.420-290-37.70-28.730-390-45.50-33.640-490-54.10-35.450-590-63.90-40.760-690-63.00-42.670-790-65.70-46.0≥800-80.70-52.2 24 Hour Urine: 0-0.69 nmol/d <u>Conventional Units</u> Random Urine: (more...)	2010-01-08	Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Antimony, Whole blood	Trace Elements	Reference # 366480- Glass BD Green Sodium Heparin tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0-0.74 nmol/L Conventional Units: 0-0.090 µg/L	2009-09-03	Reference Ranges are based on Non- Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
Antithrombin (see Anti Thrombin)						
Apo B (see Apo Lipoprotein B)						
Apo Lipoprotein A1	Core	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out weekdays Monday-Friday	Male: 0.80 - 2.05 g/L Female: 1.09 - 2.32 g/L	2006-04-03	
Apo Lipoprotein B Apo B ApoB	Core	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out weekdays Monday-Friday	Male: 0.50- 1.40 g/L Female: 0.50- 1.25 g/L	2006-04-03	
Apo Lipoprotein E Genotype APOE	Test not available (Various)			See Report		
ApoB (see Apo Lipoprotein B)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
APOE (see <u>Apo Lipoprotein E Genotype</u>)						
Apt Test	Blood Transfusion	-Cord Blood -Vaginal Blood BLOOD TRANSFUSION REQUISITION or Electronic order	Monday-Sunday	See report		
APTT (see <u>Partial Thromboplastin Time (Activated)- PTT</u>)						
Arava (see <u>Leflunomide</u>)						
Arbovirus Flavivirus Serology/PCR Dengue Fever Chikungunya Virus Eastern Encephalitis Powassan St. Louis Encephalitis West Nile Virus Western Encephalitis Venezuela Encephalitis Yellow Fever Zika Virus	Microbiology (VH)	5 mL Gold top or 6 mL Red top Vacutainer tube CSF must be accompanied by a plasma collected in a 5 mL EDTA Lavender top tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred weekdays to Public Health Laboratory		2010-09-13	
Arginine Vasopressin (see <u>Copeptin (Surrogate Measure of Anti-Diuretic Hormone), Plasma/Serum</u>)						
Array CGH (see <u>Microarray</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Array CGH (see <u>Prenatal Microarray</u>)						
Array comparative genomic hybridization (see <u>Microarray</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Arsenic - Inorganic,Urine	Trace Elements	24 hour urine collected in an unused 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u> Random Urine: 0-0.13 µmol/L Ageµmol/mol creatinineFemale Male0-110-15.90-15.212-190-9.70-9.420-290-10.90-8.330-390-13.20-9.740-490-15.70-10.350-590-18.50-11.860-690-18.30-12.470-790-19.10-13.4≥800-23.40-15.2 24 Hour Urine: 0-0.20 µmol/d <u>Conventional Units:</u> Random Urine: 0-10.0 µg/L (more...)		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Arsenic, Erythrocytes	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.0-65.4 nmol/L Conventional Units: 0.0-4.9 µg/L	2010-01-08	Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Arsenic,Urine	Trace Elements	24 hour urine collected in an unused 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u> Random Urine: 0-0.53 µmol/L Ageµmol/mol creatinineFemale Male0-110-63.60-60.712-190-38.70-37.620-290-43.80-33.430-390-52.90-39.040-490-62.80-41.150-590-74.20-47.360-690-73.20-49.470-790-76.30-53.4≥800-93.70-60.7 24 Hour Urine: 0-0.80 µmol/d <u>Conventional Units:</u> Random Urine: (more...)		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Arsenic, Whole Blood	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.0-50.7 nmol/L Conventional Units: 0.0-3.8 µg/L		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
Arthropods (see Ova and Parasites-Ticks/Arthropods)						
Aryl Sulfatase A, Leukocyte/Fibroblasts /Urine Metachromatic Leukodystrophy MLD	Biochemical Genetics	1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer 2. Fibroblasts 3. 5-10 mL of first a.m. urine 1. & 3. GENERAL LABORATORY REQUISITION 2. BIOCHEMICAL GENETICS LAB REQUISITION	As required	Leukocyte: 2.8-17.9 nmol/hr/mg protein Fibroblast: 22-50 nmol/hr/mg protein Urine: 2.2-6.4 nmol/hr/mL urine	2008-06-10	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Aryl Sulfatase B, Leukocytes/Fibroblasts MPSVI Maroteaux-Lary Syndrome	Biochemical Genetics	1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer 2. Fibroblasts 1. GENERAL LABORATORY REQUISITION 2. BIOCHEMICAL GENETICS LAB REQUISITION	As required		2008-06-10	
Aryl Sulfatase E, Fibroblasts Chondrodysplasia Punctata (X-Linked Recessive)	Biochemical Genetics	Fibroblasts BIOCHEMICAL GENETICS LAB REQUISITION	As required		2008-06-10	
ASA (see <u>Salicylate, Serum</u>)						
Ascorbic Acid (see <u>Vitamin C</u>)						
ASGM1 (see <u>Anti GA1 IgM, Serum</u>)						
ASO Screen and Titre (see <u>Anti Streptolysin O Screen</u>)						
Asparaginase Activity (see <u>L-Asparaginase</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Aspartate Aminotransferase, Plasma AST	Core	4.5 mL Green (Lithium Heparin) top Vacutainer Pediatric: 0-2 years: 0.5 mL Green top Microtainer 2-10 years: 2 mL Green top tube GENERAL LABORATORY REQUISITION	As required	Male: <40 U/L Female: <32 U/L	2008-11-15	Hemolysis will falsely increase plasma results. Very sensitive but non-specific indicator of hepatocellular damage. Also elevated in cardiac and skeletal muscle damage and erythrocyte disorders. Hemolysis will falsely increase plasma results.
Aspartylglucosaminidase, Leukocyte/Fibroblasts AGU	Biochemical Genetics	2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer Fibroblasts 1. GENERAL LABORATORY REQUISITION 2. BIOCHEMICAL GENETICS LAB REQUISITION	As required	See report issued by lab	2008-06-10	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Aspergillosis Serology	Microbiology (VH)	5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred weekdays to Public Health Laboratory	See report	2010-09-13	
Aspergillus fumigatus IgG Antibodies Allergic Alveolitis Aspergillus precipitins Allergic Lung Serology Hypersensitivity Pneumonitis	Core	Serum from a 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube Pediatric: 0-2 years: Red 0.5 mL Microtainer 2-10 years: 2 mL Red top GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	<40 mg/L	2010-01-11	
Aspergillus precipitins (see <u>Aspergillus fumigatus IgG Antibodies</u>)						
Aspiration Biopsy (see <u>Image-Guided Fine Needle Aspirate Cytology, Non-Image Guided Fine Needle Aspiration Biopsy for Cytology</u>)						
AST (see <u>Aspartate Aminotransferase, Plasma</u>)						
AT (see <u>Anti Thrombin</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Ataxia Telangiectasia, Breakage Study Chromosome Analysis, Breakage Study, Ataxia Telangiectasia Breakage Study, Ataxia Telangiectasia	Cytogenetics (VH)	<p>4-6 mL peripheral venous blood, in a sterile, sodium heparin vacutainer. If <3 mL is collected, it must be in a 3 mL Vacutainer to allow for appropriate sample to anticoagulant ratio.</p> <p>Note: A 6 mL control sample should also be sent (see Collection Information) CYTOGENETICS REQUISITION must include patient's name, address, Ontario Health Insurance Numb (more...)</p>	As required	See final report		<p>The Cytogenetics Lab is staffed from 0700-1700 (Monday-Friday), Ext. 78974 (office), or 75714 (lab).</p> <p>For additional information please refer to the Cytogenetics Web Page N/A See final report An age/sex match control is required and should be collected and received at the same time as the patient sample.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Ativan (see <u>Lorazepam,Urine-</u> Qualitative test is available only upon request)						
AUSAB (see <u>Hepatitis B Surface Antibody</u>)						
Australian Antibody (see <u>Hepatitis B Surface Antibody</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
<p>Autoimmune Liver Disease (AILD) Profile Anti Mitochondrial Antibody (AMA) Anti Smooth Muscle Antibody (ASMA) Anti Liver/Kidney Microsome Antibody (Anti LKM) AILD-relevant antinuclear antibodies (ANA2)</p>	<p>Clinical Immunology</p>	<p>Serum (preferred) from a 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube</p> <p>Pediatric: 0-2 years: Red 0.5 Microtainer tube 2-10 years: 2 mL Red top tube EDTA, heparin or citrated plasma will also be accepted. Other fluids will not be accepted. GENERAL LABORATORY REQUISITION</p>	<p>Batch Analysis</p>	<p>Negative</p>	<p>2018-06-11</p>	<p>ANA2 will only screen and report for AILD-related ANA patterns (Multiple Nuclear Dot, Nuclear Membrane and F-Actin).</p> <p>To screen for other ANA patterns, the regular ANA is tested together with AILD testing initially.</p> <p>Repeat testing: For adults ANA repeat testing will not be done; AILD can be repeated every 6 months. For children AILD/ANA testing can be repeated every 3 months.</p> <p>The following IFA patterns are reported: AMA ASMA Anti LKM Multiple Nuclear dots Nuclear membrane (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Autoimmune Myositis Panel (see <u>Myositis Antibodies Profile</u>)						
Autopsy	Autopsy	Body See corporate policy: Authorization for Autopsy	As required 0800-1600 including weekends and holidays	Autopsy will be performed within 24 hours of death, provided all valid authorization is completed. A provisional report is available within 5 working days.		
Aventyl (see <u>Nortriptyline, Serum/Plasma</u>)						
AVP (see <u>Copeptin (Surrogate Measure of Anti-Diuretic Hormone), Plasma/Serum</u>)						