

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|-----------------------|---|--|-----------------------------|----------------|----------|
| B-Cell Gene rearrangement (see <u>B-Cell Lymphoma</u>) | | | | | | |
| B-Cell Lymphoma B-Cell Gene rearrangement | Molecular Diagnostics | EDTA blood/bone marrow MOLECULAR DIAGNOSTIC REQUISITION | As required, Monday to Friday 0800-1600h | See report | | |
| B19 (see <u>Parvovirus Serology (Human)</u>) | | | | | | |
| B2 Microglobulin (see <u>Beta₂ Microglobulin, Urine, Beta₂Microglobulin, Plasma</u>) | | | | | | |
| B ₂ Microglobulin (see <u>Beta₂Microglobulin, Plasma</u>) | | | | | | |
| Babesia Screen | Core | 4 mL K2 or K3 EDTA Lavender top Vacutainer tube. Pediatric: 2 mL K2 or K3 EDTA Lavender top Vacutainer tube. GENERAL LABORATORY REQUISITION | As required | No babesial parasites seen. | 2016-03-10 | |
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|--|---------------------------|--|---------------------------------------|-----------------|----------------|----------|
| Bacterial Endotoxin Test | Microbiology/Epidemiology | Specimen collected aseptically in pyrogen free container. MICROBIOLOGY REQUISITION | Weekly, unless specifically arranged. | | | |
| Banding (see <u>Chromosome Analysis, Blood, Chromosome Analysis, Bone Marrow/Blood Oncology Studies, Chromosome Analysis, Lymph Node/Tumor</u>) | | | | | | |
| Bands (see <u>Differential Leukocyte Count (Peripheral Blood)</u>) | | | | | | |
| Banking (see <u>DNA/RNA Banking</u>) | | | | | | |
| Barb Screen (see <u>Barbiturate Screen,Urine</u>) | | | | | | |
| Barbiturate Screen,Urine Barb Screen | Core UH & VH | Random urine GENERAL LABORATORY REQUISITION | As required | Negative | 2008-11-15 | |
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|--------------|----------------|---|------------------|---|----------------|--|
| Barium,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: 0-25.5 nmol/L Ageµmol/mol creatinineFemale Male0-110-3.00-2.912-190-1.80-1.820-290-2.10-1.630-390-2.50-1.940-490-3.00-2.050-590-3.50-2.360-690-3.50-2.470-790-3.60-2.5≥800-4.50-2.9 24 Hour Urine: 0-36.4 nmol/d <u>Conventional Units:</u> Random Urine: 0-3.5 µg/L Ageµg/g creatinineFemale Male0-110-3.70-3.512-190-2.20-2.220-2 (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 |
|---|----------------------|--|--|-----------------|----------------|----------|
| Bartonella Serology Cat Scratch Disease | Microbiology (VH) | Blood-5 mL Gold or 6 mL Red top Vacutainer PUBLIC HEALTH LABORATORY TEST REQUISITION | Referred weekdays to Public Health Laboratory | | 2010-09-13 | |
| Basophils (see <u>Differential Leukocyte Count (Peripheral Blood)</u>) | | | | | | |
| Batten Disease (see <u>Tripeptidyl Peptidase 1, Dried Blood Spot/Fibroblast</u>) | | | | | | |
| BCR/ABL (see <u>Chronic Myelogenous Leukemia, by Karyotype/FISH, Chronic Myelogenous Leukemia, by PCR</u>) | | | | | | |
| Be (see <u>Beryllium,Urine</u>) | | | | | | |
| Benadryl (see <u>Diphenhydramine, Urine Qualitative</u>) | | | | | | |
| Bence Jones Protein (see <u>Immunofixation Electrophoresis, Urine</u>) | | | | | | |
| Bence Jones Protein Screen (see <u>Protein Electrophoresis, Urine</u>) | | | | | | |
| Benzo Screen (see <u>Benzodiazepines,Urine</u>) | | | | | | |
| Benzodiazepines,Urin e Benzo Screen | Core UH & VH | Random urine GENERAL LABORATORY REQUISITION | As required | Negative | 2008-11-15 | |
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| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|-----------------------|----------------|---|------------------|---|----------------|--|
| Beryllium,Urine Be | 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: 0-11.1 nmol/L Ageµmol/mol creatinineFemale Male0-110-1.320-1.2612-190-0.800-0.7820-290-0.910-0.6930-390-1.100-0.8140-490-1.310-0.8550-590-1.540-0.9860-690-1.520-1.0370-790-1.590-1.11≥800-1.950-1.26 24 Hour Urine: 0-16.7 nmol/d <u>Conventional Units:</u> Random Urine: 0-0.100 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 |
|---|------------|--|---------------|-----------------|----------------|----------|
| Beta 2 Transferrin (see <u>Beta-2 Transferrin</u>) | | | | | | |
| Beta Carotene (see <u>Carotene, Serum</u>) | | | | | | |
| Beta Crosslaps (see <u>C-Telopeptide, Plasma</u>) | | | | | | |
| Beta hCG (see <u>Chorionic Gonadotropin (Quantitative), Plasma/Serum, Chorionic Gonadotropin, Fluid</u>) | | | | | | |
| Beta Hydroxybutyrate, Plasma/Serum BHB Ketones | 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 or Gold top tubes are also acceptable GENERAL LABORATORY REQUISITION</p> | As required | ≤0.30 mmol/L | 2020-03-30 | |
| Beta Transferrin (see <u>Beta-2 Transferrin</u>) | | | | | | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|------------------------|---|------------------------------|-----------------|----------------|---|
| Beta-2 Transferrin Beta-2 Transferrin Beta 2 Transferrin Beta Transferrin CSF Specific Transferrin Tau Protein | Clinical Immunology | <p>Collect 500 L nasal or ear fluid into a clean specimen container. Also need to collect blood as follows:</p> <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 GENE (more...)</p> | Monday - Friday 0800-1600 | Negative | 2012-04-12 | <p>Based on consultation with Dr. Rotenberg, it has been decided to limit the collection frequency to ≥ 4 weeks for repeat testing. If beta-2 transferrin testing is ordered and it has been ≤ 30 days since the collection date of the last sample run, the test will be cancelled.</p> <p>Both fluid and serum are required for testing. Failure to collect a serum specimen may result in an inconclusive result.</p> |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|-------------------------|---|---------------|---|----------------|----------|
| Beta-Galactocerebrosidase , Leukocyte/Fibroblasts Krabbe Disease | Biochemical Genetics | 1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer 2. Fibroblasts 1. GENERAL LABORATORY REQUISITION 2. REGIONAL CYTOGENETI CS REQUISITION | As required | Leukocyte: 66-139 nmol/hr/mg protein Fibroblast: 58.4-135.5 nmol/hr/mg protein | 2008-06-10 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|----------------------|--|---------------|---|----------------|----------|
| Beta-Galactosidase, Leukocyte/Plasma/Fibroblasts GMI Gangliosidosis MPSIVB Morquio B 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. REGIONAL CYTOGENETICS REQUISITION | As required | Leukocyte: 139-248 nmol/hr/mg protein Plasma: 6.3-42.0 nmol/hr/mL plasma Fibroblasts: 335-435 nmol/hr/mg protein | 2008-06-10 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|----------------------|---|---------------|--|----------------|----------|
| Beta-Glucocerebrosidase, Leukocyte/Fibroblasts Gaucher Disease | Biochemical Genetics | 1. 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer 2. Fibroblasts 1. GENERAL LABORATORY REQUISITION 2. REGIONAL CYTOGENETICS REQUISITION | As required | Leukocyte: 5.0-11.3 nmol/hr/mg protein | 2008-06-10 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|-------------------------|--|---------------|---|----------------|----------|
| Beta-Glucuronidase, Leukocyte/Plasma/Fib roblasts MPSVII Sly Syndrome | 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. REGIONAL CYTOGENETI CS REQUISITION | As required | Leukocyte: 97-174 nmol/hr/mg protein Plasma: 18-76 nmol/hr/mL plasma | 2008-06-10 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|----------------------|--|---------------|---|----------------|----------|
| Beta-N-Acetylhexosaminidase %A, A, A+B, Leukocyte/Plasma/Fibroblasts Hexosaminidase GM2 Gangliosidosis Sandhoff Disease Tay-Sachs 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. REGIONAL CYTOGENETICS REQUISITION | As required | Leukocyte: A%: 62-77% A: 99-311 nmol/hr/mg protein A+B: 962-1711 nmol/hr/mg protein Plasma A%: 62-76% A: 22-58 nmol/hr/mL plasma A+B: 715-1516 nmol/hr/mL plasma Fibroblast: A: 390-750 nmol/hr/mg protein A+B: 8160-11500 nmol/hr/mg protein | 2008-06-10 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|---------------------|--|------------------------------|--|----------------|---|
| Beta ₂ Microglobulin, Urine B2 Microglobulin | Clinical Immunology | Random urine GENERAL LABORATORY REQUISITION | Monday - Friday 0800-1600 | B2MU: 35-202 g/L B2MU/creatinine ratio: 0-23 g/mmol | 2010-02-03 | Beta ₂ microglobulin is unstable in acidic urine. B2MU is increased in proximal tube dysfunction and some forms of cancer. Testing includes urine creatinine. Prepare an aliquot of the urine and freeze immediately. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|------------|--|---|----------------------------------|----------------|--|
| Beta ₂ Microglobulin, Plasma B ₂ Microglobulin B2 Microglobulin | Core | Adult: 4.5 mL Green (Lithium Heparin) top Vacutainer 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 GENERAL LABORATORY REQUISITION | Daily | 0.80-2.20 mg/L | 2009-12-01 | Turbidimetric assays not suitable for measurement of highly lipemic or hemolytic samples or samples containing high levels of circulating immune complexes. Increased in B-cell malignancies and glomerular dysfunction; also non-specifically increased in inflammatory diseases and some malignancies |
| BH4/NB Ratio (see <u>Pterin Analysis, Urine</u>) | | | | | | |
| BHB (see <u>Beta Hydroxybutyrate, Plasma/Serum</u>) | | | | | | |
| Bile Acids, Serum Bile Acids: Total | Core | 5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION | Batch testing - Twice per week (Tuesday & Friday) | 0.0-10.0 umol/L (fasting sample) | 2011-01-20 | |
| Bile Acids: Total (see <u>Bile Acids, Serum</u>) | | | | | | |
| Bileduct Brush/Wash (see <u>Gastrointestinal/Hepatobiliary Specimens for Cytology</u>) | | | | | | |
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|---|------------|---|---------------|-----------------|----------------|----------|
| Bilirubin- Direct Direct Conjugated | Core | 4.5 mL Green top Vacutainer Pediatric: 0-2 yrs: Green top Microtainer (BD 365985) GENERAL LABORATORY REQUISITION | As required | 0.0-5.13 µmol/L | 2008-11-15 | |

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|-----------------|--------------|--|---------------|--|----------------|--|
| Bilirubin-Total | Core UH & VH | 4.5 mL Green top Vacutainer Pediatric: 0-2 yrs: Green top Microtainer (BD 365985) GENERAL LABORATORY REQUISITION | As required | < 1 day: 24.0-149.0 µmol/L > 1 day-2 days: 58.0-197.0 µmol/L > 2 days-5 days: 26.0-205.0 µmol/L > 5 days: 3.4-17.1 µmol/L | 2008-11-15 | Hemolyzed and lipemic plasma may interfere with this test methodology. INFANTS ONLY- Total Bilirubin: >250 µmol/L Urine bilirubin is positive when serum direct bilirubin is elevated. Please note that in rare cases of gammopathy, in particular type IgM (Waldenstrom's macroglobulinemia) may show a significant positive bias for total bilirubin. It is recommended that bilirubin results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings. |

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| Biotinidase, Plasma | Biochemical Genetics | 6 mL Green (Sodium or Lithium Heparinized) top Vacutainer tube Pediatric: 0-2 yrs: 2 x 0.5 mL Green top 2-10 yrs: 3 mL Green top GENERAL LABORATORY REQUISITION | As required | 6-12 umol/min/L plasma | 2008-06-10 | |
| Biquin (see <u>Quinidine</u>) | | | | | | |
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|---------------|----------------|---|------------------|--|----------------|--|
| Bismuth,Urine | Trace Elements | 24 hour urine collected in acid washed bottle or random urine TRACE ELEMENTS REQUISITION | Batched Analysis | <u>SI Units:</u> Random Urine: 0-0.34 nmol/L Agenmol/mol creatinineFemale Male0-110-39.90-38.112-190-24.30-23.620-290-27.50-21.030-390-33.20-24.540-490-39.40-25.850-590-46.60-29.760-690-45.90-31.070-790-47.90-33.5≥800-58.80-38.1 24 Hour Urine: 0-0.48 nmol/d <u>Conventional Units:</u> Random Urine: 0-0.070 µg/L Ageng/ (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 |
|--------------------------------------|-------------------|---|--|-----------------|----------------|----------|
| BK Virus (see <u>Polyoma Virus</u>) | | | | | | |
| Blastomyces Culture | Microbiology (VH) | Bone, Bone Marrow CSF Respiratory (sputum, tracheal aspiration, bronchial wash) Skin Lesions (scrapings or exudates) Subcutaneous Lesions or Aspirates Tissue PUBLIC HEALTH LABORATORY TEST REQUISITION | Referred out weekdays to the Public Health Laboratory. | | | |
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| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|-------------------|---|---|--|----------------|---|
| Blastomyces Serology | Microbiology (VH) | Blood-5 mL Gold or 6 mL Red top Vacutainer PUBLIC HEALTH LABORATORY TEST REQUISITION | Referred weekdays to Public Health Laboratory. | | 2010-09-13 | Clinical history is important for adequate testing. |
| Blood Culture Malassezia species, Histoplasma capsulatum, Blastomyces dermatitidis and Coccidioides immitis | Microbiology | Blood Malassezia species MICROBIOLOGY REQUISITION , Histoplasma capsulatum, Blastomyces dermatitidis, and Coccidioides immitis PUBLIC HEALTH LABORATORY TEST REQUISITION | Daily Specimens are referred to the Public Health Laboratory only during weekdays. | Malassezia species up to 10 days Histoplasma capsulatum, Blastomyces dermatitidis, and Coccidioides immitis up to 28 days | 2018-04-09 | |
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| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|--------------|--|---------------|---|----------------|----------|
| Blood Culture Aerobic/Anaerobic (Adult) | Microbiology | Blood MICROBIOLOG Y REQUISITION | Daily | 5 days positive findings are available within 1 hour of discovery. Negative cultures at 24 hours will be routinely updated with the comment No growth 1 day | 2018-04-09 | |
| Blood Culture Aerobic/Anaerobic (Paediatric) | Microbiology | Blood MICROBIOLOG Y REQUISITION | Daily | 5 days positive findings are available within 1 hour of discovery. Negative cultures at 24 hours will be routinely updated with the comment No growth 1 day. | 2018-04-09 | |
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| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|-------------|------------------|---|---------------|---|----------------|--|
| Blood Gases | Core (all sites) | See Note in Interpretive Comments. GENERAL LABORATORY REQUISITION | As required | Age Range Arterial/Capillary Venous pH birth-1 day 7.29 - 7.45 2 days-adult 7.32 - 7.42 pCO₂ birth - 2 days 27 - 40 3 - 52 days - adult 35 - 45 pO₂ birth - 2 days 54 - 95 3 - 52 days - adult 83 - 108 Base Excess (BE) (all) (-2) - 3 (-2) - 3 O₂ saturation, calculated (all) N/A/N/A | 2016-05-04 | Critical Low Critical High pH 7.207 - 7.60 pCO₂ 20 - 60 pO₂ (arterial only) 40 Venous pCO ₂ >45 is suggestive of arterial pCO ₂ >40 mmHg, which may be clinically important. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|------------------|------------------|--|---------------|--|----------------|--|
| Blood Gases Plus | Core (all sites) | See Note in Interpretive Comments. GENERAL LABORATORY REQUISITION | As required | Age Range Arterial/Capillary Venous pH birth-1 day 7.29 - 7.45 2 days-adult 7.32 - 7.42 pCO₂ birth - 2 days 27 - 40 38 - 50 days - adult 35 - 45 38 - 50 pO₂ birth - 2 days 54 - 95 30 - 50 days - adult 83 - 108 30 - 50 Base Excess (BE) (all) (-2) - 3(-2) - 3 O₂ saturation, calculated (all) N/AN/A Sodium, Na (all) 135-145 Potassium, K (all) 3.5-5.3 Chloride, Cl (all) 98-107 Total CO₂ (Bicarb (more...)) | 2016-05-04 | Critical Low Critical High pH 7.207.60 pCO₂ 2060 pO₂ (arterial only) 40 Na 120160 K 3.06.0 Glucose 3.030.0 Lactate (ED only) 4.0 Venous pCO ₂ >45 is suggestive of arterial pCO ₂ >40 mmHg, which may be clinically important. |

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|--|------------|--|---------------|----------------------------|----------------|----------|
| Blood Parasite Screen Filaria Screen Trypanosomiasis Screen | Core | 4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube Pediatric: 0-2 yrs: Lavender 0.5 pk. 2-10 yrs: 2 mL Lavender top GENERAL LABORATORY REQUISITION | As required | No blood parasites seen | 2006-06-01 | |
| Blood Urea (see <u>Urea,Plasma</u>) | | | | | | |
| Blood/Body Fluid Exposure: Exposed individual (see <u>Needle Stick Injury - Victim</u>) | | | | | | |
| Blood/Body Fluid Exposure: Source patient (see <u>Needle Stick Injury - Source</u>) | | | | | | |
| Body Fluid Analysis (other than CSF) (see <u>Cell Count and Differential, Fluid (other than CSF)</u>) | | | | | | |
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|---|-------------------|---|----------------------------|------------------------|----------------|----------|
| Body Fluid Culture (excluding blood, CSF, urine) Fluid Culture | Microbiology (VH) | Pericardial Fluid, Peritoneal Fluid, Pleural Fluid, Synovial Fluid, CAPD fluid, Aspirate, Vitreous Fluid MICROBIOLOGY REQUISITION | Daily | | | |
| Bone (see <u>Image-Guided Fine Needle Aspirate Cytology, Non-Image Guided Fine Needle Aspiration Biopsy for Cytology</u>) | | | | | | |
| Bone Loss Marker (see <u>N-Telopeptide,Urine</u> no longer available- see C-Telopeptide) | | | | | | |
| Bone Marrow Aspirate Examination Bone Marrow Smears For: a) Wright's b) Iron Stain c) Cytochemical Stains Differential Bone Marrow | Flow Cytometry | Bone marrow in K ₂ or K ₃ EDTA GENERAL LABORATORY REQUISITION | Monday-Friday 0800-1600 | Normal marrow elements | 2006-06-01 | |
| Bone Marrow Smears (see <u>Bone Marrow Aspirate Examination</u>) | | | | | | |
| BoneMarrow/StemCell Donor initial HLA Typing (see <u>HLA BoneMarrow/StemCell Histocompatibility-Donor</u>) | | | | | | |
| BoneMarrow/StemCell Recipient Antibody Workup (see <u>HLA Antibody BM/SC Recipient Workup</u>) | | | | | | |
| BoneMarrow/StemCell recipient initial HLA Typing (see <u>HLA BoneMarrow/StemCell Histocompatibility-Recipient</u>) | | | | | | |
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|---|---------------------|---|--|-----------------|----------------|----------|
| Bordetella pertussis Investigation (PertPCR) Whooping Cough Pertussis | Virology Laboratory | Nasopharyngeal aspirates (2-3 mL) or Nasopharyngeal swabs Collect during the early phase of the disease and prior to antimicrobial therapy. VIROLOGY LABORATORY TEST REQUISITION | Samples are tested once a week on Wednesday. STAT requests must be approved by a Medical Microbiologist. | See report | 2006-07-01 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|-------------|----------------|---|------------------|---|----------------|--|
| Boron,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: 0.05-0.65 mmol/L Agemmol/mol creatinineFemale Male0-115.3-77.15.3-73.612-193.4-46.93.3-45.620-293.8-53.12.9-40.530-394.6-64.13.4-47.340-495.4-76.23.6-49.850-596.4-89.94.1-57.360-696.3-88.74.3-60.070-796.6-92.54.6-64.8≥808.1-113.65.3-73.6 24 Hour Urine: 0.07-0.97 mmol/d <u>Conventional Units:</u> (more...) | 2010-01-08 | Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here: |

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|--|-------------------|---|--|-----------------|----------------|---|
| Borrelia burgdorferi (see <u>Lyme Disease Antibody</u>) | | | | | | |
| Botulism (Botulism Toxin) Stool Culture for Botulism | Microbiology (VH) | Stool Implicated food Serum-5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION | Referred out weekdays to the Public Health Laboratory. | See report | 2010-09-13 | For more information please visit: Public Health Agency of Canada's website then click on "Botulism". Botulism is a reportable disease. |

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| BRAF NCCO NGS | Molecular Diagnostics | FFPE | Monday to Friday 0800-1600h | See report | | <p>Patient is outside CCO criteria for funded testing</p> <p>N/A</p> <p>In patients with advanced malignant melanoma BRAF V600 mutations have been shown to be associated with clinical response to therapies targeting BRAF, such as vemurafenib.(PMID: 2235632) While clinical guidelines for BRAF mutational analysis are evolving, current available guidelines recommend routine testing for BRAF V600 mutations in metastatic melanoma.(PMID:24129426</p> |

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| BRAF NGS | Molecular Diagnostics | FFPE Refer to Pathology | Monday to Friday 0800-1600h | See report | | <p>Patient must meet CCO criteria for funding of test.</p> <p>N/A</p> <p>In patients with advanced malignant melanoma BRAF V600 mutations have been shown to be associated with clinical response to therapies targeting BRAF, such as vemurafenib.(PMID: 2235632) While clinical guidelines for BRAF mutational analysis are evolving, current available guidelines recommend routine testing for BRAF V600 mutations in metastatic melanoma.(PMID:24129426)</p> |
| Breakage Study, Ataxia Telangiectasia (see <u>Ataxia Telangiectasia, Breakage Study</u>) | | | | | | |
| Breakage Study, Fanconi Anemia (see <u>Fanconi Anemia, Breakage Study</u>) | | | | | | |
| Breast (see <u>Image-Guided Fine Needle Aspirate Cytology, Non-Image Guided Fine Needle Aspiration Biopsy for Cytology</u>) | | | | | | |
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| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|-----------------------|--|---|-----------------|----------------|--|
| Breast Cancer (BRCA1 and BRCA2 Screening) Hereditary Cancer - Breast/Ovarian | Molecular Diagnostics | Whole blood-4 mL Lavender EDTA top Vacutainer tube MOLECULAR DIAGNOSTIC REQUISITION | As Required Monday - Friday 0800 - 1630 h | See report | | For more information click on: MOLECULAR DIAGNOSTIC LABORATORY N/A A subset (5-10 %) of breast / ovarian cancers are familial, and a predisposition to develop malignancy in these tissues has been found to segregate with (autosomal dominant) mutations in either the BRCA1 gene (Chr.17) or the BRCA2 gene (Chr.13). Mutations in both BRCA1 and BRCA2 are associated with a markedly elevated lifetime risk of breast cancer (BRCA1: 65% or greater, BRCA2: 45% or greater) as well as an increased lifetime risk of ovarian cancer (BRCA1: 39% (more...)) |

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| Bronchial: Washings & Brushings (see <u>Respiratory and Exfoliative samples for Cytology</u>) | | | | | | |
| Bronchoalveolar lavage (BAL) for LLM -Oil Red O (see <u>LIPID LADEN MACROPHAGE INDEX for OIL RED O- Respiratory and Exfoliative Samples for Cytology</u>) | | | | | | |
| Brucella Serology | Microbiology (VH) | 5 mL Gold or 6 mL Red top Vacutainer PUBLIC HEALTH LABORATORY TEST REQUISITION | Referred weekdays to Public Health Laboratory | | 2010-09-13 | Adequate clinical history is required. Please record clinical symptoms, exposure, travel history and onset date on the Public Health Requisition. |
| Butabarbital, Serum Butisol | Core | 2 x 5 mL Gold top Vacutainer tube Avoid gel-separator tubes GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | Therapeutic: 5 - 24 µmol/L | 2005-07-01 | |
| Butisol (see <u>Butabarbital, Serum</u>) | | | | | | |