

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	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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, Diphenhydramine,Serum</u>)						
Bence Jones Protein (see <u>Immunofixation Electrophoresis, Urine: Random or 24-Hour 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	

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 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 the 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 CYTOGENETICS 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/Fib roblasts 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 CYTOGENETI CS 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/Fibroblasts MPSVII Sly 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. REGIONAL CYTOGENETICS REQUISITION</p>	As required	<p>Leukocyte: 97-174 nmol/hr/mg protein</p> <p>Plasma: 18-76 nmol/hr/mL plasma</p>	2008-06-10	
Beta-Hydroxybutyrate (see <u>Acetoacetate, Whole blood-Quantitative:</u>)						

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	Batch	B2MU: 35-202 ug/L B2MU/creatinine ratio: 0-23 ug/mmol	2010-02-03	<p>B2MU is unstable in acidic urine Turbidimetric assays not suitable for measurement of highly lipemic or hemolytic samples or samples containing high levels of circulating immune complexes</p> <p>B2MU is increased in proximal tube dysfunction and some forms of cancer. Testing includes urine creatinine.</p> <p>Prepare an aliquot of the urine and freeze immediately.</p>

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>)						
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>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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.			

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 - Aerobic/Anaerobic (see Culture and Susceptibilities (C & S))						
Blood Culture - Fungus or Yeast (see Culture and Susceptibilities (C & S))						
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	

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	

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 7.20 - 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/A Sodium, Na (all) 135-145 Potassium, K (all) 3.5-5.0 Chloride, Cl (all) 98-107 Total CO₂ (Bicarb (more...))	2016-05-04	Critical Low Critical High pH 7.20-7.60 pCO₂ 20-60 pO₂ (arterial only) 40-120 Na 120-160 K 3.0-6.0 Glucose 3.0-30.0 Lactate (ED only) 0-4.0 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 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 Urea,Plasma)

Blood/Body Fluid Exposure: Exposed individual (see Needle Stick Injury - Victim)

Blood/Body Fluid Exposure: Source patient (see Needle Stick Injury - Source)

Body Fluid Analysis (other than CSF) (see Cell Count and Differential, Fluid (other than CSF))

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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			<p>Clinical history is important for adequate testing.</p> <p>When sample is received in anaerobic transport, it can be tested for both aerobic and anaerobic bacteria, if requested. Samples received in other containers can be processed for aerobic bacteria, fungus, mycobacterium or viruses. Please order the appropriate tests.</p>
Body Plethysmography	Pulmonary Function	PULMONARY FUNCTION REQUISITION	Monday-Friday 0800-1600			
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)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						
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:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Borrelia burgdorferi (see <u>Lyme Disease Serology/PCR</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.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						

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...))

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						
Bronchoprovocation Challenge	Pulmonary Function	PULMONARY FUNCTION REQUISITION	Monday-Friday 0800-1600			
Bronchoprovocation Challenge Exercised Induced	Pulmonary Function	PULMONARY FUNCTION REQUISITION	Monday-Friday 0800-1600			
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 GENERAL LABORATORY REQUISITION	As required	Therapeutic: 5 - 24 µmol/L	2005-07-01	Referred out Monday - Thursday Greater than 45 µmol/L
Butisol (see <u>Butabarbital, Serum</u>)						