

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
D-Dimer	Core	2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer Pediatric: 1.8 mL Blue (3.2% Sodium Citrate) *In cases where access is difficult, a 0.9 mL Blue top tube is acceptable GENERAL LABORATORY REQUISITION	As required	See Interpretive Comments on report	2010-06-02	<p>Inpatient D-Dimer requests will not be performed routinely. These requests must be authorized by a Hematologist.</p> <p>During regular working hours 0900-1700 contact Dr. M. Kovacs (pager 15182). After 1700 contact the on call Hematologist (pager 12222).</p> <p>All other D-Dimer requests will be processed including Emergency departments, Outpatient Clinics, private Physician's Office and referring Institutions.</p> <p><u>Caution:</u></p> <p>D-Dimer: when used in patients with a low clinical probab (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
D-Lactate, Serum Lactate-D	Toxicology/Special Chemistry	5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Weekly	<0.31 mmol/L	2009-02-06	
DAT (see <u>Direct Antiglobulin Test</u>)						
Deceased Donor HLA Typing and Deceased Donor Crossmatch (see <u>HLA Workup Deceased Donor</u>)						
Dehydroepiandrosterone Sulfate (see <u>DHEA Sulfate, Plasma/Serum</u>)						
Demethylhydrazine (see <u>Diphenhydramine, Urine Qualitative</u>)						
Dengue Fever (see <u>Arbovirus Flavivirus Serology/PCR</u>)						
Depakene (see <u>Valproic Acid, Serum/Plasma-Total, Valproic Acid-Free, Serum</u>)						
Desethylamiodarone (see entry for Amiodarone)	Toxicology/Special Chemistry	See Amiodarone entry GENERAL LABORATORY REQUISITION	Monday - Friday 0800-1600	2.3-3.9 umol/L		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Desipramine, Serum/Plasma Norpramine Pertofone	Core	5 mL Gold top Vacutainer or 4 mL Lavender EDTA top Vacutainer tube Pediatric: 0-2 years: Red 0.5 Microtainer 2-10 years: 2 mL Red top GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	0 - 1140 nmol/L	2007-03-05	Toxic: Greater than 1800 nmol/L Desipramine is also the metabolite of Imipramine, and is measured routinely when Imipramine is prescribed.
Desmethylclomipramine (metabolite) (see <u>Clomipramine</u> and Desmethylclomipramine, Serum/Plasma)						
Desyrel (see <u>Trazodone</u>)						
Dextroamphetamine (see <u>Amphetamine Screen, Urine</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
DHEA Sulfate, Plasma/Serum Dehydroepiandrosterone Sulfate DHEAS	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>	Batched, run on Tuesdays	<p><u>Child:</u> < 1 week: 2.9 16.5 mol/L 1 4 weeks: 0.9 11.7 mol/L 1 12 months: ≤ 3.4 mol/L 1 4 years: ≤ 0.5 mol/L 5 9 years: ≤ 2.3 mol/L</p> <p><u>Male:</u> 10 14 years: 0.7 6.7 mol/L 15 19 years: 1.9 13.4 mol/L 20 24 years: 5.7 13.4 mol/L 25 34 years: 4.3 12.2 mol/L 35 44 years: 2.4 11.6 mol/L 45 54 years: 1.2 9.0 mol/L 55 64 years: 1.4 8.0 mol/L 65 74 years: 0.9 6.8 mol/L ≥ 75 year (more...)</p>	2018-03-06	<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>Rheumatoid factor > 80 IU/mL may cause interference with this assay.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
DHEAS (see <u>DHEA Sulfate, Plasma/Serum</u>)						
DHT (see <u>Dihydrotestosterone, Serum</u>)						
Dibucaine Number (see <u>Cholinesterase Phenotype (includes Cholinesterase, Total Activity)</u>)						
DIC Screen (see <u>Disseminated Intravascular Coagulation Screen</u>)						
Differential Bone Marrow (see <u>Bone Marrow Aspirate Examination</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Differential Leukocyte Count (Peripheral Blood) White Blood Cell Differential Lymphocytes Monocytes Neutrophils Bands Eosinophils Basophils	Core	<p>Adult: 4 mL K₂ EDTA (Lavender) Vacutainer tube</p> <p>Pediatric Venous: 2 mL Paeds K2 EDTA (Lavender) Vacutainer</p> <p>Pediatric (Capillary): 0.5 mL MAP K₂ EDTA (Lavender) Microtube 0.5 mL K₂ EDTA (Lavender) Microtube GENERAL LABORATORY REQUISITION</p>	As required	<p>Lymphocytes: 18 yrs.: 1.0-4.0 x 10⁹/L 10-17 yrs.: 1.5-4.0 x 10⁹/L 2-9 yrs.: 2.0-8.0 x 10⁹/L 1-23 months: 4.0-10.5 x 10⁹/L Newborn-30 days: 2.0-17.0 x 10⁹/L</p> <p>Monocytes: >18 yrs.: 0.2-0.8 x 10⁹/L 10-17 yrs.: 0.2-0.8 x 10⁹/L 2-9 yrs.: 0.2-0.8 x 10⁹/L 1-23 months: 0.2-1.5 x 10⁹/L Newborn-30 days: 0.2-3.1 x 10⁹/L</p> <p>Neutrophils: >18 years: (more..)</p>	2007-07-18	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Digoxin Lanoxin	Core UH & VH	<p>4.5 mL Green (Lithium Heparin) top Vacutainer tube</p> <p>Plasma from a 5 mL Gold top or 6 mL Red top Vacutainer tube is also acceptable.</p> <p>Pediatric: 0-2 years: 0.5 mL Green Microtainer 2-10 years: 2 mL Green top tube GENERAL LABORATORY REQUISITION</p>	Weekdays-other times by prior arrangement.	<p>Therapeutic range: 1.0 to 2.6 nmol/L</p> <p>Congestive heart failure: 0.6 to 1.0 nmol/L</p>	2008-11-15	<p>CRITICAL VALUE to be phoned to Nurse or Physician immediately:</p> <p>Toxic: Serum/Plasma >3.0 nmol/L Therapeutic digoxin concentrations vary significantly, depending upon the individual. The lower limit for one patient may be ineffective in another, while the upper limit may prove toxic in a third. The physician should determine the appropriate reference interval for each patient.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Dihydropteridine Reductase, Dried Blood Spot PKU-DHPR Deficient	Biochemical Genetics	Filter Paper with 6 mL Green (Sodium Heparinized) top Vacutainer BIOCHEMICAL GENETICS LAB REQUISITION	As required	7-22 U/g Hb	2008-06-10	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Dihydrotestosterone, Serum DHT	Endocrinology	<p>Adult: 5 mL Gold top Vacutainer</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>Light Green top (Li-Heparin) or Lavender top (EDTA) tubes are NOT acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800-1600	<p><u>Male:</u> < 8 years: ≤ 632 pmol/L 8 18 years: ≤ 3367 pmol/L adult: 860 3406 pmol/L</p> <p><u>Female:</u> < 8 years: ≤ 632 pmol/L 8 18 years: ≤ 1916 pmol/L premenopausal adult: 83 1266 pmol/L postmenopausal: 34 623 pmol/L</p>	2009-02-12	Decreased in 5alpha-reductase deficiency.

Dilantin (see Phenytoin, Serum/Plasma-Total)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Diphenhydramine, Urine Qualitative Demehydrinate Gravol Benadryl	Toxicology/Special Chemistry	Minimum 10 mL random urine collected in a sterile container GENERAL LABORATORY REQUISITION	Monday-Friday: 0800-1600		2011-06-14	
Direct (see <u>Bilirubin- Direct</u>)						
Direct Antiglobulin Test DAT Coombs' Test	Blood Transfusion	6 mL Pink (EDTA) top Vacutainer tube BLOOD TRANSFUSION REQUISITION or Electronic order	Daily	See report		
Direct Renin (see <u>Renin, Plasma</u>)						
Disseminated Intravascular Coagulation Screen DIC Screen	Core	4 mL Lavender (K ₃ EDTA) and 2.7 mL Blue (3.2% Sodium Citrate) Vacutainer tubes GENERAL LABORATORY REQUISITION	As required	See individual ranges and values for INR, PTT, Platelet Count and Fibrinogen.		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
DNA/RNA Banking Banking	Molecular Diagnostics	Whole blood-2 x 4 mL Lavender EDTA top Vacutainer tube MOLECULAR DIAGNOSTIC REQUISITION	As Required Monday - Friday 0800 - 1600 h	See report		<p>For more information click on: Molecular Diagnostic Laboratory. N/A</p> <p>The DNA/RNA will be extracted and stored in a manner suited to long-term storage (banking). Any referrals at a later date to this sample should be based on the name given above and the sample number to facilitate an efficient recovery of the sample from storage. This service is provided for clinical indications only. Please consult with the director before requesting the banking of samples.</p> <p>DNA is routinely stored in Low TE and frozen at minus 80 degrees Celsius.</p> <p>RNA is routine (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Donath-Landsteiner Hemolysin Test (see <u>PCH Donath-Landsteiner Test</u>)						
Donor Screen (see <u>Hepatitis Donor Transplant Screen</u>)						
Dopamine (see <u>Catecholamines, Urine</u>)						
Doriden (see <u>Glutethimide, Serum</u>)						
Down Syndrome Screen (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u>)						
Doxepin + Desmethyldoxepin, Serum/Plasma Sinequan	Core	2 x 6 mL Gold top Vacutainer or 2 x 4 mL Lavender top EDTA Vacutainer tube Avoid gel-separator tubes GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	Doxepin + Desmethyldoxepin: 350-1100 nmol/L	2005-07-01	
Duodenal Brush/Wash (see <u>Gastrointestinal/Hepatobiliary Specimens for Cytology</u>)						