Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
E.coli 0157:H7 Toxin E1 (see Estrone, Serur	Microbiology (VH)	Y REQUISITION	Done by special request only. This test will be performed only after consultation and approval by a Medical Microbiologist. Referred weekdays to the Public Health Laboratory.			
E2 (see Estradiol, Plas	ma/Serum)					
Ear Culture	Microbiology (VH)	Ear, ear drainage fluid, Tympanocentes is fluid MICROBIOLOG Y REQUISITION	Daily		2012-03-28	
Eastern Encephalitis (s	ee Arbovirus Flavi	virus Serology/PC	<u>R</u>)		1	1
EBV EA/NA (see Epste	ein Barr: Early Antik	oody/Nuclear Antil	ood <u>y</u>)			

EBV IgM/IgG (see Epstein Barr Virus Serology)

EBV PCR Quantitative Epstein Barr Virus Epstein Barr Virus PCR (Viral Load)		STAT requests must be	See report	2006-07-01	
	LABORATORY TEST REQUISITION	approved by a Medical Microbiologist, on call.			
Echinococcus (see Ova and Pa	Parasites-Blood and Tissue)				
Echinococcus Serology Microbio (VH)	Blood-5 mL Gold or 6 mL Red top Vacutainer PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred weekly to the National Reference Centre for Parasitology		2010-09-13	

Effusion Washing (see Fluids for Cytology)

eFTS (see Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks))

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
EGFR NGS	Molecular Diagnostics	FFPE Refer to Pathology	Monday to Friday 0800-1600h	See report		Patient must meet CCO criteria for funded testing N/A The National Comprehensive Cancer Network (NCCN) recommends testing for EGFR mutations and ALK rearrangements in all patients with recurrent or metastatic lung adenocarcinomas in order to guide therapy(PMID: 22138009). The College of American Pathologists (CAP), International Association for the Study of Lung Cancer (IASLC), and Association for Molecular Pathology (AMP) have prepared a joint guideline that provides a detailed description of the patient and specimen requirements (more)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments		
Elastase 1 (see Fecal Elastase)								
Elavil (see Amitriptyline, Serum/Plasma)								
Electrolytes,Fluid Sodium (fluid) Potassium (fluid) Chloride (fluid)	Core	Fluid GENERAL LABORATORY REQUISITION	As required	See report	2010-05-17			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Electrolytes,Plasma Sodium Potassium Chloride CO2 GAP	Core	4.5 mL Green (Lithium Heparin) top Vacutainer Serum from a 5 mL Gold top or 6 mL Red top is also acceptable. Pediatric: 0-2 years: 0.5 mL Green Microtainer 2-10 years: 2 mL Green top tube GENERAL LABORATORY REQUISITION	As required	Sodium: 135-145 mmol/L Potassium: 3.5-5.0 mmol/L (<3 months: 4.0- 6.5 mmol/L) Chloride: 98-107 mmol/L CO ₂ : 22-29 mmol/L	2008-11-15	Potassium results may be affected by hemolysis. Sodium: <120 or >160 mmol/L Potassium: <3.0 or >6.0 mmol/L Of use in monitoring electrolyte status, interpretation of acid-base balance and evaluation of hydration status. Potassium: potassium is largely intracellular cation and plasma levels are, at best, only a general guide to the total body potassium content. In some cases (e.g. untreated diabetes), plasma potassium may be increased when total body potassium is depleted. CO ₂ : for complete evaluation of (more)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Electrolytes,Urine Sodium (urine) Potassium (urine) Chloride (urine)	Core	24 Hour Urine or Random Urine GENERAL LABORATORY REQUISITION	As required	Normal Diet: Sodium: 40-200 mmol/L Potassium: 25-125 mmol/L		
Electron Microscopy - Tissue, Bone Marrow, Blood	Pathology	Tissue/Blood & Bone Marrow SURGICAL PATHOLOGY REQUISITION Tissue: In general EM is added to the order for a tissue specimen. E- order choosing appropriate specimen. Blood, bone marrow: E order choosing EM, Blood Only. See Identification of Clinical Specimens	As required	N/A		Please call Electron Microscopy at ext. 78977 for any questions regarding this test. See report See above

Elixophyllin (see Theophylline, Serum)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
EMA (see Antiendomys	sial Antibodies)					
Endocervical Smear (se	ee Gynaecological	Conventional Sm	ear for Cytology)			
Endomyocardial biopsy	(see <u>Heart Biopsy</u>	<u>/</u>)				
Enhanced First Trimes	ter Screen (see <u>Ma</u>	aternal Serum Scr	een (for Open Neu	ral Tube Defect an	d Down Synd	rome Risks))
Enterovirus PCR - ENVPCR	Virology Laboratory	CSF Fluids - pericardial, pleural peritoneal Swabs - throat, rectal, mouth Tissue - lymph nodes, brain VIROLOGY LABORATORY REQUISITION	Samples are tested three times weekly on Monday, Wednesday and Friday.	See report	2011-10-31	
Environmental Culture	Microbiology/Epi demiology	Swab, fluid & solid material MICROBIOLOG Y REQUISITION	Daily Turn-around-time varies with the organisms in question.			
Eosinophils (see Different	ential Leukocyte C	ount (Peripheral E	Blood))			
Epinephrine (see Cated	cholamines, Plasm	a (Norepinephrine	e, Epinephrine), Ca	techolamines, Urir	<u>ie</u>)	
Epival (see Valproic Ac	id,Serum/Plasma-	Total)				
EPO (see Erythropoieti	n,Serum/Plasma)					

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments			
Epstein Barr Virus PCR (Viral Load) (see EBV PCR)									
Epstein Barr Virus Serology Infectious Mononucleosis EBV IgM/IgG	Core (UH)	5 mL Gold or 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Weekdays		2006-07-01	All EBV orders will include both IgG and IgM. A single serum sample will yield significant results for establishing previous exposure.			
Epstein Barr: Early Antibody/Nuclear Antibody EBV EA/NA	Microbiology (VH)	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	Specimens received for EBV Serology will be tested for: EBV Viral Capsid Antigen IgG (VCA IgG) EBV Early Antigen IgG (EA) EBV Nuclear Antigen IgG (EBNA)			

ERAS (see KRAS)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Erythrocyte Sedimentation Rate ESR Sed Rate Sedimentation Rate	Core	4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube Pediatric: 0-10 yrs: 3.0 mL Lavender top GENERAL LABORATORY REQUISITION	As required	Male: 0-10 mm/h Female: 0-20 mm/h	2008-04-07	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Erythropoietin, Serum/Plasma EPO	Core	5 mL Gold top Vacutainer tube Pediatric: 0-10 years: 2 mL Gold top Light Green (Liheparin) top tubes are also acceptable. GENERAL LABORATORY REQUISITION	Referred out Monday- Thursday	Male: <1 year: Not established 1-3 years: 1.7- 17.9 mIU/mL 4-6 years: 3.5- 21.9 mIU/mL 7-9 years: 1.0- 13.5 mIU/mL 10-12 years: 1.0- 14.0 mIU/mL 13-15 years: 2.2- 14.4 mIU/mL 16-18 years: 1.5- 15.2 mIU/mL >18 years: 2.6- 18.5 mIU/mL Female: <1 year: Not established 1-3 years: 2.1- 15.9 mIU/mL 4-6 years: 2.9- 8.5 mIU/mL 7-9 years: 2.1- 8.2 mIU/mL 10-12 y (more)	2009-02-12	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments		
Esophageal Brush/Wash (see Gastrointestinal/Hepatobiliary Specimens for Cytology)								
ESR (see Erythrocyte Sedimentation Rate)								

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Estimated Glomerular Filtration Rate (eGFR)	Core			For patients under 18 years of age eGFRs are reported as: eGFR calculation is not available for patients under 18 years of age. eGFR: < 15 mL/min/1.73 m2 Consistent with kidney failure eGFR: 15-29 mL/min/1.73 m2 Consistent with severe chronic kidney disease eGFR: 30-44 mL/min/1.73 m2 Moderate to severe decreased kidney function is consistent with chronic (more)	2016-01-04	eGFR is calculated using the CKD-EPI 2009 equation. Multiply eGFR by 1.159 for patients of African descent. Results for eGFR should be interpreted in concert with urine albumin creatinine ratio (ACR). eGFR is not valid for extreme muscle mass, pregnancy, drug dosing and acute kidney injury and not normalized for body surface area

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Estradiol,	Core	Adult:	As required	Male >18 years:	2015-06-01	Biotin, fulvestrant
Plasma/Serum		4.5 mL Light		≤159		(Faslodex), and steroid
17 Beta Estradiol		Green top (Li-		pmol/L		drugs may interfere
E2		Heparin)				with this test. Samples
Major Estrogen		Vacutainer tube		Female:		should not be taken
						from patients receiving
		Pediatric:		Follicular phase:		high biotin doses (i.e. >
		0-2 years: 0.5		114 - 33		5 mg/day) until at least
		mL Light Green		2 pmol/L		8 hours after the last
		top (Li-Heparin)		Early follicular		biotin administration.
		Microtainer		phase:		
		2-10 years: 3		76-231 pmol/L		Estradiol can be used
		mL Light Green		Intermediate		as an indicator of
		top (Li-Heparin)		follicular phase:		follicular function and
		Vacutainer tube		96 294 pmol/L		provides information in
				Late follicular		the diagnosis of
		Red, Gold, or		phase:		amenorrhea and
		Lavender		182 858 pmol/L		infertility. During
		(EDTA) top		Ovulatory		pregnancy estradiol
		tubes are also		phase:		levels increase.
		acceptable		222 1959 pmol/L		
		GENERAL				In males, estradiol can
		LABORATORY		Luteal phase:		be used to evaluate
		REQUISITION		222 8		feminizing syndromes.
				54 pmol/L		
				Early luteal		
				phase:		
				188 658		
				pmol/L		
				Interme (more	.)	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Estrone, Serum/Plasma E1	Core	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday- Thursday	Male: 105-275 pmol/L Follicular Phase: 144 - 487 pmol/L Luteal Phase: 200 - 663 pmol/L Peri-ovulatory: 214 - 947 pmol/L Post- menopausal: With Estrogen HRT: 189-1803 pmol/L Without Estrogen HRT:	1999-02-05	
				114-370 pmol/L		

ETG (see Ethyl Glucuronide)

Ethanol (see Alcohol Fractionation (by Gas Liquid Chromatography))

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Ethanol,Serum/Plasm a Ethyl Alcohol	Core (VH)	4.5 mL Green (Lithium Heparin) top Vacutainer tube Pediatric: 0-2 yrs: 0.5pk. Green top 2-10 yrs: 2 mL Green top GENERAL LABORATORY REQUISITION	As required	Negative Values > 2.2 mmol/L will flag as High.	2010-06-01	Also available as part of Alcohol Fractionation by Gas Liquid Chromatography with Biochemist's approval. 33.0 mmol/L or greater Spin all urine samples to remove debris
Ethosuximide,Serum Anticonvulsant Zarontin	Core	5 mL Gold or 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	As required Referred out Monday-Friday	Therapeutic: 283- 708 µmol/L	2008-02-05	

Ethyl Alcohol (see Ethyl Alcohol (see Ethyl Alcohol (see Ethanol,Serum/Plasma)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Ethyl Glucuronide ETG	Core	Urine (Random) GENERAL LABORATORY REQUISITION	Referred out Monday- Thursday	See report	2019-05-15	Testing is available to Liver Transplant patients and requires Biochemist Approval Negative <100 g/8.8 mmol Cre Indeterminate 100-200 g/8.8 mmol Cre Positive >200 g/8.8 mmol Cre Bacterial contamination of the specimen should be prevented by collecting or transferring in sterile and air-tight containers. Store and send cold or frozen.

Ethylene Glycol (see Glycol Screen)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Eye Culture	Microbiology (VH)	Conjunctival swab or scraping Corneal scrapings Vitreous fluid or washings MICROBIOLOG Y REQUISITION	Daily		2008-11-03	Organisms are more readily detected in scrapings than from a swab. Conjunctival samples from babies less than 2 weeks old will be investigated for N. gonorrhoeae. Swabs - EYEC Scrapings - TISC Fluids - FLDS