

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
E.coli 0157:H7 Toxin	Microbiology (VH)	Faeces MICROBIOLOGY REQUISITION For full work up: PUBLIC HEALTH LABORATORY TEST REQUISITION	<b>Done by special request only.</b> This test will be performed only after consultation and approval by a Medical Microbiologist.  Referred weekdays to the Public Health Laboratory.			
E1 (see <u>Estrone, Serum/Plasma</u> )						
E2 (see <u>Estradiol, Plasma/Serum</u> )						
Ear Culture	Microbiology (VH)	Ear, ear drainage fluid, Tympanocentesis fluid MICROBIOLOGY REQUISITION	Daily		2012-03-28	
Eastern Encephalitis (see <u>Arbovirus Flavivirus Serology/PCR</u> )						
EBV EA/NA (see <u>Epstein Barr: Early Antibody/Nuclear Antibody</u> )						
EBV IgM/IgG (see <u>Epstein Barr Virus Serology</u> )						

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EBV PCR Quantitative Epstein Barr Virus Epstein Barr Virus PCR (Viral Load)	Virology Laboratory	See Special Processing for further information: 4 mL Lavender top (EDTA) Vacutainer tube VIROLOGY LABORATORY TEST REQUISITION	Samples are tested twice a week on Tuesday and Thursday. STAT requests must be approved by a Medical Microbiologist, on call.	See report	2006-07-01	
Echinococcus (see <u>Ova and Parasites-Blood and Tissue</u> )						
Echinococcus Serology	Microbiology (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	
Ecstasy (see <u>Amphetamine Screen,Urine</u> )						
Effusion Washing (see <u>Fluids for Cytology</u> )						
eFTS (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u> )						

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EGFR NGS	Molecular Diagnostics	FFPE Refer to Pathology	Monday to Friday 0800-1600h	See report		<p>Patient must meet CCO criteria for funded testing</p> <p>N/A</p> <p>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...)</p>

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Elastase 1 (see <u>Fecal Elastase</u> )						
Elavil (see <u>Amitriptyline, Serum/Plasma</u> )						
Electrolytes, Fluid Sodium (fluid) Potassium (fluid) Chloride (fluid)	Core	Fluid GENERAL LABORATORY REQUISITION	As required	See report	2010-05-17	

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Electrolytes, Plasma Sodium Potassium Chloride CO2 GAP	Core	<p>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><b>Pediatric:</b> 0-2 years: 0.5 mL Green Microtainer 2-10 years: 2 mL Green top tube</p> <p>GENERAL LABORATORY REQUISITION</p>	As required	<p>Sodium: 135-145 mmol/L</p> <p>Potassium: 3.5-5.0 mmol/L (&lt;3 months: 4.0-6.5 mmol/L)</p> <p>Chloride: 98-107 mmol/L</p> <p>CO<sub>2</sub>: 22-29 mmol/L</p>	2008-11-15	<p>Potassium results may be affected by hemolysis.</p> <p>Sodium: &lt;120 or &gt;160 mmol/L</p> <p>Potassium: &lt;3.0 or &gt;6.0 mmol/L</p> <p>Of use in monitoring electrolyte status, interpretation of acid-base balance and evaluation of hydration status.</p> <p>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.</p> <p>CO<sub>2</sub>: for complete evaluation of (more...)</p>

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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 <u>Theophylline, Serum</u> )						

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EMA (see <u>Antiendomysial Antibodies</u> )						
Endocervical Smear (see <u>Gynaecological Conventional Smear for Cytology</u> )						
Endomyocardial biopsy (see <u>Heart Biopsy</u> )						
Enhanced First Trimester Screen (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u> )						
Enterovirus PCR - ENVPCR	Virology Laboratory	<b>CSF</b> <b>Fluids</b> - pericardial, pleural, peritoneal <b>Swabs</b> - throat, rectal, mouth <b>Tissue</b> - 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/Epidemiology	Swab, fluid & solid material MICROBIOLOGY REQUISITION	Daily  Turn-around-time varies with the organisms in question.			
Eosinophils (see <u>Differential Leukocyte Count (Peripheral Blood)</u> )						
Epinephrine (see <u>Catecholamines, Plasma (Norepinephrine, Epinephrine), Catecholamines, Urine</u> )						
Epival (see <u>Valproic Acid, Serum/Plasma-Total</u> )						
EPO (see <u>Erythropoietin, Serum/Plasma</u> )						

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Epstein Barr Virus PCR (Viral Load) (see <a href="#">EBV PCR</a> )						
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 <a href="#">KRAS</a> )						



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Erythrocyte Sedimentation Rate ESR Sed Rate Sedimentation Rate	Core	4 mL K <sub>2</sub> or K <sub>3</sub> EDTA Lavender top Vacutainer tube <b>Pediatric:</b> 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	

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Erythropoietin,Serum/ Plasma EPO	Core	5 mL Gold top Vacutainer tube  <b>Pediatric:</b> 0-10 years: 2 mL Gold top  Light Green (Li- heparin) top tubes are also acceptable. GENERAL LABORATORY REQUISITION	Referred out Monday- Thursday	<u>Male:</u>  <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  <u>Female:</u>  <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	

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Esophageal Brush/Wash (see <u>Gastrointestinal/Hepatobiliary Specimens for Cytology</u> )						
ESR (see <u>Erythrocyte Sedimentation Rate</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Estimated Glomerular Filtration Rate (eGFR)	Core			<p>For patients under 18 years of age eGFRs are reported as: eGFR calculation is not available for patients under 18 years of age.</p> <p>eGFR: &lt; 15 mL/min/1.73 m<sup>2</sup> Consistent with <b>kidney failure</b></p> <p>eGFR: 15-29 mL/min/1.73 m<sup>2</sup> Consistent with <b>severe chronic kidney disease</b></p> <p>eGFR: 30-44 mL/min/1.73 m<sup>2</sup> <b>Moderate to severe decreased kidney function</b> is consistent with chronic (more...)</p>	2016-01-04	<p>eGFR is calculated using the CKD-EPI 2009 equation. Multiply eGFR by 1.159 for patients of African descent.</p> <p>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</p>

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

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Estrone, Serum/Plasma E1	Core	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	<b>Male:</b> 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: 114-370 pmol/L	1999-02-05	
ETG (see <u>Ethyl Glucuronide</u> )						
Ethanol (see <u>Alcohol Fractionation (by Gas Liquid Chromatography)</u> )						

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Ethanol, Serum/Plasma Ethyl Alcohol	Core (VH)	4.5 mL Green (Lithium Heparin) top Vacutainer tube  <b>Pediatric:</b> 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	<b>Therapeutic:</b> 283- 708 µmol/L	2008-02-05	

Ethyl Alcohol (see Ethanol, Serum/Plasma)

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Ethyl Glucuronide ETG	Core	Urine (Random) GENERAL LABORATORY REQUISITION	Referred out Monday- Thursday	See report	2019-05-15	<p>Testing is available to Liver Transplant patients and requires Biochemist Approval</p> <p>Negative &lt;100 g/8.8 mmol Cre Indeterminate 100-200 g/8.8 mmol Cre Positive &gt;200 g/8.8 mmol Cre</p> <p>Bacterial contamination of the specimen should be prevented by collecting or transferring in sterile and air-tight containers. Store and send cold or frozen.</p>
Ethylene Glycol (see <u>Glycol Screen</u> )						



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Eye Culture	Microbiology (VH)	Conjunctival swab or scraping Corneal scrapings Vitreous fluid or washings MICROBIOLOGY 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 - <b>EYEC</b> Scrapings - <b>TISC</b> Fluids - <b>FLDS</b>