

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
F8 (see <u>Factor VIII</u>)						
F9 (see <u>Factor IX</u>)						
Fabry's Disease (see <u>Alpha-Galactosidase, Leukocyte, Alpha-Galactosidase, Plasma</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Factor Assays (II, V, VII, VIII, IX, X, XI, XII) Coagulation Factor Assays	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	2 x 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling GENERAL LABORATORY REQUISITION	Routine/Stat as required	Factor X 0 Min - 5 Days: 0.13-0.68 U/mL 5 Days - 1 Month: 0.19-0.79 U/mL 1 Month - 3 Months: 0.31-0.87 U/mL 3 Months - 6 Months: 0.35-1.07 U/mL 6 Months - Adult: 0.50-2.00 U/mL Factor XI 0 Min - 5 Days: 0.10-0.66 U/mL 5 Days - 1 Month: 0.23-0.87 U/mL 1 Month - 3 Months: 0.27-0.79 U/mL 3 Months - 6 Months: 0.41-0.97 U/mL (more...)	2006-06-01	Please direct any questions or concerns to: Michael Keeney Coordinator- Hematology & Flow Cytometry 519-685-8500 x 52187 Pager: 17716 All test requests, regardless of whether the patient is an adult or pediatric, must be authorized by a Hematologist (names and pagers listed below): Dr. Michael Kovacs Pager: 15182 Dr. Alejandro Lazo-Langner Pager: 18970 Authorization of pediatric testing may be provided by: (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Factor IX F9	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	2 x 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling. GENERAL LABORATORY REQUISITION	As required	0 Minutes - 5 Days: 0.15-0.91 U/mL 5 Days - 1 Month: 0.15-0.91 U/mL 1 Month - 3 Months: 0.21- 0.81 U/mL 3 Months - 6 Months: 0.21- 1.13 U/mL 6 Months - Adult: 0.50-2.00 U/mL Uncertainty of Measurement: 0.1 0.01 0.43 0.06 1.31 0.22	2015-05-07	Please direct any questions or concerns to: Michael Keeney Coordinator- Hematology & Flow Cytometry 519-685-8500 x 52187 Pager: 17716 All test requests, regardless of whether the patient is an adult or pediatric, must be authorized by a Hematologist (names and pagers listed below): Dr. Michael Kovacs Pager: 15182 Dr. Alejandro Lazo- Langner Pager: 18970 Authorization of pediatric testing may be provided by: (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Factor IX Inhibitor (see <u>Coagulation Factor Inhibitor Assays (Usually VIII and IX)</u>)						
Factor V (see <u>Thrombophilia (associated with Factor V deficiency)</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Factor VIII F8	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	2 x 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling. GENERAL LABORATORY REQUISITION	As required	0 Minutes - 5 Days: 0.50-1.78 U/mL 5 Days - 1 Month: 0.50-1.54 U/mL 1 Month - 3 Months: 0.50- 1.57 U/mL 3 Months - 6 Months: 0.50- 1.25 U/mL 6 Months - Adult: 0.50-2.00 U/mL Uncertainty of Measurement: 0.05 0.01 0.32 0.04 1.06 0.32	2015-05-07	Please direct any questions or concerns to: Michael Keeney Coordinator- Hematology & Flow Cytometry 519-685-8500 x 52187 Pager: 17716 All test requests, regardless of whether the patient is an adult or pediatric, must be authorized by a Hematologist (names and pagers listed below): Dr. Michael Kovacs Pager: 15182 Dr. Alejandro Lazo- Langner Pager: 18970 Authorization of pediatric testing may be provided by: (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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Factor VIII Inhibitor (see Coagulation Factor Inhibitor Assays (Usually VIII and IX))

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Faeces Culture Enteric Pathogen Culture Stool Culture Campylobacter jejuni/coli. Culture E.coli 0157:H7 Culture Salmonella Culture Shigella Culture Yersinia Culture	Microbiology (VH)	Stool Colostomy or Ileostomy contents MICROBIOLOGY REQUISITION	Daily		2009-12-11	<p>1. Adults: The Lab routinely screens for Campylobacter jejuni/coli, E.coli 0157:H7, Salmonella and Shigella. <u>Note:</u> if Yersinia is suspected, please indicate when ordering.</p> <p>2. Children: The Lab routinely screens for Campylobacter jejuni/coli, E.coli 0157:H7, Salmonella, Shigella and Yersinia.</p> <p>If other pathogens are suspected due to patient history or travel etc., please discuss with a Microbiologist and notify the laboratory in advance. <u>Inpatients (in hospital 72 hours or more) whose admitti (more...)</u></p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
FAI (see <u>Free Androgen Index, Plasma/Serum</u>)						
Familial Amyloidotic Polyneuropathy-TTR FAP TTR	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		For more information click on: Molecular Diagnostic Laboratory Familial Amyloidotic Polyneuropathy (FAP) is a neurodegenerative disorder characterized by extracellular deposition of transthyretin (TTR) amyloid fibrils, particularly in the peripheral nervous system (PMID:11569892, PMID:8095302). A number of mis-sense mutations in the human prealbumin gene have been directly linked to FAP.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Familial Medullary Thyroid Carcinoma FMTC	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		*FMTC Approx. 88% of families with FMTC have an identifiable RET mutation (PMID:7907913,PMID:7595170). These mutations occur at one of the five cysteine residues (codons 609, 611, 618, 620 & 634) with mutations of codons 618, 620 & 634 each accounting for 25%-35% of mutations. Mutations in exons 13 & 14 (at codons 768 & 804) appear to account for a small percent of mutations in families with FMTC(PMID:7845675, PMID:9111992,PMID:10876191, PMID:11114642). Mutations in codons 533, 630, 631, 790, 791, 844 & 891 (exons 8, 11, 13, 14 & 15) have also been identified in a f (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Familial Thrombophilia (see <u>Thrombophilia (associated with Factor V deficiency)</u>)						
Fanconi Anemia, Breakage Study Chromosome Analysis, Breakage Study, Fanconi Anemia Breakage Study, Fanconi Anemia	Cytogenetics (VH)	Blood collected in Sodium Heparin, kept at room temperature 0-3 months: 1-3 mL 3 months -12 years: 3-6 mL 12 years Adult: 6 mL Hospital for Sick Children Cytogenetics Requisition	Monday or Tuesday preferred	See final report	2015-10-14	The Cytogenetics Lab is staffed from 0700-1700 (Monday-Friday), Ext. 78974 (office), or 75714 (lab). For additional information please refer to the Molecular Diagnostic Laboratory N/A See final report
FAP (see <u>Familial Amyloidotic Polyneuropathy-TTR</u>)						
Farmer's Lung (see <u>Farmer's Lung Precipitins</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Farmer's Lung Precipitins Allergic Alveolitis Allergic Lung Serology Farmer's Lung Farmers Lung Micropolyspora faeni M. faeni Thermoactinomyces vulgaris T. vulgaris Hypersensitivity Pneumonitis	Core	Serum from a 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube Pediatric: 0-2 years: Red 0.5 mL Microtainer 2-10 years: 2 mL Red top GENERAL LABORATORY REQUISITION	Referred out Tuesday-Thursday	Micropolyspora faeni 3 PPT: Negative T. vulgaris 1 PPT: Negative T. vulgaris 2 PPT: Negative	2019-07-03	
Farmers Lung (see <u>Farmer's Lung Precipitins</u>)						
Fasting Glucose (see <u>Glucose, Plasma</u>)						
Fat Pad for Amyloid (see <u>Abdominal Fat Pad FNAB for Amyloid Detection</u>)						
Fecal Calprotectin (see <u>Calprotectin, Stool</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Fecal Elastase Elastase 1	Core	Random stool GENERAL LABORATORY REQUISITION	Referred out Monday- Thursday as required	Suggestive of Pancreatic Insufficiency: <100 µg/g Suggestive of Pancreatic Sufficiency: >100 µg/g	2009-07-06	Referred out Monday - Thursday Fecal elastase refers to the testing of the concentration of the pancreatic elastase-1 enzyme found in fecal matter with an enzyme- linked immunosorbent assay (ELISA). Results of this test can give a good indication of exocrine pancreatic status and is less invasive and expensive than the current gold standard, secretin- cholecystokinin test. ¹ Levels of fecal elastase lower than 200 µg / g of stool indicate an exocrine insufficiency. Correlations between low levels and chronic pancreatitis ² and cancer ³ have been reported. <u>References:</u> (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Fecal Occult Blood- Available for Pediatrics Only	Core	Fresh random stool applied to Hemoccult card GENERAL LABORATORY REQUISITION	As required	Negative	2009-08-27	
Fentanyl, Urine Qualitative	Toxicology/Special Chemistry	Minimum 10 mL random urine collected in a sterile container GENERAL LABORATORY REQUISITION	Monday-Friday: 0800-1600		2011-06-14	
Ferritin Level (see Hemoglobinopathy Screen)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Ferritin, Plasma/Serum	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>	As required	<p><u>Male:</u> 10 days 1 year: 9.0 115.0 g/L 1 3 years: 6.0 70.0 g/L 3 6 years: 12.0 71.0 g/L 6 10 years: 15.0 81.0 g/L</p> <p>20 60 years: 30.0 400.0 g/L</p> <p><u>Female:</u> 10 days 1 year: 10.0 194.0 g/L 1 3 years: 7.0 81.0 g/L 3 6 years: 12.0 74.0 g/L 6 10 years: 13.0 92.0 g/L</p> <p>17 60 years: 13.0 150.0 g/L</p>	2008-11-15	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.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Fetal Fibronectin fFN	Core	Cervicovaginal swab using the Adeza Biomedical specimen collection kit GENERAL LABORATORY REQUISITION	As required	Negative or Positive	2007-01-18	<p>Patients with suspected or known placental abruption, placenta previa, or moderate or gross vaginal bleeding should not be tested.</p> <p>Positive during second and third trimesters suggests twofold to fourfold higher risk for preterm delivery.</p> <p>Positive interference from semen has not been ruled out. Specimens should not be collected less than 24 hours after intercourse. Negative fFN results would be valid.</p> <p>Assay interference from the following components has not been ruled out: douches, white blood cells, red blood cells, bacteria, and bilirubin. (more...</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Fetal Maternal Hemorrhage Screen	Flow Cytometry (VH)	Peripheral blood collected in a 4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube from the post-partum mother or In cases of fetal trauma: Peripheral blood collected in a 4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube from the ante-partum mother. BLOOD TRANSFUSION LABORATORY REQUISITION	Monday-Friday 0800-1500 STAT Kleihauer Tests that arrive after hours are done in the Blood Transfusion Laboratory, VH.	See report	2006-06-01	Sample is forwarded to Flow Cytometry within 1 hour after determination of test requirement, to ensure results are available to the Blood Transfusion Laboratory before 72 hours post partum. Consult the Blood Transfusion Laboratory (519) 685-8500 x 58292 Samples are routinely drawn on all Rh negative mothers post-delivery, however the test is only performed if the baby is Rh positive. The test is used to quantitate the volume of cells that contain fetal hemoglobin in a blood specimen. This is usually done to determine the volume of fetal-maternal hemorrhage during pregnancy or at the time of deliver (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
fFN (see <u>Fetal Fibronectin</u>)						
Fibrinogen	Core UH & VH	2.7 mL Blue (3.2% Sodium Citrate) Vacutainer tube Pediatric: 1.8 mL Blue (3.2% Sodium Citrate) top Vacutainer tube *In cases where access is difficult, a 0.9 mL Blue top tube is acceptable GENERAL LABORATORY REQUISITION	As required	1.7-4.2 g/L	2011-01-14	Fibrinogen levels ordered at St. Joseph's Health Care will be sent by cab to University Hospital for analysis. INR/PTT will be performed at St. Joseph's Health Care Core Laboratory and the specimen will then be sent on ice to University Hospital for a fibrinogen level. ≤0.5 g/L Decreased level indicates increased consumption, decreased production or dysfunctional fibrinogen.
Fifth Disease (see <u>Parvovirus Serology (Human)</u>)						
Filaria Screen (see <u>Blood Parasite Screen</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
FISH Studies Fluorescent In Situ Hybridization	Cytogenetics (VH)	<u>Blood:</u> 3-6 mL peripheral venous blood in a sterile, Sodium Heparin Vacutainer. If <3 mL is collected, it must be in a 3 mL Vacutainer to allow for appropriate sample to anticoagulant ratio. or <u>Bone Marrow:</u> 1-2 mL of bone marrow in a 3 mL Sodium Heparin Vacutainer (dark green top tube) or <u>Lymph Node/Tumor:</u> 2-3 mm ² Lymph (more...)	As required	See final report		<p>The Cytogenetics Lab is staffed from 0700-1700 (Monday-Friday), Ext. 78974 (office), or 78975 (lab).</p> <p>For additional information please refer to the Molecular Diagnostic Laboratory See final report N/A</p> <p><u>Solution for Specimen Collection:</u> Contact the Cytogenetics Laboratory in advance for sterile aliquots of RPMI media for lymphomas/tumors for collection. This media may be frozen, and thawed at room temperature (15-25C) as needed. Media must be used by the expiry date written on the tube</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
FK506 (see <u>Tacrolimus</u>)						
Flow Volume Loop	Pulmonary Function	PULMONARY FUNCTION REQUISITION	Monday-Friday 0800-1600			
Flow Volume Loop Pre and Post	Pulmonary Function	PULMONARY FUNCTION REQUISITION	Monday-Friday 0800-1600			
Flu Screen (see <u>Respiratory Virus Panel (RPCR)</u>)						
Fluid Culture (see <u>Body Fluid Culture (excluding blood, CSF, urine)</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Fluids for Cytology Effusion Washing Pleural, Peritoneal, Pericardial, CSF, Ocular	Cytopathology-UH	Body Fluid CYTOPATHOLOGY REQUISITION-NON-GYNAECOLOGICAL AREA	Weekdays		2005-08-01	Cytopathology Laboratory Room A3-242 UH (519) 685-8500 x 36391/36392 Clinical history is an important component for diagnostic interpretation. The specimen is Thinprep processed so the total specimen volume should not exceed one orange top specimen container with Cytolyt included.
Flunitrazepam, Urine Qualitative Rohypnol	Toxicology/Special Chemistry	Minimum 10 mL urine collected in a sterile container GENERAL LABORATORY REQUISITION	Monday-Friday: 0800-1600		2011-06-14	
Fluorescent In Situ Hybridization (see FISH Studies)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Fluoxetine, Serum/Plasma Prozac Norfluoxetine	Core	6 mL Red top Vacutainer tube or 4.5 mL Lavender top tube Pediatric: 0-2 yrs: 2mL Red top GENERAL LABORATORY REQUISITION	As required	Fluoxetine: 160-1600 nmol/L Norfluoxetine: 170-1700 nmol/L	2007-08-28	Referred out Tuesday - Thursday

FMTC (see Familial Medullary Thyroid Carcinoma)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Folate, Red Blood Cells RBC Folate	Core	<p>Adult: 2 X 4 mL Lavender top (K₂- EDTA) Vacutainer tubes</p> <p>Pediatric: 0-2 years: 2 x 0.5 mL Lavender top (K₂-EDTA) Microtainers 2-10 years: 2 x 3 mL Lavender top (K₂-EDTA) Vacutainer tubes</p> <p>GENERAL LABORATORY REQUISITION</p>	Referred out Tuesday- Thursday	>1475 nmol/L	2017-06-15	<p>Current nutritional supplementation makes folate deficiency exceedingly rare in North America. As of March 31, 2017, there has not been a case of folate deficiency detected in the past 18 months at LHSC. The test should only be considered in suspected severe nutritional deficiency or malabsorption.</p> <p>Freeze whole blood.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Follicle Stimulating Hormone, Plasma/Serum FSH	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>	As required	<p><u>Male:</u> Tanner stage 1: ≤ 3.1 IU/L Tanner stage 2: ≤ 6.9 IU/L Tanner stage 3: ≤ 10.1 IU/L Tanner stage 4: 1.3 - 11.4 IU/L Tanner stage 5: 1.6 - 11.2 IU/L 1 - 5 years: < 1.9 IU/L 5 - 10 years: < 2.3 IU/L Adult: 1.5 - 12.4 IU/L</p> <p><u>Female:</u> Tanner stage 1: ≤ 4.5 IU/L Tanner stage 2: ≤ 7.1 IU/L Tanner stage 3: 1.7 - 8.7 IU/L Tanner stage 4: 1.7 - 10.2 IU/L Tanner stage 5: 1.2 - 9.5 IU/L 1 - 10 years: ≤ (μope...)</p>	2009-12-01	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.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
For: a) Wright's b) Iron Stain c) Cytochemical Stains (see <u>Bone Marrow Aspirate Examination</u>)						
fPSA (see <u>Free Prostate Specific Antigen, Plasma/Serum</u>)						
Fractionated metanephrines (see <u>Metanephrines, Plasma, Metanephrines, Urine</u>)						
Fragile-X Molecular testing for Fragile-X	Cytogenetics (VH)	4 mL peripheral blood in a Lavender EDTA Vacutainer tube KINGSTON GENERAL HOSPITAL MOLECULAR GENETICS REQUISITION	Direct molecular testing for detection of Fragile-X Syndrome is available at Kingston General Hospital which has been funded by the Ministry of Health to provide this service for the Province of Ontario. Any questions or concerns should be directed through the DNA Diagnostic Lab at Kingston General Hospital. See Comments.	See report	2005-08-01	For additional information please contact the DNA Diagnostic Laboratory @ Kingston General Hospital (613) 548- 3232 Ext. 4134. For other Cytogenetics Tests please refer to the Cytogenetics Laboratory Web Page: http://www.lhsc.on.ca/lab/cytogen See report Avoid collecting and/or shipping specimens on Thursdays and Fridays.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Francisella tularensis Serology Tularensis antibody	Microbiology (VH)	5 mL Gold top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred weekdays to the Public Health Laboratory		2010-09-13	
Francisella tularensis: PCR Tularensis antibody	Microbiology	Whole blood: 5 mL (EDTA) Lavender top Vacutainer tube or CSF or Tissue collected in a sterile container National Microbiology Laboratory Requisition	Referred weekdays to the National Microbiology Lab		2014-04-08	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Free Androgen Index, Plasma/Serum FAI Free Testosterone	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</p> <p>Lavender top (EDTA) tubes are NOT acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800-1600	<p>Male: 20 49 years: 35.0 92.6 % ≥ 50 years: 24.3 72.1 %</p> <p><u>Female:</u> 20 49 years: 0.3 5.6 % ≥ 50 years: 0.2 3.6 %</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>The free androgen index (FAI) or free testosterone index (FTI) provides a convenient estimate of the free testosterone level from the independent measurement of both the total testosterone and the sex hormone binding globulin (SHBG) level. It is calculated from the equation:</p> <p>FAI = total testosterone (nmol/L)/SHBG (nmol/L) expressed as a percentage. (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Free Dilantin (see <u>Phenytoin, Serum-Free</u>)						
Free Fatty Acids (see <u>Non-esterified fatty acids</u>)						
Free Kappa light chains (see <u>Serum Free Light Chains</u>)						
Free Lambda light chains (see <u>Serum Free Light Chains</u>)						
Free Phenytoin (see <u>Phenytoin, Serum-Free</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Free Prostate Specific Antigen, Plasma/Serum fPSA PSA F Free PSA	Core	<p>Adult: 4.5 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>	As required	<p>Free PSA (g/L): no reference range available</p> <p>Free PSA ratio: The probability of prostate cancer (PC) is inversely related to the ratio. Exact cut-offs appear to vary with patient age, the presence of benign prostate hypertrophy, and the analytical method (Laboratory Practice Guidelines of the Ontario Society of Clinical Chemists, October 2002).</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>If the total PSA result is in the range of 4-10 g/L, a free PSA result could be of value in estimating the risk of prostate cancer in a patient with no previous diagnosis.</p>
Free Protoporphyrin (see <u>Porphyryns-Quantitation, Whole Blood</u>)						
Free PSA (see <u>Free Prostate Specific Antigen, Plasma/Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Free T3, Plasma/Serum Free Triiodothyronine FT3	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>	As required	<p>0 - 6 days: 2.7 - 9.7 pmol/L</p> <p>6 days - 3 months: 3.0 - 9.3 pmol/L</p> <p>3 - 12 months: 3.3 - 9.0 pmol/L</p> <p>1 - 6 years: 3.7 - 8.5 pmol/L</p> <p>6 - 11 years: 3.9 - 8.0 pmol/L</p> <p>11 - 20 years: 3.9 - 7.7 pmol/L</p> <p>> 20 years: 3.1 - 6.8 pmol/L</p> <p>Non-thyroidal illness: 1.3 - 6.3 pmol/L</p> <p>First Trimester of Pregnancy: 3.8 - 6.0 pmol/L</p> <p>Second Trimester of Pregnancy: 3.2 - 5.5 pmol/L</p> <p>Third Trimester of Pregnancy: 3.1 - 5.0 pmol/L</p>	2018-03-06	<p>TSH should be the initial test to screen for clinically-suspected hypothyroidism or hyperthyroidism. If TSH is below the lower cut-off, FT4 and FT3 testing will be performed reflexively by the laboratory. If TSH is between the lower and upper cut-offs, no FT4 or FT3 testing will be performed reflexively. If TSH is above the upper cut-off, FT4 testing will be performed reflexively by the laboratory. These cut-offs are the TSH reference intervals in children and the optimal cut-offs to predict abnormal FT4 levels in adults.</p> <p>The TSH cut-offs are: 2 <6 years: <0.70 or >5.97 mIU/L (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Free T4, Plasma/Serum Free Thyroxine FT4	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>	As required	<p>0 - 6 days: 11 - 32 pmol/L</p> <p>6 days - 3 months: 12 - 28 pmol/L</p> <p>3 - 12 months: 12 - 26 pmol/L</p> <p>1 - 6 years: 12 - 23 pmol/L</p> <p>6 - 11 years: 13 - 22 pmol/L</p> <p>11 - 20 years: 13 - 21 pmol/L</p> <p>> 20 years: 12 - 22 pmol/L</p> <p>First Trimester of Pregnancy: 12 - 20 pmol/L</p> <p>Second Trimester of Pregnancy: 10 - 17 pmol/L</p> <p>Third Trimester of Pregnancy: 8 - 16 pmol/L</p>	2018-03-06	<p>TSH should be the initial test to screen for clinically-suspected hypothyroidism or hyperthyroidism. If TSH is below the lower cut-off, FT4 and FT3 testing will be performed reflexively by the laboratory. If TSH is between the lower and upper cut-offs, no FT4 or FT3 testing will be performed reflexively. If TSH is above the upper cut-off, FT4 testing will be performed reflexively by the laboratory. These cut-offs are the TSH reference intervals in children and the optimal cut-offs to predict abnormal FT4 levels in adults.</p> <p>The TSH cut-offs are: 2 <6 years: <0.70 or >5.97 mIU/L (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Free Testosterone (see <u>Free Androgen Index, Plasma/Serum</u>)						
Free Thyroxine (see <u>Free T4, Plasma/Serum</u>)						
Free Triiodothyronine (see <u>Free T3, Plasma/Serum</u>)						
Frozen Section (see <u>Intra-operative consultation</u>)						
Fructosamine, Serum	Core	6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	As required	205 - 285 µmol/L	2005-09-23	Referred out Tuesday - Thursday
FSH (see <u>Follicle Stimulating Hormone, Plasma/Serum</u>)						
FT3 (see <u>Free T3, Plasma/Serum</u>)						
FT4 (see <u>Free T4, Plasma/Serum</u>)						
Fucosidosis (see <u>Alpha-Fucosidase, Leukocyte/Plasma/Fibroblasts</u>)						
Full Screening Test	Pulmonary Function	PULMONARY FUNCTION REQUISITION	Monday-Friday 0800-1600			
Fungus Culture- Dermatophytes Ringworm Tinea	Microbiology (VH)	Hair Nails Skin MICROBIOLOG Y REQUISITION	Weekdays			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Fungus Culture-Dimorphic Coccidioides Culture Blastomyces Culture Histoplasma Culture Paracoccidioides Culture	Microbiology (VH)	Blood Bone Marrow CSF Body Fluids Respiratory (bronchial wash, sputum, tracheal aspiration) Tissue Wound Material (abscesses, lesions from skin, subcutaneous or mucous membranes). PUBLIC HEALTH LABORATORY TEST REQUISITION	Samples are referred weekdays to the Public Health Lab.			Clinical history is important for adequate testing.

