

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

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

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

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Factor VIII Inhibitor (see Coagulation Factor Inhibitor Assays (Usually VIII and IX))

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|---|-------------------|--|---------------|-----------------|----------------|--|
| Faeces Culture<br>Enteric Pathogen Culture<br>Stool Culture<br>Campylobacter jejuni/coli. Culture<br>E.coli 0157:H7 Culture<br>Salmonella Culture<br>Shigella Culture<br>Yersinia Culture | Microbiology (VH) | Stool<br>Colostomy or Ileostomy contents<br>MICROBIOLOGY REQUISITION | Daily         |                 | 2009-12-11     | <p><b>1. Adults:</b><br/>           The Lab routinely screens for Campylobacter jejuni/coli, E.coli 0157:H7, Salmonella and Shigella.<br/> <u>Note:</u> if Yersinia is suspected, please indicate when ordering.</p> <p><b>2. Children:</b><br/>           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.<br/> <u>Inpatients (in hospital 72 hours or more) whose admitti (more...)</u></p> |

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|---|-----------------------|---|---|-----------------|----------------|--|
| FAI (see <u>Free Androgen Index, Plasma/Serum</u> )   |                       |   |   |                 |                |  |
| Familial Amyloidotic Polyneuropathy-TTR<br>FAP<br>TTR | Molecular Diagnostics | Whole blood-2 x 4 mL<br>Lavender EDTA top Vacutainer tube<br>MOLECULAR DIAGNOSTIC REQUISITION | As required<br>Monday - Friday<br>0800 - 1600 h | See report      |                | <p>For more information click on:<br/>Molecular Diagnostic Laboratory</p> <p>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.</p> |
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| 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<br>Lavender EDTA top Vacutainer tube<br>MOLECULAR DIAGNOSTIC REQUISITION | As Required<br>Monday - Friday<br>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...) |

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| 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<br>0-3 months: 1-3 mL<br>3 months -12 years: 3-6 mL<br>12 years Adult: 6 mL<br>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).<br><br>For additional information please refer to the Molecular Diagnostic Laboratory<br>N/A<br>See final report |
| FAP (see <u>Familial Amyloidotic Polyneuropathy-TTR</u> )   |                   |  |                             |                  |                |   |
| Farmer's Lung (see <u>Farmers Lung IgG Antibodies, Serum</u> )  |                   |  |                             |                  |                |   |
| Farmers Lung (see <u>Farmers Lung IgG Antibodies, Serum</u> )   |                   |  |                             |                  |                |   |
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| Farmers Lung IgG Antibodies, Serum<br>Allergic Alveolitis<br>Allergic Lung Serology<br>Farmer's Lung<br>Farmers Lung<br>Farmers Lung Precipitins<br>Micropolyspora faeni<br>M. faeni<br>Thermoactinomyces vulgaris<br>T. vulgaris<br>Hypersensitivity<br>Pneumonitis | Core       | <b>Adult:</b><br>5 mL Gold top Vacutainer tube<br><br><b>Pediatric:</b><br>2-10 years: 3 mL Red top Vacutainer tube<br>GENERAL LABORATORY REQUISITION | Referred out<br>Monday-Thursday | M. faeni IgG antibodies: <5.2 mg/L<br>T. vulgaris IgG antibodies: <21.5 mg/L | 2019-07-03     |          |
| Farmers Lung Precipitins (see <u>Farmers Lung IgG Antibodies, Serum</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> )   |            |   |                                 |  |                |          |
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| Fecal Elastase<br>Elastase 1 | Core       | Random stool<br>GENERAL<br>LABORATORY<br>REQUISITION | Referred out<br>Monday-<br>Thursday as<br>required | Suggestive of<br>Pancreatic<br>Insufficiency:<br><100 µg/g<br><br>Suggestive of<br>Pancreatic<br>Sufficiency:<br>>100 µg/g | 2009-07-06     | Referred out Monday -<br>Thursday<br><br>Fecal elastase refers to<br>the testing of the<br>concentration of the<br>pancreatic elastase-1<br>enzyme found in fecal<br>matter with an enzyme-<br>linked immunosorbent<br>assay (ELISA). Results<br>of this test can give a<br>good indication of<br>exocrine pancreatic<br>status and is less<br>invasive and expensive<br>than the current gold<br>standard, secretin-<br>cholecystokinin test. <sup>1</sup><br>Levels of fecal elastase<br>lower than 200 µg / g of<br>stool indicate an<br>exocrine insufficiency.<br>Correlations between<br>low levels and chronic<br>pancreatitis <sup>2</sup> and<br>cancer <sup>3</sup> have been<br>reported.<br><br><u>References:</u> (more...) |

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| Fecal Occult Blood-<br><b>Available for Pediatrics Only</b>   | Core                         | Fresh random stool applied to Hemoccult card<br>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<br>GENERAL LABORATORY REQUISITION | Monday-Friday:<br>0800-1600 |                 | 2011-06-14     |          |
| Ferritin Level (see <a href="#">Hemoglobinopathy Screen</a> ) |                              |   |                             |                 |                |          |
|   |                              |   |                             |                 |                |          |

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| Ferritin,<br>Plasma/Serum | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Light Green top (Li-Heparin)<br/>Microtainer<br/>2-10 years: 3 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p>Red, Gold, or Lavender (EDTA) top tubes are also acceptable</p> <p>GENERAL LABORATORY REQUISITION</p> | As required   | <p><b>Male:</b><br/>0 &lt;1 month: 150.0 973.0 g/L1<br/>1 &lt;6 months: 8.5 580.0 0 g/L1<br/>6 months &lt;1 year: 14.0 101.1 g/L1<br/>1 &lt;3 years: 6.0 70.0 g/L2<br/>3 &lt;6 years: 12.0 71.0 g/L2<br/>6 &lt;10 years: 15.0 81.0 g/L2<br/>10 &lt;15 years: 14.0 101.0 g/L1<br/>15 &lt;20 years: 20.9 173.0 g/L1<br/>20 &lt;60 years: 30.0 400.0 g/L3</p> <p><b>Female:</b><br/>0 &lt;1 month: 150.0 973.0 g/L1<br/>1 &lt;6 months: 8.5 580.0 0 g/L1<br/>6 months &lt;1 year: 1 (more...)</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. |

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| Fetal Fibronectin<br>fFN | Core       | Cervicovaginal swab using the Adeza Biomedical specimen collection kit<br>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> |

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| Fetal Maternal Hemorrhage Screen | Flow Cytometry (VH) | <p>Peripheral blood collected in a 4 mL K<sub>2</sub> or K<sub>3</sub> EDTA Lavender top Vacutainer tube from the post-partum mother</p> <p><b>or</b></p> <p>In cases of fetal trauma:<br/>Peripheral blood collected in a 4 mL K<sub>2</sub> or K<sub>3</sub> EDTA Lavender top Vacutainer tube from the ante-partum mother.</p> <p><b>BLOOD TRANSFUSION LABORATORY REQUISITION</b></p> | <p>Monday-Friday 0800-1500</p> <p>STAT Kleihauer Tests that arrive after hours are done in the Blood Transfusion Laboratory, VH.</p> | See report      | 2006-06-01     | <p>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</p> <p>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...)</p> |



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| fFN (see <u>Fetal Fibronectin</u> )                     |              |  |               |                 |                |   |
| Fibrinogen  | Core UH & VH | 2.7 mL Blue (3.2% Sodium Citrate) Vacutainer tube<br><br><b>Pediatric:</b><br>1.8 mL Blue (3.2% Sodium Citrate) top Vacutainer tube<br>*In cases where access is difficult, a 0.9 mL Blue top tube is acceptable<br>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.<br><br>INR/PTT will be performed at St. Joseph's Health Care Core Laboratory and the specimen will then be sent <b>on ice</b> to University Hospital for a fibrinogen level.<br>≤0.5 g/L<br>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> )      |              |  |               |                 |                |   |
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| FISH Studies<br>Fluorescent In Situ<br>Hybridization | Cytogenetics<br>(VH) | <u>Blood:</u><br>3-6 mL<br>peripheral<br>venous blood in<br>a sterile,<br>Sodium Heparin<br>Vacutainer. If<br><3 mL is<br>collected, it<br>must be in a 3<br>mL Vacutainer<br>to allow for<br>appropriate<br>sample to<br>anticoagulant<br>ratio.<br>or<br><u>Bone Marrow:</u><br>1-2 mL of bone<br>marrow in a 3<br>mL Sodium<br>Heparin<br>Vacutainer<br>(dark green top<br>tube)<br>or<br><u>Lymph<br/>           Node/Tumor:</u><br>2-3 mm <sup>2</sup><br>Lymph (more...) | As required   | See final report |                | The Cytogenetics Lab<br>is staffed from 0700-<br>1700 (Monday-Friday),<br>Ext. 78974 (office), or<br>78975 (lab).<br><br>For additional<br>information please refer<br>to the Molecular<br>Diagnostic Laboratory<br>See final report<br>N/A<br><u>Solution for Specimen<br/>           Collection:</u><br>Contact the<br>Cytogenetics<br>Laboratory in advance<br>for sterile aliquots of<br>RPMI media for<br>lymphomas/tumors for<br>collection. This media<br>may be frozen, and<br>thawed at room<br>temperature (15-25C)<br>as needed. Media<br>must be used by the<br>expiry date written on<br>the tube |

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| FK506 (see <u>Tacrolimus</u> )   |                      |  |               |                 |                |  |
| Flu Screen (see <u>Respiratory Virus Panel (RPCR)</u> )  |                      |  |               |                 |                |  |
| Fluid Culture (see <u>Body Fluid Culture (excluding blood, CSF, urine)</u> )                   |                      |  |               |                 |                |  |
| Fluids for Cytology<br>Effusion Washing<br>Pleural, Peritoneal,<br>Pericardial, CSF,<br>Ocular | Cytopathology-<br>UH | Body Fluid<br>CYTOPATHOL<br>OGY<br>REQUISITION-<br>NON-<br>GYNAECOLOG<br>ICAL AREA | Weekdays      |                 | 2005-08-01     | <p data-bbox="1663 412 1911 656">Cytopathology<br/>Laboratory<br/>Room A3-242<br/>UH<br/>(519) 685-8500 x<br/>36391/36392</p> <p data-bbox="1663 795 1990 1250">Clinical history is an<br/>important component<br/>for diagnostic<br/>interpretation.<br/>The specimen is<br/>Thinprep processed so<br/>the total specimen<br/>volume should not<br/>exceed one orange top<br/>specimen container<br/>with Cytolyt included.</p> |
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| Flunitrazepam, Urine<br>Qualitative<br>Rohypnol              | Toxicology/Special Chemistry | Minimum 10 mL urine collected in a sterile container<br>GENERAL LABORATORY REQUISITION  | Monday-Friday:<br>0800-1600 |   | 2011-06-14     |                                 |
| Fluorescent In Situ Hybridization (see <u>FISH Studies</u> ) |                              |   |                             |   |                |                                 |
| Fluoxetine, Serum/Plasma<br>Prozac<br>Norfluoxetine          | Core                         | 6 mL Red top Vacutainer tube<br><br>or<br>4.5 mL Lavender top tube<br><b>Pediatric:</b><br>0-2 yrs: 2mL Red top<br>GENERAL LABORATORY REQUISITION | As required                 | <b>Fluoxetine:</b><br>160-1600 nmol/L<br><br><b>Norfluoxetine:</b><br>170-1700 nmol/L | 2007-08-28     | Referred out Tuesday - Thursday |
| FMTC (see <u>Familial Medullary Thyroid Carcinoma</u> )      |                              |   |                             |   |                |                                 |
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| Folate, Red Blood Cells<br>RBC Folate | Core       | <p><b>Adult:</b><br/>2 X 4 mL<br/>Lavender top<br/>(K<sub>2</sub>- EDTA)<br/>Vacutainer<br/>tubes</p> <p><b>Pediatric:</b><br/>0-2 years: 2 x<br/>0.5 mL<br/>Lavender top (K<sub>2</sub>-EDTA)<br/>Microtainers<br/>2-10 years: 2 x<br/>3 mL Lavender<br/>top (K<sub>2</sub>-EDTA)<br/>Vacutainer<br/>tubes</p> <p>GENERAL<br/>LABORATORY<br/>REQUISITION</p> | Referred out<br>Tuesday-<br>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> |

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| Follicle Stimulating Hormone, Plasma/Serum FSH | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Light Green top (Li-Heparin)<br/>Microtainer<br/>2-10 years: 3 mL Light Green top (Li-Heparin)<br/>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><br/>Tanner stage 1: ≤ 3.1 IU/L<br/>Tanner stage 2: ≤ 6.9 IU/L<br/>Tanner stage 3: ≤ 10.1 IU/L<br/>Tanner stage 4: 1.3 - 11.4 IU/L<br/>Tanner stage 5: 1.6 - 11.2 IU/L<br/>1 - 5 years: &lt; 1.9 IU/L<br/>5 - 10 years: &lt; 2.3 IU/L<br/>Adult: 1.5 - 12.4 IU/L</p> <p><u>Female:</u><br/>Tanner stage 1: ≤ 4.5 IU/L<br/>Tanner stage 2: ≤ 7.1 IU/L<br/>Tanner stage 3: 1.7 - 8.7 IU/L<br/>Tanner stage 4: 1.7 - 10.2 IU/L<br/>Tanner stage 5: 1.2 - 9.5 IU/L<br/>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<br>Molecular testing for<br>Fragile-X  | Cytogenetics<br>(VH) | 4 mL peripheral<br>blood in a<br>Lavender EDTA<br>Vacutainer tube<br>KINGSTON<br>GENERAL<br>HOSPITAL<br>MOLECULAR<br>GENETICS<br>REQUISITION | Direct molecular<br>testing for<br>detection of<br>Fragile-X<br>Syndrome is<br>available at<br>Kingston General<br>Hospital which<br>has been funded<br>by the Ministry of<br>Health to provide<br>this service for<br>the Province of<br>Ontario. Any<br>questions or<br>concerns should<br>be directed<br>through the DNA<br>Diagnostic Lab at<br>Kingston General<br>Hospital. See<br>Comments. | See report      | 2005-08-01     | For additional<br>information please<br>contact the DNA<br>Diagnostic Laboratory<br>@ Kingston General<br>Hospital (613) 548-<br>3232 Ext. 4134. For<br>other Cytogenetics<br>Tests please refer to<br>the Cytogenetics<br>Laboratory Web Page:<br><a href="http://www.lhsc.on.ca/lab/cytogen">http://www.lhsc.on.ca/lab/cytogen</a><br><br>See report<br><br>Avoid collecting and/or<br>shipping specimens on<br>Thursdays and Fridays. |

| Test Name  | Laboratory        | Specimen Type   | Test Schedule                                      | Reference Range | Effective Date | Comments |
|--|-------------------|---|--|-----------------|----------------|----------|
| Francisella tularensis Serology<br>Tularensis antibody | Microbiology (VH) | 5 mL Gold top Vacutainer tube<br>PUBLIC HEALTH LABORATORY TEST REQUISITION  | Referred weekdays to the Public Health Laboratory  |                 | 2010-09-13     |          |
| Francisella tularensis: PCR<br>Tularensis antibody     | Microbiology      | Whole blood: 5 mL (EDTA) Lavender top Vacutainer tube or CSF or Tissue collected in a sterile container<br>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<br>FAI<br>Free Testosterone | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Light Green top (Li-Heparin)<br/>Microtainer<br/>2-10 years: 3 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p>Red or Gold top tubes are also acceptable</p> <p>Lavender top (EDTA) tubes are <b>NOT</b> acceptable</p> <p>GENERAL LABORATORY REQUISITION</p> | Monday - Friday<br>0800-1600 | <p>Male:<br/>20 49 years: 35.0 92.6 %<br/>≥ 50 years: 24.3 72.1 %</p> <p><u>Female:</u><br/>20 49 years: 0.3 5.6 %<br/>≥ 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. &gt; 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.<br/>(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<br>fPSA<br>PSA F<br>Free PSA | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top (Li-Heparin)<br/>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):<br/>no reference range available</p> <p>Free PSA ratio:<br/>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. &gt; 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,<br>Plasma/Serum<br>Free Triiodothyronine<br>FT3 | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Light Green top (Li-Heparin)<br/>Microtainer<br/>2-10 years: 3 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p>Red, Gold, or Lavender (EDTA) top tubes are also acceptable<br/>GENERAL LABORATORY REQUISITION</p> | As required   | <p>0 - 6 days: 2.7 - 9.7 pmol/L<br/>6 days - 3 months: 3.0 - 9.3 pmol/L<br/>3 - 12 months: 3.3 - 9.0 pmol/L<br/>1 - 6 years: 3.7 - 8.5 pmol/L<br/>6 - 11 years: 3.9 - 8.0 pmol/L<br/>11 - 20 years: 3.9 - 7.7 pmol/L<br/>&gt; 20 years: 3.1 - 6.8 pmol/L<br/>Non-thyroidal illness: 1.3 - 6.3 pmol/L<br/>First Trimester of Pregnancy: 3.8 - 6.0 pmol/L<br/>Second Trimester of Pregnancy: 3.2 - 5.5 pmol/L<br/>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:<br/>2 &lt;6 years: &lt;0.70 or &gt;5.97 mIU/L (more...)</p> |

| Test Name   | Laboratory | Specimen Type  | Test Schedule | Reference Range   | Effective Date | Comments  |
|---|------------|--|---------------|---|----------------|---|
| Free T4,<br>Plasma/Serum<br>Free Thyroxine<br>FT4 | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Light Green top (Li-Heparin)<br/>Microtainer<br/>2-10 years: 3 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p>Red, Gold, or Lavender (EDTA) top tubes are also acceptable<br/>GENERAL LABORATORY REQUISITION</p> | As required   | <p>0 - 6 days: 11 - 32 pmol/L<br/>6 days - 3 months: 12 - 28 pmol/L<br/>3 - 12 months: 12 - 26 pmol/L<br/>1 - 6 years: 12 - 23 pmol/L<br/>6 - 11 years: 13 - 22 pmol/L<br/>11 - 20 years: 13 - 21 pmol/L<br/>&gt; 20 years: 12 - 22 pmol/L<br/>First Trimester of Pregnancy: 12 - 20 pmol/L<br/>Second Trimester of Pregnancy: 10 - 17 pmol/L<br/>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:<br/>2 &lt;6 years: &lt;0.70 or &gt;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<br>Vacutainer tube<br>GENERAL<br>LABORATORY<br>REQUISITION | As required   | 205 - 285 µmol/L | 2005-09-23     | Referred out Tuesday -<br>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> ) |                      |   |               |                  |                |                                    |
| Fungus Culture-<br>Dermatophytes<br>Ringworm<br>Tinea                    | Microbiology<br>(VH) | Hair<br>Nails<br>Skin<br>MICROBIOLOG<br>Y REQUISITION                   | Weekdays      |                  |                |                                    |
|  |                      |   |               |                  |                |                                    |

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

