

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
H. pylori (see <u>Helicobacter Serology</u> )						
H. Pylori Breath Test <b>test only available to Grey Bruce, Owen Sound and St. Mary's, Kitchener</b> C14 Breath test PY Test C-Urea Breath Test	Toxicology/Special Chemistry	PY Test Kit PY Test Kit REQUISITION	Monday - Friday 0800-1600	See report		
H63D (see <u>Hemochromatosis HFE gene</u> )						
Haldol (see <u>Haloperidol</u> )						
Haloperidol Haldol	Toxicology/Special Chemistry	6 mL Red top or 4.5 mL Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	Monday - Friday 0800-1600	11-53 nmol/L	2009-06-04	
Hantavirus serology	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	2009-02-22	A case of human Hantavirus infection in Ontario has never been described, despite the presence of infected deer mice (vector) across Canada

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Haptoglobin, Plasma HPT	Core	<p><b>Adult:</b> 4.5 mL Green (Lithium Heparin) top Vacutainer or 5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b> 0-2 years: 0.5 mL Light Green or Gold top (Li-Heparin) Microtainer 2-10 years: 3 mL Light Green or Gold top (Li-Heparin) Vacutainer tube</p> <p>GENERAL LABORATORY REQUISITION</p>	Daily	<p>0-&lt;15 days: 0.00-0.12 g/L 15 days-&lt;1 year: 0.00-2.38 g/L 1-&lt;12 years: 0.00-1.76 g/L 12-&lt;19 years: 0.00-1.93 g/L &gt;19 years: 0.30-2.00 g/L</p>	2010-01-11	<p>Turbidimetric assays not suitable for measurement of highly lipemic or hemolytic samples or samples containing high levels of circulating immune complexes.</p> <p>May be decreased in intravascular hemolysis and in hepatocellular damage, haptoglobin is an acute phase protein.</p>
HbA1c (see <u>Glycated Hemoglobin</u> )						
Hbe (see <u>Hepatitis Be Antigen</u> )						
HBe Ag (see <u>Hepatitis Be Antigen</u> )						
HBsAg (see <u>Hepatitis B Surface Antigen</u> )						
HBV Viral Load (see <u>Hepatitis B DNA Viral Load</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
hCG (see <u>Chorionic Gonadotropin (Quantitative)</u> , Plasma/Serum, Chorionic Gonadotropin, Fluid)						
HCR (see <u>Hemochromatosis HFE gene</u> )						
HCV (see <u>Hepatitis C Antibody</u> )						
HCV Viral Load - pre-treatment (see <u>Hepatitis C RNA - Quantitative</u> )						
Heart Biopsy Endomyocardial biopsy	Pathology - UH	Heart muscle for diagnosis or post-transplant. Fresh or in saline. PowerChart: E- order choosing appropriate specimen. See Identification of Clinical Specimens	Weekdays Testing not available after hours or weekends		2011-07-21	
Helicobacter Serology H. pylori	Microbiology (VH)	5 mL Gold or 6 mL Red top Vacutainer tube tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Laboratory		2009-02-22	
Hematocrit (HCT) (see <u>Complete Blood Count</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hemochromatosis HFE gene HFE C282Y H63D HCR	Molecular Diagnostics	Whole blood-1 x 4 mL Lavender EDTA top Vacutainer tube Tissue: 100mg or 0.5-2.0 cm <sup>3</sup> frozen immediately after collection Formalin-fixed imbedded tissue MOLECULAR DIAGNOSTIC REQUISITION	As required Monday - Friday 0800 - 1600 h	See report	2011-12-15	For more information click on: Molecular Diagnostic Laboratory N/A
Hemoglobin (Hb) (see <a href="#">Complete Blood Count</a> )						
Hemoglobin A1c (see <a href="#">Glycated Hemoglobin</a> )						
Hemoglobin A <sub>2</sub> (see <a href="#">Hemoglobinopathy Screen</a> )						
Hemoglobin Electrophoresis (see <a href="#">Hemoglobinopathy Screen</a> )						
Hemoglobin F (Fetal) (see <a href="#">Hemoglobinopathy Screen</a> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hemoglobin Gene Sequencing HGS	Clinical Immunology	Peripheral Blood  4 mL K2 or K3 EDTA Lavender top Vacutainer tube 5 mL Red top Vacutainer tube  <b>Pediatric:</b> 0-2 years: Lavender 1.0 pk., Red 0.5 pk 2-10 years: 2 mL Lavender top, 2 mL Red Hamilton Molecular Diagnostic Genetics Requisition	Weekly	N/A	2019-07-11	
Hemoglobin H (see <u>Hemoglobinopathy Screen</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hemoglobinopathy Screen Hemoglobin F (Fetal) Hemoglobin A <sub>2</sub> Hemoglobin Electrophoresis Hemoglobin H Ferritin Level	Clinical Immunology	Peripheral Blood  4 mL K <sub>2</sub> or K <sub>3</sub> EDTA Lavender top Vacutainer tube 5 mL Red top Vacutainer tube  <b>Pediatric:</b> 0-2 years: Lavender 1.0 pk., Red 0.5 pk 2-10 years: 2 mL Lavender top, 2 mL Red top GENERAL LABORATORY REQUISITION	Bi-weekly	<b>Hb A:</b> Newborn-1 month: <=10.0 1-3 months: 21.1-56.6 3-6 months: 50.7-85.6 6-7 months: 83.5-96.8 >7 months: 95.5-97.6  <b>Hb F:</b> Newborn-1 month: <=90.0 1-3 months: 42.4-75.6 3-6 months: 12.4-46.0 6-7 months: 1.2-13.2 >7 months: 0.0-1.2  <b>Hb A2:</b> 2.0-3.3  <b>Hb H:</b> Negative	2008-05-27	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hemosiderin,Urine	Flow Cytometry	Random urine GENERAL LABORATORY REQUISITION	Monday-Friday 0800-1600	Negative  (reported as Positive or Negative)	2006-06-01	
Hepadsorb,Plasma	Core	2.7 mL Blue (3.2% Sodium Citrate) Vacutainer tube  <b>Pediatric:</b> 0-10 yrs: 1.8 mL Blue (3.2% Sodium Citrate) GENERAL LABORATORY REQUISITION	As required	See report		Hepadsorbed APTT's <u>will not be performed</u> on any patients receiving heparin therapy.  Done at Laboratory's discretion <u>to confirm</u> <u>heparin contamination</u> in investigation of prolonged APTT. Can be done off an INR/PTT tube.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Heparin Assay Anti Xa Assay	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	1 x 2.7 mL Blue (3.2% Na Citrate) Vacutainer tube  <b>Pediatric:</b> 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: <b>Contact HAT lab ext. 52526 for number of tubes required prior to sampling</b> GENERAL LABORATORY REQUISITION	As authorized, Monday to Friday 0800-1600, unless otherwise requested by a Hematologist.	See report	2009-06-10	<p>Please direct any questions or concerns to:            Michael Keeney            Coordinator- Hematology &amp; Flow Cytometry            519-685-8500 x 52187            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            Pager: 15182</p> <p>Dr. Alejandro Lazo-Langner            Pager: 18970</p> <p>Authorization of pediatric testing may be provided by:            (more...)</p>



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Heparin Induced Thrombocytopenia HIT	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday- Thursdays as required	Negative	2006-06-01	
Heparin Sulfamidase, Fibroblasts MPSIIIA Sanfilippo A Syndrome	Biochemical Genetics	Fibroblasts REGIONAL CYTOGENETICS REQUISITION	As required	25-75 nmol/mg protein/17 hr.	2008-06-10	
Hepatitis A Antibody IgG Anti HAV IgG Hepatitis Anti HAV IgG	Core Lab/Microbiology	<b>Adult:</b> 5 mL Gold top Vacutainer  <b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION	Monday - Friday 0800 - 1600 h	See report	2007-05-01	If test is ordered at UH, testing will be performed at UH Core Lab. If test is ordered at VH, then testing will be performed in Microbiology (VH).  Indicates immunity either from past infection or immunization.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis A Antibody IgM anti HAV IgM Hepatitis anti-HAV IgM	Core Lab/Microbiology	<p><b>Adult:</b> 5 mL Gold top Vacutainer</p> <p><b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2007-05-01	<p>If test is ordered at UH, testing will be performed at UH Core Lab. If test is ordered at VH, then testing will be performed in Microbiology (VH).</p> <p>Sample will be tested for Hepatitis A IgM antibody. Negative result indicates serology is not compatible with acute Hepatitis A infection. Positive result indicates serology is compatible with recent Hepatitis A infection.</p>
Hepatitis Anti HAV IgG (see <a href="#">Hepatitis A Antibody IgG</a> )						
Hepatitis anti-HAV IgM (see <a href="#">Hepatitis A Antibody IgM</a> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis B Antiviral Resistance - HEPBAR	Microbiology (VH)	5 mL Gold top Vacutainer tube <b>(A minimum 1 mL of serum)</b> Please completely fill out this Hepatitis B Antiviral Resistance Requisition	Test referred out to National Microbiology Lab once per week.	See report	2008-02-22	
Hepatitis B Core Antibody CORE Anti HBc (IgG + IgM)	Core Lab/Microbiology	<b>Adult:</b> 5 mL Gold top Vacutainer  <b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION	Monday - Friday 0800 - 1600 h	See report	2007-05-01	If test is ordered at UH, testing will be performed at UH Core Lab. If test is ordered at VH, then testing will be performed in Microbiology (VH).  Testing detects both IgG and IgM antibodies (total). This test can be a life-long Hepatitis marker that represents past infection with Hepatitis B.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis B Core IgM Antibody	Core	<p><b>Adult:</b> 5 mL Gold top Vacutainer</p> <p><b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2- 10yrs: 2 mL Gold top PUBLIC HEALTH REQUISITION</p>	Referred out Monday-Friday	See report	2007-05-01	
Hepatitis B Diagnostic Panel	Core/Microbiology	<p><b>Adult:</b> 5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h			<p>If test is ordered at UH, testing will be performed at UH Core Lab. If test is ordered at VH, then testing will be performed in Microbiology (VH).</p> <p>Panel includes Hepatitis B surface antigen, Hepatitis B surface antibody, Hepatitis B core antibody (IgG and IgM)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis B DNA Viral Load HBV Viral Load	Microbiology (VH)	2 x 5 mL Gold top Vacutainer tube HEPATITIS PCR REQUISITION	Referred out to Toronto Public Health Laboratory		2010-09-28	
Hepatitis B Surface Antibody AUSAB Australian Antibody Immune Status for Hepatitis B	Core Lab/Microbiology	<b>Adult:</b> 5 mL Gold top Vacutainer  <b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION	Monday - Friday 0800 - 1600 h	Negative = 0 Indeterminate = 1-10 Immune = >10		If test is ordered at UH, testing will be performed at UH Core Lab. If test is ordered at VH, then testing will be performed in Microbiology (VH).  Indicator of clinical recovery and subsequent immunity to Hepatitis B virus. Appearance is generally 1-4 months following onset of symptoms, but may be delayed much longer. A positive Hepatitis B surface antibody following Engerix indicates successful immunization.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis B Surface Antigen HBsAg HpBsAg	Core Lab/Microbiology	<p><b>Adult:</b> 5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2007-05-01	<p>If test is ordered at UH, testing will be performed at UH Core Lab. If test is ordered at VH, then testing will be performed in Microbiology (VH).</p> <p>Earliest serum indicator of acute Hepatitis B infection. Persistent elevation may indicate Hepatitis B carrier state.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis Be Antibody	Core	<p><b>Adult:</b> 5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top</p> <p>GENERAL LABORATORY REQUISITION or PUBLIC HEALTH LABORATORY TEST REQUISITION</p>	Referred weekdays to Public Health Laboratory, Toronto.	See report		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis Be Antigen HBe Ag Hbe	Core (UH)	<p><b>Adult:</b> 5 mL Gold top Vacutainer</p> <p><b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2007-05-01	<p>Tested once per week in UH Core Laboratory.</p> <p>Early indicator of acute Hepatitis B representing the most infectious period. Usually short-lived (3-6 weeks). Persistence of e antigen in the acute stage beyond 10 weeks is indicative of progression to chronic carrier state and probable liver disease.</p>
Hepatitis C Antibody HCV HpCab Anti HCV	Core Lab/Microbiology	<p><b>Adult:</b> 5 mL Gold top Vacutainer</p> <p><b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2007-05-01	If test is ordered at UH, testing will be performed at UH Core Lab. If test is ordered at VH, then testing will be performed in Microbiology (VH).



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Hepatitis C NS3 Q80K	Core	4 mL EDTA Lavender top Vacutainer tube  HEPATITIS C NS3 Q80K REQUISITION	Referred out Monday-Friday between 0800- 1600 to Public Health Laboratory	See report		f previous sample for HCV Viral Load or genotyping has been performed at PHL within six months, a sample does not have to be redrawn. Please fill out the requisition (see link above) and send to the Core Lab.
Hepatitis C PCR (see <u>Hepatitis C RNA - Qualitative</u> <b>**NO LONGER AVAILABLE**</b> )						
Hepatitis C RNA - Qualitative <b>**NO LONGER AVAILABLE**</b> Hepatitis C PCR	Core		STAT requests must be pre- arranged with the Medical Microbiologist.			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis C RNA - Quantitative Quantitative RNA HCV Viral Load - pre-treatment PCR Quantitative	Microbiology	<p><u>Serum:</u> 2 x 5 mL Gold <b>or</b> 6 mL Red Vacutainer tubes</p> <p>Plasma is also acceptable <u>Plasma:</u> 2 x 4.5 mL Lavender <b>or</b> 6 mL Pink top EDTA tubes HEPATITIS C (HCV) RNA REQUISITION</p>	Referred out to the Toronto Public Health Laboratory		2008-12-22	
Hepatitis D Antibody	Core	<p><b>Adult:</b> 5 mL Gold top Vacutainer tube <b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION</p>	Referred out Monday-Friday	See report		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis Donor Transplant Screen Donor Screen	Core (UH)	<p><b>Adult:</b> 5 mL Gold top Vacutainer</p> <p><b>Pediatric:</b> 0-2 yrs: Gold 0.5pk. 2-10 yrs: 2 mL Gold top GENERAL LABORATORY REQUISITION</p>	As required	See individual tests		<p>Tested only at UH Core Lab.</p> <p><b>ALL POSITIVES phoned to Attending physician</b></p> <p>Sample will be tested for Hepatitis B surface antigen, Hepatitis B core antibody (total), Hepatitis C antibody, HIV, Cytomegalovirus, RPR (screening test for syphilis), HTLV 1/2 and West Nile Virus.</p>
Hepatitis/HIV testing on <b>exposed individual</b> of needle stick injury or exposure to blood/body fluids. (see <u>Needle Stick Injury - Victim</u> )						
Hepatitis/HIV testing on <b>source</b> of needlestick injury or blood/body fluid exposure. (see <u>Needle Stick Injury - Source</u> )						
Heptacarboxylic Acid (see <u>Porphyryns, 24-Hour Urine, Porphyryns, Urine, Random</u> )						
Hereditary Cancer - Breast/Ovarian (see <u>Breast Cancer (BRCA1 and BRCA2 Screening)</u> )						
Hereditary Colorectal/Gastric Cancer (see <u>Colon Cancer (Proband)</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hereditary Sensory Neuropathy HSN1	Molecular Diagnostics	Whole blood-2 x 4 mL Lavender EDTA top Vacutainer tube MOLECULAR DIAGNOSTIC REQUISITION	As Required Monday - Friday 0800 - 1630 h	See report		For more information click on: Molecular Diagnostic Laboratory N/A Hereditary sensory neuropathy type I (HSN1) is the most common hereditary disorder of peripheral sensory neurons, and is an autosomal dominant condition resulting in progressive degeneration of dorsal root ganglia and motor neurons with onset in the second or third decades. Mutations in SPTLC1, encoding serine palmitoyltransferase, long chain base subunit-1 have been shown to be responsible for this condition <sup>1,2</sup> . Early reports in the literature suggest that mutations both in exon 5 (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hereditary Spherocytosis Screening Test	Flow Cytometry	4 mL K <sub>2</sub> or K <sub>3</sub> EDTA Lavender top Vacutainer tube  <b>Pediatric:</b> 0-2 years: 0.5 mL Lavender pk. 2-10 years: 3 mL Lavender top GENERAL LABORATORY REQUISITION	Monday - Thursday 0800 - 1500 Friday 0800 - 1200	Negative for Hereditary Spherocytosis	2007-11-01	
Herpes simplex IgG Total Antibody (HSVg) Herpes simplex IgG Total Antibody (HSVg)	Clinical Immunology	5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION		See report	2010-06-07	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Herpes Simplex Virus PCR Herpes simplex Type 1/Type 2 HSVPCR	Virology Laboratory	CSF Plasma - EDTA (Lavender top Vacutainer tube) Swabs - lesions Tissue Fluids VIROLOGY REQUISITION	CSF samples are tested once daily Monday to Friday. Blood and lesions are tested three times a week on Monday, Wednesday and Friday. Tissues and Fluids are sent to Public Health Laboratory for testing	See report	2011-10-20	

Heterophile Antibodies (see [Heterophile Antibody Screen](#))

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Heterophile Antibody Screen Infectious Mononucleosis Heterophile Antibodies Paul-Bunnell	Core	4 mL K <sub>2</sub> or K <sub>3</sub> EDTA Lavender top Vacutainer tube  <b>Pediatric:</b> 0-2 yrs: 0.5 mL Lavender pk. 2-10 yrs: 3 mL Lavender top GENERAL LABORATORY REQUISITION	As required	Negative		
Hexacarboic Acid (see <u>Porphyryns, 24-Hour Urine, Porphyryns, Urine, Random</u> )						
Hexosaminidase (see <u>Beta-N-Acetylhexosaminidase %A, A, A+B, Leukocyte/Plasma/Fibroblasts</u> )						
HFE (see <u>Hemochromatosis HFE gene</u> )						
hGH (see <u>Growth Hormone, Serum/Plasma</u> )						
HGS (see <u>Hemoglobin Gene Sequencing</u> )						
HHV6 (see <u>Human Herpes Virus Type 6</u> )						
High Density Lipoprotein Cholesterol (see <u>Cholesterol-HDL, Plasma</u> )						
High Resolution Banding (see <u>Chromosome Analysis, Blood</u> )						
High Risk Obstetric Human Immunodeficiency Virus (see <u>HIV - High Risk Obstetrical/High Risk IV Drug User</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
High Sensitivity C-Reactive Protein High sensitivity CRP Assay hsCRP	Core	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out as required	hsCRP is considered a valuable risk stratification measurement in females > 60 years and males > 50 years. Values > 2.0 mg/L in these patients warrant further investigation. Refer to the CCS 2012 guideline for revised hsCRP CVD risk criteria.	2009-07-08	This test is useful for cardiac risk assessment only. A different CRP test ("C-Reactive Protein (CRP)") should be used to monitor or assess inflammatory disorders.  This test will be used for cardiac risk assessment only.

High sensitivity CRP Assay (see [High Sensitivity C-Reactive Protein](#))

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High Sensitivity Troponin T hs-TnT Troponin T - High sensitivity TNT - High sensitivity	Core	4.5 mL Green (Lithium Heparin) top Vacutainer tube  <b>Pediatric:</b> 2-10 yrs: 3 mL green top tube GENERAL LABORATORY REQUISITION	As required	≤ 14 ng/L	2012-02-01	<b>Please note that the hs-TnT reporting units are ng/L.</b>  Order hs-TnT on patients with symptoms of myocardial ischemia to diagnose AMI. Reference limit is based on 99th percentile value in healthy population. hs-TnT may be significantly elevated in non-ACS patients. Evaluate hs-TnT results in the clinical context and not in isolation.  Algorithm Details can be found <a href="https://lhsc.omni-assistant.net/lab/Document/DocumentDownloader.aspx?Df_Guid=e595a48b-3d88-4f5d-97ac-07a64fc0fd22">https://lhsc.omni-assistant.net/lab/Document/DocumentDownloader.aspx?Df_Guid=e595a48b-3d88-4f5d-97ac-07a64fc0fd22</a>
HIST (see <u>Anti Histone Group, Serum</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Histoplasma antigen	Microbiology	Urine MICROBIOLOG Y REQUISITION	Daily, once received by referral laboratory		2019-11-05	<p>Testing restricted to Infectious Diseases (ID) service following a Microbiologist consultation.</p> <p><u>Positive Below the Limit of Quantification:</u> Results above the cutoff for positivity, but below 0.4 ng/mL fall outside the linear range of the assay. These results are positive, but not accurately quantifiable.</p> <p><u>Positive: 0.4-19.0 ng/mL</u></p> <p><u>Positive Above the Limit of Quantification:</u> Results greater than 19.0 ng/mL fall outside the linear range of the assay. These results are positive, but not accurately quantifiable.</p> <p>Routine</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Histoplasma Culture (see <u>Fungus Culture-Dimorphic</u> )						
Histoplasma Serology	Microbiology (VH)	5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Laboratory		2010-09-13	
HIT (see <u>Heparin Induced Thrombocytopenia</u> )						
HIV - High Risk Obstetrical Patients (see <u>HIV - High Risk Obstetrical/High Risk IV Drug User</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
<p>HIV - High Risk Obstetrical/High Risk IV Drug User HIV - High Risk Obstetrical Patients</p> <p>High Risk Obstetric Human Immunodeficiency Virus</p>	Core (UH)	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	As needed		2012-11-13	<p>Tested only at UH Core Lab.</p> <p><b>High Risk Obstetrics:</b></p> <p>This test is for specimens from the mother only. Any other specimen type from an obstetrical case (e.g. cord blood) must be authorized by the Microbiologist on call before testing can proceed.</p> <p><b>Note:</b> This test is only available in the High Risk Obstetrical Powerplan Module</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HIV - Viral Load Human Immunodeficiency Virus - Viral Load Quantitative HIV detection	Microbiology	2 x 5 mL Lavender (EDTA) top Vacutainer tubes HIV Viral Load Requisition	Referred <b>STAT</b> weekdays to Public Health Laboratory	See report	2010-09-28	<p>This is not a diagnostic test. Test is only available on patients known to be positive. Results are provided for prognostic purposes only and will be reported directly to physician.</p> <p>Sample must be spun and separated within 4 hours of collection. Ship to Microbiology immediately. Off hours, specimen receiving staff must spin sample immediately and aliquot and freeze plasma.</p> <p>Document time sample is separated on the requisition.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HIV PCR	Microbiology	<b>Adult:</b> 5 mL Lavender EDTA top Vacutainer tube <b>Pediatric:</b> 2 mL Lavender (EDTA) top Vacutainer tube HIV PCR TEST REQUISITION	Referred weekdays to the Public Health Laboratory	See report	2011-05-01	Test detects HIV-1 only. Requests for HIV-2 PCR must be approved by the Microbiologist  Sample must be received at Toronto Public Health within 5 days of collection.
HIV Serology - <b>Transplant</b> Human Immunodeficiency Virus	Core (UH)	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Weekdays		2002-05-17	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HIV Serology, Routine - HIV 1 and 2 Human Immunodeficiency Virus	Microbiology (VH)	6 mL Red top Vacutainer tube or 5 mL Gold top Vacutainer tube. PUBLIC HEALTH LABORATORY - HIV SEROLOGY TEST REQUISITION	Referred weekdays to Public Health Laboratory		2009-02-22	<p>The "HIV Ag/Ab Combo Screen" simultaneously detects both HIV p24 antigen (Ag) and antibodies (Ab) to HIV type 1 and type 2 (HIV-1/HIV-2) in human serum or plasma.</p> <p>Please note that the HIV Ag/Ab Combo result does not distinguish between the detection of HIVp24 antigen, HIV-1 antibodies, or HIV-2 antibodies.</p> <p>A specimen with a borderline or reactive result on an HIV screen test will proceed to confirmatory testing according to the HIV testing algorithm.</p> <p>For more information on HIV testing for Transplant pat (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HIV/Hepatitis on <b>exposed individual</b> of needle stick injury or exposure to blood/body fluids. (see <u>Needle Stick Injury - Victim</u> )						
HIV/Hepatitis testing on <b>source</b> of needlestick injury or blood/body fluid exposure. (see <u>Needle Stick Injury - Source</u> )						



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA ABC Typing ABC Tissue Typing HLA Class I Typing	Transplant (UH)	4 x 6 mL Green (Sodium Heparin) top Vacutainer tubes <u>without</u> gel separator <b>This is the preferred specimen for patients with normal leukocytes</b>  <u>or</u>  2 x 4 mL Lavender (EDTA) top Vacutainer tubes -Use when leukocyte irregularities are possible (all potential bone marrow / stem cell recipients or HLA matched platele (more...))	Monday to Friday	See report	2006-07-07	<p>Bone Marrow / Stem Cell donors- include the recipients name, relationship, physician and transplant centre. Testing is only performed for patients involved in the London Transplant Program. Unrelated marrow / stem cell donors are not normally tested in this laboratory. Please contact the laboratory (519-663-3320) if other situations apply to your patient.</p> <p>Disease Association HLA typings- Indicate the disease under investigation and the antigen of interest. This test is only appropriate for diseases associated with HLA ABC / Class I antigens. See HLA DR/DQ Tissue Typing for diseases a (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Antibody Screen (see <a href="#">HLA Antibody Testing</a> )						
HLA Antibody Specificity Testing (see <a href="#">HLA Antibody Testing</a> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
<p>HLA Antibody Testing PRA (Panel Reactive Antibodies) HLA Monthly Serum HLA Antibody Screen HLA Antibody Specificity Testing</p> <p>Cytotoxic Antibodies (this is largely an obsolete term since most testing is now based on solid phase beads rather than cellular panels)</p>	<p>Transplant (UH)</p>	<p>6 mL Red top Vacutainer tube - No additives or separator gel HLA Antibody Investigation Requisition</p>	<p>The test is performed 3 times / week (MWF). Some samples will be archived for possible testing at a later date. The status of the patient on a transplant waiting list dictates when/if the sample will be tested.</p>	<p><b>PRAs:</b> 0-100%</p> <p><b>Specificity testing:</b> usually the results will indicate if any antibodies were detected. In some cases, the detected antibodies may be listed.</p>	<p>2006-07-07</p>	<p>This test should be ordered only for patients on a London solid organ transplant waiting list. Contact the Transplant Laboratory to discuss other situations.</p> <p>All patients that are active (or will soon be active) on the LHSC kidney waiting list should have this test ordered monthly since the sample will also be used for crossmatching potential donors.</p> <p>In addition, antibody specificities will be investigated. Testing intervals are determined by the transplant program.</p> <p>N/A Antibodies directed against HLA antigens indicate sensit (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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HLA B27 Tissue Typing (see [HLA B27 Typing](#))

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA B27 Typing HLA B27 Tissue Typing	Transplant (UH)	4 x 6 mL Green (Sodium Heparin) top Vacutainer tube <u>without gel separator</u> <b>This is the preferred specimen.</b> -Order HLA B27 Serology (B27)  <u>or</u>  2 x 4mL Lavender (EDTA) top Vacutainer tubes -Use when leukocyte irregularities are possible or if the transit time is expected to exceed 24 hours -Order HLAB27 Special Order (SSP) (more...)	As required Monday to Friday	See report	2006-07-07	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA CDC Crossmatch for Organ Transplant (Donor and Recipient Requirements for a Living Donor Situation)	Transplant (UH)	<p><b>Donor Requirements-Initial Crossmatch*:</b>            14 x 6 mL Sodium Heparin (dark green tops, no separator gel)            1 x 4 mL Lavender EDTA top Vacutainer tube</p> <p>*The blood requirements listed above include samples that will be used for the HLA Class I and HLA Class II typing of the donor plus the flow cytometry crossmatch, if required.</p> <p><b>Donor Requi (more...)</b></p>	Monday to Thursday		2011-03-15	<p>Living donor transplant workups, including the crossmatching, are coordinated by the Living Donor Transplant Coordinator who can be contacted via the LHSC switchboard (519-685-8500).</p> <p>A positive crossmatch indicates the presence of anti-donor antibodies.</p>



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Celiac Investigation	Transplant	2 x 4 mL Lavender (EDTA) top Vacutainer tubes TRANSPLANT LABORATORY REQUISITION	Monday-Friday		2011-09-09	
HLA Class I Typing (see <a href="#">HLA ABC Typing</a> )						
HLA Class II Tissue Typing (see <a href="#">HLA DR/DQ Typing</a> )						



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Donor Specific Antibody (DSA testing) DSA testing	Transplant (UH)	6 mL Red top Vacutainer tube HLA Antibody Investigation (NS5920)	Testing is performed Mondays, Wednesdays and Fridays except on Statutory holidays.		2011-03-15	<p>This test should only be ordered at the request of the medical team when following a transplanted patient in a London solid organ transplant program.</p> <p>Contact the Transplant Laboratory to discuss other situations. (519-663-3320)</p> <p>Antibodies directed against donor HLA antigens may predict risk of rejection. Draw by venipuncture and pre-dialysis (if applicable) to avoid contamination with anticoagulants.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA DR/DQ Typing HLA Class II Tissue Typing	Transplant (UH)	<p>2 x 4 mL Lavender (EDTA) top Vacutainer tubes except for potential bone marrow/stem cell transplant patients or patients being investigated for HLA matched platelets. For these patients 4 x 4mL Lavender (EDTA) top tubes are required.</p> <p>Increase collection volumes if leukocyte count is low.</p> <p>Smaller volumes apply for pediatric patients. (more...)</p>	Monday to Friday	See report	2006-07-07	<p>Bone Marrow / Stem Cell donors- include the recipients name, relationship, physician and transplant centre. Testing is only performed for patients involved in the London Transplant Program. Unrelated marrow / stem cell donors are not normally tested in this laboratory. Please contact the laboratory (519-663-3320) if other situations apply to your patient.</p> <p>Disease Association HLA typings- Indicate the disease under investigation and the antigen of interest. This test is only appropriate for diseases associated with HLA DR/DQ or Class II antigens. See HLA ABC Tissue Typing for dis (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
<p>HLA Flow Cytometry Crossmatch for Organ Transplant (Donor and Recipient Requirements for a Living Donor Situation)</p>	<p>Transplant (UH)</p>	<p><b>Donor Requirements:</b></p> <p>There are no additional blood requirements if 14 dark green tops are already being drawn for the CDC crossmatch.</p> <p>Draw 7 x 6 mL Sodium Heparin (dark green tops, no separator gel) in those rare occasions when the CDC crossmatch is not being performed. Contact the Living Donor Coordinator or the Transplant Laboratory for clarification.</p> <p>(more...)</p>	<p>Monday to Friday</p>	<p>Consult the Tissue Transplant Laboratory</p>	<p>2006-06-01</p>	<p>Living donor transplant workups, including the crossmatching, are coordinated by the Living Donor Transplant Coordinator who can be contacted via the LHSC switchboard (519-685-8500).</p> <p>Contact the Transplant Laboratory (x 33320) if a flow cytometry crossmatch involving a deceased donor is required.</p> <p>A positive crossmatch indicates the presence of anti-donor antibodies</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Monthly Serum (see <u>HLA Antibody Testing</u> )						
Homocysteine Total Homocysteine	Core (UH)	4 mL K <sub>2</sub> or K <sub>3</sub> EDTA Lavender top Vacutainer tube  <b>Note:</b> <b>Specimens not placed on ice immediately may exhibit a 10-20% increase in concentration.</b> GENERAL LABORATORY REQUISITION	Thursdays	Male: 5.1 15.4 umol/L Female: 4.4 13.6 umol/L		Drugs that interfere with homocysteine metabolism, e.g. nitric oxide, methotrexate, isoniazid, penicillamine and various antiepileptic drugs: carbamazepine, phenytoin, may give elevated levels of total homocysteine.  Do not store samples at room temperature. Keep vacutainer on ice until centrifugation then freeze.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Homovanillic Acid, Urine HVA	Toxicology/Special Chemistry	24-hour urine or random urine. <b>Random urine testing available for pediatric patients only.</b> GENERAL LABORATORY REQUISITION	Monday Friday 0800-1600	<b>Random Urine (mol/mmol creatinine)</b> 0 - 2 years: ≤ 20.2 2 - 4 years: ≤ 13.6 5 - 9 years: ≤ 9.4 10 - 19 years: ≤ 7.9 > 19 years: ≤ 4.7  <b>24-hour Urine (mol/day)</b> 0 - 2 years: ≤ 15.4 2 - 4 years: ≤ 25.8 5 - 9 years: ≤ 29.6 10 - 19 years: ≤ 39.5 > 19 years: ≤ 45.6	2017-07-04	VHHU24 (for 24-hour urine; includes VMA and HVA) or HVAR (for random urine; includes VMA and HVA)  Orders for VMA and HVA are coupled so that the levels of both analytes are measured and reported for each sample.  <b>For STAT requests, please call the toxicology lab at ext. 64664 to make arrangements.</b>  For 24-hour urine collections, transfer an aliquot of the measured urine to a 5-mL Greiner tube.
HpBsAg (see <u>Hepatitis B Surface Antigen</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HpCab (see <u>Hepatitis C Antibody</u> )						
HPT (see <u>Haptoglobin, Plasma</u> )						
HPV testing, for Gynaecological Liquid Based PAP test (Cytology), Liquid based PAP test (Cytology) PAP test LBP	Cytopathology-UH	Cervical, endocervical, vaginal samples CYTOLOGY AND HPV TESTING REQUISITION	Specimens are sent to Life Labs weekly for testing (Wednesday morning)		2018-08-28	Cytopathology Laboratory UH Room A3-242 UH (519) 685-8500 x 36391/36392  Clinical history is an important component for diagnostic interpretation The specimen is ThinPrep processed and must be collected in specific Gyn collection containers (PreservCyt)
hs-TnT (see <u>High Sensitivity Troponin T</u> )						
hsCRP (see <u>High Sensitivity C-Reactive Protein</u> )						
HSN1 (see <u>Hereditary Sensory Neuropathy</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HTLV Serology (HTLV 1 / 2) - <b>Bone Bank, Eye Bank, partial tissue transplant, Tissue Bank, Routine</b> Human T-cell Leukemia/Lymphoma Virus	Microbiology (VH)	5 mL Gold top or 6 mL Red top Vacutainer tube PUBLIC HEALTH HIV SEROLOGY TEST REQUISITION	Referred weekdays to the Public Health Laboratory		2010-09-28	
Human Cytomegalovirus (HCMV) Anti-viral Resistance Genotyping	Virology Laboratory	HCMV positive plasma 5 mL Lavender EDTA Vacutainer tube  Requisition for Viral STI, Polyoma and Herpesvirus Testing	Referred to National Microbiology Lab		2012-12-07	HCMV Anti-viral Resistance Genotyping is available on HCMV positive patients only
Human Growth Hormone (see <u>Growth Hormone, Serum/Plasma</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Human Herpes Virus Type 6 HHV6 Exanthum subitum Roseola infantum	Microbiology (VH)	Blood - 5 mL Lavender top (EDTA) Vacutainer tube (A minimum 1 mL of plasma is required) or CSF - Encephalitis cases only (minimum 500uL CSF) <b>must</b> be accompanied by one 5 mL Lavender top tube) HHV6 Requisition	Referred out weekly to the National Microbiology Laboratory	See report	2010-09-28	Should you need more information on HHV6 testing, please contact the Viral Exanthemata Lab 204-789-6085 or fax 204-789-5009.
Human Immunodeficiency Virus (see <u>HIV Serology - <b>Transplant</b></u> , HIV Serology, Routine - HIV 1 and 2)						
Human Immunodeficiency Virus - Viral Load (see <u>HIV - Viral Load</u> )						
Human T-cell Leukemia/Lymphoma Virus (see <u>HTLV Serology (HTLV 1 / 2)</u> - <b>Bone Bank, Eye Bank, partial tissue transplant, Tissue Bank, Routine</b> )						
Hunter Syndrome (see <u>Iduronate-2-Sulfate Sulfatase, Leukocytes/Plasma/Fibroblasts</u> )						
Hurler Syndrome (see <u>Alpha-Iduronidase, Leukocyte/Plasma/Fibroblasts</u> )						
HVA (see <u>Homovanillic Acid, Urine</u> )						



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hydroxyproline,Urine	Test not available (Various)	24 Hour Urine with 20 mL of 6 mol/L (6N) HCL preservative.	<b>TEST NO LONGER AVAILABLE</b>		2012-04-17	Effective April 17, 2012 Hydroxyproline is no longer available. For bone density testing, please order C-Telopeptide (serum/plasma)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hypercoagulable Screen Thrombophilia Screen	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	<p><b>Adult:</b> 5 x 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes <b>and</b> 2 x 4 mL Lavender (EDTA) top Vacutainer tubes</p> <p><b>Pediatric:</b> 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: <b>Contact HAT lab ext. 52526 for number of tubes required prior to sampling and</b> one 4 mL Lavender (EDTA) top Vacutainer tube GENERAL LABO (more...)</p>	Weekly	See individual tests	2008-11-27	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hyperkalemic Periodic Paralysis Type 1 (see <u>Paramyotonia Congenita Hyperkalemic Periodic Paralysis</u> )						
Hypersensitivity Pneumonitis (see <u>Aspergillus fumigatus IgG Antibodies, Farmers Lung IgG Antibodies, Serum</u> )						
Hypoxanthine-Guanine Phosphoribosyl Transferase, Whole blood Lesch-Nyhan Syndrome	Biochemical Genetics	6 mL Green (Sodium Heparinized) top Vacutainer tube GENERAL LABORATORY REQUISITION	Test must be prearranged before collection by calling the lab at 519-685-8500 Specimen Receiving ext. 71561	See report issued by lab	2008-06-10	