

| Test Name  | Laboratory                   | Specimen Type   | Test Schedule   | Reference Range | Effective Date | Comments  |
|--|------------------------------|---|---|-----------------|----------------|---|
| H. pylori (see <u>Helicobacter Serology</u> )  |                              |   |   |                 |                |   |
| H. Pylori Breath Test<br><b>test only available to Grey Bruce, Owen Sound and St. Mary's, Kitchener</b><br>C14 Breath test<br>14C Breath Test<br>PY Test<br>C-Urea Breath Test | Toxicology/Special Chemistry | PY Test Kit<br>PY Test Kit<br>REQUISITION   | Monday - Friday<br>0800-1600                          | See report      |                |   |
| H63D (see <u>Hemochromatosis HFE gene</u> )  |                              |   |   |                 |                |   |
| Haldol (see <u>Haloperidol</u> )   |                              |   |   |                 |                |   |
| Haloperidol<br>Haldol  | Toxicology/Special Chemistry | 6 mL Red top or 4.5 mL Green (Lithium Heparin) top<br>Vacutainer tube<br>GENERAL LABORATORY REQUISITION | Monday - Friday<br>0800-1600                          | 11-53 nmol/L    | 2009-06-04     |   |
| Hantavirus serology  | Microbiology (VH)            | 5 mL Gold or 6 mL Red top<br>Vacutainer tube<br>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<br>HPT                              | Core       | <p><b>Adult:</b><br/>4.5 mL Green (Lithium Heparin) top Vacutainer or 5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Light Green or Gold top (Li-Heparin) Microtainer<br/>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:<br/>0.00-0.12 g/L</p> <p>15 days-&lt;1 year:<br/>0.00-2.38 g/L</p> <p>1-&lt;12 years:<br/>0.00-1.76 g/L</p> <p>12-&lt;19 years:<br/>0.00-1.93 g/L</p> <p>&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> ) |            |   |               |  |                |  |
|   |            |   |               |  |                |  |

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| 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 Assessment (see <u>HLA Assessment-Non-Renal (for Heart patients)</u> )                         |                      |  |  |                 |                |          |
| Heart Biopsy<br>Endomyocardial<br>biopsy   | Pathology - UH       | Heart muscle<br>for diagnosis or<br>post-transplant.<br>Fresh or in<br>saline.<br>PowerChart: E-<br>order choosing<br>appropriate<br>specimen. See<br>Identification of<br>Clinical<br>Specimens | Weekdays<br>Testing not<br>available after<br>hours or<br>weekends |                 | 2011-07-21     |          |
| Helicobacter Serology<br>H. pylori   | Microbiology<br>(VH) | 5 mL Gold or 6<br>mL Red top<br>Vacutainer tube<br>tube<br>PUBLIC<br>HEALTH<br>LABORATORY<br>TEST<br>REQUISITION   | Referred out<br>weekdays to<br>Public Health<br>Laboratory         |                 | 2009-02-22     |          |
| Hematocrit (HCT) (see <u>Complete Blood Count</u> )  |                      |  |  |                 |                |          |

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| Hemochromatosis<br>HFE gene<br>HFE<br>C282Y<br>H63D<br>HCR                | Molecular<br>Diagnostics | Whole blood-1<br>x 4 mL<br>Lavender EDTA<br>top Vacutainer<br>tube<br>Tissue: 100mg<br>or 0.5-2.0 cm <sup>3</sup><br>frozen<br>immediately<br>after collection<br>Formalin-fixed<br>imbedded<br>tissue<br>MOLECULAR<br>DIAGNOSTIC<br>REQUISITION | As required<br>Monday - Friday<br>0800 - 1600 h | See report      | 2011-12-15     | For more information<br>click on:<br>Molecular Diagnostic<br>Laboratory<br>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> )       |                          |  |   |                 |                |  |
|   |                          |  |   |                 |                |  |

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

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

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

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| Heparin Assay<br>Anti Xa Assay | Hemostasis and Thrombosis Laboratory (Victoria Hospital) | 1 x 2.7 mL Blue (3.2% Na Citrate) Vacutainer tube<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 | 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:<br/>           Hematology Scientist<br/>           519-685-8500 x 55402<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> by paging the adult or pediatric Hematologist on call through switchboard.</p> <p><u>It is the responsibility of the Hematologist or Pediatrician to communicate their decision to the HATLAB.</u></p> <p>Blue (Sodium Citrate) top tubes sho (more...)</p> |



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| Heparin Induced Thrombocytopenia HIT                               | Hemostasis and Thrombosis Laboratory (Victoria Hospital) | 6 mL Red top Vacutainer tube<br>GENERAL LABORATORY REQUISITION  | Referred out Monday- Thursdays as required | Negative                     | 2006-06-01     |  |
| Heparin Sulfamidase, Fibroblasts MPSIIIA Sanfilippo A Syndrome     | Biochemical Genetics                                     | Fibroblasts<br>REGIONAL CYTOGENETICS<br>REQUISITION   | As required                                | 25-75 nmol/mg protein/17 hr. | 2008-06-10     |  |
| Hepatitis A Antibody IgG<br>Anti HAV IgG<br>Hepatitis Anti HAV IgG | Core (UH)  | <b>Adult:</b><br>5 mL Gold top Vacutainer<br><br><b>Pediatric:</b><br>0-2 yrs: Gold 0.5pk.<br>2-10 yrs: 2 mL Gold top<br>GENERAL LABORATORY REQUISITION | Monday - Friday<br>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).<br><br>Indicates immunity either from past infection or immunization. |

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| Hepatitis A Antibody<br>IgM<br>anti HAV IgM<br>Hepatitis anti-HAV<br>IgM | Core (UH)  | <p><b>Adult:</b><br/>5 mL Gold top<br/>Vacutainer</p> <p><b>Pediatric:</b><br/>0-2 yrs: Gold<br/>0.5pk.<br/>2-10 yrs: 2 mL<br/>Gold top<br/>GENERAL<br/>LABORATORY<br/>REQUISITION</p> | Monday - Friday<br>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 <u>Hepatitis A Antibody IgG</u> )            |            |  |                                  |                 |                |   |
| Hepatitis anti-HAV IgM (see <u>Hepatitis A Antibody IgM</u> )            |            |  |                                  |                 |                |   |
|  |            |  |                                  |                 |                |   |

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| Hepatitis B Antiviral Resistance - HEPBAR                 | Microbiology (VH) | 5 mL Gold top Vacutainer tube<br><b>(A minimum 1 mL of serum)</b><br>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<br>CORE<br>Anti HBc (IgG + IgM) | Core (UH)         | <b>Adult:</b><br>5 mL Gold top Vacutainer<br><br><b>Pediatric:</b><br>0-2 yrs: Gold 0.5pk.<br>2-10 yrs: 2 mL Gold top<br>GENERAL LABORATORY REQUISITION | Monday - Friday<br>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).<br><br>Testing detects both IgG and IgM antibodies (total). This test can be a life-long Hepatitis marker that represents past infection with Hepatitis B. |
|   |                   |   |   |                 |                |   |

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| Hepatitis B Core IgM Antibody | Core       | <p><b>Adult:</b><br/>5 mL Gold top Vacutainer</p> <p><b>Pediatric:</b><br/>0-2 yrs: Gold 0.5pk.<br/>2- 10yrs: 2 mL Gold top<br/>PUBLIC HEALTH REQUISITION</p>           | Referred out Monday-Friday       | See report      | 2007-05-01     |  |
| Hepatitis B Diagnostic Panel  | Core (UH)  | <p><b>Adult:</b><br/>5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 yrs: Gold 0.5pk.<br/>2-10 yrs: 2 mL Gold top<br/>GENERAL LABORATORY REQUISITION</p> | Monday - Friday<br>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> |
|                               |            |   |                                  |                 |                |  |

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| Hepatitis B DNA Viral Load<br>HBV Viral Load   | Microbiology (VH) | 2 x 5 mL Gold top Vacutainer tube<br>HEPATITIS PCR<br>REQUISITION   | Referred out to Toronto Public Health Laboratory |  | 2010-09-28     |   |
| Hepatitis B Surface Antibody<br>AUSAB<br>Australian Antibody Immune Status for Hepatitis B | Core (UH)         | <b>Adult:</b><br>5 mL Gold top Vacutainer<br><br><b>Pediatric:</b><br>0-2 yrs: Gold 0.5pk.<br>2-10 yrs: 2 mL Gold top<br>GENERAL LABORATORY REQUISITION | Monday - Friday<br>0800 - 1600 h                 | Negative = 0<br>Indeterminate = 1-10<br>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).<br><br>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. |

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| Hepatitis B Surface Antigen<br>HBsAg<br>HpBsAg | Core (UH)  | <p><b>Adult:</b><br/>5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 yrs: Gold 0.5pk.<br/>2-10 yrs: 2 mL Gold top<br/>GENERAL LABORATORY REQUISITION</p> | Monday - Friday<br>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> |

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| Hepatitis Be Antibody | Core (UH)  | <p><b>Adult:</b><br/>5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 yrs: Gold 0.5pk.<br/>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      |                |          |
|                       |            |   |   |                 |                |          |

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



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| Hepatitis C NS3 Q80K   | Core       | 4 mL EDTA<br>Lavender top<br>Vacutainer tube<br><br>HEPATITIS C<br>NS3 Q80K<br>REQUISITION | Referred out<br>Monday-Friday<br>between 0800-<br>1600 to Public<br>Health<br>Laboratory | See report      |                | f previous sample for<br>HCV Viral Load or<br>genotyping has been<br>performed at PHL<br>within six months, a<br>sample does not have<br>to be redrawn. Please<br>fill out the requisition<br>(see link above) and<br>send to the Core Lab. |
| Hepatitis C PCR (see <u>Hepatitis C RNA - Qualitative</u> <b>**NO LONGER AVAILABLE**</b> ) |            |  |  |                 |                |   |
| Hepatitis C RNA -<br>Qualitative <b>**NO<br/>LONGER<br/>AVAILABLE**</b><br>Hepatitis C PCR | Core       |  | STAT requests<br>must be pre-<br>arranged with the<br>Medical<br>Microbiologist.         |                 |                |   |
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| Hepatitis C RNA - Quantitative<br>Quantitative RNA<br>HCV Viral Load - pre-treatment<br>PCR Quantitative | Microbiology | <p><u>Serum:</u><br/>2 x 5 mL Gold<br/><b>or</b> 6 mL Red<br/>Vacutainer<br/>tubes</p> <p>Plasma is also<br/>acceptable<br/><u>Plasma:</u><br/>2 x 4.5 mL<br/>Lavender <b>or</b> 6<br/>mL Pink top<br/>EDTA tubes<br/>HEPATITIS C<br/>(HCV) RNA<br/>REQUISITION</p> | Referred out to<br>the Toronto<br>Public Health<br>Laboratory |                 | 2008-12-22     |          |
| Hepatitis D Antibody   | Core (UH)    | <p><b>Adult:</b> 5 mL<br/>Gold top<br/>Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 yrs: Gold<br/>0.5pk.<br/>2-10 yrs: 2 mL<br/>Gold top<br/>GENERAL<br/>LABORATORY<br/>REQUISITION</p>   | Referred out<br>Monday-Friday                                 | See report      |                |          |
|  |              |   |   |                 |                |          |

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| Hepatitis Donor Transplant Screen<br>Donor Screen  | Core (UH)  | <p><b>Adult:</b><br/>5 mL Gold top Vacutainer</p> <p><b>Pediatric:</b><br/>0-2 yrs: Gold 0.5pk.<br/>2-10 yrs: 2 mL Gold top<br/>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> )  |            |  |               |                      |                |  |
|  |            |  |               |                      |                |  |

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|------------------------------------|-----------------------|---|---|-----------------|----------------|---|
| Hereditary Sensory Neuropathy HSN1 | 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 - 1630 h | See report      |                | For more information click on:<br>Molecular Diagnostic Laboratory<br>N/A<br>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...) |

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

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| Herpes Simplex Virus PCR Herpes simplex Type 1/Type 2 HSVPCR | Virology Laboratory | CSF<br>Plasma - EDTA (Lavender top Vacutainer tube)<br>Swabs - lesions<br>Tissue<br>Fluids<br>VIROLOGY REQUISITION | CSF samples are tested once daily Monday to Friday.<br>Blood and lesions are tested three times a week on Monday, Wednesday and Friday.<br>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<br>Infectious Mononucleosis<br>Heterophile Antibodies<br>Paul-Bunnell                 | Core       | 4 mL K <sub>2</sub> or K <sub>3</sub> EDTA<br>Lavender top<br>Vacutainer tube<br><br><b>Pediatric:</b><br>0-2 yrs: 0.5 mL<br>Lavender pk.<br>2-10 yrs: 3 mL<br>Lavender top<br>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> )  |            |   |               |                 |                |          |
| 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<br>High sensitivity CRP Assay<br>hsCRP | Core       | 5 mL Gold top Vacutainer tube<br>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.<br><br>This test will be used for cardiac risk assessment only. |

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

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| Test Name  | Laboratory | Specimen Type  | Test Schedule | Reference Range | Effective Date | Comments   |
|--|------------|--|---------------|-----------------|----------------|--|
| High Sensitivity Troponin T<br>hs-TnT<br>Troponin T - High sensitivity<br>TNT - High sensitivity | Core       | 4.5 mL Green (Lithium Heparin) top Vacutainer tube<br><br><b>Pediatric:</b><br>2-10 yrs: 3 mL green top tube<br>GENERAL LABORATORY REQUISITION | As required   | ≤ 14 ng/L       | 2012-02-01     | <b>Please note that the hs-TnT reporting units are ng/L.</b><br><br>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.<br><br>Algorithm Details can be found<br><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<br>MICROBIOLOG<br>Y<br>REQUISITION | Daily, once<br>received by<br>referral<br>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><br/>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><br/>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<br>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  |
|--|------------|---|---------------|-----------------|----------------|---|
| HIV - High Risk Obstetrical/High Risk IV Drug User<br>HIV - High Risk Obstetrical Patients<br><br>High Risk Obstetric Human Immunodeficiency Virus | Core (UH)  | 5 mL Gold top Vacutainer tube<br>GENERAL LABORATORY REQUISITION | As needed     |                 | 2012-11-13     | Tested only at UH Core Lab.<br><br><b>High Risk Obstetrics:</b><br><br>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.<br><br><b>Note:</b> This test is only available in the High Risk Obstetrical Powerplan Module |

| Test Name  | Laboratory   | Specimen Type  | Test Schedule  | Reference Range | Effective Date | Comments   |
|--|--------------|--|--|-----------------|----------------|--|
| HIV - Viral Load   | Microbiology | 2 x 4 mL<br>Lavender<br>(EDTA) top<br>Vacutainer<br>tubes<br>HIV Viral Load<br>Requisition | Referred <b>STAT</b><br>weekdays to<br>Public Health<br>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> |
| HIV Antibody (see <u>HIV Serology, Routine - HIV 1 and 2</u> ) |              |  |  |                 |                |  |
|  |              |  |  |                 |                |  |

| Test Name   | Laboratory   | Specimen Type  | Test Schedule                                     | Reference Range | Effective Date | Comments  |
|---|--------------|--|---|-----------------|----------------|---|
| HIV PCR   | Microbiology | <b>Adult:</b><br>5 mL Lavender EDTA top Vacutainer tube<br><b>Pediatric:</b><br>2 mL Lavender (EDTA) top Vacutainer tube<br>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<br><br>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<br>GENERAL LABORATORY REQUISITION  | Weekdays  |                 | 2002-05-17     |   |

| Test Name  | Laboratory           | Specimen Type  | Test Schedule  | Reference Range | Effective Date | Comments  |
|--|----------------------|--|--|-----------------|----------------|---|
| HIV Serology,<br>Routine - HIV 1 and 2<br>HIV Antibody | Microbiology<br>(VH) | 6 mL Red top<br>Vacutainer tube<br>or 5 mL Gold<br>top Vacutainer<br>tube.<br>PUBLIC<br>HEALTH<br>LABORATORY<br>- HIV<br>SEROLOGY<br>TEST<br>REQUISITION | Referred<br>weekdays to<br>Public Health<br>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> )                           |            |   |  |  |                |   |
| HLA Antibody Screen<br>PRA (Panel Reactive Antibodies)<br>HLA Monthly Serum<br>HLA Antibody Testing<br>HLA Antibody Specificity Testing<br>Cytotoxic Antibodies | Transplant | 6 mL Red top Vacutainer tube - No additives or separator gel<br>TRANSPLANT LABORATORY REQUISITION | 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. | 0-100%<br><br>Specificity testing: Individual antibodies will be listed in TGLN for patients on the transplant lists.<br><br>Transfusion Refractory Test results will be listed in Cerner. | 2020-06-29     | Patients that are being assessed for placement on the LHSC or CBS Kidney, Kidney/Pancreas, Pancreas, Liver/Kidney, Liver or Heart waiting list should have this test ordered.<br><br>Anti-HLA antibodies indicate potential sensitization to potential organ donors and some blood products.<br>Samples will be stored in the laboratory when received. |
| HLA Antibody Specificity Testing (see <u>HLA Antibody Screen, HLA Serum for Crossmatch LD-Recipient</u> )   |            |   |  |  |                |   |
| HLA Antibody Testing (see <u>HLA Antibody Screen, HLA Serum for Crossmatch LD-Recipient</u> )   |            |   |  |  |                |   |
| HLA Archive Serum (see <u>HLA Pre-op Liver Recipient, HLA Pre-op Recipient</u> )  |            |   |  |  |                |   |
|   |            |   |  |  |                |   |



| Test Name   | Laboratory | Specimen Type  | Test Schedule | Reference Range                                | Effective Date | Comments   |
|---|------------|--|---------------|--|----------------|--|
| HLA Assessment-<br>Liver Recipient<br>HLA Liver Workup<br>HLA Liver<br>Assessment | Transplant | 2 x 4 mL<br>Lavender<br>(EDTA) top<br>Vacutainer<br>tubes<br><br>1 x 6mL Red<br>top Vacutainer<br>tube - No<br>additives or<br>separator gel<br><b>TRANSPLANT<br/>LABORATORY<br/>REQUISITION</b> |               | cPRAs: 0-100%<br><br>HLA typing: see<br>report | 2020-06-29     | Patients that are being<br>assessed for<br>placement on the<br>LHSC liver waiting list<br>should have this test<br>ordered. Antibody<br>testing and HLA typing<br>will be performed only<br>when the recipient is<br>activated on the waiting<br>list.<br><br>Anti-HLA antibodies<br>indicate potential<br>sensitization to<br>potential organ donors<br>and some blood<br>products. |

| Test Name   | Laboratory | Specimen Type   | Test Schedule    | Reference Range   | Effective Date | Comments   |
|---|------------|---|------------------|---|----------------|--|
| HLA Assessment-Non-Renal (for Heart patients)<br>Heart Assessment | Transplant | 8 x 6mL dark Green (Sodium Heparin) top Vacutainer tubes without gel separator<br>2 x 4 mL Lavender (EDTA) top Vacutainer tubes<br>1 x 6mL Red top Vacutainer tube-No additives or separator gel<br>TRANSPLANT LABORATORY REQUISITION | Monday to Friday | cPRAs: 0-100% (HLA Antibody Testing)<br><br>HLA Typing: see report<br><br>Autologous Crossmatch: Negative / Borderline / Positive | 2020-06-29     | <p>Patients that are being assessed for placement on the LHSC Heart waiting list should have this test ordered.</p> <p>Patients will have Class I and Class II HLA Typing, cPRA and antibody specificities tested. Patient will also have an autologous flow crossmatch performed.</p> <p>Anti-HLA antibodies indicate sensitization to potential organ donors and some blood products. The cPRA is an indicator of how broadly anti-HLA antibody in the patient reacts to random donors. Elevated cPRA s may reflect a higher level of difficulty in finding an acceptable donor. (more...)</p> |

| Test Name  | Laboratory | Specimen Type  | Test Schedule    | Reference Range  | Effective Date | Comments  |
|--|------------|--|------------------|--|----------------|---|
| HLA Assessment-<br>Renal Recipient (for<br>Kidney,<br>Kidney/Pancreas,<br>Pancreas alone or<br>Liver/Kidney patients)<br>Kidney Assessment<br>L/K Assessment<br>L/P Assessment | Transplant | 8 x 6mL dark<br>Green (Sodium<br>Heparin) top<br>Vacutainer<br>tubes without<br>gel separator<br>2 x 4 mL<br>Lavender<br>(EDTA) top<br>Vacutainer<br>tubes<br>1 x 6mL Red<br>top Vacutainer<br>tube-No<br>additives or<br>separator gel<br>TRANSPLANT<br>LABORATORY<br>REQUISITION | Monday to Friday | cPRAs: 0-100%<br>(HLA Antibody<br>Testing)<br><br>HLA Typing: see<br>report<br><br>Autologous<br>Crossmatch:<br>Negative /<br>Borderline /<br>Positive | 2020-06-29     | <p>Patients that are being assessed for placement on the LHSC Kidney, Kidney/Pancreas, Pancreas, Liver/Kidney waiting list should have this test ordered. Patients will have Class I and Class II HLA Typing, cPRA and antibody specificities tested. Patient will also have an autologous flow crossmatch performed.</p> <p>Anti-HLA antibodies indicate sensitization to potential organ donors and some blood products. The cPRA is an indicator of how broadly anti-HLA antibody in the patient reacts to random donors. Elevated cPRA s may reflect a higher level of difficulty in finding an a (more...)</p> |

| Test Name                | Laboratory | Specimen Type   | Test Schedule  | Reference Range | Effective Date | Comments |
|--------------------------|------------|---|--|-----------------|----------------|----------|
| HLA B27<br>HLA B27 (B27) | Transplant | 2 x 4mL<br>Lavender<br>(EDTA) top<br>Vacutainer<br>tubes<br>TRANSPLANT<br>LABORATORY<br>REQUISITION | As required<br>Monday to Friday<br>except Stat<br>holidays |                 | 2020-06-29     |          |

HLA B27 (B27) (see [HLA B27](#))

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| Test Name  | Laboratory | Specimen Type   | Test Schedule  | Reference Range | Effective Date | Comments |
|--|------------|---|--|-----------------|----------------|----------|
| HLA<br>BoneMarrow/StemCel<br>I Histocompatibility-<br>Donor<br>BoneMarrow/StemCel<br>I Donor initial HLA<br>Typing | Transplant | 2 x 4 mL<br>Lavender<br>(EDTA) top<br>Vacutainer<br>tubes<br><br>Note: Increase<br>collection<br>volumes if<br>leukocyte count<br>is low, smaller<br>volumes apply<br>for paediatric<br>patients.<br><br><b>Paediatric<br/>           Patients:</b><br><1 year: 2 mL<br>EDTA<br>1-10 years: 2<br>mL EDTA<br>10-18 years: 4<br>mL EDTA<br><br>Contact the<br>laboratory if<br>these volumes<br>are not<br>possible: 519-<br>663-3320 (more...) | As required<br>Monday to Friday<br>except Stat<br>holidays |                 | 2020-06-29     |          |

| Test Name  | Laboratory | Specimen Type   | Test Schedule  | Reference Range | Effective Date | Comments |
|--|------------|---|--|-----------------|----------------|----------|
| HLA<br>BoneMarrow/StemCel<br>I Histocompatibility-<br>Recipient<br>BoneMarrow/StemCel<br>I recipient initial HLA<br>Typing | Transplant | 4 x 4 mL<br>Lavender<br>(EDTA) top<br>Vacutainer<br>tubes<br><br>Note: Increase<br>collection<br>volumes if<br>leukocyte count<br>is low, smaller<br>volumes apply<br>for paediatric<br>patients.<br><br><b>Paediatric<br/>           Patients:</b><br><1 year: 2 mL<br>EDTA<br>1-10 years: 2<br>mL EDTA<br>10-18 years: 4<br>mL EDTA<br><br>Contact the<br>laboratory if<br>these volumes<br>are not<br>possible: 519-<br>663-3320 (more...) | As required<br>Monday to Friday<br>except Stat<br>holidays | See report      | 2020-06-29     |          |

| Test Name                                 | Laboratory | Specimen Type  | Test Schedule  | Reference Range | Effective Date | Comments |
|---|------------|--|--|-----------------|----------------|----------|
| HLA Celiac Investigation<br>Celiac Workup | Transplant | 2 x 4 mL<br>Lavender<br>(EDTA) top<br>Vacutainer<br>tubes<br>TRANSPLANT<br>LABORATORY<br>REQUISITION | As required<br>Monday to Friday<br>except Stat<br>holidays |                 | 2020-06-29     |          |

HLA Class I and II Typing (see HLA Typing Case (ABCD))

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| Test Name   | Laboratory | Specimen Type  | Test Schedule                                     | Reference Range | Effective Date | Comments   |
|---|------------|--|---|-----------------|----------------|--|
| HLA Confirmatory Typing- Donor Confirmatory HLA typing for a BoneMarrow/Stem Cell donor | Transplant | <p>2 x 4 mL Lavender (EDTA) top Vacutainer tubes</p> <p>Note: Increase collection volumes if leukocyte count is low, smaller volumes apply for paediatric patients.</p> <p><b>Paediatric Patients:</b><br/>           &lt;1 year: 2 mL EDTA<br/>           1-10 years: 2 mL EDTA<br/>           10-18 years: 4 mL EDTA</p> <p>Contact the laboratory if these volumes are not possible: 519-663-3320 (more...)</p> | As required Monday to Friday except Stat holidays |                 | 2020-06-29     | <p>BM/SC transplant workups are coordinated by the Bone Marrow Transplant Coordinator who can be contacted via the LHSC switchboard (519-658-8500)</p> <p>Confirmatory HLA typings should be performed at the centre that is to do the transplant. Therefore, some testing for the paediatric program may be sent to the Toronto program.</p> <p>A low resolution HLA Class I typing will be performed. The results must match the original testing.</p> |



| Test Name  | Laboratory | Specimen Type  | Test Schedule                                     | Reference Range | Effective Date | Comments  |
|--|------------|--|---|-----------------|----------------|---|
| HLA Confirmatory Typing- Recipient Confirmatory HLA typing for a Bone Marrow/Stem Cell Recipient | Transplant | <p>4 x 4 mL Lavender (EDTA) top Vacutainer tubes</p> <p>Note: Increase collection volumes if leukocyte count is low, smaller volumes apply for paediatric patients.</p> <p><b>Paediatric Patients:</b><br/>           &lt;1 year: 2 mL EDTA<br/>           1-10 years: 2 mL EDTA<br/>           10-18 years: 4 mL EDTA</p> <p>Contact the laboratory if these volumes are not possible: 519-663-3320 (more...)</p> | As required Monday to Friday except Stat holidays |                 | 2020-06-29     | <p>BM/SC transplant workups are coordinated by the Bone Marrow Transplant Coordinator who can be contacted via the LHSC switchboard (519-658-8500)</p> <p>Confirmatory HLA typings should be performed at the centre that is to do the transplant. Therefore, some testing for the paediatric program may be sent to the Toronto program.</p> <p>A low resolution HLA Class I typing will be performed. The results must match the original HLA typing obtained on the previous sample.</p> |

| Test Name               | Laboratory | Specimen Type  | Test Schedule    | Reference Range | Effective Date | Comments  |
|-------------------------|------------|--|------------------|-----------------|----------------|---|
| HLA Disease Association | Transplant | <p>2 x 4 mL Lavender (EDTA) top Vacutainer tubes</p> <p>Note: Increase collection volumes if leukocyte count is low, smaller volumes apply for paediatric patients.</p> <p><b>Paediatric Patients:</b><br/>           &lt;1 year: 2 mL EDTA<br/>           1-10 years: 2 mL EDTA<br/>           10-18 years: 4 mL EDTA</p> <p>Contact the laboratory if these volumes are not possible: 519-663-3320 (more...)</p> | Monday to Friday | See report      | 2020-06-29     | You will be prompted to indicate the antigen and disease of interest when the HLA Disease Association order is selected. Please contact the laboratory (519-663-3320) if there are any questions. |

| Test Name  | Laboratory | Specimen Type  | Test Schedule                            | Reference Range              | Effective Date | Comments   |
|--|------------|--|--|------------------------------|----------------|--|
| HLA Donor Specific Antibody (DSA)<br>HLA DSA-IgG<br>HLA Donor Specific Antibody IgG Case (HLA DSA IgG) | Transplant | 6 mL Red top Vacutainer tube<br>- No additives or separator gel<br>TRANSPLANT LABORATORY REQUISITION | Monday to Friday except on Stat holidays | DSA detected or not detected | 2020-06-29     | This test should only be ordered when following a patient in a London transplant program.<br><br>Contact the Transplant Laboratory to discuss other situations. (519-663-3320)<br><br>Antibodies directed against donor HLA antigens may predict a risk of rejection |
| HLA Donor Specific Antibody IgG Case (HLA DSA IgG) (see <u>HLA Donor Specific Antibody (DSA)</u> )     |            |  |  |                              |                |  |
| HLA DSA-IgG (see <u>HLA Donor Specific Antibody (DSA)</u> )  |            |  |  |                              |                |  |
|  |            |  |  |                              |                |  |

| Test Name  | Laboratory | Specimen Type   | Test Schedule                                     | Reference Range | Effective Date | Comments   |
|--|------------|---|---|-----------------|----------------|--|
| HLA Freeze PBL<br>Freeze Blood   | Transplant | Freeze Cells from a patient or donor at times other than pre-op.<br><br><u>Donor Requirements:</u><br>6 x 6 mL Sodium Heparin (dark green tops, no separator gel)<br><br>Note: smaller volumes apply for paediatric patients.<br>Contact the Transplant Laboratory for details: 519-663-3320<br>TRANSPLANT LABORATORY REQUISITION | As required Monday to Friday except Stat holidays |                 | 2020-06-29     | Living donor transplant workups, including the freezing of donor cells are coordinated by the Living Donor Transplant Coordinator who can be contacted via the LHSC switchboard (519-658-8500) |
| HLA Liver Assessment (see <u>HLA Assessment-Liver Recipient</u> )                          |            |   |   |                 |                |  |
| HLA Liver Workup (see <u>HLA Assessment-Liver Recipient</u> )                              |            |   |   |                 |                |  |
| HLA Monthly Serum (see <u>HLA Antibody Screen, HLA Serum for Crossmatch LD-Recipient</u> ) |            |   |   |                 |                |  |

| Test Name   | Laboratory | Specimen Type  | Test Schedule    | Reference Range  | Effective Date | Comments   |
|---|------------|--|------------------|--|----------------|--|
| HLA Pre-op Liver Recipient<br>HLA Pre-op Liver Recipient Case<br>HLA Serum<br>HLA Archive Serum | Transplant | 6 mL Red top Vacutainer tube<br>- No additives or separator gel<br>TRANSPLANT LABORATORY REQUISITION | Monday to Friday | cPRAs: 0-100% (HLA Antibody Testing)<br>DSA detected or not detected<br><br>Antibodies with MFI>5000 reported as unacceptable<br>Only strong (unacceptable) will be used to calculate cPRA<br>SUBJECT TO CHANGE<br><br>Antibodies with 5000>MFI>1000 will be reported as weak/indeterminate. SUBJECT TO CHANGE | 2020-06-29     | Patients that are being prepared for a Liver Transplant should have this pre-op test ordered prior to transplant.<br><br>Interpretive Comments<br>Anti-HLA antibodies indicate sensitization to potential organ donors and some blood products. Antibodies directed against donor HLA antigens may predict a risk of rejection |

HLA Pre-op Liver Recipient Case (see [HLA Pre-op Liver Recipient](#))

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| Test Name  | Laboratory      | Specimen Type  | Test Schedule   | Reference Range   | Effective Date | Comments   |
|--|-----------------|--|---|---|----------------|--|
| HLA Pre-op Recipient<br>HLA Serum<br>HLA Archive Serum                           | Transplant (UH) | 6 mL Red top<br>Vacutainer tube<br>- No additives<br>or separator gel<br>TRANSPLANT<br>LABORATORY<br>REQUISITION | <p>This sample may be used in the prospective/retrospective flow crossmatch and updated SAB testing may be performed.</p> <p>All samples will be archived for possible testing at a later date.</p> | cPRAs: 0-100%<br>(HLA Antibody Testing)<br><br>DSA detected or not detected | 2020-06-29     | <p>Pre-op patients that are being prepared for transplant at LHSC (Kidney, Kidney/Pancreas, Pancreas, Liver/Kidney, or Heart) should have this test ordered. Liver patients: see HLA Pre-op Liver The sample may be used for cPRA, crossmatching, DSA testing or it may be stored for future testing as outlined in the current program-specific policies.</p> <p>Anti-HLA antibodies indicate sensitization to potential organ donors and some blood products. Antibodies directed against donor HLA antigens may predict a risk of rejection</p> |
| HLA Serum (see <u>HLA Pre-op Liver Recipient</u> , <u>HLA Pre-op Recipient</u> ) |                 |  |   |   |                |  |

| Test Name  | Laboratory        | Specimen Type   | Test Schedule  | Reference Range  | Effective Date    | Comments  |
|--|-------------------|---|--|--|-------------------|---|
| <p>HLA Serum for Crossmatch LD-Recipient<br/> Crossmatch serum from the recipient<br/> HLA Monthly Serum<br/> HLA Antibody Testing<br/> HLA Antibody Specificity Testing</p> | <p>Transplant</p> | <p>6 mL Red top Vacutainer tube<br/> - No additives or separator gel<br/> TRANSPLANT LABORATORY REQUISITION</p> | <p>Monday to Friday except on Stat holidays<br/> This test should be ordered to be drawn on the same day the final crossmatch against a living donor is to be performed.</p> | <p>Crossmatch Positive or Negative<br/> cPRAs: 0-100% (HLA Antibody Testing)<br/> DSA detected or not detected</p> | <p>2020-06-29</p> | <p>This sample will be one of the samples used for a flow cytometer crossmatch against a living donor.</p> <p>In addition the sample may be used for cPRA or DSA testing as outlined in the program-specific polices.</p> <p>A positive crossmatch may indicate the presence of anti-donor antibodies.</p> <p>Anti-HLA antibodies indicate sensitization to potential organ donors and some blood products.<br/> Antibodies directed against donor HLA antigens may predict a risk of rejection</p> |

| Test Name   | Laboratory | Specimen Type  | Test Schedule    | Reference Range  | Effective Date | Comments  |
|---|------------|--|------------------|--|----------------|---|
| HLA Transfusion Refractory<br>HLA Transfusion Refractory (Anti HLA IgG) | Transplant | 6 mL Red top Vacutainer tube<br>- No additives or separator gel<br>TRANSPLANT LABORATORY REQUISITION | Monday to Friday | Antibodies detected or not detected<br><br>Any HLA antibodies that were detected will be reported in the comment field in Cerner as Weak, Moderate and Strong based on MFI values. | 2020-06-29     | This test is ordered for recipient antibody identification in preparation for receiving HLA matched platelets<br><br>Anti-HLA antibodies indicate sensitization to potential donors and some blood products |

HLA Transfusion Refractory (Anti HLA IgG) (see HLA Transfusion Refractory)

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| Test Name                                 | Laboratory | Specimen Type  | Test Schedule    | Reference Range | Effective Date | Comments   |
|---|------------|--|------------------|-----------------|----------------|--|
| HLA Transfusion Typing<br>Transfusion ABC | Transplant | <p>2 x 4 mL Lavender (EDTA) top Vacutainer tubes</p> <p>Note: Increase collection volumes if leukocyte count is low, smaller volumes apply for paediatric patients.</p> <p><b>Paediatric Patients:</b><br/>           &lt;1 year: 2 mL EDTA<br/>           1-10 years: 2 mL EDTA<br/>           10-18 years: 4 mL EDTA</p> <p>Contact the laboratory if these volumes are not possible: 519-663-3320 (more...)</p> | Monday to Friday |                 |                | <p>This test is performed in preparation for receiving HLA matched platelets.</p> <p>Results will be faxed upon request.</p> |

| Test Name   | Laboratory | Specimen Type  | Test Schedule    | Reference Range | Effective Date | Comments  |
|---|------------|--|------------------|-----------------|----------------|---|
| HLA Typing Case (ABCD)<br>HLA Class I and II Typing<br>ABCD | Transplant | 2 x 4 mL Lavender (EDTA) top Vacutainer tubes<br><br>Note: Increase collection volumes if leukocyte count is low, smaller volumes apply for paediatric patients.<br><br><b>Paediatric Patients:</b><br><1 year: 2 mL EDTA<br>1-10 years: 2 mL EDTA<br>10-18 years: 4 mL EDTA<br><br>Contact the laboratory if these volumes are not possible: 519-663-3320 (more...) | Monday to Friday |                 | 2020-06-29     | Testing is normally performed for patients involved in one of the London Transplant Programs. Please contact the laboratory (519-663-3320) if other situations apply to your patient. |

| Test Name   | Laboratory | Specimen Type  | Test Schedule | Reference Range | Effective Date | Comments  |
|---|------------|--|---------------|-----------------|----------------|---|
| HLA Workup<br>Deceased Donor<br>Deceased Donor HLA<br>Typing and Deceased<br>Donor Crossmatch | Transplant | <p> <u>Adult Donor</u><br/>           blood for a<br/>           workup<br/>           involving a<br/>           kidney or<br/>           kidney/pancrea<br/>           s transplant (+/-<br/>           other organs):<br/>           10 x 8.5 mL<br/>           ACD (Solution<br/>           A) (yellow<br/>           tops)*<br/>           2 x 4 mL<br/>           Lavender EDTA<br/>           top Vacutainer<br/>           tube         </p> <p> <u>Adult Donor</u><br/>           blood for a<br/>           workup<br/>           involving a<br/>           heart transplant<br/>           only:<br/>           8 x 8.5 ml.<br/>           ACD (Solution<br/>           A) (yellow<br/>           tops)*<br/>           1 x 4 mL<br/>           Lavender EDTA<br/>           top Va (more...)         </p> | As required   |                 | 2020-06-29     | <p> <b>Stat T.A.T:</b><br/>           Prospective HLA<br/>           Typing: 4 to 5 hours<br/>           from when the<br/>           technologist is notified<br/>           and samples are<br/>           available for testing.         </p> <p>           Prospective<br/>           crossmatching: 4 to 6<br/>           hours from when the<br/>           technologist is notified.<br/>           Crossmatching of<br/>           imported donors for<br/>           HSP recipients may<br/>           take longer since the<br/>           HLA typing will be<br/>           confirmed at this time         </p> <p>           A deceased donor<br/>           situation must be<br/>           coordinated by TGLN<br/>           and/or the local Donor<br/>           Coordinators/Donor<br/>           Transplant Specialists.         </p> <p>           TGLN: 1-877-363-8456         </p> <p>           Local Donor<br/>           Coordinators: (more...)         </p> |

| Test Name  | Laboratory | Specimen Type   | Test Schedule                                     | Reference Range   | Effective Date | Comments  |
|--|------------|---|---|---|----------------|---|
| HLA Workup Living Donor Additional or Final<br>Additional Kidney Living donor Crossmatch<br>Final Kidney Living donor Crossmatch | Transplant | <u>Donor Requirements:</u><br>14 x 6mL Sodium Heparin (dark green tops, no separator gel)<br><br>Note: smaller volumes apply for paediatric patients.<br>Contact the Transplant Laboratory for details: 519-663-3320<br>TRANSPLANT LABORATORY REQUISITION | As required Monday to Friday except Stat holidays | Living Donor Crossmatch: Negative / Borderline / Positive | 2020-06-29     | Living donor transplant workups are coordinated by the Living Donor Transplant Coordinator who can be contacted via the LHSC switchboard (519-658-8500).<br><br>The cPRA is an indicator of how broadly any patients HLA antibody reacts to random donors. Elevated cPRAs may reflect a higher level of difficulty in finding an acceptable donor. A positive flow cytometry crossmatch indicates the likely presence of donor specific antibodies. |

| Test Name  | Laboratory | Specimen Type  | Test Schedule  | Reference Range   | Effective Date | Comments  |
|--|------------|--|--|---|----------------|---|
| HLA Workup Living Donor Initial<br>Initial Kidney Living donor Crossmatch and HLA Typing | Transplant | <p> <u>Donor Requirements:</u><br/>           14 x 6mL Sodium Heparin (dark green tops, no separator gel)<br/>           2 x 4 mL Lavender (EDTA) top Vacutainer tubes         </p> <p>           Note: smaller volumes apply for paediatric patients. Contact the Transplant Laboratory for details: 519-663-3320<br/>           TRANSPLANT LABORATORY REQUISITION         </p> | Test scheduleAs required Monday to Friday except Stat holidays | Living Donor Crossmatch: Negative / Borderline / Positive | 2020-06-29     | <p>           Living donor transplant workups are coordinated by the Living Donor Transplant Coordinator who can be contacted via the LHSC switchboard (519-658-8500)         </p> <p>           A positive flowcytometry crossmatch indicates the likely presence of donor specific antibodies.         </p> |

| Test Name                                   | Laboratory | Specimen Type  | Test Schedule                                     | Reference Range | Effective Date | Comments  |
|---|------------|--|---|-----------------|----------------|---|
| HLA Workup Living Donor Pre-op Freeze Blood | Transplant | <p><u>Donor Requirements:</u><br/>6 x 6mL Sodium Heparin (dark green tops, no separator gel)</p> <p>Note: smaller volumes apply for paediatric patients.<br/>Contact the Transplant Laboratory for details: 519-663-3320<br/>TRANSPLANT LABORATORY REQUISITION</p> | As required Monday to Friday except Stat holidays |                 |                | This donor blood will be frozen in liquid nitrogen for possible future testing. |

| Test Name                          | Laboratory | Specimen Type  | Test Schedule | Reference Range  | Effective Date | Comments  |
|------------------------------------|------------|--|---------------|--|----------------|---|
| Homocysteine<br>Total Homocysteine | Core (UH)  | 4 mL K <sub>2</sub> or K <sub>3</sub><br>EDTA<br>Lavender top<br>Vacutainer tube<br><br><b>Note:</b><br><b>Specimens not placed on ice immediately may exhibit a 10-20% increase in concentration.</b><br>GENERAL<br>LABORATORY<br>REQUISITION | Thursdays     | Male: 5.1 15.4<br>umol/L<br>Female: 4.4<br>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.<br><br>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<br>HVA | Toxicology/Special Chemistry | 24-hour urine or random urine.<br><b>Random urine testing available for pediatric patients only.</b><br>GENERAL LABORATORY REQUISITION | Monday Friday<br>0800-1600 | <b>Random Urine (mol/mmol creatinine)</b><br>0 - 2 years: ≤ 20.2<br>2 - 4 years: ≤ 13.6<br>5 - 9 years: ≤ 9.4<br>10 - 19 years: ≤ 7.9<br>> 19 years: ≤ 4.7<br><br><b>24-hour Urine (mol/day)</b><br>0 - 2 years: ≤ 15.4<br>2 - 4 years: ≤ 25.8<br>5 - 9 years: ≤ 29.6<br>10 - 19 years: ≤ 39.5<br>> 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)<br><br>Orders for VMA and HVA are coupled so that the levels of both analytes are measured and reported for each sample.<br><br><b>For STAT requests, please call the toxicology lab at ext. 64664 to make arrangements.</b><br><br>For 24-hour urine collections, transfer an aliquot of the measured urine to a 5-mL Greiner tube. |

HpBsAg (see Hepatitis B Surface Antigen)

HpCab (see Hepatitis C Antibody)



| Test Name   | Laboratory       | Specimen Type   | Test Schedule  | Reference Range | Effective Date | Comments  |
|---|------------------|---|--|-----------------|----------------|---|
| 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<br>CYTOLOGY AND HPV TESTING REQUISITION | Specimens are sent to Life Labs weekly for testing (Wednesday morning) |                 | 2018-08-28     | Cytopathology Laboratory<br>UH Room A3-242<br>UH<br>(519) 685-8500 x 36391/36392<br><br>Clinical history is an important component for diagnostic interpretation<br>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)<br>Human T-cell<br>Leukemia/Lymphoma<br>Virus  | Microbiology<br>(VH)   | 5 mL Gold top<br>or 6 mL Red top<br>Vacutainer tube<br>PUBLIC<br>HEALTH HIV<br>SEROLOGY<br>TEST<br>REQUISITION                                 | Referred<br>weekdays to the<br>Public Health<br>Laboratory |                 | 2010-09-28     |  |
| Human<br>Cytomegalovirus<br>(HCMV) Anti-viral<br>Resistance<br>Genotyping | Virology<br>Laboratory | HCMV positive<br>plasma 5 mL<br>Lavender EDTA<br>Vacutainer tube<br><br>Requisition for<br>Viral STI,<br>Polyoma and<br>Herpesvirus<br>Testing | Referred to<br>National<br>Microbiology Lab                |                 | 2012-12-07     | HCMV Anti-viral<br>Resistance Genotyping<br>is available on HCMV<br>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  | 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 - Transplant</u> )                       |                   |   |   |                 |                |  |
| Human T-cell Leukemia/Lymphoma Virus (see <u>HTLV Serology (HTLV 1 / 2)</u> )              |                   |   |   |                 |                |  |
| 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<br>Thrombophilia Screen | Hemostasis and Thrombosis Laboratory (Victoria Hospital) | <p><b>Adult:</b><br/>5 x 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes<br/><b>and</b> 2 x 4 mL Lavender (EDTA) 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 and</b> one 4 mL Lavender (EDTA) top Vacutainer tube<br/>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<br>Lesch-Nyhan Syndrome                                | Biochemical Genetics | 6 mL Green (Sodium Heparinized) top Vacutainer tube<br>GENERAL LABORATORY REQUISITION | Test must be prearranged before collection by calling the lab at 519-685-8500<br>Specimen Receiving ext. 71561 | See report issued by lab | 2008-06-10     |          |