

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
H. pylori (see <u>Helicobacter Serology</u>)						
H. Pylori Breath Test test only available to Grey Bruce, Owen Sound and St. Mary's, Kitchener C14 Breath test 14C 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

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Haptoglobin, Plasma HPT	Core	<p>Adult: 4.5 mL Green (Lithium Heparin) top Vacutainer or 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 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-<15 days: 0.00-0.12 g/L</p> <p>15 days-<1 year: 0.00-2.38 g/L</p> <p>1-<12 years: 0.00-1.76 g/L</p> <p>12-<19 years: 0.00-1.93 g/L</p> <p>>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 ³ 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 Complete Blood Count)						
Hemoglobin A1c (see Glycated Hemoglobin)						
Hemoglobin A ₂ (see Hemoglobinopathy Screen)						
Hemoglobin Electrophoresis (see Hemoglobinopathy Screen)						
Hemoglobin F (Fetal) (see Hemoglobinopathy Screen)						

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 Pediatric: 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 ₂ Hemoglobin Electrophoresis Hemoglobin H Ferritin Level	Clinical Immunology	Peripheral Blood 4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube 5 mL Red top Vacutainer tube Pediatric: 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	Hb A: 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 Hb F: 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 Hb A2: 2.0-3.3 Hb H: 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	

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 Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling GENERAL LABORATORY REQUISITION	As 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: Hematology Scientist 519-685-8500 x 55402 Pager 17716</p> <p>All test requests, regardless of whether the patient is an adult or pediatric, must be authorized by a Hematologist 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>

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 BIOCHEMICAL GENETICS LAB 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 (UH)	Adult: 5 mL Gold top Vacutainer Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube GENERAL LABORATORY REQUISITION	Monday - Friday 0800 - 1600 h	See report	2007-05-01	Heparinized samples should be avoided as they cause erroneous results. 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 (UH)	<p>Adult: 5 mL Gold top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2007-05-01	<p>Heparinized samples should be avoided as they cause erroneous results.</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 Hepatitis A Antibody IgG)						
Hepatitis anti-HAV IgM (see Hepatitis A Antibody IgM)						
Hepatitis B Antiviral Resistance - HEPBAR	Microbiology (VH)	<p>5 mL Gold top Vacutainer tube (A minimum 1 mL of serum) Please completely fill out this Hepatitis B Antiviral Resistance Requisition</p>	Test referred out to National Microbiology Lab once per week.	See report	2008-02-22	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis B Core Antibody CORE Anti HBc (IgG + IgM)	Core (UH)	<p>Adult: 5 mL Gold top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2007-05-01	
Hepatitis B Core IgM Antibody	Core	<p>Adult: 5 mL Gold top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2- 10 years: 2 mL Gold top tube PUBLIC HEALTH REQUISITION</p>	Referred out Monday-Friday	See report	2007-05-01	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis B Diagnostic Panel	Core (UH)	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube</p> <p>GENERAL LABORATORY REQUISITION</p>	<p>Monday - Friday 0800 - 1600 h</p> <p>Testing will not be performed on weekends or after hours, unless approved by Microbiologist.</p> <p>Positive screening results will be sent to PHL the next working day for confirmation.</p>			
Hepatitis B DNA Viral Load HBV Viral Load	Microbiology (VH)	<p>2 x 5 mL Gold top Vacutainer tube</p> <p>HEPATITIS PCR REQUISITION</p>	<p>Referred out to Toronto Public Health Laboratory</p>		2010-09-28	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis B Surface Antibody AUSAB Australian Antibody Immune Status for Hepatitis B	Core (UH)	<p>Adult: 5 mL Gold top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	Negative = 0 Indeterminate = 1-10 Immune = >10		
Hepatitis B Surface Antigen HBsAg HpBsAg	Core (UH)	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 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	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis Be Antibody	Core (UH)	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube</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>Adult: 5 mL Gold top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2007-05-01	
Hepatitis C Antibody HCV HpCab Anti HCV	Core (UH)	<p>Adult: 5 mL Gold top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800 - 1600 h	See report	2007-05-01	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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		If 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 RNA - Quantitative Quantitative RNA HCV Viral Load - pre- treatment PCR Quantitative	Microbiology	<u>Serum:</u> 2 x 5 mL Gold or 6 mL Red Vacutainer tubes Plasma is also acceptable <u>Plasma:</u> 2 x 4.5 mL Lavender or 6 mL Pink top EDTA tubes HEPATITIS C (HCV) RNA REQUISITION	Referred out to the Toronto Public Health Laboratory		2008-12-22	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis D Antibody	Core (UH)	Adult: 5 mL Gold top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube GENERAL LABORATORY REQUISITION	Referred out Monday-Friday between 0800- 1600 to Public Health Laboratory	See report		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Hepatitis Donor Transplant Screen Donor Screen	Core (UH)	<p>Adult: 5 mL Gold top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Gold top Microtainer 2-10 years: 2 mL Gold top tube</p> <p>GENERAL LABORATORY REQUISITION</p>	As required	See individual tests		<p>Tested only at UH Core Lab.</p> <p>UH only processes TGLN/samples from deceased donors.</p> <p>ALL POSITIVES phoned to Attending physician</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 exposed individual of needle stick injury or exposure to blood/body fluids. (see <u>Needle Stick Injury - Victim</u>)						
Hepatitis/HIV testing on source 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 ^{1,2} . 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 ₂ or K ₃ EDTA Lavender top Vacutainer tube Pediatric: 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)	Microbiology	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 ₂ or K ₃ EDTA Lavender top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Lavender top Microtainer 2-10 years: 3 mL Lavender top tube 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, Plasma/Serum</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 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 Pediatric: 2-10 years: 3 mL Green top tube GENERAL LABORATORY REQUISITION	As required	≤ 14 ng/L	2012-02-01	Please note that the hs-TnT reporting units are ng/L. 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 https://lhsc.omni-assistant.net/lab/Document/DocumentDownloader.aspx?Df_Guid=e595a48b-3d88-4f5d-97ac-07a64fc0fd22
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
HIV - High Risk Obstetrical/High Risk IV Drug User HIV - High Risk Obstetrical Patients High Risk Obstetric Human Immunodeficiency Virus	Core (UH)	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	As needed		2012-11-13	Tested only at UH Core Lab. High Risk Obstetrics: 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. Note: 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 Lavender (EDTA) top Vacutainer tubes HIV Viral Load Requisition	Referred STAT 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>
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	Adult: 5 mL Lavender EDTA top Vacutainer tube Pediatric: 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 - Transplant 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 HIV Antibody	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 exposed individual of needle stick injury or exposure to blood/body fluids. (see <u>Needle Stick Injury - Victim</u>)						
HIV/Hepatitis testing on source of needlestick injury or blood/body fluid exposure. (see <u>Needle Stick Injury - Source</u>)						
HLA Antibody BM/SC Recipient Workup BoneMarrow/StemCell Recipient Antibody Workup	Transplant	1 x 6mL Red top Vacutainer tube-No additives or separator gel. (2mL to 6 mL for paed) TRANSPLANT LABORATORY REQUISITION	As required Monday to Friday except Stat holidays	cPRA 0-100%	2020-08-24	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Antibody Screen PRA (Panel Reactive Antibodies) HLA Monthly Serum	Transplant	6 mL Red top Vacutainer tube - No additives or separator gel 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% Specificity testing: Individual antibodies will be listed in TGLN for patients on the transplant lists. 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. Anti-HLA antibodies indicate potential sensitization to potential organ donors and some blood products. Samples will be stored in the laboratory when received.

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

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Assessment-Non-Renal (for Heart patients)	Transplant	8 x 6mL dark Green (Sodium Heparin) top Vacutainer tubes without gel separator 2 x 4 mL Lavender (EDTA) top Vacutainer tubes 1 x 6mL Red top Vacutainer tube-No additives or separator gel TRANSPLANT LABORATORY REQUISITION	Monday to Friday	cPRAs: 0-100% (HLA Antibody Testing) HLA Typing: see report 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-Renal Recipient (for Kidney, Kidney/Pancreas, Pancreas alone or Liver/Kidney patients)	Transplant	8 x 6mL dark Green (Sodium Heparin) top Vacutainer tubes without gel separator 2 x 4 mL Lavender (EDTA) top Vacutainer tubes 1 x 6mL Red top Vacutainer tube-No additives or separator gel TRANSPLANT LABORATORY REQUISITION	Monday to Friday	cPRAs: 0-100% (HLA Antibody Testing) HLA Typing: see report Autologous Crossmatch: Negative / Borderline / 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	Transplant	2 x 4mL Lavender (EDTA) top Vacutainer tubes TRANSPLANT LABORATORY REQUISITION	As required Monday to Friday except Stat holidays		2020-06-29	

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

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA BoneMarrow/StemCel I Histocompatibility- Recipient BoneMarrow/StemCel I recipient initial HLA Typing	Transplant	4 x 4 mL Lavender (EDTA) top Vacutainer tubes 1 x 6 mL Red top Vacutainer tube - No additives or separator gel Note: Increase collection volumes if leukocyte count is low, smaller volumes apply for paediatric patients. Paediatric Patients: <1 year: 2 mL EDTA + 2 mL clotted 1-10 years: 2 mL EDTA + 6 mL clotted 10-18 (more...)	As required Monday to Friday except Stat holidays	See report	2020-06-29	

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	As required Monday to Friday except Stat 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	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>Paediatric Patients: <1 year: 2 mL EDTA 1-10 years: 2 mL EDTA 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	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>Paediatric Patients: <1 year: 2 mL EDTA 1-10 years: 2 mL EDTA 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 HLA Pharmacogenomics	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>Paediatric Patients: <1 year: 2 mL EDTA 1-10 years: 2 mL EDTA 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	<p>You will be prompted to indicate the antigen and disease of interest when the HLA Disease Association order is selected.</p> <p>Antigen/Allele of InterestDisease Comments A29Birshot/UveitisB27 Ankylosing SpondylitisOrder HLAB27 TestB51BehcetDQ2/D Q8CeliacOrder HLA Celiac InvestigationDQB1*06:02Narcolepsy</p> <p>Antigen/Allele of InterestDisease Comments B*57:01Abacavir HypersensitivityB*15:02Carbamazepine Hypersensitivity(Asians)A*31:01Carbamazepine Hypersensitivity/SJS(Caucasians)B*5 (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Donor Specific Antibody (DSA)	Transplant	6 mL Red top Vacutainer tube - No additives or separator gel TRANSPLANT LABORATORY REQUISITION	Monday to Friday except on Stat holidays	DSA detected or not detected	2020-06-29	<p>This test should only be ordered when following a patient in a London 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 a risk of rejection</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Freeze PBL Freeze Blood	Transplant	Freeze Cells from a patient or donor at times other than pre-op. <u>Donor Requirements:</u> 6 x 6 mL Sodium Heparin (dark green tops, no separator gel) Note: smaller volumes apply for paediatric patients. Contact the Transplant Laboratory for details: 519-663-3320 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 Workup (see <u>HLA Assessment-Liver Recipient</u>)						
HLA Monthly Serum (see <u>HLA Antibody Screen</u>)						
HLA Pharmacogenomics (see <u>HLA Disease Association</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Pre-op Liver Recipient	Transplant	6 mL Red top Vacutainer tube - No additives or separator gel TRANSPLANT LABORATORY REQUISITION	Monday to Friday	<p>cPRAs: 0-100% (HLA Antibody Testing) DSA detected or not detected</p> <p>Antibodies with MFI>5000 reported as unacceptable Only strong (unacceptable) will be used to calculate cPRA SUBJECT TO CHANGE</p> <p>Antibodies with 5000>MFI>1000 will be reported as weak/indeterminate. SUBJECT TO CHANGE</p>	2020-06-29	<p>Patients that are being prepared for a Liver Transplant should have this pre-op test ordered prior to transplant.</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>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Pre-op Recipient	Transplant (UH)	6 mL Red top Vacutainer tube - No additives or separator gel TRANSPLANT LABORATORY 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>	<p>cPRAs: 0-100% (HLA Antibody Testing)</p> <p>DSA detected or not detected</p>	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</p> <p>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>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Serum for Crossmatch LD-Recipient	Transplant	6 mL Red top Vacutainer tube - No additives or separator gel TRANSPLANT LABORATORY REQUISITION	Monday to Friday except on Stat holidays This test should be ordered to be drawn on the same day the final crossmatch against a living donor is to be performed.	Crossmatch Positive or Negative cPRAs: 0-100% (HLA Antibody Testing) DSA detected or not detected	2020-06-29	<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. 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	Transplant	6 mL Red top Vacutainer tube - No additives or separator gel TRANSPLANT LABORATORY REQUISITION	Monday to Friday	Antibodies detected or not detected 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 Anti-HLA antibodies indicate sensitization to potential donors and some blood products

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Transfusion Typing 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>Paediatric Patients: <1 year: 2 mL EDTA 1-10 years: 2 mL EDTA 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) HLA Class I and II Typing	Transplant	2 x 4 mL Lavender (EDTA) top Vacutainer tubes Note: Increase collection volumes if leukocyte count is low, smaller volumes apply for paediatric patients. Paediatric Patients: <1 year: 2 mL EDTA 1-10 years: 2 mL EDTA 10-18 years: 4 mL EDTA 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 Deceased Donor Deceased Donor HLA Typing and Deceased Donor Crossmatch	Transplant	<p><u>Adult Donor</u> blood for a workup involving a kidney or kidney/pancrea s transplant (+/- other organs): 10 x 8.5 mL ACD (Solution A) (yellow tops)* 2 x 4 mL Lavender EDTA top Vacutainer tube</p> <p><u>Adult Donor</u> blood for a workup involving a heart transplant only: 8 x 8.5 ml. ACD (Solution A) (yellow tops)* 1 x 4 mL Lavender EDTA top Va (more...)</p>	As required		2020-06-29	<p>Stat T.A.T: Prospective HLA Typing: 4 to 5 hours from when the technologist is notified and samples are available for testing.</p> <p>Prospective crossmatching: 4 to 6 hours from when the technologist is notified. Crossmatching of imported donors for HSP recipients may take longer since the HLA typing will be confirmed at this time</p> <p>A deceased donor situation must be coordinated by TGLN and/or the local Donor Coordinators/Donor Transplant Specialists.</p> <p>TGLN: 1-877-363-8456</p> <p>Local Donor Coordinators: (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
HLA Workup Living Donor Additional or Final Additional Kidney Living donor Crossmatch Final Kidney Living donor Crossmatch	Transplant	<u>Donor Requirements:</u> 14 x 6mL Sodium Heparin (dark green tops, no separator gel) Note: smaller volumes apply for paediatric patients. Contact the Transplant Laboratory for details: 519-663-3320 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). 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 Initial Kidney Living donor Crossmatch and HLA Typing	Transplant	<p> <u>Donor Requirements:</u> 14 x 6mL Sodium Heparin (dark green tops, no separator gel) 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 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> 6 x 6mL Sodium Heparin (dark green tops, no separator gel)</p> <p>Note: smaller volumes apply for paediatric patients. Contact the Transplant Laboratory for details: 519-663-3320 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 Total Homocysteine	Core (UH)	4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube Note: Specimens not placed on ice immediately may exhibit a 10-20% increase in concentration. GENERAL LABORATORY REQUISITION	Thursdays	AgeReference Interval<13 10 umol/L1-<12 years3 8 umol/L12-<15 years: Female4 10 umol/L12-<15 years: Male5 10 umol/L>=18 years<=14 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. Freeze plasma at -30 degrees Celsius.

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. Random urine testing available for pediatric patients only. GENERAL LABORATORY REQUISITION	Monday Friday 0800-1600	Random Urine (mol/mmol creatinine) 0 - 2 years: ≤ 20.2 2 - 4 years: ≤ 13.6 5 - 9 years: ≤ 9.4 10 - 19 years: ≤ 7.9 > 19 years: ≤ 4.7 24-hour Urine (mol/day) 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. For STAT requests, please call the toxicology lab at ext. 64664 to make arrangements. 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 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) 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, Plasma/Serum</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) must 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.	TEST NO LONGER AVAILABLE		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>Adult: 5 x 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes and 2 x 4 mL Lavender (EDTA) top Vacutainer tubes</p> <p>Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling and 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 BIOCHEMICAL GENETICS LAB 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	