

| Test Name  | Laboratory           | Specimen Type  | Test Schedule | Reference Range   | Effective Date | Comments |
|--|----------------------|--|---------------|---|----------------|----------|
| IC (see <u>Immune Complexes</u> )  |                      |  |               |   |                |          |
| Iduronate-2-Sulfate Sulfatase, Leukocytes/Plasma/Fibroblasts<br>MPSII<br>Hunter Syndrome       | Biochemical Genetics | <p><b>1.</b> 2 x 6 mL Dark Green (Sodium Heparinized) top Vacutainer</p> <p><b>2.</b> 4.5 mL Green (Lithium Heparin) top Vacutainer tube</p> <p><b>3.</b> Fibroblasts</p> <p><b>1. &amp; 2.</b><br/>GENERAL LABORATORY REQUISITION</p> <p><b>3.</b><br/>BIOCHEMICAL GENETICS LAB REQUISITION</p> | As required   | <p>Leukocyte:<br/>30-53 nmol/mg protein/4 hr.</p> <p>Plasma:<br/>167-475 nmol/ml plasma/4 hr.</p> <p>Fibroblast:<br/>31-110 nmol/mg protein/4 hr.</p> | 2008-06-10     |          |
| IFE (see <u>Immunofixation Electrophoresis, Serum, Immunofixation Electrophoresis, Urine</u> ) |                      |  |               |   |                |          |
| IFE Serum (see <u>Immunofixation Electrophoresis, Serum</u> )                                  |                      |  |               |   |                |          |
| IFES (see <u>Immunofixation Electrophoresis, Serum</u> )                                       |                      |  |               |   |                |          |
| IFEU24 (see <u>Immunofixation Electrophoresis, Urine</u> )                                     |                      |  |               |   |                |          |
| IFEUR (see <u>Immunofixation Electrophoresis, Urine</u> )                                      |                      |  |               |   |                |          |

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| IgA (see <u>Immunoglobulin A, Plasma/Serum</u> )      |            |               |               |                 |                |          |
| IgD (see <u>Immunoglobulin D, Serum- IgD</u> )        |            |               |               |                 |                |          |
| IgE, Total (see <u>Immunoglobulin E, Serum</u> )      |            |               |               |                 |                |          |
| IGF-1 (see <u>Insulin-Like Growth Factor, Serum</u> ) |            |               |               |                 |                |          |
|   |            |               |               |                 |                |          |

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| IGFBP3, Serum<br>Insulin-Like Growth<br>Factor Binding Protein<br>3 | Core       | 6 mL Red top<br>Vacutainer tube<br>Gold or Light<br>Green (heparin)<br>top tubes are<br>also<br>acceptable.<br>GENERAL<br>LABORATORY<br>REQUISITION | Referred out<br>Monday-<br>Thursday | 2 months 5<br>years: 0.7 5.2<br>mg/L<br>6 8 years: 1.3<br>6.5 mg/L<br>9 11 years: 1.8<br>8.4 mg/L<br>12 13 years: 2.7<br>9.5 mg/L<br>14 16 years: 3.3<br>10.0 mg/L<br>17 19 years: 2.9<br>8.7 mg/L<br>20 39 years: 2.9<br>7.8 mg/L<br>40 49 years: 3.3<br>6.7 mg/L<br>50 70 years: 3.0<br>6.9 mg/L<br>≥70 years: 2.2<br>5.7 mg/L<br><br><u>Reference<br/>Intervals Based<br/>on Tanner Stage:</u><br>Male:<br>Tanner stage 1:<br>1.4 5.2 mg/L<br>Tanner stage 2:<br>2.3 6.3 mg/L (more...) | 2012-06-04     | Test is available ONLY<br>to Endocrinologists<br>from London Health<br>Sciences Centre and<br>St. Joseph's Health<br>Care. Requests from<br>all other physicians<br>within LHSC/SJHC<br>must have biochemist<br>approval.<br><b>Note:</b> Specimens from<br>outside LHSC/SJHC<br>will be accepted. |

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| IGFI (see <u>Insulin-Like Growth Factor, Serum</u> )                              |            |               |               |                 |                |          |
| IgG (see <u>Immunoglobulin G, Plasma/Serum</u> )                                  |            |               |               |                 |                |          |
| IgG Antibodies to double stranded DNA (see <u>Anti double stranded DNA, IgG</u> ) |            |               |               |                 |                |          |
| IgG fractionation (see <u>IgG Subclasses, Serum/Plasma</u> )                      |            |               |               |                 |                |          |
|   |            |               |               |                 |                |          |

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| IgG Subclasses, Serum/Plasma<br>IgG fractionation<br>IgG subtypes<br>IgG subsets<br>IgG1<br>IgG2<br>IgG3<br>IgG4 | Clinical Immunology | <p><b>Adult:</b><br/>5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Red or Gold top Microtainer<br/>2-10 years: 3 mL Red top Vacutainer tube</p> <p>Light Green (Li-Heparin) or Lavender (EDTA) top tubes are also acceptable<br/>GENERAL LABORATORY REQUISITION</p> | Monday Friday<br>0800-1600 | <p><b>Subclass IgG1 g/L:</b></p> <p>0-&lt;2 years: 1.94-8.42<br/>2-&lt;4 years: 3.15-9.45<br/>4-&lt;6 years: 3.06-9.45<br/>6-&lt;8 years: 2.88-9.18<br/>8-&lt;10 years: 4.32-10.20<br/>10-&lt;12 years: 4.23-10.60<br/>12-&lt;14 years: 3.42-11.50<br/>14-&lt;18 years: 3.15-8.55<br/>≥18 years: 3.82-9.29</p> <p><b>Subclass IgG2 g/L:</b></p> <p>0-&lt;2 years: 0.23-3.00<br/>2-&lt;4 years: 0.36-2.25<br/>4-&lt;6 ye (more...)</p> | 2009-05-13     | IgG subclass testing includes IgG1, IgG2, IgG3 and IgG4 as reported values. |

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| IgG subsets (see <u>IgG Subclasses, Serum/Plasma</u> )                          |            |               |               |                 |                |          |
| IgG subtypes (see <u>IgG Subclasses, Serum/Plasma</u> )                         |            |               |               |                 |                |          |
| IgG/Alb CSF/Serum Ratio (see <u>CSF Index</u> )                                 |            |               |               |                 |                |          |
| IgG1 (see <u>IgG Subclasses, Serum/Plasma</u> )                                 |            |               |               |                 |                |          |
| IgG2 (see <u>IgG Subclasses, Serum/Plasma</u> )                                 |            |               |               |                 |                |          |
| IgG3 (see <u>IgG Subclasses, Serum/Plasma</u> )                                 |            |               |               |                 |                |          |
| IgG4 (see <u>IgG Subclasses, Serum/Plasma</u> )                                 |            |               |               |                 |                |          |
| IgM (see <u>Immunoglobulin M, Plasma/Serum</u> )                                |            |               |               |                 |                |          |
| IgM antibodies to AGM1 (see <u>Anti GM1, IgM serum</u> )                        |            |               |               |                 |                |          |
| IgM antibodies to Asialo GM1 (see <u>Anti GA1 IgM, Serum</u> )                  |            |               |               |                 |                |          |
| IgM antibodies to Ganglioside Monosialic Acid (see <u>Anti GM1, IgM serum</u> ) |            |               |               |                 |                |          |
| IgM vs Asialo-GM1 (GA1) (see <u>Anti GA1 IgM, Serum</u> )                       |            |               |               |                 |                |          |
| IgM vs GA1 (see <u>Anti GA1 IgM, Serum</u> )                                    |            |               |               |                 |                |          |
|   |            |               |               |                 |                |          |

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| Image-Guided Fine Needle Aspirate<br>Cytology<br>Aspiration Biopsy<br>Bone<br>Breast<br>Kidney<br>Liver<br>Lung<br>Lymph Node<br>Pancreas<br>Salivary Gland<br>Soft Tissue<br>Thyroid<br>Other FNA | Cytopathology-UH | <b>Non-Gynaecologica<br/>           I: Aspiration<br/>           Biopsy</b><br><br>Orange top routine specimen container containing 30 mL Cytolyt solution/specimen material<br>CYTOPATHOLOGY<br>REQUISITION-NON-GYNAECOLOGICAL AREA | Weekdays      |                 | 2005-08-01     | If there is a clinical suspicion of <b>lymphoma</b> , a portion of the first and second pass should be submitted for Flow Cytometry in an appropriate fixative.<br><br>Cytopathology Laboratory<br>Room A3-242<br>UH<br>(519) 685-8500 x 36391/36392<br><br>Pager Numbers:<br>Cytology SJHC - 10498<br>Cytology Victoria - 17227<br><br>Clinical history is an important component for diagnostic interpretation. |

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| Imipramine, Serum/Plasma<br>Tofranil | Core       | 6 mL Red top Vacutainer tube<br>or 4 mL Lavender (EDTA) Vacutainer tube<br><br>Avoid gel-separator tubes<br>GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | Imipramine + Desipramine:<br>640-1080 nmol/L | 2005-07-01     |          |



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|---|---------------------|---|--------------------------------------|---------------------|----------------|---|
| Immune Complexes<br>Circulating immune complexes<br>IC<br>CIC | Clinical Immunology | 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube or EDTA plasma<br><br><b>Pediatric:</b><br>0-2 years: 0.5 mL Red Microtainer<br>2-10 years: 2 mL Red top tube<br>GENERAL LABORATORY REQUISITION | Batch Analysis once/20 business days | Negative: ≤19 RU/mL | 2010-01-11     | This assay DOES NOT quantitate C1q protein.<br><br>Results higher than top standard will be reported as >200 RU/mL.<br><br>CIC as measured by C1q binding are found sporadically in the normal population as a result of infection and can also be elevated after eating. Results from different technologies, methodologies and manufacturers kits may vary widely due to differences in standardization.<br><br>CIC testing is used to aid diagnosis only. CIC results are not diagnostic proof of the presence of absence of disease. Review the results in conj (more...) |

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| Immune Status for Hepatitis B (see <u>Hepatitis B Surface Antibody</u> )                |                        |  |                              |                            |                |  |
| Immunofixation<br>Electrophoresis,<br>Serum<br>IFE<br>IFE Serum<br>IFES<br>Light Chains | Clinical<br>Immunology | 5 mL Gold top<br>Vacutainer tube<br><br>Light Green<br>(Li-Heparin) or<br>Lavender<br>(EDTA) top<br>tubes are <b>NOT</b><br>acceptable<br>GENERAL<br>LABORATORY<br>REQUISITION | Monday - Friday<br>0800-1600 | Interpretative<br>analysis | 2009-02-27     | <p>Protein electrophoresis (PEL) is always performed first. The PEL result will determine if IFE is performed. IFE is performed when an abnormal globulin band is detected on PEL that has not been identified previously by IFE. If the band has been identified previously by IFE and the PEL pattern has not changed significantly, the IFE will not be repeated for <math>\geq 4</math> years.</p> <p>IFE uses specific antisera to identify monoclonal immunoglobulins.</p> |

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| Immunofixation<br>Electrophoresis, Urine<br>IFE<br>IFEUR<br>IFEU24<br>Light Chains<br>Bence Jones Protein | Clinical<br>Immunology | 24-hour urine or<br>random urine<br>A 24-hour urine<br>collection is the<br>preferred<br>specimen for<br>analysis of<br>Bence Jones<br>protein (free<br>light chains). If<br>a 24-hour urine<br>is not available,<br>the first voided<br>morning<br>specimen is<br>recommended.<br>GENERAL<br>LABORATORY<br>REQUISITION | Monday - Friday<br>0800-1600 | Interpretative<br>analysis | 2009-08-19     | <p>Protein electrophoresis (PEL) is always performed first (unless the total protein concentration in the urine sample is &lt; 0.06 g/L, in which case IFE will be performed directly). The PEL result will determine if IFE is performed. IFE is performed when an abnormal globulin band is detected on PEL that has not been identified previously by IFE. If the band has been identified previously by IFE and the PEL pattern has not changed significantly, the IFE will not be repeated for <math>\geq 4</math> years.</p> <p>IFE uses specific antisera to identify monoclonal immunoglobulins.</p> |

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| Immunoglobulin A, Plasma/Serum IgA | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top Vacutainer tube (5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube are also acceptable)</p> <p><b>Pediatric:</b><br/>0-2 years: Red 0.5 mL Microtainer<br/>2-10 years: 2 mL Red top tube</p> <p>GENERAL LABORATORY REQUISITION</p> | Daily         | <p>&lt;1 year: 0.0-0.1 g/L<br/>1-&lt;3 years: 0.0-0.8 g/L<br/>3-&lt;6 years: 0.1-1.4 g/L<br/>6-&lt;14 years: 0.3-2.2 g/L<br/>14-&lt;19years: 0.4-2.9 g/L<br/>Adult: 0.7-4.0 g/L</p> | 2010-01-11     | Serum IgG, IgA, and IgM are tested simultaneously as a group. |

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| Immunoglobulin D, Serum- IgD<br>IgD  | Core       | 5 mL Gold top Vacutainer tube<br><br><b>Pediatric:</b><br>0-2 years: 0.5 mL Red top Microtainer<br>2-10 years: 2 mL Red top tube<br>GENERAL LABORATORY REQUISITION | Referred out Thursdays as required | 7.7-132.1 mg/L  | 2010-03-12     |          |
| Immunoglobulin E, Allergen Specific (see <u>Allergen Specific IgE, Serum</u> ) |            |  |                                    |                 |                |          |
|  |            |  |                                    |                 |                |          |

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|---------------------------------------|------------|--|-------------------------------------|---|----------------|---|
| Immunoglobulin E, Serum<br>IgE, Total | Core       | 5 mL Gold top Vacutainer tube<br>or 6 mL Red top Vacutainer tube<br><br>Plasma is also acceptable.<br>Green Vacutainer (Li Heparin)<br><br><b>Pediatric:</b><br>0-2 years: 0.5 mL Red top Microtainer<br>2-10 years: 2 mL Red top tube<br>GENERAL LABORATORY REQUISITION | Batch analysis, performed Thursdays | 0 1 year: ≤15 kU/L<br>1 6 years: ≤60 kU/L<br>6 10 years: ≤90 kU/L<br>10 16 years: ≤200 kU/L<br>>16 years: ≤100 kU/L | 2010-01-11     | Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration. |

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| Immunoglobulin G, Plasma/Serum IgG | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top Vacutainer tube (5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube are also acceptable)</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Red top Microtainer<br/>2-10 years: 2 mL Red top tube<br/>GENERAL LABORATORY REQUISITION</p> | Daily         | <p>0-&lt;15 days: 3.2-12.1 g/L<br/>15 days-&lt;1 year: 1.5-6.3 g/L<br/>1-&lt;4 years: 3.2-9.9 g/L<br/>4-&lt;10 years: 5.0-11.7 g/L<br/>10-&lt;19 years: 6.0-13.1 g/L<br/>Adult: 7.0-16.0 g/L</p> | 2010-01-11     | Serum IgG, IgA, and IgM are tested simultaneously as a group. |

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| Immunoglobulin G,CSF<br>CSF IgG<br>CSFI | Core       | <p><b>Adult:</b><br/>           1.0 mL of CSF and a 5 mL Gold or 6 ml Red top Vacutainer</p> <p>Serum from a 4.5 ml Green (Lithium Heparin) is also acceptable.</p> <p><b>Pediatric:</b><br/>           0-2 years: 0.5 mL Gold or Red Microtainer<br/>           2-10 years: 3 mL Gold or Red Vacutainer tube</p> <p>GENERAL LABORATORY REQUISITION</p> | Daily         | 10-30 mg/L      | 2010-01-11     |          |



| Test Name   | Laboratory | Specimen Type   | Test Schedule | Reference Range  | Effective Date | Comments  |
|---|------------|---|---------------|--|----------------|---|
| Immunoglobulin M, Plasma/Serum IgM  | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green Vacutainer tube or 4 mL Lavender top tube (5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube are also acceptable)</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Red Microtainer<br/>2-10 years: 2 mL Red top tube<br/>GENERAL LABORATORY REQUISITION</p> | Daily         | <p>0-&lt;15 days: 0.0-0.3 g/L<br/>15 days-&lt;13 weeks: 0.1-0.7 g/L<br/>13 weeks-&lt;1 year: 0.1-0.8 g/L</p> <p>1-&lt;19 years:<br/>0.5-1.8 g/L (Female)<br/>1-&lt;19 years:<br/>0.4-1.4 g/L (Male)<br/>Adult: 0.4-2.3 g/L</p> | 2010-01-11     | Serum IgG, IgA, and IgM are tested simultaneously as a group. |
| Immunoreactive trypsin (see <u>Trypsin/Trypsinogen, Serum</u> )                                 |            |   |               |  |                |   |
| Immunoreactive trypsinogen (see <u>Trypsin/Trypsinogen, Serum</u> )                             |            |   |               |  |                |   |
| Infectious Mononucleosis (see <u>Epstein Barr Virus Serology, Heterophile Antibody Screen</u> ) |            |   |               |  |                |   |
| Influenza Virus (see <u>Respiratory Virus Panel (RPCR)</u> )                                    |            |   |               |  |                |   |

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| Influenza Virus Serology-Test not available<br>Virus Culture (recommended method of testing for Influenza)                                       | Test not available (Various) | Blood-5 mL<br>Gold or 6 mL<br>Red top<br>Vacutainer tube |               |                 |                |          |
| Initial Kidney Living donor Crossmatch and HLA Typing (see <a href="#">HLA Workup Living Donor Initial</a> )                                     |                              |  |               |                 |                |          |
| Inorganic Phosphate (see <a href="#">Phosphate, 24-Hour Urine</a> , <a href="#">Phosphate, Plasma</a> , <a href="#">Phosphate,Urine-Random</a> ) |                              |  |               |                 |                |          |
| Inorganic Phosphate (fluid) (see <a href="#">Phosphate,Fluid</a> )   |                              |  |               |                 |                |          |
| Inorganic Phosphorus, PO4 (see <a href="#">Phosphate, Plasma</a> )   |                              |  |               |                 |                |          |
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| INR<br>International<br>Normalized Ratio<br>PT<br>Prothrombin Time | Core       | 2.7 mL Blue<br>(3.2% Sodium<br>Citrate) top<br>Vacutainer<br><br><b>Pediatric:</b><br>0 months-10<br>years: 1.8 or 1<br>mL Blue top<br>(3.2% Sodium<br>Citrate) tube<br>GENERAL<br>LABORATORY<br>REQUISITION | As required   | Age/Range:<br>< 5 days:<br>0.9-1.6<br>5 days-Adult:<br>0.9-1.1 | 2011-01-14     | <p><b>PT results will not be released on patients. For the INR based Maddrey Score please use the following link:</b></p> <p>Maddrey Score. This score is based on ISI and PT control values. Please use current ISI of 1.1 and PT control of 11.7 seconds. These values will be updated when necessary. Use MELD score as alternative.</p> <p>INR: <math>\geq 4.5</math><br/>           Detects abnormalities in the extrinsic pathway. Increased in liver disease, Vitamin K deficiency, obstructive jaundice and hemorrhagic disease of the newborn.</p> |

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| Insulin Antibodies, Serum<br>Anti Insulin | Core       | 5 mL Gold top Vacutainer tube<br>GENERAL LABORATORY REQUISITION<br>(if approved, a hard copy of the requisition is required)   | Referred out Monday-Thursday  | Less than 0.4 kU/L | 2015-11-26     |   |
| Insulin, Serum                            | Core       | <b>Adult:</b><br>5 mL Gold top Vacutainer tube<br><br><b>Pediatric:</b><br>0-2 years: 0.5 mL Red or Gold top Microtainer<br>2-10 years: 3 mL Red top Vacutainer tube<br><br>Light Green (Li-Heparin) or Lavender (EDTA) top tubes are <b>NOT</b> recommended<br>GENERAL LABORATORY REQUISITION | Batched, tested on Wednesdays | 18 - 173 pmol/L    | 2018-03-06     | Biotin may interfere with this test. Samples should not be taken from patients receiving high biotin doses (i.e. > 5 mg/day) until at least 8 hours after the last biotin administration. |

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Insulin-Like Growth Factor Binding Protein 3 (see IGFBP3, Serum)

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| Insulin-Like Growth Factor, Serum<br>Somatomedin C<br>IGFI<br>IGF-1 | Endocrinology | <p><b>Adult:</b><br/>           5 mL Gold or Red top Vacutainer tube</p> <p><b>Pediatric:</b><br/>           0-2 years: 2 x 0.5 mL Red or Gold top Microtainers<br/>           2-10 years: 3 mL Red top Vacutainer tube</p> <p>Light Green (Li-Heparin) or Lavender (EDTA) top tubes are <b>NOT</b> acceptable<br/> <b>GENERAL LABORATORY REQUISITION</b></p> | Monday- Friday<br>0800-1600 | Age (years)<br>Male (g/L)<br>Female (g/L)<br>11-100<br>(more...) | 2014-11-17     |          |

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| Intact Parathyroid Hormone (see <u>Parathyroid Hormone, Plasma</u> )   |                     |  |  |                 |                |          |
| Intact PTH (see <u>Parathyroid Hormone, Plasma</u> )   |                     |  |  |                 |                |          |
| Integrated Prenatal Screen (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u> ) |                     |  |  |                 |                |          |
| International Normalized Ratio (see <u>INR</u> )   |                     |  |  |                 |                |          |
| Intra-operative consultation<br>Frozen Section   | Pathology           | Specimens are always STAT, fresh and unfixed<br>PowerChart: E-order choosing appropriate specimen. See Identification of Clinical Specimens. | Monday - Friday 0800-1800<br><br>After hours, page the Anatomical Pathologist or Resident, Neuropathologist or Resident. | See report      |                |          |
| Intrinsic Factor Antibodies, Serum<br>Anti Intrinsic Factor  | Core (all campuses) | 6 mL Red or 5 mL Gold top<br>Vacutainer tube<br>GENERAL LABORATORY REQUISITION   | Referred out<br>Monday-Thursday  | Negative        | 2000-09-11     |          |
|  |                     |  |  |                 |                |          |

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| Iodine, Urine:<br>Random or 24-Hour   | Core       | 24 hour urine collected in an <b>unused</b> 24-hour urine container or random urine<br>GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | 24-Hour urine:<br>0.79-3.62 umol/d,<br>Conversion factor ug/d x 0.0079<br><br>Random urine:<br>0.33-2.76 umol/L,<br>conversion factor ug/dL x 0.0788 |                |          |
| Iodine, Plasma  | Core       | 6 mL K2-EDTA Royal Blue Vacutainer tube<br><br>GENERAL LABORATORY REQUISITION   | Referred out Monday-Thursday | 0.24-0.63 µmol/L<br><br>Conversion factor ug/dL x 0.0788   |                |          |
| Ionized Calcium (see <u>Calcium-Ionized, Whole blood</u> )                                    |            |   |                              |  |                |          |
| IPS (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u> ) |            |   |                              |  |                |          |
| Iron Binding Capacity Saturation (see <u>Unsaturated Iron Binding Capacity</u> )              |            |   |                              |  |                |          |
| Iron Overload (see <u>Unsaturated Iron Binding Capacity</u> )                                 |            |   |                              |  |                |          |
| Iron Overload Screen (see <u>Transferrin Saturation</u> )                                     |            |   |                              |  |                |          |
|   |            |   |                              |  |                |          |



| Test Name   | Laboratory     | Specimen Type   | Test Schedule    | Reference Range   | Effective Date | Comments   |
|-------------|----------------|---|------------------|---|----------------|--|
| Iron, Urine | Trace Elements | 24 hour urine collected in an <b>unused</b> 24 hour urine container or random urine<br>TRACE ELEMENTS REQUISITION | Batched analysis | <u>SI Units:</u><br><br>Random Urine:<br>0.02-0.24 µmol/L<br><br>µmol/mol creatinine<br>AgeFe maleMale0-112.0-28.42.0-27.112-191.3-17.31.3-16.820-291.5-19.51.1-14.930-391.8-23.61.3-17.440-492.1-28.01.4-18.350-592.5-33.11.6-21.160-692.5-32.61.7-22.170-792.6-34.01.8-23.8≥803.1-41.82.0-27.1<br><br>24 Hour Urine:<br>0.05-0.36 µmol/d<br><br><u>Conventional Units:</u><br>(more...) |                | Reference Ranges are based on Non-Occupationally exposed population.<br><br>Find Interpretive Comment and Clinical Information here: |

| Test Name    | Laboratory   | Specimen Type  | Test Schedule | Reference Range                                | Effective Date | Comments  |
|--------------|--------------|--|---------------|--|----------------|---|
| Iron, Plasma | Core UH & VH | 4.5 mL Green top Vacutainer<br><b>Pediatric:</b><br>0-2 years: 0.6 mL Green Microtainer<br>2-10 years: 3 mL Green top tube<br>GENERAL LABORATORY REQUISITION | As required   | Male:<br>8-29 µmol/L<br>Female:<br>7-26 µmol/L | 2008-11-15     | <p>Plasma samples containing RBC hemolysate may have slightly increased iron values.</p> <p>Useful in confirming the diagnosis of iron-deficiency anemia or hemochromatosis.</p> <p>Assessment of patients with acute iron poisoning. Serum ferritin is the preferred method for assessing iron stores.</p> <p>The concentration of iron in serum/plasma is dependent on the diet and is subject to circadian variations. Values are higher in A.M.</p> <p>Increased levels found with liver damage, hemolytic anemia, pernicious anemia, hemochromat (more...)</p> |

| Test Name  | Laboratory     | Specimen Type  | Test Schedule    | Reference Range  | Effective Date | Comments  |
|--|----------------|--|------------------|--|----------------|---|
| Iron, Tissue   | Trace Elements | Fresh or frozen tissue is acceptable<br>TRACE ELEMENTS REQUISITION | Batched analysis | <b>Liver:</b><br>3.6-35.8 $\mu$ mol/g<br><br>** Reference range is tissue dependent. |                | Reference Ranges are based on Non-Occupationally exposed population.<br><br>Find Interpretive Comment and Clinical Information here:<br><br>Gold standard for diagnosis of haemochromatosis-liver biopsy. |
| Islet Cell Antibodies (see <u>Anti Islet Cell Antibodies, Serum</u> )          |                |  |                  |  |                |   |
| Isopropanol (see <u>Alcohol Fractionation (by Gas Liquid Chromatography)</u> ) |                |  |                  |  |                |   |