

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
M. faeni (see <u>Farmer's Lung Precipitins</u> )						
Macroprolactin, Serum	Core	5 mL Gold top or 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	As required	<u>Prolactin</u>  Female: Less than 25 ug/L Male: Less than 18 ug/L  <u>Macroprolactin</u>  Normal: Less than 0.200 ug/L Borderline: 0.20 - 0.400 ug/L Abnormal: Greater than 0.400 ug/L	2014-07-03	Referred out Tuesday - Thursday  Assay includes Prolactin.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Magnesium for Trace Elements, Urine Trace Elements Magnesium, Urine	Trace Elements	24 hour urine collected in an <b>unused</b> 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u>  Random Urine: 0.6-4.9 mmol/L mmol/mol creatinine Age Female 0-1170-58770-56012-1945-35743-34720-2951-40439-30830-3961-48845-36040-4973-58047-37950-5986-68555-43660-6984-67657-45770-7988-70562-493>80108-86570-560  24 Hour Urine: 1.0-7.0 mmol/d  <u>Conventional Units:</u>  Random Urine: (more...)	2011-01-24	Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Magnesium, 24-Hour Urine	Core	24 hour urine collected in 24 hour urine container GENERAL LABORATORY REQUISITION	Monday - Friday	<b>24 hour urine:</b> 2.50-8.50 mmol/24h	2011-01-24	<p>Reference Ranges are based on Non-Occupationally exposed population.</p> <p>Useful to confirm suspected urinary magnesium loss, evaluate magnesium metabolism, abnormal serum magnesium concentrations, electrolyte status and in the workup of nephrolithiasis.</p> <p>Urinary excretion of magnesium is diet dependent.</p> <p><b>Low urine magnesium:</b> In states of hypomagnesaemia decreased urinary magnesium indicates a non-renal cause: decreased dietary magnesium (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Magnesium, Erythrocytes	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 1.65-2.52 mmol/L  Conventional Units: 40.1-61.2 mg/L		Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Magnesium,Plasma	Core	<p>4.5 mL Green (Lithium Heparin) top Vacutainer tube</p> <p><b>Pediatric:</b>  0-2 yrs: Green top Microtainer (BD 365985)  2-10 yrs: 2 mL Green top Vacutainer</p> <p>GENERAL LABORATORY REQUISITION</p>	As required.	0.65-1.05 mmol/L	2008-11-15	<p>Reference Ranges are based on Non-Occupationally exposed population.</p> <p>Low: &lt;0.5 mmol/L;  High: &gt;2.00 mmol/L to be phoned to Nurse or Physician immediately</p> <p>Useful in the diagnosis of hypomagnesaemia as the cause of unexplained cardiac arrhythmias, tetany, neuromuscular disorders, and refractory hypocalcaemia/hypokal aemia.</p> <p>Useful to monitoring magnesium sulphate during anticonvulsant therapy (especially in pre-eclampsia) or therapy causing renal magnesium loss (e.g. cisplatinum).  (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Magnesium, Whole Blood	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 1.31-1.81 mmol/L  Conventional Units: 31.8-44.0 mg/L	2014-11-17	Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:
Major Estrogen (see <u>Estradiol, Plasma/Serum</u> )						
Malaria Prep (see <u>Malaria Screen</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Malaria Screen Malaria Prep Malarial Parasites	Core	4 mL K <sub>2</sub> or K <sub>3</sub> EDTA Lavender top Vacutainer tube  <b>Pediatric:</b> 0-2 yrs: 0.5 mL Lavender pk. 2-10 yrs: 3 mL Lavender top GENERAL LABORATORY REQUISITION	As required	No malarial parasites seen on thick and thin films.	2011-01-14	The screening panel consists of a rapid malaria screening test, examination of a routine blood film and reporting of parasitemia level. Positive ( $\geq 0.050$ SI (5.0 %)) Malarial parasites may be seen in the blood at certain stages of development. If positive, the level of parasitemia will be reported initially. Speciation by morphological examination is performed on Gurr's- Giemsa stained thick and thin films. Thick and thin films must be prepared within 1 hour of sample collection.  Thin films are fixed in 100% methanol.
Malarial Parasites (see <u>Malaria Screen</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Manganese, Erythrocytes	Trace Elements	Reference number 368381- HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 171-697 nmol/L  Conventional Units: 9.4-38.3 µg/L		Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Manganese,Plasma	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart):  0-12 months:7.3-50.2 nmol/L 1-5 years:14.9-67.0 nmol/L 6-9 years:5.3-40.8 nmol/L 10-13 years:7.6-36.4 nmol/L ≥14 years:8.0-20.7 nmol/L  Conventional Units: 0-12 months:0.40-2.76 µg/L 1-5 years:0.82-3.68 µg/L 6-9 years:0.29-2.24 µg/L 10-13 years:0.42-2.00 µg/L ≥14 years:0.44-1.14 µg/L (more...)	2010-08-26	Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Manganese,Urine	Trace Elements	24 hour urine collected in an <b>unused</b> 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u>  Random Urine: 1.3-9.1 nmol/L µmol/mol creatinineAgeFe maleMale0- 110.14-1.080.14- 1.0312-190.09- 0.660.09-0.6420- 290.10-0.750.08- 0.5730-390.13- 0.900.09-0.6640- 490.15-1.070.10- 0.7050-590.18- 1.260.11-0.8160- 690.17-1.250.12- 0.8470-790.18- 1.300.13-0.91≥ 800.22-1.600.14- 1.03  24 Hour Urine: 1.8-14.6 nmol/d  <u>Conventional</u> <u>Units:</u>  Random Urine: (more...)		Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Manganese, Whole Blood	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 98-355 nmol/L  Conventional Units: 5.4-19.5 µg/L		Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:
Maprotiline, Serum Ludiomil	Core	2 x 5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	As required	180 -720 nmol/L	2005-07-01	Referred out Monday - Thursday Toxic: Greater than 2900 nmol/L

Maroteaux-Lary Syndrome (see Aryl Sulfatase B, Leukocytes/Fibroblasts)

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks) Enhanced First Trimester Screen eFTS MSS Integrated Prenatal Screen IPS Triple Marker Triple Screen Down Syndrome Screen Alphafetoprotein (Pregnancy) Open Neural Tube Defect (ONTD) Open Spina Bifida (OSB)	Core	5 mL Gold top Vacutainer tube preferred  6 mL Red top Vacutainer is also accepted  <b>Light Green top tubes (Litheparin) or Lavender top tubes (EDTA) are not acceptable</b> North York General Hospital Prenatal Screening Requisition Form	Referred out Monday-Friday	Not available. Result depends on clinical information.	2009-02-12	The NYGH MSS laboratory will fax results directly to the ordering provider and any other health care providers, as requested on the prenatal screening requisition form.  Risks generated are dependent on accuracy and completeness of clinical information provided on the prenatal screening requisition form.  Once the blood has clotted and been centrifuged, transfer a minimum of 2 mL of serum to a labelled plastic transport tube.
Maximal Inspired and Expired Pressures (see <u>Mips and Meps</u> )						
MCAD (see <u>Medium Chain Acyl CoA Dehydrogenase Deficiency(MCAD)</u> )						
MDMA (see <u>Amphetamine Screen,Urine</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mean Cell Volume (MCV) (see <u>Complete Blood Count</u> )						
Measles Serology - Measles IgG/IgM Rubeola Virus Serology	Virology Laboratory	5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Lab	See report	2006-07-01	
MECP2 (see <u>Rett Syndrome</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Medium Chain Acyl CoA Dehydrogenase Deficiency(MCAD) ACADM MCAD	Molecular Diagnostics	Whole blood-2 x 4 mL Lavender EDTA top Vacutainer tube REQUISITION FOR DNA TESTING- MOLECULAR GENETICS LABORATORY			2018-11-02	Full ACADM gene sequencing and del/dup analysis.  Medium chain acyl CoA dehydrogenase (ACADM, a.k.a. MCAD) deficiency is a recessive trait associated with defective oxidation of fatty acids which may have serious clinical sequelae. In the Ontario population approximately 90% (PMID:20434380) of alleles associated with ACADM (MCAD) deficiency have a single A>G mutation at nucleotide #985. Thus approximately 81% of clinically affected members of this population would be expected to be homozygous for the 985A>G mutation, 18% would be com (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
MELAS (see <u>Mitochondrial Genome Sequencing and Depletions/Integrity Pane</u> )						
Mellaril (see <u>Thioridazine, Serum - Quantitation</u> )						
MEN 1 (see <u>Multiple Endocrine Neoplasia: Type 1</u> )						
Mercury, Erythrocytes	Trace Elements	Reference number 368381- HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.0-31.2 nmol/L  Conventional Units: 0.00-6.25 µg/L		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mercury,Urine	Trace Elements	24 hour urine collected in an <b>unused</b> 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u>  Random Urine: 0-15.0 nmol/L µmol/mol creatinineAgeFe maleMale0-110- 1.780-1.7012- 190-1.080- 1.0520-290- 1.230-0.9430- 390-1.480- 1.0940-490- 1.760-1.1550- 590-2.080- 1.3260-690- 2.050-1.3970- 790-2.140-1.50≥ 800-2.630-1.70  24 Hour Urine: 0-20.0 nmol/d  <u>Conventional Units:</u>  Random Urine: 0-3.0 µg/L (more...)		Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mercury,Whole blood	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	<p><u>SI Units</u> (Reported on Patient Chart): <b>Reference Range</b> 0 -16 years:0.0-8.6 nmol/L≥17 years:0.0-18.4 nmol/L<b>Alert Value:</b>All age ranges&gt;50 nmol/L<b>Action Value:</b>All age ranges&gt;200 nmol/L</p> <p><u>Conventional Units:</u> <b>Reference Range</b> 0 -16 years: 0.00-1.72 µg/L≥17 years: 0-3.70 µg/L<b>Alert Value:</b>All age ranges&gt;10 µg/L <b>Action Value:</b> All age (more...)</p>		<p>Reference Ranges are based on Non-Occupationally exposed population.</p> <p>Find Interpretive Comment and Clinical Information here:</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
MERF (see <u>Mitochondrial Genome Sequencing and Depletions/Integrity Pane</u> )						
Metachromatic Leukodystrophy (see <u>Aryl Sulfatase A, Leukocyte/Fibroblasts/Urine, Sulfatides, Urine</u> )						
Metadol (see <u>Methadone,Urine Qualitative</u> )						
Metanephrine (see <u>Metanephrines, Plasma, Metanephrines, Urine</u> )						
Metanephrines, Plasma Plasma metanephrines Fractionated metanephrines Metanephrine Normetanephrine 3-methoxytyramine	Core	<b>Adult:</b> 4 mL Lavender top (EDTA) Vacutainer tube  <b>Pediatric:</b> 2-10 years: 3 mL Lavender top (EDTA) Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Tuesday-Thursday	Metanephrine: < 0.50 nmol/L Normetanephrine : < 0.90 nmol/L 3-methoxytyramine : < 0.30 nmol/L	2014-05-13	
Metanephrines, Urine Metanephrine Normetanephrine 3-methoxytyramine Fractionated metanephrines Total (conjugated and unconjugated) metanephrines	Toxicology/Special Chemistry	24-hour urine GENERAL LABORATORY REQUISITION	Monday-Friday 0800-1600	metanephrine: ≤ 1.5 mol/day normetanephrine : ≤ 2.9 mol/day 3-methoxytyramine : ≤ 2.4 mol/day	2018-12-03	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Methadone, Serum	Core	<p><b>Adult:</b> 6 mL Red top Vacutainer tube</p> <p><b>Blood collection tubes with separator gels are not recommended for this test.</b> Royal blue top serum tubes are also acceptable. GENERAL LABORATORY REQUISITION</p>	Referred out Monday Thursday	100 400 ng/mL Potentially toxic range: $\geq 2000$ ng/mL	2005-02-01	
Methadone,Urine Qualitative Metadol	Toxicology/Special Chemistry	<p>Minimum 10 mL random urine collected in a sterile container. GENERAL LABORATORY REQUISITION</p>	Monday-Friday: 0800-1600	See report	2005-07-01	
Methamphetamine (see <u>Amphetamine Screen,Urine</u> )						
Methanol (see <u>Alcohol Fractionation (by Gas Liquid Chromatography)</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
METHB (see <u>Co oximetry</u> )						
Methemoglobin (see <u>Co oximetry</u> )						
Methicillin Resistant Staph Aureus Screen (see <u>MRSA Screen</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Methotrexate, Plasma/ Serum	Core	<p>4.5 mL Green (Lithium Heparin) top Vacutainer tube</p> <p>Serum Gold or Red Vacutainer tubes are also acceptable</p> <p><b>Pediatric:</b>  0-2 years: Red 0.5 Microtainer tube  2-10 years 2 mL Red top tube  GENERAL LABORATORY REQUISITION</p>	As required	<p>High-risk Concentrations for toxicity (after high dose methotrexate):</p> <p>24 hrs. post dose:  &gt;10 µmol/L</p> <p>48 hrs. post dose:  &gt;1 µmol/L</p> <p>72 hrs. post dose:  &gt;0.2 µmol/L</p>	2012-03-01	<p>Specimens from patients who have received glucarpidase (carboxypeptidase G2) as a high dose methotrexate rescue therapy should not be tested by the Enzyme Immunoassay due to interference.</p> <p>Antineoplastic chemotherapeutic agent. A clear relationship between serum concentration and therapeutic efficacy has not been clearly defined. Serum concentration monitoring has had a significant impact on drug-related toxicity. It is important that patients at high risk for toxicity be identified within 48 hrs. after initiation of methotrexate administration (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Methylmalonic Acid, Plasma	Core	5 mL K <sub>2</sub> or K <sub>3</sub> EDTA Lavender top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday - Thursday	0.1-0.4 umol/L	2010-09-27	Referred out Monday - Thursday  The laboratory providing the plasma methylmalonic acid test for the last several years no longer offeres this tesst. It's reference interval was less than/equal to 0.27 umol/L. The new laboratory uses identical technology and has similar reference interval, 0.10-0.40 umol/L
Methylmalonic Acid, Urine Methylmalonic Aciduria Monitoring	Biochemical Genetics	Random urine	As required	See report issued by lab	2008-06-10	
Methylmalonic Aciduria Monitoring (see <u>Methylmalonic Acid, Urine</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Methylphenidate, Urine Ritalin™	Toxicology/Special Chemistry	Minimum 10 mL random urine collected in a sterile container GENERAL LABORATORY REQUISITION			2014-01-15	
Micro array (see <a href="#">Microarray</a> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Microalbumin,Urine Urine Microalbumin Albumin/Creatinine Ratio Microalbumin/Creatinine Ratio	Core (VH)	Random specimen (no preservative) preferred or Collection of 24-Hour Urine Sample">24 hour urine collection GENERAL LABORATORY REQUISITION	As required	<u>Microalbumin/Cr            eatinine Ratio:</u>  Male: 0.0 - ≤2.0 mg/mmol creatinine Female: 0.0 - ≤ 2.8 mg/mmol creatinine  <u>Microalbumin/Cr            eatinine ratio for            Microalbuminuria            (MAU):</u>  Male: 2.0 - 20.0 mg/mmol creatinine Female: 2.8 - 28 mg/mmol creatinine  <b>Microalbumin/C            reatinine ratio            for Overt            Diabetic            Nephropathy:</b>  Male: >20.0 mg/mm (more...)	2008-11-15	



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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Microalbumin/Creatinine Ratio (see Microalbumin,Urine)

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Microarray Micro array aCGH Array comparative genomic hybridization Array CGH	Cytogenetics (VH)	-Peripheral Blood in EDTA: 3 mL minimum (1 mL minimum for newborns) -Fibroblast Cell Culture: 2 x T25 confluent flasks at room temperature -Extracted DNA: 2ug total (min. 70 ng/uL)  Follow-Up Testing : 1)Q-PCR or Targeted Microarray - EDTA (1-3mL) 2) FISH or Chromosome Analysis NaHep (1-3mL) MICROARRAY REQUISITION( must include patient's name, address, Ontari (more...)	As required	See report	2011-03-16	For additional information please refer to the Molecular Diagnostics Laboratory

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Microbial Count Air	Microbiology/Epidemiology	Specimen is agar strip but may be settle plate, agar plate, or impinger solution. MICROBIOLOGY REQUISITION	Daily  Turn-around-time varies with the organisms in question.			
Microspolyspora faeni (see <u>Farmer's Lung Precipitins</u> )						
Microsporidia Investigation	Microbiology (VH)	Faeces  For all other specimens contact the lab before collecting for specific instructions regarding preservation and transport. PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Toronto Public Health Laboratories		2010-09-13	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Minimal Residual Disease Investigation	Flow Cytometry (VH)	<p>Bone marrow collected in K<sub>2</sub> or K<sub>3</sub> EDTA Lavender top Vacutainer tube</p> <p>Day 8 post induction: Bone marrow collected in K<sub>2</sub> or K<sub>3</sub> EDTA Lavender top Vacutainer tube</p> <p>GENERAL LABORATORY REQUISITION Referred-In Samples: Flow Cytometry Laboratory Requisition (available by contacting laboratory)</p>	<p>Monday-Friday 0800-1700</p> <p>Fridays or prior to STAT holidays, routine specimens must be received in the Flow Cytometry Laboratory at Victoria Hospital by 1300.</p>	See report	2006-06-01	
Mips and Meps Maximal Inspired and Expired Pressures	Pulmonary Function	PULMONARY FUNCTION REQUISITION	Monday-Friday 0800-1600			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mitochondrial Genome Sequencing and Depletions/Integrity Pane mtDNA sequencing LHON MELAS MERF	Molecular Diagnostics	Whole blood-2 x 4 mL Lavender EDTA top Vacutainer tube REQUISITION FOR DNA TESTING- MOLECULAR GENETICS LABORATORY			2018-11-01	Mitochondrial encoded: NC_012920.1: MT-TY, MT-TW, MT-TV, MT-TT, MT-TS2, MT-TS1, MT-TR, MT-TQ, MT-TP, MT-TN, MT-TM, MT-TL2, MT-TL1, MT-TK, MT-TI, MT-TH, MT-TG, MT-TF, MT-TE, MT-TD, MT-TA, MT-RNR2, MT-RNR1, MT-ND6, MT-ND5, MT-ND4L, MT-ND4, MT-ND3, MT-ND2, MT-ND1, MT-CYB, MT-CO3, MT-CO2, MT-CO1, MT-TC, MT-ATP8, MT-ATP6 Nuclear encoded: APTX(NM_001195224.8.1), DGUOK(NM_080916.2), DNA2(NM_001080449.2), FBXL4(NM_001278716.1), GFER(NM_005262.2), MGME1(NM_052865.3), (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mitochondrial Myopathy (see <u>Mitochondrial Respiratory Chain Enzyme</u> )						
Mitochondrial Respiratory Chain Enzyme Mitochondrial Myopathy	Biochemical Genetics	Fresh muscle Fresh Liver  GENERAL LABORATORY REQUISITION	As required	Please refer to report issued by lab	2008-06-10	
Mitotane	Core	6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out	Therapeutic: 14-20 mg/L Toxic: > 20 mg/L	2011-10-20	
MLD (see <u>Aryl Sulfatase A, Leukocyte/Fibroblasts/Urine, Sulfatides, Urine</u> )						
MMF (see <u>Mycophenolic Acid</u> )						
Mogadon (see <u>Nitrazepam, Serum</u> )						
Molecular testing for Fragile-X (see <u>Fragile-X</u> )						
Molecular Typing by Pulsed Field Gel Electrophoresis	Microbiology/Epidemiology	Pure culture of organism must be submitted. MICROBIOLOGY REQUISITION	Weekly or bi-weekly			
Molybdenum Cofactor Deficiency (see <u>Sulfocysteine, Urine</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Molybdenum, Erythrocytes	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 2.1-10.4 nmol/L  Conventional Units: 0.2-1.0 µg/L		Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:
Molybdenum, Plasma	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 5.2-21.9 nmol/L  Conventional Units: 0.5-2.1 µg/L		Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Molybdenum, Urine	Trace Elements	24 hour urine collected in an <b>unused</b> 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u>  Random Urine: 0.14-1.25 µmol/L µmol/mol creatinine Age Fe male Male 0-11 15-14 21-19 10-9 110-88 20-29 11-10 28-78 30-39 13-12 410-91 40-49 16-14 710-96 50-59 19-17 412-11 160-69 18-17 113-11 670-79 19-17 914-12 5≥80 24-21 915-142  24 Hour Urine: 0.20-1.90 µmol/d  <u>Conventional Units:</u>  Random Urine: 13.0-120.0 µg/L (more...)		Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Molybdenum, Whole Blood	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 4.2-16.7 nmol/L  Conventional Units: 0.4-1.6 µg/L	2010-01-11	Reference Ranges are based on Non-Occupationally exposed population.  Find Interpretive Comment and Clinical Information here:
Monilia (see <u>Fungus Culture-Systemic or Subcutaneous</u> )						
Monoclonal Protein Screen (see <u>Protein Electrophoresis, Serum, Protein Electrophoresis, Urine</u> )						
Monocytes (see <u>Differential Leukocyte Count (Peripheral Blood)</u> )						
Morphine (see <u>Opiates Screen,Urine</u> )						
Morphine Glucuronide (see <u>Opiates Screen,Urine</u> )						
Morquio A Disease (see <u>Galactose-6-Sulfatase, Fibroblast</u> )						
Morquio B Disease (see <u>Beta-Galactosidase, Leukocyte/Plasma/Fibroblasts</u> )						
Mouth Culture	Microbiology (VH)	Mouth, tongue, gums MICROBIOLOG Y REQUISITION	Daily			Gram stain is examined for spirochaetes/fusiform bacilli (Vincent's organisms) and yeast.
MPA (see <u>Mycophenolic Acid</u> )						
MPSI (see <u>Alpha-Iduronidase, Leukocyte/Plasma/Fibroblasts</u> )						
MPSII (see <u>Iduronate-2-Sulfate Sulfatase, Leukocytes/Plasma/Fibroblasts</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
MPSIIIA (see <u>Heparin Sulfamidase, Fibroblasts</u> )						
MPSIIIB (see <u>Alpha-N-Acetylglucosaminidase, Plasma</u> )						
MPSIIIC (see <u>AcCoA: Alpha-Glucosamine Acetyltransferase, Fibroblasts</u> )						
MPSIVA (see <u>Galactose-6-Sulfatase, Fibroblast</u> )						
MPSIVB (see <u>Beta-Galactosidase, Leukocyte/Plasma/Fibroblasts</u> )						
MPSVI (see <u>Aryl Sulfatase B, Leukocytes/Fibroblasts</u> )						
MPSVII (see <u>Beta-Glucuronidase, Leukocyte/Plasma/Fibroblasts</u> )						
MRSA Screen Methicillin Resistant Staph Aureus Screen	Microbiology (VH)	Nasal Perianal Urine, Wound Swabs (Specify site) MICROBIOLOG Y REQUISITION	Daily	See report	2007-10-09	
MSS (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u> )						
mtDNA sequencing (see <u>Mitochondrial Genome Sequencing and Depletions/Integrity Pane</u> )						
Mucopolysaccharide Characterization	Biochemical Genetics	Random urine GENERAL LABORATORY REQUISITION	As required	See report issued by lab	2008-06-10	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mucopolysaccharide Screen,Urine Acid Mucopolysaccharide	Biochemical Genetics	Random urine	As required	<p>≤ 1 year: 3.9-22.8 mg GAG/mmol creatinine</p> <p>1 year - 8 years: 3.6-13.4 mg GAG/mmol creatinine</p> <p>8 years - 15 years: 1.9-8.6 mg GAG/mmol creatinine</p> <p>&gt;15 years: 0.0-5.4 mg GAG/mmol creatinine</p>	2008-06-10	
Multimer Analysis (see <u>Von Willebrand F: Multimers</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Multiple Endocrine Neoplasia: Type 1 MEN 1	Molecular Diagnostics	Whole blood-2 x 4 mL Lavender EDTA top Vacutainer tube MOLECULAR DIAGNOSTIC REQUISITION	As Required Monday - Friday 0800 - 1600 h	See report		For more information click on: Molecular Diagnostic Laboratory N/A Multiple endocrine neoplasia type 1 (MEN 1) is a familial cancer syndrome characterised by parathyroid hyperplasia, pituitary adenomas, and neuroendocrine tumours of the pancreas and duodenum. In 1997, the MEN1 tumour suppressor gene was identified, and since then numerous germline mutations have been reported to be distributed throughout the gene (PMID:15714081, PMID:10090472, PMID:16595707, PMID:17342152). These mutatio (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mumps Serology - Mumps IgG/IgM	Virology Laboratory	5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Laboratory	See report	2006-07-01	
Murine Typhus (see <u>Rickettsial Serology</u> )						
Muscle Biopsy	Pathology - UH	Muscle, fresh and glutaraldehyde fixed SURGICAL PATHOLOGY REQUISITION or through PowerChart, order a Surgical Pathology Request and print requisition from there	As required	See report		Must be done between 0730 and 1500 Monday to Friday.  Outside this time period, prearrangements with the Neuropathology Lab at x35717 must be made to ensure technical availability.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Muscle Specific Tyrosine Kinase Antibodies ACHR Variant MuSK Antibodies MuSK Ab	Core	<p><b>Adult:</b> 1-2 x 5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b> 2-10 years: 1-3 x 3.5 mL Gold top Vacutainer tube</p> <p>UBC Neuro-Immunology Laboratory Requisition must be completed by neurologist</p>	Referred out Monday	Negative	2010-01-11	<p>Borderline results should be repeated.</p> <p><b>This test is available exclusively neurologists at LHSC/SJH.</b></p> <p>Associated with Myasthenia Gravis Centrifuge at 4 C, transfer serum to cryovials and store at 4 C.</p>
MuSK Ab (see Muscle Specific Tyrosine Kinase Antibodies)						
MuSK Antibodies (see Muscle Specific Tyrosine Kinase Antibodies)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mycobacterium Culture Acid fast Bacilli Culture (AFB) Tuberculosis Culture TB Culture	Microbiology (VH)	- Abscess/aspirate fluid -Blood -Body Fluids (pleural, pericardial, peritoneal, etc.) -Bone Marrow -CSF -Faeces -Gastric Lavage -Respiratory (includes bronchial alveolar lavages, sputum or tracheal aspirations) -Tissue -Urine PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Laboratory.  Microscopic results are reported as soon as possible. Culture requires up to 8 weeks.  Positives are reported upon detection.		2010-06-10	

Mycophenolate (see Mycophenolic Acid)

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mycophenolic Acid Mycophenolate Cellcept MPA MMF	Toxicology/Special Chemistry	4 mL K <sub>2</sub> or K <sub>3</sub> EDTA Lavender top Vacutainer tube or 4.5 mL Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	Samples are tested Monday-Saturday	No established therapeutic range. Please see interpretive comments.	2010-01-11	
Mycoplasma PCR - Respiratory	Microbiology (VH)	Respiratory samples (including bronchial washes, tracheal aspirates, nasopharyngeal swabs, sputum) PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Laboratory		2006-07-01	Faulty collection and delay in transport of specimens are the primary causes of test failure.



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Mycoplasma Serology-- <b>NO LONGER AVAILABLE</b>	Virology Laboratory				2010-05-28	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
<p>Mycoplasma/Ureaplasma Culture Ureaplasma/Mycoplasma Culture</p>	<p>Microbiology (VH)</p>	<p>Male (Adult): Urethra Urine (1mL minimum)</p> <p>Female (Adult): Cervix Products of Conception Vaginal lesion Amniotic fluid (1 mL minimum) Urine (1 mL minimum)</p> <p>Newborn/Neonates Endotracheal suction tube transported in Virus/Chlamydia/Mycoplasma transport media.</p> <p>PUBLIC HEALTH LABORATORY TEST REQUISITION</p>	<p>Referred out weekdays to the Public Health Laboratory.</p>		<p>2010-09-13</p>	<p>Faulty collection and delay in transport of specimens are the primary causes of test failure.</p> <p>2-8oC if shipped within 48 hours Freeze at -70oC and ship on ice packs if &gt;48 hours</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Myelin-Associated Glycoprotein IgM, Serum Anti MAG, Serum Anti-MAG, IgM Anti Myelin-Associated Glycoprotein IgM	Core	<p><b>Adult:</b> 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube</p> <p><b>Pediatric:</b> 0-2 years: Red 0.5pk. 2-10 yrs: 2 mL Red top GENERAL LABORATORY REQUISITION</p>	Referred out Tuesday-Thursday	<p>Titre: Normal: &lt; 1:1600 Moderately Elevated: 1:1600 - 1:3200 Highly Elevated: &gt; 1:6400</p>	2010-01-11	<p><b>This test is available exclusively to SJH/LHSC physicians.</b> For more information, please contact: The Immunology Lab Section Head, ext 35768 or Senior Technologist (ext. 36841)</p> <p>High concentrations of IgM MAG autoantibodies are found in approximately 50% of patients with peripheral neuropathies accompanied by IgM monoclonal gammopathies. Lower concentrations of MAG IgM autoantibodies can also be found in patients with inflammatory neuropathies, multiple sclerosis, systemic lupus erythem (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Myositis Antibodies Profile Autoimmune Myositis Panel Myositis-specific antibodies Anti Mi-2 alpha Anti Mi-2 beta Anti TIF1 gamma Anti MDA5 Anti NXP2 Anti SAE1 Anti Ku Anti PM-Scl 100 Anti PM-Scl 75 Anti JO1 Anti SRP Anti PL-7 Anti PL-12 Anti EJ Anti OJ Anti Ro-52	Clinical Immunology	<b>Adult:</b> 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube as well as EDTA, heparin or citrate plasma  <b>Pediatric:</b> 0-2 years: Red 0.5 pk 2-10 years: 2 mL Red top GENERAL LABORATORY REQUISITION	Batch analysis	Negative	2019-04-04	<b>This test is available exclusively to Rheumatologists and Respirologists at LHSC/SJH and accepted from referred in locations.</b>  Immunoblot results will be reported as either negative or positive for specific antibodies as the following.  (+) Borderline 1+ Positive 2+ Positive 3+ Strong Positive
Myositis-specific antibodies (see <u>Myositis Antibodies Profile</u> )						
Mysoline (see <u>Primidone, Serum</u> )						