Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
N-Acetyl-Procainamide (see N-Acetylprocainamide,Serum)						
N-Acetylprocainamide,Serum NAPA N-Acetyl-Procainamide	Core (all campuses)	5 mL Gold top Vacutainer tube **Pediatric:** 0-2 yrs: Red 0.5 pk 2-10 yrs: 2 mL Red top GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	**N-Acetylprocainamide:** 43.3 - 65.0 µmol/L **Procainamide:** 16.9 - 42.3 µmol/L		
N-Telopeptide,Urine **no longer available- see C-Telopeptide** Telopeptide-N Bone Loss Marker	Test not available (Various)				2007-12-19	
NAB (see Neutralizing Antibodies to Interferon-Beta)						
NAPA (see N-Acetylprocainamide,Serum)						
Nares Colonization screen (see Nasal Colonization Screen)						
Nasal Colonization Screen Nares Colonization screen	Microbiology (VH)	Nasal swab MICROBIOLOGY REQUISITION	Daily			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Needle Stick Injury - Source Blood/Body Fluid Exposure: Source patient Hepatitis/HIV testing on **source** of needlestick injury or blood/body fluid exposure. HIV/Hepatitis testing on **source** of needlestick injury or blood/body fluid exposure.	Core (UH)	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	As required			Testing done in the Core Laboratory, UH only. The Core Laboratory is licenced to do HIV testing on the source patient **only when an employee of London Health Sciences Centre or St. Joseph's Health Centre is exposed (victim). All other HIV testing on source patients must be sent to the Public Health Laboratory and the specimen must be accompanied by the proper Public Health requisition**. HIV testing on victims will be sent to Public Health Laboratory. Testing on the source patient of a needle stick injury or blood/body fluid exposure includes the following tests: (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Needle Stick Injury - Victim Blood/Body Fluid Exposure: Exposed individual Hepatitis/HIV testing on **exposed individual** of needle stick injury or exposure to blood/body fluids. HIV/Hepatitis on **exposed individual** of needle stick injury or exposure to blood/body fluids.	Core/Microbiology	5 mL Gold top Vacutainer tube **and** 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION AND PUBLIC HEALTH LABORATORY HIV TEST REQUISITION	Hepatitis testing: As required HIV Testing: Referred weekdays to Public Health Laboratory as necessary			The Core Laboratory is only licenced to do HIV testing on the source patient only. HIV testing on the exposed individual is sent to Public Health Laboratory. The following tests are done on victims of a needle stick injury or blood/body fluid exposure: Hepatitis B surface antigen Hepatitis B surface antibody Hepatitis C antibody HIV (a separate requisition and blood sample are required)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Neisseria gonorrhoeae Culture GC Culture Gonorrhoeae culture	Microbiology (VH)	Cervical swab Eye swab (newborns) Rectal swab Throat swab Urethra swab Vaginal swab from sexual assault**or any fluid or cyst material** MICROBIOLOGY REQUISITION	Daily		2006-07-01	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Neisserria gonorrhoeae Nucleic Acid Amplification Test	Microbiology (VH)	-Cervix or Urethra Swab -Urine PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Laboratory.		2010-09-13	Faulty collection and delays in transport of specimen are the primary causes of test failure. Paediatric and medical - legal assault cases and test of cure situations must be investigated by culture technique. However, nucleic acid amplification tests (NAATs) may be acceptable if positive results are confirmed by a second set of primers. If available, both tests (culture and NAAT) should be taken. Molecular diagnostic tests, especially NAATs are more sensitive than culture. **Genprobe Aptima**® Assay confirmatory testing is available for b (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Nembutal (see Pentobarbital, Serum)						
Neopterin/Biopterin Ratio, Urine (see Pterin Analysis, Urine)						
Neoral (see Cyclosporine)						
Nerve Biopsy	Neuropathology	Nerve, 2% glutaraldehyde fixed PowerChart: E-order choosing appropriate specimen. See Identification of Clinical Specimens.	Weekdays	See report		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Neuromyelitis Spectrum Profile Anti Myelin Oligodendrocyte Glycoprotein and Anti Aquaporin4, IgG Anti AQP4 antibody Anti NMO antibody Anti MOG antibody	Clinical Immunology	5 mL Gold top or 6 mL Red top Vacutainer tube as well as EDTA, heparin or citrate plasma is acceptable **Pediatric:** 0-2 years: Red 0.5pk. 2-10 years: 2 mL Red top CSF will also be accepted. Note: CSF samples will also be accepted and only be processed if accompanied by a serum sample. GENERAL LABORATORY REQUISITION	Batch analysis	Negative	2018-06-04	This test is available to LHSC Neurologists only and accepted from referred in locations. A single autoantibody test is not diagnostic and should not be used to determine course of treatment. The test result must be evaluated with consideration of clinical presentation, patient history and other laboratory tests. This test can be used to help distinguish between Multiple Sclerosis (MS) and Neuromyelitis Optica Spectrum Disorders (NMOSD).
Neurontin (see Gabapentin,Serum/Plasma)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Neutralizing Antibodies to Interferon-Beta NAB	Core	5 mL Gold top Vacutainer tube UBC Neuro-Immunology Laboratory Requisition must accompany the specimen and is to be filled in by the MS clinic	Referred out Mondays		2009-07-28	
Neutrophil Oxidative Burst Index (NOBI) (see Chronic Granulomatous Screening Investigation)						
Neutrophils (see Differential Leukocyte Count (Peripheral Blood))						
Nickel, 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): 0.0-47.7 nmol/L Conventional Units: 0.0-2.8 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
Nickel,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): 0.0-22.2 nmol/L Conventional Units: 0.0-1.3 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
Nickel,Urine	Trace Elements	24 hour urine collected in an **unused** 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	SI Units: Random Urine: 0-59.6 nmol/L µmol/mol creatinineAgeFemaleMale0-110-7.10-6.812-190-4.30-4.220-290-4.90-3.730-390-5.90-4.440-490-7.00-4.650-590-8.30-5.360-690-8.20-5.570-790-8.50-6.0≥800-10.50-6.8 24 Hour Urine: 0-85.2 nmol/d Conventional Units: Random Urine: 0-3.5 µg/L µg/g creatinineAgeFemaleMale0-110-3.70-3.5 (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
Nickel,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): 0.0-22.2 nmol/L Conventional Units: 0.0-1.3 µg/L		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
Niemann-Pick Disease Type A and Type B (see Sphingomyelinase, Fibroblast)						
Niobium, 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): 0.0-0.5 nmol/L Conventional Units: 0.000-0.049 µg/L	2014-11-17	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
Niobium, 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): 0.00-0.38 nmol/L Conventional Units: 0.000-0.035 µg/L	2014-11-17	Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
Nitrazepam,Serum Mogadon	Toxicology/Special Chemistry	2 x 6 mL Red top Vacutainer tube or 2 x 4.5 mL Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	Monday - Friday 0800-1600	100-800 nmol/L	2009-06-10	
Non-esterified fatty acids Free Fatty Acids	Core	5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday - Thursday	280 - 700 µmol/L	2006-11-22	

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

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Non-Syndromic Recessive Deafness RD	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		Genes Tested (hg19;HGVS nomenclature):GJB2(NM_004004.5), GJB6(NM__001110219.2) N/A Severe deafness or hearing impairment is the most prevalent inherited sensory disorder, affecting about 1 in 1,000 children. Although a number of mutant genes have been identified that are responsible for syndromic (multiple phenotypic disease) deafness such as Waardenburg syndrome and Usher 1B syndrome, little is known about the genetic basis of non-syndromic (single phenotypic disease) deafness (PMID:913982 (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Noradrenalin (see Catecholamines, Urine)						
Noradrenaline (see Catecholamines, Plasma (Norepinephrine, Epinephrine))						
Norepinephrine (see Catecholamines, Plasma (Norepinephrine, Epinephrine), Catecholamines, Urine)						
Norfluoxetine (see Fluoxetine,Serum/Plasma)						
Normetanephrine (see Metanephrines, Plasma, Metanephrines, Urine)						
Norpramine (see Desipramine,Serum/Plasma)						
Nortriptyline, Serum/Plasma Amitriptyline (metabolite) Aventyl	Core	2 x 5 mL Gold top Vacutainer or 2 x 4 mL Lavender EDTA Vacutainer **Avoid gel-separator tubes** GENERAL LABORATORY REQUISITION	As required	200-600 nmol/L	2005-07-01	Referred out Monday - Thursday **Toxic:** Greater than 1800 nmol/L
NRAS (see KRAS)						