

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|---------------------|--|---------------|-----------------|----------------|---|
| P-ANCA / Anti-MPO (anti-myeloperoxidase antibody) (see ANCA) | | | | | | |
| p50 O2 Affinity Hemoglobin Oxygen Affinity | 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 Hemoglobinopathy Investigations Form | Weekly | N/A | 2019-07-11 | McMaster University Medical Centre Molecular Genetics Laboratory, Room 2N22 1200 Main Street West, Hamilton, ON L8N 3Z5 Telephone: 905-521-2100 ex.76944 Fax: 905-521-7913 Email: moleculargenetics@hhsc.ca N/A Attach CBC chart to requisition |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|------------------------------|--|--|-------------------|----------------|--|
| <p>P53 Carrier Testing Li-Fraumeni Syndrome</p> | <p>Molecular Diagnostics</p> | <p>Whole blood-2 x 4 mL Lavender EDTA top Vacutainer tube MOLECULAR DIAGNOSTIC REQUISITION</p> | <p>As Required Monday - Friday 0800 - 1600 h</p> | <p>See report</p> | | <p>For more information click on: Molecular Diagnostic Laboratory N/A Germline mutations of the p53 gene are associated with Li-Fraumeni Syndrome, a rare autosomal dominant disorder characterized by a wide spectrum of tumours sarcomas, breast carcinomas, brain tumours and adrenocortical carcinomas. In most of the cases, tumours will develop in children and young adults. Germline p53 mutations are mostly missense mutations most commonly (>90%)1,2 found within the DNA-binding domain of the p53 gene which is coded for by exons 5 through 8, and (more...)</p> |

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|---|-------------------|---|---|-----------------|----------------|--|
| PAB (see <u>Prealbumin, Serum</u>) | | | | | | |
| Pancreas (see <u>Image-Guided Fine Needle Aspirate Cytology, Non-Image Guided Fine Needle Aspiration Biopsy for Cytology</u>) | | | | | | |
| Pancreatic Antibodies (see <u>Anti Islet Cell Antibodies, Serum</u>) | | | | | | |
| Panel includes: (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF, Paraneoplastic Antibody Panel</u>) | | | | | | |
| PAP Smear (see <u>Gynaecological Conventional Smear for Cytology</u>) | | | | | | |
| PAP test (see <u>Gynaecological Liquid Based PAP test for Cytology, HPV testing, for Gynaecological Liquid Based PAP test (Cytology),</u>) | | | | | | |
| Paracetamol (see <u>Acetaminophen</u>) | | | | | | |
| Paracoccidioides Culture (see <u>Fungus Culture-Dimorphic</u>) | | | | | | |
| Paracoccidioides Serology | Microbiology (VH) | Blood-5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION | Referred out weekdays to Public Health Laboratory | | 2010-09-28 | Adequate clinical and epidemiological information must accompany specimen. |
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| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|-----------------------|---|--|-----------------|----------------|---|
| Paramyotonia Congenita Hyperkalemic Periodic Paralysis Hyperkalemic Periodic Paralysis Type 1 PMC | Molecular Diagnostics | Whole blood-1 x 4 mL Lavender EDTA top Vacutainer tube MOLECULAR DIAGNOSTIC REQUISITION | As required Monday - Friday 0800 - 1600h | See report | | For more information click on: Molecular Diagnostic Laboratory N/A Paramyotonia congenita (PMC) of Von Eulenburg is an autosomal dominant muscular disease characterized by exercise and cold-induced myotonia and weakness. A number of missense mutations ^{1,2} in the alpha-subunit of the adult skeletal muscle voltage-gated sodium channel (SCN4A) gene have been identified to cause a spectrum of muscular diseases. These include PMC of Von Eulenburg, PMC without cold paralysis, potassium-aggravating myotonia, and hyperkalemic (more...) |

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| Paraneoplastic Antibody Panel Panel includes: Anti-Hu (ANNA-1) Anti-Yo (PCA-1 or Purkinje cell antibody-1) Anti-Ri (ANNA-2) Anti-CV2 (anti-CRMP5) Anti-Ma2/Ta (PNMA2) Anti-Amphiphysin (Anti-AMPH) Anti-recoverin Anti-SOX1 Anti-titin Anti-zic4 Anti-GAD65 Anti-Tr (DNER) | Clinical Immunology | 6 mL Red or 5 mL Gold top Vacutainer tube EDTA, heparin or citrate plasma are also acceptable CSF samples will also be accepted. Suggest CSF be submitted with serum for testing. Serum is more sensitive than CSF for Paraneoplastic antibodies. CLINICAL IMMUNOLOGY REQUISITION | Batched analysis | Negative | 2015-04-01 | Immunoblot for Paraneoplastic antibodies is not suitable for the detection of antibodies against GAD65 in diabetes mellitus. A negative result does not exclude the presence of Anti-GAD65. Paraneoplastic syndromes are a group of rare disorders; some of which are caused by autoimmune reactions against antigens co-expressed by cancer cells and neurons. Below are the most frequent cancers associated with paraneoplastic syndromes and autoantibodies. Antibody Neurological Disorder Associated Tumour Anti- (more...) |

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|---|------------|---|---------------|-----------------|----------------|----------|
| Parathormone (see <u>Parathyroid Hormone, Plasma</u>) | | | | | | |
| Parathyrin (see <u>Parathyroid Hormone, Plasma</u>) | | | | | | |
| Parathyroid Hormone Related Peptide (see <u>Parathyroid Hormone-Related Peptide, Plasma</u>) | | | | | | |
| Parathyroid Hormone, Fine Needle Aspirate PTH FNA | Core (VH) | Two samples: The first is uncontaminated Plasma-Lyte and serves as a blank. The second is 1 mL of Plasma-Lyte that has been used to rinse the biopsy needle as described below. GENERAL LABORATORY REQUISITION | As required | ≤ 10.6 pmol/L | 2012-10-30 | |
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|---|------------|--|---------------|-----------------|----------------|---|
| Parathyroid Hormone, Plasma PTH Intact Parathyroid Hormone Intact PTH Parathormone Parathyrin | Core | <p>Adult: 6 mL Pink top (EDTA) Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Lavender top (EDTA) Microtainer 2-10 years: 2 mL Lavender top (EDTA) Vacutainer tube</p> <p>Red, Gold, or Light Green (Litheparin) top tubes are also acceptable as long as the serum or plasma is separated from the cells immediately after collection; EDTA plasma is the preferred choice (more...)</p> | As required | 1.6-6.9 pmol/L | 2010-06-09 | 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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| Parathyroid Hormone-Related Peptide, Plasma Parathyroid Hormone Related Peptide Parathyroid Related Peptide PTHrP PTH-RP | Core | Adult: 4 mL Lavender top (EDTA) Vacutainer tube Pediatric: 2-10 years: 2 mL Lavender top (EDTA) Vacutainer tube Red, Gold, Light Green, or Dark Green top tubes are NOT acceptable. GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | ≤4.2 pmol/L | 2015-02-04 | |
| Parathyroid Related Peptide (see <u>Parathyroid Hormone-Related Peptide, Plasma</u>) | | | | | | |
| Parietal Antibodies (see <u>Anti Parietal Cell Antibody</u>) | | | | | | |
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|---|---------------------|---|---|------------------------------------|----------------|---|
| Paroxetine, Serum Paxil | Core | 6 mL Red or Navy top Vacutainer tube Avoid gel-separator tubes GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | up to 150 nmol/L | 2007-01-29 | |
| Paroxysmal Nocturnal Hemoglobinuria Investigation | Flow Cytometry (VH) | Peripheral blood collected in a 4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube Referred-In Samples: FLOW CYTOMETRY REQUISITION | Monday-Friday 0800-1600 Fridays or prior to STAT holidays, routine specimens must be received in the Flow Cytometry Laboratory at Victoria Hospital by 1300. | No PNH clones are a normal result. | 2006-06-01 | Test is positive in Paroxysmal Nocturnal Hemoglobinuria (PNH) and HEMPAS. Call Flow Cytometry Lab (519) 685-8500 x 57450 for further details. Negative result is normal expression of GPI linked proteins. Positive result is a percent of GPI linked proteins are absent from RBCs and/or WBCs. |

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| Partial Thromboplastin Time (Activated)- PTT APTT PTT | Core | 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer Pediatric: 1.8 mL Blue (3.2% Sodium Citrate) top *In cases where access is difficult, a 0.9 mL Blue top tube is acceptable GENERAL LABORATORY REQUISITION | As required | 0 min - 5 days: 31-54 seconds 5 days - 1 month: 25-60 seconds 1 month - 3 months: 32-55 seconds 3 month - 6 months: 29-50 seconds 6 months - Adult: 20-29 seconds Therapeutic range for Heparin: 60-85 secs. | 2011-01-14 | |
| Parvovirus Serology (Human) B19 | Microbiology (VH) | Blood-5 mL Gold top vacutainer PUBLIC HEALTH LABORATORY TEST REQUISITION | Referred out weekdays to Public Health Laboratory. | | 2010-09-13 | Adequate clinical and epidemiological information must accompany the specimen. |

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| Paternity (for medical indications ONLY) | 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 A series of four polymorphic VNTR's are analyzed in each of the individuals. |
| Paul-Bunnell (see <u>Heterophile Antibody Screen</u>) | | | | | | |
| Paxil (see <u>Paroxetine, Serum</u>) | | | | | | |
| PBG (see <u>Porphyrin Precursors (Random and 24 hour urine)</u>) | | | | | | |
| PCA (see <u>Protein C Assay</u>) | | | | | | |
| PCA-2/Anti-MAP1B (see <u>Comprehensive Autoimmune Encephalitis Panel, Serum/CSF</u>) | | | | | | |
| PCH Donath-Landsteiner Test Donath-Landsteiner Hemolysin Test | Blood Transfusion (UH) | 2 x 6 mL Red (clotted) top Vacutainer BLOOD TRANSFUSION REQUISITION or Electronic order | As required Monday-Friday | See report | | Hematologist Consult required N/A Positive in paroxysmal cold hemoglobinuria (PCH). |
| PCR Quantitative (see <u>Hepatitis C RNA - Quantitative</u>) | | | | | | |
| PELS (see <u>Protein Electrophoresis, Serum</u>) | | | | | | |
| PELU24 (see <u>Protein Electrophoresis, Urine</u>) | | | | | | |
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| <u>PELUR (see Protein Electrophoresis, Urine)</u> | | | | | | |
| Pemphigus/Pemphigoid Antibodies Anti Skin Antibodies Skin Antibodies | Core (all campuses) | 5 mL Gold top Vacutainer tube Pediatric: 0-2 yrs: 0.5pk. 2-10 yrs: 2 mL Red top GENERAL LABORATORY REQUISITION | Daily | Negative | | Dilutions 1:20 to 1:160 Grossly hemolyzed, lipemic or microbially contaminated specimens may interfere with the performance and should be documented. |
| <u>Pentacarboxylic Acid (see Porphyrins, 24-Hour Urine, Porphyrins, Urine, Random)</u> | | | | | | |
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| Pentobarbital, Serum Nembutal | Core | 6 mL Red top Vacutainer tube or 6 mL Dark Green (Sodium Heparin) or Lithium Heparin top Vacutainer tube Sick Kids: Therapeutic Drug Monitoring Requisition | Send STAT by All Canadian Courier to Hospital for Sick Children (Sick Kids). Test must be sent immediately. Include Hospital for Sick Childrens requisition and PaLM worksheet with instructions to fax and phone results to the VH Core Lab. Tel: 519-685- 8500 x 52573 Fax: 519-685- 8360 | Hypnotic: 4 - 22 mol/L Toxic >40 umol/L Therapeutic Coma: 90 - 220 mol/L | 2007-10-30 | |
| Percocet (see <u>Urine Oxycodone</u>) | | | | | | |
| Percodan (see <u>Urine Oxycodone</u>) | | | | | | |
| Pertofone (see <u>Desipramine, Serum/Plasma</u>) | | | | | | |
| Pertussis (see <u>Bordetella pertussis Investigation (PertPCR)</u>) | | | | | | |
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| pH, Fluid | Core | Fluid GENERAL LABORATORY REQUISITION | As required | See report | 2010-06-30 | |
| Phenobarbital, Serum/ Plasma Anticonvulsant Luminal Phenobarbitone | Core | 4.5 mL Green (Lithium Heparin) top Vacutainer tube Pediatric: 0-2 yrs: Green top Microtainer (BD 365985) 2-10 yrs: 2 mL Green top GENERAL LABORATORY REQUISITION | As required | Adult: 65-172 µmol/L <18 years old: 65-110 µmol/L | 2008-11-15 | Long acting barbiturate with anticonvulsant, sedative-hypnotic properties. Because Primidone (Mysoline) is partially metabolized to phenobarbital, it is measured together with Primidone. Toxic: >215 µmol/L CRITICAL VALUE to be phoned to Nurse or Physician immediately: |
| Phenobarbitone (see <u>Phenobarbital, Serum/Plasma</u>) | | | | | | |
| Phenylalanine (see <u>Amino Acids, Plasma</u>) | | | | | | |
| Phenylketonuria (see <u>Amino Acids, Plasma</u>) | | | | | | |
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| Phenytoin, Serum-Free Free Phenytoin Free Dilantin | Toxicology/Special Chemistry | 2 x 5 mL Gold top Vacutainer tube Pediatric: 2-10 yrs: 2 x 2 mL Red top 0-2 yrs: Red 2 x 0.5pk. GENERAL LABORATORY REQUISITION | Monday - Friday 0800-1600 | 2.4-8.0 µmol/L | 2008-11-15 | |
| Phenytoin, Serum/Plasma-Total Anticonvulsant Dilantin | Core | 4.5 mL Green (Lithium Heparin) top Vacutainer tube Pediatric: 0-2 yrs: Green 0.5pk. 2-10 yrs: 2 mL Green top GENERAL LABORATORY REQUISITION | As required | Adult: 40-79 µmol/L < 3 months: 24-55 µmol/L | 2008-11-15 | CRITICAL VALUE to be phoned to Nurse or Physician immediately: Toxic: ≥120 µmol/L Note: Falsely elevated Phenytoin concentrations have been observed in patients with renal failure due to assay interference with metabolites of Phenytoin. |
| Philadelphia Chromosome (see <u>Chronic Myelogenous Leukemia, by Karyotype/FISH, Chronic Myelogenous Leukemia, by PCR</u>) | | | | | | |
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|---|------------|--|---------------|------------------|----------------|----------|
| Phosphate, 24-Hour Urine Inorganic Phosphate | Core | 24 hour urine in acid washed container GENERAL LABORATORY REQUISITION | Weekdays | 13.0-42.0 mmol/d | | |
| Phosphate, Fluid Inorganic Phosphate (fluid) | Core | Fluid GENERAL LABORATORY REQUISITION | As required | See report | 2010-05-17 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|------------|---|---------------|--|----------------|---|
| Phosphate, Plasma Inorganic Phosphate Inorganic Phosphorus, PO4 | Core | 4.5 mL Green top Vacutainer Pediatric: 0-2 yrs: Green top Microtainer (BD 365985)< 2-10 yrs: 3 mL Green top GENERAL LABORATORY REQUISITION | As required | < 1 year 01.30-2.60 mmol/L 1 year - 4 years 1.16-2.10 mmol/L 4 years - 14 years 1.10-1.90 mmol/L > 14 years 0.80-1.33 mmol/L | 2008-11-15 | Hemolysis may affect results. In very rare cases gammopathy, in particular type IgM (Waldenstrom's macroglobulinemia) may cause unreliable results. Useful in the diagnosis and management of a variety of disorders including bone, parathyroid and renal disease. Phosphate levels alone are of limited diagnostic value and should be correlated with serum calcium levels. Serum phosphate concentrations are dependent on meals and hormone regulation (PTH, vitamin D). (more...) |

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| Phosphate,Urine-Random Inorganic Phosphate | Core | Random urine GENERAL LABORATORY REQUISITION | Weekdays | 11-42 mmol/d | | |
| Phospholipase A2 Receptor (PLA2R) Antibodies Anti-PLA2R | Core | <p>Adult: 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube. EDTA, heparin or citrate plasma are also acceptable.</p> <p>Pediatric: 0-2 years: 0.5 mL Red or Gold top Microtainer 2-10 years: 2 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION</p> | Referred out Monday- Thursday | Negative <14 RU/mL Borderline 14 - 19 RU/mL Positive >19 RU/mL | 2020-06-02 | <p>This test is available exclusively to SJHC/LHSC nephrologists.</p> <p>Anti-PLA2R antibodies can be detected in the serum of up to 70-80% of patients with primary membranous nephropathy.</p> |

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| Phytanic Acid, Serum or Plasma | Core | 6 mL Red or 6 mL Green (Sodium Heparinized) top Vacutainer GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | < 5 years: ≤ 3.5 μmol/L (97.5%ile) ≥ 5 years: ≤ 2.2 μmol/L (97.5%ile) | 2006-09-06 | |
| PICC tip Culture (see Vascular Tip Culture) | | | | | | |
| Pigeon IgG Antibodies Pigeon Precipitins | Core | 5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube Pediatric: 0-2 years: Red 0.5 mL Microtainer 2-10 years: 2 mL Red top GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | <30 mg/L | 2010-01-11 | |
| Pigeon Precipitins (see Pigeon IgG Antibodies) | | | | | | |
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| Pinworm Investigation | Microbiology (VH) | Sample from perianal skin PUBLIC HEALTH LABORATORY TEST REQUISITION | Weekdays | | 2006-07-01 | |
| PKA (see <u>Pyruvate Kinase Deficiency Assay</u> TEST NO LONGER AVAILABLE) | | | | | | |
| PKU (see <u>Amino Acids, Plasma</u>) | | | | | | |
| PKU-DHPR Deficient (see <u>Dihydropteridine Reductase, Dried Blood Spot</u>) | | | | | | |
| PKU-Pterin Deficient (see <u>Pterin Analysis, Urine</u>) | | | | | | |
| Plasma metanephrines (see <u>Metanephrines, Plasma</u>) | | | | | | |
| Platelet Aggregation (see <u>Platelet Function Screen</u>) | | | | | | |
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|---|----------------------|---|--------------------------------------|--|----------------|--|
| Platelet Antibodies Platelet Immunology Anti Platelet Antibodies Platelet Associated IgG | Blood Transfusion | <p>Samples required from mother and father:</p> <ul style="list-style-type: none"> - 10 mL whole blood collect in Red top tube - 30 mL whole blood collected in Sodium Citrate, EDTA, Blue top tube or ACD Yellow top tube <p>Sample required from baby:</p> <ul style="list-style-type: none"> - Whole blood: 2 mL EDTA blood or Amniotic Fluid: Discard first 3 mL amniotic fluid drawn; draw 10 mL fluid fo (more...) | Referred out Monday- Wednesday | See report issued by the Platelet Immunology Lab, Hamilton | | <p>Samples must be packaged in lab for courier pick up by the following times:</p> <p>SJHC: 1430 hrs Victoria Hospital, LHSC: 1400 hrs</p> |

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| Platelet Associated IgG (see <u>Platelet Antibodies</u>) | | | | | | |
| Platelet Count (see <u>Complete Blood Count</u>) | | | | | | |
| Platelet Function Screen Platelet Aggregation | Hemostasis and Thrombosis Laboratory (Victoria Hospital) | Samples must be drawn at the Victoria Hospital Campus of LHSC Specialized glass tubes are supplied by the Hemostasis and Thrombosis laboratory. GENERAL LABORATORY REQUISITION | As required Monday-Friday | Normal aggregation | 2006-06-01 | Used to diagnose platelet function abnormalities. A measure of the platelet's ability to be stimulated by Arachidonic acid, Collagen, ADP and Ristocetin. All samples must be maintained at room temperature. |
| Platelet Immunology (see <u>Platelet Antibodies</u>) | | | | | | |
| Pleural, Peritoneal, Pericardial, CSF, Ocular (see <u>Fluids for Cytology</u>) | | | | | | |
| PMC (see <u>Paramyotonia Congenita Hyperkalemic Periodic Paralysis</u>) | | | | | | |
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|--|-------------------|---|---|---|----------------|--|
| Pneumococcal Antibody Titre Pneumococcal Antibody Titre, Pre Vaccine Pneumococcal Antibody Titre, Post Vaccine Pneumococcal Antibody Titre, Single Sample | Core | 6 mL Red top tube Pediatric: 0-2 yrs: 6 x 0.5 mL Red top micropick 2-10 yrs: 2 x 3 mL Red top tube SICK KIDS PNEUMOCOCCAL ANTIBODY TITRE REQUISITION | Referred out as required. Pre and Post specimens must be sent together. | Results sent directly to physician. See report. | 2011-10-20 | <u>Note:</u> This test is only available through consultation with a Clinical Immunologist (Drs. Moote/Kim/Jeimy/Kuprowski) for the evaluation of primary immunodeficiency. Aliquot serum and freeze. Must send both Pre and Post specimens at the same time. |
| Pneumococcal Antibody Titre, Post Vaccine (see <u>Pneumococcal Antibody Titre</u>) | | | | | | |
| Pneumococcal Antibody Titre, Pre Vaccine (see <u>Pneumococcal Antibody Titre</u>) | | | | | | |
| Pneumococcal Antibody Titre, Single Sample (see <u>Pneumococcal Antibody Titre</u>) | | | | | | |
| Pneumocystis Investigation | Microbiology (VH) | Bronchial Alveolar Lavage (BAL) Bronchial Wash Induced Sputum MICROBIOLOGY REQUISITION | Weekdays | | | |

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| Polycythemia Vera JAK2(V617F) | Molecular Diagnostics | Whole blood-1 x 4 mL Lavender EDTA top Vacutainer tube JAK2 REQUISITION MOLECULAR DIAGNOSTICS REQUISITION | As required Monday - Friday 0800 - 1600 h | See report | | <p>For more information click on:</p> <p>Molecular Diagnostic Laboratory N/A</p> <p>Myeloproliferative neoplasms (MPNs) are a group of diseases in which the bone marrow makes too many red blood cells, platelets, or certain white blood cells. Polycythaemia vera (PV), essential thrombocythaemia (ET), and primary myelofibrosis (PMF) are three main types of MPNs. The molecular pathogenesis of these disorders is unknown, but mutations of a tyrosine kinase gene, JAK2, have been implicated (PMID: 15781101, 15858187). It is known that a single point mutation in this gene, c.1849 (more...)</p> |

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| Polyoma Virus BK Virus JC | Virology Laboratory | See Special Processing below for further information: BK Virus: -4 mL Lavender top EDTA Vacutainer tube (2 mL of plasma required) JC Virus: -A minimum of 600 L of CSF -EDTA plasma (2 mL) -Urine (20 mL) -CNS biopsy HUMAN POLYOMA JC VIRUS REQUISITION | BK Virus is tested weekly on Tuesday and Thursday. JC Virus is referred Monday-Wednesday to the National Microbiology Lab. | See report for interpretation | 2010-09-13 | |
| Pompe Disease (see <u>Alpha-Glucosidase, Dried Blood Spot, Alpha-Glucosidase, Fibroblasts</u>) | | | | | | |
| Porphobilinogen (see <u>Porphyryn Precursors (Random and 24 hour urine)</u>) | | | | | | |
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| Porphyrin Precursors (Random and 24 hour urine) Precursor Porphyrins Precursor Porphyrins ALA & PBG ALA PBG Porphobilinogen Aminolevulinic Acid | Core | 20 mL Random urine or 20 mL 24 hour urine collection GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | Reference ranges are for adults only. Reference ranges not available for individuals 17 years and younger. <u>Random Urine:</u> Porphobilinogen: 0.1-0.8 mmol/mol Cr Aminolevulinic Acid: 1-5 mmol/mol Cr <u>24 Hour Urine:</u> Porphobilinogen: <= 9.0 umol/d Aminolevulinic Acid: <= 50 umol/d | 2011-11-09 | |

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| Porphyrins, 24-Hour Urine Urine Porphyrins 24 hour Urine Porphyrin Uroporphyrin I Uroporphyrin III Heptacarboxylic Acid Hexacarboic Acid Pentacarboxylic Acid Coproporphyrin I Coproporphyrin III | Core | 24 hour urine collected with 5g sodium carbonate. Containers with appropriate additives are obtained from the Core Laboratory. GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | Note: Reference ranges are for adults only. Reference ranges not available for individuals 17 years of age and younger. Uroporphyrin I: <= 44 nmol/d Uroporphyrin III: <= 20 nmol/d Heptacarboxylic Acid: 1-16 nmol/d Hexacarboic Acid: <= 2 nmol/d Pentacarboxylic Acid: <= 2 nmol/d Coproporphyrin I: 5-90 nmol/d Coproporphyrin III: 15-242 nmol/d Copro III/Copro I ratio: 2.6-5.3 (more...) | 2003-07-08 | |

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| Porphyrins, Serum/Plasma Free Protoporphyrin Protoporphyrin - Free | Core | 5 mL Gold top or 6 mL Red top Vacutainer tube or 6 mL Green (Sodium Heparin) top or 4 mL Lavender top Vacutainer tube Avoid gel- separator tubes GENERAL LABORATORY REQUISITION | Referred out Monday- Thursday | 0.40 - 1.00 μ mol/L Erc. | 2010-09-28 | |

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|---|------------|--|------------------------------|--|----------------|----------|
| Porphyrins, Urine, Random Uroporphyrin I Uroporphyrin III Heptacarboxylic Acid Hexacarboic Acid Pentacarboxylic Acid Coproporphyrin I Coproporphyrin III | Core | 20 mL Urine (Random) GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | Note: Reference ranges are for adults only. Reference ranges not available for individuals 17 years of age and younger. Uroporphyrin I: 0.4-3.9 umol/mol cr Uroporphyrin III: <= 2.0 umol/mol cr Heptacarboxylic Acid: <= 1.3 umol/mol cr Hexacarboic Acid: <= 0.7 umol/mol cr Pentacarboxylic Acid: <= 1.0 umol/mol cr Coproporphyrin I: 0.3-8.5 umol/mol cr Coproporphyrin III: 1.7-2 (more...) | 2011-11-09 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|------------|--|---------------|--|----------------|---|
| Porphyrins-Quantitation, Stool Porphyrins: Quantitation, Stool (Random) | Core (VH) | Faeces GENERAL LABORATORY REQUISITION | As required | Coproporphyrin I: Less than 13 nmol/g Coproporphyrin III: Less than 12 nmol/g Uroporphyrin I: Less than 5 nmol/g Uroporphyrin III: Less than 1 nmol/g Heptacarboxylic Acid: Less than 1 nmol/g Hexacarboxylic Acid: Less than 1 nmol/g Pentacarboxylic Acid: (more...) | 2012-12-10 | Referred out Monday - Thursday Porphyrin reference values are not available for individuals 17 years of age and younger. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|------------|---|---------------|-----------------|----------------|--|
| Porphyrins: Quantitation, Stool (Random) (see <u>Porphyrins-Quantitation, Stool</u>) | | | | | | |
| Post-Bronch Sputum (see <u>Respiratory and Exfoliative samples for Cytology</u>) | | | | | | |
| Potassium (see <u>Electrolytes,Plasma</u>) | | | | | | |
| Potassium (fluid) (see <u>Electrolytes,Fluid</u>) | | | | | | |
| Potassium (urine) (see <u>Electrolytes,Urine</u>) | | | | | | |
| Potassium, 24-Hour Urine | Core | 24 Hour Urine GENERAL LABORATORY REQUISITION | Weekdays | 30-130 mmol/d | | RBC hemolysis may cause interference with results. |
| Potassium,Fluid | Core | Fluid GENERAL LABORATORY REQUISITION | As required | See report | 2010-05-17 | Hemolysis may affect results. |
| | | | | | | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|------------------|------------|---|---------------|---|----------------|---|
| Potassium,Plasma | Core | 4.5 mL Green top Vacutainer Pediatric: 0-2 yrs: 0.6 mL Green pk. 2-10 yrs: 3 mL Green top GENERAL LABORATORY REQUISITION | As required | 0-3 months: 4.00-6.50 mmol/L >3 months: 3.50-5.00 mmol/L | 2008-11-15 | Hemolysis during collection, delay in separation, refrigeration of unseparated blood, marked leucocytosis and/or thrombocytosis and muscle activity of limb immediately prior to venipuncture may cause significant increase in potassium. 0-3 months: >6.5 mmol/L >3 months: <3.0 or >6.0 mmol/L Useful for monitoring potassium status in patients on intravenous therapy, in diabetic ketoacidosis or on diuretics. Investigation of mineralocorticoid status, evaluation of electrolyte balance, acid-base disturbances, cardiac arrhythmia, muscular weakness, hepatic encephalopat (more...) |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|------------------------|------------|--|---------------|-----------------|----------------|--|
| Potassium,Urine-Random | Core | Random urine GENERAL LABORATORY REQUISITION | As required | 30-120 mmol/L | | RBC hemolysis may cause interference with results. |

Powassan (see Arbovirus Flavivirus Serology/PCR)

PRA (Panel Reactive Antibodies) (see HLA Antibody Screen)

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|------------|--|---------------|---|----------------|---|
| Prealbumin, Serum Transthyretin PAB | Core | <p>Adult: 5 mL Gold top Vacutainer</p> <p>Pediatric: 0-2 years: 0.5 mL Red top Microtainer 2-10 years: 3 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION</p> | Daily | <p>0-<15 days: 0.00-0.11 g/L 15 days-<1 year: 0.04-0.24 g/L 1-<5 years: 0.11- 0.23 g/L 5-<13 years: 0.13-0.26 g/L 13-<16 years: 0.17-0.31 g/L 16 years-<19 years: 0.16-0.33 g/L (Female) 16 years-<19 years: 0.20-0.35 g/L (Male) Adult: 0.2-0.4 g/L</p> | 2010-01-11 | <p>This test is used as a nutritional marker Turbidimetric assays not suitable for measurement of highly lipemic or hemolytic samples or samples containing high levels of circulating immune complexes.</p> <p>Prealbumin is a transport protein for thyroxin synthesized in the liver. It has a half-life of 2 days, much shorter than that of albumin. PAB is therefore a sensitive marker of nutritional status. Serum concentrations of PAB are not significantly affected by hydration status as is albumin. Like albumin, PAB is a negative acute phase reactant and its serum (more...)</p> |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|-------------------|---|---|----------------------|----------------|----------|
| Precursor Porphyrins (see <u>Porphyrin Precursors (Random and 24 hour urine)</u>) | | | | | | |
| Precursor Porphyrins ALA & PBG (see <u>Porphyrin Precursors (Random and 24 hour urine)</u>) | | | | | | |
| Pregnancy Test | Core | For Female Patients Only 4.5 mL Green top or 5 mL Gold/Red top Vacutainer or first morning urine sample (preferred) GENERAL LABORATORY REQUISITION | As Required | Positive or Negative | 2011-02-18 | |
| Prenatal Care Set - (including Hep. B surface antigen, Rubella, Syphilis, HIV) | Microbiology (VH) | 5 mL Gold or 6 mL Red top Vacutainer tube PRENATAL SCREENING REQUISITION | Referred out weekdays to Public Health Laboratory | See report | 2009-02-22 | |
| | | | | | | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|----------------------|---|------------------------|------------------|----------------|--|
| Prenatal Microarray Microarray Array CGH aCGH Genomic Microarray | Cytogenetics (VH) | Amniotic Fluid CVS Fetal blood / Cord Blood Maternal Blood Sample PRENATAL MICROARRAY REQUISITION (must include patient's name, address, Ontario Health Insurance Number, PIN (if applicable), originating location, Dr's full name and address, and pertinent clinical information. Follow up or parental samples, use the CYTOGENETI CS REQUISITION | Batched as required | See final report | | The Cytogenetics Lab is staffed from 0700- 1700 (Monday-Friday), Ext. 78974 (office), or 75714 (lab). For additional information please refer to the Cytogenetics Webpage. See final report |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|----------------------------------|----------------------|---|----------------------------------|-----------------|----------------|---|
| Prenatal Titre Antibody Titre | Blood Transfusion | 2 x 6 mL Pink (EDTA) top Vacutainer tubes BLOOD TRANSFUSION REQUISITION or Electronic order | Daily Urgent, if indicated | See report | 2006-11-16 | Titration of clinically significant alloantibody is a reflex order by the Blood Transfusion Laboratory for pregnant women only. N/A The antibody titre is a semiquantitative assay of the amount of antibody and is used primarily to monitor obstetrical patients who have produced blood group antibodies that can cause hemolytic disease of the newborn. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|------------|---|--------------------------------------|---------------------------------|----------------|----------|
| Primidone, Serum Anticonvulsant Mysoline | Core | <p>Adult: 6 mL Red top Vacutainer tube</p> <p>Pediatric: 0-2 years: 2 x 0.5 mL Red top Microtainers 2-10 years: 3 mL Red Vacutainer tube</p> <p>Blood collection tubes with separator gels are not recommended for this test. GENERAL LABORATORY REQUISITION</p> | Referred out Monday - Thursday | Therapeutic: 23.0 55.0 mol/L | 2009-03-10 | |

ProAVP (see Copeptin (Surrogate Measure of Anti-Diuretic Hormone), Plasma/Serum)

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|----------------------------------|------------|---|-------------------------------------|--|----------------|----------|
| Procainamide, Serum Pronestyl | Core | 5 mL Gold top Vacutainer tube Pediatric: 0-2 years: Red Microtainer 2-10 years: 2 mL Red top Vacutainer GENERAL LABORATORY REQUISITION | Referred out Monday- Thursday | Procainamide: 16.9 - 42.3 µ mol/L N- Acetylprocaina mide: 43.3 - 65.0 µ mol/L | | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|-------------------|---|---------------|------------------|----------------|---|
| Products of Conception Chromosome Analysis QF-PCR Microarray | Cytogenetics (VH) | Amnion (0.1-5cm ²), cord (1cm ³), chorionic villi or fetal skin (0.5-1cm ²) preferred - In a sterile container, containing Hank's Balanced Salt Solution (HBSS) CYTOGENETICS REQUISITION . (must include patient's name, address, Ontario Health Insurance Number, PIN (if applicable), originating location, Dr's full name and address, test requested, specimen type and pe (more...)) | As required | See final report | | <p>The Cytogenetics Lab is staffed from 0700-1700 (Monday-Friday), Ext. 78974 (office), or 75714 (lab).</p> <p>For additional information please refer to the Cytogenetics Webpage. See final report N/A As products of conception are prone to microbial contamination, collect sample as aseptically as possible and send to the laboratory within 24 hours.</p> |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|-----------|------------|---------------|---------------|-----------------|----------------|----------|
|-----------|------------|---------------|---------------|-----------------|----------------|----------|

Prograf (see Tacrolimus)

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|-------------------------|------------|---|---------------|--|----------------|---|
| Prolactin, Plasma/Serum | Core | <p>Adult: 4.5 mL Light Green top (Li-Heparin) Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Light Green top (Li-Heparin) Microtainer 2-10 years: 3 mL Light Green top (Li-Heparin) Vacutainer tube</p> <p>Red, Gold, or Lavender (EDTA) top tubes are also acceptable</p> <p>GENERAL LABORATORY REQUISITION</p> | As required | <p><u>Male:</u> Tanner stage 1: 2 - 16 g/L Tanner stage 2: 2 - 12 g/L Tanner stage 3: 3 - 17 g/L Tanner stage 4: 3 - 12 g/L Tanner stage 5: 3 - 14 g/L Adult: 4 - 15 g/L</p> <p><u>Female:</u> Tanner stage 1: 2 - 16 g/L Tanner stage 2: 2 - 16 g/L Tanner stage 3: 3 - 18 g/L Tanner stage 4: 3 - 18 g/L Tanner stage 5: 3 - 18 g/L Non-pregnant Adult: 5 - 23 g/L First Trimester of Pregnancy: 10 - 101 g/L Second (more...)</p> | 2009-12-01 | 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. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|------------|---|-------------------------------------|-----------------|----------------|----------|
| Pronestyl (see <u>Procainamide, Serum</u>) | | | | | | |
| Propafenone, Serum/P lasma Rythmol | Core | <p>Adult: 6 mL Red top Vacutainer tube</p> <p>Pediatric: 0-2 years: 2 x 0.5 mL Red top Microtainers 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Plasma (Sodium Heparin) is also acceptable.</p> <p>Blood collection tubes with separator gels are not acceptable for this test. GENERAL LABORATORY REQUISITION</p> | Referred out Monday- Thursday | 0.2-1.6 g/mL | | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|------------|---|---------------|---|----------------|--|
| Prophase Banding (see <u>Chromosome Analysis, Blood</u>) | | | | | | |
| Propylene Glycol (see <u>Glycol Screen</u>) | | | | | | |
| Prostate Specific Antigen, Plasma/Serum PSA Total PSA | Core | Adult: 4.5 mL Light Green top (Li-Heparin) Vacutainer tube Red, Gold, or Lavender (EDTA) top tubes are also acceptable GENERAL LABORATORY REQUISITION | As required | < 60 years: ≤ 3.89 g/L 60 70 years: ≤ 5.40 g/L > 70 years: ≤ 6.22 g/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. If the total PSA result is in the range of 4 10 g/L, a free PSA result could be of value in estimating the risk of prostate cancer in a patient with no previous diagnosis. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|-----------------------|------------|---|---------------|--|----------------|--|
| Protein & Glucose,CSF | Core | CSF GENERAL LABORATORY REQUISITION | As required | Protein: 200-400 mg/L Glucose: 2.2-3.9 mmol/L | 2008-11-16 | <p>Simultaneous serum specimen and CSF specimens should be taken. Blood in the CSF specimen invalidates the protein value.</p> <p>Used for investigating possible central nervous system (CNS) infection. To detect increased permeability of the blood-brain barrier to plasma proteins. To detect increased intrathecal production of immunoglobulins.</p> |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|------------------------|--|--|---------------|--|----------------|---|
| Protein C Assay PCA | Hemostasis and Thrombosis Laboratory (Victoria Hospital) | 2.7 mL Blue (3.2% Sodium Citrate) top 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 | Weekly | 0 - 5 days: 0.17-0.53 U/mL 5 days - 1 month: 0.20-0.64 U/mL 1 month - 3 months: 0.21-0.65 U/mL 3 months - 6 months: 0.28-0.80 U/mL 6 months - 1 year: 0.37-0.81 U/mL 1 year - 5 years: 0.40-0.92 U/mL 5 years - 10 years: 0.45-0.93 U/mL 10 years - 16 years: 0.55-1.11 U/mL 16 years - Adult: 0.69-1.38 U/mL Uncertainty of Measurement: 0.40 0.03 (more...) | 2006-06-01 | Level is decreased in Protein C deficiency, a prothrombotic condition. Testing not recommended during Warfarin therapy. Blue (Sodium Citrate) top tubes should be centrifuged within 4 hours of collection. The blood specimen must be double centrifuged to prepare platelet free plasma. Centrifuge the primary tube or tubes for 10 minutes at 3000 rpm, aliquot and re-spin for an additional 10 minutes at 3000 rpm at room temperature (18 to 20 degrees Celsius). Ensure the temperature does not exce (more...) |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|---------------------|--|---------------|--|----------------|----------|
| Protein Electrophoresis, CSF Oligoclonal Banding | Clinical Immunology | Both specimen types are required: 1. CSF and 2. Either a 5 mL Gold top or 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION | Batched | Negative for oligoclonal banding. IgG: 10-30 mg/L Albumin: <350 mg/L IgG/Albumin Ratio: 0.00-0.23 IgG/Alb Index: 0.25-0.85 with no visible banding in electrophoresis For accurate interpretation, the CSF and serum must be assayed together and the results compared. | 2009-02-27 | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|---------------------|--|---------------------------|---|----------------|---|
| Protein Electrophoresis, Serum PELS Monoclonal Protein Screen SPE Serum Protein Electrophoresis | Clinical Immunology | 5 mL Gold top Vacutainer tube Light Green (Li-Heparin) or Lavender (EDTA) top tubes are NOT acceptable GENERAL LABORATORY REQUISITION | Monday - Friday 0800-1600 | Albumin: 35.7 54.9 g/L Alpha 1: 1.9 4.1 g/L Alpha 2: 4.5 9.8 g/L Beta 1: 3.0 6.0 g/L Beta 2: 2.0 5.4 g/L Gamma: 7.1 15.6 g/L | 2010-01-25 | Based on consultation with the main users of the test, it has been decided to limit the collection frequency to ≥ 3 weeks for repeat testing. If serum protein electrophoresis is ordered and it has been <20 days since the collection date of the last sample run, the test will be cancelled. Abnormal bands are identified by immunofixation electrophoresis. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---|---------------------|---|------------------------------|-------------------------|----------------|---|
| Protein Electrophoresis, Urine PELUR PELU24 Monoclonal Protein Screen Light Chain Screen Bence Jones Protein Screen Urine Protein Electrophoresis | Clinical Immunology | 24-hour urine or random urine A 24-hour urine collection is the preferred specimen for analysis of Bence Jones protein (free light chains). If a 24-hour urine is not available, the first voided morning specimen is recommended. GENERAL LABORATORY REQUISITION | Monday - Friday 0800-1600 | Interpretative analysis | 2009-02-27 | Based on consultation with the main users of the test, it has been decided to limit the collection frequency to ≥ 3 weeks for repeat testing. If urine protein electrophoresis is ordered and it has been <20 days since the collection date of the last sample run, the test will be cancelled. Abnormal bands are identified by immunofixation electrophoresis. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|-------------------------------|--|---|---------------|------------------------------|----------------|---|
| Protein S Antigen (Free) PSAG | Hemostasis and Thrombosis Laboratory (Victoria Hospital) | 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tube Pediatric: 0-2 years: 1.8 mL Blue Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling GENERAL LABORATORY REQUISITION | Weekly | Adult: 0.60-1.40 U/mL | | Level is decreased in Protein S deficiency, a prothrombotic condition. Testing not recommended during Warfarin therapy and in pregnancy. Blue (Sodium Citrate) top tubes should be centrifuged within 4 hours of collection. The blood specimen must be double centrifuged to prepare platelet free plasma. Centrifuge the primary tube or tubes for 10 minutes at 3000 rpm, aliquot and re-spin for an additional 10 minutes at 3000 rpm at room temperature (18 to 20 degrees Celsius). Ensure the temperature does not exceed 20 degrees Celsius. (more...) |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|------------------------|------------|---|---------------|---|----------------|--|
| Protein, 24-Hour Urine | Core | 24 Hour urine collection GENERAL LABORATORY REQUISITION | Weekdays | 0.050-0.150 g/d | | |
| Protein,Fluid | Core | Fluid GENERAL LABORATORY REQUISITION | As required | See report | | |
| Protein,Plasma-Total | Core | 4.5 mL Green top Vacutainer Pediatric: 0-2 yrs: 0.6 mL Green pk. 2-10 yrs: 3 mL Green top GENERAL LABORATORY REQUISITION | As required | 0-1 day: 34-50 g/L 1 day-1 month: 46-68 g/L 1 month-1 year: 48-76 g/L 1 year-17 years: 60-80 g/L ≥ 18 years: 64-83 g/L | 2008-11-15 | Lipemic samples may cause interference with results. Useful in the diagnosis and monitoring of hyper- and hypogammaglobulinaemia protien losing states and malnutrition. Values are lower in recumbent patients. |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|---------------|------------|--|---------------|---|----------------|---|
| Protein,Urine | Core | Random urine GENERAL LABORATORY REQUISITION | As required | <p>Reference range for urine protein: 0.0 0.15 g/L</p> <p>Reference ranges for protein:creatinine ratio: children and adults: <23 mg/mmol creatinine pregnant women: <30 mg/mmol creatinine</p> | 2008-11-15 | <p>Contamination of urine with menstrual blood, prostatic secretions, or semen may contribute to increased urine protein levels (false-positives).</p> <p>When protein is ordered on a random urine, creatinine will be ordered automatically and the protein:creatinine ratio will calculate automatically.</p> <p>Useful in the evaluation of renal disease. Screening for monoclonal gammopathy. Increased amounts of protein in the urine may be due to: (1) Glomerular proteinuria: caused by defects in the glomerular filtration barrier perme (more...)</p> |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|------------|---|---------------|-----------------|----------------|--|
| Protein-Total, CSF | Core | CSF GENERAL LABORATORY REQUISITION | As required | 200-400 mg/L | 2008-11-15 | <p>Simultaneous serum specimen and CSF specimens should be taken.</p> <p>Blood in the CSF specimen invalidates the protein value.</p> <p>Used for investigating possible, central nervous system (CNS) infection. To detect increased permeability of the blood-brain barrier to plasma proteins. To detect increased intrathecal production of immunoglobulins.</p> |
| Prothrombin Gene (see <u>Thrombophilia (Prothrombin)</u>) | | | | | | |
| Prothrombin Time (see <u>INR</u>) | | | | | | |
| Prothrombin/Factor V Prothrombin (see <u>Thrombophilia (associated with Factor V deficiency)</u>) | | | | | | |
| Protoporphyrin - Free (see <u>Porphyrins, Serum/Plasma</u>) | | | | | | |
| | | | | | | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|----------------------------------|--|-----------------------------|-----------------|----------------|---|
| Protriptyline, Serum TESTING ON HOLD as of 11/09/15 Triptil | Core | 2 x 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION | As required | 250-900 nmol/L | 2005-07-01 | Referred out Monday - Thursday Toxic: Greater than 1900 nmol/L |
| Prozac (see <u>Fluoxetine, Serum/Plasma</u>) | | | | | | |
| PSA (see <u>Prostate Specific Antigen, Plasma/Serum</u>) | | | | | | |
| PSA F (see <u>Free Prostate Specific Antigen, Plasma/Serum</u>) | | | | | | |
| PSAG (see <u>Protein S Antigen (Free)</u>) | | | | | | |
| Pseudo-cholinesterase (see <u>Cholinesterase Phenotype (includes Cholinesterase, Total Activity)</u>) | | | | | | |
| Pseudoephedrine, Urine Qualitative Sudafed | Toxicology/Speci al Chemistry | Minimum 10 mL random urine collected in a sterile container GENERAL LABORATORY REQUISITION | Monday-Friday: 0800-1600 | | 2011-06-14 | |
| PT (see <u>INR</u>) | | | | | | |
| | | | | | | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|-------------------------|--|--|---|----------------|----------|
| Pterin Analysis, Urine BH4/NB Ratio Neopterin/Biopterin Ratio, Urine PKU-Pterin Deficient | Biochemical Genetics | Random urine GENERAL LABORATORY REQUISITION | Batched approximately every three weeks | Neopterin: >1.0 mmol/mol creatinine Biopterin: >0.6 mmol/mol creatinine Neopterin/Biopte rin Ratio: 0.2-3.0 Ratio Tetrahydrobiopte rin: 52-86% | 2008-06-10 | |
| PTH (see <u>Parathyroid Hormone, Plasma</u>) | | | | | | |
| PTH FNA (see <u>Parathyroid Hormone, Fine Needle Aspirate</u>) | | | | | | |
| PTH-RP (see <u>Parathyroid Hormone-Related Peptide, Plasma</u>) | | | | | | |
| PTHrP (see <u>Parathyroid Hormone-Related Peptide, Plasma</u>) | | | | | | |
| PTT (see <u>Partial Thromboplastin Time (Activated)- PTT</u>) | | | | | | |
| Purkinje Cell Cytoplasmic Antibody Type Tr (see <u>Anti Tr, Serum</u>) | | | | | | |
| PY Test (see <u>H. Pylori Breath Test</u> test only available to Grey Bruce, Owen Sound and St. Mary's, Kitchener) | | | | | | |
| Pyridoxal Phosphate (see <u>Vitamin B6</u>) | | | | | | |
| Pyridoxal-5-Phosphate (see <u>Vitamin B6</u>) | | | | | | |
| | | | | | | |

| Test Name | Laboratory | Specimen Type | Test Schedule | Reference Range | Effective Date | Comments |
|--|---------------------------------|--|---------------|---|----------------|----------|
| Pyruvate Kinase Deficiency Assay TEST NO LONGER AVAILABLE PKA | Test not available (Various) | | | | 2004-08-06 | |
| Pyruvate, CSF Lactate:Pyruvate Ratio | Biochemical Genetics | Cerebrospinal Fluid (CSF) GENERAL LABORATORY REQUISITION | As required | Pyruvate, CSF: 0.06-0.22 mmol/L Lactate, CSF: 0.62-2.10 mmol/L | 2008-06-10 | |
| Pyruvate, Whole Blood Lactate: Pyruvate Ratio | Biochemical Genetics | 6 mL Green (Sodium or Lithium Heparinized) top Vacutainer tube Pediatric: 0-2 yrs: 2 x 0.5 mL Green top 2-10 yrs: 3 mL Green top GENERAL LABORATORY REQUISITION | As required | Pyruvate: 0.06-0.22 mmol/L Lactate: 0.62-2.10 mmol/L Lactate-Pyruvate Ratio: ≤ 20.00 | 2008-06-10 | |