

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 Hemoglobinopa thy 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@hh sc.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>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						
Pandemic Flu (see <u>Respiratory Virus Panel (RPCR)</u>)						
Panel includes: anti-Hu (ANNA-1); anti-Yo (PCA-1 or Purkinje cell (see <u>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.

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...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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) and anti-Amphiphysin (Anti-AMPH)	Clinical Immunology	Serum preferred 5 mL Gold top or 6 mL Red top Vacutainer tube Samples collected in EDTA, heparin or citrate will be accepted CSF samples will also be accepted. Note: CSF samples will only be processed if accompanied by a serum sample GENERAL LABORATORY REQUISITION	Batched once every two weeks.	Negative	2015-04-01	
Parasites (see <u>Ova and Parasites</u>)						
Parathormone (see <u>Parathyroid Hormone, Plasma</u>)						
Parathyrin (see <u>Parathyroid Hormone, Plasma</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Parathyroid Hormone, Fine Needle Aspirate PTH FNA	Core (VH)	<p>Two samples: The first is uncontaminated Plasma-Lyte and serves as a blank.</p> <p>The second is 1 mL of Plasma-Lyte that has been used to rinse the biopsy needle as described below.</p> <p>GENERAL LABORATORY REQUISITION</p>	As required	≤ 10.6 pmol/L	2012-10-30	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Parathyroid Hormone, Plasma PTH Intact Parathyroid Hormone Intact PTH Parathormone Parathyrin	Core	<p>Adult: 4 mL Lavender 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 (Li-heparin) 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.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Parathyroid Hormone-Related Peptide (see <u>Parathyroid Related Peptide</u>)						
Parathyroid Related Peptide PTHrp PTH-RP Parathyroid Hormone-Related Peptide	Core	4.5 mL Dark Green Sodium Heparin Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Tuesday - Thursday, as approved	14-27 pg/mL	2015-02-04	Referred out Tuesday - Thursday This is a C-terminal PTH-RP assay. Elevated results may be observed in patients with renal disease. Requisition must be submitted with PTH-RP requested. Orderable is not available to the floors.
Parietal Antibodies (see <u>Anti Parietal Cell Antibody</u>)						
Paroxetine, Serum/Plasma Paxil	Core	6 mL Red or Navy top Vacutainer tube or 4.5 mL Lavender top tube GENERAL LABORATORY REQUISITION	As required	up to 150 nmol/L	2007-01-29	Referred out Monday - Thursday

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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.	See report	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. See report for Interpretation.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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 Fifth Disease Erythema infectiosum	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.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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/Plasma</u>)						
PBG (see <u>Porphyrin Precursors (Random and 24 hour urine)</u>)						
PCA (see <u>Protein C Assay</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>)						
PELUR (see <u>Protein Electrophoresis, Urine</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Pemphigus/Pemphygoid 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.

Pentacarboxylic Acid (see Porphyryns, 24-Hour Urine, Porphyryns, Urine, Random)

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Pentobarbital, Serum Nembutal	Core	2 x 6 mL Red top Vacutainer tube or 2 x 6 mL Dark Green (Sodium 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>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Phosphate,Urine-Random Inorganic Phosphate	Core	Random urine GENERAL LABORATORY REQUISITION	Weekdays	11-42 mmol/d		
Phytanic Acid, Serum or Plasma	Core	6 mL Red or 6 mL Green (Sodium Heparinized) top Vacutainer GENERAL LABORATORY REQUISITION	As required	< 5 years: ≤ 3.5 μmol/L (97.5%ile) ≥ 5 years: ≤ 2.2 μ mol/L (97.5%ile)	2006-09-06	Referred out Tuesday - Thursday
Pigeon IgG Antibodies Pigeon Precipitins	Core	Serum from a 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 Tuesday- Thursday	<30 mg/L	2010-01-11	

Pigeon Precipitins (see Pigeon IgG Antibodies)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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> Other physicians ordering this test will require approval by Dr. Liju Yang (ext. 35768) or the on-call biochemist. 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			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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 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>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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 µL of CSF or -CNS biopsy - Urine (20 mLs) 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>Porphyrin Precursors (Random and 24 hour urine)</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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	As required	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	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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	As required	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	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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	As required	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, Whole Blood Free Protoporphyrin Protoporphyrin - Free	Core	2 x 5 mL Lavender top Vacutainer tubes GENERAL LABORATORY REQUISITION	As required	0.40 - 1.00 μ mol/L Erc.	2010-09-28	Referred out Monday - Thursday Porphyrin reference values are not available for individuals 17 years of age and younger. Protect specimen from light.
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 Testing)

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 yrs: Red 0.5pk. 2-10 yrs: 2 mL Red. GENERAL LABORATORY REQUISITION	Referred out Monday - Thursday as required	Procainamide: 16.9 - 42.3 µ mol/L N- Acetylprocaina mide: 43.3 - 65.0 µ mol/L		Referred out Tuesday - Thursday Toxic Procainamide: >12 g/mL Toxic N- Acetylprocainamide: > or =40.0 g/mL N-Acetylprocainamide (the active metabolite of Procainamide) can be reported (and billed) as well if requested.

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
Progesterone, 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> 4 weeks - 1 year: ≤ 2.1 nmol/L 1 - 9 years: ≤ 1.1 nmol/L Adult: ≤ 0.6 nmol/L</p> <p><u>Female:</u> 4 days - 1 year: ≤ 4.1 nmol/L 1 - 9 years: ≤ 1.1 nmol/L Follicular phase: ≤ 3.7 nmol/L Ovulatory phase: ≤ 57.2 nmol/L Luteal phase: 3.4 - 83.6 nmol/L</p> <p>First Trimester of Pregnancy: 35.0 - 141.0 nmol/L Second Trimester of Pregnancy: 80.8 - 264.0 nmol/L Third Trimester of Pregnancy: 187.0 - (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
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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	5 mL Gold top Vacutainer tube or 6 mL Dark Green (Sodium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	As required	1.5-5.9 µmol/L		Referred out Monday - Thursday
Prophase Banding (see <u>Chromosome Analysis, Blood</u>)						
Propylene Glycol (see <u>Glycol Screen</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Prostate Specific Antigen, Plasma/Serum PSA Total PSA	Core	<p>Adult: 4.5 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>< 60 years: ≤ 3.89 g/L</p> <p>60 70 years: ≤ 5.40 g/L</p> <p>> 70 years: ≤ 6.22 g/L</p>	2018-03-06	<p>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.</p> <p>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.</p>

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)	<p>2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tube</p> <p>Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube:</p> <p>Contact HAT lab ext. 52526 for number of tubes required prior to sampling</p> <p>GENERAL LABORATORY REQUISITION</p>	Weekly	<p>0 - 5 days: 0.17-0.53 U/mL</p> <p>5 days - 1 month: 0.20-0.64 U/mL</p> <p>1 month - 3 months: 0.21-0.65 U/mL</p> <p>3 months - 6 months: 0.28-0.80 U/mL</p> <p>6 months - 1 year: 0.37-0.81 U/mL</p> <p>1 year - 5 years: 0.40-0.92 U/mL</p> <p>5 years - 10 years: 0.45-0.93 U/mL</p> <p>10 years - 16 years: 0.55-1.11 U/mL</p> <p>Adult: 0.69-1.38 U/mL</p> <p>Uncertainty of Measurement: 0.40 0.03 (more...)</p>	2006-06-01	<p>Level is decreased in Protein C deficiency, a prothrombotic condition.</p> <p>Testing not recommended during Warfarin therapy.</p> <p>Blue (Sodium Citrate) top tubes should be centrifuged within 4 hours of collection.</p> <p>The blood specimen must be double centrifuged to prepare platelet free plasma.</p> <p>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...)</p>

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	<p>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.</p> <p>Please note: new method as of October 31, 2018.</p> <p>Abnormal bands are identified by immunofixation electrophoresis.</p>

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 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 S Antigen (Free) PSF	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	<p>2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tube</p> <p>Pediatric: 0-2 years: 1.8 mL Blue Sodium Citrate Coagulation tube:</p> <p>Contact HAT lab ext. 52526 for number of tubes required prior to sampling GENERAL LABORATORY REQUISITION</p>	Weekly	Adult: 0.60-1.40 U/mL		<p>Level is decreased in Protein S deficiency, a prothrombotic condition.</p> <p>Testing not recommended during Warfarin therapy and in pregnancy. Blue (Sodium Citrate) top tubes should be centrifuged within 4 hours of collection.</p> <p>The blood specimen must be double centrifuged to prepare platelet free plasma.</p> <p>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...)</p>

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-Quantitation, Whole Blood</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>)						
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	
PSF (see <u>Protein S Antigen (Free)</u>)						
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 Related Peptide</u>)						
PTHrp (see <u>Parathyroid Related Peptide</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	