

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
R&M (see <u>Urinalysis</u> )						
RA (see <u>Rheumatoid Factor, Plasma</u> )						
Rabies 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	
Random Glucose (see <u>Glucose, Plasma</u> )						
Random Stool Fat (see <u>Stool for Fat</u> )						
Rapamycin (see <u>Sirolimus, Whole Blood</u> )						
Rapid Aneuploidy Detection (see <u>QF-PCR</u> )						
RAST Test (see <u>Allergen Specific IgE, Serum</u> )						
RBC Folate (see <u>Folate, Red Blood Cells</u> )						
RD (see <u>Non-Syndromic Recessive Deafness</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Reducing Substances,Urine or Stool - Qualitative	Core	Urine or Stool GENERAL LABORATORY REQUISITION	Referred out as required	Negative	2011-02-23	<p>Ascorbic acid in large quantities may cause false positive results.</p> <p>For the qualitative detection of reducing substances in urine including: glucose (diabetes mellitus), lactose (late pregnancy and lactation), galactose (galactosemia), pentose (essential pentosuria) and ribose (muscular dystrophy).</p>
Relative viscosity, Serum (see <u>Serum Viscosity</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Renal Biopsy Kidney Biopsy	Pathology - UH	Tissue Powerchart: eOrder choosing appropriate specimen See Identification of clinical specimens	<p>When booking a Renal Biopsy contact:</p> <p><b>Victoria Hospital</b> Monday to Friday from 0800-1600 Call 519-685-8500 x 32956 or email Pathology@lhsc.on.ca stating Physician, location, date and time of biopsy. A confirmation email will be sent.</p> <p><b>University Hospital</b> Monday to Friday from 0800-1600 Page: 15718</p> <p><b>After Hours and weekends:</b> Contact (more...)</p>	See report	2009-03-23	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Renin Mass (see <u>Renin, Plasma</u> )						
Renin, Plasma Direct Renin Renin Mass	Endocrinology	<p><b>Adult:</b>4 mL Lavender top (EDTA) Vacutainer tube</p> <p><b>Pediatric:</b> 0-2 years: 2 x 0.5 mL Lavender top (EDTA) Microtainers 2-10 years: 3 mL Lavender top (EDTA) Vacutainer tube</p> <p>Red, Gold, Light Green (Li- Heparin), or Lavender (EDTA) top tubes are <b>NOT</b> acceptable GENERAL LABORATORY REQUISITION</p>	Monday-Friday 0800-1600	Age 20 60 <u>years:</u> supine: 1.7 23.9 ng/L standing: 2.6 27.7 ng/L		

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Respiratory and Exfoliative samples for Cytology Sputum Post-Bronch Sputum Bronchial: Washings & Brushings	Cytopathology-UH	<b>Non-Gynaecologica I: Respiratory</b>  Orange top routine specimen container containing 30 mL Cytolyt solution/specimen material. CYTOPATHOLOGY REQUISITION-NON-GYNAECOLOGICAL AREA	Weekdays		2005-08-01	Cytopathology Laboratory Room A3-242 UH (519) 685-8500 x 36391/36392  Clinical history is an important component for diagnostic interpretation. The specimen is Thinprep processed so the total specimen volume should not exceed one orange top specimen container with Cytolyt included.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Respiratory Culture	Microbiology (VH)	Sputum Tracheal Aspirates (includes Tracheostomy and Endotracheal Aspiration) Bronchial lavage or washings- (minimum of 15 mL required for testing) Protected bronchial brushes Throat swab from Cystic Fibrosis patient MICROBIOLOGY REQUISITION	Daily		2009-03-26	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Respiratory Virus Panel (RPCR) Influenza Virus Flu Screen	Virology Laboratory	Nasopharyngeal Aspirate Nasopharyngeal Swab Bronchial Alveolar Lavage VIROLOGY REQUISITION	From November 1 to April 30, samples will be processed for Influenza A/B and RSV A/B 7 days per week. No further testing will be performed on specimens from ER or outpatients unless requested by the clinician. Specimens from adult patients admitted to ICU, all bronchoalveolar lavage samples and all paediatric patient samples (inpatient and ICU) that are negative for Influenza and RSV will be tested for Parainfluenza 1, 2, 3, 4, (more...)	See report	2010-08-01	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Reticulocyte Absolute Reticulocyte Count	Core	<p><b>Adult:</b> 4 mL K<sub>2</sub> EDTA (Lavender) Vacutainer tube</p> <p><b>Pediatric Venous:</b> 2 mL Paeds K2 EDTA (Lavender) Vacutainer</p> <p><b>Pediatric (Capillary):</b> 0.5 mL MAP K<sub>2</sub> EDTA (Lavender) Microtube 0.5 mL K<sub>2</sub> EDTA (Lavender) Microtube GENERAL LABORATORY REQUISITION</p>	As required	10-100 x 10 <sup>9</sup> /L	2006-11-14	Reflection of erythropoietic activity.
Reticulocyte Count (see <u>Reticulocyte Absolute</u> )						



Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Rett Syndrome MECP2	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		<p>For more information click on:</p> <p>Molecular Diagnostic Laboratory N/A</p> <p>Rett syndrome, represents one of the leading causes of mental retardation and developmental regression in girls. The majority of cases of sporadic Rett syndrome are caused by mutations in the gene encoding methyl-CpG-binding protein 2 (MeCP2). The MeCP2 protein binds methylated DNA and appears to regulate gene expression and chromatin structure. Genotype/phenotype analysis reveals that the phenotypic spectrum of MeCP2 mutations in humans is broader than i (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
RF (see <u>Rheumatoid Factor, Plasma</u> )						
Rheumatoid Factor, Plasma RF RA	Core	<p><b>Adult:</b> 4.5 mL Green (Lithium Heparin) top Vacutainer</p> <p><b>Pediatric:</b> 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>GENERAL LABORATORY REQUISITION</p>	Daily	<14 IU/mL	2010-01-11	Turbidimetric assays not suitable for measurement of highly lipemic or hemolytic samples or samples containing high levels of circulating immune complexes.
Rickettsia Serology Rocky Mountain Spotted Fever Murine Typhus	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		2010-09-13	
Ringworm (see <u>Fungus Culture-Dermatophytes</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Risperidol (see <u>Risperidone, Serum/Plasma</u> )						
Risperidone, Serum/Plasma Risperidol	Toxicology/Special Chemistry	6 mL Red top Vacutainer tube or 4.5 mL Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	Once a week	<b>Risperidone:</b> 19-49 nmol/L  <b>9-Hydroxyrisperidone:</b> 19-211 nmol/L	2006-05-19	
Ritalin™ (see <u>Methylphenidate, Urine</u> )						
Rituximab Monitoring	Flow Cytometry (VH)	Peripheral blood collected in K <sub>2</sub> or K <sub>3</sub> 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	
Rivotril (see <u>Clonazepam, Serum</u> )						
Rocky Mountain Spotted Fever (see <u>Rickettsia Serology</u> )						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Rohypnol (see <u>Flunitrazepam, Urine Qualitative</u> )						
Routine (see <u>Urinalysis</u> )						
Routine and Microscopic (see <u>Urinalysis</u> )						
Rubella Serology - RUB IgG/IgM	Virology Laboratory	5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Laboratory	See report	2006-07-01	
Rubeola Virus Serology (see <u>Measles Serology - Measles IgG/IgM</u> )						
Rythmol (see <u>Propafenone, Serum/Plasma</u> )						