Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments			
R&M (see <u>Urinalysis</u>)									
RA (see Rheumatoid	Factor, Plasma)								
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	Glucose, Plasma	<u>a</u>)							
Random Stool Fat (se	e Stool for Fat)								
Rapamycin (see Siroli	mus,Whole Blood	<u>l</u>)							
Rapid Aneuploidy Det	ection (see QF-P	CR)							
RAST Test (see Allerg	gen Specific IgE, S	Serum)							
RBC Folate (see Folat	te, Red Blood Cel	<u>ls</u>)							
RD (see Non-Syndron	nic Recessive De	afness)							

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	Ascorbic acid in large quantities may cause false positive results. 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).

Relative viscosity, Serum (see Serum Viscosity)

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	When booking a Renal Biopsy contact: Victoria Hospital 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.	See report	2009-03-23	
			University Hospital Monday to Friday from 0800-1600 Page: 15718 After Hours and weekends: Contact (more)			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Renin Mass (see R	enin, Plasma)					
Renin, Plasma Direct Renin Renin Mass	Endocrinology	Adult:4 mL Lavender top (EDTA) Vacutainer tube Pediatric: 0-2 years: 2 x 0.5 mL Lavender top (EDTA) Microtainers 2-10 years: 3 mL Lavender top (EDTA) Vacutainer tube Red, Gold, Light Green (Li- Heparin), or Lavender (EDTA) top tubes are NOT acceptable GENERAL LABORATORY REQUISITION	Monday-Friday 0800-1600	Age 20 60 years: 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	Non- Gynaecologica I: Respiratory Orange top routine specimen container containing 30 mL Cytolyt solution/specim en material. CYTOPATHOL OGY REQUISITION- NON- GYNAECOLOG ICAL AREA			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 (includesTrache ostomy and Endotracheal Aspiration) Bronchial lavage or washings- (minimum of 15 mL required for testing) Protected bronchial brushes Throat swab from Cystic Fibrosis patient MICROBIOLOG Y REQUISITION			2009-03-26	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Respiratory Virus	Virology	Nasopharyngea	From November	See report	2010-08-01	
Panel (RPCR)	Laboratory	I Aspirate	1 to April	See report	2010-00-01	
Influenza Virus	Laboratory	Nasopharyngea	· ·			
Flu Screen		I Swab	be processed for			
i lu Scieen		Bronchial	Influenza A/B			
		Alveolar Lavage				
		VIROLOGY	days per week.			
		REQUISITION	No further testing			
		REGOIOTTON	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)			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Reticulocyte Absolute Reticulocyte Count	Core	Adult: 4 mL K ₂ EDTA (Lavender) Vacutainer tube Pediatric Venous: 2 mL Paeds K2 EDTA (Lavender) Vacutainer Pediatric (Capillary): 0.5 mL MAP K ₂ EDTA (Lavender) Microtube 0.5 mL K ₂ EDTA (Lavender) Microtube GENERAL LABORATORY	As required	10-100 x 109/L	2006-11-14	Reflection of erythropoietic activity.
		REQUISITION				

Reticulocyte Count (see Reticulocyte Absolute)

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		For more information click on: Molecular Diagnostic Laboratory N/A 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 in broader than i (more)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments			
RF (see Rheumatoid Factor, Plasma)									
Rheumatoid Factor, Plasma RF RA	Core	Adult: 4.5 mL Green (Lithium Heparin) top Vacutainer 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 GENERAL LABORATORY REQUISITION	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 Fungus	s Culture-Dermat	ophytes)							

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Risperidol (see Risperi	done,Serum/Plasm	<u>na</u>)				
Risperidone,Serum/PI asma Risperidol	Toxicology/Speci al Chemistry	6 mL Red top Vacutainer tube or 4.5 mL Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	Once a week	Risperidone: 19-49 nmol/L 9- Hydroxyrisperid one: 19-211 nmol/L	2006-05-19	
Ritalin™ (see Methylph	nenidate, Urine)					
Rituximab Monitoring	Flow Cytometry (VH)	Peripheral blood collected in 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	
Rivotril (see Clonazepa	am,Serum)					
Rocky Mountain Spotte	ed Fever (see Rick	ettsia Serology)				

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments			
Rohypnol (see Flunitrazepam, Urine Qualitative)									
Routine (see Urinalysis	<u>s</u>)								
Routine and Microscop	oic (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 Serolog	Rubeola Virus Serology (see Measles Serology - Measles IgG/IgM)								
Rythmol (see Propafer	none,Serum/Plasma	<u> </u>							