

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
T-Cell Lymphoma TCRG Gene clonality assay	Molecular Diagnostics	EDTA blood/bone marrow MOLECULAR DIAGNOSTIC REQUISITION	As required, Monday to Friday 0800-1600h	See report		
T. vulgaris (see <u>Farmer's Lung Precipitins</u>)						
Tacrolimus FK506 Prograf	Toxicology/Speci al Chemistry	4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube Pediatric: 0-2 yrs: 0.5 mL Lavender 2-10 yrs: 3 mL Lavender top GENERAL LABORATORY REQUISITION	Samples are tested Monday- Saturday. Specimens received in the Core lab after 10:00am will be processed the next working day.	No established reference range. Concentrations are measured in ng/mL.	2009-02-27	Call the Toxicology/Special Chemistry Laboratory for more information at: (519) 685-8500 x 64664 option 3. Thoroughly mix the blood sample after procurement.
Taenia solium Serology (see <u>Cysticercosis Serology</u>)						
Tau Protein (see <u>Beta-2 Transferrin</u>)						
Tay-Sachs Disease (see <u>Beta-N-Acetylhexosaminidase %A, A, A+B, Leukocyte/Plasma/Fibroblasts</u>)						
TB Culture (see <u>Mycobacterium Culture</u>)						
TBG (see <u>Thyroxine Binding Globulin, Serum</u>)						
TBII (see <u>Anti-Thyroid Stimulating Hormone Receptor Antibodies, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
TCOM (see <u>Complement Total, Serum</u>)						
TCRG Gene clonality assay (see <u>T-Cell Lymphoma</u>)						
Tegretol (see <u>Carbamazepine, Serum/Plasma-Total</u>)						
Telo peptide-N (see <u>N-Telo peptide, Urine</u> no longer available- see C-Telo peptide)						
Tempra (see <u>Acetaminophen</u>)						
Teriflunomide (see <u>Leflunomide</u>)						
Testicular Biopsy	Pathology	Tissue biopsy Powerchart: eOrder choosing appropriate specimen. See Identification of Clinical Specimens	Refer to Collection Information	See report	2019-04-09	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Testosterone (Total), 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 GENERAL LABORATORY REQUISITION</p>	Monday - Friday 0800-1600	<p><u>Male:</u> Tanner stage 1: ≤ 0.4 nmol/L Tanner stage 2: ≤ 15.0 nmol/L Tanner stage 3: 2.3 - 27.0 nmol/L Tanner stage 4: 6.2 - 26.5 nmol/L Tanner stage 5: 6.5 - 30.6 nmol/L 20 - 49 years: 8.6 - 29.0 nmol/L ≥ 50 years: 6.7 - 25.7 nmol/L</p> <p><u>Female:</u> Tanner stage 1: ≤ 0.4 nmol/L Tanner stage 2: ≤ 0.4 nmol/L Tanner stage 3: ≤ 0.8 nmol/L Tanner stage 4: ≤ 0.9 nmol/L Tanner stage 5: ≤ 1.3 nmol/L 20 - 49 years: ≤ 1.7 nmol/L ≥ 50 years: ≤ 1.4 (more...)</p>	2018-03-06	<p>Nandrolone (19-nortestosterone) interferes with this assay.</p> <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>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tetanus Serology	Microbiology	5 mL Gold top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to Public Health Laboratory.		2017-10-02	Testing is available through the Public Health Laboratory only for the rare event of an adverse reaction to the Tetanus vaccine or the possibility of humoral immunodeficiency.
Tg (see <u>Thyroglobulin, Serum/Plasma</u>)						
Thallium, Erythrocytes	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.00-0.13 nmol/L Conventional Units: 0.000-0.026 µg/L		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thallium,Urine	Trace Elements	24 hour urine collected in an unused 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u> Random Urine: 0-1.96 nmol/L nmol/mol creatinineAgeFe maleMale0-110-2330-22212-190-1420-13820-290-1600-12230-390-1940-14340-490-2300-15150-590-2720-17360-690-2680-18170-790-2800-196≥800-3430-222 24 Hour Urine: 0-2.94 nmol/d <u>Conventional Units:</u> Random Urine: 0-0.400 µg/L ng/g creatinineAgeFe maleMale0-110-4210-40 (more...)		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thallium, Whole blood	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.00-0.19 nmol/L Conventional Units: 0.000-0.039 µg/L		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
Theo-Dur (see <u>Theophylline, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Theophylline, Serum Aminophylline Theo-Dur Somophyllin Elixophyllin Xanthine	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>Blood collection tubes with separator gels are not recommended for this test. GENERAL LABORATORY REQUISITION</p>	Referred out Monday Thursday	55 - 110 mol/L	2010-08-31	<p>Bronchodilator drug used in treatment of reversible bronchoconstriction. Aminophylline is a salt of theophylline (80-85% by weight of this salt is theophylline).</p> <p>Toxic: >110 mol/L Critical Value to be phoned to nurse or physician immediately</p>

Thermoactinomyces vulgaris (see Farmer's Lung Precipitins)

Thiamine Diphosphate (see Vitamin B1, Whole Blood)

Thiamine Pyrophosphate (Whole Blood) (see Vitamin B1, Whole Blood)

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Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thiocyanate, Serum	Core	5 mL Gold top Vacutainer tube Pediatric: 0-2 yrs: Red 0.5pk. 2-10 yrs: 2 mL Red top GENERAL LABORATORY REQUISITION	As required	Therapeutic: Less than 0.5 mmol/L Toxic: Greater than 1.7 mmol/L	1998-09-01	Referred out Monday - Thursday Toxic: >1.7 mmol/L Nitroprusside (Nipride) is used in the management of hypertensive emergencies and is metabolized to thiocyanate which is in turn excreted by the kidney. Monitoring of thiocyanate levels is critical in patients with renal dysfunction. May be used as a marker for cyanide poisoning.
Thiopurine Methyltransferase: Genotype TPMT Genotype	Core	4 mL Lavender EDTA Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out as required	Results interpreted on report	2015-08-25	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thiopurine Methyltransferase: Phenotype TPMT Phenotype	Core	4 mL Lavender EDTA Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out as required	Low Activity: < 10 nmol/Hbh Intermediate: 10 - 40 nmol/Hbh Normal Activity: > 40 nmol/Hbh	2015-08-25	
Thioridazine, Serum - Quantitation Mellaril	Core	2 x 5 mL Gold top Vacutainer tube GENERAL LABORATORY REQUISITION	As required	2.7-4.0 µmol/L		Referred out Monday - Thursday. Toxic: Greater than 27 µmol/L See Phenothiazine Screen for Qualitative test on Urine sample. Test is also available on gastric lavage and random urine samples.
Throat Culture	Microbiology (VH)	Throat, tonsil MICROBIOLOGY REQUISITION	Daily			

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thrombophilia (associated with Factor V deficiency) Factor V Familial Thrombophilia Prothrombin/Factor V Prothrombin	Molecular Diagnostics	1 x 4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube-may be a frozen aliquot. MOLECULAR DIAGNOSTIC REQUISITION	As Required Monday - Friday 0800 - 1600 h	See report		For more information click on: Molecular Diagnostic Laboratory N/A Resistance to activated protein C (APC) is a major cause of familial thrombophilia, and can be corrected by an anticoagulant activity expressed by purified factor V. It has been suggested that a point mutation in the gene coding for factor V is responsible for APC resistance (PMID:7909098, 8208267). This point mutation, (F5:c.1601G>A), occurring towards the 3' end of exon 10 of the factor V gene, is predicted to cause a missense mutation in the APC cleavage site, (F5:p.Arg534Gln) and confers an inc (more...)

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thrombophilia (Prothrombin) Prothrombin Gene	Molecular Diagnostics	Whole blood-1 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>At least five genetic defects,(PMID:9299960) accounting for approximately 15% of families with inherited thrombophilia, have been established as risk factors for venous thrombosis. There are protein C, protein S, and antithrombin deficiencies, and represent defects in the anticoagulant pathways of blood coagulation. Two other genetic risk factors, resistance to activated protein C associated with the factor V Leiden mutation and increased prothrombin associated with the prothrombin 20210 A allele (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thrombophilia Screen (see <u>Hypercoagulable Screen</u>)						
Thyrocalcitonin (see <u>Calcitonin, Fine Needle Aspirate, Calcitonin, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thyroglobulin, Fine Needle Aspirate	Core	<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	≤ 1.0 g/L	2017-07-04	<p>The limit of quantitation of the assay is 0.1 g/L. If a blank result of > 0.1 g/L were to be obtained, a technical investigation would be performed prior to reporting of result.</p> <p>An elevated thyroglobulin level in the fine needle aspirate may indicate the presence of metastatic differentiated thyroid cancer.</p> <p>Once the samples are received by the Core Laboratory, they will be inspected for visible blood or tissue contamination. If bloody, the specimen will be aliquoted and centrifuged. If the specimen is clear, centrifugation is not necessary.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thyroglobulin, Serum/Plasma Tg	Core	<p>Adult: 5 mL Gold top Vacutainer tube</p> <p>Pediatric: 0-2 years: 0.5 mL Red or Gold top Microtainer 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Lavender top (EDTA) tubes are also acceptable</p> <p>Light Green top (Li-Heparin) tubes are NOT acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	Thursday 0800-1600	<p>Thyroidectomized patients: < 0.2 g/L</p> <p>Normal population: 3.5 - 77.0 g/L</p>	2017-07-04	<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>In the follow-up of thyroidectomized patients, a concentration > 0.2 g/L is suspicious for local or metastatic disease.</p> <p>In non-thyroidectomized patients, a concentration greater than the reference interval is not diagnostic of cancer.</p> <p>This assay is to be used to monitor patients who have had thyroidectomy for cancer. It is not recommended (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thyroid (see <u>Image-Guided Fine Needle Aspirate Cytology, Non-Image Guided Fine Needle Aspiration Biopsy for Cytology</u>)						
Thyroid Antibodies (see <u>Anti-Thyroglobulin Antibodies, Serum/Plasma</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thyroid Stimulating Hormone, Plasma/Serum TSH TSH-3 Thyrotropin	Core	<p>Adult:4.5 mL Green top 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 GENERAL LABORATORY REQUISITION</p>	As required	<p>0 6 days: 0.70 15.2 mIU/L</p> <p>6 days 3 months: 0.72 11.0 mIU/L</p> <p>3 12 months: 0.73 8.35 mIU/L</p> <p>1 6 years: 0.70 5.97 mIU/L</p> <p>6 11 years: 0.60 4.84 mIU/L</p> <p>11 20 years: 0.51 4.30 mIU/L</p> <p>> 20 years: 0.27 4.20 mIU/L</p>	2008-11-15	<p>TSH should be the initial test to screen for clinically-suspected hypothyroidism or hyperthyroidism. If TSH is below the lower cut-off, FT4 and FT3 testing will be performed reflexively by the laboratory. If TSH is between the lower and upper cut-offs, no FT4 or FT3 testing will be performed reflexively. If TSH is above the upper cut-off, FT4 testing will be performed reflexively by the laboratory. These cut-offs are the TSH reference intervals in children and the optimal cut-offs to predict abnormal FT4 levels in adults.</p> <p>The TSH cut-offs are: 2 <6 years: <0.70 or >5.97 mIU/L (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Thyroid Stimulating Immunoglobulin (see <u>Anti-Thyroid Stimulating Hormone Receptor Antibodies, Serum</u>)						
Thyrotropin (see <u>Thyroid Stimulating Hormone, Plasma/Serum</u>)						
Thyrotropin Binding Inhibitor Immunoglobulin (see <u>Anti-Thyroid Stimulating Hormone Receptor Antibodies, Serum</u>)						
Thyrotropin Receptor Antibodies (see <u>Anti-Thyroid Stimulating Hormone Receptor Antibodies, Serum</u>)						
Thyroxine Binding Globulin, Serum TBG	Core	5 mL Gold top Vacutainer GENERAL LABORATORY REQUISITION	Referred out Monday - Thursday	0-11 months : 315-685 nmol/L 1 year - 9 years : 278-500 nmol/L 10 years and over : 260-575 nmol/L		Referred out Monday - Thursday
TIBC (see <u>Unsaturated Iron Binding Capacity</u>)						
Ticks (see <u>Ova and Parasites-Ticks/Arthropods</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tin,Urine	Trace Elements	24 hour urine collected in an unused 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>SI Units:</u> Random Urine: 4.2-42.2 nmol/L µmol/mol creatinineAgeFe maleMale0-110.5-5.00.5-4.812-190.3-3.10.3-3.020-290.3-3.50.3-2.630-390.4-4.20.3-3.140-490.5-5.00.3-3.250-590.6-5.90.4-3.760-690.6-5.80.4-3.970-790.6-6.00.4-4.2≥800.7-7.40.5-4.8 24 Hour Urine: 8.4-59.0 nmol/d <u>Conventional Units:</u> Random Urine: 0.5-5.0 µg/L (more...)		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tinea (see <u>Fungus Culture-Dermatophytes</u>)						
Tip Culture (see <u>Vascular Catheter Tip Culture</u>)						
Tissue / Fluid Investigation	Flow Cytometry (VH)	Lymph Node Biopsy Fine Needle Aspirate CSF Body Fluids 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. For after hours and weekend requests, page the Hematologist on-call at (519) 685-8500 x 14999.		2014-04-21	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tissue Culture	Microbiology (VH)	Tissue, biopsy MICROBIOLOGY REQUISITION	Daily			<p>Clinical history is important for adequate testing.</p> <p>If anaerobes or fungus are suspected, please order appropriate tests.</p> <p>Please indicate on orders any other special requests.</p>
Tissue for Immunofluorescence (IF) - Skin, Conjunctival biopsy, Buccal mucosa	Immunopathology	Tissue biopsy PowerChart: E-order choosing appropriate specimen. See Identification of Clinical Specimens.	Tuesday and Thursday	Negative		
Tissue transglutamase antibody (see <u>Tissue Transglutaminase-IgA</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tissue Transglutaminase-IgA Transglutamase antibody tTGAB Tissue transglutamase antibody	Endocrinology	6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	Monday - Friday 0800-1600	Negative <8.0 AU/mL Positive >= 8.0 AU/mL	2009-02-12	<p>Test is used to diagnose Celiac Disease.</p> <p>Tissue Transglutaminase is predominantly IgA. This method measures IgA autoantibodies against tissue Transglutaminase. The result can be negative in IgA deficient patients in the presence of active Celiac Disease. For screening for diagnosis of Celiac Disease the patient should not be on a gluten free diet. Due to change in methodology as of July 20, 2016 the reference ranges have been adjusted. Repeat testing suggested for patients with values between 7.2 and 8.8 AU/mL</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Titanium, Erythrocytes	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.0-23.0 nmol/L Conventional Units: 0.0-1.1 µg/L		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
Titanium, Plasma	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.00-7.9 nmol/L Conventional Units: 0.00-0.38 µg/L		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Titanium, Serum	Trace Elements	Reference number 368380 - HMMS# 260 - 6 mL Non Additive Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.0-5.8 nmol/L Conventional Units: 0.00-0.28 µg/L		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
Titanium, Whole Blood	Trace Elements	Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube TRACE ELEMENTS REQUISITION	Batched analysis	SI Units (Reported on Patient Chart): 0.0-20.9 nmol/L. Conventional Units: 0.0-1.0 µg/L	2008-09-19	Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:
TNT - High sensitivity (see <u>High Sensitivity Troponin T</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tobramycin, Serum/PI asma Aminoglycosides	Core (VH)	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	Daily	<u>Therapeutic Range</u> Trough (Pre Dose): < = 1.4 mg/L Peak (Post Dose): 6-10 mg/L	2010-07-12	
Tofranil (see <u>Imipramine, Serum</u>)						
Topamax (see <u>Topiramate, Serum/Plasma</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Topiramate, Serum/Plasma Topamax	Toxicology/Special Chemistry	6 mL Red or 6 mL Green or 4 mL Lavender top Vacutainer tube Pediatric: 2-10 yrs: 2 mL Red or Dark Green top 0-2 yrs: Red 0.5pk. or 0.6 Green pk. GENERAL LABORATORY REQUISITION	Monday - Friday 0800-1600	15-60 µmol/L	2006-06-01	
Total (conjugated and unconjugated) metanephrines (see <u>Metanephrines, Urine</u>)						
Total Complement Function Assay (see <u>Complement Total, Serum</u>)						
Total Homocysteine (see <u>Homocysteine</u>)						
Total PSA (see <u>Prostate Specific Antigen, Plasma/Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Toxocara Serology	Microbiology (VH)	Blood-5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to the Public Health Laboratory in Toronto.		2010-09-28	Adequate clinical and epidemiological information must accompany the specimen.
Toxoplasma (see <u>Ova and Parasites-Blood and Tissue</u>)						
Toxoplasma Serology - Toxoplasma IgG/IgM	Microbiology	5 mL Gold or 6 mL Red top Vacutainer tube VIROLOGY REQUISITION	Batch analysis once a week	See report	2006-07-01	
TPMT Genotype (see <u>Thiopurine Methyltransferase: Genotype</u>)						
TPMT Phenotype (see <u>Thiopurine Methyltransferase: Phenotype</u>)						
TRAb (see <u>Anti-Thyroid Stimulating Hormone Receptor Antibodies, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Trace Elements Creatinine, Urine Creatinine, Urine- Random for Trace Elements Creute Creatinine Trace Elements	Trace Elements	24 hour urine collected in an unused 24 hour urine container or random urine TRACE ELEMENTS REQUISITION	Batched analysis	<u>Creatinine</u> <u>Reference</u> <u>Ranges used for</u> <u>random urine</u> <u>calculations</u> <u>for Trace</u> <u>Elements</u> SI Units mmol/L AgeFemaleRangeMean0-112.0-14.78.412-193.6-25.613.820-291.9-23.112.230-391.2-21.410.140-490.8-18.28.550-591.1-15.37.260-691.2-15.57.370-791.3-15.47.0≥800.9-10.65.7 AgeMaleRangeMean0-113.5-15.08.8 (more...)	2012-06-25	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Trace Elements Magnesium, Urine (see Magnesium for Trace Elements, Urine)						
Transferrin Isoelectric Focussing, Serum/Plasma	Core	5 mL Gold top Vacutainer is preferable or 6 mL Green (Sodium Heparinized) top Vacutainer is acceptable GENERAL LABORATORY REQUISITION	Referred out as required	A descriptive report will be sent	2006-09-06	Referred out Monday-Thursday Isoelectric focussing of transferrin is used as a test to detect Carbohydrate Deficient Glycoprotein Syndrome.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Transferrin Saturation UIBC Iron Overload Screen	Core (all campuses)	4.5 mL Light Green (Li Heparin) Vacutainer tube GENERAL LABORATORY REQUISITION		11.0-56.0%		<p>The test is not valid and may be misleading in patients receiving iron therapy.</p> <p>Useful in the investigation of suspected iron deficiency or iron overload. Serum ferritin is the preferred method for assessing iron stores.</p> <p>Assessment of patients with acute iron poisoning.</p> <p>In cases of iron deficiency, the transferrin saturation is lowered; with iron overload, it is increased.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Transferrin, Plasma TRF	Core	<p>Adult: 4.5 mL Green (Lithium Heparin) top Vacutainer</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 GENERAL LABORATORY REQUISITION</p>	Daily	2.00-3.60 g/L	2010-01-11	<p>Turbidimetric assays not suitable for measurement of highly lipemic or hemolytic samples or samples containing high levels of circulating immune complexes.</p> <p>Transferrin quantitation not to be confused with transferrin saturation. To screen for chronic iron overload diseases, hemochromatosis, please order Transferrin saturation.</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Transfusion Reaction Investigation	Blood Transfusion	6 mL Pink (EDTA) top Vacutainer or Donor Tag (SJHC) BLOOD TRANSFUSION REQUISITION or Electronic order	Daily Urgent, if indicated	See report		System Code: Determined by Transfusion Reaction Course. Further blood transfusion should not occur until investigation is complete N/A Results will be interpreted by Hematologist or designate.
Transglutamase antibody (see <u>Tissue Transglutaminase-IgA</u>)						
Transthyretin (see <u>Prealbumin, Serum</u>)						
Trazodone Desyrel	Core	4 mL Dark Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	As required	2.2 - 4.3 µmol/L	2005-07-01	Referred out Tuesday - Thursday
TRF (see <u>Transferrin, Plasma</u>)						
Trichinella (see <u>Ova and Parasites-Blood and Tissue</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Trichinella Serology	Microbiology (VH)	Blood-5 mL Gold or 6 mL Red top Vacutainer tube PUBLIC HEALTH LABORATORY TEST REQUISITION	Referred out weekdays to the Public Health Laboratory in Toronto.		2010-09-28	Adequate clinical and epidemiological information must accompany the specimen. Clearly indicate on label and requisition "TRICHINOSIS SEROLOGY".
Tricyclic Screen Tricyclics, Plasma	Core UH & VH	4.5 mL Green (Lithium Heparin) top Vacutainer tube (preferred) or 5 mL Gold top Vacutainer tube Pediatric: 0-2 yrs: 0.5pk. Green top 2-10 yrs: 2 mL Green top GENERAL LABORATORY REQUISITION	As required	Negative	2009-06-04	
Tricyclics, Plasma (see <u>Tricyclic Screen</u>)						
Trifluoperazine (see <u>Stelazine, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Triglycerides, Plasma	Core UH & VH	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	Weekdays	* See interpretation of lipid profile Increased risk of cardiovascular disease at triglycerides level greater than 2.0 mmol/L; increased risk of acute pancreatitis at triglycerides level greater than 10.0 mmol/L (Lancet 2014;384:626-635).	2008-11-15	Cholesterol target levels are dependent upon patient 10-year risk of coronary artery disease (Can J Cardiol 2013;29:151-67). Triglyceride: Suggested optimal plasma triglyceride concentration is <1.50 mmol/L. Triglyceride level >10.00 mmol/L is a risk factor for pancreatitis
Trimipramine, Serum Surmontil	Core	2 x 6 mL Red top Vacutainer tube GENERAL LABORATORY REQUISITION	As required	170-1000 nmol/L	2005-07-01	Referred out Monday - Thursday Toxic: Greater than 1700 nmol/L

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tripeptidyl Peptidase 1, Dried Blood Spot/Fibroblast CLN2 Peptidase LINCL Batten Disease	Biochemical Genetics	1. Blood dot on PKU-type card 2. Fibroblast 1. GENERAL LABORATORY REQUISITION 2. REGIONAL CYTOGENETICS REQUISITION	As required	Dried Blood Spot: 2.6-7.8 nmol/24 hr/3 mm disc Fibroblast: 47-114 nmol/hr/mg protein	2008-06-10	
Triple Marker (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u>)						
Triple Screen (see <u>Maternal Serum Screen (for Open Neural Tube Defect and Down Syndrome Risks)</u>)						
Triptil (see <u>Protriptyline, Serum</u> TESTING ON HOLD as of 11/09/15)						
Tropheryma whipplei (see <u>Whipple's Disease</u>)						
Troponin T - High sensitivity (see <u>High Sensitivity Troponin T</u>)						
Trypanosoma (see <u>Ova and Parasites-Blood and Tissue</u>)						
Trypanosomiasis Screen (see <u>Blood Parasite Screen</u>)						
Trypsin-like immunoreactivity (see <u>Trypsin/Trypsinogen, Serum</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Trypsin/Trypsinogen, Serum Immunoreactive trypsin Immunoreactive trypsinogen Trypsin-like immunoreactivity	Core	<p>Adult: 5 mL Gold Vacutainer tube</p> <p>Pediatric: 0-2 years: 2 x 0.5 mL Red or Gold top Microtainers 2-10 years: 3 mL Red top Vacutainer tube</p> <p>Light Green (Li-Heparin) or Lavender (EDTA) top tubes are NOT acceptable</p> <p>GENERAL LABORATORY REQUISITION</p>	Referred out Monday - Friday	180.5 885.3 ng/mL	2018-08-07	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tryptase, Serum	Core	5 mL Gold top Vacutainer tube or 6 mL Red top Vacutainer tube Plasma is also acceptable. Green Vacutainer (Li Heparin) Pediatric: 0-2 years: Red 0.5 mL Microtainer 2-10 years: 2 mL Red top tube GENERAL LABORATORY REQUISITION	Referred out Tuesday-Thursday	3.8 11.4 g/L	2009-02-27	
TSH (see <u>Thyroid Stimulating Hormone, Plasma/Serum</u>)						
TSH-3 (see <u>Thyroid Stimulating Hormone, Plasma/Serum</u>)						
TSI (see <u>Anti-Thyroid Stimulating Hormone Receptor Antibodies, Serum</u>)						
tTGAB (see <u>Tissue Transglutaminase-IgA</u>)						
TTR (see <u>Familial Amyloidotic Polyneuropathy-TTR</u>)						
Tuberculosis Culture (see <u>Mycobacterium Culture</u>)						

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Tularensis antibody (see <u>Francisella tularensis Serology</u> , <u>Francisella tularensis: PCR</u>)						
Tylenol (see <u>Acetaminophen</u>)						