

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
UIBC (see <u>Transferrin Saturation, Unsaturated Iron Binding Capacity</u>)						
Umbilical Cord Blood Testing (see <u>Cord Blood Testing</u>)						
Unsaturated Iron Binding Capacity Iron Binding Capacity Saturation UIBC TIBC Iron Overload	Core	4.5 mL Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	As required	24.2 - 70.1 mol/L	2008-11-15	UIBC is part of the Iron Overload screen and cannot be ordered as a separate test

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Uranium,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: 0-0.042 nmol/L nmol/mol creatinineAgeFe maleMale0-110-5.00-4.812-190-3.00-3.020-290-3.40-2.630-390-4.20-3.140-490-4.90-3.250-590-5.80-3.760-690-5.80-3.970-790-6.00-4.2≥800-7.40-4.8 24 Hour Urine: 0-0.063 nmol/d <u>Conventional Units:</u> Random Urine: 0-0.010 µg/L ng/g creatini (more...)		Reference Ranges are based on Non-Occupationally exposed population. Find Interpretive Comment and Clinical Information here:

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Urate, 24-Hour Urine Uric Acid	Core	24 Hour urine GENERAL LABORATORY REQUISITION	Weekdays	1.5-4.5 mmol/d		
Urate, Plasma Uric Acid	Core	4.5 mL Green top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Green top Microtainer 2-10 years: 3 mL Green top tube GENERAL LABORATORY REQUISITION	As required	Premature: <32 µmol/L 0-1 month: <311 µmol/L 1 month-1 year: <372 µmol/L 1 year-17 years: <362 µmol/L Males >18 years: <420 µmol/L Females >18 years: <340 µmol/L	2008-11-15	
Urate, Urine-Random Uric Acid	Core	Random urine GENERAL LABORATORY REQUISITION	As required	0.00-0.30 mmol/L	2006-03-01	
Urea Cycle Disorder (see <u>Orotic Acid, Urine</u>)						
Urea, 24-Hour Urine	Core	24 Hour urine GENERAL LABORATORY REQUISITION	Weekdays	170-580 mmol/24 hours	2008-11-16	

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Urea,Fluid	Core	Fluid GENERAL LABORATORY REQUISITION	As required	See report	2010-05-17	
Urea,Plasma Blood Urea	Core	4.5 mL Green top Vacutainer Pediatric: 0-2 years: 0.5 mL Green top Microtainer 2-10 years: 3 mL Green top tube GENERAL LABORATORY REQUISITION	As required	Premature: <2.7 mmol/L 0-5 months: <7.0 mmol/L 6 months-17 years: <8.0 mmol/L 18 years-65 years: <8.3 mmol/L >65 years: <11.9 mmol/L	2008-11-15	
Urea,Urine-Random	Core	Random urine GENERAL LABORATORY REQUISITION	As required	141-494 mmol/L (1st morning void)	2008-11-16	

Ureaplasma/Mycoplasma Culture (see Mycoplasma/Ureaplasma Culture)

Uric Acid (see Urate, 24-Hour Urine, Urate,Plasma, Urate,Urine-Random)

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Urinalysis Routine R&M Routine and Microscopic	Core	Random urine GENERAL LABORATORY REQUISITION	As required	Leucocytes, urine: 0 cells/uL Specific Gravity, urine: 1.003-1.029 pH, Urine: 4.5-7.5 Protein, Urine: 0.0-0.2 g/L Glucose, Urine: 0.0-5.5 mmol/L Ketones, Urine: 0.0-0.5 mmol/L Blood, Urine: Negative Nitrite, Urine: Negative	2009-12-21	

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Urinary Fluid for Cytology Urine for Cytology	Cytopathology-UH	Non-Gynaecological: Urinary Orange top routine specimen container containing 30 mL Cytolyt solution/60 mL body fluid CYTOPATHOLOGY REQUISITION-NON-GYNAECOLOGICAL AREA	Weekdays		2010-11-25	Close specimen lid tightly to prevent leakage. 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
Urine Culture (Urine C & S)	Microbiology (VH)	Urine OR Urine collected in the O.R.(Cytoscopy , kidney nephrostomy, suprapubic aspirate) MICROBIOLOGY REQUISITION	Daily			In/Out Catheter and O.R. Urines are processed using a 10 L inoculum which is reflected in the colony count.
Urine for Cytology (see <u>Urinary Fluid for Cytology</u>)						
Urine Microalbumin (see <u>Microalbumin,Urine</u>)						
Urine Oxycodone Percocet Percodan Oxycontin	Toxicology/Special Chemistry	Minimum of 10 mL of random urine collected in a sterile container. GENERAL LABORATORY REQUISITION	Monday-Friday: 0800-1600			
Urine Protein Electrophoresis (see <u>Protein Electrophoresis, Urine</u>)						
Uroporphyrin III (see <u>Porphyrin Screen and Quantitation, 24-Hour Urine, Porphyrin Screen and Quantitation, Feces, Porphyrin Screen and Quantitation, Random Urine</u>)						