

| Test Name       | Laboratory        | Specimen Type  | Test Schedule | Reference Range | Effective Date | Comments   |
|-----------------|-------------------|--|---------------|-----------------|----------------|--|
| Vaginal Culture | Microbiology (VH) | Vaginal swab<br>Pre-pubescent vaginal swab<br>MICROBIOLOGY<br>Y<br>REQUISITION | Daily         |                 |                | <p>Vaginal swabs are examined microscopically for bacterial vaginosis, Trichomonas and yeast.</p> <p>Specimens from pre-pubescent females will also be processed by culture.</p> <p>When clinical data such as toxic shock syndrome or Listeriosis is indicated, vaginal samples, will be processed by culture.</p> <p>This information must accompany initial orders.</p> <p>If indicated, pre or post partum samples can be screened by culture for Group B Streptococcus.<br/>Request Strep (more...)</p> |

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| Vaginal Smear (see <u>Gynaecological Conventional Smear for Cytology</u> ) |                              |   |                              |                                |                |          |
| Valproic Acid, Serum/Plasma-Total<br>Depakene<br>Depakene<br>Epival        | Core UH & VH                 | 4.5 mL Green (Lithium Heparin) top Vacutainer tube<br><br><b>Pediatric:</b><br>0-2 yrs: Green 0.5pk.<br>2-10 yrs: 2 mL Green top<br>GENERAL LABORATORY REQUISITION          | As required                  | Therapeutic:<br>350-700 µmol/L | 2008-11-15     |          |
| Valproic Acid-Free, Serum<br>Depakene                                      | Toxicology/Special Chemistry | 2 x 5 mL Gold top Vacutainer tube<br>or<br>2 x 6 mL Red top Vacutainer tube<br>or<br>6 mL Dark Green (Sodium Heparin) top Vacutainer tube<br>GENERAL LABORATORY REQUISITION | Monday - Friday<br>0800-1600 | 35.0-140.0 µmol/L              | 2008-11-15     |          |

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| Vanadium,<br>Erythrocytes | Trace Elements | Reference<br>number 368381<br>- HMMS#<br>11073 - 6mL<br>K2-EDTA Royal<br>Blue Vacutainer<br>tube<br>TRACE<br>ELEMENTS<br>REQUISITION | Batched analysis | SI Units<br>(Reported on<br>Patient Chart):<br>0.2-1.1 nmol/L<br><br>Conventional<br>Units:<br>0.012-0.054 µg/L | 2010-04-13     | Reference Ranges are<br>based on Non-<br>Occupationally<br>exposed population.<br><br>Find Interpretive<br>Comment and Clinical<br>Information here: |

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| Vanadium, Plasma | Trace Elements | Reference number 368381 - HMMS# 11073 - 6mL K2-EDTA Royal Blue Vacutainer tube<br>TRACE ELEMENTS REQUISITION | Batched analysis | SI Units (Reported on Patient Chart): 0.6-1.7 nmol/L<br><br>Conventional Units: 0.032-0.088 µg/L<br><br>Concentration of Vanadium is much higher in erythrocytes than in plasma or serum. The results of these elements in plasma or serum may be falsely elevated if not separated within 30 minutes and/or hemolysis is present. |                | Reference Ranges are based on Non-Occupationally exposed population.<br><br>Find Interpretive Comment and Clinical Information here: |
|                  |                |  |                  |  |                |  |

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| Vanadium,Urine | Trace Elements | 24 hour urine collected in an <b>unused</b> 24 hour urine container or random urine<br>TRACE ELEMENTS REQUISITION | Batched analysis | <u>SI Units:</u><br><br>Random Urine:<br>0.26-2.36 nmol/L<br><br>nmol/mol creatinineAgeFe<br>maleMale0-1129-28029-26812-1918-17118-16620-2921-19316-14730-3925-23319-17240-4930-27720-18150-5935-32723-20860-6935-32324-21870-7936-33726-236≥8045-41329-268<br><br>24 Hour Urine:<br>0.39-3.93 nmol/d<br><br><u>Conventional Units:</u><br><br>Random Urine: (more...) |                | Reference Ranges are based on Non-Occupationally exposed population.<br><br>Find Interpretive Comment and Clinical Information here: |

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| Vanadium, Whole Blood | Trace Elements | Reference number<br>368381-<br>HMMS# 11073<br>- 6mL K2-EDTA<br>Royal Blue<br>Vacutainer tube<br>TRACE<br>ELEMENTS<br>REQUISITION   | Batched analysis | SI Units<br>(Reported on<br>Patient Chart):<br>0.5-2.1 nmol/L<br><br>Conventional<br>Units:<br>0.026-0.106 µg/L  | 2008-08-11     | Reference Ranges are based on Non-Occupationally exposed population.<br><br>Find Interpretive Comment and Clinical Information here: |
| Vancomycin            | Core (VH)      | 4 mL Lavender top EDTA Vacutainer tube (preferred), <b>separate</b> tube required.<br><br>5 mL Gold top Vacutainer tube also acceptable.<br><br><b>Pediatric:</b><br>0-2 yrs: EDTA Microtainer<br>GENERAL LABORATORY REQUISITION | As required      | <b>Therapeutic Ranges:</b><br><br>Trough (Pre-dose):<br>10-20 mg/L<br><br>Effective February 4, 2013 paediatric ranges, including the post-dose (peak) range, have been discontinued | 2010-02-01     |  |

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| Vanillylmandelic Acid, Urine<br>VMA | Toxicology/Special Chemistry | 24-hour urine or random urine.<br><b>Random urine testing available for pediatric patients only.</b><br>GENERAL LABORATORY REQUISITION | Monday Friday<br>0800-1600 | <p><b>Random Urine (VMA in mol/mmol creatinine):</b><br/> 0 - 2 years: ≤ 10.7<br/> 2 - 4 years: ≤ 6.3<br/> 5 - 9 years: ≤ 4.7<br/> 10 - 19 years: ≤ 5.0<br/> &gt; 19 years: ≤ 3.5</p> <p><b>24-Hour Urine (VMA in mol/day):</b><br/> 0 - 2 years: ≤ 12.0<br/> 2 - 4 years: ≤ 15.0<br/> 5 - 9 years: ≤ 18.0<br/> 10 - 19 years: ≤ 30.0<br/> &gt; 19 years: ≤ 34.0</p> | 2017-07-04     | <p>VHHU24 (for 24-hour urine; includes VMA and HVA) or VMAR (for random urine; includes VMA and HVA)</p> <p>Orders for VMA and HVA are coupled so that the levels of both analytes are measured and reported for each sample.</p> <p><b>For STAT requests, please call the toxicology lab at ext. 64664 to make arrangements.</b></p> <p>For 24-hour urine collections, transfer an aliquot of the measured urine to a 5-mL Greiner tube.</p> |

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| Varicella Zoster Serology - VZV IgG/IgM | Virology Laboratory | 5 mL Gold or 6 mL Red top Vacutainer tube<br>PUBLIC HEALTH LABORATORY TEST REQUISITION  | Referred out weekdays to Public Health Lab  | See report      | 2006-07-01     |          |
| Varicella Zoster virus PCR - VZVPCR     | Virology Laboratory | CSF<br>Plasma- 5 mL EDTASwabs - lesions, mouth, eye Fluids- amniotic, ocular, vitreous/aqueous<br>Tissue - brain, lymph node<br>VIROLOGY LABORATORY REQUISITION | CSF samples are tested once daily Monday to Friday<br><br>Blood and lesions are tested three times a week on Monday, Wednesday and Friday. Tissues and Fluids are sent to Public Health Laboratory for testing. | See report      | 2011-10-20     |          |
|   |                     |   |   |                 |                |          |

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| Vascular Endothelial Growth Factor, Plasma VEGF                                 | Core              | <b>Adult:</b><br>4 mL Lavender top (EDTA)<br>Vacutainer tube<br><br>GENERAL LABORATORY REQUISITION   | Referred out Monday-Thursday | 31 - 86 pg/mL   | 2018-04-23     | <b>This test should not be ordered more frequently than 4 times per year for patients with POEMS syndrome.</b>   |
| Vascular Tip Culture<br>Tip Culture<br>Catheter Tip Culture<br>PICC tip Culture | Microbiology (VH) | Vascular Catheter Tip:<br>5-7 cm (2-3 inches) off the distal ends and 1 set peripheral blood culture collected at the same time.<br>MICROBIOLOGY REQUISITION | Daily                        |                 | 2008-07-24     | Vascular catheter tips are to be submitted only in cases of line related infections and line in question is being removed.<br><br>Ventricular and epidural tips for culture should be ordered under CSFC.<br><br>Foley catheter tips are not acceptable for culture. |
|   |                   |  |                              |                 |                |  |

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| Vasoactive Intestinal Polypeptide<br>VIP  | Core       | 4 mL K <sub>2</sub> or K <sub>3</sub> EDTA<br>Lavender top Vacutainer tube<br><br>GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | < 75 pg/mL      | 2008-05-21     |          |
| Vasopressin (see <u>Copeptin (Surrogate Measure of Anti-Diuretic Hormone), Plasma/Serum</u> ) |            |  |                              |                 |                |          |
| VEGF (see <u>Vascular Endothelial Growth Factor, Plasma</u> )                                 |            |  |                              |                 |                |          |
| Venezuela Encephalitis (see <u>Arbovirus Flavivirus Serology/PCR</u> )                        |            |  |                              |                 |                |          |
| Very Long Chain Fatty Acids (see <u>Long Chain Fatty Acids,Plasma/Serum</u> )                 |            |  |                              |                 |                |          |
| VIP (see <u>Vasoactive Intestinal Polypeptide</u> )   |            |  |                              |                 |                |          |
|   |            |  |                              |                 |                |          |

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| Virus Culture | Virology Laboratory | <p>Specimen should reflect the target organism whenever possible.</p> <p><u>Respiratory Viruses:</u><br/>See RPCR Respiratory Virus Panel</p> <p><u>Herpes Simplex Virus:</u><br/>See HSV PCR</p> <p><u>Varciella zoster viruses:</u><br/>VZVPCR</p> <p><u>Adenovirus:</u><br/>swabs - conjunctiva, rectal, stools</p> <p><u>MUMPS:</u><br/>Swabs-throat, buccal (more...)</p> | Referred out weekdays to Public Health Laboratory | See report      | 2010-08-09     |          |

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| Virus Culture (recommended method of testing for Influenza) (see <u>Influenza Virus Serology-Test</u> not available) |                              |  |               |                 |                |   |
| Vitamin A, Serum/Plasma  | Toxicology/Special Chemistry | <u>Serum:</u><br>6 mL Red top Vacutainer tube<br><br><u>Plasma:</u><br>4 mL Lavender or 4.5 mL Green (Lithium Heparin) top Vacutainer tube<br>GENERAL LABORATORY REQUISITION | Once a week   | 1.2-2.8 µmol/L  | 2009-07-02     |   |
| Vitamin B1, Whole Blood Thiamine Diphosphate Thiamine Pyrophosphate (Whole Blood)                                    | Toxicology/Special Chemistry | 4 mL Lavender Vacutainer tube<br>GENERAL LABORATORY REQUISITION  |               | 55-190 nmol/L   | 2017-02-13     | Measures the active form of Thiamine, namely Thiamine Diphosphate, and is the recommended test to assess Thiamine status (deficiency).<br><br>Protect sample from light and freeze immediately. |
|  |                              |  |               |                 |                |   |

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| Vitamin B12,<br>Plasma/Serum<br>Cobalamin<br>Cyanocobalamin | Core       | <p><b>Adult:</b><br/>4.5 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p><b>Pediatric:</b><br/>0-2 years: 0.5 mL Light Green top (Li-Heparin)<br/>Microtainer<br/>2-10 years: 3 mL Light Green top (Li-Heparin)<br/>Vacutainer tube</p> <p>Red, Gold, or Lavender (EDTA) top tubes are also acceptable</p> <p>GENERAL LABORATORY REQUISITION</p> | As required   | 145 - 569 pmol/L | 2015-11-02     | <p>Biotin may interfere with this test. Samples should not be taken from patients receiving high biotin doses (i.e. &gt; 5 mg/day) until at least 8 hours after the last biotin administration.</p> <p>Necessary for normal hematopoiesis and requires intrinsic factor for normal absorption. Decreased in pernicious anemia and malabsorption syndromes.</p> |

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| Vitamin B6<br>Pyridoxal Phosphate<br>Pyridoxal-5-<br>Phosphate | Toxicology/Special Chemistry | Plasma - 4.5 mL Green (Lithium Heparin) <b>or</b> 4 mL (EDTA) Lavender top Vacutainer tube<br><br>Serum is also acceptable<br>GENERAL LABORATORY REQUISITION | Routine       | 20-96 nmol/L    | 2009-07-02     |          |

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| Vitamin C<br>Ascorbic Acid | Toxicology/Special Chemistry | 4.5 mL Green (Lithium Heparin) top Vacutainer tube<br><br>Serum is also acceptable.<br><br><b>Pediatric:</b><br>0-2 years: 0.5 mL Red Microtainer<br>2-10 years: 2 mL Red top tube<br>GENERAL LABORATORY REQUISITION | Routine       | ≥ 25 µmol/L     | 2009-07-02     |          |

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| Vitamin E,<br>Serum/Plasma<br>Alpha-Tocopherol                                     | Toxicology/Special Chemistry | <u>Serum:</u><br><br>6 mL Red top<br>Vacutainer tube<br><br><u>Plasma:</u><br><br>4 mL Lavender<br>or 4.5 mL<br>Green (Lithium<br>Heparin) top<br>Vacutainer tube<br>GENERAL<br>LABORATORY<br>REQUISITION | Monday - Friday<br>0800-1600 | 18-29 µmol/L    | 2009-07-02     | Fat soluble vitamin.<br>Deficiency causes<br>extensive neuropathy<br>in children and may be<br>caused by bowel<br>disease, pancreatic<br>disease, celiac disease<br>and cystic fibrosis.<br><br>Protect sample from<br>light and freeze<br>immediately after<br>separation. |
| VLCFA (see <u>Long Chain Fatty Acids, Plasma/Serum</u> )                           |                              |   |                              |                 |                |   |
| VMA (see <u>Vanillylmandelic Acid, Urine</u> )                                     |                              |   |                              |                 |                |   |
| Volatile Screen (see <u>Alcohol Fractionation (by Gas Liquid Chromatography)</u> ) |                              |   |                              |                 |                |   |
|  |                              |   |                              |                 |                |   |

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| Voltage Gated Calcium Channel Antibodies Anti VGCC | Core       | <p><b>Adult:</b><br/>1-2 x 5 mL Gold top Vacutainer tube</p> <p><b>Pediatric:</b><br/>2-10 years: 1-3 x 3.5 mL Gold top Vacutainer tube<br/>UBC Neuro-Immunology Laboratory Requisition must be completed by neurologist</p> | Referred out Monday | Negative: ≤30 pmol/L<br>Positive: >30 pmol/L | 2014-11-17     | <p>Associated with Myasthenia Gravis</p> <p><b>This test is available exclusively to neurologists at LHSC/SJHC</b></p> <p>Centrifuge at 4 C, transfer serum to cryovials and store at 4 C.</p> |

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| Von Willebrand F:<br>Multimers<br>Multimer Analysis                    | Hemostasis and<br>Thrombosis<br>Laboratory<br>(Victoria<br>Hospital) | 2 x 2.7 mL Blue<br>(3.2% Sodium<br>Citrate) top<br>Vacutainer<br>tubes<br><br><b>Pediatric:</b><br><br>0-2 years: 1.8<br>mL Sodium<br>Citrate<br>Coagulation<br>tube:<br><b>Contact HAT<br/>           lab ext. 52526<br/>           for number of<br/>           tubes required<br/>           prior to<br/>           sampling</b><br>GENERAL<br>LABORATORY<br>REQUISITION | Referred out<br>Monday -<br>Thursdays as<br>required | See report      | 2006-06-01     |          |
| Von Willebrand's Factor (see <a href="#">Von Willebrand's Screen</a> ) |  |  |  |                 |                |          |
|  |  |  |  |                 |                |          |

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| Von Willebrand's Screen<br>Von Willebrand's Factor | Hemostasis and Thrombosis Laboratory<br>(Victoria Hospital) | 2 x 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes<br><br><b>Pediatric:</b><br>0-10 years: 1.8 mL Sodium Citrate Coagulation tube:<br><b>Contact HAT lab ext. 52526 for number of tubes required prior to sampling</b><br>GENERAL LABORATORY REQUISITION | Weekly        | FVIII:C: 0.50-2.00 U/mL<br>VWf:Ag: 0.50-2.00 U/mL<br>VWf:Ac: 0.50-2.00 U/mL | 2006-06-01     |          |

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| Voriconazole | Core       | 4.5 mL Green (Lithium Heparin) top Vacutainer tube<br><br>Pediatric: 2 mL Green (Lithium Heparin) top<br>GENERAL LABORATORY REQUISITION | Referred out Monday-Thursday | Therapeutic: 1.0 - 5.0 mg/L<br>Toxic: > 6.0 mg/L(Trough) | 2015-08-25     |          |