

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vaginal Culture	Microbiology (VH)	Vaginal swab Pre-pubescent vaginal swab MICROBIOLOGY Y 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. Request Strep (more...)</p>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vaginal Smear (see <u>Gynaecological Conventional Smear for Cytology</u>)						
Valproic Acid, Serum/Plasma- Total Depakene Depakene Epival	Core UH & VH	4.5 mL Green (Lithium Heparin) top Vacutainer tube Pediatric: 0-2 years: 0.5 mL Green Microtainer 2-10 years: 2 mL Green top tube GENERAL LABORATORY REQUISITION	As required	Therapeutic: 350-700 μmol/L	2008-11-15	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Valproic Acid-Free, Serum Depakene	Toxicology/Special Chemistry	2 x 5 mL Gold top Vacutainer tube or 2 x 6 mL Red top Vacutainer tube or 6 mL Dark Green (Sodium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	Monday - Friday 0800-1600	35.0-140.0 μ mol/L	2008-11-15	
Vanadium, 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): 0.2-1.1 nmol/L Conventional Units: 0.012-0.054 μ g/L	2010-04-13	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
Vanadium, 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): 0.6-1.7 nmol/L Conventional Units: 0.032-0.088 µg/L 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. Find Interpretive Comment and Clinical Information here:

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vanadium,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: 0.26-2.36 nmol/L nmol/mol creatinine AgeFe 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 24 Hour Urine: 0.39-3.93 nmol/d <u>Conventional Units:</u> Random Urine: (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
Vanadium, 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): 0.5-2.1 nmol/L Conventional Units: 0.026-0.106 µg/L	2008-08-11	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
Vancomycin	Core (VH)	<p>4 mL Lavender top EDTA Vacutainer tube (preferred), separate tube required.</p> <p>5 mL Gold top Vacutainer tube also acceptable.</p> <p>Pediatric: 0-2 years: 0.5 mL Lavender EDTA Microtainer 2-10 years: 3 mL Lavender or Red top tube GENERAL LABORATORY REQUISITION</p>	As required	<p>Therapeutic Ranges:</p> <p>Trough (Pre-dose): 10-20 mg/L</p> <p>Effective February 4, 2013 paediatric ranges, including the post-dose (peak) range, have been discontinued</p>	2010-02-01	

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

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Varicella Zoster Serology - VZV 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 Lab	See report	2006-07-01	
Varicella Zoster virus PCR - VZVPCR	Virology Laboratory	CSF Plasma- 5 mL EDTASwabs - lesions, mouth, eye Fluids- amniotic, ocular, vitreous/aqueous Tissue - brain, lymph node VIROLOGY LABORATORY REQUISITION	CSF samples are tested once daily Monday to Friday 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	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vascular Endothelial Growth Factor, Plasma VEGF	Core	4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube GENERAL LABORATORY REQUISITION	Referred out Monday-Thursday	31 - 86 pg/mL	2018-04-23	This test should not be ordered more frequently than 4 times per year for patients with POEMS syndrome.
Vascular Tip Culture Tip Culture Catheter Tip Culture PICC tip Culture	Microbiology (VH)	Vascular Catheter Tip: 5-7 cm (2-3 inches) off the distal ends and 1 set peripheral blood culture collected at the same time. 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. Ventricular and epidural tips for culture should be ordered under CSFC. Foley catheter tips are not acceptable for culture.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vasoactive Intestinal Polypeptide VIP	Core	4 mL K ₂ or K ₃ EDTA Lavender top Vacutainer tube 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>)						

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

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
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> 6 mL Red top Vacutainer tube <u>Plasma:</u> 4 mL Lavender or 4.5 mL Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	Once a week	0-<1 year: 0.4-2.3 mol/L 1-<12 years: 0.8-1.9 mol/L 12-<20 years: 1.0-2.6 mol/L 20-<40 years: 1.1-3.1 mol/L 40-<60 years: 1.2-3.5 mol/L ≥60 years: 1.3-3.8 mol/L	2009-07-02	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vitamin B1, Whole Blood Thiamine Diphosphate Thiamine Pyrophosphate (Whole Blood)	Toxicology/Special Chemistry	4 mL Lavender Vacutainer tube GENERAL LABORATORY REQUISITION		70-180 nmol/L	2017-02-13	Measures the active form of Thiamine, namely Thiamine Diphosphate, and is the recommended test to assess Thiamine status (deficiency). Please note: new reference interval as of March 22, 2021 Protect sample from light and freeze immediately.

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vitamin B12, Plasma/Serum Cobalamin Cyanocobalamin	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</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. > 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>

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vitamin B6 Pyridoxal Phosphate Pyridoxal-5- Phosphate	Toxicology/Special Chemistry	Plasma - 4.5 mL Green (Lithium Heparin) or 4 mL (EDTA) Lavender top Vacutainer tube Serum is also acceptable GENERAL LABORATORY REQUISITION	Routine	20-96 nmol/L	2009-07-02	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vitamin C Ascorbic Acid	Toxicology/Special Chemistry	4.5 mL Green (Lithium Heparin) top Vacutainer tube Serum is also acceptable. Pediatric: 0-2 years: 0.5 mL Red Microtainer 2-10 years: 2 mL Red top tube GENERAL LABORATORY REQUISITION	Routine	≥ 25 µmol/L	2009-07-02	

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Vitamin E, Serum/Plasma Alpha-Tocopherol	Toxicology/Special Chemistry	<u>Serum:</u> 6 mL Red top Vacutainer tube <u>Plasma:</u> 4 mL Lavender or 4.5 mL Green (Lithium Heparin) top Vacutainer tube GENERAL LABORATORY REQUISITION	Monday - Friday 0800-1600	0-<1 year: 5-50 mol/L 1-<12 years: 13-32 mol/L 12-<20 years: 12-31 mol/L 20-<40 years: 14-45 mol/L 40-<60 years: 16-58 mol/L ≥60 years: 16-67 mol/L	2009-07-02	Fat soluble vitamin. Deficiency causes extensive neuropathy in children and may be caused by bowel disease, pancreatic disease, celiac disease and cystic fibrosis. Please note: new reference intervals as of March 22, 2021 Protect sample from light and freeze immediately after 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>)						

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

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Von Willebrand F: Multimers Multimer Analysis	Hemostasis and Thrombosis Laboratory (Victoria Hospital)	2 x 2.7 mL Blue (3.2% Sodium Citrate) top Vacutainer tubes Pediatric: 0-2 years: 1.8 mL Sodium Citrate Coagulation tube: Contact HAT lab ext. 52526 for number of tubes required prior to sampling GENERAL LABORATORY REQUISITION	Referred out Monday - Thursdays as required	See report	2006-06-01	
Von Willebrand's Factor (see Von Willebrand's Screen)						

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

Test Name	Laboratory	Specimen Type	Test Schedule	Reference Range	Effective Date	Comments
Voriconazole	Core	4.5 mL Green (Lithium Heparin) top Vacutainer tube Pediatric: 2 mL Green (Lithium Heparin) top GENERAL LABORATORY REQUISITION	Referred out Monday- Thursday	Therapeutic: 1.0 - 5.0 mg/L Toxic: > 6.0 mg/L(Trough)	2015-08-25	