WILLAMETTE VALLEY MEDICAL CENTER

Laboratory Services

Directory of Services

WILLAMETTE VALLEY
MEDICAL CENTER

Welcome to Willamette Valley Medical Center. Our laboratory provides the testing you need to provide your patient amazing care every time. Whether you use our laboratory for your physician office testing and/or during inpatient hospitalization, our goal is quality results when you need them.

Our laboratory was recognized in 2012 as first-runner up Laboratory of the Year by Medical Laboratory Observer, a national peer-reviewed publication. We continue the same tradition of excellence today that contributed to that recognition. Over the past few years, we have reduced turnaround time significantly, offering you the best service possible. When time and quality are important, I hope you'll look to us for results.

Willamette Valley Laboratory Services is accredited by the College of American Pathologists. While many tests are offered here in our laboratory, we also utilize a network of reference laboratories to supply additional testing for our patients. Our primary reference laboratory is Laboratory Corporation of America, located in Seattle, Washington. We also routinely refer specimens to Salem Health Laboratories, Oregon Health Science University, ARUP Laboratories, and Mayo Medical Laboratories.

We operate two patient service centers to meet the needs and schedules of outpatients and we also provide specimen couriers in the McMinnville area.

Anatomic pathology services are provided by Pacific Pathology Associates, located in Salem, Oregon. Their direct telephone number is 503-561-5350.

If you have any questions or concerns about laboratory services, we are here to help. You can reach laboratory client services by calling the main laboratory at 503-435-6490.

You Matter. Amazing Care Every Time.

WILLAMETTE VALLEY MEDICAL CENTER

Common Specimen Collection Vacutainer® Tube Types

Tube Color	Additive	Inversions (For Proper Mixing)	General Uses
 Gold Top Serum Separator Tube (SST)	Clot activator and gel for serum separation	5	For serum determinations in chemistry. May be used in diagnostic testing of serum for infectious disease. Tube inversions ensure mixing of clot activator with blood. Blood clotting time: 30 minutes.
 Orange Top Rapid Serum Tube (RST)	Thrombin clot activator and gel for serum separation	5	For rapid serum determinations in chemistry. Tube inversions ensure mixing of thrombin with blood to initiate clotting. **APPROVED FOR HOSPITAL USE ONLY**
 Red Top Tube	Clot activator, Silicone coated (plastic)	5	For serum determinations in chemistry. May be used for routine blood recipient screening and diagnostic testing of serum for infectious disease.** Tube inversions ensure mixing of clot activator with blood. Blood clotting time: 60 minutes.
 Royal Blue (EDTA) Trace Metals tube	Clot activator (plastic serum) K2EDTA (plastic)	8	For trace-element, toxicology, and nutritional-chemistry determinations. Special stopper formulation provides low levels of trace elements (see package insert). Tube inversions ensure mixing of either clot activator or anticoagulant (EDTA) with blood.
 Green	Sodium heparin Lithium heparin	8	For plasma determinations in chemistry. Tube inversions ensure mixing of anticoagulant (heparin) with blood to prevent clotting. **APPROVED FOR HOSPITAL USE ONLY**
 Grey	Potassium oxalate/ sodium fluoride Sodium fluoride/Na2 EDTA Sodium fluoride (serum tube)	8	For glucose determinations. Oxalate and EDTA anticoagulants will give plasma samples. Sodium fluoride is the antiglycolytic agent. Tube inversions ensure proper mixing of additive with blood.
 Yellow ACD Tube	Acid citrate dextrose additives (ACD):	8	ACD for use in blood bank studies, HLA phenotyping, and DNA and paternity testing.
 Lavender Top (EDTA) Tube	Spray-coated K2EDTA (plastic)	8	K2EDTA and K3EDTA for whole blood hematology determinations. K2EDTA may be used for routine immunohematology testing, and blood donor screening. Tube inversions ensure mixing of anticoagulant (EDTA) with blood to prevent clotting.
 Pink top (EDTA) Tube	Spray-coated K2EDTA (plastic)	8	Used for routine blood bank or immunohematology testing and blood donor screening. Tube inversions prevent clotting. **To be used for transfusion testing/crossmatch, the tube must be appropriately labeled with the transfusion armband.**
 Light Blue, Citrated (3.2%) Tube	Buffered sodium citrate 0.109 M (3.2%) plastic	3-4	For coagulation determinations, selected platelet function assays and routine coagulation determination. Tube inversions ensure mixing of anticoagulant (citrate) to prevent clotting. **Ensure proper fill volume by comparing fill level to the frosted fill-line on the tube.**

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General Information

Mission

Our mission is You Matter. Amazing Care Every Time.

Customer Service

The laboratory at Willamette Valley Medical Center provides the testing you need to give your patients amazing care. Whether you use our laboratory during inpatient hospitalization and/or for your physician office testing, we are committed to providing the highest quality results when you need them. All laboratory departments are staffed with certified medical technologists and medical laboratory technicians. Board certified pathologists provide pathology services and are available for laboratory consultations.

Our managers and supervisors meet regularly to discuss the needs of physicians and patients. These meetings allow us the opportunity to make changes in a dynamic environment. We are committed to providing the services you expect from a laboratory partner. Our focus is always on what will provide the best care for the patient and by implementing the latest advances in laboratory medicine, how we can enhance your ability to provide that care.

This directory has been designed to give you the proper information so that patient specimens can be tested promptly and results reported in an efficient and accurate manner.

Laboratory Customer Service can be reached at (503) 435-6490.

Quality Assurance

We actively monitor quality performance indicators for the entire process of laboratory services, from specimen submission to laboratory performance, reporting and billing. Performance is measured through customer surveys, employee surveys, audits and process measures. These indicators are used to identify quality improvement opportunities. All indicators and activities are monitored by the management team. Our team is responsive to your needs as we partner with you to obtain the clinical excellence your patients expect.

Accreditation

Willamette Valley Laboratory Services is accredited by the College of American Pathologists. We are licensed with the State of Oregon Health Division with CLIA certification. Our transfusion service is also registered with the Food and Drug Administration.

Laboratory Hours and Outpatient Service Centers

The laboratory is staffed, 24 hours/day, 365 days of the year for inpatient testing. We have two outpatient service centers that provide specimen collection services.

WVMC Hospital Outpatient Laboratory	McMinnville Internal Medicine
2700 SE Stratus Avenue, McMinnville	254 NE Norton Lane, McMinnville
Monday to Friday, 8:00 am to 5:00 pm	Mon to Friday, 8:00 am to 1:00 pm
Fax Orders to: (503) 435-6413	Fax Orders to: (503) 472-2894

Courier Services

The laboratory provides courier services Monday – Friday, excluding holidays. Couriers pick up specimens in the McMinnville area each afternoon. Lockboxes are available for after-hours pick up at no cost to your clinic.

Supplies

To order supplies and test request forms call the laboratory at (503) 435-6490 or fax a supply order form to (503) 435-6493.

Testing Policies

Requesting Tests

Willamette Valley Medical Center will only perform tests that have been requested by an authorized physician or licensed independent practitioner, in accordance with Oregon laws. Requests to perform tests should be made on a clinical laboratory requisition form, or another appropriate form that contains the following information:

- Patient Name
- Patient Date of birth
- Street Address, City, State, Zip code
- Telephone number, including the area code
- Sex
- Referring clinician name and telephone number
- International Classification of Diseases (ICD-10) code by specificity or narrative diagnosis
- Responsible party's name and relationship to patient, ID or policy number and group number.

Requisitions for clinical laboratory tests should be signed by the ordering clinician.

Cancellations

Tests may be cancelled without charge while specimens are in transit. Once the specimen has been received in the laboratory and testing has been initiated, it cannot be cancelled. Testing cannot be cancelled after results have been issued to the clinician. For cancellation requests, please contact the laboratory at (503) 435-6490.

Billing

Unless otherwise marked on the requisition when testing is submitted, Willamette Valley Medical Center will bill patients or their insurance for laboratory testing. It is important to inform patients that they will receive a bill from Willamette Valley Medical Center for services referred to our laboratory. We request that physician's office clients make this notification standard practice when they collection patient specimens and submit those specimens for testing.

Patient and Insurance Billing

If requested, or as required by law, Willamette Valley Medical Center will bill patients directly within the United States. The same information that is required for third party and contract billing is required when submitting testing for direct patient billing

The patient's full name and address must appear on the test request form. Many patients subsequently request insurance billing for those plans with which Willamette Valley Medical Center participates. In those cases, diagnosis information will be required in order to file a claim. We are unable to accept a diagnosis from a patient. For this reason, diagnosis must be provided with all patient billed testing.

You must provide:

- Patient Name
- Patient Date of birth
- Street Address, City, State, Zip code
- Telephone number, including the area code
- Sex
- Referring clinician name and telephone number
- International Classification of Diseases (ICD-10 code by specificity or narrative diagnosis
- Responsible party's name and relationship to patient, ID or policy number and group number.

It is helpful to attach a copy of the patient's insurance card or information to the request. If the required information is not provided, the client may be billed for payment. We participate with a variety of traditional insurance plans and managed care organizations (HMOs and PPOs). For a listing of insurance carriers contracted by Willamette Valley Medical Center please our business office.

If you fail to provide complete information, Willamette Valley Medical Center is unable to bill the patient, and will contact your office to obtain the required information. We cannot accept diagnosis information from the patient directly.

Client Billing

Willamette Valley Medical Center can bill tests directly to the physician office or care facility. We will bill your account at the end of the month. The following information may be provided if submitted with the order:

- Patient Name
- Patient Date of Birth
- Patient Sex
- Date of Service
- Testing Performed
- Test Price
- Referring Physician Name/Number

Payment is due upon receipt. Late payments may result in additional charges.

Medicare and Medicaid

Willamette Valley Medical Center may bill Medicare and various Medicaid programs directly for clients.

When ordering tests for patients under Medicare, physicians or authorized individuals should only order tests that are medically necessary for the diagnosis and treatment of a patient, rather than for screening purposes. The Office of the Inspector General takes the position that a physician who orders medically unnecessary testing may be subject to civil penalties.

The Centers for Medicare and Medicaid Services (CMS) has implemented uniform National Coverage and Administrative Policies for clinical laboratory services that ensure the medical necessity of certain services rendered to Medicare beneficiaries. In addition to the National Coverage Policies subject to National Coverage Determinations (NCD), CMS allows Medicare Contractors to develop their own Local Coverage Determinations policies (LCD), which vary depending on your region. Laboratory tests that are subject to NCDs or LCDs are often referred to as Limited Coverage Tests. Willamette Valley Medical Center has identified Medicare Limited Coverage tests with an asterisk prior to the suggested CPT Code on the laboratory requisition.

Medicare contractors require medical necessity documentation in order to determine coverage for limited coverage tests. Coverage may be denied for a limited coverage test when it is submitted without specific diagnosis information that supports the medical necessity for the testing.

Whenever you order a test that is considered Limited Coverage an ICD-10 code or narrative diagnosis must be provided on the laboratory requisition. The ICD-10 code should indicate the medical necessity that you believe is appropriate for the test. Please provide the ICD-10 code that most accurately describes the patient's condition. Do not choose a code merely to secure claim payment. ICD-10 codes must be provided in valid format, including 4th and 5th digit specificity when required. The ICD-10 code that you provide must appear in the patient's medical records in order to support the necessity of the testing in the event of a post-payment review.

Advance Beneficiary Notice

In the event that a test is determined by Willamette Valley Medical Center's Medicare carrier to be medically unnecessary, the laboratory may only bill the patient if an Advanced Beneficiary Notice (ABN) has been completed and signed by the patient prior to the time that the specimen was collected.

Willamette Valley Medical Center has identified Medicare Limited Coverage tests with an asterisk prior to the suggested CPT Code on the pre-printed laboratory requisition. Anytime you believe that a test may be considered medically unnecessary by Medicare, the patient should be asked to sign a completed ABN. When ordering testing that is indicated as Medicare Limited Coverage, the physician must collect an Advanced Beneficiary Notice prior to submitting the specimen for testing. A new ABN must be collected each time testing is submitted.

For patients that present at the Outpatient Laboratory, Willamette Valley Medical Center will collect an ABN prior to performing testing when Medicare Limited Coverage tests have been requested and the provided diagnosis code does not meet the requirement of medical necessity as

determined by Medicare. The patient will be given the opportunity to pay for the testing or to refuse testing.

The ABN ensures that the patient understands that he/she will be responsible to pay for any services requested on the form that Medicare does not cover for one of the following reasons:

- The test is subject to NCD or LCD and the diagnosis for which the test is ordered is not considered to be indicative of medical necessity by Medicare.
- The test is ordered more frequently than Medicare considers medically necessary.
- The test is for research of investigational use only and is not approved by the Food and Drug Administration.

All of the information on the ABN must be completed. The test name must be clearly marked or written on the ABN. Please use the test name as it appears on the laboratory requisition. Do not use synonyms or abbreviations. Be sure that the patient reads, understands, and signs the ABN prior to the specimen being collected. The form must be dated and the date should correspond to the date on which the specimen is collected.

For questions related to billing, please contact the Business Office at 503-435-6535.

Reference Ranges

Willamette Valley Laboratory Services establishes reference ranges for tests according to the patient population found in our service area. Reference ranges are updated as necessary with changes in the patient population or test methodologies. The current reference range is always included with the patient's laboratory report.

Specimen Retention

After testing is completed, samples are kept for a short period of time in compliance with regulatory requirements and then discarded. Urine samples are retained for 24 hours, serum samples for 7 days and whole blood for 3 days.

When requesting additional testing, specimen appropriateness is determined by many factors including the storage temperature of the specimen and the stability of the requested analyte post collection. Please call the laboratory at (503) 435-6490 to determine whether a previously submitted specimen is still available and appropriate for additional testing.

All add-on testing must be accompanied by a requisition.

Specimen Collection

Introduction

The quality of any laboratory test begins at the time of collection. Care, skill and knowledge when preparing the patient and specimen are essential to the provision of the highest quality standards for testing and services. The patient must be properly prepared or be given adequate instructions so that the best possible specimen can be collected. The specimen must be collected, and then properly processed, packaged and transported to the laboratory in a timely manner and under environmental conditions that will not compromise the integrity of the specimen. After all of these activities take place, analysis can occur. The specimen collection and handling process can be completed by you and your staff, or by referring your patient to one of our collection sites.

General Guidelines

Specific specimen requirements for each test are listed in the General Test Listing section of the directory. Specimen requirements generally include the requested volume, storage and transport temperature, and any special handling notes. If additional information is needed for the interpretation of the test results or there are specific instructions for patient preparation, they are listed along with specimen requirements. If you have additional questions, please contact laboratory customer service at 503-435-6490 for guidance.

Specimen Volumes

It is critical that an adequate specimen volume is submitted for analysis. Vacutainer® tubes should always be filled, completely exhausting the vacuum when submitting them for testing. The volume requested in this directory is enough for initial analysis as well as for any confirmatory testing that must be performed. If inadequate specimen is submitted, we may be unable to perform the initial test or required confirmatory procedures. If repeat or confirmatory testing cannot be performed, the report will indicate that the specimen quantity submitted was "QNS" (Quantity Not Sufficient) for additional testing. When submitting a serum or plasma for testing, it is typically necessary to collect a volume of whole blood that is 2.5 times the amount of serum or plasma required. For example, if a test requires 4 mL of serum or plasma, 8 to 10 mL of whole blood must be collected.

Patient Preparation

Many tests require that the patient be prepared in a specific way to ensure clinically useful results. An example of this is a fasting glucose value. Other tests have special collection instructions that the patients need to follow to provide the best results, like a 24 hour urine specimen. Special requirements for patient preparation or specimen collection can be found in the General Test Listing, or by calling the laboratory prior to specimen collection.

Fasting Requirements

For the majority of tests performed on serum, plasma or whole blood, as fasting specimen is preferred. Non-fasting specimens often contain fat particles that can interfere with specimen analysis. During the fasting period the patient can continue to drink water, and take any medications, unless otherwise indicated by the clinician. They should refrain from food and liquids other than water, such as coffee, tea, milk, juice, etc.

Patient Identification

Proper patient and sample identification is essential to providing quality laboratory results. Patient identification must include the use of two identifiers, and may involve the patient, family member, caregiver, or the nursing staff in the identification process.

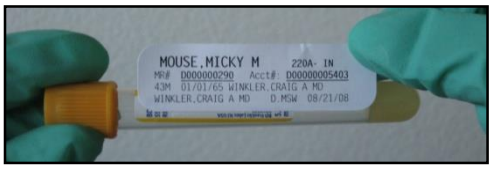
Labeling Specimens

The laboratory cannot accept any specimen for processing which is not properly labeled. Specimens must be labeled with two identifiers. All specimen labels must have a minimum of:

- Patient's First and Last Name, and a
- Second identifier (preferably the patient's date of birth.)

The date, time and initials of the person collecting the sample should be recorded on the specimen label or on the requisition that will accompany the specimen to the laboratory.

Specimen labels should be placed on the blood collection tube, parallel and covering the manufacturer pre-printed label. See example below.



Specimen labels should not be wrapped around the specimen in a barber pole fashion. This makes it difficult to leave the original identification visible when attaching an LIS label to the specimen.

Do not place identification labels on lids of containers. The specimen is unlabeled once the lid is removed.

Sputum specimens collected in the sputum collection containers must be submitted only in the inner container.

Culture specimens must have the label on the tube, not on the outer paper envelope, paper bag, etc.

Specimens submitted for fluid or microbiology testing must have the source listed on the label.

Labeling must be completed before leaving the patient bedside, or before the patient leaves the collection area.

Labeling information must match the information contained on orders or requisitions accompanying the specimen.

Specimens that are unlabeled or incompletely labeled are unacceptable for analysis.

Serum, Plasma or Whole Blood Collection

Draw blood in the color-coded Vacutainer tube indicated in the alphabetical test listing. For serum or plasma, draw approximately a volume of whole blood that is 2.5 times the amount of serum or plasma required. For example, if a test requires 4 mL of serum or plasma, 8 to 10 mL of whole blood must be collected. Completely fill the vacutainer whenever possible to eliminate dilution from the anticoagulant or preservative and immediately mix the blood by gently and thoroughly inverting the tube five to ten times. Most blood specimens can be collected by venipuncture, unless otherwise indicated in the General Test Requirements.

Specimen Collection by Venipuncture

Supplies needed: tourniquet, alcohol pad, venipuncture needle or a winged collection set needle, holder or syringe, vacutainer tubes, gauze or cotton ball, adhesive bandage or tape, pen, gloves, and a sharps disposal container.

Position the patient.

Check potential venipuncture sites.

Inspect both arms for good veins. When selecting a venipuncture site feel for the median cubital vein first; it is usually bigger, better anchored, and bruises less than other veins. The cephalic vein is the second choice because it does not bruise or roll as easily. The basilic vein is the third choice. Think "middle, out, in, down" for vein selection.

When this is not possible, other sites include the back of the hand. Veins on the underside of the wrist **are not recommended** for use.

Do not perform venipuncture from an arm with a fistula, from the same side as a mastectomy, or above an IV site.

Apply the tourniquet. Stretch the tourniquet so that it is tight around the arm, but not painful. Tie with a partial loop to make removal of the tourniquet easy. Avoid leaving the tourniquet on for more than one minute. The tourniquet should not be left on for more than 2 minutes.

Choose an appropriate vein.

Put gloves on.

Apply antiseptic. (70% alcohol or iodine). Allow to air dry. Do not touch the cleansed site until after the venipuncture.

Perform the venipuncture.

Grasp the patients arm firmly, but gently.

Use your thumb to draw the skin taut.

Enter the vein with the bevel of the needle upward. The angle of insertion should be 30° or less.

Fill vacutainer tubes in appropriate order: Blood Culture, Blue, Red, Gold, Green, Lavender, Grey.

While keeping the holder in place, depress and evacuated tube into the holder. Fill the tube completely until the vacuum is exhausted, and blood ceases to flow. Remove the tube from the holder, and mix tube well. (Invert 5-8 times). Use additional tubes as necessary.

For syringe draws, fill the syringe by pulling back gently on the plunger, keeping the end of the plunger approximately 1 cc ahead of the blood. After step 17, fill the vacutainer tubes in appropriate order from the syringe, using a safety transfer device if applicable. Never use the plunger to force blood from the syringe into the vacutainer tube.

Release and remove the tourniquet.

Withdraw the needle. Activate the safety device, and discard in sharps container. Do not recap the needle.

Apply pressure to the venipuncture site.

Discard the tourniquet.

Apply pressure bandage and check patient for signs of syncope. See Procedure LAB.SC.0005 for handling adverse reactions to phlebotomy.

In the presence of the patient, label tubes Record the initials of collector on the label, and on the requisition.

Instruct patient to leave the pressure dressing on for at least 5 minutes.

When mixing the anticoagulant and blood in a tube, gentle inversion will avoid hemolysis. Never shake a tube of blood.

Adverse reactions may occur during phlebotomy. If the patient reports feeling numbness, tingling, or electric shock-like sensation, terminate the venipuncture immediately and provide appropriate aid and assistance.

Blood Cultures

Supplies needed: Blood culture vials; BACTEC Plus Aerobic/F vials (blue), BACTEC Lytic/10 Anaerobic/F vials (purple), BACTEC Peds Plus/F (pink). Venipuncture supplies, Betadine or 2% Tincture of Iodine or ChloraPrep, Alcohol prep.

Select site for venipuncture. Mark skin with surgical marker if vein is difficult to locate.

Thoroughly cleanse the skin with 70% alcohol.

With a sterile applicator, apply 2% tincture of iodine or 10% povidone-iodine solution (Betadine) to the venipuncture site, starting at the center and moving outward in a circular motion. Allow to completely air dry before collecting blood. Do no blot or wipe away.

Note: Do not remove iodine or Betadine from skin before collecting blood.

For an alternate cleaning method to steps 2 and 3, ChloraPrep may be used. **CAUTION: ChloraPrep may not be used on infants less than 2 months old.**

Pinch the wings on the applicator to break the ampule and release the antiseptic. Do not touch the sponge.

Wet the sponge by repeatedly pressing and releasing the sponge against the treatment area until liquid is visible on the skin.

Use repeated back-and forth strokes of the applicator for approximately 30 seconds. Completely wet the venipuncture site with antiseptic.

Allow the area to air dry for approximately 30 seconds. Do no blot or wipe away.

Prepare blood culture vials. Examine each vial for evidence of contamination (cloudiness, bulging or depressed septum, leakage) and damage or deterioration (turbidity, contamination, discoloration or darkening). DO NOT USE a vial if any defect is detected. After removing the cap, wipe the rubber diaphragm with a sterile sponge soaked in 70% alcohol and allow to air dry. DO NOT USE IODINE to wipe off the vial top, as iodine will disintegrate the vial septum.

Apply a tourniquet and visually locate the vein to be punctured but DO NOT TOUCH the cleansed site. See procedure notes.

Collect the specimen using one of the following methods:

Syringe Draw

Use largest gauge needle that the patient's vein will allow.

Note: Draw blood cultures separate from other tests. If it is necessary to draw with other tests, inoculate blood culture vials first to reduce likelihood of contamination.

Remove needle completely before touching the cotton to the puncture site. Transfer blood from the syringe into upright blood culture vials using a transfer device. Allow vacuum in vial to draw the blood in.

Note: DO NOT FORCE blood into vial. Do not overfill.

Refer to table below for fill volumes.

Monitor the volume being drawn into the vials by the graduated marks on the syringe.

Butterfly Needle

Attach butterfly to the barrel. Place the barrel over end of upright blood culture vials.

Carefully observe the direction of blood flow when starting sample collection. The vacuum in the vial will usually exceed 10mL, so the user should monitor the volume collected by means of the 5 mL graduated marks on the vial label. Do not overfill.

Refer to table below for fill volumes.

When the desired amount has been drawn, remove the needle from the vial. See procedure notes.

Inocculate the aerobic bottle before inoculating the anaerobic vial.

OPTIMAL VOLUMES FOR BLOOD CULTURE VIALS

	Plus Aerobic/F	Lytic/10 Anaerobic/F vials	Peds Plus/F
Neonate to 1 year	Use Peds Vial	Use Peds Vial	1 – 3 mL
1 to 6 years	Use Peds Vial	Use Peds Vial	1 – 3 mL
Adolescent to Adult	8 – 10 mL	8 – 10 mL	Do Not Use

Note: For suboptimal specimen volumes <8mL, place the entire specimen in the aerobic vial.

Remove Betadine or iodine from the skin using alcohol.

Label vials with at least two patient identifiers, including the collection date, time, and site of collection (e.g., "left arm", "right hand", "subclavian line red port", etc.) DO NOT COVER VIAL BARCODE LABEL.

Transport the specimen promptly to the laboratory.

Notes:

Contamination rates are higher with line draws than with venipuncture, so blood cultures should not be collected through lines except to test for an infected line.

Optimum recovery of isolates will be achieved by adding maximum amounts of blood. Use of lower volumes may adversely affect recovery and/or time to detection of organisms.

Stool collection

Random Stool Collection

Collect the stool sample into a clean, dry container. **Do not** contaminate the specimen with urine, water or toilet paper. A specipan may be used to cover the toilet for specimen collection.

Using a tongue blade/spoon provided, transfer a portion of the specimen into a clean container for transport to the laboratory. If there is any blood, mucous or pus with the stool, be sure to include these areas with the specimen for transport to the laboratory.

Label the specimen container with your name and birth date and the date and time of the collection.

The specimen must be delivered as soon as possible to the laboratory. If transport is delayed, refrigerate the specimen.

Specimen Collection for Ova and Parasite Analysis

Additional steps are necessary for ova and parasite exams. You will be given two vials.

Transfer stool into each vial until the preservative liquid reaches the fill line on the vial label.

Be sure to mash the specimen in the vial so that it will mix with the preservative.

Once the vial lid is on tight, shake the vial to create a soup like mixture.

If the specimen is for ova and parasite testing, do not refrigerate the specimen

Timed Stool Collection

Collect the entire first stool sample of the timed period. Use a clean, dry container. All stools after this one should be collected in the same container.

Once the time period is over (24, 48, or 72 hours) send the entire collection to the laboratory.

The specimen may be refrigerated during the collection period.

Urine Collection

Men

Wash your hands with soap and water before beginning specimen collection.

Use towelette to wash the end of the penis. If uncircumcised, retract the foreskin and wash with towelette.

Open the urine container. Do not touch the inside of the container or lid. Place the lid face up on a clean surface.

Begin to urinate into the toilet. When the urine stream is well established, place the container under the stream and fill approximately ½ full. Finish urinating into the toilet.

Replace the lid on the container and ensure that it is sealed tightly.

Women

Wash your hands with soap and water before beginning specimen collection.

Open the urine container. Do not touch the inside of the container or lid. Place the lid face up on a clean surface

Find a stable position over the toilet.

Use several towelettes to clean the urinary area by separating the vaginal folds. Wipe from front to back with the towelettes before beginning collection. Repeat at least two times.

Keeping the skin apart, begin to urinate into the toilet. When the urine stream is well established, place the container under the stream and fill approximately ½ full. Finish urinating into the toilet.

Replace the lid on the container and ensure that it is sealed tightly.

24 Hour Urine Collection

Patients may eat and drink as usual during the day of collection unless the specimen requirements indicate otherwise.

WARNING: **Some of the 24 hour urine specimens require preservatives. Often this preservative is a strong acid. If this preservative should accidentally spill, carefully and thoroughly wash the area with water. To avoid skin contact with the preservative, collect the urine specimen in a cup, and pour the contents into the 24 hour urine storage container.**

It is best to start specimen collection in the morning. Begin the test by urinating into the toilet. **Do not save this urine**. Begin specimen collection with an empty bladder.

Write the date and time on the storage container.

For the next 24 hours, save all urine in this container. Urinate into a specimen collection container, and pour the contents into the storage container.

Keep the storage container refrigerated between collections.

Exactly 24 hours after beginning the test, urinate one last time into the container, being sure to empty the bladder. Add this specimen to the storage container and bring the entire specimen to the laboratory for testing.

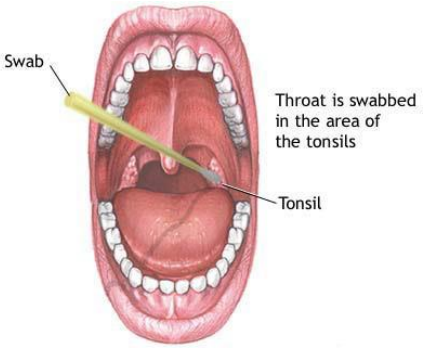
Record the date and time that the last urine specimen was added to the container.

The specimen must be delivered as soon as possible to the laboratory.

Most of the tests requiring 24 hour urine collection are relatively expensive. Their accuracy depends largely on the completeness of the specimen. If any portion of the urine sample is lost (for example at the time of bowel movement), the collection is not accurate and must be started again. If the urine become contaminated with stool the sample is unsatisfactory and collection must be started again.

Respiratory Specimen Collection

Throat Swab



With the patient's head tilted back, and the throat well illuminated, depress the tongue so the back of the throat can be seen.

Rub the swab up and down the back of the throat, and against any white patches in the tonsilar area. Avoid touching the tongue and cheeks.

When using a double-tipped swab, rotate the swab during collection so that both tips contact each surface.

Replace the swab in the sterile sleeve, transport tube or inoculate viral transport media.

Label the specimen.

Sputum Collection

If possible, samples are best collected first thing in the morning. This allows for a collection of accumulated secretions.

Have the patient sit on a chair or at the edge of their bed.

Ask them to rinse their mouth with water to reduce specimen contamination by oral bacteria and food particles. Avoid mouth wash and toothpaste because they may affect the mobility of organisms in the sputum sample.

Have the patient cough deeply and expectorate into the specimen container. They should try to produce at least 15 mL of sputum if possible.

Cap the container, and if necessary, clean the exterior of the container.

Label the container.

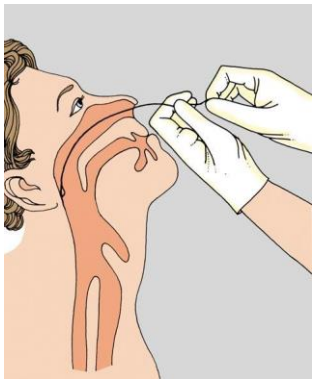
Nasopharyngeal Collection

Put on gloves and a mask and other protective equipment as appropriate.

With the patient sitting erect, instruct him to blow his nose.

Check the patient's nostrils for patency using a penlight, and determine the patient's more patent nostril.

Bend the sterile swab in a curve, and then open the package without contaminating the swab.



Instruct the patient to cough.

With the patient's head tilted back, pass the swab gently through the patient's more patent nostril into the nasopharynx or depress the patient's tongue with a tongue blade and pass the bent swab up behind the uvula.

Rotate the swab quickly, and then remove it.

Insert the swab into the sterile culture tube. If placing the swab into a media vial, break off the contaminated end of the swab, and replace the media tube lid.

Close the culture tube tightly.

Label the specimen.

Remove and discard your gloves; remove and discard other personal protective equipment if worn.

Specimen Processing

Whole Blood

Collect whole blood according to instructions provided for the individual test. Evacuated tubes used to collect whole blood specimens contain anticoagulant. Thoroughly mix the blood with the additives by gently inverting the tube. Blood that is properly mixed with anticoagulant will not clot. Maintain the specimen at the correct temperature according to the individual test instructions. Never freeze whole blood, unless specifically instructed in the specimen requirements. To minimize the risk of freezing and hemolysis, never place whole blood specimens directly against cool packs.

Plasma

Plasma is the liquid portion of the blood that remains when separated from red blood cells. Plasma contains fibrinogen and other clotting factors. Evacuated tubes used to collect plasma specimens contain anticoagulant and, frequently, a preservative. The additive in each tube is specified on the label and tube stoppers are color coded according to the additive present. Consult the individual test specimen requirements to determine the correct additive tube to use during specimen collection.

To prepare plasma from whole blood, the specimen must be centrifuged. Plasma should be separated from the cells immediately following centrifugation when a gel separator tube is not used. Centrifuge for at least 15 minutes at 3000 RPM. Pipette the plasma into a clean plastic screw-cap vial and attach a specimen label to the aliquot tube. Do not transfer red cells to the aliquot tube. Label the tube as PLASMA.

Serum

Serum is the liquid portion of the blood that remains when separated from red blood cells after the clotting process has occurred. Serum does not contain fibrinogen and other clotting factors. Evacuated tubes used to collect serum specimens often contain a gel barrier, known as an SST (Serum Separator Tube). Occasionally serum separator tubes can not be used for specimen collection. Consult the individual test specimen requirements to determine if a plain red top tube is required.

To prepare serum from whole blood, the specimen must be allowed to clot and then centrifuged. The specimens should be allowed to clot for at least 30 minutes prior to centrifugation. Specimens must be centrifuged within one hour of collection, or test results will be affected. Serum should be separated from the cells immediately following centrifugation when a gel separator tube is not used. Centrifuge for at least 15 minutes at 3000 RPM. Pipette the plasma into a clean plastic screw-cap vial and attach a specimen label to the aliquot tube. Do not transfer red cells to the aliquot tube.

Frozen Serum or Plasma Specimens

Serum or plasma specimens need to be frozen only if specifically stated in the specimen requirement. When a frozen specimen is required, it is essential to freeze the specimen as soon after collection and separation from the red blood cells as possible. Always freeze specimens in a plastic aliquot tube, unless otherwise indicated. Do not freeze glass tubes or plastic serum separator tubes.

Specimen Transport

Different tests have different temperature requirements during transportation and storage.

Failure to provide the appropriate conditions can render a specimen unsuitable for testing. The following considerations apply:

Frozen: -10° C or colder:

When ordering multiple tests on a patient, prepare a separate aliquot for each test requiring a frozen specimen. Pour off serum or plasma into a plastic tube before freezing. The serum or plasma should be separated from the red blood cells prior to being frozen. Do not freeze whole blood unless specifically indicated by the specimen requirements. To prevent injury and exposure to potentially infectious material, do not ship frozen specimens in glass tubes or SST gel barrier tubes (glass or plastic). Do not package frozen specimens with non-frozen specimens. Specimens must remain frozen during shipment. Package in an appropriate shipping container with enough dry ice to keep the specimen frozen. Insulate the specimen by wrapping the sample in paper towels to ensure that it does not come in direct contact with the dry ice. Dry ice requirements: 5 lbs. = 8-10 hours; 10 lbs. = 24 hours.

Refrigerated 2-8° C:

Package specimen in an appropriate shipping container with a frozen coolant pack. Insulate the specimen by placing a barrier (ie: Paper towels) to ensure that it does not come in direct contact with the coolant pack. One pack cools for 8-10 hours; 2 packs cool for 24 hours if the shipping container remains unopened. pack cools for 8-10 hours; 2 packs cool for 24 hours if the shipping container remains unopened.

Room Temperature (Ambient) 15-30° C:

Room temperature specimens need not be packaged with coolant; however, extreme weather conditions could affect specimen quality. Take weather conditions into consideration when leaving specimens in locked boxes for couriers Storage and transport temperature is specified as room temperature (15 to 30°C), refrigerated (2 to 8°C) or frozen (-10°C or colder). When temperature is not indicated, the sample may be stored and shipped in the most convenient manner for the client.

Rejection of Specimens

The accuracy and quality of a laboratory test is dependent on the quality of the specimen received. When the integrity of the specimen is in question, a decision has to be made about acceptance or rejection. Specimens that are delivered in a condition that is dangerous to lab personnel, including specimens in syringes with needles, will be rejected. The ordering clinician or office will be contacted and advised of the problem.

The following represent some reasons for specimen rejection or test cancellation:

Improper/incomplete specimen labeling.

Incomplete or incorrect laboratory requisition.

Insufficient (QNS) or incorrect quantity in container.

Specimens collected in sodium citrate tubes that have not completely filled.

Incorrect or inappropriate specimen container (sterile, separation gel, anticoagulant or other additive, transport media).

Incorrect specimen type (urine vs. serum vs. plasma vs. CSF).

Incorrect storage conditions (room temperature, refrigerated, frozen).

Specimen has gone beyond the time limit criteria. Accurate testing requires that some tests be completed within specified time limits after collection.

Patient preparation incorrect or incomplete (fasting or diet restrictions).

Specimen collected at the incorrect time of day.

Specimen not allowed to clot completely at room temperature for 30 minutes before centrifuging.

Failure to mix specimen thoroughly with additive immediately after collection resulting in clot formation.

Techniques or procedures that cause red cell damage (refer to Hemolysis section).

Specimen has leaked in transit.

Specimen has been sent in expired transport media.

Urine specimens:

- Not refrigerated
- Wrong container type (i.e. gray vacutainer tube for urinalysis testing is not acceptable)
- Incomplete 24-hour collection (or other timed collection)
- Non-sterile container (for culture)
- Not a clean-catch, midstream specimen (for culture)

Stool specimens:

Testing for H. Pylori Stool Antigen cannot be performed on "watery" stools.

Formed (solid) stool specimens will be rejected for the following tests:

Culture

WBC's

Electrolytes

Clostridium dificile testing.

Hemolysis

Hemolysis usually occurs at the time of the venipuncture but can only be detected after centrifugation, when the liquid portion of the blood has been separated from the cells. It occurs when the red blood cell wall is damaged and hemoglobin is released. The liquid portion of the blood will appear pink to red, reflecting the amount of released hemoglobin. Hemoglobin interferes with many laboratory tests. Some causes of and ways to prevent hemolysis are:

Collection of Blood.

Avoid prolonged application of the tourniquet (no more than two minutes).

Avoid a probing, traumatic venipuncture.

Avoid using a needle that is too small (less than 22 gauge). A 20-21 gauge needle is recommended.

Avoid drawing from a hematoma.

Make sure alcohol preparation of draw site is dry.(residual alcohol may cause RBC lysis).

If the tube is filling very slowly, adjust the needle position to obtain a steady flow. Allow 1-2 mL of blood to flow into the tube, then discard that tube (as waste) and replace with a fresh tube.

Avoid drawing the plunger back too forcefully if using a needle and syringe. Alternating gentle pressure with a short release will yield best results.

Immediately after the tube has been filled with blood, gently invert the tube several times. Do not shake or vigorously mix the tube.

Transfer of Blood.

When transferring a specimen from a syringe through the transfer device, allow the tube to fill at its normal speed. Do not apply pressure to the plunger.

Position the transfer device so the blood flows down the side of the tube rather than splashing to the bottom.

Immediately after the tube has been filled with blood, gently invert the tube several times. Do not shake or vigorously mix the tube.

Extreme temperatures.

Do not expose the specimen to extreme temperatures (heating or freezing) or direct sunlight.

Specimen Processing

Centrifuge (spin down) specimens according to the centrifuge manufacturer's specifications, a minimum of 15 minutes at 3000 rpm.

Critical Values

As of January 15, 2019

Test	Low	High
Hematology		
Hematocrit	≤ 18%	Adult Male: >60% Adult Female: >55%
Hemoglobin	≤ 6 gm/dL	
White Blood Cell Count	≤ 1,000/ mm^3	≥50,000 mm^3
Platelet Count	≤ 20,000/mm^3	
Coagulation		
INR		> 5.0
aPTT		> 120 seconds
Blood Gas		
pH	≤ 7.25	≥ 7.59
pO_2 - Arterial Specimens Only	≤ 43 mmHg	
HCO_3	≤ 12 mmol/L	≥ 45 mmol/L
tCO_2	≤ 12 mmol/L	≥ 45 mmol/L
Chemistry		
Calcium	≤ 6 mg/dL	≥ 12 mg/dL
Bilirubin – Newborn		≥ 18 mg/dL
Glucose – Adult, Including Point of Care Testing	≤ 40 mg/dL	≥ 500 mg/dL
Glucose – Newborn, Including Point of Care Testing	≤ 30 mg/dL	≥ 180 mg/dL
Lactic Acid		≥4.0 mmol/L
Magnesium	≤ 1.2 mg/dL	≥ 5.0 mg/dL
Phosphorous	≤ 1.0 mg/dL	
Potassium Note: This critical value applies to all specimens, including those with visible hemolysis. When reporting critical values for hemolyzed specimens, also report hemolysis to the clinician.	≤ 3.0 mEq/L	≥ 6.0 mEq/L
Sodium	≤ 120 mEq/L	≥ 160 mEq/L
Bicarbonate HCO_3	≤ 12 mEq/L	≥ 45 mEq/L
TCO_2	≤ 12 mmol/L	≥ 45 mmol/L
Troponin		≥ 0.1 ng/mL
Drug Levels		
Acetaminophen		≥ 300 mcg/dL
Carbamazepine		≥ 15 mcg/mL
Digoxin		≥ 2.0 mcg/dL
Gentamicin Peak		No Critical Value
Gentamicin Trough		No Critical Value
Lithium		≥ 1.6 mmol/L
Phenobarbitol		≥ 40 mcg/dL
Phenytoin		≥ 30 mcg/dL
Salicylate/ASA		≥ 70 mg/dL
Valproic Acid		≥ 100 mcg/dL
Vancomycin Peak		≥ 50 mcg/dL
Vancomycin Trough		≥ 25 mcg/dL
Microbiology		
CSF	Positive Gram Stain or Culture	
Joint Fluid/Aspirate	Positive Gram Stain or Culture	
Blood	Positive Blood Culture	
Transfusion Medicine		
DAT	Positive, only for neonates <2 weeks old.	

Pathology

Willamette Valley Medical Center has partnered with Pacific Pathology of Salem, Oregon to provide pathology services for your patients. Pacific Pathology is an affiliate of Aurora Diagnostics, with 8 Pathologists and 2 Pathologists' Assistants. We interpret biopsies, Pap tests, and other specimens that come from 5 hospitals and over 225 private physicians' offices in 17 cities in the Mid-Willamette Valley Region of Oregon.

Pacific Pathology offers the following services:

- Surgical Pathology
- Cytopathology
- Hematopathology
- Immunohistochemistry
- Flow Cytometry
- Fine Needle Aspiration
- Bone Marrow Aspiration and Biopsy
- Archival Tissue Storage

Specialized testing and referral to outside labs is available if needed.

Pap test processing can include 4 tests out of the Sure Path or Thin Prep vials: Pap, HPV, Gonorrhea and Chlamydia. Pacific Pathology Associates, Inc offers conventional slide processing and interpretation.

Pathologists can be reached 24 hours a day.

Pathology Consultation and Report Requests: Phone (503) 561-5350, Fax (503) 561-4781

Billing Office: 1-866-587-6731

Mailing address: P.O. Box 2209, Salem, OR, 97308

Physical address: Pathology Dept., 665 Winter St. SE, Salem, OR 97301

Current pathology collection instructions and procedures are located at:
http://www.pacificpathologyinc.com/

Test Directory

5 HIAA Urine 24h — 5HIAA24UP

Specimen Volume:
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code:

5'-Nucleotidase — NUC5

5′ nucleotidase is used to investigate the origin of increased serum alkaline phosphatase. It is a liver-related enzyme used to work up cholestatic/biliary obstruction.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83915

Acetaminophen Level — ACET

Useful for the measurement of acetaminophen. Results are used in the diagnosis and treatment of acetaminophen overdose.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center — CPT Code: G0480

Acetylcholine Receptor Bind Ab — ACETABD

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83519

Actin Smooth Muscle Ab IgG SMOOTHAB

Actin is the major antigen to which smooth muscle antibodies react in autoimmune hepatitis. F-Actin IgG antibodies are found in 52-85% of patients with autoimune hepatitis (AIH) or chronic active hepatitis and in 22% of patients with primary biliary cirrhosis (PBC). Anti-actin antibodies have beenReported in 3-18% of sera from normal health controls.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 83516

Activated Protein C Resistance APROTCR

Specimen Volume: 1.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85307

Adenovirus Group Ab Quant ADENO

Serologic diagnosis of adenovirus infection. At least 12 types of adenovirus have been associated with illnesses such as noninfluenzal acute respiratory disease, pneumonia, epidemic keratoconjunctivitis, acute febrile pharyngitis, and acute hemorrhagic cystitis. Asymptomatic infections can make serologic responses difficult to interpret.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory CPT Code: 86603

Adrenocorticotropic Hormone — ACTH

Determination of ACTH is useful in differentiating between primary and secondary adrenocortical hypo-and hyperfunctional disorders: Addison's disease, Cushing's syndrome, adrenal carcinoma, ectopic ACTH syndrome, and nodular hyperplasia.

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 82024

Alanine Aminotrans ALT (SGPT) — ALT

ALT is present in high activity in liver, kidney, heart and skeletal muscle. It is increased in many liver conditions, extensive trauma to skeletal muscle and some cardiac inflamation

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 84460

Albumin — ALB

Albumin is the most abundant protein in the body and is known as the carrier protein because of its ability to bind and transport ligans. Useful for evaluating hydration status, malnutrition and malabsorption.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 82040

Albumin Fluid ALBFL

Evaluation of nutritional status, blood oncotic pressure; evaluation of renal disease with proteinuria and other chronic diseases.

Specimen Volume: 1.0 mL
Collection Container: Sterile Collection Container

Performed at: Willamette Valley Medical Center CPT Code: 82040

Alcohol Ethanol Blood ALC

Useful for the measurement of ethanol. Results are used in the medical evaluation of alcohol intoxication and poisoning. This test is not to be used for legal purposes.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code: 80320

Aldolase ALDO

Aids in the diagnosis of primary disease of skeletal muscle; myocardial infarction and viral hepatitis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82085

Aldosterone ALDOS

The principal use of aldosterone measurement is in the diagnosis of primary hyperaldosteronism, which is most commonly caused by a specific type of adrenal adenoma, Conn syndrome. Secondary aldosteronism is more common. Work-up is especially indicated in younger patient with hypertension and hypokalemia not induced by diuretic agents. Secondary aldosteronism may occur in congestive heart failure, cirrhosis with ascites, nephrosis, potassium loading, sodium-depleted diet, toxemia of pregnancy and other states of contraction of plasma volume, and Bartter syndrome.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82088

Aldosterone Renin Ratio ALDORENRAT

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code:

Alkaline Phosphatase Bone Spec ALPB

This test is used for the therapeutic monitoring of postmenopausal osteoporosis and Paget's disease.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 84080

Alkaline Phosphatase Isoenzyme ALPISO

When the Total Alkaline Phosphatase activity is increased, the isoenzyme may be usedful in determining the source of the increased activity.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84080

Alkaline Phosphatase Total ALP

Alkaline phosphatase is present mainly in bone, liver, kidney, intestine, placenta and ling. It may be increased during bone metabolism.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84075

Allergen Almond Ab RASTALM

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86003

Allergen Alternaria ten/alt Ab RASTATEN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86003

Allergen Apple Ab

RASTAPL

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Asparagus Ab

RASTASPARAGU

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Aspergillus fumiga Ab

RASTAFUM

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Avocado Ab

RASTAVOC

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Baker's Yeast Ab IgE

RASTBYEAST

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Banana Ab

RASTBANAN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Barley Ab

RASTBARLEY

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Beef Ab

RASTBEEF

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Bell Pepper Ab — RASTPEPGRN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Blackberry Ab — RASTBLACKB

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Brazil Nut Ab — RASTBRAZ

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Broccoli Ab — RASTBROCCO

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Cabbage Ab

RASTCABBAG

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Carrot Ab IgE

RASTCARROT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Cashew Nut Ab

RASTCASH

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Cat Hair or Dander Ab

RASTCAT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Caulifower Ab

RASTCAULIF

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Chicken Meat Ab

RASTCHIC

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Chocolate Cacao Ab

RASTCHOC

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Cinnamon Ab

RASTCINAMN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Cockroach American Ab

RASTCR

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Coconut Ab

RASTCOCONT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Codfish Ab

RASTCOD

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Coffee Ab

RASTCOFFEE

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Corn Ab

RASTCORN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Cottonwood IgE Ab

RASTCOTTW

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Crab Ab

RASTCRAB

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Cucumber Ab

RASTCUCUMB

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen D pteronyssinus Ab

RASTDPT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Dog Epithelium Ab

RASTDOGE

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Egg White Ab Result

RASTEGGWH

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Egg Yolk Ab Result

RASTEGGY

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Garlic Ab

RASTGARLIC

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Ginger Ab

RASTGINGER

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Gluten Ab Result

RASTGLUTT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Grape Ab

RASTGRAPE

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Grass Timothy Ab — RASTTIM

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Green Bean Ab — RASTGRBN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Green Pea Ab — RASTGRPEA

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Grey Alder IgE Ab — RASTALDGR

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Halibut Ab

RASTHALI

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Hazelnut Filbert Ab

RASTHAZN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Honey Ab

RASTHONEY

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Honey Bee Ab

RASTHONBEE

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Hornet White-faced Ab RASTHORNWHT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86003

Allergen Hornet Yellow Ab RASTHORNYEL

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86003

Allergen Horse Dander Ab RASTHORDAN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86003

Allergen Kidney Bean Ab RASTKIDNBN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86003

Allergen Latex Ab — RASTLATEX

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Lemon Ab — RASTLEMON

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Lettuce Ab — RASTLETTUC

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Lobster Ab — RASTLOB

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Malt Ab

RASTMALT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Melon Ab

RASTMELON

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Milk Cow Ab

RASTMILKC

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Mushroom Ab

RASTMUSHRM

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Mustard Ab

RASTMUSTRD

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Nettle Ab

RASTNET

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Oat Ab

RASTOAT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Onion Ab

RASTONION

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Orange Ab

RASTORANGE

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Oyster Ab

RASTOYS

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Peanut Ab Result

RASTPNUTT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Pecan Nut Ab Result

RASTPECNT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Pineapple Ab

RASTPINAPL

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Pistachio IgE Ab

RASTPISTACH

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Pork Ab

RASTPORK

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Prof Region Zone 14

RASTZONE14

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code:

Allergen Prof Region Zone 17 RASTZON17

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Allergen Profile Basic Food RASTFOOD

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Allergen Profile Whole Egg RASTEGG

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86003

Allergen Pumpkin Ab RASTPUMPKN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86003

Allergen Ragweed Com(Short) Ab — RASTRAGW

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Raspberry Ab — RASTRSPBER

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Rice Ab IgE — RASTRICE

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Rough Pigweed Ab — RASTPIGW

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Rye Food Ab

RASTRYEF

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Salmon Ab

RASTSALM

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Scallop Ab

RASTSCAL

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Sesame Seed Ab

RASTSESAME

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Sheep Sorrel Ab

RASTSHSO

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Shrimp Ab

RASTSH

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Soybean Ab

RASTSOYB

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Strawberry Ab

RASTSTRWBR

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Sunflower Seed Ab

RASTSNFLSD

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Tea Ab

RASTTEA

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Tomato Ab IgE

RASTTOMATO

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Tree American Elm Ab

RASTELM

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Tree Maple Boxelde Ab

RASTMBE

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Tree Mtn Cedar Ab

RASTCED

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Tree Walnut Ab

RASTWALNTR

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Tree White Ash Ab

RASTWHASH

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Tree White Oak Ab — RASTWOAK

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Tuna Ab — RASTTUNA

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Turkey Meat Ab IgE — RASTTURKEY

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Walnut Ab — RASTWALNT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Wasp Paper Ab

RASTWASPPAP

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Wheat Ab

RASTWH

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen Whey Ab

RASTWHEY

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen White Nvy Bean Ab IgE

RASTWBEAN

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86003

Allergen White Potato Ab IgE — RASTWPOT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Whole Egg Ab Result — RASTEGGT

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergen Yellow Jacket Ab — RASTYELJACK

Specimen Volume: 0.2 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86003

Allergn Prof IgE, Resp Area 17 — RASTRESP17

Specimen Volume: 4.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Alpha 2-Antiplasmin A2PLASM

The most important inhibitor to plasmin, α2-antiplasmin prevents plasmin action on fibrin during fibrinolysis. Decreased levels may lead to easy bruising, epistaxis, hematuria, menorrhagia, hemarthrosis, and bleeding after trauma or surgery.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85410

Alpha Fetoprotein Tumor Marker AFPTM

Elevation of serum AFP above values found in healthy individauls occurs in several malignant diseases, most notably nonseinomatous testivular cancer and primary hepatocellular carcinoma. AFP is notRecommended as a screening procedure to detect cancer in the general population.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82105

Alpha-1 Antitrypsin A1AT

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated
Overnight fasting is preferred.

Performed at: Reference Laboratory CPT Code: 82103

Alpha-1 Antitrypsin Phenotype A1APH

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated
Overnight fasting is preferred.

Performed at: Reference Laboratory CPT Code:

Aluminum Level AL

Specimen Volume: 7.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 82108

Aminolevulinic Acid Urine 24h ALA24U

Specimen Volume:
Collection Container: 24 Hour Urine Collection Container
Frozen

Performed at: Reference Laboratory CPT Code:

Amiodarone Level AMIO

Amiodarone is a class III antiarrhythmic agent approved for the treatment of life-threatening ventricular tachyarrhythmias. Because of potential toxicity the serum level of this drug should be monitored.1 Its major elimination is by hepatic excretion. Negligible renal excretion occurs. Use of the drug is restricted because of its many side effects, including pulmonary fibrosis, neuromuscular weakness, exacerbation of congestive heart failure, tremor, thyroid dysfunction, and interaction with other drugs. Potassium or magnesium deficiency should be corrected. AST and ALT should be monitored.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 80299

Ammonia AMM

Ammonia is a waste product of protein catabolism, which is potentially toxicv to the central nervous system. Increased ammonia levels are found in patients with impaired hepatic function.

Specimen Volume: 1.0 mL
Collection Container: Green Top (Sodium Heparin) Tube
Submit on Ice

Performed at: Willamette Valley Medical Center CPT Code: 82140

Amphetamines Ur by GCMS AMPHUC

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory CPT Code: 80324

Amylase AMY

Amylase is a digestive product produced by the salivary glands and y the exocrine pancreas. Increased amylase occurs with many pancreatic conditions.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82150

Amylase Fluid AMYFL

Pancreatitis with or without pseudocyst formation or pancreatic pleural fistula is the most common cause of amylase elevation in pleural fluid. Rupture of the esophagus is the second most common group and malignant effusion is the third.

Specimen Volume: 1.0 mL
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 82150

Amylase Peritoneal AMYPT

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 82150

Amylase Pleural AMYPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 82150

Amylase Urine AMYU

Urine amylase is an enzyme often found elevated in pancreatic disorders.

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code: 82150

Amylase Urine 24h AMY24UP

Urine amylase is an enzyme often found elevated in pancreatic disorders.

Specimen Volume:
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code:

ANA (IFA) + Reflex Pattern ANA

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86038

Androstenedione ANDR

Androstenedione may be useful in evaluating patients with androgen excess and managing patients with congenital adrenal hyperplasia (CAH).

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 82157

Angiotensin-I Converting Enz — ACE

ACE is increased in arcoidosis, Gaucher's disease and lymphangiomyomatosis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82164

Anticardiolipin Profile G+A+M — APL

Anticardiolipin antibodies are often present in individuals with the antiphospholipid antibody syndrome

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Anticardiolipin Profile G+M — CARDGM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Antidiuretic Hormo Vasopressin — ADH

Specimen Volume: 2.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 84588

Anti-Hu Antibodies — HUAB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86256

Anti-Mullerian Hormone — AMH

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82397

Antinuclear Ab(ANA Direct)Qual — ANAD

Detect antibodies to nuclear antigens.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86038

Anti-Pancreatic Islet Cells Ab — ISLETAB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86341

Antistreptolysin O Ab — ASO

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86060

Antithrombin Activity — AT3

Confirmation and characterization of congenital AT deficiency.

Specimen Volume: 3.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 85300

Antithrombin III Immunologic — AT3IMM

Specimen Volume: 1.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 85301

Anti-Yo Ab — YOABS

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Apolipoprotein A-1 APOA1

Apo A-1 comprises 6% to 7% of the protein content of HDL. Apo A-1 serves as an activator of LCAT which is involved in the transport of cholesterol from peripheral tissues to the liver where it is degraded. Decreased serum HDL cholesterol levels have been reported to correlate with increased risk of coronary artery disease (CAD); however, Apo A-1 has been suggested as a better discrimination of CAD than HDL. Apo A-1 levels also correlate with survival rates or risk factors for patients with myocardial infarction and peripheral vascular disease. Measurement of Apo A-1 may also aid in the diagnosis of Tangier disease (absence of alpha-lipoprotein).

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82172

Arterial Blood Gas ABG

Specimen Volume: 1.0 mL
Collection Container: Heparinized Blood Gas Syringe

Performed at: Willamette Valley Medical Center CPT Code: 82803

Aspartate Aminotrans AST(SGOT) AST

AST is present in high activity in liver, heart and skeletal muscle. It is often increased following myocardial infarction, pulmonary embolism, skeletal muscle trauma, alcoholic cirrhosis and some types of hepatitis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84450

Aspergillus Abs Quant DID — ASPAB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Aspergillus fumigatus Ab — ASPFUM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86606

Bacterial Antigen Pnl Ur or CF — BAGPUCF

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Barbiturates Conf Ur GCMS — BARBUC

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80345

Bartonella Antibody Panel — BART

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Basic Metabolic Panel — BMP

Includes: Sodium; Potassium; Chloride; Carbon Dioxide; BUN; Calcium; Creatinine; Glucose.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 80048

BCR-ABL CML-ALL PCR — BCRABLCMLALL

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Benzodiazepines Conf Ur GCMS — BENZUC

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80346

Beta Hydroxybutyrate BETHYD

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 82010

Beta-2 Glycoprotein I Ab G+A+M B2GLYPGAM

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Beta-2-Glycoprotein I Ab IgA B2GLYPA

Assess the risk of thrombosis in patients who may be at risk for antiphospholipid syndrome (APS). This test should be used in conjunction with current traditional anticardiolipin and anticoagulant tests.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86146

Beta-2-Glycoprotein I Ab IgG B2GLYPG

Assess the risk of thrombosis in patients who may be at risk for antiphospholipid syndrome (APS). This test should be used in conjunction with current traditional anticardiolipin and anticoagulant tests.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86146

Beta-2-Glycoprotein I Ab IgM B2GLYPM

Assess the risk of thrombosis in patients who may be at risk for antiphospholipid syndrome (APS). This test should be used in conjunction with current traditional anticardiolipin and anticoagulant tests.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86146

Beta2-Microglobulin B2MIC

Beta 2 Microglobulin normally passes through the glomerulus into the proximal tubule where much of it is reabsorbed. Serum levels are indicative of glomerular function. When impaired, serum levels rise in inverse ratio to glomerular filtration rate.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82232

Bile Acids Total BIACT

Used to evaluate the enterohepatic cycle consisting of the biliary system, intestine, portal circulation, and hepatocytes. The concentration of bile acids in serum is elevated in patients with many structural liver diseases, due to the inability of the liver to extract bile acids efficiently from portal blood. Intrahepatic cholestasis of pregnancy (ICP) is a temporary condition caused by maternal liver dysfunction during pregnancy. It is characterized by intense generalized pruritus (itchiness) which usually begins in the third trimester. ICP is also known as cholestatic jaundice of pregnancy, cholestatic hepatosis, icterus gravidarum, and obstetric cholestasis. Maternal blood levels of bile salts are often at least three times the normal level in ICP; however, the levels may be 1 to 1 times normal.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 82239

Bilirubin Direct BILD

Bilirubin is a by-product of the normal destruction of red cells in the spleen, liver and bone marrow. May be elevated in liver diseases, anemia and gallbladder obstruction.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82248

Bilirubin Direct + Total BILDT

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code:

Bilirubin Fluid BILFL

Specimen Volume:
Collection Container: Sterile Collection Container or Tube

Performed at: Willamette Valley Medical Center CPT Code: 82247

Bilirubin Total BILT

Bilirubin is a by-product of the normal destruction of red cells in the spleen, liver and bone marrow. May be elevated in liver diseases, anemia and gallbladder obstruction.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82247

BK Virus PCR Quant BKVPCRQT

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 87799

BK Virus PCR Quant Urine BKVPCRQTU

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Frozen

Performed at: Reference Laboratory CPT Code: 87799

Blood Urea Nitrogen — BUN

Specimen Volume: 1.0 Ml
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 84520

Bordetella pert + para DNA PCR — BORDPCR

Specimen Volume:
Collection Container: Swab-NP
Submit swab in M4 or Viral Transport Media

Performed at: Reference Laboratory — CPT Code:

Bordetella pertussis NAA — BORDNAA

Specimen Volume:
Collection Container: Swab-NP
Use wire shaft swab. Submit in enclosed transport tube.

Performed at: Willamette Valley Medical Center — CPT Code:

Brucella Ab IgG + M — BRUCGM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Brucella Ab IgG EIA

BRUCG

Detection of IgG antibodies to Brucella abortus in human sera.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory CPT Code: 86622

Brucella Ab IgM EIA

BRUCM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory CPT Code: 86622

C difficile Toxin + Ag

CDIFFTAG

Specimen must be unformed and by nature will conform to the shape of the container.
Specimens that are solid or that do not conform to the shape of the container will be rejected.

Specimen Volume:
Collection Container: Sterile Collection Container
Unformed stool, submitted in sterile specimen cup.

Performed at: Willamette Valley Medical Center CPT Code:

C1 Esterase Inhibitor

C1E

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated
Separate serum from cells within 30 to 60 minutes after collection.
Transfer specimen to a plastic transport tube

Performed at: Reference Laboratory CPT Code: 86160

C1 Esterase Inhibitor Function C1EF

Esterase inhibitor is decreased in hereditary angioneurotic edema. Functional level will be decreased when concentration of inhibitor is decreased or inhibitor is nonfunctional.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 86161

CA 125 Antigen CA125

The Human Epididymsis Protien (HE4) EIA is an enzyme immunometric assay for the quantitative determination of HE4 in human serum. The assay is to be used as an aid in monitoring recurrence or progressive disease in patients with epithelial ovarian cancer. Serial testing for patient HE4 assay values should be used in conjunction with other clinical methods used for monitoring ovarian cancer.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86304

CA 15-3 CA15

The CA 15-3 assay value, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The CA 15-3 assay value should be used in conjunction with information available from clinical evaluation and diagnostic procedure.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86300

CA 19-9 Antigen

CA19

Intended for the in vitro quantitative determination of CA 19-9 tumor-associated antigen in human serum and plasma. CA 19-9 is used to monitor gastrointestinal, pancreatic, liver, and colorectal malignancies.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86301

CA 27.29 Antigen

CA27

Manage patients with metastatic carcinoma of the breast.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86300

Calcitonin CALC

Detection and confirmation C-cell hyperplasia (the precursor of medullary carcinoma of thyroid) as well as a tumor marker for diagnosis and management of medullary carcinoma of the thyroid gland. Preoperative serum calcitonin is reported to roughly correlate with tumor weight or extent of disease; therefore, postoperative levels also have prognostic application. The doubling time of serum levels correlates with a recurrence. Multiple endocrine neoplasia (MEN) type II includes medullary carcinoma of the thyroid, hyperparathyroidism, and pheochromocytoma (Sipple syndrome). MEN type IIB includes medullary carcinoma of the thyroid, pheochromocytoma, mucosal neuromas, marfanoid habitus, and intestinal ganglioneuromatosis. An important use of calcitonin assay is in follow-up of patients with medullary carcinoma and work-up of their families to detect early, subclinical cases. Indications for calcitonin assay include family history of unspecified type of thyroid cancer, calcified thyroid mass, thyroid tumor associated with hypercalcemia and/or pheochromocytoma, amyloid-containing metastatic carcinoma with unknown primary site and the presence of mucosal neuromas.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 82308

Calcium CA

Work-up for coma, pancreatitis and other gastrointestinal problems, nephrolithiasis, polydipsia, polyuria, azotemia, multiple endocrine adenomatosis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82310

Calcium Ionized CAIT

Evaluate nonbound calcium, calcium metabolism, physiologically active calcium fraction, hyperparathyroidism, ectopic hyperparathyroidism. Occasionally useful when hypercalcemia coexists with abnormal protein state such as myeloma. Useful in assessing active calcium fraction in hypoproteinemia and acidosis when calcium is low.

Specimen Volume: 1.0 mL, can not be combined with other tests.
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated
Centrifuge and send unopened gel-barrier tube with vacuum intact. It is critical that the vacuum not be disrupted. Exposure of the serum to room air causes a loss of carbon dioxide to the atmosphere. This changes the sample pH and can prevent the lab from

Performed at: Reference Laboratory CPT Code: 82330

Calcium Urine CAU

Reflects intake, rates of intestinal calcium absorption, bone resorption and renal loss. Those processes relate to parathyroid hormone and vitamin D levels. Evaluation of bone disease, calcium metabolism, renal stones (nephrolithiasis);1 idiopathic hypercalciuria,2 and especially, parathyroid disorders. Follow-up of patients on calcium therapy for osteopenia.

Specimen Volume: 25.0 mL aliquot
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code: 82340

Calcium Urine 24h CA24UP

Specimen Volume:
Collection Container: 24 Hour Urine Collection Container
Room Temperature

Performed at: Willamette Valley Medical Center CPT Code: 82340

Calprotectin Stool — CALPRO

Specimen Volume:
Collection Container: Stool Collection Can
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83993

Cannabinoid Conf Ur GCMS — THCUC

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82542

Capillary Blood Gas — CAPBG

Specimen Volume: 1.0 mL
Collection Container: Heparinized Capillary Tube

Performed at: Willamette Valley Medical Center — CPT Code: 82803

Carbamazepine Level CRBM

This heterocyclic (iminostilbene) compound has potent antiepileptic properties and is effective alone or with other antiepileptic drugs in partial seizures, especially complex partial seizures, generalized tonic-clonic seizures, and combinations of these seizure types. Carbamazepine generally is ineffective for absence, myoclonic, and atonic seizures. In children with symptomatic generalized epilepsy and continuous spike-and-wave discharge, these seizure types may develop or tonic-clonic seizures may increase in frequency with use of carbamazepine. It has also been noted1 that the dose of carbamazepine cannot be used as a reliable index for predicting the serum concentration of either total or free carbamazepine serum concentrations in children with epilepsy.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code: 80156

Carbon Dioxide CO2

Evaluate the total carbonate buffering system in the body, acid-base balance. High results may represent respiratory acidosis with CO2 retention, or metabolic alkalosis (eg, prolonged vomiting). Low value may indicate respiratory alkalosis as in hyperventilation or metabolic acidosis (eg, diabetes with ketoacidosis).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82374

Carboxyhemoglobin CARBOXYHGB

Specimen Volume: 1.0 mL
Collection Container: Green Top (Sodium Heparin) Tube
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code: 82375

Carcinoembryonic Antigen

CEA.

This assay is intended for the in vitro quantitative determination of carcinoembryonic antigen in human serum and plasma. The main indication for CEA determinations is the follow-up and therapy-management of colorectal carcinoma.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82378

Cardiolipin IgA Antibody

CARDIOIGA

Anticardiolipin antibodies are often present in individuals with the antiphospholipid antibody syndrome. Individuals with the antiphospholipid antibody syndrome (APS) have an increased risk for stroke, myocardial infarction, venous thrombosis, thromboembolism, thrombocytopenia, and/or recurrent miscarriages. ACA are frequently observed in patients with other autoimmune disorders and malignancies. Individuals with ACA secondary to these other conditions are at increased risk of developing APS. A variety of therapeutic drugs can induce the production of ACA. These drug-induced antibodies may be clinically significant if they persist.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86147

Cardiolipin IgG Antibody CARDIOIGG

Anticardiolipin antibodies are often present in individuals with the antiphospholipid antibody syndrome. Individuals with the antiphospholipid antibody syndrome (APS) have an increased risk for stroke, myocardial infarction, venous thrombosis, thromboembolism, thrombocytopenia, and/or recurrent miscarriages. ACA are frequently observed in patients with other autoimmune disorders and malignancies. Individuals with ACA secondary to these other conditions are at increased risk of developing APS. A variety of therapeutic drugs can induce the production of ACA. These drug-induced antibodies may be clinically significant if they persist.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86147

Cardiolipin IgM Antibody CARDIOIGM

Anticardiolipin antibodies are often present in individuals with the antiphospholipid antibody syndrome. Individuals with the antiphospholipid antibody syndrome (APS) have an increased risk for stroke, myocardial infarction, venous thrombosis, thromboembolism, thrombocytopenia, and/or recurrent miscarriages. ACA are frequently observed in patients with other autoimmune disorders and malignancies. Individuals with ACA secondary to these other conditions are at increased risk of developing APS. A variety of therapeutic drugs can induce the production of ACA. These drug-induced antibodies may be clinically significant if they persist.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86147

Carnitine Free + Total

CARNFT

Evaluate various muscle disorders

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory

CPT Code: 82379

Carotene

CARO

Confirm the diagnosis of carotenoderma; detect fat malabsorption; depressed carotene levels may be found in cases of steatorrhea.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 82380

Catecholamines Fractionated

CATF

Specimen Volume: 3.0 mL
Collection Container: Green Top (Sodium Heparin) Tube
Frozen

Performed at: Reference Laboratory

CPT Code: 82384

Catecholamines Free Urine 24h

CATF24U

Specimen Volume:
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Reference Laboratory

CPT Code: 82382

CBC w Absolute Neutrophil Ct

CBCANC

Includes: Hematocrit; hemoglobin; mean corpuscular volume (MCV); mean corpuscular hemoglobin (MCH); mean corpuscular hemoglobin concentration (MCHC); red cell distribution width (RDW); percentage and absolute differential counts; platelet count (RBC); red cell count; white blood cell count (WBC). Used as a screening test to evaluate overall health; detect and/or identify a wide range of hematologic disorders; assist in managing medications/chemotherapeutic decisions.

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code: 85027

CBC w Automated Diff

CBCA

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code: 85025

CBC wo Diff

CBCX

Includes: Hematocrit; hemoglobin; mean corpuscular volume (MCV); mean corpuscular hemoglobin (MCH); mean corpuscular hemoglobin concentration (MCHC); red cell distribution width (RDW); platelet count; red cell count (RBC); white blood cell count (WBC). Used as a screening test to evaluate overall health; detect and/or identify a wide range of hematologic disorders; assist in managing medications/chemotherapeutic decisions.

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code: 85027

CD4/CD8 Ratio Profile HELPSUPRATP

Includes: Percentage CD3+CD4+; absolute CD3+CD4+; percentage CD3+CD8+; absolute CD3+CD8+; CD4:CD8 ratio; CBC with differential.

Specimen Volume: 7 mL Whole blood, EDTA and 7 mL Whole blood, ACD
Collection Container: Lavender Top (EDTA) Tube and Yellow Top (ACD) Tube.

Performed at: Reference Laboratory CPT Code: 86360

Celiac Disease Ab Panel CELIACP

Includes: Endomysial antibody IgA; tissue transglutaminase, IgA; total IgA

Specimen Volume: 3.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Cell Count Diff Body Fluid CELLFL

Specimen Volume: 5.0 mL
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 89051

Cell Count Diff CSF CELLCSF

Evaluate bacterial or viral encephalitis, meningitis, meningoencephalitis, mycobacterial or fungal infection, primary or secondary malignancy, leukemia/malignant lymphoma of CNS, trauma, vascular occlusive disease, heredofamilial, and/or degenerative processes

Specimen Volume: 1.0 mL
Collection Container: Cerebral Spinal Fluid Collection Container #2

Performed at: Willamette Valley Medical Center CPT Code: 89051

Cell Count Diff Pericardial — CELLPC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 89051

Cell Count Diff Peritoneal — CELLPT

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 89051

Cell Count Diff Pleural — CELLPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 89051

Cell Count Diff Synovial — CELLSY

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 89051

Cell Count Diff Thoracic — CELLTC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 89051

Centromere Protein B Antibody — CENBAB

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86255

Ceruloplasmin — CER

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated
Separate serum or plasma from cells within 45 minutes of collection. Transfer separated serum or plasma to a plastic transport tube.

Performed at: Reference Laboratory — CPT Code: 82390

Chlam pneumoniae Ab IgG+A+M — CHPABGAM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Chlam+GC by Nuc Acd Probe — CHLGCNAA

Specimen Volume:
Collection Container: Viral Transport

Performed at: Reference Laboratory — CPT Code:

Chlam+GC by Nuc Acd Probe Urin — CHLGCNAAUR

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Chlamydia pneumoniae Ab IgG — CHPABG

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Chlamydia pneumoniae Ab IgG+M — CHPABGM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Chlamydia pneumoniae Ab IgM — CHPABM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Chlamydia trach NAA Throat — CHLPCRTH

Specimen Volume:
Collection Container: Aptima Collection Kit

Performed at: Reference Laboratory — CPT Code:

Chlamydia trachomatis DNA NAA — CHLNAA

Specimen Volume:
Collection Container: Viral Transport

Performed at: Reference Laboratory — CPT Code: 87491

Chloride — CL

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 82435

Chloride Urine — CLU

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center — CPT Code: 82436

Chloride Urine 24h — CL24UP

Evaluate electrolyte composition of urine, acid-base balance studies.

Specimen Volume: 10.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center — CPT Code:

Cholesterol — CHOL

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Patient should be fasting 12 to 14 hours

Performed at: Willamette Valley Medical Center — CPT Code: 82465

Cholesterol Pericardial — CHOLPC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 82465

Cholesterol Peritoneal — CHOLPT

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 82465

Cholesterol Pleural — CHOLPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 82465

Cholesterol Synovial — CHOLSY

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 82465

Cholinesterase — CHOLIN

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated
Separate serum from cells immediately after clotting (30 minutes) and place in transport tube. Mark transport tube "serum".

Performed at: Reference Laboratory — CPT Code: 82482

Chromium Level — CHROMI

Specimen Volume:
Collection Container: Royal Blue Top (EDTA) Trace Metals Tube
Room Temperature
Separate plasma immediately after the collection

Performed at: Reference Laboratory — CPT Code: 82495

Chromogranin A CGA

Detect neuroendocrine cancers. Chromogranin A levels can be elevated in patients with severe renal failure.1 Elevated levels of CgA are also common in patients on treatment with proton pump inhibitors.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 86316

Chromosome Blood Panel CHBLDP

Specimen Volume:
Collection Container: Green Top (Sodium Heparin) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code:

Citric Acid Urine 24h CIT24UP

Specimen Volume:
Collection Container: 24 Hour Urine Collection Container
Frozen

Performed at: Reference Laboratory CPT Code:

CK Isoenzymes CKISO

Includes: Total CK and relative percentage of BB (CK-1), MB (CK-2), and MM (CK-3); percentage of macro CK, if present.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82552

Clozapine Level

CLOZ

Evaluate toxicity; monitor therapeutic levels

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory

CPT Code: 80159

Cobalt

COB

Specimen Volume:
Collection Container: Royal Blue Top (EDTA) Trace Metals Tube
Room Temperature
Separate plasma immediately after the collection

Performed at: Reference Laboratory

CPT Code: 83018

Cocaines Conf Ur GCMS

COCUC

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory

CPT Code: 80353

Coccidioides Ab CF

COCCABCF

Diagnose coccidioidomycosis

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86635

Coccidioides Ab Quant DID

COCCABQN

Used to diagnose coccidioidomycosis. Low titers are usually associated with mild and localized disease. Patients with DID titers ≥1:16 should be observed for evidence of pulmonary or extrapulmonary dissemination. The higher the DID titer, the poorer the prognosis, assessing the extent and severity of both acute and chronic coccidioidomycosis. Falling DID titers indicate an improved clinical status. Finding DID antibody in CSF supports the diagnosis of coccidioidal meningitis (if fungal osteomyelitis of the base of the skull can be excluded).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86635

Cold Agglutinins

COLD

Support the diagnosis of primary atypical pneumonia, infection with Mycoplasma pneumoniae, and hemolytic anemia, gangrene, cirrhosis, Raynaud disease, some viral diseases, and infectious diseases such as staphylococcemia, influenza, and tuberculosis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86157

Complement C2

C2

Assess patients with hereditary deficiency of this component or acquired decrease in its level which may be seen due to hypercatabolism in hereditary angioneurotic edema, or consumption or loss as in vasculitides, glomerulonephritides, immune complex diseases. C2 deficiency is the most common complement deficiency (1 in 1,) and is associated with SLE.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 86160

Complement C3 C3

Quantitation of C3 is used to detect individuals with inborn deficiency of this factor or those with immunologic disease in whom complement is consumed at an increased rate. These include lupus erythematosus, chronic active hepatitis, certain chronic infections, poststreptococcal and membranoproliferative glomerulonephritis, and others.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86160

Complement C4 C4

Quantitation of C4 is used to detect individuals with inborn deficiency of this factor or those with immunologic disease in whom hypercatabolism of complement causes reduced levels. These diseases include lupus erythematosus, serum sickness, certain glomerulonephritides, chronic active hepatitis, and others.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86160

Complement Total CH50 CH50

Evaluate and follow up SLE (systemic lupus erythematosus) patient's response to therapy; may predict disease flare in SLE; evaluate for complement component deficiency; evaluate complement activity in cases of immune complex disease, glomerulonephritis, rheumatoid arthritis, SBE, cryoglobulinemia. The CH5 assay mainly evaluates the classical pathway.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 86162

Comprehensive Metabolic Panel — CMP

Includes: Sodium; Potassium; Chloride; Carbon Dioxide; BUN; Calcium; Creatinine; Glucose; Albumin; Alkaline Phosphatase; Bilirubin, Total; Total Protein; ALT/SGPT; AST/SGOT

Specimen Volume: 5.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 80053

Copper — COP

Specimen Volume: 1.0 mL
Collection Container: Royal Blue Top (EDTA) Trace Metals Tube
Room Temperature
Separate plasma immediately after the collection

Performed at: Reference Laboratory — CPT Code: 82525

Copper Level Whole Blood — COPWB

Specimen Volume:
Collection Container: Royal Blue Top (EDTA) Trace Metals Tube
Room Temperature

Performed at: Reference Laboratory — CPT Code: 82525

Copper Urine 24h — COPTU

Monitor exposure to copper.

Specimen Volume: 5.0 mL
Collection Container: 24 Hour Urine Collection Container
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Cord Blood Gas Arterial — CORDBGA

Specimen Volume: 0.5 mL
Collection Container: Heparinized Blood Gas Syringe
Specimens must be transported to the laboratory for testing within 3 minutes of collection.

Performed at: Willamette Valley Medical Center — CPT Code: 82803

Cord Blood Gas Venous — CORDBGV

Specimen Volume: 0.5 mL
Collection Container: Green Top (Sodium Heparin) Tube
Room Temperature
Specimens must be transported to the laboratory for testing within 3 minutes of collection.

Performed at: Willamette Valley Medical Center — CPT Code: 82803

Cortisol Free Urine 24h — CORTFR24UP

The diagnosis of Cushing syndrome (CS) requires evidence of cortisol hypersecretion.

Specimen Volume: 100.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Cortisol Level AM — CORAM

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82533

Cortisol Level PM — CORPM

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82533

Cortisol Level Random — CORR

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82533

Cortisol Response to ACTH Stim — CORTSTIM

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code:

Coxsackie Virus Group B Abs — COXBAB

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86658

C-Peptide CPEP

The principal use of C-peptide is in the evaluation of hypoglycemia. C-peptide is also useful in evaluating residual beta-cell function in insulin-dependent diabetics, many of whom have antibodies that interfere with insulin assays.

Specimen Volume: 1.0mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84681

C-Reactive Protein High Sens CRPHSENS

Measurement of CRP by high sensitivity CRP assays may add to the predictive value of other markers used to assess the risk of cardiovascular and peripheral vascular disease.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 86141

C-Reactive Protein Quant CRP.

CRP is an acute phase reactant, which can be used as a test for inflammatory diseases, infections, and neoplastic diseases. Progressive increases correlate with increases of inflammation/injury. CRP is a more sensitive, rapidly responding indicator than ESR. CRP may be used to detect early postoperative wound infection and to follow therapeutic response to anti-inflammatory agents. Recent reports have indicated that a highly sensitive version of the CRP assay may be used as an additional indicator for susceptibility to cardiac disease.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 86140

Creatine Kinase CK

Test for acute myocardial infarct and for skeletal muscular damage; elevated in some patients with myxedema (hypothyroidism), malignant hyperthermia syndrome, and muscular dystrophy.

Specimen Volume: 2.0mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82550

Creatine Kinase MB Fraction CKMB.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code:

Creatinine CRE

A renal function test, providing a rough approximation of glomerular filtration.

Specimen Volume: 1.0mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82565

Creatinine Urine CREATU

Specimen Volume: 10.0 mL
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center CPT Code: 82570

Creatinine Urine 24h — CREAT24UP

Specimen Volume:
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center — CPT Code:

Creatinine w GFR — CREG

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code:

Cryoglobulin Qualitative Reflx — CRYOGQLR

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Cryoglobulins Serum Qual — CRYOGQL

Specimen Volume:
Collection Container: Red Top (No Additive) Tube
Room Temperature
Specimen must be drawn in a prewarmed tube and kept at 37°C while clotting. Separate serum from cells immediately after clot formation (keep at 37°C while clotting) and transfer serum into a clean transport tube.

Performed at: Reference Laboratory — CPT Code: 82595

Cryptococcus Ab — CRYPAB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86641

Cryptococcus Ag + Reflx Titer — CRYPAG

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Cryptococcus Ag CSF — CRYAGP

Aid in establishing the presence if Cryptococcus neoformans infection.

Specimen Volume:
Collection Container: Cerebral Spinal Fluid Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86403

Cryptosporidium Ag Stool — CRYSPAG

Specimen Volume:
Collection Container: Sterile Collection Container

Performed at: Reference Laboratory — CPT Code: 87328

Crystals Synovial — CRYSY

Determine the cause of inflammation

Specimen Volume: 1.0mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center — CPT Code:

Cyclic Citrul Peptide IgG+IgA — CCP

The presence of CCP antibodies, when considered in conjunction with other laboratory and clinical findings, is an aid in the diagnosis of rheumatoid arthritis (RA). Approximately 7% of RA patients are positive for anti-CCP IgG, while only 2% of random blood donors and control subjects are positive.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83516

Cyclosporine Level — CSA

The agent is used extensively to control rejection of organ transplants, especially of liver, heart, or kidney.
Monitoring blood levels is imperative because the pharmacokinetics of cyclosporine are not only complex, but vary over time in the same patient; thus, blood levels cannot be well predicted from dosing schedules.

Specimen Volume: 2.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80158

Cystatin C CYSTC

Since it is formed at a constant rate and freely filtered by the healthy kidney, cystatin C is a good marker of renal function.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82610

Cytomegalovirus Ab IgG CMVG

Aid in diagnosis of CMV infection. In general, a fourfold increase in IgG titer over a four-week period is presumptive evidence of recent infection; however, this relationship may not hold true in certain individuals due to biological fluctuation of the antibody levels. The best test to diagnose acute CMV infection is the CMV IgM assay test. Most adults are infected with CMV and it is normal to be a carrier of the virus.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86644

Cytomegalovirus Ab IgM CMVM

Used in the acute diagnosis of CMV infection. CMV causes an infectious mononucleosis syndrome clinically indistinguishable from heterophil positive mononucleosis, a very common entity. Significant CMV titers are found almost universally in patients with AIDS, and CMV genome has been demonstrated in the cells of Kaposi sarcoma. CMV is a significant cause of postcardiotomy, post-transplant, and postpump hepatitis syndromes. Most adults are infected with CMV and it is normal to be a carrier of the virus.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86645

Cytomegalovirus DNA PCR Quant — CMVPCRQT

Specimen Volume: 2.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 87497

D Dimer — DIMER

Rule out deep vein thrombosis (DVT) and pulmonary embolism;6-11 evaluate disseminated intravascular coagulation;12-15 can be used to monitor the extent of clot lysis during thrombolytic therapy16.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 85379

Dehydroepiandrosterone (DHEA) — DHEA

Evaluate adrenal carcinomas that frequently secrete large amounts of DHEA.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82626

Dexamethasone Level — DEX

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82542

DHEA Sulfate — DHEAS

Work up women with infertility, amenorrhea, or hirsutism to identify the source of excessive androgen; aid in the evaluation of androgen excess (hirsutism and/or virilization), including Stein-Leventhal syndrome and adrenocortical diseases, including congenital adrenal hyperplasia and adrenal tumor.

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82627

Digoxin Level — DIG

Diagnose and prevent digoxin toxicity; prevent underdosage; monitor therapeutic drug level; prevention and therapy of cardiac arrhythmias.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 80162

Dihydrotestosterone — DHT

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 80327

Diphtheria Antitoxoid Ab DIP

Assess immunity against diphtheria by determining levels of circulating antibodies to diphtheria toxin or to measure the immune response, postvaccination, in individuals suspected of immunodeficiency disorders.

Specimen Volume: 0.4 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86317

DNA Double Strand Ab DNADS

Specific assay for confirming the diagnosis of systemic lupus erythematosus (SLE). Antibodies to DNA, either single- or double-stranded, are found primarily in systemic lupus erythematosus, and are important, but not necessary or sufficient for diagnosing that condition. Such antibodies are present in 8% to 9% of SLE cases. They are also present in smaller fractions of patients with other rheumatic disorders, and in chronic active hepatitis, infectious mononucleosis, and biliary cirrhosis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86225

DNA Single Strand Ab IgG DNASS

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory CPT Code: 86226

Drug Screen Comprehensve Urine — UDS

Specimen Volume:
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center — CPT Code: 80307

Drug Screen Panel *5* Meconium — DRUGM*5*

Specimen Volume:
Collection Container: Sterile Collection Container

Performed at: Reference Laboratory — CPT Code: 80307

Drug Tox Chain of Cust Urine — DSDRCC

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Room Temperature

Performed at: Willamette Valley Medical Center — CPT Code:

EBV Capsid IgG Ab — EBVCG

Used in the differential diagnosis of EBV infections (infectious mononucleosis).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code: 86665

EBV Capsid IgM Ab — EBVCM

Used in the diagnosis of acute EBV infections (infectious mononucleosis).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code: 86665

EBV Nuclear Antigen IgG Ab — EBVN

Aid in the diagnosis of EBV infections (infectious mononucleosis).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code: 86664

Elastase Pancreatic Stool — PE

Specimen Volume:
Collection Container: Stool Collection Can
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82656

Electrolytes Panel — LYT

Carbon dioxide; chloride; potassium; sodium.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 80051

Endomysial Ab IgA — ENDOMY

Evaluate humoral immunity; monitor therapy in IgA myeloma.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86255

Enterovirus Real Time PCR — ENTPCR

Specimen Volume:
Collection Container: Viral Transport

Performed at: Reference Laboratory — CPT Code: 87498

Eosinophil Smear — EOSSMEAR

Investigate allergic, asthmatic disorders, and parasitic infestations.

Specimen Volume: 1.0 mL
Collection Container: Nasal Swab

Performed at: Willamette Valley Medical Center — CPT Code: 89190

Epstein Barr DNA PCR Quant — EBVDNAQT

Specimen Volume: 2.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code:

Erythropoietin EPO

Patients suffering from most anemias will present with higher than normal concentrations of serum erythropoietin.

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82668

Estradiol E2

This estradiol assay is designed for the investigation of fertility of women of reproductive age and for the support of in vitro fertilization.

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82670

Estriol EST

Evaluate fetal distress and placental function in the management of patients facing complications such as pre-eclampsia, fetal growth retardation, diabetes, Rh immunization, choriocarcinoma, and hydatidiform mole. May be elevated in hydrops fetalis in the presence of a dying fetus. May be low in the presence of a living anencephalic fetus.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82677

Estrogen ESTRO

Evaluate for ovarian estrogen producing tumor in the premenarcheal and postmenopausal female; evaluate estrogen excess in males. Estrogen analysis may be helpful in establishing time of ovulation and optimal time for conception.

Specimen Volume: 2.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82672

Estrogens Fractionated ESTROFR

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Estrone ESTRN

Evaluate postmenopausal vaginal bleeding due to peripheral conversion of androgenic steroids.

Specimen Volume: 0.4 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82679

Ethosuximide Level — ETHOS

Evaluate toxicity; monitor therapeutic levels.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80168

Ethylene Glycol Level — ETHGLY

Ethylene glycol is a colorless, odorless, sweet tasting compound used commercially in antifreeze. It has been utilized in suicide attempts, as a substitute for ethanol and in accidental poisonings in both children and domestic pets.

Specimen Volume: 7.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82693

Extractable Nuclear Abs — ENA

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Factor IX — FAC9

Specimen Volume: 1.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 85250

Factor IX Activity F9A

Document specific factor IX deficiency.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85250

Factor V Activity F5A

Assess factor V activity level.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85220

Factor V Leiden Mutation FAC5LEID

Detection of Leiden (R56Q) mutation in factor V gene (OMIM 2274), causing increased risk of thrombosis.

Specimen Volume: 7.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 81241

Factor VIII Activity FAC8

Diagnosis of von Willebrand factor (vWF) deficiency.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85240

Factor X Chromogenic FAC10CHRM

The chromogenic factor X activity test can be useful in monitoring patients where baseline PT is prolonged.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85520

Factor XI Level FAC11

Document specific factor deficiency.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85270

Factor XII Level FAC12

Detect specific coagulation factor XII activity.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85280

Factor XIII Level

FAC13

Detect homozygous deficiency of factor XIII.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85291

Fat Stool 72h

FT72STL

Specimen Volume:
Collection Container: Stool Collection Can
Refrigerated

Performed at: Reference Laboratory CPT Code: 82710

Fat Stool Qual

FTSTQL

Detect the presence of fecal fatty acids and neutral fat.

Specimen Volume: 3.0 g
Collection Container: Stool Collection Can
Refrigerated

Performed at: Reference Laboratory CPT Code: 82705

Felbamate Level

FELB

Evaluate toxicity; monitor therapeutic levels.

Specimen Volume: 2.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 80339

Ferritin FER.

Diagnose hypochromic, microcytic anemias. Decreased in iron deficiency anemia and increased in iron overload. Ferritin levels correlate with and are useful in evaluation of total body storage iron. In hemochromatosis, both ferritin and iron saturation are increased. Ferritin levels in hemochromatosis may be >1 ng/mL.

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82728

Fibrinogen FIB.

Diagnosis of homozygous and heterozygous fibrinogen deficiency as well as dysfibrinogenemia; diagnosis of disseminated intravascular coagulation.

Specimen Volume: 2.7 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube

Performed at: Willamette Valley Medical Center CPT Code: 85384

Fibronectin Fetal Vag FFN

Vaginal sampling for pre-term labor in 24 weeks – 34 weeks 6 days gestation

Specimen Volume: 1.0 mL
Collection Container: Fetal Fibronectin Collection Kit
Inappropriate use in multiples and ruptured membranes;The Rapid fFN result should always be used in conjunction with information available from the clinical evaluation of the patient and other diagnostic procedures such as cervical examination, cervical m

Performed at: Willamette Valley Medical Center CPT Code:

Flecainaide Level

FLEC

Flecainide is used for the treatment and prophylaxis of supraventricular tachycardia, including AV nodal and AV reentrant tachycardia and atrial fibrillation in patients with normal or near-normal left ventricular function.

Specimen Volume: 3.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 80190

Folate

FOL.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82746

Folic Acid RBC Panel

FOLRBCP

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated
Two full lavender-top (EDTA) tubes

Performed at: Reference Laboratory CPT Code:

Follicle Stimulating Hormone FSH

Excessive FSH and LH are found in hypogonadism, anorchia, gonadal failure,1 complete testicular feminization syndrome, menopause, Klinefelter syndrome, alcoholism, and castration. FSH and LH are pituitary products, useful to distinguish primary gonadal failure from secondary (hypothalamic/pituitary) causes of gonadal failure, menstrual disturbances, and amenorrhea. Useful in defining menstrual cycle phases in infertility evaluation of women and testicular dysfunction in men. FSH is commonly used with LH, which also is a gonadotropin. Both are low in pituitary or hypothalamic failure. FSH and LH levels are high following menopause.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 83001

Fructosamine FRUC

Evaluate diabetic control, reflecting diabetic control over a shorter time period (one to three weeks) than that represented by hemoglobin A1c (8-12 weeks). Indicated as an index of longer-term control than glucose levels, especially in diabetic subjects with abnormal hemoglobins and in type 1 diabetes in children

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82985

Fungal Antibody Quant FUNGAB

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Gabapentin Level

GABA

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 80171

Gamma-Glutamyltransferase(GGT)

GGT

A biliary enzyme that is especially useful in the diagnosis of obstructive jaundice, intrahepatic cholestasis, and pancreatitis. GGT is more responsive to biliary obstruction than are aspartate aminotransferase (AST/SGOT) and alanine aminotransferase (ALT/SGPT).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82977

Gastrin

GAST

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells
The patient must be fasting overnight, 12 to 14 hours. Separate serum from cells and freeze immediately.

Performed at: Reference Laboratory CPT Code: 82941

Gentamicin Level Peak

GENTP

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 80170

Gentamicin Level Random GENTR

Monitor the therapeutic dosage of Gentamicin.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 80170

Gentamicin Level Trough GENTT

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 80170

Giardia lamblia Ag Stool GSA

Specimen Volume:
Collection Container: O & P Transport Container with formalin & PVA

Performed at: Reference Laboratory CPT Code: 87329

Gliadin Ab Panel GLI

Detection of gliadin antibodies aids in the diagnosis and monitoring of certain gluten-sensitive enteropathies, such as celiac disease and dermatitis herpetiformis

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Glomerular Basement Membrn IgG GLBMG

Detect the presence of circulating glomerular basement membrane-specific antibodies in Goodpasture syndrome; quantitation may be useful in monitoring treatment. This test is often used in conjunction with the antineutrophil cytoplasmic antibody (ANCA) test for Wegener granulomatosis and vasculitis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 83516

Glucose GLU

Diagnose diabetes mellitus; evaluate disorders of carbohydrate metabolism including alcoholism; evaluate acidosis and ketoacidosis; evaluate dehydration, coma, hypoglycemia of insulinoma, neuroglycopenia

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82947

Glucose CSF GLUCSF

Evaluate meningitis, neoplastic involvement of meninges, other neurological disorders; diagnose neuroglycopenia, even in the presence of normal plasma glucose, especially in chlorpropamide (Diabinese®) poisoning.

Specimen Volume: 1.0 mL
Collection Container: Cerebral Spinal Fluid Collection Container #1

Performed at: Willamette Valley Medical Center CPT Code: 82945

Glucose Fasting GLUF

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82947

Glucose Fluid GLUFL

Decreased fluid glucose concentration is usually associated with septic or inflammatory processes; in pleural effusion, very low glucose is a facet of rheumatoid effusion.

Specimen Volume: 1.0 mL
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 82945

Glucose Pericardial GLUPC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 82945

Glucose Pleural GLUPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 82945

Glucose Synovial GLUSY

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 82945

Glucose Tolerance 2h Gestation GTT2G

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Call the laboratory to schedule an appointment. Patients should be fasting (no caloric intake) for at least 8 hours prior to their scheduled appointment.

Performed at: Willamette Valley Medical Center CPT Code: 82951

Glucose Urine GLUUR

Specimen Volume:
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center CPT Code:

Glucose-6-Phos Dehydrogenase G6PD

Evaluate G6PD deficiency; determine the cause of drug-induced hemolysis or hemolysis secondary to acute bacterial or viral infection or metabolic disorder such as acidosis

Specimen Volume: 4.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code:

Glutamate Decarboxylase 65 Ab — GAD

Detect the presence of antibodies to glutamic acid decarboxylase, which provides early evidence of autoimmune disease activity

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83519

GlycoMark,1-5 Anhydroglucitol — GLYCO

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated
Separate serum from cells within one hour of collection.

Performed at: Reference Laboratory — CPT Code: 84378

Growth Hormone Human — GH

Pituitary function test useful in the diagnosis of hypothalamic disorder, hypopituitarism, acromegaly, and ectopic growth hormone production by neoplasm

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83003

H pylori Ag Stool HPASTL

Establish the presence and possible etiologic role of Helicobacter pylori in cases of chronic gastric ulcer, gastritis, duodenal ulcer, dyspepsia, etc

Specimen Volume: 2 g, 2 mL stool in formalin portion of O & P transport kit.
Collection Container: Stool Collection Can
Frozen

Performed at: Reference Laboratory CPT Code: 87338

Haptoglobin HAPT

haptoglobin is useful in work-up for hemolytic states

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 83010

HCG Beta Quant Tumor Marker HCGT

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84702

HCG Serum Qual HCGQL

Confirmation of pregnancy.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code: 84703

HCG Serum Qual w Reflex to Qnt HCGQLREFQN

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code:

HCG Serum Quant HCGQT

This test can be used for the early detection of and on-going monitoring of pregnancy

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84702

HCG Urine Qual HCGUQL

Confirmation of pregnancy.

Specimen Volume: 1.0 mL
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center CPT Code: 84703

HCV FibroSURE Panel HCVFIBSURE

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code:

HDL Cholesterol HDL

A protective substance utilized for prediction of coronary arterial disease, especially useful in individuals with high serum cholesterol levels

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 83718

Heavy Metals Screen Blood HEAVY

Monitor exposure to arsenic, lead, and mercury

Specimen Volume: 7.0 mL
Collection Container: Royal Blue Top (EDTA) Trace Metals Tube
Room Temperature

Performed at: Reference Laboratory CPT Code:

Heavy Metals Screen Urine HEAVYU

Monitor exposure to arsenic, lead, and mercury

Specimen Volume: 15.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Room Temperature
Urine Ph must Be < 3, use HCl

Performed at: Reference Laboratory CPT Code:

Helicobacter pylori Ab IgA HPYLA

Diagnose H. pylori infection in patients with duodenal disease and for monitoring the eradication of H. pylori following antimicrobial therapy; identify the small percentage of H. pylori-infected patients who fail to mount a systemic IgG response and demonstrate IgA antibodies only and for those patients who have chronic mucosal infections.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86677

Helicobacter pylori Ab IgG HPYLG

Aid in the diagnosis of H pylori infection; determine the cause of chronic type B gastritis or ulcers of the stomach or duodenum. Although earlier ELISA tests for IgG antibodies to H pylori had poor specificity, more recent studies have shown both high sensitivity (96%) and high specificity for H pylori associated with chronic gastritis. H pylori serology has become a standard tool for investigating the epidemiology of H pylori infections.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86677

Helicobacter pylori Ab IgM HPYLM

Diagnose early H pylori infection in patients with gastric and duodenal disease. Circulating antibodies to H pylori are predominantly of the IgG class. A systemic response of the IgA type is usually less pronounced but, if significant, may indicate a more severe inflammation. A few patients develop only antibodies to IgA. Antibodies to IgM, although rare, may indicate an early infection.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86677

Hematocrit HCT

Evaluate anemia, blood loss, and state of hydration or suspect polycythemic condition and response to treatment

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code: 85014

Hemoglobin HGB

Evaluate anemia, blood loss, hydration or suspected polycythemic condition, and response to treatment

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code: 85018

Hemoglobin + Hematocrit HH

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code:

Hemoglobin A1c HGBA1C

Hemoglobin A1c values are used to assess glucose control in diabetes

Specimen Volume: 7.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 83036

Hemoglobin A1C + Est Ave Gluc — HGBA1C+EAG

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Hemoglobin Electrophoresis — HGBELP

Diagnose thalassemias and hemoglobin variants

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated
State patient's age, ethnic background, MCV, transfusion history, and any other known hematological data on the request form.

Performed at: Reference Laboratory — CPT Code: 83021

Hep B Virus PCR Quant + Graph — HBVPCRQTGR

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 87517

Hep C Ab w Reflx Verify — HCVVER

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Hep C RNA PCR Qualitative NAA — HCVRNAPCRQL

Detect and confirm hepatitis C virus infection

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 87521

Hep C RNA PCR Quantitative — HCVRNAPCRQT

Determine the number of international units (IU) of hepatitis C virus (HCV) RNA per milliliter serum or plasma in known HCV-positive patients

Specimen Volume: 3.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 87522

Hep C Virus Genotype PCR — HCVPCRG

This assay, for in vitro use, is intended for the genotyping of hepatitis C virus (HCV) in human serum and plasma

Specimen Volume: 3.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 87902

Heparin Anti-Xa Level — HEPXAAB

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 85520

Heparin Induced Platelet Ab — HIT

Assist in the diagnosis of heparin-induced thrombocytopenia

Specimen Volume: 1.0 mL serum and 2 x 5.0 mL whole blood
Collection Container: Red Top (No Additive) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 86022

Hepatic Function Panel — HFP

Specimen Volume: 4.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 80076

Hepatitis A Ab IgM — HAVIGM

Differential diagnosis of hepatitis; the presence of IgM antibody to hepatitis A virus is good evidence for acute hepatitis A.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86709

Hepatitis A Ab Total — HAVT

Differential diagnosis of hepatitis; in conjunction with anti-HAV, IgM to confirm immunity to hepatitis A

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86708

Hepatitis B Core Ab IgM HBCIGM

IgM antibody to hepatitis B core antigen is a reliable marker for acute disease for a hepatitis B viral infection.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86705

Hepatitis B Core Ab Total HBCT

Differential diagnosis of hepatitis; also used in conjunction with other B viral serologic markers, to assess the stage of hepatitis B infection

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86704

Hepatitis B Surface Ab HBSAB

Presence of anti-HBs is an indicator of clinical recovery and subsequent immunity to hepatitis B virus. This test is useful for evaluation of possible immunity in individuals who are at increased risks for exposure to the hepatitis B (ie, hemodialysis unit personnel, venipuncturists, etc). Evaluate the need for hepatitis B immune globulin after needlestick injury; evaluate the need for hepatitis B vaccine and follow immune status after hepatitis B vaccine.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86706

Hepatitis B Surface Ab Quant HBSABQT

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86317

Hepatitis B Surface Ag w Conf HBSAGP

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Hepatitis B Virus PCR Quant HBVPCRQT

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 87517

Hepatitis Be Ab HBEAB

Differential diagnosis, staging, and prognosis of hepatitis B infection. The appearance of anti-HBe in patients who have previously been HBeAg positive indicates a reduced risk of infectivity. Failure of appearance implies disease activity and probable chronicity but patients with HBeAb may have chronic hepatitis. Chronic HBsAg carriers can be positive for either HBeAg or anti-HBe, but are less infectious when anti-HBe is present. HBe can persist for years, but usually disappears earlier than anti-HBs or anti-HBc. Anti-HBe has not been found as the sole serologic marker for hepatitis B infection.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86707

Hepatitis Be Ag HBEAG

HBeAg appears in acute B hepatitis with or shortly after HBsAg, when the patient is most infectious. HBeAg is found only in HBsAg-positive sera. During the HBeAg-positive state, usually three to six weeks, hepatitis B patients are at increased risk of transmitting the virus to their contacts, including babies born during this period. Exposure to serum or body fluid positive for HBeAg and HBsAg is associated with three to five times greater risk of infectivity than when HBsAg positivity occurs alone. Persistence of HBeAg is associated with chronic liver disease.

Specimen Volume: 1.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 87350

Hepatitis Panel Acute — HEPP

Comprehensive profile for detecting markers for HAV or HBV infections; can be used for all stages of infection

Specimen Volume: 4.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80074

Hereditary Hemochromatosis — HFE

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory — CPT Code: 81256

Herpes Simplex 1+2 Ab IgM — HSV12M

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86694

Herpes Simplex 1+2 DNA PCR — HSV12PCR

This test is intended for use as an aid to the diagnosis of herpes simplex virus (HSV) infections; also differentiates HSV-1 from HSV-2.

Specimen Volume: 1.0 mL
Collection Container: Swab

Performed at: Reference Laboratory — CPT Code:

Herpes Simplex 1+2 DNA PCR CSF

HSV12PCRCSF

Specimen Volume:
Collection Container: Cerebral Spinal Fluid Collection Container
Refrigerated

Performed at: Reference Laboratory

CPT Code:

Herpes Simplex Virus 1 Ab IgG

HSV1G

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86695

Herpes Simplex Virus 2 Ab IgG

HSV2G

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86694

Histone Abs

HISTONAB

Histones are lysine-rich and arginine-rich basic proteins of eukaryotic cells which are predominantly found as complexes with DNA. Antibodies to histones are detected in approximately 3% to 6% of patients with systemic lupus erythematosus (SLE), but their presence in about 95% of patients with drug-induced lupus is more important diagnostically.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 86235

Histoplasma capsulatum Ab — HISTOAB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86698

HIV 1 RNA PCR (Non-graph) — HIV1RNAPCRNG

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 87536

HIV 1+2 Ab and Ag Panel Rapid — HIV12RAPIDP

detection of Human Immunodeficiency Virus Type 1 (HIV-1) p24 antigen (Ag) and antibodies (Ab) to HIV Type1 and Type 2 (HIV-1 and HIV-2) in human serum, plasma, capillary (fingerstick) whole blood or venipuncture (venous) whole blood

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated
Not for use on newborns, cord blood,donors, or individuals less than 12 yrs old

Performed at: Willamette Valley Medical Center — CPT Code:

HIV 1+2 Ab wRflx Panel 083935 — HIV12RFX

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

HLA-B27 HLAB27

Evaluate spondyloarthritis and other disorders associated with HLA-B27. HLA-B27 is strongly associated with ankylosing spondylitis (Marie-Strumpell disease). A patient with consistent clinical and radiographic findings who is B27-positive has a greater chance of having or developing ankylosing spondylitis than a negative patient. The antigen is not causative, however, and 1% of normal subjects are B27-positive. This test should not be considered a screening procedure for ankylosing spondylitis.

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 86812

Hold CSF Tube HOLDCSF

Specimen Volume:
Collection Container: Cerebral Spinal Fluid Collection Container

Performed at: Willamette Valley Medical Center CPT Code:

Hold Extra Fluid Tube HOLDFLD

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code:

Hold Urine (Tox) Specimen HOLDURTOX

Specimen Volume:
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center CPT Code:

Hold Urine Specimen — HOLDUR

Specimen Volume:
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center — CPT Code:

Homocysteine — HOMC

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83090

HSV 1+2 Type Specific IgG — HSV12GTS

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

IFE + PE Serum — IFEPE

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

IFE + PE Urine — IFEPEU

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code:

IgG CSF — IGGCSF

Evaluate central nervous system involvement by infection, neoplasm, or primary neurologic disease (in particular, multiple sclerosis).

Specimen Volume: 0.5 mL
Collection Container: Cerebral Spinal Fluid Collection Container
Room Temperature

Performed at: Reference Laboratory — CPT Code: 82784

IgG Index + Syn Rate (CSF+Ser) — IGGIS

Evaluate the de novo rate of synthesis of IgG in CNS; diagnose inflammatory and autoimmune diseases involving CNS, in particular, multiple sclerosis.

Specimen Volume: 1.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

IgG Subclasses (1-4) — IGGSUB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Immunoelectrophoresis Ur 24h

IEP24U

Specimen Volume:
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Reference Laboratory

CPT Code:

Immunofixation Serum IFE

IF

Detect and identify monoclonal immunoglobulin gammopathies

Specimen Volume: 3.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code:

Immunoglobulin A

IGA

Study IgA deficiencies in patients in association with recurrent sinopulmonary infections or repeated transfusions; study IgA elevations associated with IgA myeloma

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 82784

Immunoglobulin E

IGE

Evaluate immunoglobulin status in possible atopic disease

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 82785

Immunoglobulin G — IGG

Study patients with recurrent bacterial infections or allergy

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82784

Immunoglobulin M — IGM

Evaluate humoral immunity; establish the diagnosis and monitor therapy in macroglobulinemia of Waldenström or plasma cell myeloma.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82784

Immunoglobulins A+G+M — IGGAM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Influenza A+B Nasal Swab DNA — FLUABNASNAA

Specimen Volume:
Collection Container: Nasal Swab

Performed at: Willamette Valley Medical Center — CPT Code: 87502

Influenza Type A+B Ab Quant

INFABABQT

Used for the screening of patients with suspected influenza infection.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code:

Insulin Abs

INSAB

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory

CPT Code: 86337

Insulin Level

INS

The determination of insulin is used in the diagnosis and therapy of various disorders of carbohydrate metabolism, including diabetes mellitus and hypoglycemia.

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code: 83525

Insulin Level Free + Total

INSFT

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory

CPT Code:

Insulin-like GF Binding Prot

IGFBP3

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 83520

Interleukin 6 (IL-6)

IL6

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 83520

Intrinsic Factor Ab INTRFAB

Pernicious anemia is one of the major causes of vitamin B12 deficiency and megaloblastic anemia. It is a disease of the stomach in which secretion of intrinsic factor is severely reduced or absent, resulting in malabsorption of B12. Intrinsic factor blocking antibody, which prevents the binding of vitamin B12 to the intrinsic factor molecule, is present in >5% of all patients with pernicious anemia and only rarely encountered in other conditions. Parietal cell antibody is present in a larger percentage of pernicious anemia patients; but it is also associated with a number of other disorders, making it a less specific marker for pernicious anemia. Qualitative assay for intrinsic factor blocking antibody contributes to the diagnosis and differential diagnosis of B12 deficiency. In the context of a low or borderline B12 result, where other clinical and hematological findings are compatible with a diagnosis of B12 deficiency, the presence of intrinsic factor blocking antibody can be taken as confirmation of this diagnosis and at the same time as an indication of its cause. The combination of megaloblastic anemia, low serum B12, and serum antibodies to intrinsic factor is essentially diagnostic of pernicious anemia and obviates further investigation, including Schilling test. A negative result, on the other hand, cannot rule out the possibility of pernicious anemia since blocking antibody is not demonstrable in nearly 5% of all patients with this disorder.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86340

Iron FE

Aid in the evaluation of a number of conditions involving red cell production and destruction, iron metabolism, or iron transport

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 83540

Iron + TIBC

FETIBC

Differential diagnosis of anemia, especially with hypochromia and/or low MCV.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Plasma specimens are unacceptable for testing.

Performed at: Willamette Valley Medical Center CPT Code:

Irritable Bowel Disease

IBD

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

JAK2 Mutation Analysis Qual

JAK2ANA

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 81270

JO-1 Extractable Nuclear Ab

JO1

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86235

Kappa+Lambda Lght Chn Analysis KLFR

Elevated serum levels of monoclonal FLC are associated with malignant plasma cell proliferation (eg, multiple myeloma), primary amyloidosis, and light chain deposition disease

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Kleihauer Betke Stain KBSTN

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 85460

Lactate Dehydrogenase (LDH) LDH

Useful in the differential diagnosis of acute myocardial infarction, megaloblastic anemia (folate deficiency, pernicious anemia), hemolytic anemia, and very occasionally renal infarct.

Specimen Volume: 3.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 83615

Lactic Acid

LACTIC

Hypoperfusion is the most common cause of lactic acidosis and hyperlactacidemia may be the only marker of tissue hypoperfusion.

Specimen Volume: 1.0 mL
Collection Container: Gray Top
Draw blood in a grey-top (potassium oxalate/sodium flouride) tube. Immediately place specimen on ice. Spin down and remove plasma from cells within 15 minutes of draw. Because of the volatility of lactic acid when left on red blood cells, the laborator

Performed at: Willamette Valley Medical Center — CPT Code: 83605

Lactic Acid CSF

LACTCSF

Specimen Volume:
Collection Container: Cerebral Spinal Fluid Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83605

Lactoferrin Stool

LACTOFSTL

Specimen Volume:
Collection Container: Sterile Collection Container

Performed at: Reference Laboratory — CPT Code: 83631

Lamotrigine Level

LAM

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80175

LDH Body Fluid LDHFL

A fluid LD activity nearly equal to the plasma activity is usually associated with inflammatory processes.

Specimen Volume: 1.0 mL
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 83615

LDH CSF LDHCSF

Specimen Volume:
Collection Container: Cerebral Spinal Fluid Collection Container

Performed at: Willamette Valley Medical Center CPT Code: 83615

LDH Pericardial LDHPC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 83615

LDH Peritoneal LDHPT

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 83615

LDH Pleural — LDHPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 83615

LDH Synovial — LDHSY

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 83615

LDH Thoracentesis — LDHTC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 83615

LDL Cholesterol Direct — LDLDIRECT

LDL cholesterol measurement, in conjunction with other lipid measurements, has been shown to be useful in assessing the risk of coronary heart disease (CHD).

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Lead — LEAD

Monitor exposure to lead

Specimen Volume: 7.0 mL
Collection Container: Royal Blue Top (EDTA) Trace Metals Tube
Room Temperature

Performed at: Reference Laboratory — CPT Code: 83655

Lead Level (Pediatric) Venous — PEDLEAD

Monitor environmental lead exposure in children younger than 16 years

Specimen Volume: 3.0 mL
Collection Container: Tan Top Trace Metals Tube

Performed at: Reference Laboratory — CPT Code: 83655

Legionella pneum DFA NonUrine — LEGD

Determine the presence of Legionella pneumophila organisms in direct FA smear of specimen, providing rapid diagnosis

Specimen Volume: 1.0 mL
Collection Container: Body Fluid container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 87540

Legionella pneumo Ag Urine EIA — LEGU

Confirm the diagnosis of Legionella pneumophila serogroup 1 infection.

Specimen Volume: 5.0 mL
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 87540

Legionella pneumophilia S1-6Ab LEGP

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory CPT Code: 86713

Leukocyte Alkaline Phosphatase LAP

Aids in the differential diagnosis of chronic myelocytic leukemia (CML) versus leukemoid reaction; aids in the evaluation of polycythemia vera, myelofibrosis with myeloid metaplasia, and paroxysmal nocturnal hemoglobinuria

Specimen Volume: 6 slides
Collection Container: Slides

Performed at: Reference Laboratory CPT Code: 85540

Levetiracetam Level LEV

Levetiracetam (LTA), a piracetam analogue, is an antiepileptic drug (AED) structurally unrelated to other AEDs.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 82657

Lipase LIP

Diagnose pancreatitis, more specific for pancreatitis than is serum amylase

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 83690

Lipase Fluid — LIPFL

Diagnose pancreatitis, more specific for pancreatitis than is serum amylase; diagnose peritonitis, strangulated or infarcted bowel, pancreatic cyst.

Specimen Volume: 1.0 mL
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center — CPT Code: 83690

Lipid Panel — LIPID

Evaluate hyperlipidemia as an index to coronary artery disease

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 80061

Lipoprotein (a) — LPA

Lipoprotein (a) has been called a powerful predictor of premature atherosclerotic vascular disease

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83695

Lithium Level — LITH

Lithium as lithium carbonate is used as a psychoactive agent in the treatment of manic depressive disorders.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 80178

Liver Kidney Microsomal 1 Ab — LKM

The detection of LKM-1 antibodies is an aid in the diagnosis of autoimmune hepatitis, type 2 (AIH-2).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 86376

Lupus Anticoagulant Reflex — LUPP

Qualitative detection of lupus anticoagulants in plasma6

Specimen Volume: 6.0mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory — CPT Code:

Luteinizing Hormone (LH) — LH

The primary clinical use of LH measurement is in evaluating the normalcy of hypothalamic-pituitary-gonadal axis.

Specimen Volume: 0.8mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83002

Lyme Dis (B burgdor) Abs — LYMEABS

Aid in the diagnosis of acute and later stages of infection by Borrelia burgdorferi, the spirochete associated with Lyme disease

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Lyme Dis Ab Pnl w Confirm WB — LYMEPWB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code:

Magnesium — MG

Magnesium deficiency produces neuromuscular disorders. Increased magnesium levels relate mostly to patients in renal failure.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 83735

Malarial Smear — MALA

Establish the diagnosis of Plasmodium or other parasitic infection; diagnose malarial parasitic infestation of blood; evaluate febrile disease of unknown origin.

Specimen Volume: 3-5mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory — CPT Code: 87207

Maternal Screen Quad Marker MSQM

Screening test for open neural tube defects (detects 8% open spina bifida, 9% anencephaly), Down syndrome (detects 75% to 8%), and trisomy 18 (detects 73%)

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82105

Mercury MERC

Monitor exposure to mercury

Specimen Volume: 7.0 mL
Collection Container: Royal Blue Top (EDTA) Trace Metals Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 83825

Metanephrine Frac Ur 24h Quant METFR24U

Evaluate the presence of abnormal catecholamine production. Diagnose pheochromocytoma, neuroblastoma, and ganglioneuroblastoma.

Specimen Volume: 25 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated
No caffeine before or during collection. Monamine oxidase inhibitors should be discontinued at least one week prior to beginning collection.

Performed at: Reference Laboratory CPT Code: 83835

Metanephrines MET

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated
Patient should be fasting overnight

Performed at: Reference Laboratory CPT Code: 83835

Methemoglobin METHGBCO

Specimen Volume: 1.0 mL
Collection Container: Green Top (Sodium Heparin) Tube
Room Temperature

Performed at: Willamette Valley Medical Center CPT Code: 83050

Methyl Alcohol Level, Quant MEOH

Specimen Volume: 1.0 mL
Collection Container: Gray Top
Refrigerated

Performed at: Reference Laboratory CPT Code: 84600

Methylenetetrahydrofolate MTHFR

Follow-up evaluation in individuals with hyperhomocysteinemia; evaluation of patients with venous thrombosis

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 81291

Methylmalonic Acid — MMA

Diagnose megaloblastic anemia; elevated levels of methylmalonic acid provide an early indication of cobalamin (B12) deficiency.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83921

Microalbumin Creat Ratio Ur — MALBCRERAT

Measurement of albumin levels in urine below the detection level of urine dipsticks. This test is useful in the management of patients with relatively early diabetes mellitus to assist in avoiding or delaying the onset of diabetic renal disease.

Specimen Volume: 10.0 mL
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center — CPT Code: 82043

Mitochondria M2 Ab — MITO

The presence of mitochondrial antibodies can be used in conjunction with clinical findings and other laboratory tests to aid in the diagnosis of primary biliary cirrhosis (PBC).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83516

Mono Screen — MONO

Detect heterophil antibodies related to infectious mononucleosis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code:

Mumps Virus Ab IgG — MUMPG

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86735

Mumps Virus Ab IgM — MUMPM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86735

Mycophenolic Acid — MPA

Monitor therapeutic levels; evaluate toxicity.

Specimen Volume: 1.2 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80180

Mycoplasma pneumoniae Ab IgG

MYCG

Aid in the diagnosis of atypical pneumonia, which is a cause of community-acquired pneumonia. Primary infection usually occurs in children and reinfection in adults is common. Results must be interpreted in light of each patient's history, physical examination, and other diagnostic findings.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86738

Mycoplasma pneumoniae Ab IgM

MYCM

Aid in the diagnosis of atypical pneumonia and Stevens-Johnson syndrome by providing laboratory support for a Mycoplasma pneumoniae infection. Results must be interpreted in light of each patient's history, physical examination, and other diagnostic findings.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86738

Myoglobin

MYOG

Diagnose skeletal or myocardial muscle injury.

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 83874

Myoglobin Urine Quant — MYOGU

Specimen Volume: 10.0 mL
Collection Container: Sterile Urine Collection Container
Frozen
Collect specimen in early morning or immediately following exercise.

Performed at: Reference Laboratory — CPT Code: 83874

N gonorrhoeae DNA NAA — GCNAA

Specimen Volume:
Collection Container: Viral Transport

Performed at: Reference Laboratory — CPT Code: 87591

N gonorrhoeae NAA Throat — GCPCRTH

Specimen Volume:
Collection Container: Swab

Performed at: Reference Laboratory — CPT Code:

NASH FibroSURE Panel — NASHPANEL

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Neutrophil Cytoplasmic Abs — ANCA

Antineutrophil cytoplasmic autoantibodies (ANCA) are a serological marker associated with vasculitis and glomerulonephritis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Nicotine Metabolite Scrn Urine — NICMU

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80323

Nicotine Panel — NICP

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory — CPT Code:

NMR Lipoprofile — NMR

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated
Patient should be fasting 12 to 14 hours

Performed at: Reference Laboratory — CPT Code:

Norovirus PCR Stool NORPCRSTL

This test is intended to be used as an aid in the diagnosis of infections caused by noroviruses, and to differentiate viruses belonging to Norovirus genogroup 1 (eg, Norwalk virus) and from those belonging to Norovirus genogroup 2 (eg, Snow Mountain agent).

Specimen Volume: 1.0 mL
Collection Container: Stool Collection Can
Refrigerated

Performed at: Reference Laboratory CPT Code:

N-Telopeptide Serum NTX

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82523

N-Telopeptide Urine NTELOPU

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory CPT Code:

NT-Pro-B-Type Natriuretic Pept NTPBNP

Support a diagnosis of congestive heart failure (CHF).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 83880

Oligoclonal Immunoglobulin CSF — OLIGICSF

Diagnose diseases of the central nervous system including meningitis, tumor, syphilis, and multiple sclerosis

Specimen Volume: 0.5 mL each
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code: 83916

Opiates Confirmation Urine — OPIUCGC1

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Osmolality Serum — OSMOS

Evaluate electrolyte and water balance, hyperosmolar status, and hydration status; evaluate dehydration, acid-base balance; evaluate seizures.

Specimen Volume: 2.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83930

Osmolality Stool — OSMSTL

Distinction of osmotic from nonosmotic secretory diarrhea.

Specimen Volume: 15.0 mL
Collection Container: Stool Collection Can
Frozen

Performed at: Reference Laboratory — CPT Code: 83930

Osmolality Urine OSMOU

Evaluate concentrating ability of the kidneys (eg, in acute and chronic renal failure); evaluate electrolyte and water balance; used in work-up for renal disease, syndrome of inappropriate antidiuretic hormone secretion (SIADH), and diabetes insipidus

Specimen Volume: 2.0 mL
Collection Container: Sterile Urine Collection Container
Refrigerated
Centrifuge urine sample after collection for five minutes at 4°C to 25°C to remove gross particulate matter.

Performed at: Reference Laboratory CPT Code: 83935

Osteocalcin OSTEO

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 83937

Ova + Parasite Exam OP

Establish the diagnosis of parasitic infestation.

Specimen Volume: 5.0 mL
Collection Container: O & P Transport Container with formalin & PVA

Performed at: Reference Laboratory CPT Code: 87177

Oxalate Urine 24h — OXAL24U

Patients who form calcium oxalate kidney stones appear to absorb and excrete a higher portion of dietary oxalate in urine than do normals.

Specimen Volume: 10.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated
Avoid vitamin C supplements and vitamin C-rich foods (eg, citrus fruits like oranges, orange juice; vegetables like broccoli, tomatoes, peppers, potatoes) for 48 hours prior to collection.

Performed at: Reference Laboratory — CPT Code:

Oxcarbazepine Level — OXCARB

Oxcarbazepine is an antiepileptic drug, indicated for use as monotherapy or adjunctive therapy in the treatment of partial seizures in adults with epilepsy. It is used in adjunctive therapy in epileptic children between the ages of four and 16.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80183

Paraneoplastic Profile II — PARANEO

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86256

Parathyroid Horm Reltd Protein — PTHR

PTH-related peptide (PTHrP) is the principle mediator of humoral hypercalcemia of malignancy.

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 82397

Parathyroid Hormone Intact — PTHT

Diagnosis of parathyroid disease and other diseases of calcium homeostasis; monitoring patients undergoing renal dialysis.

Specimen Volume: 1.5 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated
Transfer separated plasma into a plastic transport tube clearly labeled as "EDTA Plasma" and maintain at refrigerated temperature.\

Performed at: Reference Laboratory — CPT Code: 83970

Parietal Cell Ab — PARI

Detection of gastric parietal cell antibodies of the IgG class in human sera. Autoantibodies to gastric parietal cells are found in approximately 9% of patients with pernicious anemia and in about 3% of first degree relatives of patients with pernicious anemia. Increased levels of gastric parietal cells have been found in patients with thyroid disease, iron deficiency anemia, alopecia areata, and vitiligo.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 83516

Partial Thromboplastin — PTT

The aPTT is sensitive to deficiency or inhibition of factors in the intrinsic pathway.

Specimen Volume: 2.7 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 85730

Parvovirus B19 Human IgG + IgM — PARV

Differential diagnosis of acute or recent infection from past infection with human parvovirus associated with erythema infectiosum (fifth disease), aplastic crisis, and fetal infection.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Pathologist Smear Interpret — PTHINT

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center — CPT Code:

Peripheral Smear Review PERIPHSMEAR

This test is intended to request a review of a peripheral smear specimen. Clinician must indicate the reason for request.

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
This test can not be ordered alone. It must accompany a request for a complete blood count. If ordered alone, a complete blood count (CBC) will be added, and the patient will be charged for the additional testing.

Performed at: Willamette Valley Medical Center CPT Code:

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pH Fluid PHFL

Determine pH of body fluid. Low pH may be encountered in a pleural effusion with leakage of gastric secretions as a result of a perforated ulcer, ruptured esophagus, empyema, rheumatoid pleurisy, and tuberculosis

Specimen Volume: 1.0 mL
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code:

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pH Pleural PHPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code:

Phencyclidine Conf Ur GCMS — PHENCYUC

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83992

Phenobarbital Level — PHENO

Phenobarbital frequently is used in the treatment of neonatal seizures and may be the initial drug employed in young children.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80184

Phenytoin Level — PTN

Phenytoin is useful in generalized tonic-clonic, complex partial, and simple partial seizures and frequently is chosen for initial therapy, particularly in adults.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 80185

Phenytoin Level Free PHTNF

Measurement of the free fraction is not cost-effective on a routine outpatient basis, but may be clinically relevant in exceptional circumstances associated with alterations in the binding of phenytoin.1 Binding kinetics may be altered in uremia, hepatic disease, late pregnancy or postpartum, cases of head injury associated with a hypermetabolic state, and certain instances of polypharmacy.

Specimen Volume: 3.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 80186

Phosphorus PHOS

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84100

Phosphorus Urine 24h PHOS24UP

Evaluate calcium/phosphorus balance.

Specimen Volume: 10.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code:

Platelet Count — PLT

Evaluate, diagnose, and/or follow up bleeding disorders, drug-induced thrombocytopenia, idiopathic thrombocytopenia purpura (acute or chronic), disseminated intravascular coagulation, leukemia states, chemotherapeutic management of malignant disease states.

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 85049

Platelet Function Analysis — PLTFUNC

Specimen Volume: 3 full tubes
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Whole Blood, Room Temperature

Performed at: Reference Laboratory — CPT Code:

Pneumocystis carinii Smear — PCPSM

Specimen Volume:
Collection Container: Sterile Collection Container

Performed at: Reference Laboratory — CPT Code: 88313

Porphobilinogen Ur 24h Quant — PORPH24UQ

Porphobilinogen levels in the urine should be measured during acute attacks of abdominal pain, extremity pain or paresthesias, tachycardia, nausea and vomiting, neurologic abnormalities, and to investigate dark urine.

Specimen Volume: 3.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Frozen
Frozen, and protected from light.

Performed at: Reference Laboratory — CPT Code:

Porphyrins Random Urine Quant PORPHRANUQT

Evaluate porphyrias, including those involving deficiencies of enzymes which are needed for heme synthesis and chemical porphyrias.

Specimen Volume: 2.0 mL Aliquot
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory CPT Code: 84120

Porphyrins Urine 24h Quant POR24UQT

Evaluate porphyrias, including those involving deficiencies of enzymes which are needed for heme synthesis and chemical porphyrias.

Specimen Volume: 2.0 mL Aliquot
Collection Container: 24 Hour Urine Collection Container
Room Temperature

Performed at: Reference Laboratory CPT Code: 84120

Potassium K

Evaluate electrolyte balance.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84132

Potassium Urine KU

Evaluate electrolyte balance, acid-base balance.

Specimen Volume: 10.0 mL
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code: 84133

Potassium Urine 24h K24UP

Evaluate electrolyte balance, acid-base balance.

Specimen Volume: 10.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code:

Prealbumin PREALB

Evaluate protein malnutrition, total parenteral nutrition, and liver dysfunction.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84134

Pregnenolone PREG

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 84140

Primidone+Phenobarbital Level PRIM

Specimen Volume:
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code:

Procalcitonin PCT

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 84146

Progesterone PROG

Establish the presence of a functioning corpus luteum or luteal cell function; confirm basal body temperature measurements for the occurrence of ovulation; obtain an indication of the day of ovulation; evaluate the functional state of the corpus luteum in infertility patients; assess placental function during pregnancy; ovarian function test.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84144

Proinsulin PROINS

Proinsulin, which has relatively low biological activity (approximately 1% of insulin potency), is the major storage form of insulin.

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory CPT Code: 84206

Prolactin PRL

First test for work-up of galactorrhea (inappropriate lactation). Pituitary function test useful in the detection of prolactin-secreting pituitary tumors (microadenomas, macroadenomas) with or without galactorrhea, with or without structural evidence of sellar enlargement. Elevated prolactin may be associated with corpus luteum insufficiency or anovulation.

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84146

Prostate Spec Ag Total + %Free PSAT%F

In this profile, free PSA is performed and percent free PSA is calculated, regardless of the concentration of total PSA. The interpretive guidelines provided for percent free PSA are based on a population of men with normal digital rectal exam (DRE) and total PSA between 4. and 1. ng/mL.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Prostate Specfic Ag Screen PSAS

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 0G0103

Prostate Specific Ag PSA

Prostate specific antigen (PSA) is a glycoprotein produced exclusively by the epithelial cells lining the prostatic ducts and acini. Normally, it is secreted into the prostatic ducts and is present only in prostate tissue, prostatic fluid, and seminal plasma. PSA is produced by normal, hyperplastic, and cancerous prostatic tissue. In recent years, urologists have found serum PSA to be the most sensitive marker for monitoring patients with known prostate cancer. In these patients, serum PSA levels are used to predict survival and tumor recurrence following therapy. Serum PSA levels are frequently monitored in conjunction with another serum marker for prostatic cancer: prostatic acid phosphatase (PAP). Although PAP is not as sensitive for prostatic cancer as PSA, concurrent use of the two markers has been shown to enhance efficacy in monitoring progression of disease and response to therapy.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84153

Prot Electro Interp Urine 24h PEPI24U

Evaluate myeloma, macroglobulinemia of Waldenström, lymphoma, amyloidosis; differentiate between normal renal function, glomerular proteinuria, and tubular proteinuria.

Specimen Volume: 20.0 ml aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Reference Laboratory CPT Code: 84166

Protein C Antigen PROTCAG

Confirmation and characterization of protein C deficiency.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85302

Protein C Deficiency Profile PROTCDEF

Confirmation and characterization of protein C deficiency.

Specimen Volume: 3.0 mL (1.5 m: each in two tubes)
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code:

Protein C Func + Protein S Fun PROTCFNSFN

Specimen Volume: 4.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code:

Protein C Functional PROTCF

Specimen Volume: 1.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85303

Protein Creatinine Ratio Urine PROTCRU

Protein/creatinine ratio in a first-morning or random untimed "spot" urine specimen is recommended testing to ascertain chronic kidney disease.

Specimen Volume: 50.0 mL
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code:

Protein CSF PROTCSF

A nonspecific but reliable indication of CNS pathology such as meningitis, brain abscess, meningovascular syphilis, CVA, neoplastic diseases, multiple sclerosis, and other degenerative processes causing neurologic disease.

Specimen Volume: 1.0 mL
Collection Container: Cerebral Spinal Fluid Collection Container #1

Performed at: Willamette Valley Medical Center CPT Code: 84157

Protein Electrophoresis Urine PEPU

Evaluate myeloma, macroglobulinemia of Waldenström, lymphoma, amyloidosis; differentiate between normal renal function, glomerular proteinuria, and tubular proteinuria.

Specimen Volume: 20.0 ml aliquot
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory CPT Code: 84166

Protein Electrophoresis+Interp SPEI

A principal use of this test is in the detection of monoclonal gammopathies.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Protein Fluid TPFL

Specimen Volume: 1.0 mL
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84157

Protein Pericardial TPPC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84157

Protein Peritoneal TPPT

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84157

Protein Pleural TPPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84157

Protein S Antigenic PROTSAG

Confirmation and characterization of protein S (PS) congenital deficiency.

Specimen Volume: 3.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code:

Protein S Functional PROTSFN

Confirmation and characterization of protein S (PS) congenital deficiency.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85306

Protein S Panel PROTSPL

Confirmation and characterization of protein S (PS) congenital deficiency.

Specimen Volume: 3.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code:

Protein Synovial

TPSY

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84157

Protein Total Ur

PROTEINU

Specimen Volume:
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center CPT Code: 84156

Protein Urine 24h

PROT24UP

Evaluate proteinuria (eg, following urinalysis in which proteinuria is detected); evaluate renal diseases, including proteinuria complicating diabetes mellitus, the nephrotic syndromes (eg, lipoid nephrosis, membranous proliferative glomerulopathies, metal poisoning (eg, gold, lead, and cadmium), renal vein thrombosis, systemic lupus erythematosus (SLE), constrictive pericarditis and amyloidosis).

Specimen Volume: 50.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code:

Prothrombin Time + INR

PT

Evaluation of the extrinsic coagulation system; aid in screening for congenital and acquired deficiencies of factors II, V, VII, X, and fibrinogen.7-9 This test is used clinically for the therapeutic monitoring of warfarin (Coumadin®) anticoagulant therapy.

Specimen Volume: 2.7 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit whole blood uncentrifuged within 24 hours of collection.

Performed at: Willamette Valley Medical Center CPT Code: 85610

PSA Ultra Sensitive wo Serial

PSAUS

Intended to aid in the management of patients following surgical or medical treatment for prostate cancer.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84153

PT 20210 (F2 DNA Polymorphism)

PT20210

Detection of mutation in the factor II (prothrombin) gene (OMIM 17693) causing increased risk of thrombosis.

Specimen Volume: 7.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 81240

PT Mixing Study — PTMIX

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory — CPT Code:

PTH (Intact) Postoperative — PTHTPO

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83970

Q Fever Abs IgG — QFEVABG

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Room Temperature

Performed at: Reference Laboratory — CPT Code: 86638

Renal Function Panel — RFP

Specimen Volume: 5.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 80069

Renin Activity — RENIN

Measurement of renin activity is useful in the differential diagnosis of individuals with hypertension.

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 84244

Reticulocyte — RETIC

Evaluate erythropoietic activity which is increased in acute and chronic hemorrhage, and hemolytic anemias; evaluate erythropoietic response to antianemic therapy.

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 85045

Rheumatoid Factor Quant — RA

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 86431

Rotavirus Ag Stool EIA — ROTA

Detect rotavirus in stools of patients suspected of having viral gastroenteritis.

Specimen Volume: 2.0 mL liquid or semi-formed stool.
Collection Container: Stool Collection Can
Refrigerated
Swabs, diapers and specimens submitted in preservative media are not acceptable for analysis.

Performed at: Reference Laboratory — CPT Code: 87425

RPR w Reflex Titer

RPRR

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86592

RSV Resp Syncytial Virus DNA

RSVDNA

This test is intended for use as an aid in the diagnosis of RSV only in children <18 years of age and adults ≥60 years of age in conjunction with clinical and epidemiological risk factors. Testing with this test is not available, and can not be performed for patients between the ages of 19 and 59 years old.

Specimen Volume:
Collection Container: Nasopharyngeal Swab

Performed at: Willamette Valley Medical Center CPT Code: 87801

Rubella Ab IgG

RUBG

Recommended for immune status determination

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86762

Rubella Ab IgM RUBM

For the in vitro detection of IgM antibodies specific for rubella. IgM antibodies are associated with acute viral infections. IgM detection is useful in the following situations: evidence of infection can be obtained from only one acute phase specimen if the IgM results are positive; the IgM test can also be used to differentiate between primary infection and re-exposure. Rubella-specific IgM is found in virtually all infected patients by three weeks postdevelopment of a rash. Rubella-specific IgM is also found in 8% of postvaccination patients by three weeks. Congenitally infected infants will show an IgM response at 2 to 12 weeks postnatally.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86762

Rubeola (Measles) Ab IgG RUBEG

Determine status or, with paired sera, aid in the diagnosis of recent infection.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86765

Rupture of Membranes AFP/ICT ROM

aid in the detection of rupture of membranes

Specimen Volume:
Collection Container: Swab
Grossly bloody specimens will be rejected; must be tested within 6 hours of collection; do not touch swab on anything prior to insetion and allow 15 seconds fo the swab to be in the buffer solution.

Performed at: Willamette Valley Medical Center CPT Code:

Saccharomyces cerevisiae Panel — SACP

Semiquantitative detection of anti-Saccharomyces cerevisiae antibodies (ASCA) of the IgG and IgA classes in human sera. This assay is intended for use in the diagnosis of patients with Crohn disease.

Specimen Volume: 0.4 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

Salicylate and Acetaminophen — SALACET

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code:

Salicylate Level — SAL

Specimen Volume: 2.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center — CPT Code: G0480

Scleroderma Scl70 ENA Ab — SCLER

Differential diagnosis of scleroderma (progressive systemic sclerosis).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86235

Sedimentation Rate Automated — SEDRAUTO

Evaluate the nonspecific activity of infections, inflammatory states, autoimmune disorders, and plasma cell dyscrasias.

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 85652

Serotonin — SERO

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 84260

Sex Hormone Binding Globulin — SHBG

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 84270

Sickle Cell Screen — SICKLESCRN

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory — CPT Code: 85660

Sirolimus Level SIRO

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 80195

Sjogrens Syndrome Panel SJP

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Sodium NA

Electrolyte, acid-base balance; water balance; water intoxication; diagnose dehydration.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84295

Sodium Urine NAU

Specimen Volume: 10.0 mL
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code: 84300

Sodium Urine 24h NA24UP

Specimen Volume: 10.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code:

Somatomedin-C (Insulin Growth) SOMAC

Diagnose acromegaly, in which Sm-C and GH are increased; evaluate hypopituitarism and hypothalamic lesions in children (diagnosis of dwarfism and response to therapy).

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84305

Sperm Count Post Vasectomy SPERMPV

Determine the success of the vasectomy procedure.

Specimen Volume: Entire ejaculate
Collection Container: Body Fluid container
Room Temperature

Performed at: Reference Laboratory CPT Code: 89310

Stone (Calculi) Analysis STON

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Room Temperature

Performed at: Reference Laboratory CPT Code: 82360

Strep Group A Rapid Antigen STRASCR

Specimen Volume:
Collection Container: Swab

Performed at: Willamette Valley Medical Center CPT Code: 87430

Strep pneumoniae Ag Ur or CSF STRPNAGUCF

Specimen Volume:
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Reference Laboratory CPT Code:

T3 Free T3F

Evaluate thyroid function and assess abnormal binding protein disorders.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84481

T3 Reverse T3REV

Reverse T3 measurement may be useful in evaluating the euthyroid sick patient with low T3 concentrations. Also useful in evaluating thyroid function and metabolism.

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84482

T3 Total

T3T

Thyroid function which is particularly useful in the diagnosis of T3 thyrotoxicosis, in which T3 is increased and T4 is within normal limits. T3 toxicosis is occasionally found in Graves' disease.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84480

T3 Uptake

T3U

T3 should never be used alone; rather, its usual application is use with thyroxine (T4).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84479

T4 (Thyroxine)

T4

Thyroid function test. Decreased in hypothyroidism and in the third stage of (painful) subacute thyroiditis; increased with hyperthyroidism, with subacute thyroiditis in its first stage and with thyrotoxicosis due to Hashimoto disease.3 Used to diagnose T4 toxicosis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84436

T4 (Thyroxine) Free

T4F.

Free T4 may be indicated when binding globulin (TBG) problems are perceived, or when conventional test results seem inconsistent with clinical observations.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84439

Tacrolimus (FK506) Level

TACRO

Tacrolimus is an immunosuppressive drug that is believed to prevent rejection in transplantation patients. Measurement of tacrolimus blood levels may be of use in monitoring patients receiving this drug.

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Room Temperature

Performed at: Reference Laboratory CPT Code: 80197

TB QuantiFERON

TBQTF

Specimen Volume:
Collection Container: QTF KIT
Use special collection kit.

Performed at: Reference Laboratory CPT Code: 86480

Testosterone TEST

Testosterone testing is used to evaluate androgen excess or deficiency related to gonadal function, adrenal function, or tumor activity.

Specimen Volume: 0.8mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84403

Testosterone Free TESTFRD

Evaluate hirsutism and masculinization in women; evaluate testicular function in clinical states where the testosterone binding proteins may be altered (obesity, cirrhosis, thyroid disorders).

Specimen Volume: 0.5mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84402

Testosterone Free + Total TESTFR

Evaluate hirsutism and masculinization in women; evaluate testicular function in clinical states where the testosterone binding proteins may be altered (obesity, cirrhosis, thyroid disorders).

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Tetanus Antitoxoid Ab IgG — TETG

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86317

T-Helper CD4 Helper Lymph Prof — HELPERCD4

Specimen Volume: Full Tube
Collection Container: Lavender Top (EDTA) Tube and Yellow Top (ACD) Tube.

Performed at: Reference Laboratory — CPT Code: 86361

Theophylline Level — THEOPH

Specimen Volume:
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 80198

Thiopurine Methyltransferase — TPMT

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Refrigerated

Performed at: Reference Laboratory — CPT Code: 82657

Thrombin Time TT

Specimen Volume: 1.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85670

Thyroglobulin + Thyroperox Abs THYAB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Thyroglobulin Ab THYROGAB

Detect and confirm autoimmune thyroiditis, Hashimoto thyroiditis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86800

Thyroglobulin+Thryoglobulin Ab THYROGQT

Thyroglobulin is elevated in three types of thyroid disorders: goiter and thyroid hyperfunction, inflammation or physical injury to the thyroid, and differential thyroid tumors.

Specimen Volume: 3.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Thyroid Stimulating Hormone — TSH

Thyroid function test.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 84443

Thyroid Stimulating Immunoglob — TSI

Thyroid-stimulating immunoglobulins (TSI) can be detected in the majority of patients (77.8%) with Graves' disease.

Specimen Volume: 3.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 84445

Thyroperoxidase Ab — THYP

Differential diagnosis of hypothyroidism and thyroiditis. This test should be used in conjunction with antithyroglobulin test, since autoimmune thyroiditis may demonstrate a response to antigens other than thyroid microsomes. Antibodies to thyroid microsomes (thyroid peroxidase) are present in 7% to 9% of patients with chronic thyroiditis. They are also present in smaller percentages of patients of other thyroid diseases. Antibody production may be confined to lymphocytes within the thyroid, and serum may be negative. Small numbers (3%) of people with no evidence of disease may have antibody. This is more frequent in females and increases with age.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86376

Thyrotropin Receptor Ab — TSHRAB

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83520

Tissue Transglutaminase Ab IgA — TTGA

Detection of antibodies to aid in the diagnosis of gluten-sensitive enteropathy (GSE), such as celiac disease and dermatitis herpetiformis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86256

Tissue Transglutaminase Ab IgG — TTGG

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 86256

Tobramycin Level Peak TOBP

Tobramycin is administered to treat serious infections caused by aerobic gram-negative bacilli (eg, a number of the Enterobacteriaceae, P aeruginosa). These include lower respiratory tract, intra-abdominal, soft tissue, bone or joint, wound, and complicated urinary tract infections; bacteremias; and meningitis.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 80200

Tobramycin Level Trough TOBT

Tobramycin is administered to treat serious infections caused by aerobic gram-negative bacilli (eg, a number of the Enterobacteriaceae, P aeruginosa). These include lower respiratory tract, intra-abdominal, soft tissue, bone or joint, wound, and complicated urinary tract infections; bacteremias; and meningitis.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 80200

Topiramate Level TOP

Topiramate is an anticonvulsant drug used as an adjunctive therapy in the treatment of patients with partial and secondary generalized epilepsy.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 80201

Total Protein TP

Evaluate nutritional status; investigate edema.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84155

Toxoplasma gondii Ab IgG TOXOG

Detect TORCH antibodies; aid in the diagnosis of congenital infection. Toxoplasma, rubella, cytomegalovirus, and herpes are all causes of potentially catastrophic congenital infections, which can be quickly fatal or lead to chronic sequelae including hepatitis, encephalitis, and failure to thrive. Demonstration of IgM antibody or rising titers of IgG antibody can confirm a diagnosis of specific infection. The availability of IgM specific assays also determines whether antibody in cord blood represents passive transfer from the mother (IgG antibody) or signifies congenital infection (IgM antibody).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86777

Toxoplasma gondii Ab IgM Quant TOXOM

Detect TORCH antibodies; aid in the diagnosis of congenital infection. Toxoplasma, rubella, cytomegalovirus, and herpes are all causes of potentially catastrophic congenital infections, which can be quickly fatal or lead to chronic sequelae including hepatitis, encephalitis, and failure to thrive. Demonstration of IgM antibody or rising titers of IgG antibody can confirm a diagnosis of specific infection. The availability of IgM specific assays also determines whether antibody in cord blood represents passive transfer from the mother (IgG antibody) or signifies congenital infection (IgM antibody).

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code:

Transferrin TRANSF

Increased in iron deficiency anemia. It is decreased in chronic inflammatory states, hereditary atransferrinemia, some instances of acquired liver disease, neoplasia, and renal disease. Transferrin is an index of nutritional status.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 84466

Treponema pallidum Ab IF FTA

Used in the confirmation of syphillis. FTA antibodies should not be used to follow disease activity or response to treatment since fluorescence has no relation to disease activity. Also, antibody levels will remain elevated for life.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86780

Trichomonas vaginalis NAA TRICHNAA

Specimen Volume:
Collection Container: Viral Transport

Performed at: Reference Laboratory CPT Code: 87798

Triglyceride Pericardial TRIGPC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84478

Triglyceride Peritoneal TRIGPT

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84478

Triglyceride Pleural TRIGPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84478

Triglycerides TRIG

Evaluate turbid samples of blood, plasma, and serum; work up of chylomicronemia; evaluate hyperlipidemia.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84478

Trigylceride Synovial TRIGSY

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84478

Troponin I — TRO

Detect cardiac injury; predict mortality in cases of unstable angina; serve as a marker for perioperative myocardial infarction.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center — CPT Code: 84484

Trypsin — TRYP

Trypsin is considered to be a specific indicator of pancreatic damage. This assay is useful in the evaluation of acute pancreatitis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells

Performed at: Reference Laboratory — CPT Code: 83519

Tryptase — TRY

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code: 83516

UA w Microscopic if indicated — UAMI

Detect abnormalities of urine; diagnose and manage renal diseases, urinary tract infection, urinary tract neoplasms, systemic diseases, and inflammatory or neoplastic diseases adjacent to the urinary tract.

Specimen Volume: 10.0 mL
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center — CPT Code:

UA wo Microscopic

UAD

Specimen Volume:
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center CPT Code: 81003

Urea Nitrogen Urine

UNU

Renal function test; coarse nitrogen-wasting test on patients on hyperalimentation; indicate nitrogen balance in hyperalimentation; rule out tap of urinary bladder in amniocentesis, paracentesis.

Specimen Volume: 10.0 mL
Collection Container: Sterile Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code: 84540

Urea Nitrogen Urine 24h

UN24UP

Renal function test; coarse nitrogen-wasting test on patients on hyperalimentation; indicate nitrogen balance in hyperalimentation; rule out tap of urinary bladder in amniocentesis, paracentesis.

Specimen Volume: 10.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center CPT Code:

Uric Acid URIC

An increased uric acid level does not necessarily translate to a diagnosis of gout; about 1% to 15% of instances of hyperuricemia are caused by gout.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 84550

Uric Acid Pericardial URICPC

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84560

Uric Acid Pleural URICPL

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84560

Uric Acid Synovial URICSY

Specimen Volume:
Collection Container: Body Fluid container

Performed at: Willamette Valley Medical Center CPT Code: 84560

Uric Acid Urine — URICU

Look for hyperuricosuria in patients with renal calculus formation. Identification of overexcretors re: risks of stone formation, identification of genetic defects, influence of overexcretion on therapy of gout.

Specimen Volume: 10.0 mL
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center — CPT Code: 84560

Uric Acid Urine 24h — URIC24UP

Look for hyperuricosuria in patients with renal calculus formation. Identification of overexcretors re: risks of stone formation, identification of genetic defects, influence of overexcretion on therapy of gout.

Specimen Volume: 10.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Refrigerated

Performed at: Willamette Valley Medical Center — CPT Code:

Uric Acid Urine Random — URICUR

Specimen Volume:
Collection Container: Sterile Urine Collection Container, No Preservative

Performed at: Willamette Valley Medical Center — CPT Code: 84560

Vaginitis - Vaginosis Prof DNA — VAGDNA

Specimen Volume:
Collection Container: AVPIII Collection Kit

Performed at: Reference Laboratory — CPT Code:

Valproic Acid Level VALPR

Valproate (valproic acid; divalproex sodium, a compound containing sodium valproate and valproic acid) controls absence, myoclonic, and tonic-clonic seizures in generalized, idiopathic, and symptomatic epilepsy. It is most useful in typical absence seizures.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code: 80164

Vancomycin Level Peak VANP

Use of intravenous vancomycin should be restricted to serious infections caused by susceptible staphylococci or other gram-positive bacteria when other antibiotics are ineffective or not tolerated.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code: 80202

Vancomycin Level Random VANR

Use of intravenous vancomycin should be restricted to serious infections caused by susceptible staphylococci or other gram-positive bacteria when other antibiotics are ineffective or not tolerated.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code: 80202

Vancomycin Level Trough VANT

Use of intravenous vancomycin should be restricted to serious infections caused by susceptible staphylococci or other gram-positive bacteria when other antibiotics are ineffective or not tolerated.

Specimen Volume: 1.0 mL
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code: 80202

Vanillylmandelic Acid Urin 24h VMA24UP

Diagnose pheochromocytoma, VMA is of value for evaluation of hypertension, diagnose and follow up neuroblastoma, ganglioneuroma, and ganglioneuroblastoma.

Specimen Volume: 30.0 mL aliquot
Collection Container: 24 Hour Urine Collection Container
Room Temperature
Patient should avoid salicylates, caffeine, phenothiazine, and antihypertension agents. Also coffee, tea, chocolate, fruit (especially bananas and any vanilla containing substances for 72 hours prior to collection).

Performed at: Reference Laboratory CPT Code:

Varicella Zoster DNA PCR VZVPCR

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube
Refrigerated

Performed at: Reference Laboratory CPT Code: 87798

Varicella Zoster DNA PCR CSF

VZVPCRCSF

Specimen Volume:
Collection Container: Cerebral Spinal Fluid Collection Container

Performed at: Reference Laboratory CPT Code: 87798

Varicella Zoster Virus Ab IgG

VZVG

Diagnose VZV infection; determine adult susceptibility to infection.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86787

Varicella Zoster Virus Ab IgM

VZVM

Specimen Volume:
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 86787

Vasoactive Intestinal Polypept VIP

Hypersecretion of VIP is observed in "pancreatic cholera syndrome," Verner-Morrison syndrome or the watery diarrhea-hypokalemia-hypochlorhydria (WDHH) syndrome. It is characterized by hypermotility, watery diarrhea syndromes with hypokalemia and hypochlorhydria, dehydration and weakness; these symptoms can be reproduced by VIP. VIP can be secreted by pancreatic or ectopic islet cell tumors, and in islet-cell hyperplasia.

Specimen Volume:	2.0 mL
Collection Container:	Trasylol Collection Kit
	Patient must not have received radioactive substances 24 hours prior to test. Patient should receive at least 3 grams of carbohydrate daily for three days before fasting 12 hours.

Performed at: Reference Laboratory CPT Code: 84586

Venous Blood Gas VBG

Specimen Volume:	1.0 mL
Collection Container:	Green Top (Sodium Heparin) Tube
	Room Temperature
	Must be tested within 30 minutes of specimen collection.

Performed at: Willamette Valley Medical Center CPT Code: 82803

Viscosity Serum VISCS

Evaluate hyperviscosity syndrome associated with monoclonal gammopathy states (myeloma, macroglobulinemia of Waldenström, and other dysproteinemias), including occasional cases of rheumatoid arthritis, SLE, systemic lupus erythematosus, hyperfibrinogenemia.

Specimen Volume:	1.0 mL
Collection Container:	Gold Top Serum Separator Tube (SST)
	Refrigerated

Performed at: Reference Laboratory CPT Code: 85810

Vitamin A VITA

Differential diagnosis of hypervitaminosis A. A combination of a low serum carotene level and a low vitamin A suggests inadequate vitamin A nutrition.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST), Protect from Light

Performed at: Reference Laboratory CPT Code: 84590

Vitamin B1 (Thiamine) VITB1

The classic vitamin B1 deficiency disease is beriberi, the primary symptoms of which are neurological and cardiovascular disturbances such as myocardial damage, cardiac failure, and neuritis and neural paralyses accompanied by metabolic dysfunction in the form of lactate acidosis and branched-chain ketoaciduria.

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen Whole Blood
Collect in a prechilled tube. Refrigerate and protect from light

Performed at: Reference Laboratory CPT Code: 84425

Vitamin B12 B12.

Detect B12 deficiency as in pernicious anemia; diagnose folic acid deficiency; evaluate hypersegmentation of granulocyte nuclei; follow up MCV >1; diagnose macrocytic anemia; diagnose megaloblastic anemia; evaluate alcoholism, prenatal care; evaluate malabsorption, neurological disorders, or the elevation of B12 as seen in liver cell damage or myeloid leukemia.

Specimen Volume: 0.8 mL
Collection Container: Gold Top Serum Separator Tube (SST)

Performed at: Willamette Valley Medical Center CPT Code: 82607

Vitamin B2 (Riboflavin) VITB2

Riboflavin deficiency is known as pellagra, usually found in those who do not consume a diet rich in organ meats, leafy greens, and whole grains. It is seen in elderly, alcoholics, those with chronic liver disease, and those on total parenteral nutrition.

Specimen Volume: 1.5 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen Whole Blood

Performed at: Reference Laboratory CPT Code: 84252

Vitamin B6 (Pyridoxine) VITB6

Detect vitamin B6 deficiency.

Specimen Volume: 2.0 mL
Collection Container: Lavender Top (EDTA) Tube, Protect from Light

Performed at: Reference Laboratory CPT Code: 84207

Vitamin C VITC

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Frozen, Separated from Cells
Serum, frozen and protected from light

Performed at: Reference Laboratory CPT Code: 82180

Vitamin D 1,25-Dihydroxy VITD125

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82652

Vitamin D 25-OH

VITD25

Rule out vitamin D deficiency.

Specimen Volume: 0.5 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory CPT Code: 82306

Vitamin E Panel

VITEP

Evaluate vitamin E deficiency in hemolytic disease in premature infants, and neuromuscular disease in infants (and adults) with chronic cholestasis; evaluate patients on long-term parenteral nutrition; patients with malignancy or malabsorption (eg, patients with cystic fibrosis, cases of intestinal bypass surgery); investigate brown-bowel syndrome.

Specimen Volume: 2.0 mL
Collection Container: Gold Top Serum Separator Tube (SST), Protect from Light

Performed at: Reference Laboratory CPT Code: 84446

Vitamin K1

VITK1

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube
Frozen, Separated from Cells
Plasma, frozen and protected from light

Performed at: Reference Laboratory CPT Code: 84597

Von Willebrand Ag VWAG

Diagnose von Willebrand factor (vWF) deficiency.

Specimen Volume: 2.0 mL
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85246

Von Willebrand Factor Activity VWFACT

Specimen Volume: 6.0 mL, from 3 separate collection tubes.
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85245

Von Willebrand Multimeric VWM

Specimen Volume: 6.0 mL, from 3 separate collection tubes.
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code: 85247

Von Willebrand Profile VWPI

Specimen Volume: 6.0 mL, from 3 separate collection tubes.
Collection Container: Light Blue Top (3.2% Sodium Citrate) Tube
Submit Citrated Frozen Plasma, Separated from Cells

Performed at: Reference Laboratory CPT Code:

WBC Stool — WBCSTL

Assist in the differential diagnosis of diarrheal disease.

Specimen Volume:
Collection Container: Sterile Collection Container

Performed at: Willamette Valley Medical Center — CPT Code: 87205

WBC w Absolute Neutrophil Ct — WBCANC

Specimen Volume: 1.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center — CPT Code:

West Nile Ab IgG + IgM — WNV

This test is indicated for use as an aid to the diagnosis of West Nile virus encephalitis.

Specimen Volume: 1.0 mL
Collection Container: Gold Top Serum Separator Tube (SST)
Refrigerated

Performed at: Reference Laboratory — CPT Code:

White Blood Count — WBC

White cell enumeration; identify leukopenia and leukocytosis.

Specimen Volume: 3.0 mL
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center — CPT Code: 85048

Zinc Level ZI

Monitor exposure to zinc.

Specimen Volume:	2.0 mL
Collection Container:	Royal Blue Top (EDTA) Trace Metals Tube Refrigerated

Performed at: Reference Laboratory CPT Code: 84630

Zonisamide Level ZONI

Monitor drug levels for optimal therapy.

Specimen Volume:	1.2 mL
Collection Container:	Red Top (No Additive) Tube Refrigerated

Performed at: Reference Laboratory CPT Code: 80203

Transfusion Medicine/Blood Bank

Rh Immune Globulin Wrkup RHIG

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code:

Rh Immune Glob Antenatal Wrkup RHIGA

Specimen Volume:
Collection Container: Pink Top (EDTA) Blood Bank Tube. Check for appropriate labeling.

Performed at: Willamette Valley Medical Center CPT Code:

Type and Screen TS

Specimen Volume:
Collection Container: Pink Top (EDTA) Blood Bank Tube. Check for appropriate labeling.

Performed at: Willamette Valley Medical Center CPT Code:

Type and Screen Newborn < 4mo TSNB

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code:

Cord Workup CORD

Specimen Volume:
Collection Container: Cord Blood Specimen

Performed at: Willamette Valley Medical Center CPT Code:

ABO Rh ABORH

Specimen Volume:
Collection Container: Pink Top (EDTA) Blood Bank Tube. Check for appropriate labeling.

Performed at: Willamette Valley Medical Center CPT Code:

Newborn ABO/Rh Type NBABORH

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code:

Hold BBK Tube HOLDBBK

Specimen Volume:
Collection Container: Pink Top (EDTA) Blood Bank Tube. Check for appropriate labeling.

Performed at: Willamette Valley Medical Center CPT Code:

DAT IgG Tube Cord Blood DATIGGCRD

Specimen Volume:
Collection Container: Cord Blood Specimen

Performed at: Willamette Valley Medical Center CPT Code: 86880

Antibody Screen Tube ABSCT

Specimen Volume:
Collection Container: Pink Top (EDTA) Blood Bank Tube. Check for appropriate labeling.

Performed at: Willamette Valley Medical Center CPT Code: 86850

Antibody Screen ABSCG

Specimen Volume:
Collection Container: Pink Top (EDTA) Blood Bank Tube. Check for appropriate labeling.

Performed at: Willamette Valley Medical Center CPT Code: 86850

Antibody Screen Newborn ABSCNB

Specimen Volume:
Collection Container: Microtainer (EDTA) Blood Bank Tube. Check for appropriate labeling.

Performed at: Willamette Valley Medical Center CPT Code: 86850

Antibody Screen Pre-Warm ABSPW

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code: 86850

Antibody Titer ABTITER

Specimen Volume:
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code:

Direct Antiglobulin Test DATPOLYV

Specimen Volume:
Collection Container: Lavender Top (EDTA) Tube

Performed at: Willamette Valley Medical Center CPT Code: 86880

Direct Antiglobulin Test IgG DATIGG

Specimen Volume:
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code: 86880

Crossmatch Platelets XMPLT

Specimen Volume:
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center CPT Code:

HLA Matched Platelets Product — HLAPLT

Specimen Volume:
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center — CPT Code:

Transfusion Reaction Wrkup — TRXN

Specimen Volume:
Collection Container: Red Top (No Additive) Tube

Performed at: Willamette Valley Medical Center — CPT Code:

Therapeutic Phlebotomy — THERPHLB

Specimen Volume:
Collection Container: Blood Donor Bag

Performed at: Willamette Valley Medical Center — CPT Code: 99195

Microbiology

Abscess Culture + Gram Stain — ABS

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

AFB Culture + Smear — AFB

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

AFB Smear (Fluorescent) — AFBSM

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87206

Anaerobic Culture — ANAEC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87075

Beta Strep Culture — BETASTRC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87081

Blood Culture — BC

Specimen Volume:
Collection Container: Blood Culture Bottles

Performed at: Willamette Valley Medical Center — CPT Code: 87040

Body Fluid Cult + GS + Anaer — FLDA

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Bronchial Culture + Gram Stain — BRON

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Chlamydia trachomatis Culture — CHLTC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87110

CMV Shell Vial + Culture — CMV

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

CSF Culture + Gram Stain — CSF

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

CVC Catheter Tip Culture — CATHTIP

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87070

Ear Culture + Gram Stain — EAR

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Environmental Culture — ENVC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Eye Culture + Gram Stain — EYE

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory — CPT Code:

Fungal Prep (KOH) — KOHPREP

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory — CPT Code: 87220

Fungus Culture — FUNC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87102

GC Culture + Gram Stain — GC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Genital Culture + Gram Stain — GEN

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory — CPT Code:

Gram Stain — GS

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87205

Grp B Strep (S agalactiae) NAA — GBSNAA

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

HSV Culture w Typing — HSVCT

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87252

Joint Fld Culture + Gram Stain — JOIN

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Legionella Culture — LEGC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87081

MRSA Surveillance Screen — MRSAS

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87081

Mycoplasma pneumoniae Culture — MYCC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87109

Nasal Culture + Gram Stain — NASAL

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Occult Blood Immunogenic Fecal — OBIF

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 82274

Shigella Typing — SHIGTYP

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Sputum Culture + Gram Stain — SPC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Stool Culture — STOOL

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Surgical Cult +Gram Stn +Anaer — SURG

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code:

Throat Culture — THC

Specimen Volume:
Collection Container:

Performed at: Willamette Valley Medical Center — CPT Code: 87070

Tissue Culture Surg + Gram Stn — TX

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory — CPT Code:

Urease for H.pylori Gastric Bx

GASTBXH

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory

CPT Code: 87081

Urine Culture

UC

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory

CPT Code: 87086

Urine ID + Sensitivity

URIDSENS

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory

CPT Code:

Urine Sensitivity

SENS

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory

CPT Code:

Vaginal Culture + Gram Stain

VAG

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory

CPT Code:

Virus Culture VC

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory CPT Code: 87252

Wet Mount WM

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory CPT Code: 87210

Wound Culture + Gram Stain WD

Specimen Volume:
Collection Container:

Performed at: Reference Laboratory CPT Code:
