

AHRO Laboratories' Catalog of Tests O-P

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Revision Insight

Document ID:	21543
Revision Number:	7
Owner:	Edgar Ferrusquia, Laboratory Supervisor
Revision Official Date:	7/22/2020

Revision Note:

update header to AHRO[Owner changed from Jagdon, Mabtex C to Ferrusquia, Edgar by Merrill, Deborah on 01-FEB-2022]
[Added at review/expire: No change.]
[Marked as Reviewed on 4/26/2022 by Edgar Ferrusquia: Next Review Date is 4/26/2024.]

Subject/Title:

AHRO Laboratories Catalog of Tests O - P

Catalog Format: Review the following alphabetical listing of our lab test catalog for each of our offered tests. Each page has at least the following elements:

Test Name

Alternate Test Name

LIS/HIS Code

Storage/Transportation

Specimen Requirements

Optimal Volume

Minimal Volume

Post Testing Storage

Patient Preparation

Collection Instructions

Reference Ranges

Methodology

Additional Information

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IMMUNOCHEMICAL FECAL OCCULT BLOOD	
Alternate Test Name	
HIS Code / LIS Code	29886 IFOB HEMOSURE
Transportation/Storage	Run as soon as received in hematology.
Where Performed	AHRO
Specimen Requirements	Random stool sample. Container: Hemosure Fecal Occult Blood Collection Kit Sample Volume: The sample must fill the grooved portion of the sample probe.
Optimal Volume	N/A
Minimal Volume	N/A
Storage	Ambient: 14 days Refrigerated: 30 days Frozen: Unacceptable
Patient Preparation	No Patient Preparation needed.
Patient Instructions	The patient should dip the sampling bottle transfer wand into the stool for collection and place it back into the sampling bottle. Specimens must be collected in a sample vial within 4 hours of defecation. Do not collect samples during, or until three days after your menstrual period, or while you have bleeding hemorrhoids or blood in your urine. Remove toilet bowl cleaners from toilet tank and flush twice before proceeding.
Reference Ranges	Negative, no blood found in stool
Methodology	Immunochemical
Additional Test Information	Read results within five (5) to ten (10) minutes. Do not read after ten (10) minutes.

Opiate (Urine)	
Alternate Test Name	
HIS Code / LIS Code	
Where Performed	AHRO
Transportation/Storage	7 days at Room Temp
Specimen Requirements	Random Urine
Optimal Volume	15 mL to allow for confirmation testing if needed.
Minimal Volume	0.25 mL
Patient Preparation	None
Reference Ranges	Negative (cutoff at 2000 ng/mL)
Methodology	Homogeneous Enzyme Immunoassay (EMIT)
Additional Test Information	If this test is found to be Indeterminate, it is sent to a reference lab for confirmation.

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Osmolality (Serum or Urine)	
Alternate Test Name	Osmo, Measured
HIS Code / LIS Code	Serum: OSMOL Urine: UOSMOLR
Where Performed	AHRO
Transportation/Storage	Serum: 24 hours at 2 – 8°C Urine: 24 hours at 2 - 8°C
Specimen Requirements	Serum or Urine, Random
Optimal Volume	1.0 mL
Minimal Volume	0.5 mL
Patient Preparation	None
Reference Ranges	Serum: 278 - 298 mOsm/kg water Urine: 300 - 900 mOsm/ kg water
Methodology	Freezing Point
Additional Test Information	

Ova & Parasite Examination	
Alternate Test Name	O & P
HIS Code / LIS Code	1162. OAP
Where Performed	Reference Lab
Transportation/Storage	Room Temperature
Specimen Requirements	Para-Pak (Zn-PVA, 10% Buffered Neutral Formalin)
Storage	Preserved Stool – do not refrigerate or freeze
Instructions	Collect fresh stool in clean dry container. Using the collection spoon built into the lid place small scoopsful of stool in the container. Mix with the spoon. Recap tightly and shake the tube vigorously until the contents are well mixed. For patients requiring the use of diapers, first line the diaper with clean plastic to prevent absorption. Then transfer 2 g or 2 ml of the stool specimen from the plastic lined diaper to the ParaPak container. <i><u>Do not submit the diaper itself.</u></i> Cap securely
Patient Preparation	
Reference Ranges	No Ova or Parasites Seen
Methodology	Microscopic Examination of Concentrate & Permanent Stained Smear.
Set-Up Schedule	Processed daily. Reports within 48 hours.
Additional Test Information	Fresh stool must be placed in the preservative within one hour of collection.

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PCP (Urine)	
Alternate Test Name	Phencyclidine
HIS Code / LIS Code	
Where Performed	AHRO
Transportation/Storage	Run immediately in chemistry.
Specimen Requirements	Random Urine
Optimal Volume	15 mL to allow for confirmation testing if needed.
Minimal Volume	0.25 mL
Storage	7 days at Room Temp
Patient Preparation	None
Reference Ranges	Negative (cutoff at 25 ng/mL)
Methodology	Homogeneous Enzyme Immunoassay (EMIT)
Additional Test Information	If this test is found to be Indeterminate, it is sent to a reference lab for confirmation. The

pH, Blood	
Alternate Test Name	
HIS Code / LIS Code	
Where Performed	AHRO
Transportation/Storage	Run immediately in chemistry.
Specimen Requirements	Heparinized Whole Blood or Cord Blood
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Storage	2 hours on Ice
Patient Preparation	None
Reference Ranges	7.35 - 7.45
Methodology	Ion Selective Electrode
Additional Test Information	

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pH, Urine or Fluid	
Alternate Test Name	
HIS Code	1190
LIS Code	FPH
Where Performed	RMH
Transportation/Storage	Room temperature if test is to be performed within 24 hours, 2° to 8° C if delay is anticipated
Specimen Requirements	10 – 12 mL of random urine or fluid
Optimal Volume	10 – 12 mL
Minimal Volume	1 mL
Storage	
Patient Preparation	None
Reference Ranges	Urine: 4.6 – 8.0 Fluid: N/A
Methodology	pH Paper
Additional Test Information	Indicate source of fluid specimen

Phenobarbital	
Alternate Test Name	
HIS Code / LIS Code	PHENOB
Where Performed	AHRO
Transportation/Storage	30 days at 2-8°C
Specimen Requirements	Heparinized Plasma or Serum
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Patient Preparation	Draw 1 – 6 hours post oral dose if dose is known
Reference Ranges	10 - 40 µg/mL
Methodology	Homogeneous Enzyme Immunoassay (EMIT)
Additional Test Information	Note last dose time and date with requisition in the LIS or HIS.

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Phenytoin	
Alternate Test Name	Dilantin
HIS Code / LIS Code	PTN
Where Performed	AHRO
Transportation/Storage	30 days at 2-8°C
Specimen Requirements	Heparinized Plasma or Serum
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Patient Preparation	Draw 4 - 6 hours post oral Extended Action, 1.5 - 3 hours post oral Prompt Action, or 2 - 4 hours post I.V. dose if dose is known
Reference Ranges	10 - 20 µg/mL
Methodology	Homogeneous Enzyme Immunoassay (EMIT)
Additional Test Information	Note last dose time and date with requisition in the LIS or HIS.

Phosphorus (Blood or Urine, Random)	
Alternate Test Name	Inorganic Phosphorus, P04
HIS Code / LIS Code	Blood: PHOS Urine, Random: UPHOSR
Where Performed	AHRO
Transportation/Storage	Run immediately in chemistry.
Specimen Requirements	Serum or Urine, Random
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Storage	Blood: 8 Hours at Room Temp/ 7 days at 2-8°C Urine: Run Immediately
Patient Preparation	None
Reference Ranges	Blood: 2.4 - 4.7 mg/dL Urine, Random: No Range
Methodology	Phosphomolybdate Complex
Additional Test Information	

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Platelet Count	
Alternate Test Name	PLT Count
HIS Code / LIS Code	1279, PLTC
Where Performed	AHRO
Transportation/Storage	Performed at hospital where specimen drawn
Specimen Requirements	EDTA whole blood (4.5 draw or 2.0 draw lavender tube or lavender top Microtainer acceptable) Heparinized blood is not acceptable.
Optimal Volume	1 mL
Minimal Volume	100 µL
Storage	24 hours at room temperature
Patient Preparation	None
Reference Ranges	150 - 450 K/µL
Methodology	Instrument Automation
Additional Test Information	If code "DECT" appears on tube it means "draw extra citrate tube" if CBC is ordered. The patient has a history of platelet clumping in the EDTA, so the platelet count must be checked in the citrate (blue top) tube. If code "AGGL" appears on label it means the patient has a history of a strong cold agglutinin. Give the tube to the tech in Hematology as soon as it is drawn so that it can be put in a 37°C incubator.

Platelet Function Screen	
Alternate Test Name	Platelet Function Analysis, PFA
HIS Code / LIS Code	1476, PFA
Where Performed	AHRO
Transportation/Storage	Samples are stable up to 4 hours and must be stored at room temperature. Do not centrifuge.
Specimen Requirements	Blood should be drawn into a 3.2% buffered sodium citrate tube (blue), and gently invert the tube by hand 3 to 4 times. Discard the sample if the vein collapses or stoppage of blood flow during collection. <i><u>21 GAUGE VACUTAINER NEEDLE OR GREATER NEEDS TO BE USED AND THE COLLECTION MUST BE DRAWN DIRECTLY INTO TO A VACUTAINER TUBE. SYRINGE DRAWS ARE NOT ACCEPTABLE</u></i>
Optimal Volume	1 entire blue citrate, whole blood tube - Unspun
Storage	
Patient Preparation	None
Reference Ranges	<193 seconds for Collagen epi /< 118 Sec for Collagen ADP
Methodology	Platelet adhesion
Additional Test Information	Hemolyzed blood should not be used. Decreased hematocrit or platelet counts could reflect in a reduced platelet function

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Potassium (Blood or Urine, Random)	
Alternate Test Name	K ⁺
HIS Code / LIS Code	Blood: K Urine, Random: UKR
Where Performed	AHRO
Transportation/Storage	7 days at 2-8°C
Specimen Requirements	Heparinized Plasma or Serum or Urine, Random
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Patient Preparation	None
Reference Ranges	Blood: 3.4 - 5.0 mmol/L Urine, Random: No Range
Methodology	Ion Selective Electrode
Additional Test Information	

Propoxyphine (Urine)	
Alternate Test Name	
HIS Code / LIS Code	1092/PROPX
Where Performed	AHRO
Transportation/Storage	Run immediately in chemistry. Use hospital courier or cab to transport in a cooler to RMH if needed.
Specimen Requirements	Random Urine
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Storage	5 days at 2-8°C
Patient Preparation	None
Reference Ranges	Negative (cutoff at 300 ng/mL)
Methodology	Homogeneous Enzyme Immunoassay (EMIT)
Additional Test Information	

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PTT	
Alternate Test Name	Activated Partial Thromboplastin Time, APTT
HIS Code / LIS Code	1166. PTT
Where Performed	RMH
Transportation/Storage	
Specimen Requirements	Plasma from a 3.2% Sodium citrate tube is the required specimen. Test -must be performed within two hours if the patient is on heparin therapy or 4 hours for all other patients. Tube must be correctly filled, ratio of anticoagulant to blood is critical. <u>A discard tube or discard syringe, if from a line, must be drawn before citrate tube to ensure quality of sample</u>
Storage	Room Temperature for up to 4 hours. Plasma may be quick, frozen and stored at -70°C for up to one week.
Patient Preparation	None
Reference Ranges	See patient report for current reference range.
Methodology	Mechanical clot detection
Additional Test Information	This test is frequently used to monitor heparin therapy. Under those conditions the timing of the blood draw in relation to the administration of the heparin is critical
Special Requirements for Coagulation Testing	See separate procedure for special instructions for collection of coagulation

Prothrombin Time	
Alternate Test Name	Protime, PT
HIS Code / LIS Code	1501, PT
Where Performed	RMH
Transportation/Storage	
Specimen Requirements	Plasma from a 3.2% Sodium Citrate tube is the required specimen. Test must be performed within 2 hours if stored at room temperature or 4 hours if stored at 2 - 8°C. Tube must be correctly filled, ratio of anticoagulant to blood is critical. <u>A discard tube or discard syringe, if from a line, must be drawn before citrate tube to ensure quality of sample</u>
Storage	Testing may be performed on plasma stored at room temperature for up to 8 hours or on a sample from an unopened tube stored up to 24 hours at room temperature. <u>Do not store on ice or in refrigerator.</u>
Patient Preparation	None

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Reference Ranges	See patient report for current reference range.
Methodology	Mechanical clot detection
Additional Test Information	
Special Requirements for Coagulation Testing	See separate procedure for special instructions for collection of coagulation specimens.

Prothrombin Time	
Alternate Test Name	Protime, PT
HIS Code / LIS Code	1501, PT
Where Performed	RMH
Transportation/Storage	
Specimen Requirements	Plasma from a 3.2% Sodium Citrate tube is the required specimen. Test must be performed within 2 hours if stored at room temperature or 4 hours if stored at 2 - 8°C. Tube must be correctly filled, ratio of anticoagulant to blood is critical. <u>A discard tube or discard syringe, if from a line, must be drawn before citrate tube to ensure quality of sample</u>
Storage	Testing may be performed on plasma stored at room temperature for up to 8 hours or on a sample from an unopened tube stored up to 24 hours at room temperature. <u>Do not store on ice or in refrigerator.</u>
Patient Preparation	None
Reference Ranges	See patient report for current reference range.
Methodology	Mechanical clot detection
Additional Test Information	
Special Requirements for Coagulation Testing	See separate procedure for special instructions for collection of coagulation specimens.

Prothrombin Time	
Alternate Test Name	Protime, PT
HIS Code / LIS Code	1501, PT
Where Performed	RMH
Transportation/Storage	
Specimen Requirements	Plasma from a 3.2% Sodium Citrate tube is the required specimen. Test must be performed within 2 hours if stored at room temperature or 4 hours if stored at 2 - 8°C. Tube must be correctly filled, ratio of anticoagulant to blood is critical. <u>A discard tube or discard syringe, if from a line, must be drawn before citrate tube to ensure quality of sample</u>
Storage	Testing may be performed on plasma stored at room temperature for up to 8 hours or on a sample from an unopened tube stored up to 24 hours at room temperature. <u>Do not store on ice or in refrigerator.</u>
Patient Preparation	None

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Reference Ranges	See patient report for current reference range.
Methodology	Mechanical clot detection
Additional Test Information	
Special Requirements for Coagulation Testing	See separate procedure for special instructions for collection of coagulation specimens.

Prothrombin Time	
Alternate Test Name	Prottime, PT
HIS Code / LIS Code	1501, PT
Where Performed	RMH
Transportation/Storage	
Specimen Requirements	Plasma from a 3.2% Sodium Citrate tube is the required specimen. Test must be performed within 2 hours if stored at room temperature or 4 hours if stored at 2 - 8°C. Tube must be correctly filled, ratio of anticoagulant to blood is critical. <u>A discard tube or discard syringe, if from a line, must be drawn before citrate tube to ensure quality of sample</u>
Storage	Testing may be performed on plasma stored at room temperature for up to 8 hours or on a sample from an unopened tube stored up to 24 hours at room temperature. <u>Do not store on ice or in refrigerator.</u>
Patient Preparation	None
Reference Ranges	See patient report for current reference range.
Methodology	Mechanical clot detection
Additional Test Information	
Special Requirements for Coagulation Testing	See separate procedure for special instructions for collection of coagulation specimens.

PSA	
Alternate Test Name	Prostate Specific Antigen
HIS Code / LIS Code	PSA SCRIN / PSA DIAG
Where Performed	AHRO
Transportation/Storage	3 Hours at Room Temp 24 hours at 2-8°C
Specimen Requirements	Serum
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Patient Preparation	Collection should be done before any invasive procedures like prostate biopsy, TURP, or ORE
Reference Ranges	< 4.0 ng/mL
Methodology	Two-site Sandwich Immunoenzymatic

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Additional Test Information	assay
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PTH (iPTH)	
Alternate Test Name	Intact Parathyroid Hormone
HIS Code / LIS Code	PTH
Where Performed	AHRO
Transportation/Storage	8 Hours at Room Temp / 48 Hours at 2-8°C
Specimen Requirements	EDTA plasma, Serum
Optimal Volume	1.0 ml
Minimal Volume	0.5 ml
Patient Preparation	None
Reference Ranges	Normal 12 - 88 pg/ml
Methodology	Two-side sandwich Immunoenzymatic Assay
Additional Test Information	none

PROCALCITONIN	
Alternate Test Name	PCT
HIS Code / LIS Code	PCT
Where Performed	AHRO
Transportation/Storage	24 Hours at Room Temp / 3 Days at 2-8°C
Specimen Requirements	Heparinized Plasma/ Serum
Optimal Volume	1.0 ml
Minimal Volume	0.5 ml
Patient Preparation	None
Reference Ranges	Normal 0.02 – 30.0 ng/ml
Methodology	Latex Particle Enhance Immunoturbidimetric Assay
Additional Test Information	none