<table>
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<th>ORDER NAME</th>
<th>Page</th>
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<td>Amylase</td>
<td>4.2</td>
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<td>Pain Management 6-Monoacetylmorphine, Quantitation, Urine</td>
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<td>Pain Management Buprenorphine, Quantitation, Urine</td>
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<td>Pain Management Duloxetine, Quantitation, Urine</td>
<td>4.18</td>
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<td>PPFEN</td>
<td>Pain Management Fentanyl, Quantitation, Urine</td>
<td>4.19</td>
</tr>
<tr>
<td>PPGAB</td>
<td>Pain Management Gabapentin, Quantitation, Urine</td>
<td>4.20</td>
</tr>
<tr>
<td>PPMEP</td>
<td>Pain Management Meperidine, Quantitation, Urine</td>
<td>4.21</td>
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<td>PPMTD</td>
<td>Pain Management Methadone, Quantitation, Urine</td>
<td>4.22</td>
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<td>PPRIT</td>
<td>Pain Management Methylphenidate, Quantitation, Urine</td>
<td>4.23</td>
</tr>
<tr>
<td>POPI</td>
<td>Pain Management Opiate, Quantitation, Urine</td>
<td>4.24</td>
</tr>
<tr>
<td>PPPCP</td>
<td>Pain Management Phencyclidine, Quantitation, Urine</td>
<td>4.25</td>
</tr>
<tr>
<td>PPPRG</td>
<td>Pain Management Pregabalin, Quantitation, Urine</td>
<td>4.26</td>
</tr>
<tr>
<td>PPPRO</td>
<td>Pain Management Propoxyphene, Quantitation, Urine</td>
<td>4.27</td>
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<tr>
<td>PPSVT</td>
<td>Pain Management Specimen Validity, Urine</td>
<td>4.28</td>
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<tr>
<td>PMPE</td>
<td>Pain Management Supplemental Profile</td>
<td>4.29</td>
</tr>
<tr>
<td>PPTRA</td>
<td>Pain Management Tramadol, Quantitation, Urine</td>
<td>4.30</td>
</tr>
<tr>
<td>PPZOL</td>
<td>Pain Management Zolpidem, Quantitation, Urine</td>
<td>4.31</td>
</tr>
<tr>
<td>PPTAP</td>
<td>Pain Management, Tapentadol, Quantitation, Urine</td>
<td>4.32</td>
</tr>
<tr>
<td>J</td>
<td>Phlebotomy, Venipuncture Collection (BILLING CODE ONLY)</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Potassium</td>
<td>4.33</td>
</tr>
<tr>
<td>PTP</td>
<td>Prothrombin Time with INR</td>
<td>4.34</td>
</tr>
<tr>
<td>SR</td>
<td>Sedimentation Rate</td>
<td>4.35</td>
</tr>
<tr>
<td>TTTR</td>
<td>Testosterone Total</td>
<td>4.36</td>
</tr>
<tr>
<td>BUN</td>
<td>Urea Nitrogen</td>
<td>4.37</td>
</tr>
<tr>
<td>URMAC</td>
<td>Urinalysis without Microscopic (BILLING CODE ONLY)</td>
<td></td>
</tr>
<tr>
<td>UR</td>
<td>Urine Culture</td>
<td>4.38</td>
</tr>
</tbody>
</table>
Amylase, Serum

**Test Code:** AMYL

**CPT Code:** 82150

**Methodology:** Rate

**Testing Schedule:** Routine daily, STAT testing available

**Report Availability:** 1 day

**Minimum Volume:** 1 mL serum

**Container:** Gold top tube, serum separator

**Reference Range:** <101 units/L

**Pediatrics:**
Newborn serum shows little, if any, amylase activity. Much of this activity is apparently of salivary origin. Markedly low values may not rise to adult values until the end of the first year of life.

**Critical Values:** >300 units/L

**Clinical Utility:** Useful in the evaluation of disorders of the pancreas.

---

Basic Metabolic Panel

**Test Code:** BMP

**CPT Codes:** 80048

**Includes:**
- Calcium
- Carbon dioxide (CO2)
- Chloride
- Creatinine
- Glucose
- Potassium
- Sodium
- Urea nitrogen (BUN)
- Anion Gap Calculation
- Glomerular Filtration Rate Calculation (GFR)

**Methodology:** See individual test listings

**Testing Schedule:** Routine daily, STAT testing available

**Report Availability:** 1 day

**Minimum Volume:** 1 mL serum

**Container:** Gold top tube, serum separator

**Reference Range:** See individual test listings.

**Critical Values:** See individual test listings.

**Clinical Utility:** Used to evaluate blood glucose; electrolyte, fluid and acid base balances, and kidney function.
Pain Management Test Listing

CBC with Automated Differential

<table>
<thead>
<tr>
<th>Test Code:</th>
<th>CBCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code:</td>
<td>85025</td>
</tr>
<tr>
<td>Methodology:</td>
<td>Automated Analyzer</td>
</tr>
<tr>
<td>Testing Schedule:</td>
<td>Routine daily, STAT testing available</td>
</tr>
<tr>
<td>Report Availability:</td>
<td>1 day</td>
</tr>
<tr>
<td>Minimum Volume:</td>
<td>1.5mL whole blood OR 300-500 µL in BD Microtainer™ tube</td>
</tr>
<tr>
<td>Container:</td>
<td>Lavender top tube, EDTA</td>
</tr>
<tr>
<td>Special Instructions:</td>
<td>If deemed necessary by set laboratory criteria, a manual differential may be performed, and/or hematopathologist review may be performed.</td>
</tr>
<tr>
<td>Critical Values:</td>
<td>See individual test listings for CBC components.</td>
</tr>
<tr>
<td>Differential:</td>
<td>Elevated band counts &gt;25%</td>
</tr>
<tr>
<td></td>
<td>Presence of &gt;3.0 immature (blast) cells (1st time only) Hematopathologist review to follow.</td>
</tr>
<tr>
<td></td>
<td>Microorganisms (Intracellular or Extracellular) present on peripheral blood smear.</td>
</tr>
<tr>
<td>Clinical Utility:</td>
<td>Used in the evaluation of infection, anemia and other hematological disorders.</td>
</tr>
</tbody>
</table>

Comprehensive Metabolic Panel

<table>
<thead>
<tr>
<th>Test Code:</th>
<th>CPMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Codes:</td>
<td>80053</td>
</tr>
<tr>
<td>Methodology:</td>
<td>See individual test listings</td>
</tr>
<tr>
<td>Includes:</td>
<td>See individual test listings</td>
</tr>
<tr>
<td></td>
<td>Alanine Aminotransferase (ALT)</td>
</tr>
<tr>
<td></td>
<td>Albumin</td>
</tr>
<tr>
<td></td>
<td>Alkaline phosphatase</td>
</tr>
<tr>
<td></td>
<td>Aspartate Aminotransferase (AST)</td>
</tr>
<tr>
<td></td>
<td>Calcium</td>
</tr>
<tr>
<td></td>
<td>Carbon dioxide (CO2)</td>
</tr>
<tr>
<td></td>
<td>Bilirubin, Total</td>
</tr>
<tr>
<td></td>
<td>Chloride</td>
</tr>
<tr>
<td></td>
<td>Creatinine</td>
</tr>
<tr>
<td></td>
<td>Glucose</td>
</tr>
<tr>
<td></td>
<td>Glomerular Filtration Rate Calculation (GFR)</td>
</tr>
<tr>
<td></td>
<td>Potassium</td>
</tr>
<tr>
<td></td>
<td>Protein, Total</td>
</tr>
<tr>
<td>Testing Schedule:</td>
<td>Routine daily, STAT testing available</td>
</tr>
<tr>
<td>Report Availability:</td>
<td>1 day</td>
</tr>
<tr>
<td>Minimum Volume:</td>
<td>1 mL serum</td>
</tr>
<tr>
<td>Container:</td>
<td>Gold top tube, serum separator</td>
</tr>
<tr>
<td>Reference Range:</td>
<td>See individual test listings</td>
</tr>
<tr>
<td>Critical Values:</td>
<td>See individual test listings</td>
</tr>
<tr>
<td>Clinical Utility:</td>
<td>Used as a general organ/system survey and to establish baseline values.</td>
</tr>
</tbody>
</table>
**C-Reactive Protein**

*Test Code:* CRP  
*CPT Codes:* 86140  
*Methodology:* Nephelometric  
*Testing Schedule:* Routine, daily  
*Report Availability:* 1 day  
*Minimum Volume:* 1 mL serum  
*Container:* Gold top tube, serum separator

*Special Instructions:*  
**DO NOT** confuse with a High Sensitivity CRP (HSCRP) determination.

*Reference Range:* <0.7 mg/dL  
*Clinical Utility:*  
CRP is an acute reactant, which can be used as a general screening aid for inflammatory diseases, infections, and neoplastic diseases. In addition to its usual value as an acute phase reactant, CRP in large concentration (>5.0 mg/L) predicts progression of erosions in rheumatoid arthritis. Elevated serum CRP is characteristic of bacterial, but not viral, meningitis or meningoencephalitis. It may be useful in monitoring the clinical course of these illnesses. CRP concentrations characteristically return to normal after 7 days of appropriate treatment of bacterial meningitis if no complications develop. Serial monitoring of serum and CSF CRP concentrations may be useful clinically.
Creatinine, Serum

Test Code: CREAT
CPT Codes: 82565
Includes:
- Creatinine
- Glomerular Filtration Rate Calculation (GFR)
Methodology: Rate
Testing Schedule: Routine daily, STAT testing available
Report Availability: 1 day
Minimum Volume: 1 mL serum
Container: Gold top tube, serum separator
Special Instructions:
GFR Calculation is not performed when:
- patient is <18 or >97 years of age
- renal steady state is not present
- Sex of patient is unknown

Reference Range:

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 14 Days</td>
<td>0.42 - 1.05 mg/dL</td>
<td>0.40 - 1.00 mg/dL</td>
</tr>
<tr>
<td>15 Days - &lt; 1 Year</td>
<td>0.31 - 0.53 mg/dL</td>
<td>0.31 - 0.53 mg/dL</td>
</tr>
<tr>
<td>1 - &lt; 4 Years</td>
<td>0.39 - 0.55 mg/dL</td>
<td>0.39 - 0.55 mg/dL</td>
</tr>
<tr>
<td>4 - &lt; 7 Years</td>
<td>0.44 - 0.65 mg/dL</td>
<td>0.44 - 0.65 mg/dL</td>
</tr>
<tr>
<td>7 - &lt; 12 Years</td>
<td>0.52 - 0.69 mg/dL</td>
<td>0.52 - 0.69 mg/dL</td>
</tr>
<tr>
<td>12 - &lt; 15 Years</td>
<td>0.57 - 0.80 mg/dL</td>
<td>0.57 - 0.80 mg/dL</td>
</tr>
<tr>
<td>15 - &lt; 17 Years</td>
<td>0.59 - 0.86 mg/dL</td>
<td>0.59 - 0.86 mg/dL</td>
</tr>
<tr>
<td>17 - &lt; 18 Years</td>
<td>0.60 - 0.88 mg/dL</td>
<td>0.60 - 0.88 mg/dL</td>
</tr>
<tr>
<td>&gt;= 18 Years Male</td>
<td>0.53 - 1.20 mg/dL</td>
<td>0.53 - 1.20 mg/dL</td>
</tr>
</tbody>
</table>

Glomerular Filtration Rate (mL/min per 1.73 m2)
- Normal Function or Mild Renal Disease (if clinically at risk): > 60
- Moderately Decreased: 30-59
- Severly Decreased: 15-29
- Renal Failure: <15

NOTE: African-American, GFR multiply reported GFR by 1.16

Clinical Utility: Used in the evaluation of renal function and renal disorders.
Lipase, Serum

Test Code: LIPS  
CPT Code: 83690  
Methodology: Rate  
Testing Schedule: Routine daily, STAT testing available  
Report Availability: 1 day  
Minimum Volume: 1 mL serum  
Container: Gold top tube, serum separator  
Reference Range: 80 - 360 units/L  
Clinical Utility: Used in evaluation of disorders of the pancreas

Magnesium, Serum

Test Code: MG  
CPT Code: 83735  
Methodology: Endpoint  
Testing Schedule: Routine daily, STAT testing available  
Report Availability: 1 day  
Minimum Volume: 1 mL serum  
Container: Gold top tube, serum separator  
Reference Range:  
- 0 - 14 Days: 2.0 - 3.9 mg/dL  
- 15 Days - < 1 Year: 2.0 - 3.1 mg/dL  
- 1 - < 18 Years: 2.1 - 2.8 mg/dL  
- >= 18 Years: 1.4 - 2.2 mg/dL  
Critical Values:  
- <1.0 mg/dL  
- >5.0 mg/dL  
Clinical Utility: Used in the evaluation of malabsorption and pancreatic disorders, renal clearance, and to monitor patients receiving prolonged magnesium therapy.
Pain Management 6-Monoacetylmorphine, Quantitation, Urine

**Test Code:** PPMAM  
**CPT Code:** AMA 80356, CMS G0480  
**Includes:**  
- 6-Monoacetylmorphine (heroin metabolite)  
**Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)  
**Testing Schedule:** Routine, 3 times per week  
**Report Availability:** 2-3 Days  
**Minimum Volume:** 5 mL random urine  
**Container:** Plastic urine container  
**Special Instructions:** Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.  
**Reference Range:** None detected  
**Clinical Utility:**  
- Compliance monitoring for pain management  
- Useful for the detection, identification and quantitation of 6-Monoacetylmorphine in urine

Pain Management, Alcohol, Urine

**Test Code:** PPALC  
**CPT Codes:** AMA 80301, CMS G0479  
**Includes:**  
- Ethanol  
**Methodology:** Immunoassay (IA)  
**Testing Schedule:** Routine, Daily  
**Report Availability:** 1-3 Days  
**Minimum Volume:** 5 mL random urine  
**Container:** Plastic urine container  
**Special Instructions:** Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.  
**Reference Range:** None Detected  
**Clinical Utility:** Compliance monitoring for pain management. Useful for the detection of alcohol use.
Pain Management Test Listing

Pain Management Amitriptyline/Nortriptyline, Quantitative, Urine

Test Code: PPAMI
CPT Codes: AMA 80335, CMS G0480
Includes:
- Identification, quantitation and interpretation for pain management compliance monitoring of Amitriptyline and its metabolite Nortriptyline
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times per week
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container
Special Instructions:
- Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Reference Range:
- Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
Clinical Utility:
- Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Amitriptyline and Nortriptyline in urine.
Pain Management Test Listing

Pain Management Amphetamine Confirmation, Quantitative, Urine

Test Code: PPAMP
CPT Codes AMA 80326, CMS G0480
Includes
- Identification, quantitation and interpretation for pain management compliance monitoring of the following amphetamines in urine:
  • Amphetamine
  • Methamphetamine
  • Methyleneoxymethamphetamine (MDMA)
  • Methyleneoxyamphetamine (MDA)
  • Methyleneoxyethylamphetamine (MDEA)
Methodology: Liquid Chromatography-Tandem Mass Spectroscopy (LC/MS/MS)
Testing Schedule Routine, 3 times/week
Report Availability 2-3 days
Container Plastic urine container
Special Instructions
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Reference Range
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
Clinical Utility
Useful for detection, identification and quantitation of amphetamines in urine Compliance monitoring for pain management
Pain Management Barbiturates Confirmation, Quantitation, Urine

Test Code: PPBAR
CPT Codes: AMA 80345, CMS G0480

Includes:
- Identification, quantitation and interpretation for pain management compliance monitoring of the following barbiturates in urine:
  - Butalbital
  - Phenobarbital
  - Pentobarbital
  - Secobarbital

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 3 times per week
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container

Special Instructions:
- Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:
- Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:
- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of barbiturates in urine
Pain Management Test Listing

Pain Management Basic Profile, Urine

**Test Code:** PMBP  
**CPT Codes:** AMA 80301, 82570, 81002, CMS G0479, 82570, 81002  

**Includes:**  
Screen for the following classes of drugs:

<table>
<thead>
<tr>
<th>Class</th>
<th>Cutoff Concentration (ng/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>500</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>200</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>200</td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>50</td>
</tr>
<tr>
<td>Cocaine</td>
<td>150</td>
</tr>
<tr>
<td>Methadone</td>
<td>300</td>
</tr>
<tr>
<td>Opiates</td>
<td>300</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>100</td>
</tr>
<tr>
<td>Phencyclidine</td>
<td>25</td>
</tr>
<tr>
<td>Propoxyphene</td>
<td>300</td>
</tr>
</tbody>
</table>

Testing also includes specimen validity tests to check for specimen integrity and adulteration. Confirmation of positive screen results by Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

**Methodology:** Immunoassay (IA)  
**Testing Schedule:** Routine, daily; Confirmation testing of positives: 2-3 days  
**Report Availability:** 1 day 1-3 days for confirmation of positive screening results  
**Minimum Volume:** 10 mL random urine  
**Container:** Plastic urine container  

**Special Instructions:**  
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only medications taken within the last 2-3 days.

**Reference Range:**  
Interpretation and concentration of drug/metabolite in urine are dependent on dose, time of dose, metabolic rate and hydration state.

**Clinical Utility:** Compliance monitoring for pain management
Pain Management Benzodiazepines, Quantitative, Urine

Test Code: PPBNZ
CPT Codes: AMA 80346, CMS G0480

Includes:
- Identification, quantitation and interpretation for pain management compliance monitoring of the following benzodiazepines in urine:
  - Alphahydroxyalprazolam
  - 7-aminoclonazepam
  - Diazepam
  - Hydroxymidazolam
  - Lorazepam
  - Nordiazepam
  - Oxazepam
  - Temazepam

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 6 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:
- Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:
- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of benzodiazepines in urine
Pain Management Buprenorphine, Quantitation, Urine

Test Code: PPBUP  
CPT Codes: AMA 80348, CMS G0480  
Includes:
- Identification, quantitation and interpretation for pain management compliance monitoring of the following in urine:
  - Buprenorphine
  - Norbuprenorphine
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)  
Testing Schedule: Routine, 3 times per week  
Report Availability: 2-3 Days  
Minimum Volume: 5 mL random urine  
Container: Plastic urine container  
Special Instructions: 
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Reference Range: 
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
Clinical Utility:
- Compliance monitoring for pain management
- Useful for the detection, identification and quantitation of buprenorphine and its metabolite norbuprenorphine in urine.
Pain Management Cannabinoids, Quantitative, Urine

**Test Code:** PPTHC  
**CPT Codes:** AMA 80349, CMS G0480

**Includes:**  
Identification, quantitation and interpretation for pain management compliance monitoring of cannabinoids (THC, marijuana) in urine

**Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

**Testing Schedule:** Routine, 3 times per week

**Report Availability:** 2-3 Days

**Minimum Volume:** 5 mL random urine

**Container:** Plastic urine container

**Special Instructions:**  
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

**Reference Range:**  
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

**Clinical Utility:**  
- Compliance monitoring for pain management  
- Useful for detection, identification and quantitation of cannabinoids in urine
Pain Management Carisoprodol/Meprobamate, Quantitative, Urine

**Test Code:** PPCAR  
**CPT Codes:** AMA 80369, CMS G0480

**Includes:**  
- Carisoprodol  
- Meprobamate

**Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

**Testing Schedule:** Routine, 5 times/week

**Report Availability:** 2-3 days

**Minimum Volume:** 5 mL random urine

**Container:** Plastic urine container

**Special Instructions:**  
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

**Reference Range:**  
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

**Clinical Utility:**  
- Useful for the detection and quantitation of carisoprodol and its metabolite meprobamate in urine  
- Compliance monitoring for pain management
Pain Management Cocaine metabolite, Quantitative, Urine

Test Code: PPCOC
CPT Codes: AMA 80353, CMS G0480
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 3 times per week
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container
Special Instructions:
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Reference Range: None detected
Clinical Utility:
• Compliance monitoring for pain management
• Useful for the detection, identification and quantitation of cocaine metabolite in urine
Pain Management Cyclobenzaprine, Quantitation, Urine

**Test Code:** PPCCB

**Includes:** Identification, quantitation and interpretation for pain management compliance monitoring of the following in urine:
- Cyclobenzaprine

**Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

**Testing Schedule:** Routine, 5 times/week

**Report Availability:** 2-3 days

**Minimum Volume:** 5 mL random urine

**Container:** Plastic urine container

**Special Instructions:**
Submit specimen with completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only medications taken within the last 2-3 days.

**Reference Range:**
Interpretation and concentration of drug is dependent on dose, time of dose, metabolic rate and hydration state.

**Clinical Utility:**
- Compliance monitoring for pain management
- Useful for the detection, identification and quantiation of Cyclobenzaprine in urine
Pain Management Test Listing

Pain Management Duloxetine, Quantitative, Urine

Test Code: PPDLX
CPT Codes: AMA 80332, CMS 80299
Includes:
- Identification, quantitation and interpretation for pain management compliance monitoring of Duloxetine in urine
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times per week
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container
Special Instructions:
- Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Reference Range:
- Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
Clinical Utility:
- Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Duloxetine in urine.

4.18
Pain Management Fentanyl, Quantitative, Urine

**Test Code:** PPFEN

**CPT Codes:** AMA 80354, CMS G0480

**Includes:**
- Fentanyl
- Norfentanyl

**Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

**Testing Schedule:** Routine, 5 times/week

**Report Availability:** 2-3 days

**Minimum Volume:** 5 mL random urine

**Container:** Plastic urine container

**Special Instructions:**
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

**Reference Range:**
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

**Clinical Utility:**
Useful for detecting the use and/or abuse of fentanyl for pain management
Pain Management Gabapentin, Quantitative, Urine

Test Code: PPGAB
CPT Codes: AMA 80355, CMS 80299
Includes:
- Identification, quantitation and interpretation for pain management compliance monitoring of Gabapentin in urine
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times per week
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container
Special Instructions:
- Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Clinical Utility:
- Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Gabapentin in urine
Pain Management Test Listing

Pain Management Meperidine/Normeperidine, Quantitation, Urine

Test Code: PPMEP
CPT Codes: AMA 80362, CMS G0480
Includes:
  • Meperidine
  • Normeperidine
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times/week
Report Availability: 2-3 days
Minimum Volume: 5 mL random urine
Container: Plastic urine container
Special Instructions:
  Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Reference Range:
  Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
Clinical Utility:
  • Useful for the detection and quantitation of meperidine and its metabolite normeperidine in urine.
  • Compliance monitoring for pain management
Pain Management Methadone, Quantitative, Urine

**Test Code:** PPMTD  
**CPT Codes:** AMA 80358, CMS G0480

**Includes:**  
Identification, quantitation and interpretation for pain management compliance monitoring of the following in urine:  
- Methadone  
- EDDP (methadone metabolite)

**Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

**Testing Schedule:** Routine, 3 times per week

**Report Availability:** 2-3 Days

**Minimum Volume:** 5 mL random urine

**Container:** Plastic urine container

**Special Instructions:**  
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

**Reference Range:**  
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

**Clinical Utility:**  
- Compliance monitoring for pain management  
- Useful for the detection, identification and quantitation of methadone and its metabolite (EDDP) in urine
Pain Management Methylphenidate/Ritalinic Acid, Quantitative, Urine

Test Code: PPRIT
CPT Codes: AMA 80360, CMS 80299

Includes:
- Identification, quantitation and interpretation for pain management compliance monitoring of Methylphenidate and its metabolite Ritalinic acid.

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times per week
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container

Special Instructions:
- Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:
- Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:
- Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Methylphenidate and Ritalinic acid
Pain Management Opiates, Quantitation, Urine

*Test Code:* PPOPI
*CPT Codes:* AMA 80361, 80365 CMS G0480

*Includes:*
- Identification, quantitation and interpretation for pain management compliance monitoring of the following opiates in urine:
  - Codeine
  - Morphine
  - Hydrocodone
  - Hydromorphone
  - Norhydrocodone
  - Oxycodone
  - Oxymorphone
  - Noroxycodone

*Methodology:* Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
*Testing Schedule:* Routine, 6 times per week
*Report Availability:* 2-3 Days
*Minimum Volume:* 5 mL random urine
*Container:* Plastic urine container

*Special Instructions:*
Submit specimen with a completed Pain Management Drug Testing Request (HNL- 56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

*Reference Range:*
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

*Clinical Utility:*
- Compliance monitoring for pain management
- Useful for detection, identification and quantitation of opiates
Pain Management Phencyclidine, Quantitation, Urine

Test Code: PPPCP  
CPT Codes: AMA 83992, CMS G0480

Includes:
• Phencyclidine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

Testing Schedule: Routine, 3 times per week

Report Availability: 2-3 Days

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:
• Compliance monitoring for pain management
• Useful for the detection, identification and quantitation of phencyclidine in urine
Pain Management Pregabalin, Quantitative, Urine

Test Code: PPPRG
CPT Codes: AMA 80366, CMS 80299

Includes:
Identification, quantitation and interpretation for pain management compliance monitoring of Pregabalin in urine

Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times per week
Report Availability: 2-3 Days
Minimum Volume: 5 mL random urine
Container: Plastic urine container

Special Instructions:
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:
Compliance monitoring for pain management. Useful for the detection, identification and quantitation of Pregabalin in urine
Pain Management Test Listing

Pain Management Propoxyphene, Qualitative, Urine

**Test Code:** PPPRO

**CPT Codes:** AMA 80301, CMS G0479

**Includes:**
- Screening for Propoxyphene and Norpropoxyphene. Quantitative reflex testing performed on positive findings.

**Methodology:** Immunoassay (IA)

**Testing Schedule:** Routine, Daily

**Report Availability:** 2-3 Days

**Minimum Volume:** 5 mL random urine

**Container:** Plastic urine container

**Special Instructions:**
- Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

**Reference Range:**
- Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

**Clinical Utility:** Compliance monitoring for pain management. Useful for the detection,
Pain Management Specimen Validity

Test Code: PPSVT
CPT Codes: 81002, 82570

Includes:
- Creatinine
- pH
- Specific Gravity
- Oxidants

Methodology:
- Immunoassay (IA)
- Refractometer

Testing Schedule: Routine, Daily

Report Availability:
- 1 day; 2-3 days for confirmation of unexpected and/or positive screening result based on medication history provided.

Minimum Volume: 5 mL random urine

Container: Plastic urine container

Special Instructions:
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56) Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:
- Creatinine: > or = 20 mg/dL
- pH: 4.5-9.0
- Specific Gravity: 1.003-1.035
- Oxidants: None detected

Clinical Utility:
Useful in assessing the integrity of urine samples prior to testing to determine if the samples have been diluted, substituted, or adulterated
Pain Management Supplemental Profile, Urine

Test Code: PMPE
CPT Codes: AMA 80354, 80364, 80369 CMS G0480x2, G0480
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times/week
Report Availability: 2-3 days
Minimum Volume: 5 mL random urine
Container: Plastic urine container

Special Instructions:
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Includes:
- Quantitation of the following by Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS):
  - Fentanyl/Norfentanyl
  - Carisoprodol/Meprobamate
  - Meperidine/Normeperidine
  - Tramadol
  - Tapentadol/Tapentadol-O-Sulfate

Clinical Utility: Useful for compliance monitoring for pain management
Pain Management Tramadol, Quantitation, Urine

Test Code: PPTRA
CPT Codes: AMA 80373, CMS 80299
Includes:
- Tramadol
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times/week
Report Availability: 2-3 days
Minimum Volume: 5 mL random urine
Container: Plastic urine container

Special Instructions:
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

Reference Range:
Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

Clinical Utility:
- Useful for the detection and quantitation of tramadol in urine
- Compliance monitoring for pain management
Pain Management Zolpidem, Quantitative, Urine

Test Code: PPZOL
CPT Codes: AMA 80368, CMS 80299
Includes:
• Zolpidem
Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule: Routine, 5 times/week
Report Availability: 2-3 days
Minimum Volume: 5 mL random urine
Container: Plastic urine container
Special Instructions:
Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Reference Range:
Interpretation and concentration of drug in urine is dependent on dose, time of dose, metabolic rate and hydration state.
Clinical Utility:
• Compliance monitoring for pain management
• Useful for the detection, identification and quantitation of Zolpidem in urine
Pain Management Tapentadol/Tapentadol-O-Sulfate, Quantitative, Urine

**Test Code:** PPTAP

**CPT Codes:** AMA 80372, CMS 80299

**Includes:**
- Tapentadol
- Tapentadol-O-Sulfate

**Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)

**Testing Schedule:** Routine, 5 times/week

**Report Availability:** 2-3 days

**Minimum Volume:** 5 mL random urine

**Container:** Plastic urine container

**Special Instructions:** Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.

**Reference Range:** Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.

**Clinical Utility:**
- Useful for the detection and quantitation of tapentadol and its metabolite tapentadol-o-sulfate in urine
- Compliance monitoring for pain management
Potassium, Serum

Test Code: K
CPT Codes: 84132
Methodology: Potentiometry
Testing Schedule: Routine daily, STAT testing available
Report Availability: 1 day
Minimum Volume: 1 mL serum
Container: Gold top tube, serum separator
Reference Range:
<11 days: 3.7-5.9 mmol/L
> =11 days: 3.5-5.2 mmol/L
Critical Values:
6.0 mmol/L
Clinical Utility:
Used to evaluate electrolyte and acid/base balance, cardiac arrhythmias, diuretic therapy, and renal conditions.
Prothrombin Time with INR

Test Code: PTP
CPT Codes: 85610

Includes:
- Prothrombin Time (PT)
- INR (International Normalized Ratio)

Methodology: Mechanical Clot Detection

Testing Schedule: Routine daily, STAT testing available

Report Availability: 1 day

Minimum Volume: 1 mL plasma

Container: Full Light Blue top tube, sodium citrate

Collect:
See Special Handling Instructions for “Coagulation Studies”, listed under the Specimen Collection, Preparation, and Handling Section.

Reference Range:
INR Ranges:
- Ambulatory Surgery: < 1.5
- Coumadinized Patients (DVT, PE, MI, or A.Fib): 2.0-3.0
- Mechanical Heart Valve: 2.5-3.5
- Cardiogenic Embolus: 2.5-3.5

Critical Values:
INR: > 4.9

Clinical Utility:
Used in the evaluation of the extrinsic coagulation system and in coagulation disorders / deficiencies. Also used in monitoring warfarin Coumadin® therapy.
Sedimentation Rate, Westergren, Whole Blood

**Test Code:** SR

**CPT Codes:** 85651

**Methodology:** Westergren

**Testing Schedule:** Routine daily, STAT testing available

**Report Availability:** 1 day

**Minimum Volume:** 2 mL whole blood

**Container:** Black top tube, sodium citrate

**Reference Range:**

**Male**
- <7 years: 0 - 9 mm/hour
- 7 - 50 years: 0 - 10 mm/hour
- 51 years: 0 - 20 mm/hour

**Female**
- <7 years: 0 - 9 mm/hour
- 7 - 50 years: 0 - 20 mm/hour
- >= 51 years: 0 - 30 mm/hour

**Clinical Utility:**

Used as a nonspecific marker of inflammation.
Testosterone, Total, Serum

**Test Code:** TTTR  
**CPT Codes:** 84403  
**Methodology:** Chemiluminescent Immunoassay  
**Testing Schedule:** Routine, 2 times per week  
**Report Availability:** 4-7 days  
**Minimum Volume:** 1 mL serum  
**Container:** Gold top tube, serum separator  

**Reference Range:**

**Female**
- <12 years: 5-25 ng/dL
- <15 years: 10-40 ng/dL
- <18 years: 5-40 ng/dL
- 18-49 years: <73 ng/dL
- >50 years: <43 ng/dL

**Male**
- <12 years: 5-50 ng/dL
- <15 years: 10-572 ng/dL
- <18 years: 220-800 ng/dL
- 18-49 years: 240-900 ng/dL
- >50 years: 221-900 ng/dL

**Clinical Utility:**
Useful for diagnosis of hypogonadism in males and hirsutism and virilization in females. Total testosterone includes free testosterone, weakly bound testosterone (bound to albumin), and tightly bound testosterone (bound to SHBG or sex hormone binding globulin).
**Urea Nitrogen, Serum**

**Test Code:** BUN  
**CPT Codes:** 84520  
**Methodology:** Rate  
**Testing Schedule:** Routine daily, STAT testing available  
**Report Availability:** 1 day  
**Minimum Volume:** 1 mL serum  
**Container:** Gold top tube, serum separator  

**Reference Range:**

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Male Reference Range</th>
<th>Female Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 14 Days</td>
<td>3 - 23 mg/dL</td>
<td>3 - 23 mg/dL</td>
</tr>
<tr>
<td>15 Days - &lt; 1 Year</td>
<td>3 - 17 mg/dL</td>
<td>3 - 17 mg/dL</td>
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<tr>
<td>1 - &lt; 10 Years</td>
<td>9 - 22 mg/dL</td>
<td>9 - 22 mg/dL</td>
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<tr>
<td>10 - &lt; 18 Years</td>
<td>7 - 21 mg/dL</td>
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<tr>
<td>&gt;=18 Years Male:</td>
<td>7 - 28 mg/dL</td>
<td>7 - 28 mg/dL</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td>7 - 25 mg/dL</td>
</tr>
</tbody>
</table>

**Critical Values:**

- £ 16 years: > 49 mg/dL  
- >16 years: > 99 mg/dL  

**Clinical Utility:** Used in the evaluation of renal function and renal disorders.
Culture, Urine

**Test Code:** UR  
**CPT Codes:** 87086  

**Includes:**  
- Colony count  
- Identification and susceptibility if applicable  
- Additional CPT codes may apply

**Methodology:** Standard quantitative procedure for aerobic bacterial culture and identification  
**Testing Schedule:** Routine, daily  
**Report Availability:**  
- Preliminary 1 day  
- Final with no growth 1-2 day  
- Cultures with isolated pathogens minimum of 1 day

**Minimum Volume:** Clean voided urine, foley cath urine, OR catheterized urine  
**Container:** Boric acid tube contained in a midstream urine collection kit. Fill container to blue line only.

**Collect:**  
- First morning specimens yield highest bacterial counts from overnight incubation in the bladder.  
- Forcing fluids dilutes the urine and may cause reduced colony counts.  
- Hair from perineum will contaminate the specimen.  
- The urine stream from a male may be contaminated by bacteria from beneath the prepuce.  
- Bacteria from vaginal secretions, vulva or distal urethra may contaminate the specimen as may organisms from hands or clothing.  
- For clean catch urines, patients should cleanse themselves with towelettes as follows:

**Males**  
1. Wipe head of penis in a single motion with first towelette. Repeat with second towelette. If not circumcised, hold foreskin back before cleansing.  
2. Urinate a small amount into toilet or bedpan.  
3. Place urine collection container under stream and continue to urinate.  
4. Finish voiding into toilet or bedpan.  
5. Transfer urine from collection container to preservative tubes using transfer “straw” (located in lid of container) until it reaches the “fill line” on tube.

**Females**  
1. Separate the labia.  
2. Wipe inner labial folds front to back in a single motion with first towelette. Wipe down through center of labial folds with second towelette keeping the labia separated.  
3. Urinate a small amount into toilet or bedpan.  
4. Place urine collection container under stream and continue to urinate.  
5. Finish voiding into toilet or bedpan.  
6. Transfer urine from collection container to preservative tube using transfer “straw” (located in lid of container) until it reaches “fill line” on tube.

**Special Instructions:**  
- Preservative tube is preferred.  
- Non-preservative tube must be transported to the laboratory immediately. If delay in transport, refrigerate specimen.

**Reference Range:**  
- No growth (<1,000 col/mL)

**Clinical Utility:**  
Urinary tract infections are among the most common infections in humans. Cultures from females may contain a high degree of bacterial contamination from normal fecal, skin and urogenital flora and any reported growth of bacteria needs to be evaluated by a physician for clinical significance.