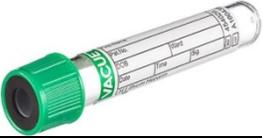


NICU Specialized Lab Test Collection Requirements

Test	Collection	Tube/Container	Special Instructions
Cortisol AM	Collect 1.0 mL blood <i>Tube Type:</i> Gold SST		Processed at Copley Lab
Cortisol PM	Collect 1.0 mL blood <i>Tube Type:</i> Gold SST		
Cortisol Random	Collect 1.0 mL blood <i>Tube Type:</i> Gold SST		
Growth Hormone	Collect 1.5 mL blood <i>Tube Type:</i> Green Lithium Heparin with Black ring		Lab must process within 2 hours of collection. Fast and rest for 30 minutes.
17a OH Progesterone	Collect 2.0 mL blood <i>Tube Type:</i> Green Lithium Heparin with Black ring		ARUP #92332
Insulin Level , Random	Collect 1.5 mL blood <i>Tube Type:</i> Gold SST		ARUP #70107
Pyruvic Acid (aka Pyruvate) (Do not confuse with Pyruvate Kinase)	Collect 1-2 mL blood <i>Tube Type:</i> Green Lithium Heparin with Black ring		CALL LAB BEFORE DRAW! Patient must be fasting and at complete rest. Draw specimen without use of tourniquet.
Transferrin	Collect 1.0 mL blood <i>Tube Type:</i> Gold SST		

Test	Collection	Tube/Container	Special Instructions
Chromosome Testing Chromosome Analysis Blood — UCSD	Collect 2.0 mL blood <i>Tube Type:</i> Green Sodium Heparin		Include Diagnosis in order comment
Chromosome Testing Chromosome Analysis CGH Blood UCSD (Micro Array or Reflex)	Collect 1-2 mL blood in each tube. <i>Tube Types:</i> Green Sodium Heparin AND EDTA Lavender (No Gel)		Include Diagnosis in order comment
Chromosome Testing Chromosome FISH Metaphase — UCSD	Collect 2.0 mL blood <i>Tube Type:</i> Green Sodium Heparin		Include Diagnosis in order comment
Chromosome Testing Chromosome Peripheral Blood — ARUP	Collect 2.0 mL blood in each tube. <i>Tube Type:</i> Green Sodium Heparin		Include Diagnosis in order comment. ARUP #2002289 Submit ARUP Patient History Form Get Patient History Form
Organic Acids Urine	9 mL Urine (Minimum Volume: 3.0 mL)		Submit ARUP Patient History Form Get Patient History Form Freeze Immediately
MSA/NSA Drug Screen	50 mL Urine (Minimum Volume: Newborn 3-4 mL)		

BABY THROMBOPHILIA

Test	Collection	Tube/Container	Special Instructions
Prot C Prot S Drvt Antithrombin	Collect 2.0 mL blood <i>Tube Type:</i> Blue Citrate		Tests can be combined in one tube

Test	Collection	Tube/Container	Special Instructions
Factor V Leiden Mut Factor II Leiden Mut	Collect 0.5 mL blood <i>Tube Type:</i> Lavender EDTA MiniCollect		Must fill to top line. Test can be combined in one tube.
Cardiolipin IgG	Collect 0.8 mL blood <i>Tube Type:</i> Gold MiniCollect		Fill to top line.
Cardiolipin IgM	Collect 0.8 mL blood <i>Tube Type:</i> Gold MiniCollect		Fill to top line.
Beta 2 Glycoprotein	Collect 0.8 mL blood <i>Tube Type:</i> Gold MiniCollect		ARUP #2002569. Fill to top line.
Homocysteine ICD	Collect 0.8 mL blood <i>Tube Type:</i> Gold MiniCollect		Fill to top line. Place on Ice.
Homocysteine Total — ARUP	Collect 0.8 mL blood <i>Tube Type:</i> Gold MiniCollect		Fill to top line. Place on Ice.

BABY NEURO

Test	Collection	Tube/Container	Special Instructions
Pyruvate Kinase	Collect 0.5 mL blood <i>Tube Type:</i> Lavender EDTA MiniCollect		ARUP #80290
Free and Total Carnitine	Collect 0.8 mL blood <i>Tube Type:</i> Green Lithium MiniCollect		Submit ARUP Patient History Form Get Patient History Form ARUP #80068
Ammonia	Collect 1.0 mL blood <i>Tube Type:</i> Lavender EDTA with White ring		Place on ice
Acylcarnitine, Quant	Collect 1.0 mL blood (Minimum Volume: 1.0mL) <i>Tube Type:</i> Green Lithium Heparin with Black ring		Submit ARUP Patient History Form Get Patient History Form Lab must process within 2 hours of collection. Freeze immediately. ARUP #4003
Amino Acids Quant, Plasma	Collect 1.0 mL blood <i>Tube Type:</i> Green Lithium Heparin with Black ring		Submit ARUP Patient History Form Get Patient History Form Lab must process within 2 hours of collection. Draw before feeding or 2-3 hours after meal. Freeze immediately. ARUP #2009389

For detailed specimen collection requirements go to the Sharp Laboratory Test Directory at: www.testmenu.com/sharp