



**BARRATT & SMITH**  
**PATHOLOGY**

*"We take it personally"*



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HANLY MOIR**  
**PATHOLOGY**

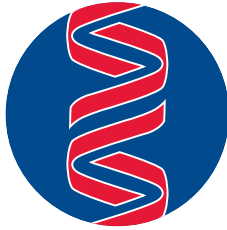
*"We take it personally"*



**PATHOLOGY COLLECTION GUIDE**

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# PATHOLOGY COLLECTION GUIDE FOR DOCTORS

FEBRUARY 2011

# INTRODUCTION

Dear Colleague,

We are pleased to provide you with a copy of our Pathology Collection Guide for Doctors. It is designed to be an easy-to-use reference guide to the collection requirements for our tests and we trust that you will find it beneficial in your day-to-day practice.

We value and welcome your feedback in relation to this publication. If you have any comments or suggestions, please contact one of our pathologists or the staff in our Marketing Department.

Douglass Hanly Moir Pathology, Barratt & Smith Pathology and Dubbo Pathology have a long tradition of offering comprehensive, high quality pathology services for doctors, private hospitals and nursing homes.

We are medically led practices, firmly committed to maintaining professional and technical excellence, personalised services and the highest ethical standards. Our pathologists, scientists, managers and other staff are available to assist you and we encourage you to contact us at any time.

With my warm regards,



**Dr Colin Goldschmidt**

M.B., B.Ch., F.R.C.P.A., F.A.I.C.D.

*Chief Executive Officer*

*Douglass Hanly Moir Pathology & Barratt & Smith Pathology*

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# SPECIALIST PATHOLOGISTS

## CHIEF EXECUTIVE OFFICER

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Dr Nick Taylor (Director of Chemical Pathology / Automated Laboratory)

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Dr Steve Moran

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98 555 150

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Dr Ivan Burchett

Dr Claire Cooke-Yarborough

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Dr Joanna Ding

Dr Stephen Fairy

Adj. Prof. Annabelle Farnsworth (Director of Cytopathology)

Dr William Felbel

Dr Vicki Howard

Dr Geoffrey Hall

Dr Suzanne Hyne

Adj. Prof. Richard Jaworski

Dr Debra Jensen

Dr Ken Kneale

Dr Robyn Levingston

Dr Cathy Lim

Dr Fiona Maclean

Dr Abha Malik

Dr Denis Moir

Dr Anita Muljono

Dr Helen Ogle

Dr Justine Pickett

Dr Jessamine Reddy

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Dr Andrew Tan

Dr Jennifer Turner

Dr Cate Trebeck

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<b>IMMUNOLOGY</b>	98 555 312
Dr Karl Baumgart (Director of Immunology / Molecular Biology) Dr Andrew Broadfoot	
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<b>MICROBIOLOGY/SEROLOGY</b>	98 555 312
Dr Ian Chambers (Director of Microbiology / Serology) Dr Miriam Paul Dr Raed Simhairi	
<b>REGIONAL PATHOLOGISTS</b>	
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Dr Michael Harrison	
<b>GOSFORD</b>	4337 3502
Dr Joanna Ding Dr Richard Haskell Dr Desmond Reddy	
<b>MILDURA</b>	03 5021 1626
Dr Marcella Roman	
<b>ORANGE/BATHURST</b>	6362 3666
Dr Greg Rhodes (Laboratory Director) Dr Garry Simmons	
<b>PENRITH</b>	4734 6500
Dr Theresa Harvey Dr Marcella Roman (Laboratory Director)	
<b>PORT MACQUARIE, NEWCASTLE &amp; TAREE</b>	6583 4755
Dr Simon Palfreeman (Laboratory Director)	
<b>WAGGA WAGGA</b>	6925 0055
Dr David Blaxland	

# LABORATORY LOCATIONS

## MAIN LABORATORIES

### DOUGLASS HANLY MOIR PATHOLOGY

14 Giffnock Avenue  
Macquarie Park NSW 2113  
98 555 222 or 1800 222 365

### BARRATT & SMITH PATHOLOGY

31 Lawson Street  
Penrith NSW 2750  
4734 6500 or 1800 048 993

## METROPOLITAN LABORATORIES

### MACQUARIE UNIVERSITY HOSPITAL

Macquarie University Clinic Building  
Suite 205, Level 22, Technology Place  
Macquarie University NSW 2109  
9812 3655

### LIVERPOOL

Ground Floor,  
16-18 Bigge Street,  
Liverpool NSW 2170  
8778 1999

### CROWS NEST

The Mater Hospital  
Lower Ground Floor, Rocklands Road  
Crows Nest NSW 2065  
9922 7805

### WESTMEAD

Westmead Private Hospital  
Cnr Mons & Darcy Roads  
Westmead NSW 2145  
9687 1888

### HURSTVILLE

Hurstville Community Private Hospital  
Level 1, 2 Pearl St  
Hurstville NSW 2220  
9585 9503

### WINDSOR

Hawkesbury District Hospital  
Cnr Day & Macquarie Streets  
Windsor NSW 2756  
4560 5532

### KOGARAH

St George Private Hospital & Medical Centre  
Level 2, 1 South Street  
Kogarah NSW 2217  
9553 9888

## REGIONAL LABORATORIES

### BATHURST

Bathurst Private Hospital  
Gormans Hill Road  
Bathurst NSW 2795  
6332 8945

### DUBBO

223A Darling Street  
Dubbo NSW 2830  
6826 5455

### GOSFORD

37 William Street  
Gosford NSW 2250  
4337 3500

### NEWCASTLE – GATESHEAD

Macquarie Private Hospital  
Medical Centre, Cnr O'Brien & Sydney St  
Gateshead NSW 2290  
4904 9600

### MILDURA

127 Langtree Avenue  
Mildura VIC 3500  
03 5021 1626

### ORANGE

7-9 Dora Street  
Orange NSW 2800  
6362 3666

### PORT MACQUARIE

Suite 2  
106 Horton Street  
Port Macquarie NSW 2444  
6583 4755

### TAMWORTH

199 Peel St,  
Tamworth NSW 2340  
6766 2401

### TAREE

1/65 Pulteney St  
Taree NSW 2430  
6551 5453

### TORONTO

Toronto Private Hospital  
Suite 3, Medical Centre 2, Excelsior Parade  
Toronto NSW 2283  
4959 6599

### WAGGA WAGGA

Calvary Hospital  
St Gerard's Wing, Hardy Avenue  
Wagga Wagga NSW 2650  
6925 0055

# MEDICARE GUIDELINES

## TEST GROUPS

For the purposes of recording a description of the pathology service on accounts, an Approved Pathology Practitioner / Authority may use group abbreviations or group descriptions for the following specified groups of tests. These groups consist of two or more tests within the same item.

Treating practitioners are encouraged to use these group abbreviations or group descriptions where appropriate. For ease of identification of group tests, it is recommended that practitioners use the following abbreviations. Tests requested individually may attract Medicare benefits.

GROUP	ESTIMATIONS INCLUDED IN GROUP	GROUP ABBREV.
<b>Cardiac Markers</b>	Creatine kinase isoenzymes (CK isoenzymes), Troponin	CE or CM
<b>Coagulation Studies</b>	Full blood count (FBC) Prothrombin time (PT) Activated partial thromboplastin time (APTT) Fibrinogen Thrombin clotting time (TT)	COAG
<b>Electrolytes</b>	Sodium (Na) Potassium (K) Chloride (Cl) Bicarbonate (HCO <sub>3</sub> )	E
<b>Full Blood Examination</b>	Haematocrit Haemoglobin Platelet count Red cell count Leucocyte count Manual or instrument generated differential Morphological assessment of blood film where appropriate	FBC
<b>Liver Function Tests</b>	Alkaline phosphatase (ALP) Alanine aminotransferase (ALT) Aspartate aminotransferase (AST) Albumin (ALB) Bilirubin (BIL) Gamma glutamyltransferase (GGT) Lactate dehydrogenase (LD) Protein (PROT)	LFT
<b>Urea, Electrolytes, Creatinine</b>	Urea, Electrolytes, Creatinine	EUC

# MEDICARE GUIDELINES

## MEDICARE RULE 3 EXEMPTIONS - REPEAT TESTING

In specific circumstances, Medicare regulations allow a single signed request to cover repeated testing. Once the maximum number of tests is exceeded, or the 6 month period has expired, a new request form is required.

ACCEPTED DRUG TREATMENT	TEST REQUESTED	MAXIMUM NO. OF TESTS ON ONE REFERRAL
Anticoagulant therapy	PT, INR	Unlimited *

\* For your patient to have unlimited tests in a 6 month period, you will need to request "INR series" rather than "INR x 6".

Lithium therapy	Lithium	6
Vitamin D or analogues	Calcium, Albumin	6
Clozaril	FBC	6
Chemotherapy, immunosuppressant therapy	FBC	6
Methotrexate, gold, penicillamine, sulphasalazine, ticlopidine HCL	FBC	6
Methotrexate, leflunomide, Arava	Multiple Biochemistry Tests, CRP, Mg	6
Chronic renal failure on dialysis, cyclosporin, cis-platinum therapy	EUC	6
Cancer Patients receiving biphosphonate infusions	EUC, Calcium, Magnesium, Phosphate	6

# NON-MEDICARE REBATABLE TESTS

This is a list of the most frequently requested non-Medicare rebatable tests. **Please contact (02) 98 555 400 for clarification of the fee** and for details of other infrequently requested non-Medicare rebatable tests, **or refer to specific test for Medicare criteria**. Patients are required to pay the amount in full, on receipt of the account (which may be from a provider, other than DHMP).

TEST
α Thalassaemia Gene Test (all major mutations)
β Thalassaemia Gene Test
Activated Protein C Resistance (APC Resistance) – where Medicare criteria not met
Anti Diuretic Hormone (ADH)
Anti-Mullerian Hormone (AMH)
Adiponectin
Ambulatory Blood Pressure Monitoring (24 hour)
Aneuploidy Screen – FISH (Preimplantation Genetic Diagnosis)
Antithrombin (AT) – where Medicare criteria not met
AFB PCR (Mycobacterium)
Apolipoprotein E Genotyping
Barium – Random Urine
BCR-ABL FISH
Beta 2 Adenoreceptor Mutation PCR (Asthma)
Bile Acids/Bile Salts – Medicare rebatable if patient pregnant
Bismuth – Blood or Urine
Boron – Urine
Brain Natriuretic Peptide (BNP, ProBNP) – where Medicare criteria not met
C1 Esterase Sequencing
Carbohydrate Deficient Transferrin (CDT)

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TEST
Cholinesterase Genotyping
Chromogranin A
Connexin – 26 Gene Test
Cystic Fibrosis PCR – 32 common mutations
Cystic Fibrosis PCR – DF508
DAZ Gene PCR including AZF a, b, c, d
DHEA
<b>Drugs of Abuse – Urine Testing</b> <i>Non Medical – Pre-employment, OHS, etc.</i>
Eosinophilic Cationic Protein (ECP) – <i>where Medicare criteria not met</i>
Erythropoietin
Familial Hibernian Fever (TRAPS) Gene Test
Familial Mediteranean Fever (FMF) Gene Test
Factor V Leiden PCR – <i>where Medicare criteria not met</i>
Factor XII (Type III HAE)
Fascioscapulohumeral Muscular Dystrophy (FSH MD) DNA Gene Test
First Trimester Screening (PAPPA) – <i>part refunded by Medicare</i>
FISH (Fluorescence in situ hybridisation) – <i>refer to specific test</i>
Fluoride (FI) – Urine Random
Fragile X PCR Gene Test (DNA Probe) – <i>where Medicare criteria not met</i>
Friedreich’s Ataxia Gene Test

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TEST
<b>Gene Rearrangements T/B cell</b> – <i>where Medicare criteria not met</i>
<b>Ghrelin</b>
<b>Gilberts Disease (Billirubin U DPG Isoenzyme 1)</b>
<b>Haemochromatosis Gene Assay (GAH)</b> – <i>where Medicare criteria not met</i>
<b>Hepatitis C Virus (HCV) Genotyping</b> – <i>where Medicare criteria not met</i>
<b>Hepatitis C Virus (HCV) Immunoblot</b>
<b>Hepatitis C Virus (HCV) PCR – Qualitative</b> – <i>where Medicare criteria not met</i>
<b>Hepatitis C Virus (HCV) PCR – Quantitative</b> – <i>where Medicare criteria not met</i>
<b>Herbicides Screen – Urine Random</b>
<b>Hereditary Angioedema (Type 111 HAE PCR)</b>
<b>Hereditary Sensory Neuropathy Gene Test</b> – <i>Mutation detection on exons 5 &amp; 6 of the serine palmitoyltransferase</i>
<b>HLA-B1502</b>
<b>HSP 70 Heat Shock Protein (68 KD Innear Ear ABS)</b>
<b>Human Papilloma Virus (HPV) DNA Typing</b> – <i>part refunded by Medicare when Medicare criteria is met</i>
<b>Huntington Disease Genetic Testing</b>
<b>Inhibin</b>
<b>Insect Identification</b>
<b>Interleukin 6</b>
<b>Iodine – Urine</b>

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TEST
ISAC (Microarray Allergy Testing)
JAK2 PCR
Kennedy's Disease Gene Test
Leptin
Lipoprotein (a)
Liver Tissue Iron Estimation
Mesothelin
Methylmalonic Acid
Molybdenum
MTHFR (Methylene Tetrahydrofolate Reductase) Gene Mutation – <i>where Medicare criteria not met</i>
Myotonic Dystrophy Gene Test
Narcolepsy Tissue Typing
Organochlorines – Blood Screen
Osteocalcin
Parentage DNA Test – 2 adults & 1 child • <i>Other combinations – P.O.A.</i>
Parkinson's Disease Gene Test
PCA3
Pesticides – Blood (includes Organochlorines)
Platelet Ab (Pregnant Women)

# NON-MEDICARE REBATABLE TESTS

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TEST
Platinum
Procalcitonin
Procollagen 3
Protein C – where Medicare criteria not met
Protein S – where Medicare criteria not met
Prothrombin Gene Mutation 20210 PCR (PGM) – where Medicare criteria not met
Quantiferon Gold – where Medicare criteria not met
RAST (Extended Allergen Tests)
Retinol Binding Protein
Reverse T3
Soluble Transferrin Receptor
Solvent Screen – Urine
Spinocerebellar Ataxia DNA
Thallium – Blood or Urine
Thalassaemia DNA Studies – Alpha (all major mutations)
Thalassaemia DNA Studies – Beta (DNA sequencing)
ThinPrep
Thiopurine Methyltransferase (TPMT) PCR
Tin

This is a list of the most frequently requested non-Medicare rebatable tests. **Please contact (02) 98 555 400 for clarification of the fee** and for details of other infrequently requested non-Medicare rebatable tests, **or refer to specific test for Medicare criteria.** Patients are required to pay the amount in full, on receipt of the account (which may be from a provider, other than DHMP).

TEST
<b>Tuberculosis PCR</b>
<b>Tumour Marker Testing</b> <i>Medicare criteria: Test(s) performed in the monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.</i>
<b>Vasopressin</b>
<b>VLDL Cholesterol (Ultracentrifuged)</b>
<b>VLDL Triglyceridesl (Ultracentrifuged)</b>
<b>Weedicides – Urine</b>

# DRUGS OF ABUSE

## URINE TESTING

### URINE DRUG SCREENING (UDS) CATEGORIES

UDS may be performed as a Medicare rebatable test for:

- Medical assessment of patients
- Monitoring of patients participating in a drug abuse treatment program (up to 36 episodes in a twelve month period)

A Medicare rebate does NOT apply to the following:

- Medico-legal testing
- Pre-employment screening
- Occupational health and safety testing
- Surveillance of sports people
- Testing at the request of a medical board, court of law, parole board or any similar agency

### SPECIMEN COLLECTION

<b>Medicare Rebate:</b>	Screw-capped sterile urine container – Random collection – min vol 10mL
<b>No Medicare rebate:</b>	Special collection kit (refer patient to specialised collection centre)

Note: *Specify any particular drugs of interest in clinical notes.*

### ROUTINE PANEL INCLUDES:

**1. Amphetamine Group:** *methylamphetamine, amphetamine "ecstasy" compounds, MDMA, MDA, pseudoephedrine*

**2. Benzodiazepines:** *diazepam, temazepam etc.*

**3. Cocaine metabolite**

**4. Opiates**

**5. Cannabinoids**

**6. Methadone metabolite**

Specify other drugs if required such as barbiturates, alcohol, naltrexone, phenothiazines, tricyclic antidepressants.

#### Note:

*Specimen collection for non-Medicare UDS is not performed at all collection centres but is limited to designated centres where specially trained staff are available to carry out a supervised collection. If required, non-rebatable specimens can be collected under chain-of-custody conditions and screening and confirmatory testing can be performed under conditions specified by AS/NZS 4308: 2008. For further information about UDS and designated collection centres, please contact (02) 98 555 368 or your local regional laboratory.*

### GENERAL INFORMATION

This section lists common tests and their collection requirements.

**The tests are listed alphabetically**, by test name and abbreviation e.g. Zinc (Zn). Details for collection requirements are given in this section. **Tests can be collected in the surgery** following the collection guidelines. The **specimen storage guide** is located at the end of the Pathology test listing.

**Tests that require special tubes or specific preparation** prior to arriving at the laboratory (e.g. centrifugation and freezing) are listed as **“Refer patient to collection centre”**. **Most** collection centres can do these tests, however an appointment or special instructions may be required to be given to the patient.

### COLLECTION OF PATIENT SPECIMENS

Key points when collecting specimens for pathology to help ensure an optimal result for your patient.

Things that may affect results:

- There are tubes and swabs that contain additives which may go out of date. Check that all the tubes or swabs are in date prior to use.
- Under or overfilling tubes. **Check that all tubes are filled to the indicator mark.**
- **Vacutainer tubes are not designed for collection with a needle and syringe.** Forcing the needle through the rubber stopper into the tube, combined with the vacuum in the tube will harm the red cells and may lead to spurious results and /or the need for a recollection.
- Tipping specimens from one tube type to another. **This may change the results** if the specimen has begun to clot and is being tipped from a serum tube to a tube with anticoagulant, or give abnormal biochemistry if the specimen is contaminated with anticoagulant.

#### Labelling requirements for pathology specimens.

All specimens must be labelled with:

- The patient’s given name, surname and date of birth
- The date and time of collection

If labelling requirements have not been met, the laboratory may contact the surgery to check the information is correct. A comment will be added to the test result noting that the specimen had been incompletely, or inappropriately labelled.

If the patient requires an ante-natal screen, a crossmatch, or a group and hold and the request form information and specimens do not match, or only have incomplete information, the laboratory will be unable to process these specimens. The patient’s blood will need to be recollected and correctly labelled.

### URGENT/EMERGENCY PROTOCOL

**ALL URGENT/EMERGENCY specimens need to be placed in a RED specimen bag (obtained from stores/couriers). Please indicate which test(s) is/are urgent and the required result time on the request form in the URGENT/EMERGENCY section.**

**To ensure these results can be phoned, faxed or downloaded to you as soon as they are available, please indicate on the request form, your contact details for business hours and out-of-hours. If you require a result within 3 hours of collection, laboratory notification is required.** Please phone your laboratory with patient details and the time the result is required. We will arrange transport of specimen. Tests such as INRs are automatically treated as URGENT by the laboratory.

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
17 OH Pregnenolone	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
17 OH Progesterone	PLAIN TUBE OR GEL TUBE
Acetylcholine Receptor Ab (AChR)	PLAIN TUBE OR GEL TUBE
Acetylsalicylic Acid	PLAIN TUBE Treat as Urgent. Collected ASAP for toxicity. Note dosage, time of dose and collection time on referral.
Acid Fast Bacilli Microscopy & Culture (AFB) - Sputum/Urine/Swab/Tissue	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - EARLY MORNING SPUTUM OR FIRST MID STREAM URINE OR SWAB A specimen should be collected on three consecutive mornings immediately after rising. If sputum - rinse mouth with water prior to collection. Patient instruction sheet available for collection.
Acid Fast Bacilli PCR - Sputum/Urine/Swab/Tissue	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - URINE/SPUTUM OR DRY SWAB OR TISSUE IN SALINE No Medicare rebate available.
Activated Partial Thromboplastin Time (APTT)	CITRATE TUBE Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Activated Protein C Resistance (APC Resistance)	Refer patient to collection centre Medicare Criteria: <ul style="list-style-type: none"> <li>• History of venous thromboembolism OR</li> <li>• First degree relative who has a proven defect</li> </ul>
Adenovirus Serology	PLAIN TUBE OR GEL TUBE
Adrenocorticotrophic Hormone (ACTH)	Refer patient to collection centre Preferred collection time between 8am - 10am
Alanine Aminotransferase (ALT)	PLAIN TUBE OR GEL TUBE
Albumin (Alb)	PLAIN TUBE OR GEL TUBE
Alcohol - Blood (Medical)	FLUORIDE OXALATE TUBE Do not use alcohol skin wipe. Label tube with 'Blood Alcohol'.

TEST NAME	COLLECTION REQUIREMENTS
Alcohol - Urine (Chain-of-Custody)	Refer patient to collection centre No Medicare rebate available.
Alcohol - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE When requested for pre-employment, parole board, corporate requests or probation are non medicare rebatable.
Aldosterone - Plasma	Refer patient to collection centre
Aldosterone - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Where possible, patient should be off medication for hypertension for 2 weeks and Aldactone for at least 6 weeks prior to the test.
Alkaline Phosphatase (ALP)	PLAIN TUBE OR GEL TUBE
Alkaline Phosphatase Isoenzymes/ Fractionation (Bone/Liver) (ALP)	PLAIN TUBE OR GEL TUBE
Allopurinol	4mL EDTA TUBE (separate tube required) Collect 6-9 hours post dose. Note dosage, time of dose and collection time on referral.
Alpha 1 Antitrypsin	PLAIN TUBE OR GEL TUBE
Alpha 1 Antitrypsin - Faeces	Refer patient to collection centre
Alpha 1 Antitrypsin Genotyping	4mL EDTA TUBE (dedicated tube required)
Alpha 1 Antitrypsin Phenotyping	PLAIN TUBE OR GEL TUBE
Alpha Fetoprotein (AFP) (Pregnant) - Serum	PLAIN TUBE OR GEL TUBE Collect specimen between 10 - 17 'completed weeks' gestation (ie 10 - 17 weeks, 6 days), although specimen can be collected up to 20 weeks. For NTD (neural tube defect) risk assessment it is preferable to collect the specimen between 15 and 17 weeks gestation. Relevant details should be included in clinical notes.
Alpha Fetoprotein (AFP) (Tumour Marker) - Serum	PLAIN TUBE OR GEL TUBE

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
<b>Alpha Thalassaemia Gene Test</b>	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
<b>Alprazolam</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Aluminium (Al)</b>	Refer patient to collection centre
<b>Aluminium (Al) - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Aluminium (Al) - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
<b>Amikacin</b>	PLAIN TUBE Collect just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Amino Acids (AA) - Plasma</b>	Refer patient to collection centre
<b>Amino Acids (AA) - Urine Random</b>	Refer patient to collection centre Note relevant clinical features on request form.
<b>Amiodarone</b>	LITHIUM HEPARIN TUBE Collect just before next dose, or at least 8 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Amitriptyline</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Ammonia (NH3) - Plasma</b>	Refer patient to collection centre
<b>Amoebic Serology</b>	PLAIN TUBE OR GEL TUBE
<b>Amylase</b>	PLAIN TUBE OR GEL TUBE
<b>Amylase Isoenzymes</b>	PLAIN TUBE OR GEL TUBE
<b>Amylase/Creatinine Clearance - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE & PLAIN OR GEL TUBE

TEST NAME	COLLECTION REQUIREMENTS
<b>Amylase/Creatinine Clearance Ratio - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) & PLAIN TUBE OR GEL TUBE Note starting and finishing times on urine container.
<b>Androstenedione</b>	PLAIN TUBE OR GEL TUBE
<b>Angiotensin</b>	Refer patient to collection centre
<b>Angiotensin Converting Enzyme (ACE)</b>	PLAIN TUBE OR GEL TUBE
<b>Antenatal Profile includes FBC, Blood Group, Antibody Screen, Rubella IgG, HBsAg, UMCS, Hep C Ab, Syphilis Serology</b>	4mL & 6mL EDTA TUBES & PLAIN TUBE OR GEL TUBE & YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MIDSTREAM URINE Must label 6mL EDTA tube with full name & date of birth (DOB).
<b>Anti Adrenal Gland Ab</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Cardiolipin Ab / B2GP1 Ab (ACL)</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Chromatin Ab</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Cyclic Citrullinated Peptide Ab (CCP)</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Diuretic Hormone (ADH)</b>	Refer patient to collection centre No Medicare rebate available.
<b>Anti DNase B</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Double Stranded DNA Ab (dsDNA)</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Endomysial IgA Ab</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Factor Xa Ab</b>	Refer patient to collection centre
<b>Anti Gastric Parietal Cell Ab (GPCA)</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Gliadin IgA Ab</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Gliadin IgG Ab</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Glomerular Basement Membrane Antibody (GBM)</b>	PLAIN TUBE OR GEL TUBE
<b>Anti Glutamic Acid Decarboxylase Ab (GAD)</b>	PLAIN TUBE OR GEL TUBE
<b>Anti GM1 Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Anti GQ1B Antibodies</b>	PLAIN TUBE OR GEL TUBE

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TEST NAME	COLLECTION REQUIREMENTS
Anti Liver Kidney Microsomal Ab (LKM)	PLAIN TUBE OR GEL TUBE
Anti Mitochondrial Ab (AMA)	PLAIN TUBE OR GEL TUBE
Anti Mullerian Hormone (AMH)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Anti Myelin Ab	PLAIN TUBE OR GEL TUBE
Anti Neuronal Ab	PLAIN TUBE OR GEL TUBE
Anti Neutrophilic Cytoplasmic Ab (ANCA)	PLAIN TUBE OR GEL TUBE
Anti Nuclear Antibody (ANA)	PLAIN TUBE OR GEL TUBE
Anti Nuclear Antibody (ANA) - Synovial Fluid	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - SYNOVIAL FLUID
Anti Pancreatic Islet Cell Ab	PLAIN TUBE OR GEL TUBE
Anti Polymyositis Antibody (PM1 scl)	PLAIN TUBE OR GEL TUBE
Anti Saccharomyces Cerevisiae Ab (ASCA)	PLAIN TUBE OR GEL TUBE
Anti Skeletal Muscle Ab (SKMA)	PLAIN TUBE OR GEL TUBE
Anti Smooth Muscle Ab (SMA)	PLAIN TUBE OR GEL TUBE
Anti Sperm Ab (SAB) - Semen	Refer patient to collection centre
Anti Sperm Ab (SAB) - Serum	PLAIN TUBE OR GEL TUBE
Anti Streptococcal O Titre (ASOT)	PLAIN TUBE OR GEL TUBE
Antibody Screen	6mL EDTA TUBE Label with full name, D.O.B., date and time of collection, signature of collector.
Antithrombin	Refer patient to collection centre Medicare Criteria: <ul style="list-style-type: none"> <li>• History of venous thromboembolism OR</li> <li>• First degree relative who has a proven defect</li> </ul>
Apolipoprotein a	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Apolipoprotein A1	PLAIN TUBE OR GEL TUBE
Apolipoprotein B	PLAIN TUBE OR GEL TUBE

TEST NAME	COLLECTION REQUIREMENTS
<b>Apolipoprotein E Genotype</b>	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
<b>Arbovirus Serology</b>	PLAIN TUBE OR GEL TUBE
<b>Arsenic - Blood</b>	Refer patient to collection centre Seafood should be excluded from diet for at least 5 days prior to testing.
<b>Arsenic - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Seafood should be excluded from diet for at least 5 days prior to and during testing. Note starting and finishing times on urine container.
<b>Arsenic - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred) Seafood should be excluded from diet for at least 5 days prior to testing.
<b>Aspartate Transaminase (AST)</b>	PLAIN TUBE OR GEL TUBE
<b>Aspergillus Precipitins</b>	PLAIN TUBE OR GEL TUBE
<b>Aspirate M/C/S</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID, GASTRIC FLUID
<b>Atypical Mycobacterium PCR - Sputum/ Urine/Swab/Tissue</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - URINE/SPUTUM OR DRY SWAB OR TISSUE IN SALINE No Medicare rebate available.
<b>Autohaemolysis Test</b>	Refer patient to collection centre
<b>Avian Precipitins</b>	PLAIN TUBE OR GEL TUBE
<b>Barmah Forest Serology IgG/IgM</b>	PLAIN TUBE OR GEL TUBE
<b>Basophil Count Quantitative</b>	4mL EDTA TUBE
<b>BCR-Abl FISH</b>	LITHIUM HEPARIN TUBE No Medicare rebate available. Collect Monday - Thursday only.

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TEST NAME	COLLECTION REQUIREMENTS
BCR-Abl PCR	4x 6mL EDTA TUBE - WHOLE BLOOD (dedicated tubes required) OR BONE MARROW IN EDTA TUBE Medicare Criteria: <ul style="list-style-type: none"> <li>the diagnosis and monitoring of patients with laboratory evidence of:               <ol style="list-style-type: none"> <li>acute myeloid leukaemia OR</li> <li>acute promyelocytic leukaemia OR</li> <li>acute lymphoid leukaemia OR</li> <li>chronic myeloid leukaemia</li> </ol> </li> </ul>
Beta 2 Adrenoreceptor Gene Test	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
Beta 2 Microglobulin	PLAIN TUBE OR GEL TUBE
Beta 2 Microglobulin - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Beta 2 Transferrin	STERILE SCREW-CAPPED SPECIMEN CONTAINER - NASAL OR EAR DISCHARGE (min 3 drops) & PLAIN TUBE OR GEL TUBE
Beta Carotene	Refer patient to collection centre
BHCG (Beta Human Chorionic Gonadotropin) (Pregnant) - Serum	PLAIN TUBE OR GEL TUBE
BHCG (Beta Human Chorionic Gonadotropin) (Pregnant) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - FIRST MORNING URINE (preferred)
BHCG (Beta Human Chorionic Gonadotropin) (Tumour Marker) - Serum	PLAIN TUBE OR GEL TUBE
Bicarbonate	PLAIN TUBE OR GEL TUBE
Bile Acids/Salts	PLAIN TUBE OR GEL TUBE Patient should fast for 12 hours prior to test Medicare Criteria: <ul style="list-style-type: none"> <li>patient must be pregnant to receive rebate</li> </ul>
Bilirubin	PLAIN TUBE OR GEL TUBE
Bilirubin - Body Fluid	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID OR VOMITUS OR ASPIRATE

TEST NAME	COLLECTION REQUIREMENTS
Bilirubin Fractionated	PLAIN TUBE OR GEL TUBE
Bilirubin Neonatal / Paediatric	PLAIN TUBE OR GEL TUBE (PAEDIATRIC) Treat as URGENT.
Biopsy Tissue M/C/S	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - BIOPSY TISSUE (FRESH)
Bismuth - Blood	Refer patient to collection centre No Medicare rebate available.
Bismuth - Urine 24 hour	Refer patient to collection centre No Medicare rebate available.
Bismuth - Urine Random	Refer patient to collection centre No Medicare rebate available.
Bleeding Time	PFA100 test replaces Bleeding Time. Contact a Haematologist on (02) 9855 5312 for further information.
Blood Culture	BLOOD CULTURE BOTTLES
Blood Film	4mL EDTA TUBE
Blood Gas (Arterial)	Contact local laboratory for information.
Blood Group	6mL EDTA TUBE Label with full name, D.O.B., date and time of collection, signature of collector.
Blood Pressure Monitoring - 24 hour	Refer patient to collection centre No Medicare rebate available.
Blood Sugar Level (BSL)	PLAIN TUBE OR GEL TUBE Note if fasting or random collection.
Blood Sugar Level (BSL - 2hr Post Prandial)	FLUORIDE OXALATE TUBE Collect 2 hours after a meal AM or PM. Label tube as 'post-prandial' & time of collection.
Bone Marrow Examination	Contact local laboratory for information.
Bordetella Pertussis PCR - Nasopharyngeal Aspirate	NASOPHARYNGEAL ASPIRATE
Bordetella Pertussis PCR - Swab	DRY SWAB OR BACTERIAL SWAB (BLUE) (THROAT OR NASOPHARYNX) Label swab with site of collection & test.

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TEST NAME	COLLECTION REQUIREMENTS
<b>Bordetella Pertussis Serology IgA/IgG</b>	PLAIN TUBE OR GEL TUBE
<b>Brain Natriuretic Peptide (NT-Pro BNP)</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Bronchial Washings Cytology</b>	FLUID &/or FIXED SLIDE
<b>Brucella Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Brushing Smear Cytology</b>	CYTOLOGY SMEAR Label slide clearly in pencil with patient name and date of birth, type of specimen and site. Prepare smear and fix with spray fixative (eg. Cytofix) or immerse in 95% alcohol for 20 minutes. Allow to air dry completely before placing in slide container.
<b>C Peptide</b>	Refer patient to collection centre Patient should be fasting 8 hours.
<b>C Reactive Protein (CRP)</b>	PLAIN TUBE OR GEL TUBE
<b>C Telopectide</b>	PLAIN TUBE OR GEL TUBE Preferred collection is a morning fasting specimen.
<b>C1 Esterase Inhibitor</b>	Refer patient to collection centre
<b>C1 Esterase Inhibitor Gene Assay</b>	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
<b>CA 125</b>	PLAIN TUBE OR GEL TUBE
<b>CA 15-3</b>	PLAIN TUBE OR GEL TUBE
<b>CA 19-9</b>	PLAIN TUBE OR GEL TUBE
<b>CA 72-4</b>	PLAIN TUBE OR GEL TUBE
<b>Cadmium - Blood</b>	Refer patient to collection centre
<b>Cadmium - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Cadmium - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)

TEST NAME	COLLECTION REQUIREMENTS
Caeruloplasmin	PLAIN TUBE OR GEL TUBE
Calcitonin	Refer patient to collection centre Patient must be fasting 12 hours.
Calcium (Ca)	PLAIN TUBE OR GEL TUBE If stasis free (ie no tourniquet) note on request.
Calcium (Ca) - Ionised	PLAIN TUBE OR GEL TUBE (dedicated tube required) Fasting is preferred and collected stasis free.
Calcium (Ca) - Stasis Free	PLAIN TUBE OR GEL TUBE Collect without the use of a tourniquet.
Calcium (Ca) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL OR HCL PRESERVATIVE) Note starting and finishing times on urine container.
Calcium/Creatinine Ratio - Urine Random	Refer patient to collection centre
Calculi/Calculus	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RENAL CALCULI (STONE)
Candida Serology	PLAIN TUBE OR GEL TUBE
Carbamazepine	PLAIN TUBE Collect just before next dose, or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Carbohydrate Deficient Transferrin (CDT)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Carboxyhaemoglobin	4mL EDTA TUBE Treat as URGENT if poisoning suspected.
Carcinoembryonic Antigen (CEA)	PLAIN TUBE OR GEL TUBE
Cardiac Isoenzymes (CK-MB)	PLAIN TUBE OR GEL TUBE
Cardiac Markers	PLAIN TUBE OR GEL TUBE
Cat Scratch Serology	PLAIN TUBE OR GEL TUBE
Catecholamines (CATS) - Plasma	Refer patient to collection centre

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TEST NAME	COLLECTION REQUIREMENTS
<b>Catecholamines (CATS) - Urine 24 hour</b>	24 HOUR URINE CONTAINER (HCL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Catheter Tip M/C/S</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - TIP
<b>Cerebrospinal Fluid M/C/S - CSF</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
<b>Charcot Marie Tooth Neuropathy Gene Test (CMT)</b>	2x 6mL EDTA TUBES (dedicated tubes required) No Medicare rebate available. Collect Monday - Thursday only. Paperwork with signed consent for testing/billing required to perform test.
<b>Chemistry - Gastric Fluid</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID
<b>Chlamydia trachomatis PCR - First Void Urine</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - FIRST VOID URINE (20-30 mL) Preferably collected at least 2 hours after the last void.
<b>Chlamydia trachomatis PCR - Swab</b>	DRY SWAB OR BACTERIAL SWAB (BLUE) (CERVICAL OR URETHRAL) Label swab with site of collection & test.
<b>Chlamydia trachomatis PCR - Thin Prep</b>	THINPREP VIAL
<b>Chlamydia trachomatis Serology</b>	PLAIN TUBE OR GEL TUBE
<b>Chlamydia trachomatis Serology IgG/IgA</b>	PLAIN TUBE OR GEL TUBE
<b>Chloride (Cl)</b>	PLAIN TUBE OR GEL TUBE
<b>Chloride (Cl) - CSF</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
<b>Chloride (Cl) - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.

TEST NAME	COLLECTION REQUIREMENTS
<b>Chloride (Cl) - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
<b>Chlorpromazine</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Cholesterol</b>	PLAIN TUBE OR GEL TUBE
<b>Cholinesterase</b>	PLAIN TUBE OR GEL TUBE
<b>Cholinesterase - Plasma</b>	LITHIUM HEPARIN TUBE
<b>Cholinesterase - Red Cell</b>	LITHIUM HEPARIN TUBE Collect Monday to Thursday only.
<b>Cholinesterase - Serum and Red Cell</b>	PLAIN TUBE OR GEL TUBE & LITHIUM HEPARIN TUBE Collect Monday to Thursday only.
<b>Cholinesterase Genotyping</b>	Refer patient to collection centre No Medicare rebate available.
<b>Chromium</b>	Refer patient to collection centre
<b>Chromium - Body Fluid</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID
<b>Chromium - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Chromium - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
<b>Chromogranin A</b>	Refer patient to collection centre No Medicare rebate available.
<b>Chromosome Analysis / Studies - Blood</b>	LITHIUM HEPARIN TUBE
<b>Chromosome Analysis / Studies - Bone Marrow</b>	BONE MARROW IN HANKS SOLUTION
<b>Chromosome Analysis / Studies - Fresh Tissue or POC</b>	FRESH TISSUE OR POC IN STERILE SALINE SOLUTION

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TEST NAME	COLLECTION REQUIREMENTS
<b>Chromosome FISH - Blood</b>	LITHIUM HEPARIN TUBE No Medicare rebate available. Collect Monday - Thursday only.
<b>Citrate - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Citrate - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
<b>Clomipramine</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Clonazepam</b>	LITHIUM HEPARIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Clozapine</b>	LITHIUM HEPARIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Coagulation Screen</b>	4mL EDTA TUBE & CITRATE TUBE Treat as Urgent. Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
<b>Cobalt (Co) - Plasma</b>	Refer patient to collection centre
<b>Cobalt (Co) - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Cobalt (Co) - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE For occupational exposure, urine should be collected at end of shift. Label jar with time and date of collection.
<b>Codeine</b>	PLAIN TUBE Treat as Urgent. Collect as soon as possible for toxicity.

TEST NAME	COLLECTION REQUIREMENTS
Coeliac Serology	PLAIN TUBE OR GEL TUBE
Coeliac Tissue Typing	4mL EDTA TUBE (dedicated tube required) Partial Medicare Rebate.
Cold Agglutinins	Refer patient to collection centre
Complement C1Q	PLAIN TUBE OR GEL TUBE
Complement C2	PLAIN TUBE OR GEL TUBE
Complement C3	PLAIN TUBE OR GEL TUBE
Complement C3 C4	PLAIN TUBE OR GEL TUBE
Complement C4	PLAIN TUBE OR GEL TUBE
Complement C5	PLAIN TUBE OR GEL TUBE
Complement C6	Refer patient to collection centre
Complement C7, C8 or C9	Refer patient to collection centre
Complement Total (CH50/CH100)	Refer patient to collection centre
Connective Tissue Screen	PLAIN TUBE OR GEL TUBE
Copper (Cu) - Plasma	Refer patient to collection centre
Copper (Cu) - Serum	PLAIN TUBE OR GEL TUBE
Copper (Cu) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Copper (Cu) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Coproporphyrin - Urine Random	Refer patient to collection centre
Cortisol	PLAIN TUBE OR GEL TUBE Note collection time & any hormone therapy on referral. For AM collect between 8am-10am or PM collect 4pm-6pm.

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TEST NAME	COLLECTION REQUIREMENTS
<b>Cortisol - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Cortisol - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
<b>Cotinine - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>Cotinine - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE
<b>Creatine Kinase (CK)</b>	PLAIN TUBE OR GEL TUBE
<b>Creatinine</b>	PLAIN TUBE OR GEL TUBE
<b>Creatinine - Urine 24 hour</b>	24 HOUR URINE CONTAINER (ANY PRESERVATIVE) Note starting and finishing times on urine container.
<b>Creatinine - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
<b>Creatinine Clearance - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) & PLAIN TUBE OR GEL TUBE Note starting and finishing times on urine container.
<b>Cross Match (Group &amp; Hold)</b>	2x 6mL EDTA TUBES & 4mL EDTA TUBE with COMPLETED TRANSFUSION FORM Label with full name, D.O.B., date and time of collection and collectors initials. Collection to be performed within 30 days prior to the operation date. If patient is pregnant or has had a transfusion within the last 3 months, collect within 72 hours before operation.
<b>Cryofibrinogen</b>	CITRATE TUBE Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
<b>Cryoglobulins</b>	Refer patient to collection centre
<b>Cryptococcus Antigen</b>	PLAIN TUBE OR GEL TUBE

TEST NAME	COLLECTION REQUIREMENTS
Cryptococcus Antigen - CSF	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
Cyclosporin	4mL EDTA TUBE (separate tube required) Collect just before next dose or 2 hours post dose. Note dosage, time of dose and collection time on referral.
Cystic Fibrosis (all Mutations)	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available. Note any family history of Cystic Fibrosis and mutations if known.
Cystic Fibrosis dF508 Mutation	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available. Note any family history of Cystic Fibrosis and mutations if known.
Cystine - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Cystine - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Cytology - CSF	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF Transport to the laboratory without delay.
Cytomegalovirus IgG Ab (CMV)	PLAIN TUBE OR GEL TUBE
Cytomegalovirus Serology IgG/IgM (CMV)	PLAIN TUBE OR GEL TUBE
D-Dimer (Fibrinogen Degradation Products)	CITRATE TUBE Treat as Urgent. Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly. Clinical history of patient required.
DAZ Gene PCR	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
Dehydroepiandrosterone (DHEA)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Dehydroepiandrosterone Sulphate (DHEAS)	PLAIN TUBE OR GEL TUBE

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TEST NAME	COLLECTION REQUIREMENTS
Dengue Fever Serology IgG/IgM	PLAIN TUBE OR GEL TUBE
Deoxypyridinoline Cross Links (DPD X-Links)	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (FIRST OR SECOND VOID) Note time of collection on jar.
Desipramine	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Dexamethasone Suppression Test	Refer patient to collection centre
Diazepam	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Digoxin	PLAIN TUBE Collect just before next dose, or at least 6 hours but preferably 8-10 hours post dose. Note dosage, time of dose and collection time on referral.
Diphtheria Ab	PLAIN TUBE OR GEL TUBE
Direct Coombs	6mL EDTA TUBE Label with full name, D.O.B., date and time of collection, signature of collector.
Direct FTA Antibodies - Serum	PLAIN TUBE OR GEL TUBE
Disaccharidase Assay (DSAC) - Tissue	STERILE SCREW-CAPPED SPECIMEN CONTAINER - BIOPSY TISSUE Specimen must be wrapped in foil or parafilm to avoid dehydration then placed in sterile container. Freeze as soon as possible.
Disseminated Intravascular Coagulation Screen	4mL EDTA TUBE & CITRATE TUBE Treat as Urgent. Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Dopamine - Urine 24 hour	24 HOUR URINE CONTAINER (HCL PRESERVATIVE) Note starting and finishing times on urine container.

TEST NAME	COLLECTION REQUIREMENTS
<b>Downs Syndrome Screen (Second Trimester)</b>	PLAIN TUBE OR GEL TUBE Collect specimen between 15-17 completed weeks gestation (ie. 17 weeks, 6 days). Note relevant details (LMP, ultrasound data) on request form.
<b>Doxepin</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Drug Screen (Chain-of-Custody) - Urine Random</b>	Refer patient to collection centre No Medicare rebate available.
<b>Drug Screen (Medical) - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE Requests for pre-employment, parole, corporate requests or probation are non medicare rebatable.
<b>Drug Screen (Methadone Clinic) - Urine Random</b>	GREEN SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE
<b>Drug Screen - Blood (Legal)</b>	Test not available through DHM Pathology.
<b>E/LFT (Electrolytes/LFT)</b>	PLAIN TUBE OR GEL TUBE
<b>Electrocardiogram (ECG)</b>	Refer patient to collection centre Partial Medicare Rebate.
<b>Electrolytes (E)</b>	PLAIN TUBE OR GEL TUBE
<b>Electrolytes (E) - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Electrolytes (E) - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
<b>Endoscope Culture</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - ENDOSCOPE WASHINGS No Medicare rebate available.
<b>Enterovirus PCR - Swab</b>	DRY SWAB Label swab with site of collection & test.

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TEST NAME	COLLECTION REQUIREMENTS
Enterovirus Serology	PLAIN TUBE OR GEL TUBE
Eosinophil Cationic Protein	PLAIN TUBE OR GEL TUBE Medicare Criteria: <ul style="list-style-type: none"> <li>Monitoring the response to therapy in corticosteroid treated asthma, in a child aged less than 12 years.</li> </ul>
Epstein Barr Virus Early Antigen (EBVEA)	PLAIN TUBE OR GEL TUBE
Epstein Barr Virus Serology IgG/IgM (EBV)	PLAIN TUBE OR GEL TUBE
Epstein Barr Virus Viral Capsid Antigen IgA (EBVA)	PLAIN TUBE OR GEL TUBE Clinical notes must indicate 'investigation of Nasopharyngeal Carcinoma' for test to be performed.
Erythrocyte Sedimentation Rate (ESR)	4mL EDTA TUBE
Erythropoietin	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Ethosuximide	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
EUC (Electrolytes, Urea & Creatinine)	PLAIN TUBE OR GEL TUBE
Everolimus	4mL EDTA TUBE
Extractable Nuclear Antigen (ENA)	PLAIN TUBE OR GEL TUBE
Factor II	Refer patient to collection centre
Factor Inhibitor Studies	Refer patient to collection centre
Factor V	Refer patient to collection centre
Factor V Leiden	4mL EDTA TUBE (dedicated tube required) Medicare Criteria: <ul style="list-style-type: none"> <li>proven DVT/PE (deep vein thrombosis/ pulmonary embolism) in patient OR</li> <li>presence of mutation in first degree relative</li> </ul>
Factor VII	Refer patient to collection centre
Factor VIII Inhibitor	Refer patient to collection centre

TEST NAME	COLLECTION REQUIREMENTS
Factor VIII:C Assay	Refer patient to collection centre
Factor IX	Refer patient to collection centre
Factor IX Inhibitor	Refer patient to collection centre
Factor X	Refer patient to collection centre
Factor XI	Refer patient to collection centre
Factor XII	Refer patient to collection centre
Factor XII HAE Test	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
Factor XIII	Refer patient to collection centre
Faecal Fat (3 Day)	Refer patient to collection centre
Faeces Occult Blood x3	FAECAL OCCULT BLOOD KIT Collect 3 specimens from 3 separate motions.
Faeces OCP & Culture	BROWN TOP CONTAINER - FAECES If Dientamoeba Fragilis is required, use the special SAF collection kit available from Douglass Hanly Moir Stores department (02) 9855 5210.
Familial Mediterranean Fever Gene Test (FMF)	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
Farmers Lung Precipitins	PLAIN TUBE OR GEL TUBE
Fasciola Serology	PLAIN TUBE OR GEL TUBE
Fatty Acids - Faeces	BROWN TOP CONTAINER - FAECES Note any relevant history, including antibiotic treatment.
Fibrinogen	CITRATE TUBE Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Filarial Parasites	4mL EDTA TUBE
Filariasis Serology	PLAIN TUBE OR GEL TUBE

# PATHOLOGY TESTS

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TEST NAME	COLLECTION REQUIREMENTS
<b>Fine Needle Aspiration (FNA)</b>	<p>AIR DRIED AND/OR FIXED SMEARS, NEEDLE RINSE +/- STERILE CONTAINER - NON GYNAE FLUID</p> <p>Label slides clearly in pencil with patient name, date of birth specimen type and site. Make smears directly from needle contents. Quickly spray fix half of the slides and air dry the remaining slides. Please mark slides as A/D (air dried) or W/F (wet fixed). The needle may be rinsed into a clearly labelled 5mL container containing Hanks Balanced Salt Solution (available from the laboratory). Please DO NOT forward needles to the laboratory. If there is a larger volume of fluid place in a clearly labelled sterile container. DO NOT add fixative to the fluid.</p>
<b>Fine Needle Aspiration (FNA) (pathologist collection)</b>	Contact local laboratory for booking or enquiries.
<b>First Trimester Screen (FTS) (PAPPA)</b>	<p>PLAIN TUBE OR GEL TUBE</p> <p>Partial Medicare Rebate</p> <p>Collect specimen between 10-13 completed weeks gestation (ie. 13 weeks, 6 days). Note relevant details (LMP, ultrasound data) on request form.</p>
<b>Fluid Cytology</b>	<p>STERILE CONTAINER - FLUID</p> <p>Label container clearly with patient name, date of birth, specimen type and site. If the specimen is very scanty (i.e. several drops only) slides can be made directly from the fluid. Slides should be clearly labelled in pencil with patient name, date of birth, specimen type and site. Alternatively for small fluid volumes add a small amount of normal saline to the specimen to avoid dehydration. DO NOT add fixative to the fluid.</p>
<b>Fluorescent Treponemal IgM Antibody - Serum</b>	PLAIN TUBE OR GEL TUBE

TEST NAME	COLLECTION REQUIREMENTS
Fluoride (FI) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE No Medicare rebate available. Collect at end of shift or following exposure Monday to Thursday only.
Folate Red Cell (RCF)	4mL EDTA TUBE
Follicle Stimulating Hormone (FSH)	PLAIN TUBE OR GEL TUBE If female, include LMP & any exogenous hormone therapy on request form.
Fragile X DNA Probe	4mL EDTA TUBE (dedicated tube required) Medicare Criteria: <ul style="list-style-type: none"> <li>developmental delay OR</li> <li>patient exhibits clinical features of FRX syndrome OR</li> <li>family history of Fragile X mutation</li> </ul>
Free Light Chain Typing - Serum	PLAIN TUBE OR GEL TUBE
Free Testosterone	PLAIN TUBE OR GEL TUBE Early AM collection preferred.
Free Thyroxine (FT4)	PLAIN TUBE OR GEL TUBE Relevant clinical notes required for test to be performed <ul style="list-style-type: none"> <li>TSH is abnormal</li> <li>monitoring thyroid disease</li> <li>psychiatric investigation or dementia</li> <li>infertility investigation or amenorrhoea</li> <li>pituitary dysfunction suspected</li> <li>on drugs interfering with thyroid function</li> </ul>
Free Triiodothyronine (FT3)	PLAIN TUBE OR GEL TUBE
Fructosamine	PLAIN TUBE OR GEL TUBE
Fructose - Semen	Refer patient to collection centre
Full Blood Count (FBC)	4mL EDTA TUBE
Fungal Microscopy & Culture	BLACK BOX CONTAINER - SKIN SCRAPINGS OR NAIL CLIPPINGS
Fungal Precipitins	PLAIN TUBE OR GEL TUBE

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TEST NAME	COLLECTION REQUIREMENTS
<b>Gabapentin</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Galactokinase</b>	Refer patient to collection centre
<b>Gamma Glutamyl Transferase (GGT)</b>	PLAIN TUBE OR GEL TUBE
<b>Gastrin</b>	Refer patient to collection centre
<b>Gentamicin</b>	PLAIN TUBE Collect just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Glucagon - Plasma</b>	Refer patient to collection centre
<b>Glucose - Joint/Synovial Fluid</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID, JOINT FLUID
<b>Glucose - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Glucose - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE
<b>Glucose 6 Phosphate Dehydrogenase (G6PD)</b>	4mL EDTA TUBE
<b>Glucose Challenge 50g load (Pregnant)</b>	Refer patient to collection centre
<b>Glucose Tolerance Test (GTT) - 2hr 75g (Non Pregnant)</b>	Refer patient to collection centre
<b>Glucose Tolerance Test (GTT) - 2hr 75g (Pregnant)</b>	Refer patient to collection centre
<b>Glucose Tolerance Test Extended &gt;2 hours (GTT)</b>	Refer patient to collection centre
<b>Glucose Tolerance Test with Insulins (INSGTT)</b>	Refer patient to collection centre

TEST NAME	COLLECTION REQUIREMENTS
Gonorrhoeae PCR - First Void Urine	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - FIRST VOID URINE (20-30 mL) Preferably collected at least 2 hours after the last void.
Gonorrhoeae PCR - Swab	DRY SWAB OR BACTERIAL SWAB (BLUE) (CERVICAL OR URETHRAL) Label swab with site of collection & test.
Gonorrhoeae PCR - Thin Prep	THINPREP VIAL
Group B Streptococcus PCR	DRY SWAB OR BACTERIAL SWAB (BLUE) Label swab with site of collection & test.
Growth Hormone (GH)	PLAIN TUBE OR GEL TUBE
Growth Hormone Stimulation Test with Response to Exercise	Refer patient to collection centre
Growth Hormone Suppression Test with Response to Glucose	Refer patient to collection centre
Guthrie Test	GUTHRIE CARD - DRIED BLOOD SPOT
Haematocrit (HCT)	4mL EDTA TUBE
Haemochromatosis Gene Assay (GAH)	4mL EDTA TUBE (dedicated tube required) Medicare criteria: <ul style="list-style-type: none"> <li>the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens, or</li> <li>the patient has a first degree relative with haemochromatosis, or</li> <li>the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis</li> </ul>
Haemoglobin (Hb)	4mL EDTA TUBE
Haemoglobin A1c (GHB)	4mL EDTA TUBE
Haemolysis Screen	4mL & 6mL EDTA TUBES & PLAIN TUBE OR GEL TUBE
Haemophilus Influenza Type B Serology	PLAIN TUBE OR GEL TUBE

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TEST NAME	COLLECTION REQUIREMENTS
Haemosiderin - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Haptoglobin	PLAIN TUBE OR GEL TUBE
Heat Shock Protein (HSP 70)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Heavy Metal Screen (Arsenic, Lead, Cadmium & Mercury)	Refer patient to collection centre Seafood should be excluded from diet for at least 5 days prior to testing. Note specific metals on referral.
Heavy Metal Screen (Arsenic, Lead, Cadmium & Mercury) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Seafood should be excluded from diet for at least 5 days prior to and during testing. Note specific metals on referral. Note starting and finishing times on urine container.
Heavy Metal Screen (Arsenic, Lead, Cadmium & Mercury) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred) Seafood should be excluded from diet for at least 5 days prior to testing. Note specific metals on referral.
Heinz Bodies	4mL EDTA TUBE
Helicobacter Pylori Faecal Antigen	BROWN TOP CONTAINER - FAECES
Helicobacter Pylori Serology IgG	PLAIN TUBE OR GEL TUBE
Heparin Induced Platelet Antibodies (HITTS)	PLAIN TUBE Information of Heparin given or preferably an ampoule/vial given to patient prior to test should accompany this request. Record how long the patient has been on heparin on the referral.
Hepatitis A,B,C	PLAIN TUBE OR GEL TUBE
Hepatitis A & B (Immunity)	PLAIN TUBE OR GEL TUBE
Hepatitis A IgG (Immunity)	PLAIN TUBE OR GEL TUBE
Hepatitis A IgM (Acute)	PLAIN TUBE OR GEL TUBE
Hepatitis B surface Antigen (Acute) (HBsAg)	PLAIN TUBE OR GEL TUBE

TEST NAME	COLLECTION REQUIREMENTS
Hepatitis B surface Antibody (Immunity) (HBsAb)	PLAIN TUBE OR GEL TUBE
Hepatitis B core antibody (HBcAb)	PLAIN TUBE OR GEL TUBE
Hepatitis B core IgM (HBcIgM)	PLAIN TUBE OR GEL TUBE
Hepatitis B e Antibody (HBeAb)	PLAIN TUBE OR GEL TUBE
Hepatitis B e Antigen (HBeAg) (Carrier status)	PLAIN TUBE OR GEL TUBE
Hepatitis B delta Antibody	PLAIN TUBE OR GEL TUBE Medicare Criteria: <ul style="list-style-type: none"> <li>• Must be Hepatitis B positive</li> </ul>
Hepatitis B DNA	PLAIN TUBE OR GEL TUBE Medicare Criteria: <ul style="list-style-type: none"> <li>• Must be Hepatitis B positive</li> </ul>
Hepatitis C Antibody (HCV)	PLAIN TUBE OR GEL TUBE
Hepatitis C Genotyping (HCV)	PLAIN TUBE OR GEL TUBE Medicare Criteria: <ul style="list-style-type: none"> <li>• Pre-treatment evaluation or post treatment assessment and specialist request/advice</li> </ul>
Hepatitis C PCR Qualitative	PLAIN TUBE OR GEL TUBE Medicare Criteria: <ul style="list-style-type: none"> <li>• Patient is Hepatitis C antibody positive</li> <li>• Patient is Hepatitis C antibody status indeterminate</li> <li>• To determine Hepatitis status in immunosuppressed or immunocompromised patient</li> <li>• Detection of acute Hepatitis C prior to seroconversion when necessary for patient management</li> <li>• Patient undertaking antiviral therapy for Hepatitis C</li> </ul>

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TEST NAME	COLLECTION REQUIREMENTS
<b>Hepatitis C PCR Quantitative</b>	PLAIN TUBE OR GEL TUBE Medicare Criteria: <ul style="list-style-type: none"> <li>• Pre-treatment evaluation for antiviral therapy for chronic Hep C and test advised by specialist who manages treatment of the patients hepatitis</li> <li>• 12 week assessment on combination antiviral treatment</li> </ul>
<b>Hereditary Spherocytosis</b>	4mL EDTA TUBE (dedicated tube required) Collect Monday to Thursday only.
<b>Herpes Simplex Virus PCR (HSV) - Swab</b>	DRY SWAB OR BACTERIAL SWAB (BLUE) Label swab with site of collection and test.
<b>Herpes Simplex Virus Serology (HSV)</b>	PLAIN TUBE OR GEL TUBE
<b>Heterophile Antibody</b>	4mL EDTA TUBE Can also be done on PLAIN TUBE OR GEL TUBE.
<b>High Density Lipoprotein (HDL)</b>	PLAIN TUBE OR GEL TUBE Fasting 8-12 hours recommended. Note on form if fasting and if patient is on any lipid lowering drugs.
<b>Histamine - Blood</b>	Refer patient to collection centre
<b>Histamine - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container. Histamine diet to be followed 24 hours prior to and for the duration of the test.
<b>Histone Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Histopathology - Frozen Section</b>	TISSUE - FROZEN SECTION Contact local laboratory for booking.
<b>Histopathology - Gynaepath</b>	BIOPSY (ENDOMETRIAL, CERVICAL, CORE, VULVAL), UTERUS, OVARY, FALLOPIAN TUBES OR FIBROIDS

TEST NAME	COLLECTION REQUIREMENTS
Histopathology - Immunofluorescence	Do NOT place in fixative. Place in transport medium or wrap in gauze moistened with normal saline in sterile container. Transport to the laboratory without delay. Place any accompanying specimen for routine histopathology in formalin as usual.
Histoplasma Antibody	PLAIN TUBE OR GEL TUBE
HIV 1/2 Antigen & Antibody	PLAIN TUBE OR GEL TUBE
HIV Drug Resistant Genotype	Refer patient to collection centre Medicare Criteria: <ul style="list-style-type: none"> <li>• max 2 tests per year</li> </ul>
HIV Viral Load	Refer patient to collection centre
HLA B1502	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
HLA B27	4mL EDTA TUBE (dedicated tube required)
HLA B5701	4mL EDTA TUBE (dedicated tube required) Partial Medicare Rebate.
HLA Tissue Typing - First visit (Red Cross)	Refer patient to collection centre No Medicare rebate available.
HLA Tissue Typing - Monthly (Red Cross)	Refer patient to collection centre No Medicare rebate available.
Holter Monitor 24 hour	Refer patient to collection centre
Homocysteine - Plasma	Refer patient to collection centre Patient must be fasting 8-12 hours.
Homocystine - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Homogentisic Acid - Urine Random	Refer patient to collection centre
Homovanillic Acid (HVA) - Urine 24 hour	24 HOUR URINE CONTAINER (HCL PRESERVATIVE) Note starting and finishing times on urine container.
Honey Bee Venom IgG	PLAIN OR GEL TUBE

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TEST NAME	COLLECTION REQUIREMENTS
HTLV I & II Serology	PLAIN TUBE OR GEL TUBE
Huhners Test	Contact local laboratory for collection locations.
Human Herpes Virus Type 6 (HHV6)	PLAIN TUBE OR GEL TUBE
Human Papilloma Virus (HPV)	<p>DIGENE KIT OR THIN PREP                      Medicare Criteria:</p> <ul style="list-style-type: none"> <li>• post treatment for CIN or HSIL</li> </ul> <p>The HPV test can be collected as:</p> <ol style="list-style-type: none"> <li>1) a stand alone specimen, or</li> <li>2) at the same time as a conventional smear (collect the conventional smear first then HPV specimen), or</li> <li>3) at the same time as a conventional smear &amp; a ThinPrep pap test. The conventional smear is collected first then the instrument is rinsed in the ThinPrep vial. The HPV test can then be performed from the material in the ThinPrep vial. (no need to collect a separate specimen for the HPV test)</li> </ol> <p>If a Digene kit is not available, the HPV test can be performed on material collected in a ThinPrep vial, even if ThinPrep is not required. In this case, please be sure to indicate on the request form that the HPV test is required but no ThinPrep. If the ThinPrep vial is used for the HPV test, rinse the instrument but do NOT leave any of the instrument in the vial. The high risk HPV test can be performed on a cytology specimen and on solid tissue biopsies (eg. anal papillomas)</p>
Hydatid Antibody	PLAIN TUBE OR GEL TUBE
Hydroxyindoleacetic Acid (SHIAA) - Urine 24 hour	<p>24 HOUR URINE CONTAINER (HCL PRESERVATIVE)</p> <p>Note starting and finishing times on urine container. Patient to follow 5HIAA/5HT (Serotonin) dietary advice sheet.</p>

TEST NAME	COLLECTION REQUIREMENTS
<b>Hydroxymethoxymandelic Acid (HMMA) - Urine 24 hour</b>	24 HOUR URINE CONTAINER (HCL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Hydroxyproline - Urine Random</b>	Refer patient to collection centre
<b>Hydroxypyrene</b>	Refer patient to collection centre No Medicare rebate available.
<b>Imipramine</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Immunogenotyping - Bone Marrow</b>	Contact local laboratory for information. No Medicare rebate available.
<b>Immunoglobulin A (IgA)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin D (IgD)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin E (IgE)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin G (IgG)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin G Subclasses</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin M (IgM)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulins GAM</b>	PLAIN TUBE OR GEL TUBE
<b>Imuran Metabolites</b>	4mL EDTA TUBE (dedicated tube required)
<b>Influenza Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Influenza PCR</b>	DRY SWABS (THROAT & NOSE) Label swabs with site of collection & test.
<b>Inhibin</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Insect Identification</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - INSECT No Medicare rebate available. For live insect place in container. For dead insect place in container with alcohol, methylated spirits or formalin.

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TEST NAME	COLLECTION REQUIREMENTS
Insulin	PLAIN TUBE OR GEL TUBE Fasting collection preferred.
Insulin Antibody	PLAIN TUBE OR GEL TUBE Fasting collection preferred.
Insulin Like Growth Factor 1 (IGF1)	PLAIN TUBE OR GEL TUBE
International Normalised Ratio (INR)	CITRATE TUBE Treat as Urgent. Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Intrinsic Factor Blocking Ab (IFBAb)	PLAIN TUBE OR GEL TUBE
Iodine - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred) No Medicare rebate available.
Iron Studies	PLAIN TUBE OR GEL TUBE
ISAC Microarray Allergen Testing	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
ISH Testing	Contact a Histopathologist on (02) 9855 5434 for further information regarding this test.
Itraconazole	4mL EDTA TUBE (separate tube required) Collect just before next dose or 2 hours post dose. Note dosage, time of dose and collection time on referral.
JAK2 Gene Test	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
Japanese B Encephalitis	PLAIN TUBE OR GEL TUBE
Joint Fluid M/C/S	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - JOINT FLUID
Ketones - Plasma	FLUORIDE OXALATE TUBE
Ketones - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE
Kleihauer Test	4mL EDTA TUBE Treat as URGENT.

TEST NAME	COLLECTION REQUIREMENTS
Lactate	Refer patient to collection centre
Lactate - CSF	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
Lactate Dehydrogenase (LD)	PLAIN TUBE OR GEL TUBE
Lactate Dehydrogenase Isoenzymes (LD Isoenzymes)	PLAIN TUBE OR GEL TUBE
Lactate Pyruvate Ratio - Post Exercise	Refer patient to collection centre
Lactate Pyruvate Ratio - Pre Exercise/ Random	Refer patient to collection centre
Lamotrigine (LTG)	LITHIUM HEPARIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Lead - Blood	4mL EDTA TUBE For occupational exposure collect before shift, after showering & wearing clean clothes. Skin around site must be cleaned thoroughly to avoid contamination.
Lead - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Lead - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Legionella Antigen - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE
Legionella Culture - Sputum	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - SPUTUM An early morning deep cough specimen collected prior to breakfast is preferred. The mouth should be rinsed thoroughly with water prior to collection.
Legionella Serology IgG/IgM	PLAIN TUBE OR GEL TUBE
Leptospira Antibody	PLAIN TUBE OR GEL TUBE
Lipase	PLAIN TUBE OR GEL TUBE

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TEST NAME	COLLECTION REQUIREMENTS
Lithium	PLAIN TUBE OR GEL TUBE Collect just before next dose, or at least 8 hours post dose. Note dosage, time of dose and collection time on referral.
Liver Function Test (LFT)	PLAIN TUBE OR GEL TUBE
Liver Iron Estimation	Contact local laboratory for information. No Medicare rebate available.
Lupus Inhibitor	Refer patient to collection centre
Luteinising Hormone (LH)	PLAIN TUBE OR GEL TUBE If female, include LMP & any exogenous hormone therapy on request form.
Lyme Disease Serology	PLAIN TUBE OR GEL TUBE Note on the referral if patient has had a 'tick bite'.
Lymphocyte Surface Markers (LSM) - Blood	4mL EDTA TUBE (dedicated tube required)
Lymphocyte Surface Markers (LSM) - Bone Marrow	BONE MARROW IN LITHIUM HEPARIN TUBE (WITH RPMI MEDIUM)
Lymphocyte Surface Markers (LSM) - CSF/ Tissue/FNA/Biopsy	CSF OR TISSUE/FNA/BIOPSY (KEPT IN HANKS SOLUTION OR SALINE)
Magnesium (Mg)	PLAIN TUBE OR GEL TUBE
Magnesium (Mg) - Red Cell	Refer patient to collection centre
Magnesium (Mg) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Magnesium (Mg) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
Malarial Parasites	4mL EDTA TUBE Treat as URGENT.
Manganese (Mn) - Plasma	Refer patient to collection centre

TEST NAME	COLLECTION REQUIREMENTS
Manganese (Mn) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Manganese (Mn) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE
Maturation Index	FIXED SLIDE Clearly label slide in pencil with patient name, date of birth, specimen type and site. Specimen for this test must be collected from the LATERAL VAGINAL WALL. Fix immediately with spray fixative (eg. Cytotfix).
Measles Antigen - Nasopharyngeal Aspirate	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - NASOPHARYNGEAL ASPIRATE
Measles IgG Antibody	PLAIN TUBE OR GEL TUBE
Measles Serology IgG/IgM	PLAIN TUBE OR GEL TUBE
Measles, Mumps & Rubella Immunity Screen IgG	PLAIN TUBE OR GEL TUBE
Meningococcal PCR	4mL EDTA TUBE OR STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
Meningococcal Serology	PLAIN TUBE OR GEL TUBE
Mercury (Hg) - Blood	Refer patient to collection centre
Mercury (Hg) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Mercury (Hg) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred) Can also be collected at end of shift or following exposure.
Mesomark	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Metabolic Screen (<18 years) - Urine Random	Refer patient to collection centre Note relevant clinical features on request form.

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TEST NAME	COLLECTION REQUIREMENTS
Metanephrines & Normetanephrines - Plasma	Refer patient to collection centre
Metanephrines & Normetanephrines - Urine 24 hour	24 HOUR URINE CONTAINER (HCL PRESERVATIVE) Note starting and finishing times on urine container.
Methotrexate	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Methylene Tetrahydrofolate Reductase Gene Test (MTHFR)	4mL EDTA TUBE (dedicated tube required) Medicare Criteria: <ul style="list-style-type: none"> <li>• proven DVT/PE (deep vein thrombosis/ pulmonary embolism) in patient OR</li> <li>• presence of mutation in first degree relative</li> </ul>
Mianserin	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Microalbumin - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Microalbumin - Urine Timed	TIMED OVERNIGHT URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
MRSA Screen (Methicillin Resistant Staphylococcus Aureus)	3x BACTERIAL SWABS (BLUE) Label site of collection on each swab.
Mumps IgG Ab	PLAIN TUBE OR GEL TUBE
Mumps IgG/IgM Serology	PLAIN TUBE OR GEL TUBE
Musk Antibody	PLAIN TUBE OR GEL TUBE
Mycoplasma Hominis/Ureaplasma Culture	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MIDSTREAM URINE OR BACTERIAL SWAB
Mycoplasma Pneumoniae Serology	PLAIN TUBE OR GEL TUBE
Myoglobin - Serum	PLAIN TUBE OR GEL TUBE

TEST NAME	COLLECTION REQUIREMENTS
Myoglobin - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE
N-Telopeptide	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - SECOND VOID MORNING URINE
Narcolepsy Tissue Typing	4mL EDTA TUBE (dedicated tube required) No Medicare rebate available.
Neurone Specific Enolase (NSE)	Refer patient to collection centre
Neutrophil Alkaline Phosphatase (NAP Score)	Refer patient to collection centre
Nickel (Ni)	Refer patient to collection centre
Nickel (Ni) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Nickel (Ni) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Nipple Fluid M/C/S	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - NIPPLE DISCHARGE
Normal Protein Catabolic Rate	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Nortriptyline	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Oestradiol (E2)	PLAIN TUBE OR GEL TUBE If female, include LMP & any exogenous hormone therapy on request form.
Olanzapine	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Oligosaccharides - Urine Random	Refer patient to collection centre No Medicare rebate available.
Optical Platelet Count	4mL EDTA TUBE

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
<b>Organometals - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE Collect Monday to Thursday only, at end of shift or following exposure. No Medicare rebate available.
<b>Organophosphates - Blood</b>	LITHIUM HEPARIN TUBE Collect Monday to Thursday only.
<b>Osmolality</b>	PLAIN TUBE OR GEL TUBE When both Urine and Serum Osmolality requested, it is preferred they be collected at the same time.
<b>Osmolality - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE When both Urine and Serum Osmolality requested, it is preferred they be collected at the same time.
<b>Ostase</b>	PLAIN TUBE OR GEL TUBE
<b>Osteocalcin</b>	Refer patient to collection centre No Medicare rebate available.
<b>Ovarian Ab</b>	PLAIN TUBE OR GEL TUBE
<b>Oxalate - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Oxalate - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
<b>Pancreatic Polypeptide</b>	PLAIN TUBE OR GEL TUBE Fasting & no smoking for 12 hours.

TEST NAME	COLLECTION REQUIREMENTS
Pap Smear (PAP)	PAP SMEAR Clearly label slide in pencil with patient name and date of birth (do not use pen, texta or a sticker). Fix immediately after collection using a spray fixative (eg. Cytofix) or immerse in 95% alcohol for 20 minutes. Allow to dry completely before placing in slide container. DO NOT place slide in the same specimen bag as a container with Formalin.
Paracetamol	PLAIN TUBE Treat as Urgent.
Parasite Identification - Scabies	BLACK BOX CONTAINER - SKIN SCRAPE
Parathyroid Hormone (PTH)	6mL EDTA TUBE & PLAIN OR GEL TUBE Collect without tourniquet as PTH requires a Stasis Free calcium.
Parkinson's Disease Gene Test	2x 6mL EDTA TUBES (dedicated tubes required) No Medicare rebate available. Collect Monday - Thursday only. Paperwork with signed consent for testing/billing required to perform test.
Paroxysmal Nocturnal Haemoglobinuria (PNH)	4mL EDTA TUBE (dedicated tube required)
Parvovirus B19 Serology	PLAIN TUBE OR GEL TUBE
Paternity DNA Testing	Refer patient to collection centre Contact Sonic Clinical Institute on 1800 010 447 for further information. No Medicare rebate available.
Periodic Acid Schiff's Stain (PAS Stain) - Nail Clippings	BLACK BOX CONTAINER - NAIL CLIPPINGS No Medicare rebate available.
Pesticides (Organochlorines)	LITHIUM HEPARIN TUBE No Medicare rebate available. Collect at end of shift or following exposure Monday to Thursday only.

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
<b>Pesticides - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE Collect Monday to Thursday only, at end of shift or following exposure. No Medicare rebate available.
<b>pH - Gastric Fluid</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID
<b>pH - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Phenobarbitone</b>	PLAIN TUBE Collect just before next dose, or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Phenylalanine - Blood</b>	GUTHRIE CARD - DRIED BLOOD SPOT
<b>Phenylalanine - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
<b>Phenytoin</b>	PLAIN TUBE OR GEL TUBE Collect just before next dose, or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Phosphate (PO4)</b>	PLAIN TUBE OR GEL TUBE
<b>Phosphate (PO4) - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Phosphate (PO4) - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
<b>Pinworm Identification</b>	Refer patient to collection centre
<b>Platelet Aggregation</b>	Refer patient to collection centre
<b>Platelet Antibody - Non Pregnant</b>	Refer patient to collection centre
<b>Platelet Antibody - Post Transfusion</b>	Refer patient to collection centre No Medicare rebate available.

TEST NAME	COLLECTION REQUIREMENTS
Platelet Antibody - Pregnant	Refer patient to collection centre
Platelet Count (Pit)	4mL EDTA TUBE
Platelet Function Analysis (PFA100)	Refer patient to collection centre
Platelet Serotonin Estimation	Refer patient to collection centre
Pneumococcal Antibodies	PLAIN TUBE OR GEL TUBE
Pneumococcus Antigen - Urine	STERILE SCREW-CAPPED SPECIMEN CONTAINER - URINE
Porphyrins - Faeces	Refer patient to collection centre Note relevant clinical features on request form.
Porphyrins - Red Cell	4mL EDTA TUBE Wrap in foil. Note relevant clinical features on request form.
Porphyrins - Urine Random	Refer patient to collection centre Note relevant clinical features on request form.
Posaconazole	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Potassium (K)	PLAIN TUBE OR GEL TUBE
Potassium (K) - CSF	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
Potassium (K) - Gastric Fluid	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID
Potassium (K) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Potassium (K) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
Primidone	PLAIN TUBE Collect just before next dose, or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
<b>Procalcitonin</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Procollagen Type 3 Intact N-Terminal Propeptide (P3NP)</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Progesterone (P2)</b>	PLAIN TUBE OR GEL TUBE If female, include LMP & any exogenous hormone therapy on request form.
<b>Progesterone (P2) - Day 21</b>	PLAIN TUBE OR GEL TUBE Collect on day 21 of menstrual cycle.
<b>Prolactin</b>	PLAIN TUBE OR GEL TUBE Patient should rest for 15 minutes prior to collection.
<b>Prostate Specific Antigen (PSA)</b>	PLAIN TUBE OR GEL TUBE
<b>Prostatic Specific Antigen (Free/Total Ratio) (Free PSA)</b>	PLAIN TUBE OR GEL TUBE
<b>Protein</b>	PLAIN TUBE OR GEL TUBE
<b>Protein &amp; Glucose - CSF</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
<b>Protein - Body Fluid</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID
<b>Protein - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Protein C</b>	Refer patient to collection centre Medicare Criteria: <ul style="list-style-type: none"> <li>• History of venous thromboembolism OR</li> <li>• First degree relative who has a proven defect</li> </ul>
<b>Protein Creatinine Ratio - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred) Note time of collection on jar.
<b>Protein EPG (Electrophoresis)</b>	PLAIN TUBE OR GEL TUBE

TEST NAME	COLLECTION REQUIREMENTS
Protein EPG (Electrophoresis) - CSF	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF and PLAIN TUBE OR GEL TUBE
Protein EPG (Electrophoresis) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Protein EPG (Electrophoresis) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE
Protein Immunofixation Electrophoresis (IFE/IEPG)	PLAIN TUBE OR GEL TUBE
Protein Immunofixation Electrophoresis (IFE/IEPG) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Protein Immunofixation Electrophoresis (IFE/IEPG) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE
Protein S	Refer patient to collection centre Medicare Criteria: <ul style="list-style-type: none"> <li>• History of venous thromboembolism OR</li> <li>• First degree relative who has a proven defect</li> </ul>
Prothrombin Gene Mutation (PGM)	4mL EDTA TUBE (dedicated tube required) Medicare Criteria: <ul style="list-style-type: none"> <li>• detection of a mutation associated with venous clotting</li> </ul>
Prothrombin Time (PT)	CITRATE TUBE Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Pyruvate	Refer patient to collection centre
Q Fever Serology	PLAIN TUBE OR GEL TUBE
Quantiferon Gold	Refer patient to collection centre Medicare Criteria: <ul style="list-style-type: none"> <li>• patient is immunosuppressed</li> </ul>

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
Quinidine	PLAIN TUBE Collect just before next dose, or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Quinine	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Rabies Serology	PLAIN TUBE OR GEL TUBE
RAST - General	PLAIN TUBE OR GEL TUBE Medicare reimburses for requests up to 5 core individual, or 2 core mixes, or 1 core mix and 3 individual, or 1 esoteric allergen per episode.
RAST - Specific	PLAIN TUBE OR GEL TUBE Medicare reimburses for requests up to 5 core individual, or 2 core mixes, or 1 core mix and 3 individual, or 1 esoteric allergen per episode.
Reducing Substances - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MIDSTREAM URINE
Renin & Aldosterone - Plasma	Refer patient to collection centre
Renin - Plasma	Refer patient to collection centre
Respiratory Syncytial Virus (RSV) - Nasopharyngeal Aspirate	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - NASOPHARYNGEAL ASPIRATE
Respiratory Syncytial Virus (RSV) - Swab	VIRAL SWAB ( THROAT OR NOSE) Label swab with site of collection & test.
Respiratory Syncytial Virus Serology (RSV)	PLAIN TUBE OR GEL TUBE
Respiratory Virus - Swab	DRY SWAB Label swab with site of collection & test.
Respiratory Virus Atypical Serology	PLAIN TUBE OR GEL TUBE
Respiratory Virus Typical Serology	PLAIN TUBE OR GEL TUBE
Reticulocyte Count (Retics)	4mL EDTA TUBE
Retinol Binding Protein (RBP)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.

TEST NAME	COLLECTION REQUIREMENTS
Reverse Triiodothyronine (RT3)	PLAIN TUBE OR GEL TUBE No Medicare rebate available. Note thyroid history & medications.
Rheumatoid Factor (RF)	PLAIN TUBE OR GEL TUBE
Rheumatoid Factor (RF) - Synovial Fluid	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - SYNOVIAL FLUID
Rickettsia Serology	PLAIN TUBE OR GEL TUBE
Ross River Virus Serology IgG/IgM (RRV)	PLAIN TUBE OR GEL TUBE
Rubella IgG (Immunity)	PLAIN TUBE OR GEL TUBE
Rubella IgM Ab	PLAIN TUBE OR GEL TUBE
Rubella Serology IgG/IgM	PLAIN TUBE OR GEL TUBE
Salivary Gland Antibody	PLAIN TUBE OR GEL TUBE
Salmonella Serology	PLAIN TUBE OR GEL TUBE
Schistosoma Parasite - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - ENDSTREAM URINE Patient must include last part of urine in container.
Schistosoma Serology	PLAIN TUBE OR GEL TUBE
Selenium (Se)	Refer patient to collection centre
Selenium (Se) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Selenium (Se) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Semen Analysis (Fertility)	Refer patient to collection centre
Semen Analysis (Post Vasectomy)	Refer patient to collection centre
Semen M/C/S	Refer patient to collection centre
Serotonin - Serum	PLAIN TUBE OR GEL TUBE

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
<b>Serotonin - Urine 24 hour</b>	24 HOUR URINE CONTAINER (HCL PRESERVATIVE) Note starting and finishing times on urine container. Patient to follow 5HIAA/5HT (Serotonin) dietary advice sheet.
<b>Sex Hormone Binding Globulin (SHBG)</b>	PLAIN TUBE OR GEL TUBE
<b>Sexually Transmitted Disease Screen (STD Screen)</b>	PLAIN TUBE OR GEL TUBE & YELLOW SCREW-CAPPED SPECIMEN CONTAINER - FIRST VOID URINE
<b>Sezary Cells</b>	4mL EDTA TUBE
<b>Silver - Blood</b>	Refer patient to collection centre
<b>Silver - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Sirolimus</b>	4mL EDTA TUBE (separate tube required) Collect just before next dose or as required. Note dosage, time of dose and collection time on referral.
<b>Skin Auto Antibodies (SICA/BMA)</b>	PLAIN TUBE OR GEL TUBE
<b>Smear Cytology - Non Gynae</b>	NON GYNAE SMEAR Nipple discharge - label slides with patient name, date of birth and type and site of smear. Ask patient to express fluid by massaging the breast firmly from the base of the breast toward the nipple. When discharge appears please note on the request form if it is originating from a single duct opening or multiple ducts. Pass slide/s lightly over the discharge to collect a direct smear of the material. Quickly fix specimen with spray fixative (eg. Cytotfix). Allow to dry before placing in a slide container and forwarding to the laboratory. For other smear types - label slides as described above and collect specimen with a cytobrush (lip, mouth and skin lesions), spatula (buccal smear) or Dacron swab (anal smear). Fix immediately.

TEST NAME	COLLECTION REQUIREMENTS
Smear Cytology - Gynae	GYNAECOLOGICAL SMEAR Label slides clearly in pencil with patient name, date of birth specimen type and site. Collect using an endometrial sampling device or endocervical brush for vulval smears. Make slides by rolling the brush over a glass slide. Discard brush. A separate slide for each site is required if multiple sites are requested. Fix slides immediately with cytology spray fixative.
Sodium (Na)	PLAIN TUBE OR GEL TUBE
Sodium (Na) - CSF	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
Sodium (Na) - Gastric Fluid	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID
Sodium (Na) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Sodium (Na) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
Soluble Transferrin Receptor	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Solvent Screen - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE Collect Monday to Thursday only, at end of shift or following exposure. No Medicare rebate available.
Specific Gravity - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MIDSTREAM URINE
Sputum Cytology	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - SPUTUM Routine collection consists of three separate specimens preferably collected on 3 consecutive days. An early morning deep cough specimen collected prior to breakfast is preferred. The mouth should be rinsed thoroughly with water prior to collection.

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
Sputum Microscopy & Culture	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - SPUTUM
Strongyloides Culture	BROWN TOP CONTAINER - FAECES
Strongyloides Serology	PLAIN TUBE OR GEL TUBE
Swab M/C/S - Ear, Nose, Throat	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Swab M/C/S - Genital	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Swab M/C/S - Wound	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Synacthen Stimulation Test	Contact local laboratory for information. Partial Medicare Rebate.
Synacthen Stimulation Test with 17OHP	Contact local laboratory for information. Partial Medicare Rebate.
Syphilis Serology	PLAIN TUBE OR GEL TUBE
T & B Cell Receptor Gene Rearrangements	4mL EDTA TUBE (dedicated tube required) OR BONE MARROW/TISSUE/FNA No Medicare rebate available.
Tacrolimus	4mL EDTA TUBE (separate tube required) Collect just before next dose or as required. Note dosage, time of dose and collection time on referral.
Tay-Sachs Disease Gene Test	Refer patient to collection centre No Medicare rebate available.
Temazepam	PLAIN TUBE Collect just before next dose, or as required. Note dosage, time of dose and collection time on referral.
Testosterone	PLAIN TUBE OR GEL TUBE Preferred morning collection for male patients.
Tetanus Antibody	PLAIN TUBE OR GEL TUBE

TEST NAME	COLLECTION REQUIREMENTS
<b>Thalassaemia Screen (HBEPG)</b>	4mL EDTA TUBE & PLAIN TUBE OR GEL TUBE Clinical history is required, particularly history of haemoglobinopathy and country of origin of the family.
<b>Thallium</b>	Refer patient to collection centre No Medicare rebate available.
<b>Thallium - Urine 24 hour</b>	Refer patient to collection centre No Medicare rebate available.
<b>Thallium - Urine Random</b>	Refer patient to collection centre No Medicare rebate available.
<b>Theophylline</b>	PLAIN TUBE Collect just before next dose, or at least 4 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Thin Prep (Pap)</b>	THINPREP VIAL No Medicare rebate available Rinse the Pap smear-taking implement vigorously in the ThinPrep vial solution. If both a cervix sampler and an endocervical brush are used, rinse both in the same vial. Discard implement/s after rinsing - do not leave in the vial. ThinPrep vial may also be used for HPV DNA, Chlamydia or Gonorrhoeae tests.
<b>Thiocyanate - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>Thiocyanate - Urine 24 hour</b>	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) No Medicare rebate available. Note starting and finishing times on the container.
<b>Thiocyanate - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE No Medicare rebate available. Collect at end of shift or following exposure Monday to Thursday only. Note on referral if patient is a smoker or non-smoker.

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
Thrombin Time	CITRATE TUBE Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Thrombophilia Studies	Refer patient to collection centre Medicare criteria will apply for Thrombophilia tests such as Protein C & S, APC Resistance, Anti Thrombin 3, FVL & PGM.
Thyroglobulin	PLAIN TUBE OR GEL TUBE
Thyroid Antibody	PLAIN TUBE OR GEL TUBE
Thyroid Function Test (TFT)	PLAIN TUBE OR GEL TUBE Thyroid history must be included on request form for full Thyroid testing.
Thyroid Stimulating Hormone (TSH)	PLAIN TUBE OR GEL TUBE
Tissue Transglutaminase (TTG Ab)	PLAIN TUBE OR GEL TUBE
Tobramycin	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Topamax	PLAIN TUBE Collect 2-4 hours post dose. Note dosage, time of dose and collection time on referral.
Toxocara Antibody	PLAIN TUBE OR GEL TUBE
Toxoplasma IgG Ab	PLAIN TUBE OR GEL TUBE
Toxoplasma IgM Ab	PLAIN TUBE OR GEL TUBE
Toxoplasma Serology IgG/IgM (TOXO)	PLAIN TUBE OR GEL TUBE
Trace Elements	Refer patient to collection centre Note specific metals on request.
Trace Elements (Cu, Zn, Al & Se) - 24 hour Urine	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container. Note specific metals on request.
Triglycerides	PLAIN TUBE OR GEL TUBE Note if fasting or random collection.

TEST NAME	COLLECTION REQUIREMENTS
Trimipramine	PLAIN TUBE Collect just before next dose, or as required. Note dosage, time of dose and collection time on referral.
Troponin T	PLAIN TUBE OR GEL TUBE Treat as URGENT if patient has chest pain.
Tryptase	PLAIN TUBE OR GEL TUBE Collect within 1-4 hours of an attack if possible.
TSH Receptor Ab (TRAB)	PLAIN TUBE OR GEL TUBE
Urea (U)	PLAIN TUBE OR GEL TUBE
Urea (U) - Gastric Fluid	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID
Urea (U) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Urea (U) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.
Urea Breath Test C14 (UBT)	Refer patient to collection centre
Uric Acid (UA)	PLAIN TUBE OR GEL TUBE
Uric Acid (UA) - Body Fluid	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - BODY FLUID
Uric Acid (UA) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Uric Acid (UA) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE Note time of collection on jar.

# PATHOLOGY TESTS

ALPHABETICALLY LISTED

TEST NAME	COLLECTION REQUIREMENTS
Urine Cytology	500mL STERILE CONTAINER (URINE CYTOLOGY WHITE TOP) Routine urine cytology consists of three separate specimens preferably collected on 3 consecutive days. Do not collect the first morning urine as this will contain degenerate cells. Collect a specimen after the patient has been hydrated and ambulant. (Ambulation encourages exfoliation of cells). Collect the entire bladder volume into 500mL white top container. If using a smaller urine jar, collect the midstream part of the void.
Urine M/C/S	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MIDSTREAM URINE
Valproate	PLAIN TUBE Collect just before next dose, or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Vancomycin	PLAIN TUBE OR GEL TUBE Collect trough level just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
Vancomycin Resistant Enterococci (VRE)	BROWN TOP CONTAINER - FAECES OR BACTERIAL SWAB (BLUE)
Varicella Zoster IgG Ab	PLAIN TUBE OR GEL TUBE
Varicella Zoster PCR	DRY SWAB OR BACTERIAL SWAB (BLUE) Label swab with site of collection & test.
Varicella Zoster Serology IgG/IgM (VCZ)	PLAIN TUBE OR GEL TUBE
Vasoactive Intestinal Peptide (VIP)	Refer patient to collection centre

TEST NAME	COLLECTION REQUIREMENTS
<b>Vault Smear</b>	<b>VAULT SMEAR</b> Clearly label slide in pencil with patient name and date of birth (do not use pen, texta or a sticker). Fix immediately after collection using a spray fixative (eg. Cytofix) or immerse in 95% alcohol for 20 minutes. Allow to dry completely before placing in slide container. <b>DO NOT</b> place slide in the same specimen bag as a container with formalin.
<b>Vigabatrin</b>	<b>PLAIN TUBE</b> Collect just before next dose, or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Viral Culture - Swab</b>	PCR has replaced Viral Culture in most situations, please consult a Microbiologist on (02) 9855 5312 for further information.
<b>Viral Studies - Serum</b>	<b>PLAIN TUBE OR GEL TUBE</b> Clinical history required to determine specific tests.
<b>Vitamin A</b>	Refer patient to collection centre
<b>Vitamin B1</b>	Refer patient to collection centre
<b>Vitamin B12</b>	<b>PLAIN TUBE OR GEL TUBE</b>
<b>Vitamin B12 &amp; Red Cell Folate (RCF)</b>	4mL EDTA TUBE & <b>PLAIN TUBE OR GEL TUBE</b>
<b>Vitamin B2</b>	Refer patient to collection centre
<b>Vitamin B3 - Urine 24 hour</b>	<b>24 HOUR URINE CONTAINER (HCL PRESERVATIVE)</b> Note starting and finishing times on urine container.
<b>Vitamin B6</b>	Refer patient to collection centre
<b>Vitamin C</b>	Refer patient to collection centre
<b>Vitamin D (25OH Vit D)</b>	<b>PLAIN TUBE OR GEL TUBE</b>
<b>Vitamin D Metabolite</b>	<b>PLAIN TUBE OR GEL TUBE</b>
<b>Vitamin E</b>	Refer patient to collection centre

# PATHOLOGY TESTS

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TEST NAME	COLLECTION REQUIREMENTS
Von Willebrand Studies (VWS)	Refer patient to collection centre
Water Testing	Contact Sonic Food & Water Testing - Penrith for enquiries on 1800 048 993 or (02) 4734 6582. No Medicare rebate available.
Weedicide/Herbicide Analysis - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - RANDOM URINE Collect Monday to Thursday only, at end of shift or following exposure. No Medicare rebate available.
Yersinia enterocolitica Serology	PLAIN TUBE OR GEL TUBE
Zinc (Zn)	PLAIN TUBE OR GEL TUBE
Zinc (Zn) - Plasma	Refer patient to collection centre
Zinc (Zn) - Red Cell	Refer patient to collection centre
Zinc (Zn) - Urine 24 hour	24 HOUR URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Zinc (Zn) - Urine Random	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
Zinc Protoporphyrin	4mL EDTA TUBE
Zoonosis Screen	PLAIN TUBE OR GEL TUBE

# SPECIMEN STORAGE GUIDE

SPECIMEN TYPE	PREFERRED STORAGE
Aspirates/fluids	Room Temperature
Blood Cultures	Room Temperature
Blood Specimens	Room Temperature
Faeces – Culture	Refrigerate
Faeces – Reducing substances (if requested on its own)	Freeze
Pap smears	Room Temperature
Sputum	Refrigerate
Swabs	Room Temperature
Urine	Refrigerate

# PATIENT INSTRUCTIONS

Please refer to our website; [www.sonichealthcare.com.au/dhm](http://www.sonichealthcare.com.au/dhm) for detailed information on patient instructions, or to print out a copy for your patient.

## FASTING

1. Fasting is generally overnight and the blood collected or test performed for the following morning.
2. Fasting is usually for a minimum of 8 hours although preferably for 12 hours unless otherwise stated by your Doctor.
3. All food and beverages should be withheld during the fasting period with the exception of water.
4. Medication should only be stopped on the instructions of your Doctor.

## POST BLOOD COLLECTION

1. Rest your arm.
2. Do not lift anything heavy.
3. Do not wear tight or restrictive clothing above or around puncture site.
4. Avoid strenuous activities or exercise.
5. Avoid carrying heavy objects or parcels.

**Note:** A few people do bruise easily after blood tests. This is unavoidable. By following the above instructions carefully you will minimise any bruising that may occur. If, however, you experience any swelling or extensive bruising, please seek medical advice.

# PATIENT INSTRUCTIONS

## DIET SHEET GLUCOSE TOLERANCE TEST

Please phone the local collection centre (found at the back of request form) to make an appointment for this test.

The 3 day diet is desirable but not essential. For any patient whose doctor indicates that the diet is not required, please follow the doctor's instructions.

### PRE TEST PREPARATION:

- A. To make sure that this test gives reliable results, it is important that you eat generous amounts of carbohydrate on each of the three days before the test. The carbohydrate foods that are recommended are bread, cereal, potatoes, vegetables and fruit. You should have your usual amounts of milk, meat, fish, eggs, cheese, butter and margarine and, as well, eat the following foods daily during each of the three days before the test in at least these amounts.
- 3 slices of bread or toast
  - One serving of breakfast cereal or porridge, spaghetti
  - One medium potato or one serving of rice
  - 3 servings of vegetables
  - 3 servings of fruit (fresh, cooked, canned or juice)
  - For morning tea and afternoon tea have 2 biscuits or 1 scone or an extra slice of bread or toast.
- B. Do not eat after 9pm on the evening before the test. Only water and usual medication should be taken during the 12 hours before the test.
- C. No smoking on the day of the test.

**Important Note:** If you should become unwell whilst on the three day high carbohydrate diet or notice that you are losing weight, feeling drowsy, thirsty or are passing large amounts of urine please contact your referring doctor immediately

### DURING THE TEST

- You will be required to remain in the collection centre for the duration of the test (between two and five hours depending on the test ordered by your doctor). This is because factors such as exercise, smoking and caffeine consumption can affect the results of the OGTT. Permission to leave the collection centre during the test will only be given following approval by your doctor.
- On arrival at our collection centre you will be required to pass a fasting urine sample before commencement of the test and a blood sample will be taken from you by one of our pathology collection staff. You will then be asked to drink a sweet glucose drink and blood will be collected at appropriate intervals.
- We suggest that you bring a book to read.
- If you require further information please ring the collection centre at which you are having your test.

# PRIVACY & PATHOLOGY

## PRIVACY & PATHOLOGY

Legislation has recently been passed which imposes new privacy obligations on the private sector, including the health sector. The Privacy Amendment (Private Sector) Act 2000 came into effect on 21 December 2001 and at Douglass Hanly Moir Pathology we have put processes in place to ensure that we comply with all of its obligations. Such processes will be subject to continuing review.

In summary, the Act sets a minimum standard for the way in which we collect, store, use and disclose personal and sensitive health information. The requirements imposed are contained in a set of principles called the "National Privacy Principles".

The information that the Act covers is potentially very wide. We have developed a privacy policy that describes how we manage the following issues:




- What personal and sensitive information do we collect
- How do we collect such information
- What do we use the information for
- What reasons are there for disclosing the information
- How do we store the information
- How do we allow access by our patients and referrers to the information that we hold
- Patient's contact information may be used for matters relating to billing, particularly with regard to the delivery of invoices, reminders and expediting of payments. This could, for example, include the use of SMS reminders and the referral of unpaid invoices to a third party debt collection agency.

A brochure detailing our Privacy Policy is readily available to patients at our collection centres and is also available on our website, [www.dhm.com.au/privacy](http://www.dhm.com.au/privacy).

If you require any further information, please contact our  
Privacy Officer/Quality Department on 98 555 222.













# SWAB GUIDE

USE	SWAB TYPE	INSTRUCTIONS
<b>BACTERIAL SWAB – MICROSCOPY AND CULTURE</b>		
<b>Culture &amp; Sensitivity</b> Most sites and lesions		Please refer to instructions on packaging
<b>For smaller sites or lesions</b> <i>E.g. Urethral swabs/sinus swabs</i>		Please refer to instructions on packaging
<b>DRY SWAB (PLAIN CONTAINER – NO TRANSPORT MEDIUM)</b>		
<b>Herpes simplex</b>		Swab from lesion
<b>Varicella Zoster</b>		Swab from lesion
<b>Chlamydia trachomatis</b>		Cervical/urethral/eye swab
<b>N.gonorrhoeae</b>		Cervical/urethral/eye swab
<b>Bordetella pertussis</b>		Posterior pharynx or nasopharynx swab
<b>Influenza</b>		Throat and nose

# TUBE GUIDE

## INCLUDING RECOMMENDED ORDER OF DRAW

Hemogard™ Closure & Tube Content	Catalogue Number & Volume	Determinations	Instructions
 Blood Culture Bottles	Aerobic (10ml): 442192 Anaerobic (10ml): 442265 Peds Plus (1-3ml): 442194	<b>Microbiology</b> To exclude the possibility of septicaemia	Ensure blood culture bottles are at room temperature Collect 1 x set of blood culture bottles - Aerobic and Anaerobic Using a butterfly scalp vein only, add 8-10 mLs blood to each bottle (do not overfill) Collect aerobic first Mix gently by inverting the bottles 5 times <b>Storage and Transportation:</b> Room Temperature Paediatric bottles are available, on request, and must be filled with 1-3 mLs of blood
 Citrate	363095 (2.7mL)	<b>Coagulation</b> PR, APTT, INR, Coagulation studies, D-Dimer (Note: Coagulation studies require 2 citrate tubes and a 4mL EDTA tube)	<b>Fill to at least Minimum Fill and, not over Maximum Fill Line marked on the tube</b> MIX WELL BY GENTLY INVERTING 6 TIMES
 ACD	368985 (6.0mL)	Platelet estimation on patients with known history of EDTA induced platelet clumping	MIX WELL BY GENTLY INVERTING 6 TIMES
 Plain	367895 (10mL)	<b>General Biochemistry</b> Cardiac Markers, U&E, LFT, Lipids, HDL, Amylase, Lipase, Magnesium, Fe Studies, Therapeutic Drugs, CRP, Vitamin D, Vitamin B12, Glucose <b>General Serology</b> General Serology, Hormones, Hepatitis Serology, RAST, HIV	<b>Number of tubes required:</b> <ul style="list-style-type: none"> <li>• Up to 6 test groups – 1 tube e.g. LFT, Hepatitis, Amylase</li> <li>• More than 6 test groups – 2 tubes</li> </ul>
 Gel	367958 (8.5mL)	<b>General Biochemistry &amp; Serology</b> As above, however, <b>NO THERAPEUTIC DRUG LEVELS</b> on this tube	
 Lithium Heparin	367885 (6mL)	<b>Biochemistry</b> Cholinesterase (Red Cell or Plasma), Chromosome Analysis, Organophosphates	MIX WELL BY GENTLY INVERTING 6 TIMES
 EDTA	367839 (4mL)	<b>Haematology</b> FBC, Hb, WCC, Diff, Platelets, ESR, Malarial Parasites, Retic <b>Biochemistry</b> Glycated Hb (HbA1c), Red Cell Folate, Lead, FEP, G6PD, Porphyrins (Red Cell) <b>Molecular Genetics*</b> (EDTA acceptable, however separate red-rimmed EDTA preferred)	MIX WELL BY GENTLY INVERTING 6 TIMES
 EDTA	367941 (6mL)	<b>Blood Bank</b> Cross Match, Group & Hold, Antibody Screen, Blood Group (Note: 2 x 6mL EDTA and 1 x 4mL EDTA tube required for all crossmatches and Group & Hold) <b>General Serology</b> PTH (requires plain or gel tube as well)	MIX WELL BY GENTLY INVERTING 6 TIMES <b>Note:</b> Full patient identification required for Crossmatching and Group & Hold, Blood Group & Ab Screen Transfusion form required with any Cross Match or Group & Hold request Doctor/Collector must initial tube to verify patient details
 Red Rimmed EDTA	454003 (4mL)	<b>Flow Cytometry</b> Lymphocyte Surface Markers (additional 4mL EDTA tube required for WCC), CDS9, Paroxysmal Nocturnal Haemoglobinuria <b>*Molecular Genetics (separate tube required)</b> Haemochromatosis, Factor V Leiden, MTHFR, PGM, HLA B27, Fragile X, Coeliac Tissue Typing	MIX WELL BY GENTLY INVERTING 6 TIMES
 Fluoride Oxalate	367935 (5mL)	<b>Biochemistry</b> Glucose, Blood Alcohol (Medical)	MIX WELL BY GENTLY INVERTING 6 TIMES

DOUGLASS HANLY MOIR PATHOLOGY • ABN 80 003 332 858  
A subsidiary of SONIC HEALTHCARE

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