Rush

Rush Medical Labs

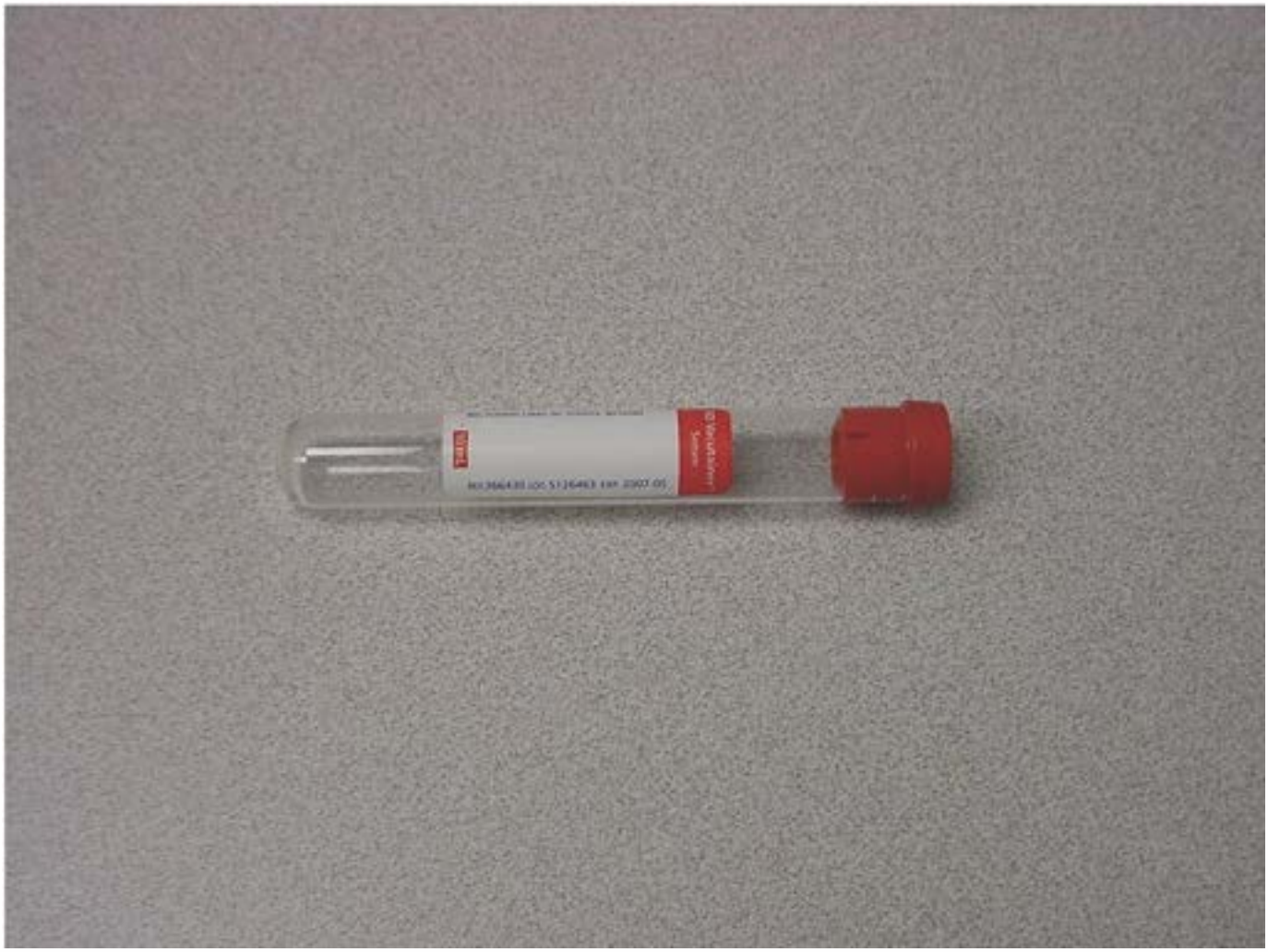
TEST NAME:	1,25-Dihydroxy Vitamin D
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	M125V
CPT CODE:	82652-90
TEST INFORMATION:	http://www.mayomedicallaboratories.com
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red Top Tube - 10 mL or SST tube (see attached)
SPECIMEN REQUIREMENTS:	3.0 mL blood (1.5 mL serum)
MINIMUM VOLUME:	1.5 mL blood (0.7 mL serum)
REFERENCE RANGE:	See Mayo Medical Labs - Search Test Code 8822
POE DESCRIPTION:	1,25 VITD
TEST SYNONYM(S):	Vitamin D (1,25-Dihydroxy, Calcifidol)
LAST UPDATED:	06/12/2026



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Rush Medical Labs

TEST NAME:	5` Nucleotidase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	5NUC
CPT CODE:	83915-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code 671
POE DESCRIPTION:	NUCLEOTIDASE 5; 5-NUC
TEST SYNONYM(S):	Nucleotidase 5'
LAST UPDATED:	06/22/2026





Rush Medical Labs

TEST NAME:	17-Hydroxycorticosteroids, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U17HC
CPT CODE:	83491-90, 82570-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #3(containing 10 gm boric acid)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection
REFERENCE RANGE:	Search Test Code S48561
POE DESCRIPTION:	URT 17- HYDROXY CORTICOSTEROIDS; U/17-CS
TEST SYNONYM(S):	17-OH Corticosteroids; 17-OHCS; Porter-Silber Chromogens, Urine; Urine 17-OH Corticosteroids
LAST UPDATED:	06/22/2026


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
3
PRESERVATIVE
10g Boric Acid
FOR COLLECTION OF:
17 - Hydroxycorticosteroids
17 - Ketosteroids
Aldosterone
Cortisol
Citrate
Heavy Metals (Arsenic, Lead,
Mercury

Rush

Rush Medical Labs

TEST NAME:	17-Hydroxyprogesterone (<1 year old)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	17-OHPR-NB
CPT CODE:	83498-90
CDM NUMBER:	3181222
TEST INFORMATION:	Separate test available for patients older than 1 year.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.25 mL serum)
REFERENCE RANGE:	RIA
METHODOLOGY:	17-OH Progesteron (<1 YR)
POE DESCRIPTION:	17-OH Progesterone, Newborn
TEST SYNONYM(S):	06/22/2026
LAST UPDATED:	





Rush

Rush Medical Labs

TEST NAME:	17-Hydroxyprogesterone (LC/MS/MS)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PROGS
CPT CODE:	83498-90
TEST INFORMATION:	Separate test available for patients younger than 1 year.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code 17180
POE DESCRIPTION:	17-OH PROG
TEST SYNONYM(S):	17-OH Progesterone
LAST UPDATED:	08/03/2018





Rush

Rush Medical Labs

TEST NAME:	17-Ketosteroids Total, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U17KS
CPT CODE:	83586-90, 82570-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #3(containing 10 gm boric acid)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Entire collection
HANDLING INSTRUCTIONS:	Refrigerate during collection
REFERENCE RANGE:	S48560
POE DESCRIPTION:	URT 17 KETOSTEROIDS TOTAL; U/17KS
TEST SYNONYM(S):	17-KS; Urine 17-Ketosteroids
LAST UPDATED:	05/16/2017


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
3
PRESERVATIVE
10g Boric Acid
FOR COLLECTION OF:
17 - Hydroxycorticosteroid
17 - Ketosteroids
Aldosterone
Cortisol
Citrate
Heavy Metals (Arsenic, Lead,
Mercury



Rush Medical Labs

TEST NAME:	17-OH Pregnenolone
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PREGN
CPT CODE:	84143-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL, SST tube, microtainer
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.4 mL serum)
REFERENCE RANGE:	Search Test Code S51299
LAST UPDATED:	06/22/2026





Rush

Rush Medical Labs

TEST NAME:	17-OH Progesterone PEDS
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	17OHPROGPD
CPT CODE:	83498-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only or Red microtainer
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.25 mL serum)
REFERENCE RANGE:	See Quest Labs - Search Test Code 17180
LAST UPDATED:	01/24/2014



Rush

Rush Medical Labs

TEST NAME:	25-Hydroxy Vitamin D
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	25OHD
CPT CODE:	82306-90
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (0.5 mL plasma)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL plasma)
REFERENCE RANGE:	Deficient <20 ng/mL Sub-Optimal 20-29 ng/mL Optimal 30-80 ng/mL Potential toxicity >150 ng/mL
POE DESCRIPTION:	25 OH VITD
TEST SYNONYM(S):	Vitamin D, 25-Hydroxy (25-OH) Total
LAST UPDATED:	06/22/2026


D Vacutainer
ST™ Gel and
ithium Heparin
Units
EF 367962

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Rush Medical Labs

TEST NAME:	Abnormal Quick Profile
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	AQP
CPT CODE:	85210; 85220; 85230; 85260; 85384; 85610; 85730; 85670
TEST INFORMATION:	Includes PT, APTT, Fibrinogen, Thrombin Time, Factors II, V, VII and X
DAYS PERFORMED:	Mon-Sun, 0800-2300;
TURNAROUND TIME:	4 hours for PT, APTT, Fibrinogen and Thrombin Time Factors II, V, VII and X are performed only 1600-2300.
SPECIAL INSTRUCTIONS:	Transport the specimen to Specimen Receiving as soon as possible. Blood should arrive in the Coagulation Laboratory within 4 hours of drawing.
CONTAINER TYPE:	Two Blue top (sodium citrate) tubes (see attached)
COLLECTION:	Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Specimen hemolyzed; Hct >65%; underfilled tube (QNS)
MINIMUM VOLUME:	3 mL blood, 1.5 mL plasma (per tube)
HANDLING INSTRUCTIONS:	Keep refrigerated. Separate plasma and freeze at -70°C if test is not performed promptly. Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	See individual tests. (see attached)
CRITICAL VALUES:	PT >36 seconds APTT >76 seconds Fib <100 mg/dL Plt <50 (1st time) <20 (every time)

POE DESCRIPTION:	ABNORMAL QUICK PROFILE; AQP
TEST SYNONYM(S):	AQP


0.105M
3.2%
4.5ml

Reference Ranges – Table 2

Leukocyte Differential

Automated Differential

Age	Neutrophils		IG		Lymphocytes		Monocytes		Eosinophils		Basophils	
	th/uL	(%)	th/uL	(%)	th/uL	(%)	th/uL	(%)	th/uL	(%)	th/uL	(%)
ult	1.84-7.8	46-78	0.0-0.15	0.0-1.5	0.720-5.200	18-52	0.120-1.000	3-10	.000-0.600	0-6	0-0.300	0-3
ewborn	3.76-23.94	47-63	0.0-0.15	0.0-1.5	2.0-14.06	25-37	0.240-3.800	3-10	0.016-3.800	0.2-10	0.-1.140	0-3
wks-4 yrs.	1.1-6.0	22-40	0.0-0.15	0.0-1.5	2.45-10.95	49-73	0.150-1.500	3-10	0-0.900	0-6	0-0.450	0-3
yrs.	1.55-6.89	31-53	0.0-0.15	0.0-1.5	2.0-7.8	40-60	0.150-1.300	3-10	0-0.780	0-6	0-0.390	0-3
-17 yrs.	2.05-8.04	41-67	0.0-0.15	0.0-1.5	1.35-5.85	27-58	0.150-1.200	3-10	0-0.720	0-6	0-0.360	0-3

Microscopic Differential

Age	Segmented Neutrophils	Band Neutrophils	Meta-myelocytes	Myelocytges	Pro-myelocytes	Lymphocytes	Monocytes	Eosinophils	Basophils	Blasts
	(%)	(%)				(%)	(%)	(%)	(%)	
Adult	36-72	0-6	0	0	0	18-52	3-10	0-6	0-3	0
Newborn	47-57	0-6	0	0	0	25-37	3-10	0.2-10	0-3	0
2 wks-4 yrs.	22-34	0-6	0	0	0	49-73	3-10	0-6	0-3	0
5-10 yrs.	31-47	0-6	0	0	0	40-60	3-10	0-6	0-3	0
11-17 yrs.	41-61	0-6	0	0	0	27-58	3-10	0-6	0-3	0

Rush Medical Labs

TEST NAME:	Abscess Culture, Anaerobic
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C ANAEROBE
CPT CODE:	87075
TEST INFORMATION:	Test includes culture for anaerobic organisms. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Cultures are examined every 48 hours. Preliminary reports are available after 48 hours. Culture reports of no growth will be issued after 5 days. Completion of culture reports may take 7-10 days after receipt of the specimen, depending upon the nature of the microorganisms isolated.
SPECIAL INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimens should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate. The specific anatomic site of the abscess MUST be specified on the requisition with surface and/or deep or surgical abscesses delineated.
CONTAINER TYPE:	**BD ESWAB** - Fluids/tissues may be submitted in a sterile container if transported to the laboratory immediately.
COLLECTION:	The specimen of choice is an aspirate or tissue, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) anaerobes. Ideally, material is obtained by needle aspiration through an intact surface, which has been cleaned with antiseptic, then placed directly into the BBL™Port-A-Cul Transport System. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. Curetting of the base of an open lesion is optimal. If irrigation is necessary, nonbacteriostatic sterile saline may be used. When a syringe is used to obtain the specimen, ALL air should be expelled after which the specimen should be injected into a BBL™
SPECIMEN REQUIREMENTS:	Aspirate, tissue, or other material appropriately obtained for anaerobic culture
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen. Specimens from sites which have anaerobic bacteria as normal flora will routinely be rejected (i.e. vaginal, pharyngeal, etc.).
MINIMUM VOLUME:	0.5 mL aspirate, small piece of tissue, or one swab
HANDLING INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No growth of anaerobic bacteria
LIMITATIONS OF TEST:	A specimen received in anaerobic transport devices is not suitable for routine fungal or mycobacterial cultures. If more than three anaerobic isolates are present, the Bacteroides fragilis group and Clostridium perfringens will be the only isolates identified. Anaerobic susceptibility testing is NOT performed routinely. Should

	susceptibility testing be required, call the laboratory at (312) 942-5452.
METHODOLOGY:	Conventional culture utilizing media specifically formulated for anaerobic isolation.
POE DESCRIPTION:	C ANAEROBE; CU ANAEROBIC
TEST SYNONYM(S):	Anaerobic Culture, Abscess
LAST UPDATE	06/22/2026

Rush Medical Labs

TEST NAME:	Acetaminophen, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ACETM
CPT CODE:	82003
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	Red top tube - 10 mL (see attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL serum)
REFERENCE RANGE:	Therapeutic: 10-30 µg/mL
CRITICAL VALUES:	≥50 µg/mL
POE DESCRIPTION:	ACETOMINOPHEN; TYLENOL; ACETAMIN
TEST SYNONYM(S):	Datril., Paracetamol; Tylenol.
LAST UPDATED:	06/22/2026



Rush Medical Labs

TEST NAME:	Acetylcholine Binding Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ACHBI
CPT CODE:	83519-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Test will not be performed if patient had recent radioactive scan.
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code 206
POE DESCRIPTION:	ACHR BINDING ANTIBODIES; ACHR BIND; ACHR
TEST SYNONYM(S):	AChR Antibodies; Myasthenia Gravis Evaluation
LAST UPDATED:	06/23/2026







Rush Medical Labs

TEST NAME:	Acetylcholine Blocking Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ACHBL
CPT CODE:	83519-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA	Test will not be performed if patient had recent radioactive scan.
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code 34459
POE DESCRIPTION:	ACHR BLOCKING ANTIBODY; ACHR BLOCK
TEST SYNONYM(S):	Myasthenia Gravis Evaluation
LAST UPDATED:	06/14/2017





Rush Medical Labs

TEST NAME:	Acetylcholine Modulating Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ACHMO
CPT CODE:	83519-90
DAYS PERFORMED:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	If patient had recent radioactive scan prior to collection of specimen.
MINIMUM VOLUME:	1.5 mL blood (0.8 mL serum)
REFERENCE RANGE:	Search Test Code 26474
POE DESCRIPTION:	ACHR MODULATING ANTIBODY; ACHR MODUL
TEST SYNONYM(S):	Myasthenia Gravis Evaluation
LAST UPDATED:	09/06/2017





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TEST NAME:	Acetylcholinesterase, Amniotic Fluid
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	ACHE
CPT CODE:	82664-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Include gestational age
CONTAINER TYPE:	Sterile capped plastic tube
SPECIMEN REQUIREMENTS:	3 mL amniotic fluid collected from 14-21 weeks gestation
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	If delayed delivery to the laboratory, refrigerate specimen.
REFERENCE RANGE:	Search Test Code S42485
POE DESCRIPTION:	ACETYLCHOLINESTERASE; ACHE
TEST SYNONYM(S):	AChE, Amniotic Fluid; Amniotic Fluid Acetylcholinesterase; Gel AChE Test; Amniotic Fluid AChE



Rush Medical Labs

TEST NAME:	Acid Phosphatase, Prostatic
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PAP
CPT CODE:	84066-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
HANDLING INSTRUCTIONS:	Avoid hemolysis. Due to the extremely unstable nature of the enzyme, the sample must be delivered to the laboratory immediately after collection.
REFERENCE RANGE:	Test Code 3100
POE DESCRIPTION:	ACID PHOSPHATASE PROSTATIC; PAP(PROSTATIC ACID PHOSPHAT)
TEST SYNONYM(S):	Acid Phos; AcP; Phosphatase, Acid; Prostatic Acid Phosphatase; PAP
LAST UPDATED:	06/23/2026





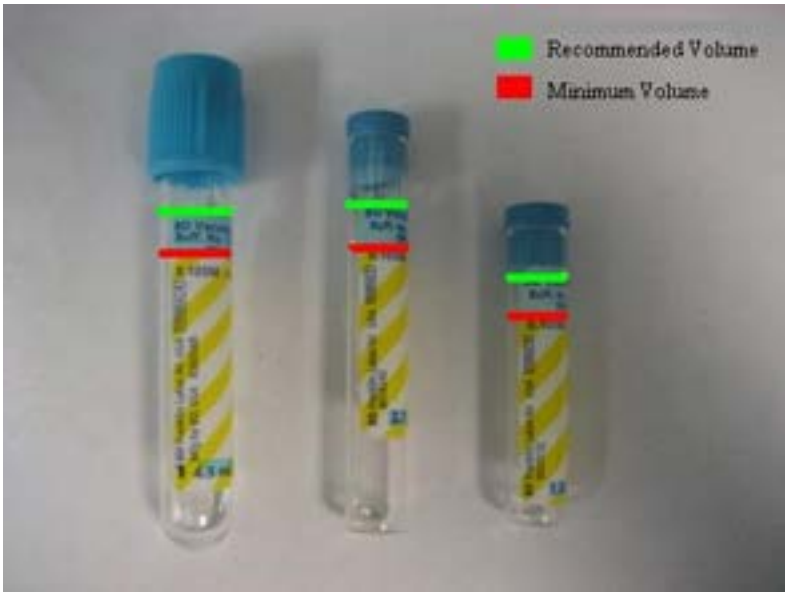
Rush Medical Labs

TEST NAME:	Acid-Fast Stain, Modified for Nocardia
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	SM AFB
CPT CODE:	87026
TEST INFORMATION:	Use to determine the presence or absence of organisms resembling Nocardia species which are generally acid-fast when stained by the modified acid-fast stain. Actinomyces species and Streptomyces species which may be microscopically similar to Nocardia species on Gram stain are not acid-fast with the modified acid-fast stain.
DAYS PERFORMED:	Daily, 0700-1430
TURNAROUND TIME:	Same day if received before 1430
SPECIAL INSTRUCTIONS:	Order or requisition MUST state smear for *Nocardia*. The specific anatomic site of the specimen MUST be specified on the order or requisition.
CONTAINER TYPE:	Sealed sterile container
COLLECTION:	The specimen of choice is an aspirate, tissue, or lower respiratory specimen. Specimens are to be collected from a site prepared utilizing aseptic technique. Swabs should be used as a last resort.
SPECIMEN REQUIREMENTS:	Pus or other purulent fluid material appropriately obtained from a wound; lower respiratory specimen.
REJECTION CRITERIA:	Inappropriate specimen container; insufficient specimen volume.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No acid-fast organisms resembling Nocardia species observed.
LIMITATIONS OF TEST:	*Nocardia* species occasionally do NOT stain acid-fast with the Modified Acid-Fast stain.
METHODOLOGY	Modified Kinyoun stain
ADDITIONAL INFORMATION:	Specimens from lesions suspected of containing *Nocardia* species should also be examined for fungi, mycobacteria, and *Actinomyces* species. Separate specimens should be submitted for Fungus Culture, *Mycobacterium* Culture, and Actinomycosis Special Anaerobic Culture.
POE DESCRIPTION:	SM AFB
TEST SYNONYM(S):	Nocardia, Acid-Fast Stain; Modified Acid-Fast Stain, Nocardia
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

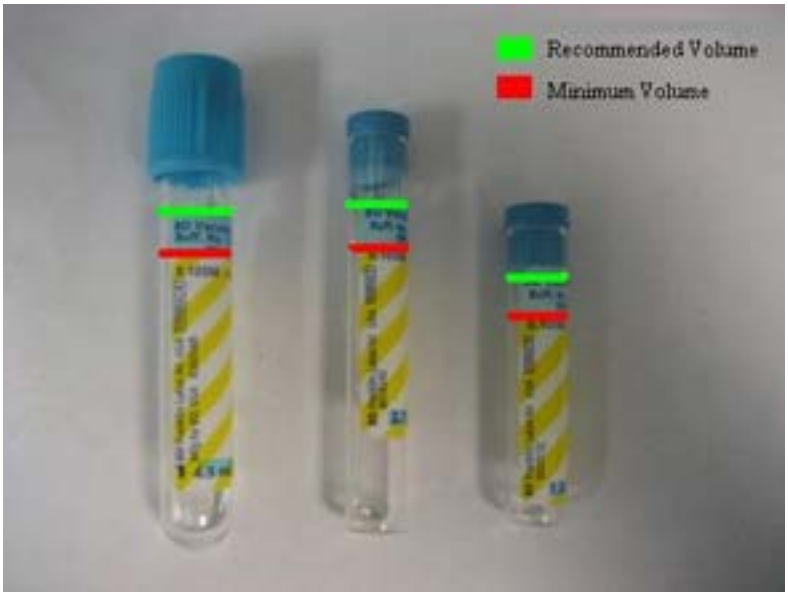
TEST NAME:	Activated Partial Thromboplastin Time Inhibitor
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PTTIN
CPT CODE:	85732 x3, 85703, 85670
TEST INFORMATION:	Includes Thrombin Time to rule out heparin interference.
DAYS PERFORMED:	Daily, second shift
TURNAROUND TIME:	24-72 hours
SPECIAL INSTRUCTIONS:	Transport the specimen to Specimen Receiving as soon as possible. Blood should arrive in the Coagulation Laboratory within 4 hours of drawing.This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Two Blue top (sodium citrate) tubes
COLLECTION:	- Coagulation Specimen
SPECIMEN REQUIREMENTS:	Two 2.7 mL draw light blue top tubes
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	Two 2.7 mL draw blue tops
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	No circulating anticoagulant identified.
POE DESCRIPTION:	APTT INHIBITOR; APTT INH
TEST SYNONYM(S):	Activated Partial Thromboplastin Time Mixing Studies; APTT Inhibitor; APTT Mixing Studies; Inhibitor Screen, APTT; Mixing Studies - APTT
LAST UPDATED:	06/23/2026


Recommended Volume
Minimum Volume

Rush

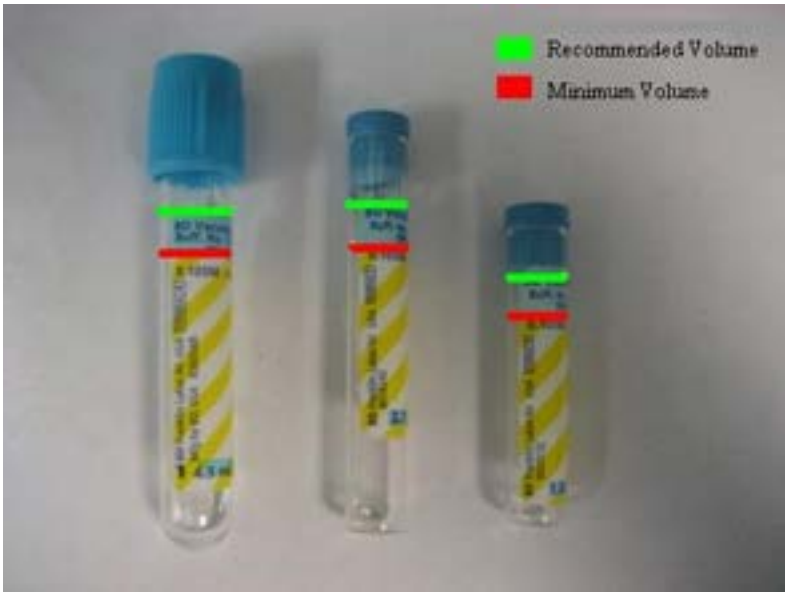
Rush Medical Labs

TEST NAME:	Activated Partial Thromboplastin Time
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	APTT
CPT CODE:	85730
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours. Stat: 1 hour
SPECIAL INSTRUCTIONS:	Transport the specimen to Specimen Receiving as soon as possible. Blood should arrive in the Coagulation Laboratory within 4 hours of drawing. This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	- Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood; 4.5 mL tube or pediatric 1.8 mL or 2.7 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled tube (QNS)
MINIMUM VOLUME:	3.5 mL blood (1.0 mL plasma); pediatric tubes must be fully drawn.
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	23-33 seconds
CRITICAL VALUES:	>100 sec
POE DESCRIPTION:	ACTIVATED PTT; PTT
TEST SYNONYM(S):	APTT; Partial Thromboplastin Time; PTT


Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Activated Protein C Resistance Assay
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	APCR
CPT CODE:	85307-90
CDM NUMBER:	3181008
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed Hct >55%
MINIMUM VOLUME:	3.5 mL blood (0.5 mL citrated platelet poor plasma)
REFERENCE RANGE:	Search Test Code: 22
POE DESCRIPTION:	APC RESIST
TEST SYNONYM(S):	RAPC; APC; APC Resistance
LAST UPDATED:	06/23/2026


Recommended Volume
Minimum Volume

Rush

Rush Medical Labs

TEST NAME:	Acute Leukemia Profile
TESTING LAB:	9;#Molecular Diagnostics/Cellular
LAB / EPIC MNEMONIC:	ACUTE LEUK
CPT CODE:	88180 (x17)
TEST INFORMATION:	METHOD - Immunophenotyping REFLEX TESTING - Depending upon results, further cell surface markers may need to be analyzed. This could include up to 6 additional markers. Cases of B-cell leukemia found by immunophenotyping may be followed up by JH PCR or light chain PCR. Cases of T-cell leukemia may be followed up by T-cell PCR.
DAYS PERFORMED:	Mon-Fri, 0800-1600; weekends and holidays 0800-1630 pm by on-call basis. 85-5329.
TURNAROUND TIME:	1-3 days
SPECIAL INSTRUCTIONS:	Do not refrigerate specimen. Tests require viable lymphocytes. Sample must be in laboratory within 24 hours of collection. Specimen should be submitted with a completed Patient Information Form. Contact the Flow Cytometry Laboratory at 312-942-8393 to obtain a form.
CONTAINER TYPE:	Yellow top (ACD) tube
SPECIMEN REQUIREMENTS:	Blood, bone marrow
MINIMUM VOLUME:	10 mL ACD blood, at least 1 mL ACD bone marrow, hypocellular patients may require extra sample.
REFERENCE RANGE:	Written interpretation is included with report
POE DESCRIPTION:	ACUTE LEUKEMIA PROFILE
TEST SYNONYM(S):	Immunophenotyping; Flow cytometry

RUSH MEDICAL LABORATORIES
MOLECULAR DIAGNOSTICS LABORATORIES
FLOW CYTOMETRY LABORATORY
(312)942-8393

PATIENT INFORMATION FORM

Patient's Name: _____

DOB: _____ **Sex:** _____ **Medical Record #** _____

Physician's Name : _____

Hospital (if outside RPSLH): _____ **phone #** _____

SPECIMEN TYPE:

Bone Marrow Aspirate: ☐ **RPIC** ☐ ☐ **LPIC** ☐ **Peripheral Blood** ☐

Other (Specify): _____

Date & Time Collected: ____/___/____ _____**AM/PM**

SUSPECTED DIAGNOSIS: _____

REASON FOR EVALUATION:

☐ ☐ ☐ **Initial W/U** ☐ **Restage/Monitor** ☐ ☐ **Pre BMT eval** ☐

☐ ☐ ☐ **Suspect change in histology** ☐ ☐ **Other** ☐ _____

PREVIOUS TREATMENT: ☐

☐ ☐ ☐ **Systemic Chemotox** ☐ **Radiotx** ☐ **IFN** ☐ **BMT** ☐

Cytokine (IL'S) ☐ **Antibodies** ☐ **Other** ☐ _____

NAME OF PERSON FILLING OUT THIS FORM: _____ **PHONE #** _____

☐


VACUTAINER
ACD
Solution A



Rush Medical Labs

TEST NAME:	Acute Viral Hepatitis Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	AHP
CPT CODE:	80074; 87341 (HBS AG positives only)
TEST INFORMATION:	The panel includes the following tests: Hepatitis A virus IgM antibody (HAVAB IGM). Hepatitis B core IgM antibody (HBC IGM), Hepatitis B virus surface antigen (HBS AG), and Hepatitis C virus antibody (HCV AB).
DAYS PERFORMED:	Samples accepted daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube or SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No Hepatitis A IgM antigen detected; no Hepatitis B core IgM antibody detected; no Hepatitis B surface antibody detected; no Hepatitits C antibody detected.
METHODOLOGY:	Enzyme immunoassay (EIA); enzyme-linked immunosorbent assay (ELISA).
ADDITIONAL INFORMATION:	Use to screen for HBS AG; detect carrier state. Screen for HBS AB; determine previous Hepatitis B infection and acquired immunity to Hepatitis B virus. Screen for acute Hepatitis B infection, recovery from Hepatitis B infection, or chronic Hepatitis B virus hepatitis. Differentiate diagnosis of acute hepatitis. Click here for more information about viral hepatitis.
TEST SYNONYM(S):	Hepatitis Panel, Viral; AHP
LAST UPDATED:	06/23/2026





Rush

Rush Medical Labs

TEST NAME:	Acylcarnitine Profile, Dried Blood Spots
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ACYLCARNOB
CPT CODE:	82017
TEST INFORMATION:	See OMIM information
TURNAROUND TIME:	one week
CONTAINER TYPE:	PKU card<
SPECIMEN REQUIREMENTS:	PKU card
MINIMUM VOLUME:	Fill at least three spots. Blood can be collected in a green top (heparin) tube and spotted on a PKU card.
POE DESCRIPTION:	Acylcarnitine Profile, dried blood spots

Rush

Rush Medical Labs

TEST NAME:	Acylcarnitine Profile
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ACYL
CPT CODE:	82017-90
TURNAROUND TIME:	one week
CONTAINER TYPE:	Green top (sodium heparin) - 10 mL tube (see attached)
SPECIMEN REQUIREMENTS:	2 mL whole blood (1 mL plasma from green top)
MINIMUM VOLUME:	1.0 mL whole blood (0.2 mL plasma from green top)
REFERENCE RANGE:	Search Test Code S51287
POE DESCRIPTION:	Acylcarnitine Profile
LAST UPDATED:	06/12/2026





Rush Medical Labs

TEST NAME:	ADAMTS13 EVALUATION with Reflex
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AD13E
CPT CODE:	85397-90, 85335-90, 83520-90
CDM NUMBER:	3181572
TEST INFORMATION:	Includes Reflex testing if needed (inhibitor, antibody)
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	- Coagulation Specimens
SPECIMEN REQUIREMENTS:	Two blue top (2.7 mL draw) (2.0 mL citrated platelet)
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled tube (QNS)
MINIMUM VOLUME:	One 2.7 mL blue top (0.9 mL plasma)
REFERENCE RANGE:	- Search Test Code 1295
TEST SYNONYM(S):	Von Willebrand Cleaving Protease Activity; VW CLEAV; VWF Cleaving Protease Activity; ADAMTS13 EVALUATION
LAST UPDATED:	06/23/2026


BD Franklin Lakes NJ USA
8019827
2.7 mL
REF 363083

Rush

Rush Medical Labs

TEST NAME:	Adenosine Deaminase, Pleural Fluid
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ADPLF
CPT CODE:	84311, N-FDA
TEST INFORMATION	An elevated level of adenosine deaminase (AD) in human serum, plasma, or select body fluids is used as surrogate marker for inflammation or infectious disease.
DAYS PERFORMED:	Mon-Fri
SPECIMEN REQUIREMENTS:	0.5 mL pleural fluid
REFERENCE RANGE:	Test Code 17696
METHODOLOGY:	Kinetic Spectrophotometric
REFERRAL LABORATORY:	
ADDITIONAL INFORMATION:	
LAST UPDATED:	06/23/2026

Rush Medical Labs

TEST NAME:	Adrenal Total Autoantibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ADRAB
CPT CODE:	86255-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 1130
TEST SYNONYM(S):	Adrenal Total Autoantibodies
LAST UPDATED:	06/23/2026





Rush

Rush Medical Labs

TEST NAME:	Adrenocorticotropic Hormone
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ACTH
CPT CODE:	82024-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL(on ice)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL EDTA plasma)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL EDTA plasma)
REFERENCE RANGE:	- Search Test Code 3102
POE DESCRIPTION:	ADRENOCORTICOTROPIC HORMONE; ACTH
TEST SYNONYM(S):	ACTH; Adrenal Corticotropin; Corticotropin


BD Vacutainer
EDTA 10.8
367863



Rush Medical Labs

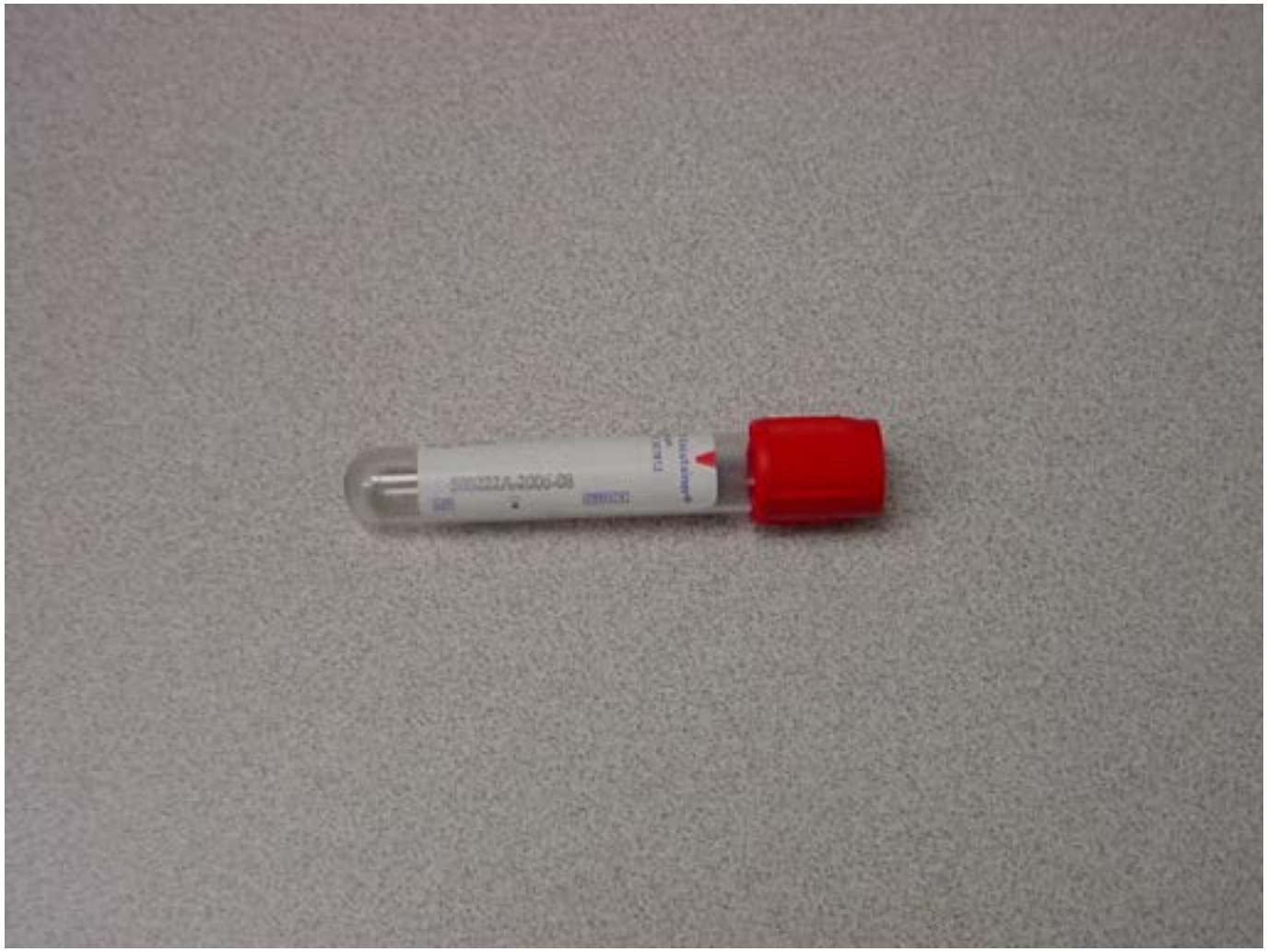
TEST NAME:	Aerobic Culture; with Gram Stain
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXAE; CXAES
CONTAINER TYPE:	Sealed sterile container w/no preservative
LAST UPDATED:	08/03/2018



Rush Medical Labs

TEST NAME:	Albumin, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FALB
CPT CODE:	82042
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID ALBUMIN
TEST SYNONYM(S):	Fluid Albumin
LAST UPDATED:	06/23/2026






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Albumin, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ALB
CPT CODE:	82040
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	0-3 years: 2.9-5.5 g/dL, 3 years to adult: 3.5-5.0 g/dL
POE DESCRIPTION:	ALBUMIN
LAST UPDATED:	06/23/2026


BD Vacutainer
REF 367962
4.5
mL



Rush Medical Labs

TEST NAME:	Albumin/Globulin Ratio
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	A/G
CPT CODE:	84165
TEST INFORMATION:	Test includes total protein, albumin, calculated globulin and calculated A/G ratio.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL serum)
REFERENCE RANGE:	1.2-1.8; high ratio is usually clinically insignificant.
POE DESCRIPTION:	ALBUMIN GLOBULIN RATIO; A/G RATIO
TEST SYNONYM(S):	A/G Ratio



Rush

Rush Medical Labs

TEST NAME:	Aldolase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ALDLA
CPT CODE:	82085-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code 1392
POE DESCRIPTION:	ALDOLASE
LAST UPDATED:	06/23/2026







Rush Medical Labs

TEST NAME:	Aldosterone, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ALDO
CPT CODE	82088-90
TEST INFORMATION:	All ages
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	2.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code 17181
POE DESCRIPTION:	ALDOSTERONE; ALDOST
LAST UPDATED:	06/23/2026



Rush

Rush Medical Labs

TEST NAME:	Aldosterone, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UALDO
CPT CODE:	82088-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Requires a 24-hour urine collection
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #3(containing 10 gm boric acid)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Entire collection
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	Search Test Code 3104U
POE DESCRIPTION:	URT ALDOSTERONE; U/ALDO
TEST SYNONYM(S):	Urine Aldosterone
LAST UPDATED:	06/23/2026


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE #
OF
(RECORD TOTAL NUMBER
TESTS REQUESTED:
COLLECTION TIME:
(From):
BOTTLE TYPE
3
PRESERVATIVE
10g Boric Acid
FOR COLLECTION OF:
17 - Hydroxycorticosteroids
17 - Ketosteroids
Aldosterone
Cortisol
Citrate
Heavy Metals (Arsenic, Lead,
Mercury

Rush Medical Labs

TEST NAME:	Alkaline Phosphatase Isoenzymes
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	APISO
CPT CODE:	84080-90, 84075-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code 3996
POE DESCRIPTION:	ALKALINE PHOSPHATASE ISOENZYME
TEST SYNONYM(S):	Alk Phos Isoenzymes; Fractionated Alk Phos
LAST UPDATED:	06/23/2026





Rush

Rush Medical Labs

TEST NAME:	Alkaline Phosphatase, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ALP
CPT CODE:	84075
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	0-15 years: 80-250 units/L; 15 years and older: 30-125 units/L
POE DESCRIPTION:	ALKALINE PHOSPHATASE; ALK PHOS; AP(ALK PHOS)
TEST SYNONYM(S):	AlkP; Alk Phos; Phosphatase, Alkaline
LAST UPDATED:	06/23/2026


D Vacutainer
ST™ Gel and
ithium Heparin
Units
EF 367962

Rush

Rush Medical Labs

TEST NAME:	Allergic Bronchopulmonary Aspergillosis
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ABPA
CPT CODE:	86606(x2), 82785, 86331
TEST INFORMATION:	Refer to: ABPA Profile
TURNAROUND TIME:	2-3 weeks
SPECIAL INSTRUCTIONS:	Patient's information form must accompany specimen. Contact Core Laboratory to obtain form.
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	10 mL blood (5.0 mL serum)
MINIMUM VOLUME:	8 mL blood (4.0 mL serum)
REFERENCE RANGE:	Interpretation included with test results
POE DESCRIPTION:	ABPA
TEST SYNONYM(S):	ABPA Profile



Rush Medical Labs

TEST NAME:	Almond (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ALMND
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code 2820
POE DESCRIPTION:	Almond allergen
LAST UPDATED:	06/23/2026





Rush

Rush Medical Labs

TEST NAME:	Alpha1-Antitrypsin Phenotyping
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	A1ATP
CPT CODE:	82104-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 1514
POE DESCRIPTION:	ALPHA1 ANTITRYPSIN PHENO; A1AT PHENO
TEST SYNONYM(S):	Pi Phenotype; Pi Typing; A1AT Phenotype
LAST UPDATED:	06/23/2026





Rush

Rush Medical Labs

TEST NAME:	Alpha-1-Antitrypsin, Stool
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QA1AT
CPT CODE:	82103-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Random stool; 5 grams
MINIMUM VOLUME:	5 grams of stool
REFERENCE RANGE:	See Mayo Clinic - Search Test Code: A1AF
POE DESCRIPTION:	Alpha-1-Antitrypsin, Stool
TEST SYNONYM(S):	A1AT, Stool
LAST UPDATED:	06/23/2026


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Alpha1-Antitrypsin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	A1ATP
CPT CODE:	82103-90
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 4 mL and SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Gross hemolysis, Grossly lipemic
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	- Search Test Code 1513
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	ALPHA1 ANTITRYPSIN; A1AT
TEST SYNONYM(S):	A1AT, serum; AAT; Acute Phase Protein
LAST UPDATED:	06/23/2026





Rush

Rush Medical Labs

TEST NAME:	Alpha1-Fetoprotein, Amniotic Fluid
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	AFPAM
CPT CODE:	82106-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Provide patient's date of birth, completed weeks of gestation, and number of fetuses. Optimal screening gestational age is 16-18 weeks. Ranges exist for gestational ages between 14 and 21 weeks. AFP test request forms contain important patient information needed to calculate test results. A legible request form must accompany the specimen to the laboratory. Note: Maternal serum specimens must be drawn prior to amniocentesis.
CONTAINER TYPE:	Sterile tube for amniotic fluid
SPECIMEN REQUIREMENTS:	3.0 mL amniotic fluid
MINIMUM VOLUME:	1.5 mL amniotic fluid
HANDLING INSTRUCTIONS:	DO NOT FREEZE.
REFERENCE RANGE:	- Search Test Code 3111
POE DESCRIPTION:	ALPHA FETOPROTEIN AMNIOTIC or AFP-AM FLD
TEST SYNONYM(S):	AFP-AM FLD; Amniotic Fluid AFP
LAST UPDATED:	06/23/2026



Rush

Rush Medical Labs

TEST NAME:	Alpha1-Fetoprotein, Blood
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	AFP TUMOR
CPT CODE:	82105
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	2 mL blood (0.5 mL plasma)
REFERENCE RANGE:	Adult: ≤10 ng/mL
METHODOLOGY:	CMIA (Chemiluminescent Microparticle Immunoassay)
POE DESCRIPTION:	ALPHA FETOPROTEIN TUMOR or AFP TUMOR
TEST SYNONYM(S):	AFP Tumor Marker
LAST UPDATED:	06/23/2026


BD Vacutainer
SST™ Gel and
Lithium Heparin
8 Units
REF 367962
4.5
mL

Rush Medical Labs

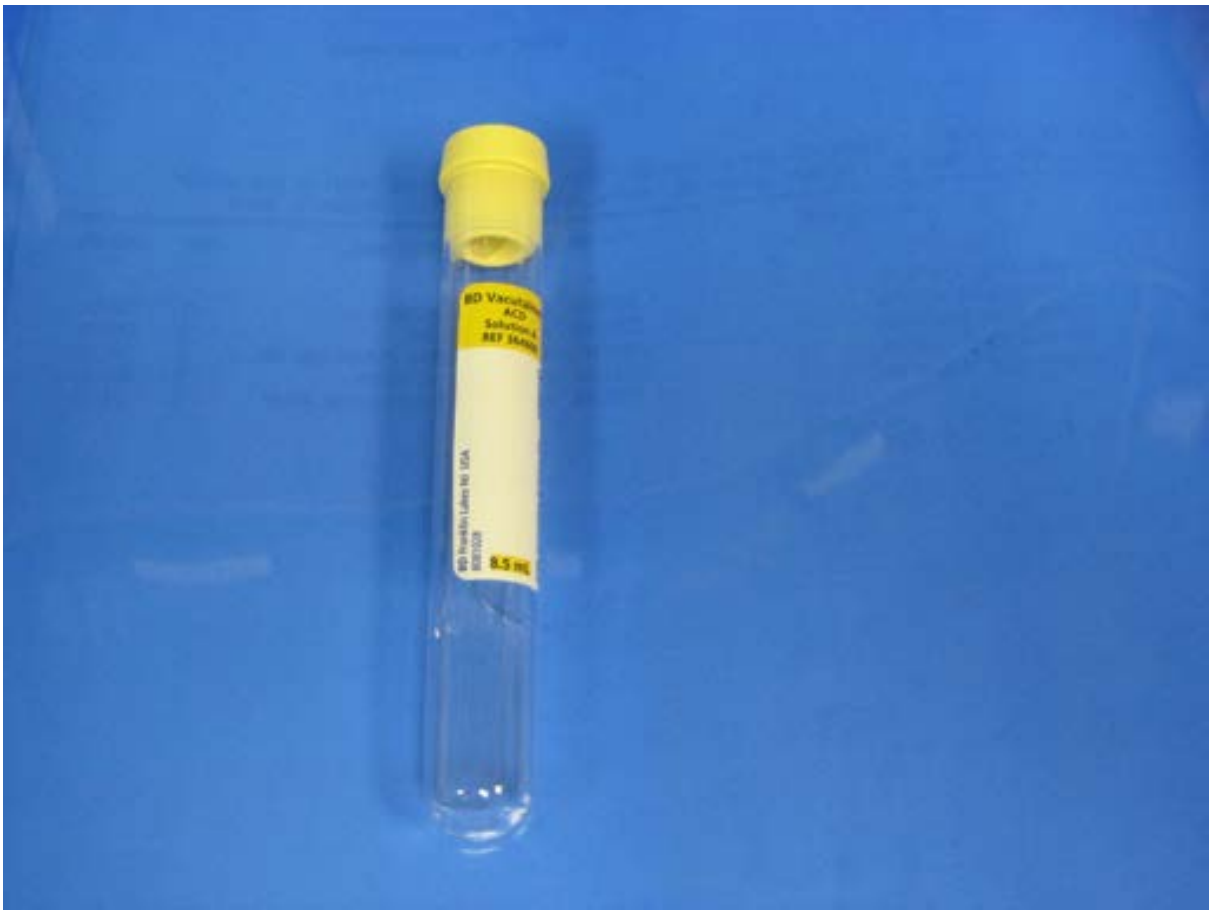
TEST NAME:	Alpha2-Macroglobulin
TESTING LAB:	9;#Molecular Diagnostics/Cellular
LAB / EPIC MNEMONIC:	A2MAC
CPT CODE:	83883-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Specimen hemolyzed; Hct >65%
MINIMUM VOLUME	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code S51641
POE DESCRIPTION:	ALPHA2 MACROGLOBULIN; ALPHA2 MACRO
TEST SYNONYM(S):	A2M; Acute Phase Protein
LAST UPDATED:	06/23/2026





Rush Medical Labs

TEST NAME:	Alpha-Galactosidase, Leukocytes
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	AGA
CPT CODE:	82657-90
TURNAROUND TIME:	5-7 working
CONTAINER TYPE:	Yellow top (ACD) tube A or B
COLLECTION:	Draw Monday through Thursday only. Sample must arrive at Mayo Labs within 72 hours of draw.
SPECIMEN REQUIREMENTS:	7.0 mL whole blood
REJECTION CRITERIA:	Gross hemolysis
MINIMUM VOLUME:	6.0 mL whole blood
REFERENCE RANGE:	Test Code 8785
TEST SYNONYM(S):	Anderson Fabry Disease; AGA; Alpha-Galactosidase A; Ceramide Trihexosidase; GLA Deficiency
LAST UPDATED:	06/23/2026


BD Vacutainer
ACD
Solution A
REF 364606
8.5 mL

Rush

Rush Medical Labs

TEST NAME:	Alpha-Galactosidase, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AGAS/Useful for Fabry disease diagnosis in males
CPT CODE:	82657
TURNAROUND TIME:	15 days
CONTAINER TYPE:	Red top tube or SST tube (see attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL Serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Mayo Lab - Test Code AGAS
METHODOLOGY:	Fluorometric
REFERRAL LABORATORY:	
ADDITIONAL INFORMATION:	
LAST UPDATED:	06/23/2026





Rush

Rush Medical Labs

TEST NAME:	Alternaria tenius (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	A TENIUS
CPT CODE:	86003-90
TEST INFORMATION:	Mold Allergen. Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	- Search Test Code M6
POE DESCRIPTION:	Alternaria tenius Allergen

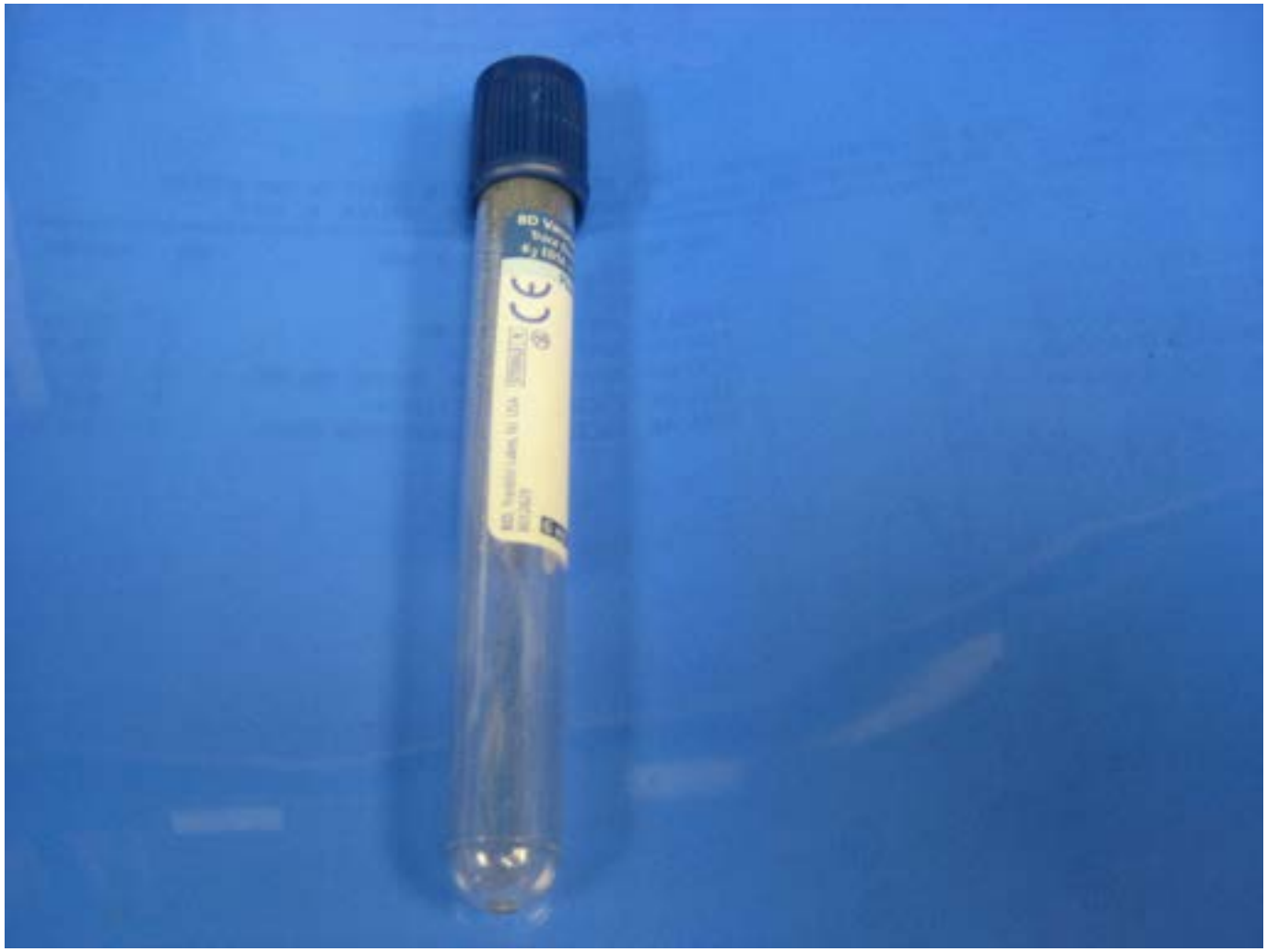






Rush Medical Labs

TEST NAME:	Aluminum, blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ALMN
CPT CODE:	82108-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Navy blue EDTA tube - 6 ml
SPECIMEN REQUIREMENTS:	2 mL EDTA whole blood
MINIMUM VOLUME:	1.0 mL EDTA whole blood
REFERENCE RANGE:	- Search Test Code 4862W
POE DESCRIPTION:	ALUMINUM; ALUM
TEST SYNONYM(S):	Al, Blood
LAST UPDATED:	06/23/2026



Rush Medical Labs

TEST NAME:	Amikacin (Pre, Post & Random)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AMIKT; AMIKP; AMIKR
CPT CODE:	80150
TEST INFORMATION:	Draw Pre just prior to next dose; Draw Post - at end of 60 min IV infusion **or** 30 minutes after the end of 30 minutes IV infusion **or** 60 minutes after IM dose.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 5-7 working days Stat: 4-6 hours
SPECIAL INSTRUCTIONS:	Requisition must be marked random, pre- or postdose; include date and time specimen drawn. Indicate specimen type if not blood.
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Specimen collection time not recorded on requisition; no SST tubes
MINIMUM VOLUME:	0.4 mL blood (0.2 mL serum)
REFERENCE RANGE:	PRE: See Quest Diagnostics - Search Test Code 8583 POST: See Quest Diagnostics - Search Test Code 8584 RANDOM: See Quest Diagnostics - Search Test Code 236
CRITICAL VALUES:	≥35 µg/mL
POE DESCRIPTION:	AMIKACIN POST DOSE; AMIK POST AMIKACIN PRE DOSE; AMIK PRE AMIKACIN RANDOM LEVEL; AMIK RND
TEST SYNONYM(S):	Amikin.; Amikacin, Post; Amikacin, Pre; Amikacin, Random
LAST UPDATED:	06/23/2026



Rush

Rush Medical Labs

TEST NAME:	Amino Acid, Quantitative, Blood
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	AA QT
CPT CODE:	82139
DAYS PERFORMED:	Mon-Fri
TURNAROUND TIME:	5 days
SPECIAL INSTRUCTIONS:	Include age of patient.
CONTAINER TYPE:	Green top (sodium heparin) - 10 mL tube
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Refrigerate
REFERENCE RANGE:	Provided with patient report. Age dependent
POE DESCRIPTION:	AMINO ACID QUANTITATIVE BL; AA QT
TEST SYNONYM(S):	Blood Amino Acid, Quantitative; Plasma Amino Acids; Quantitative Amino Acids, Plasma



Rush

Rush Medical Labs

TEST NAME:	Amino Acid, Quantitative, Urine
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	U/AA QT
CPT CODE:	82139
DAYS PERFORMED:	Mon-Fri
TURNAROUND TIME:	5 days
SPECIAL INSTRUCTIONS:	Include age of patient.
CONTAINER TYPE:	Chemically clean urine collection bottle
SPECIMEN REQUIREMENTS:	24-hour or random urine
MINIMUM VOLUME:	10 mL, indicate total volume (mL)/24 hours
HANDLING INSTRUCTIONS:	Refrigerate or freeze.
REFERENCE RANGE:	Provided with patient report. Age dependent.
TEST SYNONYM(S):	Quantitative Amino Acids, Urine; Urine Amino Acids

Rush

Rush Medical Labs

TEST NAME:	Amiodarone
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AMIOD
CPT CODE:	82492-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable.
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	- Search Test Code 4147
POE DESCRIPTION:	AMIODARONE; AMIOD
TEST SYNONYM(S):	Cordarone





Rush Medical Labs

TEST NAME:	Amitriptyline
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AMITI
CPT CODE:	80335-90
TEST INFORMATION:	Includes nortriptyline
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	3.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code 4914
POE DESCRIPTION:	AMITRIPTYLINE
TEST SYNONYM(S):	Elavil.; Endep.; Etrafon.; Triavil.
LAST UPDATED:	06/23/2026



Rush

Rush Medical Labs

TEST NAME:	Ammonia, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	NH3
CPT CODE:	82140
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Caution: Blood ammonia increases rapidly at room temperature. When specimens are collected at a remote site, results may be elevated due to delay in testing. This test cannot be added onto an existing sample.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	Blood (plasma)
REJECTION CRITERIA:	Specimen not delivered on ice immediately after collection.
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
HANDLING INSTRUCTIONS:	Specimen must be placed on ice and transported to the laboratory immediately after collection.
REFERENCE RANGE:	Male: 65-107 µg/dL; female: 58-94 µg/dL
TEST SYNONYM(S):	Blood Ammonia, Blood NH3; NH3; NH4
LAST UPDATED:	07/10/2023


BD Vacutainer
EDTA 10.8
REF 367863

Rush

Rush Medical Labs

TEST NAME:	Amphetamine/Methamphetamine, Qualitative
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/DS
CPT CODE:	82145
TEST INFORMATION:	This test is part of urine drug screen, and is not available as a separate test. The urine drug screen for the amphetamine group is subject to occasional false positive results from non-prescription sympathomimetric amines (e.g., pseudoephedrine, phenylpropanolamine). If this laboratory obtains a positive amphetamine result, the requesting physician will be asked to decide if the specimen should be sent out for confirmation by gas chromatography-mass spectrometry.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine 4 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Do not use results for medicolegal purposes. For medicolegal purposes, specimens should be collected using chain-of-custody precautions and screening results should be confirmed using gas chromatography/mass spectrometry. Chain-of-custody and confirmation are not part of the urine drug screen and are not provided by this laboratory.
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	1.0 mL random urine
MINIMUM VOLUME:	0.5 mL random urine
REFERENCE RANGE:	None detected
METHODOLOGY:	FPIA (Fluorescence Polarization Immunoassay)


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Amplified Nucleic Acid CT/GC
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	PRB CHL/GC
CPT CODE:	87491, 87591
CDM NUMBER:	3421089
TEST INFORMATION:	The Aptima Combo 2 Assay is a target amplification nucleic acid probe test for the detection of rRNA from Chlamydia trachomatis and/or Neisseria gonorrhoeae.
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	24-72 hours
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or requisition. **Additional Collection Information:** Urine: Collection for male and female Patient should not have urinated for 1 hour prior to specimen collection. Direct patient to provide approximately 20 - 30 ml of initial stream into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Female patients should NOT cleanse labial area prior to providing specimen. Remove cap from Aptima urine transport tube and transfer 2 ml of urine into urine specimen transport tube using disposable pipette provided. The correct volume of urine has been added when fluid level is between black fill lines on urine specimen transport tube label. Re-cap urine specimen transport tube tightly. Alternatively, urine specimens still in the primary collection container may be submitted to the laboratory within 24 hours of collection.
CONTAINER TYPE:	1 unisex swab (for endocervical or urethral) in Gen-Probe Aptima transport medium; preservative free urine in cup or 2ml of urine added to Aptima urine transport medium
COLLECTION:	Endocervical: Remove excess mucus from the cervical os and surrounding mucosa using cleaning swab (white shaft swab). Discard the swab. Insert the specimen collection (blue shaft) swab into the endocervical canal. Rotate the swab for 10 -30 seconds to ensure adequate sampling. Withdraw the swab carefully to avoid any contact with the vaginal mucosa. Insert the swab into the Aptima transport medium. Break off the swab shaft to fit the tube, then cap the tube, tightly. Urethra: Patients should not have urinated for 1 hour prior to sample collection. Collect the urethral exudate or insert the swab from the collection kit 2- 4 cm into the urethra. Rotate the swab gently using sufficient pressure to ensure the swab comes in to contact with all urethral surfaces. Allow the swab to remain inserted for 2-3 seconds. Withdraw swab and insert into Aptima transport medium. Break off

	the swab shaft to fit the tube, then cap the tube. **See SPECIAL INSTRUCTIONS and ADDITIONAL INFORMATION for urine.**
SPECIMEN REQUIREMENTS:	Endocervical, or urethral swab; urine
REJECTION CRITERIA:	Improper collection and/or transport of specimen (ie. Gen-Probe Aptima collection kit and/or transport medium not used); more than one swab submitted in transport container; specimens from sites other than endocervix, urethra, or urine; insufficent quantity of specimen; Gen-Probe Aptima urine tube over or underfilled.
MINIMUM VOLUME:	One (blue) swab in Aptima Gen-Probe transport medium 20 -30 mL urine in sterile urine cup 2 ml urine added to Aptima urine transport tube
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible.¿ When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No *Neisseria gonorrhoeae* or *Chlamydia trachomatis* detected.
LIMITATIONS OF TEST:	A negative urine result for Neisseria gonorrhoeae from a female patient has a lower sensitivity than does an endocervical or vaginal swab result (91.3 % for urine, versus 99.3 % for endocervical swabs) (Gaydos CA et al. Journal Clinical Microbiology, 2003; 41:304-9). Results obtained by nucleic acid amplification probe testing should not be used for medicolegal purposes. Neisseria gonorrhoeae or Chlamydia trachomatis cultures must be performed in such cases.
METHODOLOGY:	Transcription Mediated Amplification and non isotopic nucleic acid probe testing
ADDITIONAL INFORMATION:	Patients in whom Neisseria gonorrhoeae or Chlamydia trachomatis is detected are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	Amplified Probe Chlm and GC
TEST SYNONYM(S):	PCR, TMA or Amplification for Chlamydia trachomatis or Neisseria gonorrhoeae; Gen-Probe for Neisseria gonorrhoeae or Chlamydia trachomatis; DNA Probe for Neisseria gonorrhoeae or Chlamydia trachomatis; Gonorrhoeae by DNA Probe; Chlamydia by DNA Probe
LAST UPDATED:	07/03/2013


2.9 mL
GEN-PROBE®
APTIMA®
Swab Specimen Transport Tube

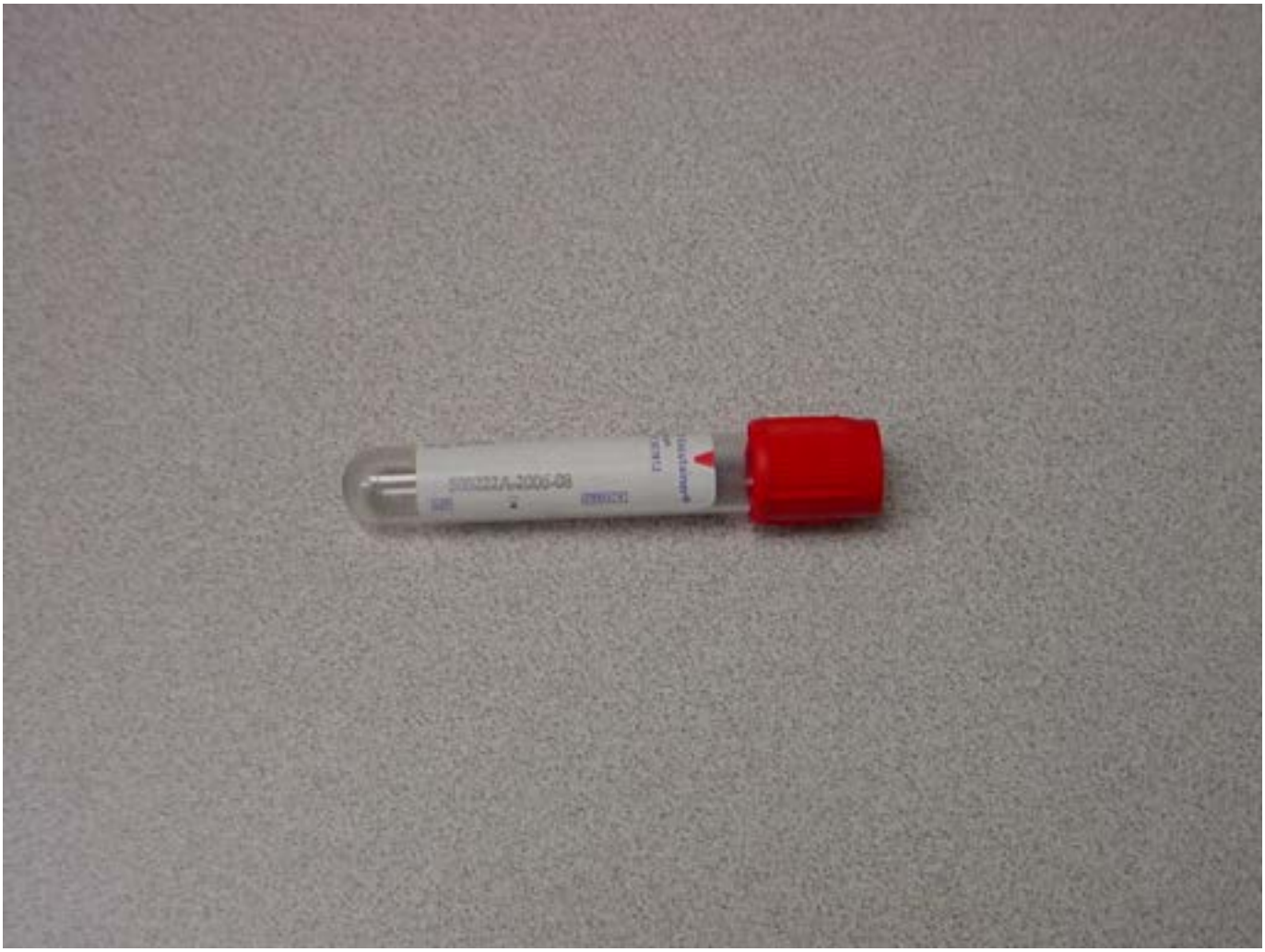

2.0 mL
Fill Area
GEN-PROBE®
APTIMA®



Rush Medical Labs

TEST NAME:	Amylase, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FAMY
CPT CODE:	82150
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID AMYLASE
TEST SYNONYM(S):	Fluid Amylase
LAST UPDATED:	08/03/2018






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Amylase, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	AMY
CPT CODE:	82150
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	25-100 units/L
POE DESCRIPTION:	AMYLASE; AMY
LAST UPDATED:	06/23/2026


BD Vacutainer
IST™ Gel and
Lithium Heparin
Units
REF 367962
5
mL

Rush Medical Labs

TEST NAME:	Amylase, Quantitative Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UAMYR (random urine); UAMY (24-hour urine)
CPT CODE:	Random = 82150; Timed = 82150, 81050
TEST INFORMATION:	To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS	For timed urine collection, instruct patient to void at the beginning of collection period and discard the specimen. Collect all urine including final specimen voided at the end of collection period. Containers must be labeled with the patient's full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL Timed urine: Submit entire collection to the laboratory
HANDLING INSTRUCTIONS:	Keep urine refrigerated during collection.
REFERENCE RANGE:	Random urine: None established Timed urine: 35-560 IU/24 hours
POE DESCRIPTION:	Urine Amylase Random; Urine Amylase Timed
TEST SYNONYM(S):	Urine Amylase
LAST UPDATED:	06/23/2026


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase,
Cystine, Delta ALA,
Immunoelectrophoresis,
Acid, Microalbumin,
Porphobilinogen, Porphyrins,
Electrophoresis, Sodium, Urea

Rush

Rush Medical Labs

TEST NAME:	Amylase/Creatinine Clearance Ratio
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/AM/CRCLR
CPT CODE:	82150; 82150; 82565; 82570
TEST INFORMATION:	Test includes: serum amylase, urine amylase, serum creatinine, urine creatinine, amylase/creatinine clearance ratio
DAYS PERFORMED:	Daily on first shift
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	Blood amylase and creatinine should be ordered and sent to the laboratory during urine collection. Failure to send blood amylase and creatinine is cause for rejection. For timed urine collection, instruct patient to void at the beginning of collection period and discard the specimen. Collect all urine including final specimen voided at the end of the collection period.
CONTAINER TYPE:	SST tube; plastic 24-hour urine container, no preservative (Chemistry bottle #1) or random Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Blood (serum) and timed or random urine
MINIMUM VOLUME:	4 mL blood (2 mL serum); submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep urine refrigerated during collection.
REFERENCE RANGE:	0.7-3.5
POE DESCRIPTION:	AMY CREAT RATIO; URT AMYLASE CREATINE CLEAR RAT; U/AM/CRCLR
TEST SYNONYM(S):	Amylase/Creatinine Clearance




RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TEST(S) REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
3
PRESERVATIVE
10g Boric Acid
FOR COLLECTION OF:
17 - Hydroxycorticosteroids
17 - Ketosteroids
Aldosterone
Cortisol
Citrate
Heavy Metals (Arsenic, Lead,
Mercury


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Amylase/Creatinine Ratio, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/AM/CR/RA
CPT CODE:	82150; 82570
TEST INFORMATION:	Test includes urine creatinine, urine amylase, amylase/creatinine ratio.
DAYS PERFORMED:	Daily on first shift
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	For a timed urine collection, instruct patient to void at the beginning of collection period and discard the specimen. Collect all urine including final specimen voided at the end of the collection period.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (no preservative)
SPECIMEN REQUIREMENTS:	24-hour or random urine.
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep urine refrigerated during collection.
REFERENCE RANGE:	70-700 units of amylase/g creatinine
POE DESCRIPTION:	URT AMYLASE CREATINE RATIO; U/AM/CR/RA
TEST SYNONYM(S):	Amylase/Creatinine Clearance

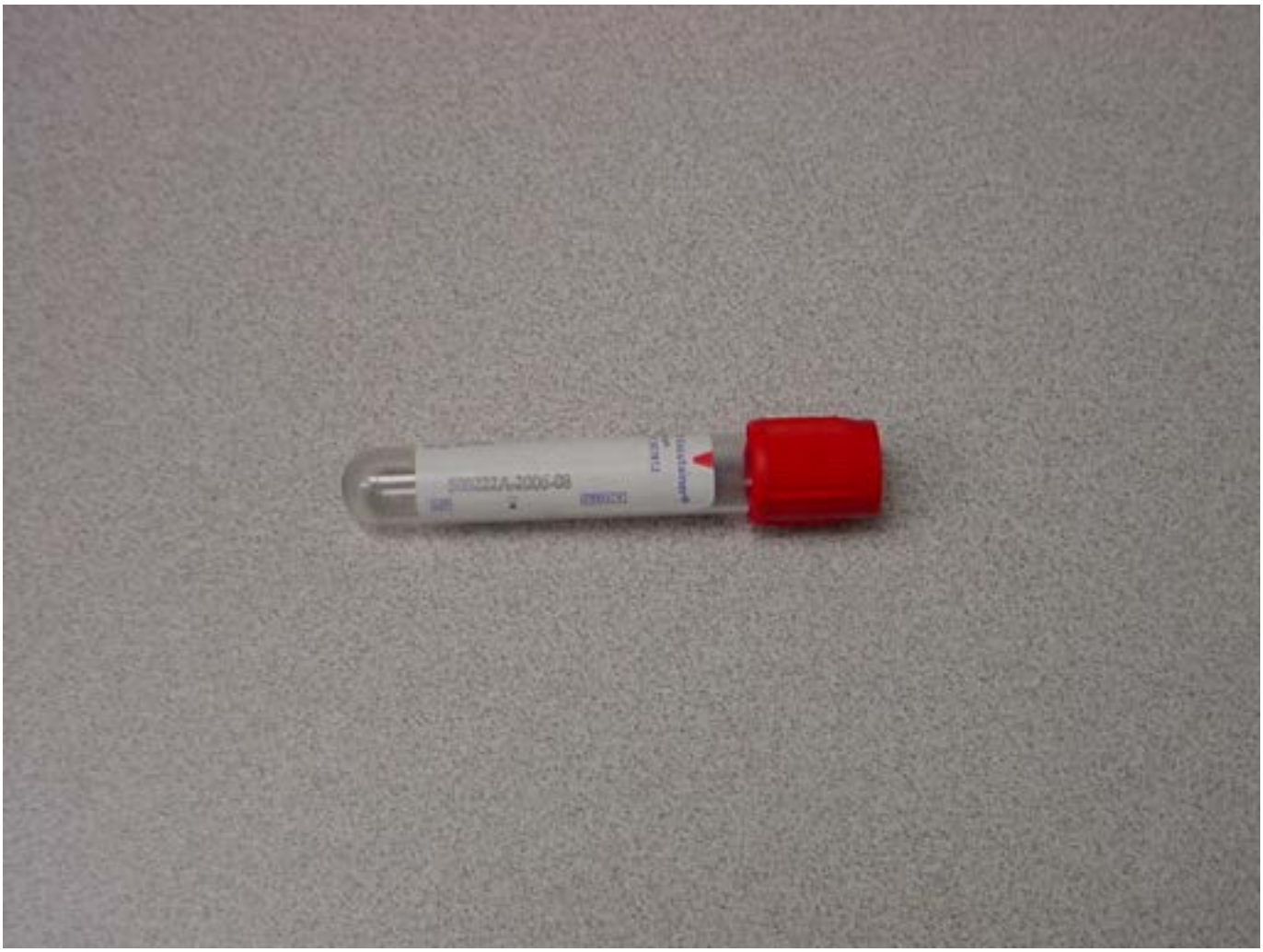

RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase, Calcu
Cystine, Delta ALA, Glucos
Immunoelectrophoresis, Lactos
Acid, Microalbumin, Mucopro
Porphobilinogen, Porphyrins, P
Electrophoresis, Sodium, Urea

Rush

Rush Medical Labs

TEST NAME:	ANA Screen - Antinuclear Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ANASC
CPT CODE:	86038
TEST INFORMATION:	If ANA screen is positive, reflexing testing is done: ANA-IFA, DNA, ENA, SSAB
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
REJECTION CRITERIA:	Hemolysis, gross contamination, icteric, lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	NEGATIVE
TEST SYNONYM(S):	ANA EIA; Antinuclear Antibody by Enzyme Immunoassay
LAST UPDATED:	11/30/2017





Rush Medical Labs

TEST NAME:	Anaerobic Culture including Actinomycosis
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXAN
CPT CODE:	87075
TEST INFORMATION:	Test includes culture for anaerobic organisms and in particular Actinomyces species, as well as, macroscopic and microscopic examination for sulfur granules. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Cultures are examined every 48 hours. Preliminary reports available after 48 hours. Culture reports of no growth will be issued after 10 days. Completion of culture reports may take 10-12 days after receipt of the specimen, depending upon the nature of the microorganisms isolated.
SPECIAL INSTRUCTIONS:	Order or requisition MUST state that the culture is being performed to rule out the presence of *Actinomyces* species. It is recommended that the Clinical Microbiology Laboratory be notified at (312)942-5452 prior to specimen submission. Avoid exposure to atmospheric oxygen. Specimens should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate. The specific anatomic site of the culture MUST be specified on the order or the requisition. Distinguish between surface and deep or surgical specimens.
CONTAINER TYPE:	**BD ESWAB**; sealed sterile container , no preservative.
COLLECTION:	The specimen of choice is an aspirate or tissue, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) anaerobes. Ideally, material is obtained by needle aspiration through an intact surface, which has been cleaned with antiseptic, then placed directly into the BBL™ Port-A-Cul Transport System. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. Curetting of the base of an open lesion is optimal. If irrigation is necessary, nonbacteriostatic sterile saline may be used. When a syringe is used to obtain the specimen, ALL air should be expelled after which the specimen should be injected into a BBL™ Port-A-Cul Transport System. Swabs should be used as a last resort due to the small volume of specimen obtainable by this method. If a swab must be used, sample the advancing margin of the lesion and abscess walls firmly. Do NOT sample pus or exudate ONLY. Insert the swab containing the sample about 1 cm from the bottom of the transport tube. Break off the swab shaft and secure the lid tightly. Contamination with normal flora from skin or other body sources MUST be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	Aspirate, tissue, body fluid, draining sinus tract, or other material appropriately obtained for anaerobic culture.

REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen. Specimens from sites which have anaerobic bacteria as normal flora will routinely be rejected.
MINIMUM VOLUME:	Varies depending upon the body site. One swab in BBL™ Port-A-Cul Transport System; 0.5-5 ml pus from aspirated site, small piece of tissue, 0.5-10 ml fluid, sterile gauze which has been collecting wound drainage
HANDLING INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No growth of *Actinomyces* species or anaerobic bacteria
LIMITATIONS OF TEST:	A specimen received in anaerobic transport devices is not suitable for routine fungal or mycobacterial cultures. If more than three anaerobic isolates are present, the *Bacteroides fragilis* group, *Clostridium perfringens*, and *Actinomyces* species will be the only isolates identified. Anaerobic susceptibility testing is NOT performed routinely. Should susceptibility testing be required, call the Clinical Microbiology laboratory at (312)942-5452.
METHODOLOGY:	Conventional culture utilizing media specifically formulated for anaerobic isolation.
POE DESCRIPTION:	CXAN
TEST SYNONYM(S):	Actinomycosis; Anaerobic Culture, Actinomycosis
LAST UPDATED:	08/03/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	ANCA Screen w/ MPO & PR3, w/ Reflex to ANCA Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PANCA
CPT CODE:	86021 x3
TEST INFORMATION:	Testing for anti-neutrophil cytoplasmic antibodies (P-ANCA and/or C-ANCA) has been found to be useful in establishing the diagnosis of suspected vascular diseases, inflammatory bowel disease, as well as other autoimmune diseases. Test code 70159.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2mL serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	2 mL blood (1 mL serum)
REFERENCE RANGE:	
POE DESCRIPTION:	ANTINEUTROPHIL CYTOPLASMIC AB; ANCA
TEST SYNONYM(S):	ANCAS; CANTI; PANTI; APANT; MPOAB; PR3AB
LAST UPDATED:	08/03/2018





Rush

Rush Medical Labs

TEST NAME:	Anchovy (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	- Search Test Code 2562
POE DESCRIPTION:	Anchovy Allergen
LAST UPDATED:	06/23/2026







Rush Medical Labs

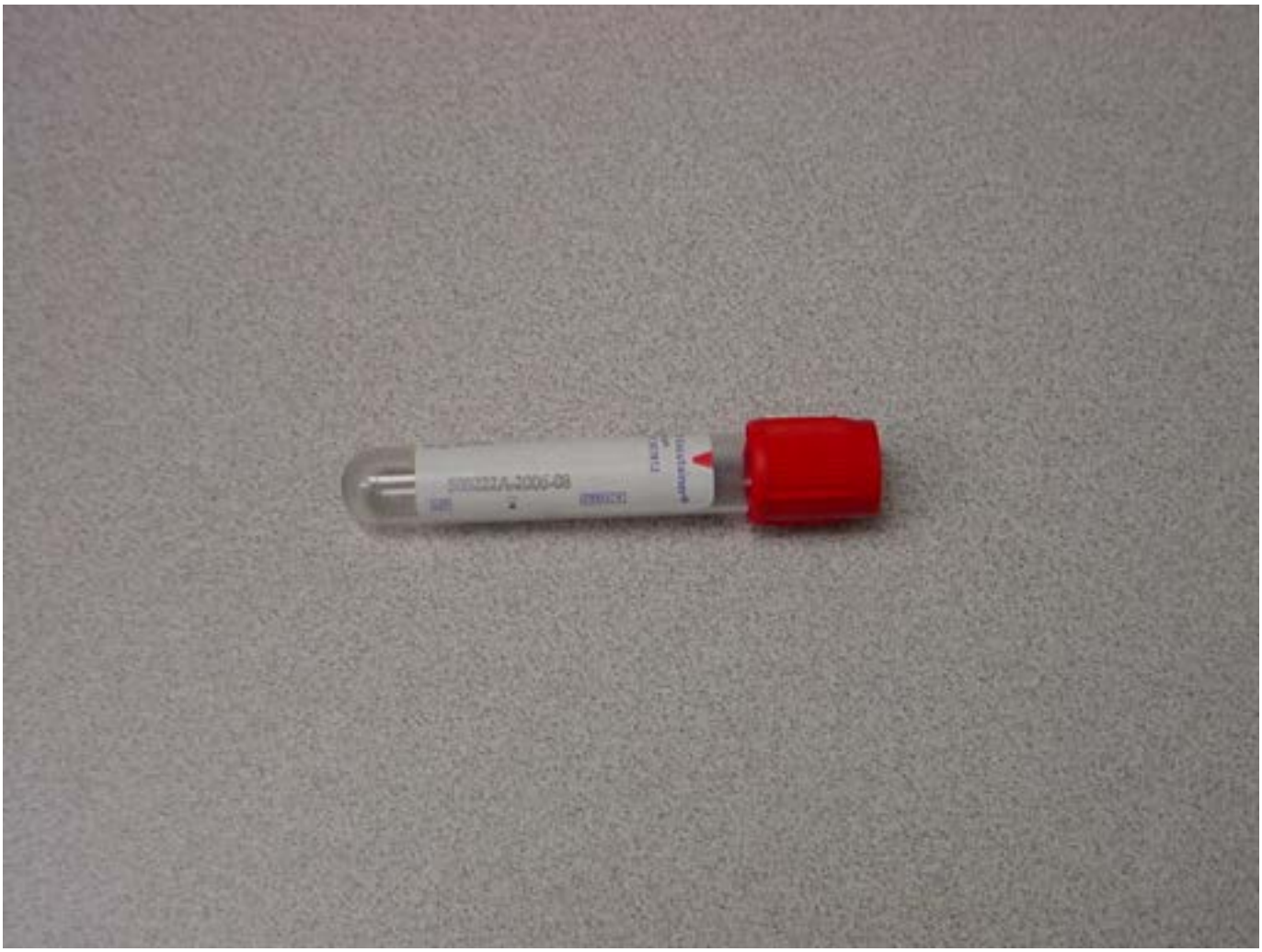
TEST NAME:	Androstenedione, LC/MS/MS
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ANDRS
CPT CODE:	82157-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	1.0 mL blood (0.4 mL serum)
REFERENCE RANGE:	
POE DESCRIPTION:	ANDROSTENEDIONE; ANDROSTENE
LAST UPDATED:	08/03/2018



Rush

Rush Medical Labs

TEST NAME:	Androstenedione, Pediatrics
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	82157-90
TEST INFORMATION:	www.esoterix.com
DAYS PERFORMED:	M. Tu, Th
TURNAROUND TIME:	5-7 business days
CONTAINER TYPE:	Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable.
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
HANDLING INSTRUCTIONS:	Must send to lab within one hour of collection.
REFERENCE RANGE:	See Esoterix Lab - Search Test Code 500030



Rush

Rush Medical Labs

TEST NAME:	Angiotensin-1-Converting Enzyme (ACE), Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ACE
CPT CODE:	82164-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2 mL of blood (1 mL of serum)
MINIMUM VOLUME:	1 mL of blood (0.5 mL serm)
REFERENCE RANGE:	See Quest Labs - Search Test Code 683
POE DESCRIPTION:	ANGIOTENSIN CONVERTING ENZYME; ACE
TEST SYNONYM(S):	ACE
LAST UPDATED:	08/03/2018







Rush Medical Labs

TEST NAME:	Angiotensin-1-converting Enzyme (ACE), CSF
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CACE
CPT CODE:	82164-90
CDM NUMBER:	3181375
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	CSF collection tubes
SPECIMEN REQUIREMENTS:	1 mL of CSF
MINIMUM VOLUME:	0.2 mL of CSF
REFERENCE RANGE:	See Quest Labs - Search Test Code 34692
METHODOLOGY:	Kinetic
POE DESCRIPTION:	ACE CSF
TEST SYNONYM(S):	CSF ACE; Angiotensen Converting Enzyme, CSF; ACE, CSF
LAST UPDATED:	08/03/2018



Rush Medical Labs

TEST NAME:	Antibiotic Susceptibility
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	Not orderable in LIS
CPT CODE:	87186 or 87174 or 87181 (each drug)
TEST INFORMATION:	The test includes routine testing of a variety of antibiotics against an isolated organism. The types of antibiotics tested depends on the body site, as well as, the organism identification.
DAYS PERFORMED:	Daily, 0700-1500
TURNAROUND TIME:	24-72 hours after isolation of bacterium to be tested
SPECIAL INSTRUCTIONS:	A specified battery of antibiotics are routinely tested. If additional antibiotics are requested, consult the Clinical Microbiology Laboratory at (312)942-5452 within 7 days of submission of specimen for culture.
SPECIMEN REQUIREMENTS:	Organism isolated from patient`s specimen (pure culture isolate)
REJECTION CRITERIA:	Organism discarded prior to physician request for special antimicrobial testing, antibiotic requested not available, nonviable organism.
REFERENCE RANGE:	Variable, depending upon the organism and the antibiotic.
LIMITATIONS OF TEST:	Nonviable microorganisms.
METHODOLOGY:	Kirby-Bauer; E-test; automated minimum inhibitory concentrations.
ADDITIONAL INFORMATION:	Antibiotics not yet FDA approved may be tested on a research only basis. Results are interpreted as susceptible (S), intermediate (I), or resistant (R). MIC`s (minimum inhibitory concentrations) may also be reported depending upon the isolate and/or the method used for testing.
POE DESCRIPTION:	Not orderable in POE
TEST SYNONYM(S):	E Test Susceptibility Testing, Kirby-Bauer
LAST UPDATED:	05/27/2014

Rush

Rush Medical Labs

TEST NAME:	Antibody Identification
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	PANEL
CPT CODE:	86870
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2-4 hours depending on complexity of antibody (sometimes longer)
SPECIAL INSTRUCTIONS:	Test is automatically performed on all positive antibody screens.
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood (red cells and plasma)
MINIMUM VOLUME:	10 mL
REFERENCE RANGE:	Interpretation of result
TEST SYNONYM(S):	Atypical Red Blood Cell Antibody Identification; Irregular Red Blood Cell Antibody Identification; Red Blood Cell Antibody Identification Panel
LAST UPDATED:	08/19/2021


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Becton Dickinson, Franklin Lakes, NJ 07417



Rush Medical Labs

TEST NAME:	Antibody Screening
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	T/S
CPT CODE:	86850, 86900, 86901
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood (red cells and plasma)
MINIMUM VOLUME:	7 mL
REFERENCE RANGE:	Negative
ADDITIONAL INFORMATION:	Antibody identification will automatically be performed if test is positive.
POE DESCRIPTION:	TYPE AND SCREEN; CLOT; T/S
TEST SYNONYM(S):	IAT; Indirect Antiglobulin Test; Indirect Coombs`; Screen for Atypical RBC Antibodies; Screen for Irregular RBC Antibodies
LAST UPDATED:	08/19/2021


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Becton Dickinson, Franklin Lakes, NJ 07417

Rush Medical Labs

TEST NAME:	Antibody Titer
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	TITER
CPT CODE:	86886
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	7 mL
HANDLING INSTRUCTIONS:	Remaining plasma will be frozen in case subsequent parallel titers are required.
REFERENCE RANGE:	An increase > 2 dilutions or a score change > 10 in parallel titers is significant
TEST SYNONYM(S):	Atypical Antibody Titer; Irregular Antibody Titer; Red Cell Antibody Titer; Rh Titer
LAST UPDATED:	08/19/2021

Rush Medical Labs

TEST NAME:	Antideoxyribonuclease-B Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ADB
CPT CODE:	86215-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.4 mL serum)
REFERENCE RANGE:	Test Code 256
POE DESCRIPTION:	ADB
TEST SYNONYM(S):	ADB; ADNase-B; Anti-DNase-B Titer; Antistreptococcal DNase-B Titer; Streptodornase





Rush Medical Labs

TEST NAME:	Antidiuretic Hormone
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AVP
CPT CODE:	84588-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL(on ice)
SPECIMEN REQUIREMENTS:	8.0 mL EDTA whole blood (4.0 mL EDTA plasma)
MINIMUM VOLUME:	4.0 mL EDTA whole blood (2.5 mL EDTA plasma)
HANDLING INSTRUCTIONS:	Deliver to Core Laboratory immediately.
REFERENCE RANGE:	Test Code 252
POE DESCRIPTION:	ADH
TEST SYNONYM(S):	ADH; Arginine Vasopressin; AVP; Vasopressin
LAST UPDATED:	06/22/2026


BD Vacutainer
EDTA 10.8
367863



Rush Medical Labs

TEST NAME:	Anti-ds-DNA
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	DNA
CPT CODE:	86225
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST Tube or Red top tube 4mL
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	Hemolysis, icteric, lipemic, grossly contaminated
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	NEGATIVE: ≤4.0 Iu/mL
POE DESCRIPTION:	ANTI DNA; ANTI DS DNA; DNA (DNA DS DNA); DS DNA AB
TEST SYNONYM(S):	DS-DNA; DNA Antibodies; Double-Stranded DNA (Native) Antibody
LAST UPDATED:	11/30/2017

Rush

Rush Medical Labs

TEST NAME:	Anti-ENA (Sm and Sm/RNP)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ENA
CPT CODE:	86235 x2
TEST INFORMATION:	
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red op tube - 4 mL
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
REJECTION CRITERIA:	Hemolysis, gross contamination, icteric, lipemic
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Sm: NEGATIVE <1.0 AI (antibody index) Sm/RNP: NEGATIVE <1.0 AI
POE DESCRIPTION:	ANTI ENA; ENA; SM; SM+RNP
TEST SYNONYM(S):	Antiextractable Nuclear Antigen; ENA; Extractable Nuclear Antigen; Anti-RNP; Anti-SM; RNP Antibodies; Ribonuclearprotein Antibodies; SMITH AB
LAST UPDATED:	06/22/2026







Rush Medical Labs

TEST NAME:	Antihyaluronidase Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ADB
CPT CODE:	86215-90
TEST INFORMATION:	Refer to Dnase B Antibody
TURNAROUND TIME:	5-7 days
POE DESCRIPTION:	ADB
TEST SYNONYM(S):	Antistreptococcal Hyaluronidase Titer - no longer available

Rush

Rush Medical Labs

TEST NAME:	Anti-Mullerian Hormone
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AHMA
CPT CODE:	82397
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 3138
TEST SYNONYM(S):	Mullerian Inhibiting Substance
LAST UPDATED:	08/03/2018

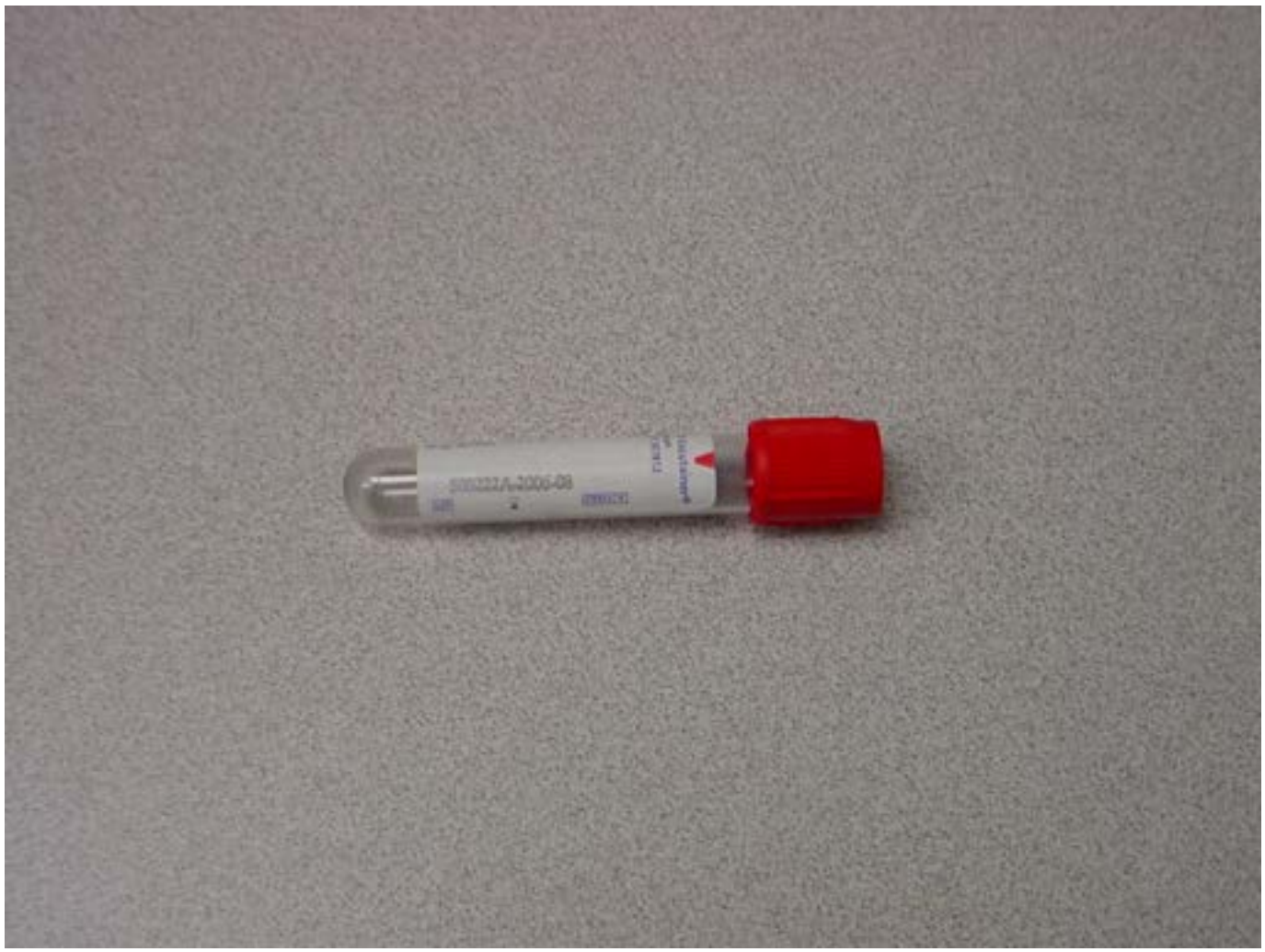


Rush

Rush Medical Labs

TEST NAME:	Antineutrophil Antibodies, Neutrophil (Granulocyte) Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GRANULO AB
CPT CODE:	86021-90
TEST INFORMATION:	Refer to Granulocyte (Neutrophil) Antibody
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Red top tube - 10 mL or Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.1 m serum)
REFERENCE RANGE:	Test Code S51304





Rush Medical Labs

TEST NAME:	Antiphospholipid Syndromes Evaluation
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ANTIPHOS
CPT CODE:	85613-90, 86146-90 (x3), 86147-90 (x3), 86148-90 (x3)
TEST INFORMATION:	Test includes: dRVVT, Cardiolipin IgG, IgM, IgA, and Phosphatidylserine IgG, IgM, IgA, Beta-2 Glycoprotein I IgG, IgM, IgA
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Heparinized plasma is a cause for rejection.
CONTAINER TYPE:	Blue top (sodium citrate) tube
SPECIMEN REQUIREMENTS:	7 tubes - 2.7 mL blue top
MINIMUM VOLUME:	7.0 mL citrated plasma
HANDLING INSTRUCTIONS:	Specimen must be delivered to the laboratory immediately.
REFERENCE RANGE:	Test Code 9759
LAST UPDATED:	06/22/2026


BD Franklin Lakes NJ USA
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mL
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Rush

Rush Medical Labs

TEST NAME:	Anti-ss DNA
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SSDNA
CPT CODE:	86226-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 1290
POE DESCRIPTION:	SS-DNA
TEST SYNONYM(S):	Single-Stranded DNA Antibodies; SS-DNA; DNA-Single Stranded Antibodies
LAST UPDATED:	09/18/2019





Rush

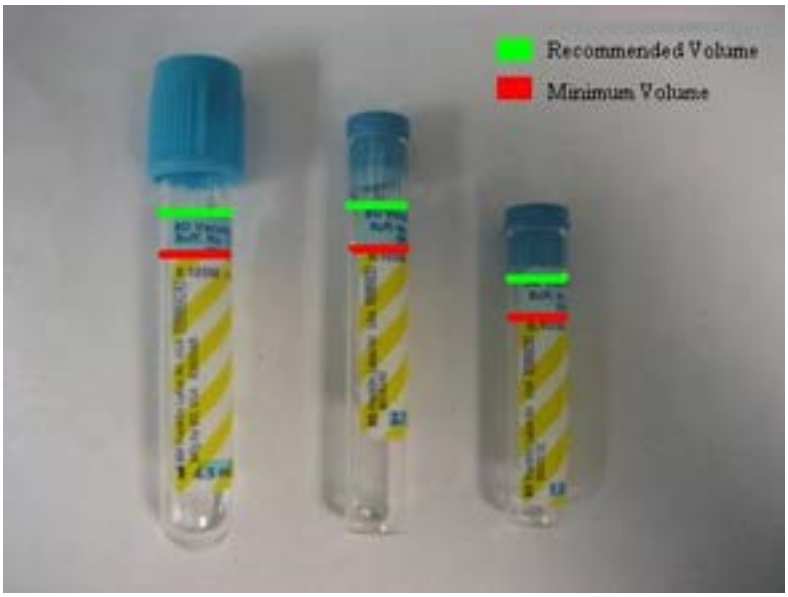
Rush Medical Labs

TEST NAME:	Antistreptolysin O Titer, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ASO
CPT CODE:	86060-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST tube (see attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 2376
POE DESCRIPTION:	ANTISTREPTOLYSIN O TITER; ASO
TEST SYNONYM(S):	ASLO; ASO; ASO Titer
LAST UPDATED:	06/22/2026



Rush Medical Labs

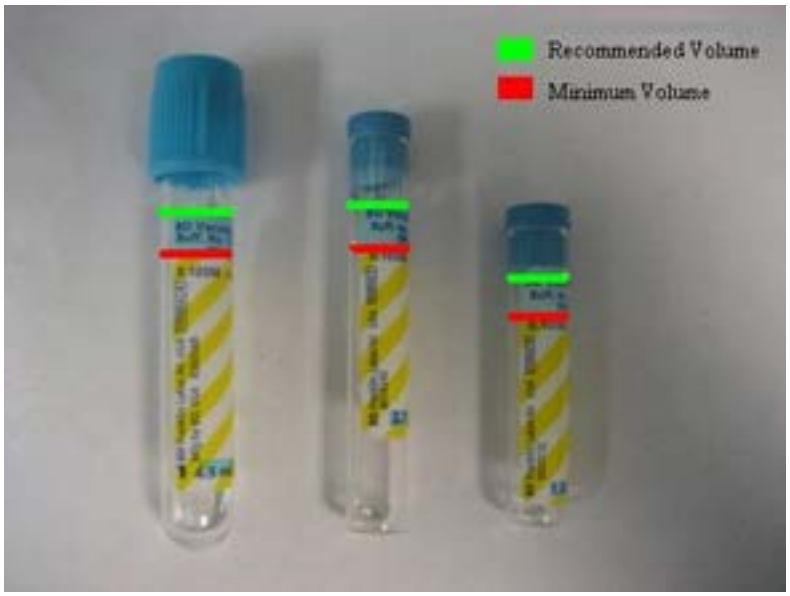
TEST NAME:	Antithrombin III Activity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	AT3 ACT
CPT CODE:	85300
DAYS PERFORMED:	Daily on second shift
SPECIAL INSTRUCTIONS:	Transport the specimen to Specimen Receiving as soon as possible. Blood should arrive in the Core Laboratory within 4 hours of drawing.This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	1 mL plasma from properly filled tube
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	78 - 122%
POE DESCRIPTION:	ANTITHROMBIN III FUNCTIONAL; AT3 ACT
TEST SYNONYM(S):	Antithrombin III Assay; Antithrombin III Functional; Functional Antithrombin III; Heparin Cofactor Activity; Serine Protease Inhibitor; Antithrombin
LAST UPDATED:	06/22/2026


Recommended Volume
Minimum Volume

Rush

Rush Medical Labs

TEST NAME:	Antithrombin III Antigen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ATIII ANT
CPT CODE:	85301-90
CDM NUMBER:	3181338
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	- Coagulation Specimens
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed; Hct >65%
MINIMUM VOLUME:	3.5 mL blood (1.0 mL citrated platelet poor plasma); pediatric tubes must be fully drawn.
REFERENCE RANGE:	Search Test Code 3253
POE DESCRIPTION:	ANTITHROMBIN III ANTIGEN; ATIII ANT
TEST SYNONYM(S):	Heparin Cofactor Antigen


Recommended Volume
Minimum Volume

Rush

Rush Medical Labs

TEST NAME:	Apolipoprotein A-1
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	APO A1
CPT CODE:	82172-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should fast for 12 hours prior to blood draw.
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	lipemic, icteric, and hemolyzed samples are not acceptable.
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	- Search Test Code 1901
POE DESCRIPTION:	APOLIPOPROTEIN A1
TEST SYNONYM(S):	APO A-1; APO A1



Rush

Rush Medical Labs

TEST NAME:	Apolipoprotein B
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	APO B
CPT CODE:	82172-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should fast for 12 hours prior to blood draw.
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	moderately lipemic, icteric, or hemolyzed specimens are not acceptable.
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 1903
POE DESCRIPTION:	APOLIPOPROTEIN B



Rush

Rush Medical Labs

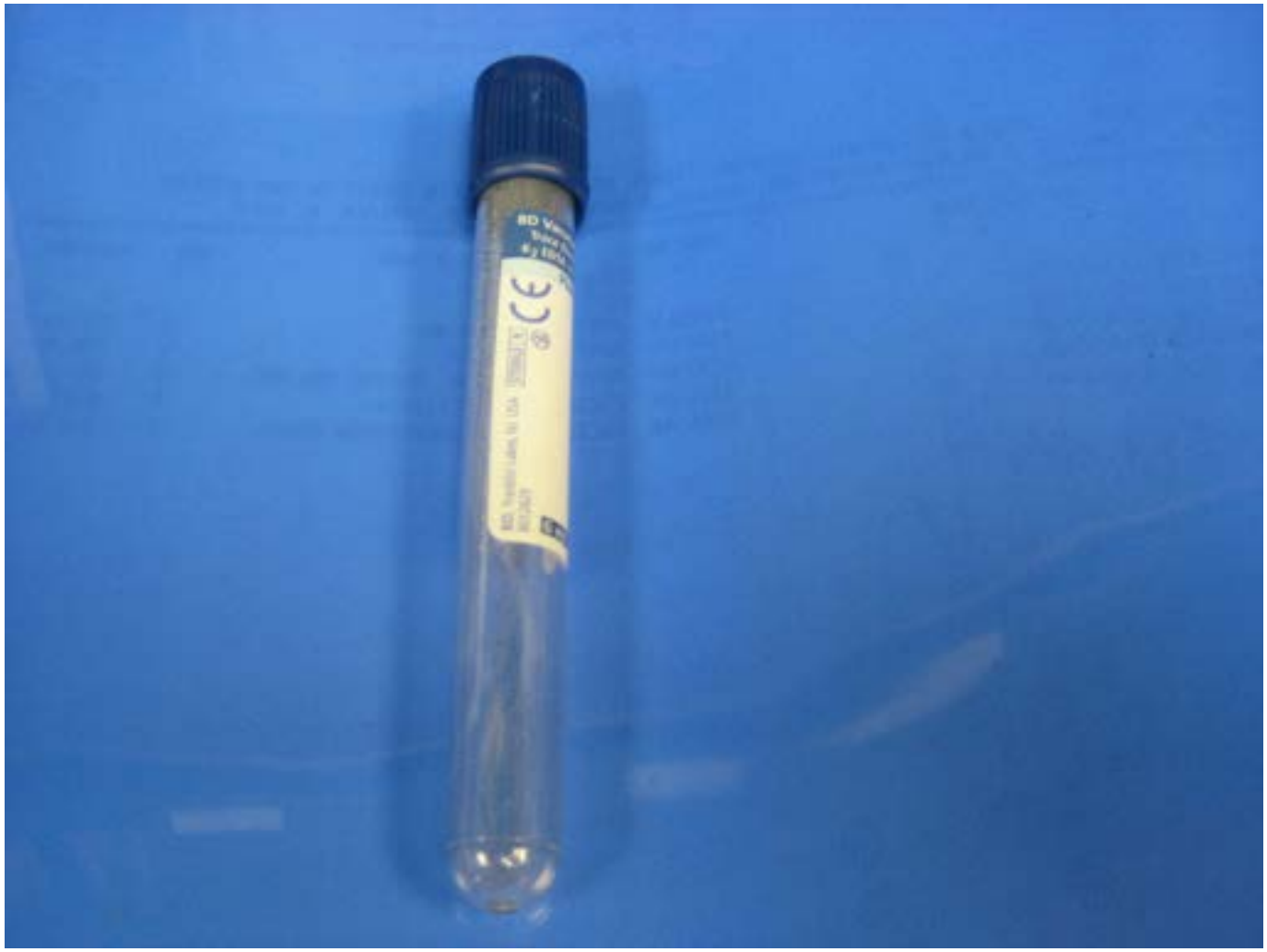
TEST NAME:	Apolipoprotein E Genotyping
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	APO E
CPT CODE:	83890, 83892, 83894, 83898, 83912
TEST INFORMATION:	http://www.mayomedicallaboratories.com/
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Draw Sunday through Thursday only. Contact lab for history form.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	3.0 mL EDTA whole blood at room temperature
MINIMUM VOLUME:	0.5 mL EDTA whole blood at room temperature
REFERENCE RANGE:	See Mayo Clinic - Search Test Code 80905
POE DESCRIPTION:	APOLIPOPROTEIN E GENOTYPE; APO E
TEST SYNONYM(S):	APO E Genotyping


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Rush

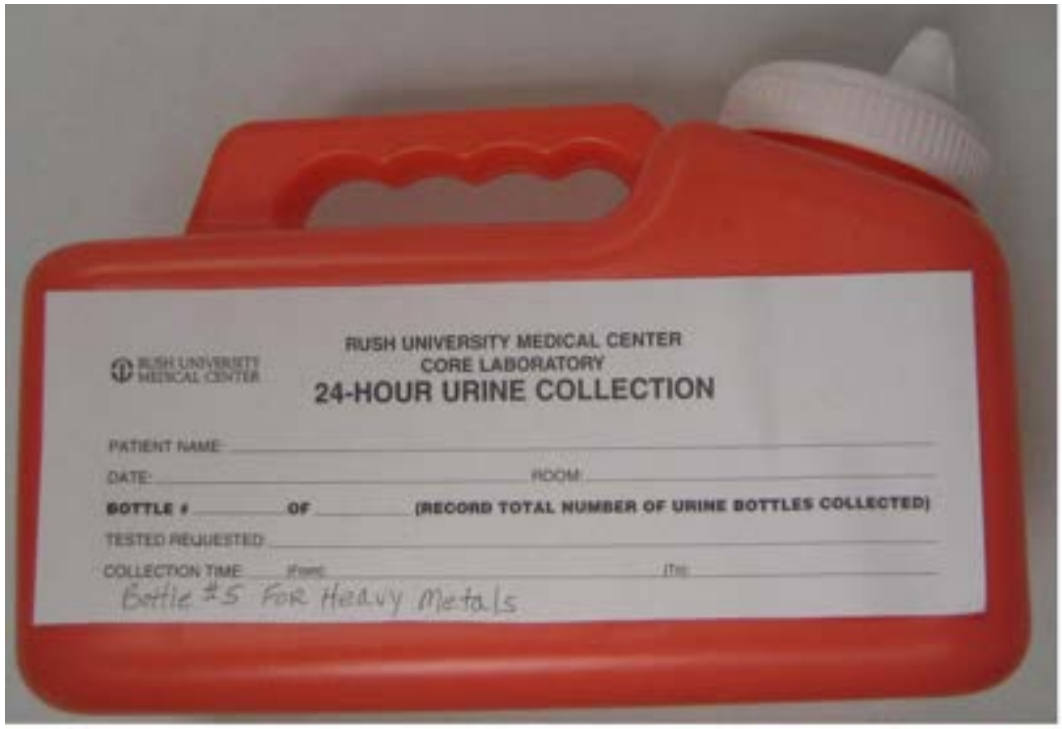
Rush Medical Labs

TEST NAME:	Arsenic, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AS
CPT CODE:	82175-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Navy blue EDTA tube
SPECIMEN REQUIREMENTS:	7.0 mL Navy Blue EDTA whole blood
MINIMUM VOLUME:	2.0 mL Navy Blue EDTA whole blood
REFERENCE RANGE:	Test Code 4867W
POE DESCRIPTION:	ARSENIC; AS
TEST SYNONYM(S):	AS



Rush Medical Labs

TEST NAME:	Arsenic, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/AS
CPT CODE:	82175-90
TEST INFORMATION:	Includes w/creatinine
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #5 - Heavy Metals
SPECIMEN REQUIREMENTS:	24-hour urine
REJECTION CRITERIA:	Do not use hydrochloric acid (HCl) preservative.
MINIMUM VOLUME:	Entire collection
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	Test Code 4867U
POE DESCRIPTION:	URT AS; U/AS
TEST SYNONYM(S):	Urine Arsenic


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTION
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF URINE BOTTLES COLLECTED)
TESTED REQUESTED:
COLLECTION TIME: (From) (To)
Bottle #5 For Heavy Metals

Rush

Rush Medical Labs

TEST NAME:	Aspergillus fumagatis (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	A. FUM
CPT CODE:	86003-90
TEST INFORMATION:	Mold allergen. Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code M3
POE DESCRIPTION:	Aspergillus fumigatus allergen





Rush

Rush Medical Labs

TEST NAME:	Assisted Reproductive Technique
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ART
CPT CODE:	89240
DAYS PERFORMED:	Monday-Thursday, 0700 am - 0900 am with appointment
TURNAROUND TIME:	3-5 business days
SPECIAL INSTRUCTIONS:	Call Andrology office at x34024 to schedule appointments. Appointment should be scheduled at least 3 days in advance. You must receive a Medical Record Number in Room 439 Pro Bldg II prior to producing semen specimen. Semen specimens are produced in the Andrololgy Lab, Suite 119 Pro Bldg I. Please allow 2-3 days of sexual abstinence prior to specimen collection.
CONTAINER TYPE:	Sterile specimen container (provided by lab)
SPECIMEN REQUIREMENTS:	Semen
REJECTION CRITERIA:	Improper collection, incomplete requisition information
MINIMUM VOLUME:	1.0
HANDLING INSTRUCTIONS:	Specimen should ideally be produced in lab.
REFERENCE RANGE:	On form
POE DESCRIPTION:	ASSISTED REPRODUCTIVE TECHNIQUE (Semen Analysis with Morphology + 24 Motility & Viability Assessment)
LAST UPDATED:	04/14/2015



Rush Medical Labs

TEST NAME:	Autoimmune Disease Profile
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	AIP
TEST INFORMATION:	Profile includes C3, C4, RF, CRP, ANASC. Tests available individually.
DAYS PERFORMED:	C3, C4, CRP - Daily, 24 hours
TURNAROUND TIME:	1-3 days
CONTAINER TYPE:	SST tube or Red top
SPECIMEN REQUIREMENTS:	6 mL blood (3 mL serum)
REJECTION CRITERIA:	Hemolysis
REFERENCE RANGE:	
ADDITIONAL INFORMATION:	Positive ANA Screens are reflexed to ANA titer, DNA, ENA, SSAB.
POE DESCRIPTION:	AUTOIMMUNE PROFILE; AIP
TEST SYNONYM(S):	AIP; Autoimmune Profile; Collagen Profile
LAST UPDATED:	06/22/2026





Rush Medical Labs

TEST NAME:	Autologous Blood, Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	AUTO XM
CPT CODE:	86920
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Three working days past donation till available for transfusion. Available for transfusion 1 hour after receipt of transfusion request or approximately 2 hours if frozen.
SPECIAL INSTRUCTIONS:	Indicate on requisition 'Autologous.'
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
TEST SYNONYM(S):	Autotransfusion; Transfusion, Autologous
LAST UPDATED:	08/19/2021


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Becton Dickinson, Franklin Lakes, NJ 07417
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Rush

Rush Medical Labs

TEST NAME:	Autologous Bone Marrow Processing and Freezing
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	BM PHER; BM TUMOR; BM CRYO
CPT CODE:	36520; 86999; 86999
DAYS PERFORMED:	Mon-Fri
TURNAROUND TIME:	10-14 hours
SPECIAL INSTRUCTIONS:	Must be arranged in advance
CONTAINER TYPE:	Transfer packs
SPECIMEN REQUIREMENTS:	Raw bone marrow
MINIMUM VOLUME:	1000-4000 mL; varies depending upon CBC
HANDLING INSTRUCTIONS:	Maintain specimen at room temperature.
TEST SYNONYM(S):	Autologous Bone Marrow Concentration; Bone Marrow Processing and Freezing, Autologous

Rush Medical Labs

TEST NAME:	Autologous Eye Drops; (OR) Autologous Eye Drops w HIV
TESTING LAB:	21;#Blood Bank for processing of SST samples only; AND Core Laboratory for HIV testing (if AEYEG ordered)
LAB / EPIC MNEMONIC:	AEYE; (OR) AEYEG
TEST INFORMATION:	The Rush Section of Cornea and External Diseases on occasion has the need to order eye drops which are prepared from the patient's own serum. The purpose of this procedure is to prepare the serum that will be sent to Mark's Drugs Pharmacy, who will then prepare the eye drops from the patient's serum.
DAYS PERFORMED:	M-F, 7:00AM-2:30PM
TURNAROUND TIME:	30 minutes for SST serum specimen processing; AND 8 hours for HIV testing (if AEYEG ordered)
SPECIAL INSTRUCTIONS:	Patient is required to have an order for the Autologous Serum Eye Drops and will be instructed to call the POB 439 Outpatient Phlebotomy (312-942-3221) to schedule an appointment for collection. Appointments are taken only Monday through Friday, from 7am to 2:30pm to ensure the lab has enough time to prepare the sample. The patient will wait at the POB lab for the sample and the patient will transport the sample to Mark's Drugs Pharmacy. Patients are required to have an HIV test performed once every 6 months. These results must be faxed to Mark's Drugs Pharmacy at 630-529-3429. It is the ordering physicians' responsibility to order the correct test. One of the following tests must be ordered in Epic by the ordering clinician: 1. AEYE - Auto eye drop collection only 2. AEYEG - Auto eye drop collection plus HIV testing

COLLECTION PROCEDURE

1. Follow all appropriate collection procedures to identify the patient, identify a vein and prepare the site for collection.

2. Collect two full 7mL Gold SST tubes and label appropriately. This procedure requires serum, so only Gold SST tubes can be collected - Red Top Tubes cannot be substituted for the Gold SST in this procedure. If the patient also requires the HIV test, collect a full 7mL Red Top Tube.

3. Tube the Gold SST samples along with the requisition and all pertinent labels immediately after collection to the Blood Center,

tube station 208. Place a call to 2-5920 to notify the Blood Bank that an Auto Serum Eye Drop sample is on its way.

4. Tube the Red Top Tube directly to the Core Lab for HIV testing (if applicable).

SAMPLE PROCESSING

1. Immediately upon receipt the sample must be checked for appropriate labeling. Confirm the patient information on the sample matches the requisition.

2. Samples must be centrifuged within one hour of collection. This will be the responsibility of the expeditor.

a. Centrifuge for 15 minutes at 2200 - 2500 RPM

b. Set a 15 timer as a reminder to pull the sample from the centrifuge

3. Once the sample is centrifuged, it must be kept refrigerated. Processing should happen as soon as possible after centrifugation.

4. Hemolyzed samples are rejected. If the sample is hemolyzed, call the POB Outpatient Phlebotomy Lab and inform them so they can inform the patient. The phlebotomist may attempt to redraw the samples.

5. Verify there is at least 4mL of serum available between the two SST tubes - if not call the POB Outpatient Phlebotomy Lab and ask them to collect one additional SST vial.

6. Spun samples must be packed on ice immediately after centrifugation

a. Protect the sample vials and labels by placing those alone in a plastic bag

b. Place those vials inside a bag with one, moderately filled small scoop of ice.

c. Place that bag inside one more plastic bag for added protection.

7. Tube the vials back to the POB Outpatient Lab and call them to let them know they are on the way.

8. POB Staff will hand the vials back to the patient who will then transport to Mark's Drugs Pharmacy.

(2) full SST tubes; **AND (1) Serum Red Top Tube for HIV testing (if AEYEG ordered)**

CONTAINER TYPE:

COLLECTION: Routine Venipuncture

SPECIMEN REQUIREMENTS: Bloodti(serum)

MINIMUM VOLUME: 4mLtiSerum;ti

HANDLING INSTRUCTIONS: See **Special Instructions**

LAST UPDATED: 06/22/2026

Rush Medical Labs

TEST NAME:	B2 Microglobulin, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RU/B2 MICR
CPT CODE:	82232-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Random urine container
COLLECTION:	Random urine
SPECIMEN REQUIREMENTS:	4 mL random urine
MINIMUM VOLUME:	1 mL random urine
REFERENCE RANGE:	Test Code 3143U
POE DESCRIPTION:	Urine B2 Microglobulin Random
TEST SYNONYM(S):	Urine B2 Microglobulin



Rush Medical Labs

TEST NAME:	B12, Vitamin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	B12
CPT CODE:	82607, 82746
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL plasma)
REJECTION CRITERIA:	Hemolysis
MINIMUM VOLUME:	1.0 mL blood (0.5 mL plasma)
REFERENCE RANGE:	210-920 pg/mL
METHODOLOGY:	Chemiluminescent
POE DESCRIPTION:	VITAMIN B12
TEST SYNONYM(S):	B12; Cobalamin; Vitamin B12
LAST UPDATE:	06/22/2026


BD Vacutainer
SST™ Gel and
Lithium Heparin
8 Units
REF 367962
4.5
mL

Rush

Rush Medical Labs

TEST NAME:	Bacterial Vaginosis Screen
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	BVSCR
CPT CODE:	87205
TEST INFORMATION:	The Bacterial vaginosis screen utilizes a standardized scoring system (Nugent""s) for the interpretation of Gram-stained vaginal smears to aid in the diagnosis of bacterial vaginosis. Test has a sensitivity of 89.1% and specificity of 83.1%.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours
CONTAINER TYPE:	culturette or sterile cup
COLLECTION:	swab of vaginal wall or discharge (see attached)
SPECIMEN REQUIREMENTS:	specimen must be from vagina
REJECTION CRITERIA:	specimens other than vaginal secretions
MINIMUM VOLUME:	1 culturette
HANDLING INSTRUCTIONS:	room temperature 24 hours
REFERENCE RANGE:	0-3 normal, 4-6 altered vaginal flora, 7-10 bacterial vaginosis
LIMITATIONS OF TEST:	Interpretation of test has not been validated on pre-menarcheal girls or post-menopausal women
METHODOLOGY:	Gram stain using the Nugent Scoring system
ADDITIONAL INFORMATION:	Nugent score = 4 -6 indicates altered vaginal flora which frequently represents a transitional stage. If signs and/or symptoms persist, repeat testing may be warranted. Nugent score = 7 - 10 is indicative of Bacterial vaginosis Quantity of wbc yeast and clue cells reported.
POE DESCRIPTION:	BV SCREEN
TEST SYNONYM(S):	vaginosis screen, non-specific vaginitis, anaerobic vaginosis, Gardnerella vaginalis vaginitis screen
LAST UPDATED:	08/03/2018


BBL™CultureSwab™
COLLECTION & TRANSPORT SYSTEM

Rush

Rush Medical Labs

TEST NAME:	Banana (IGE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	BAN
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code F92
LAST UPDATED:	06/18/2019





Rush

Rush Medical Labs

TEST NAME:	Barbiturates, Qualitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/DS
CPT CODE:	80100 (x7)
TEST INFORMATION:	Test includes amobarbital, butabarbital, butalbital, pentobarbital, phenobarbital, secobarbital and other barbiturates. Not orderable as separate test. Order Drug Screen, Urine
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Do not use results for medicolegal purposes. For medicolegal purposes, specimens should be collected using chain-of-custody precautions and screening results should be confirmed using gas chromatography mass spectrometry. Chain-of-custody and confirmation are not part of the urine drug screen and are not provided by this laboratory.
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	1.0 mL random urine
MINIMUM VOLUME:	0.5 mL random urine
REFERENCE RANGE:	none detected
METHODOLOGY:	FPIA (Fluorescence Polarization Immunoassay)
POE DESCRIPTION:	URINE DRUG SCREEN; U/DS


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Bartonella Hensalae Antibodies (IGG, IGM) with Reflex to Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	BHEAB
CPT CODE:	86611X2
TEST INFORMATION:	Infection with Bartonella henselae has been associated with cat scratch disease, bacillary angiomatosis,peliosis hepatis, and bacteremia. If Bartonella henselae screen is positive, an IgG and/or IgM titer will be performed at an additional charge.
TURNAROUND TIME:	3-7 DAYS
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Blood (Serum)
MINIMUM VOLUME:	5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Negative, Refer to Quest Test Code 37671
METHODOLOGY:	Immunofluorescence Assay (IFA)
REFERRAL LABORATORY:	Quest Diagnostics
TEST SYNONYM(S):	Cat scratch disease antibodies
LAST UPDATED:	08/03/2018





Rush

Rush Medical Labs

TEST NAME:	Basic Metabolic Panel, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BMP
CPT CODE:	80048
TEST INFORMATION:	Test includes sodium, potassium, chloride, carbon dioxide, glucose, calcium, urea nitrogen and creatinine
DAYS PERFORMED:	Daily, 24 hours
CONTAINER TYPE:	PST tube or green top (Heparin) microtainer for neonates
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.6 mL blood (0.3mL plasma)
REFERENCE RANGE:	See Attached Table
CRITICAL VALUES:	Sodium: ≤ 120 mmol/L, ≥ 160 mmol/L; potassium: < 2.5 mmol/L, > 6.5 mmol/L; calciuim < 5 mg/dl, > 13 mg/dl; glucose: <= 50 mg/dL, >=500 mg/dL
POE DESCRIPTION:	BASIC METABOLIC PANEL; BMP
TEST SYNONYM(S):	BMP
LAST UPDATED:	06/20/2026


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Basic Metabolic Panel, Serum

Test	Range
Carbon Dioxide	
1 d – 1 y	13-22 mmol/L
1 y – 15 y	20-28 mmol/L
15 y – adult	22-29 mmol/L
Calcium	
1 d - 1 mo	8.7 - 13.0 mg/dL
1 mo - adult	8.7 - 10.7 mg/dL
Chloride	
1 d – 1 mo	91-118 mmol/L
1 mo – adult	99-108 mmol/L
Creatinine	
male	0.6 - 1.3 mg/dL
female	0.5 - 1.1 mg/dL
Glucose	
Fasting	60-115 mg/dL
Non-Fasting	60-125 mg/dL
Potassium	
1 d – 1 mo	4.0-6.0 mmol/L
1 mo – adult	3.4-5.3 mmol/L
Sodium	
	137-147 mmol/L
Urea Nitrogen (BUN)	
1 d–1 mo	4-12 mg/dL
1 mo-15 y	5-18 mg/dL
15 y-adult	8-21 mg/dL

Rush

Rush Medical Labs

TEST NAME:	Benzodiazepines, Qualitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/DS
CPT CODE:	80100; 80100
TEST INFORMATION:	Not orderable as separate test. Order Drug Screen, Urine.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Do not use results for medicolegal purposes. For medicolegal purposes, specimens should be collected using chain-of-custody precautions and screening results should be confirmed using gas chromatography/mass spectrometry. Chain-of-custody and confirmation are not part of the urine drug screen and are not provided by this laboratory.
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	1.0 mL random urine
MINIMUM VOLUME:	0.5 mL random urine
REFERENCE RANGE:	None detected
METHODOLOGY:	FPIA (Fluorescence Polarization Immuoassay)
POE DESCRIPTION:	URINE DRUG SCREEN; U/DS


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Beta 2 Glycoprotein I Antibodies, IgA, IgG, IgM
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	B2 GLYP AB
CPT CODE:	86146 (x3)
TEST INFORMATION:	Included as part of the Antiphospholipid Profile
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
COLLECTION:	Blood, serum
SPECIMEN REQUIREMENTS:	3.0 mL blood (1.0 serum)
MINIMUM VOLUME:	1.5 mL blood (0.6 mL serum)
REFERENCE RANGE:	Test Code 1083
POE DESCRIPTION:	B2 GLYP AB





Rush Medical Labs

TEST NAME:	Beta-2 Microglobulin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	B2 MICRO
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Excessive hemolysis, chylous plasma
MINIMUM VOLUME:	2.0 mL blood (1.0 mL plasma)
REFERENCE RANGE:	Plasma: ≤3.0 mg/L
METHODOLOGY:	Chemiluminescent
ADDITIONAL INFORMATION:	Measurement of $ß_2M$ is considered a sensitive means for diagnosing proximal tubular dysfunction. It is reportedly the most reliable test for distinguishing upper from lower urinary tract infections, and a useful method for assessing the results of therapy and diagnosing recurrences of acute pyelonephritis using serial determinations.
POE DESCRIPTION:	BETA 2 MICROGLOBULIN; B2 MICRO
TEST SYNONYM(S):	B2 Microglobulin
LAST UPDATED:	06/22/2026


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REF 367962
5 mL

Rush

Rush Medical Labs

TEST NAME:	Beta-2 Transferrin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	BETA2 TRF
CPT CODE:	86335-90
TEST INFORMATION:	Used for detection of cerebrospinal fluid leakage in ear or nasal fluid.
TURNAROUND TIME:	5 days
SPECIAL INSTRUCTIONS:	Direct collections may be done with a pipette, syringe, test tube or microcollection device. Samples absorbed into an absorbent material MUST be expressed from the absorbent material and placed into a microcollection container.
CONTAINER TYPE:	If liquid, tightly sealed container
SPECIMEN REQUIREMENTS:	0.5 mL Fluid; Collected specimen may be in a serous liquid form, or may have been absorbed into an absorbent material such as cotton swabs, gauze sponges, cotton balls, etc.
MINIMUM VOLUME:	0.1 mL Fluid
HANDLING INSTRUCTIONS:	Deliver to Core Laboratory as soon as possible.
REFERENCE RANGE:	Test Code S48873
REFERENCE CHART:	Tau-transferrin, Asialo-transferrin
POE DESCRIPTION:	BETA-2 TRANSFERRIN

Rush

Rush Medical Labs

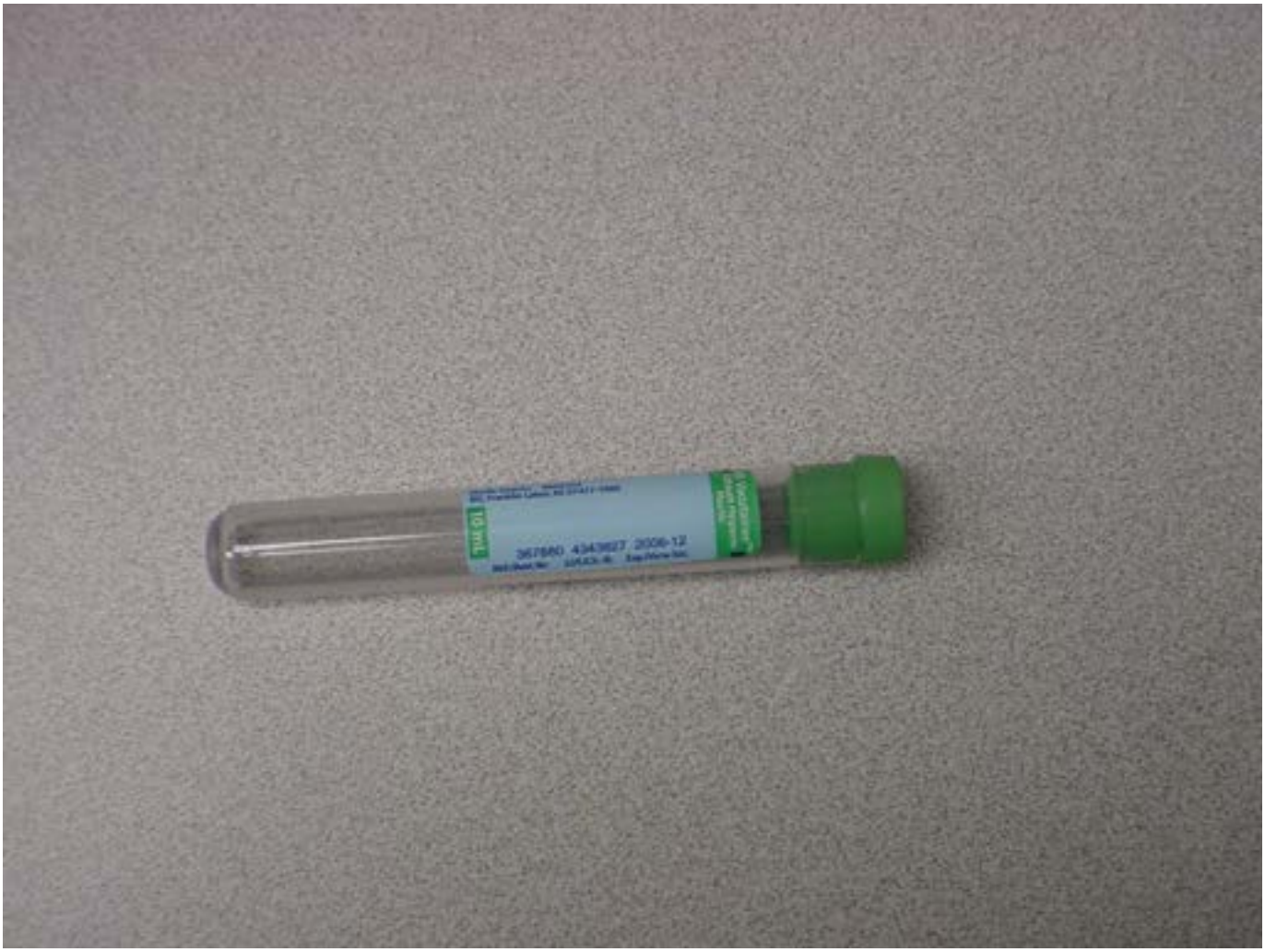
TEST NAME:	Beta-hCG, Tumor Marker
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BHCG
CPT CODE:	86316
DAYS PERFORMED:	24 hours
TURNAROUND TIME:	8-24 hours
SPECIAL INSTRUCTIONS:	Must indicate sex of patient on requisition.
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL plasma)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL plasma)
REFERENCE RANGE:	Male or non-pregnant female: ≤5 mIU/mL
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
POE DESCRIPTION:	BHCG TUMOR MARKER
TEST SYNONYM(S):	Human Chorionic Gonadotropin, Beta Subunit; BHCG
LAST UPDATED:	06/22/2026


BD Vacutainer
REF 367962
4.5
mL

Rush Medical Labs

TEST NAME:	Beta-Hydroxybutyrate, Ketone Bodies
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BOHB
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	15 minutes
CONTAINER TYPE:	Green top (sodium heparin) - 4 mL tube or Green top (lithium heparin) - 10 mL tube
SPECIMEN REQUIREMENTS:	Whole Blood; Specimen more than 30 minutes in transit to the laboratory or hemolysis are causes for rejection. This test cannot be added to an existing specimen.
MINIMUM VOLUME:	0.4 mL blood
HANDLING INSTRUCTIONS:	Deliver tube to laboratory **immediately** following collection
REFERENCE RANGE:	Negative in normal nutritional states
POE DESCRIPTION:	Beta-Hydroxybutyrate
TEST SYNONYM(S):	Ketone Bodies; Beta Ketone; Ketones; Blood Acetone; Beta Hydroxybutyrate; Acetone, Quantitative Blood
LAST UPDATED:	06/22/2026




10 mL
367880 4343827 2006-12

Rush

Rush Medical Labs

TEST NAME:	Beta-Hydroxybutyrate, Serum (Sendout)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SBHB
CPT CODE:	82010-90
TEST INFORMATION:	Test Code S51561
TURNAROUND TIME:	one week
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	3 mL blood (1.0 mL serum
MINIMUM VOLUME:	1 mL blood (0.3 mL serum)
POE DESCRIPTION:	Beta-hydroxybutyrate
LAST UPDATED:	08/03/2018



Rush

Rush Medical Labs

TEST NAME:	Bile Acids, fractionated, blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	BILE ACIDS
CPT CODE:	83789-90
TEST INFORMATION:	Test includes cholic, deoxycholic, chenodeoxycholic and total bile acids.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	3.0 mL blood 1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Test Code S49102
METHODOLOGY:	Tandem mass spectrometry
POE DESCRIPTION:	Bile Acids, fractionated
TEST SYNONYM(S):	Bile salts





Rush Medical Labs

TEST NAME:	Bilirubin Fractionation
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FBIL
CPT CODE:	82247, 82248
TEST INFORMATION:	This test is for patients >30 days. This test indicates a Total Bilirubin and a Direct Bilirubin.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Specimen must be protected from light and transported to the laboratory promptly.
CONTAINER TYPE:	PST tube, Microtainer (Lithium heparin SST) tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	4 mL blood (2 mL plasma)
REFERENCE RANGE:	See attached Table
	Direct bilirubin 0.0-0.35 mg/dL (Adult)
REFERENCE CHART:	Total bilirubin 0.2-1.3 mg/dL
POE DESCRIPTION:	BILIRUBIN FRACTIONATION; BILI FRAC; FBIL
TEST SYNONYM(S):	Conjugated (DBIL), and unconjugated (indirect) bilirubin; Calculated direct and delta bilirubin
LAST UPDATED:	06/12/2015


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REF 367962



Bilirubin, Fractionation

Test	Range (mg/dL)
Direct bilirubin (calculated)	0.0 – 0.4
Total bilirubin	
15 days – 1 mo	0.6 – 11.1
1 mo – adult	0.2 – 1.3

Rush

Rush Medical Labs

TEST NAME:	Bilirubin, Amniotic Fluid
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SPEC SCAN
CPT CODE:	82143-90
TURNAROUND TIME:	4-6 hours
SPECIAL INSTRUCTIONS:	State gestational age on requisition.
CONTAINER TYPE:	Brown plastic tubes for amnios
SPECIMEN REQUIREMENTS:	7 mL amniotic fluid
MINIMUM VOLUME:	2 mL
HANDLING INSTRUCTIONS:	Keep specimen on ice; protect from light. Transport to the laboratory immediately. Do not process specimen in any manner.
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 289 Varies with week of gestation. A rise in optical density at 450 nm >0.15 at 34 weeks gestation suggests erythroblastosis fetalis. Liley's zone: I: minimal or no involvement, II: moderate involvement, III: severe involvement.
POE DESCRIPTION:	FL AMNIOTIC SPECTROPHOTOM
TEST SYNONYM(S):	Amniotic Fluid Spectral Scan; Liley's Zone Analysis; OD 450





Rush Medical Labs

TEST NAME:	Bilirubin, direct
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	DBIL
CPT CODE:	82248
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Specimen must be protected from light and transported to the laboratory promptly.
CONTAINER TYPE:	PST tube or Microtainer (Lithium heparin SST) tube
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	0 - 1 month: 0.0 - 0.6 mg/dL 1 month - adult: 0.0 - 0.4 mg/dL
TEST SYNONYM(S):	Conjugated Bilirubin, DBIL
LAST UPDATED:	06/22/2026


Vacutainer
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Units
367962



Rush

Rush Medical Labs

TEST NAME:	Bilirubin, Neonatal
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	NBIL
CPT CODE:	82247, 82248
TEST INFORMATION:	Test includes: Direct Bilirubin, Total Bilirubin calculation. Patient must be <30 days old.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine 8 hours; Stat 1 hour
SPECIAL INSTRUCTIONS:	Specimen must be protected from light and transported to the laboratory promptly.
CONTAINER TYPE:	Red top Microtainer; green top (Heparin) tube for neonates
SPECIMEN REQUIREMENTS:	Capillary blood (serum)
MINIMUM VOLUME:	0.4 mL blood, 0.2 mL serum
REFERENCE RANGE:	See Attached Table
REFERENCE CHART:	Direct bilirubin 0.0-0.5 mg/dL (0 to 1 month) Total bilirubin 0.6-11.1 mg/dL
CRITICAL VALUES:	Total bilirubin Newborn to 7 days: ≥ 15 mg/dL 1 week to 1 month: ≥ 20 mg/dL
POE DESCRIPTION:	BILIRUBIN NEONATAL; BILI NEONATAL
TEST SYNONYM(S):	Baby Bilirubin; Microbilirubin; Total Bilirubin, Neonatal


MICROTAINER



Bilirubin, Neonatal

Test	Range (mg/dL)
Direct bilirubin	0.0 – 0.6
Total bilirubin (calculated)	0.6 – 11.1

Rush

Rush Medical Labs

TEST NAME:	Bilirubin, Total Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TBIL
CPT CODE:	82247
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
HANDLING INSTRUCTIONS:	Specimen must be protected from light and transported to the laboratory promptly.
REFERENCE RANGE:	1 day to 1 month: 0.6-11.1 mg/dL; 1 month to adult: 0.2-1.3 mg/dL
CRITICAL VALUES:	Newborn to 7 days: $\geq$ 15 mg/dL 1 week to 1 month: $\geq$ 20 mg/dL
POE DESCRIPTION:	TOTAL BILIRUBIN; TBIL
TEST SYNONYM(S):	Total Bilirubin
LAST UPDATED:	06/22/2026

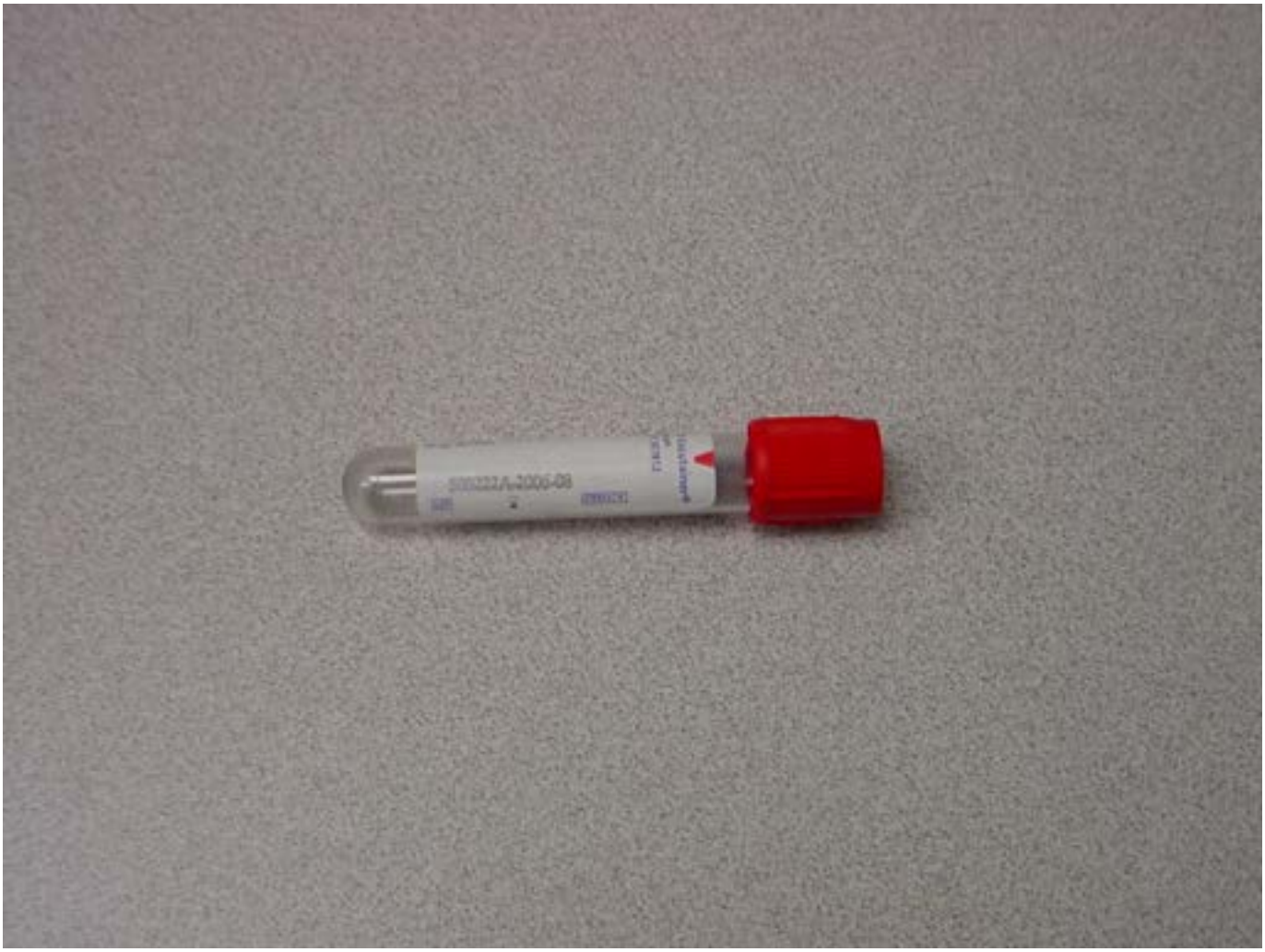

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REF 367962
BD Franklin Lakes NJ USA
8362534
2015-04

Rush

Rush Medical Labs

TEST NAME:	Bilirubin, Total Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/TBIL
CPT CODE:	82247
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID BILIRUBIN TOTAL
TEST SYNONYM(S):	Fluid Bilirubin, total





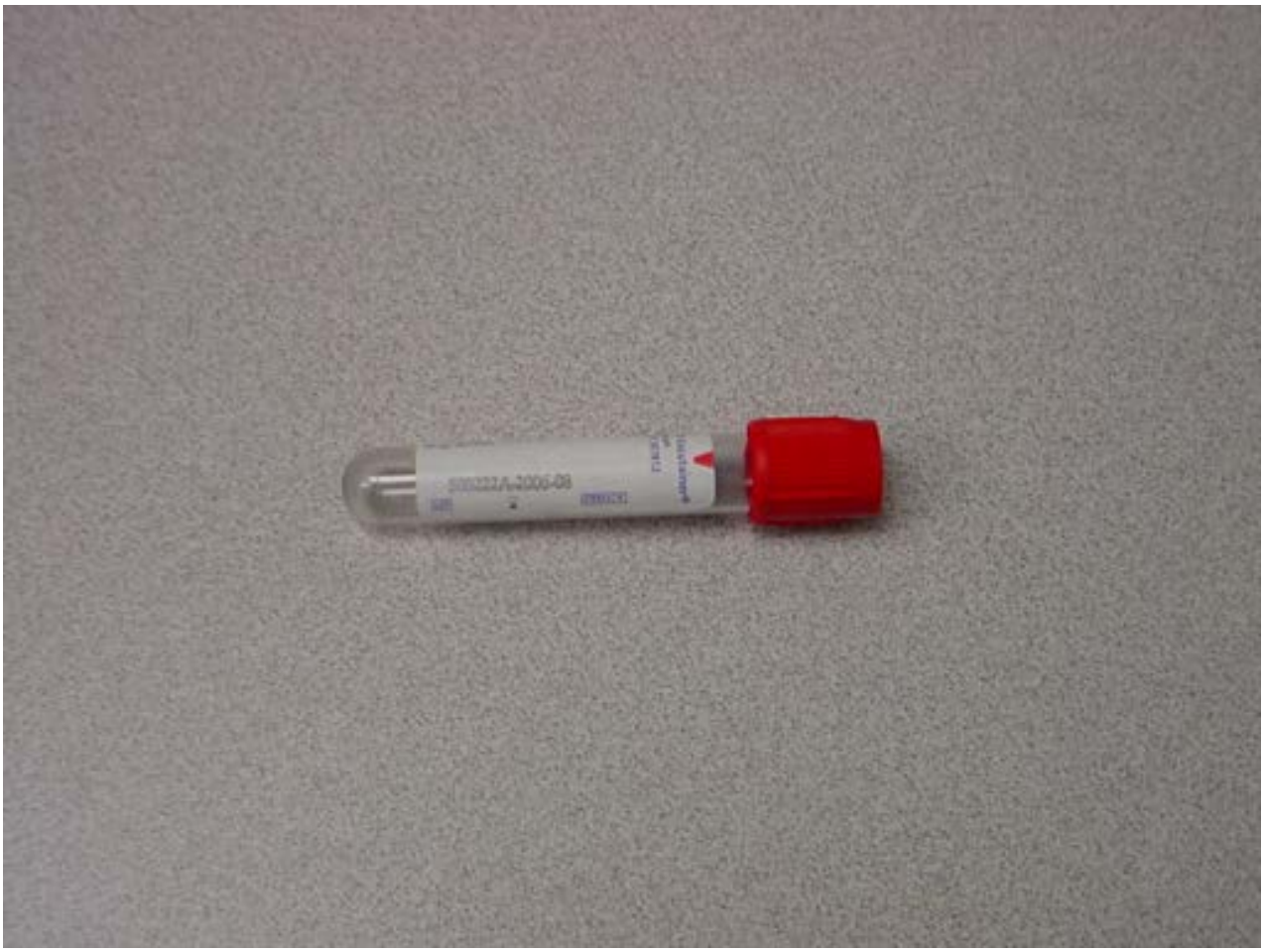

STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Bilirubin, Total, Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	C/TBIL
CPT CODE:	82247
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, CSF collection tubes
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid
MINIMUM VOLUME:	0.2 mL fluid
REFERENCE RANGE:	None established
POE DESCRIPTION:	CSF TOTAL BILIRUBIN
TEST SYNONYM(S):	CSF Bilirubin







Rush Medical Labs

TEST NAME:	Biopsy Culture, Anaerobic
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C ANAEROBE
CPT CODE:	87075
TEST INFORMATION:	All biopsy specimens will be processed for routine anaerobic culture when an aerobic culture is requested. Test includes culture for anaerobic organisms. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Cultures are examined every 48 hours. Preliminary reports are available after 48 hours. Culture reports of no growth will be issued after 5 days. Completion of culture reports may take 7-10 days after receipt of the specimen, depending upon the nature of the microorganisms isolated.
SPECIAL INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimens should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate. The specific anatomic site of the biopsy MUST be specified on the requisition with surface and/or deep or surgical biopsies delineated.
CONTAINER TYPE:	BD ESWAB; sealed sterile container
COLLECTION:	The specimen of choice is tissue or an aspirate, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) anaerobes. Ideally, material obtained by needle aspiration through intact surface, which has been cleaned with antiseptic, is put directly into the BBL™ Port-A-Cul Transport System. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. Curetting of the base of an open lesion is optimal. If irrigation is necessary, nonbacteriostatic sterile saline may be used. Pulmonary samples may be obtained by transtracheal percutaneous needle aspiration. When a syringe is used to obtain the specimen, all air should be expelled after which the sample should be injected into a BBL™ Port-A-Cul Transport System. Swabs should NOT be used due to the small volume of specimen obtainable by this method. Place tissue directly into the transport tube. Secure the lid tightly. Contamination with normal flora from skin or other body surfaces MUST be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	Surgical tissue, biopsy material from normally sterile site appropriately obtained for anaerobic culture.
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen. Specimens from sites which have anaerobic bacteria as normal flora will routinely be rejected.
MINIMUM VOLUME:	0.5-10 mL or a small piece of tissue
HANDLING INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimen should be transported as soon as possible. When transportation is delayed, leave

	at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No growth of anaerobic bacteria
LIMITATIONS OF TEST:	A specimen received in anaerobic transport devices is not suitable for routine fungal or mycobacterial cultures. If more than three anaerobic isolates are present, the *Bacteroides fragilis* group, and *Clostridium perfringens* will be the only isolates identified. Anaerobic susceptibility testing is NOT performed routinely. Should susceptibility testing be required, call the Clinical Microbiology laboratory at (312)942-5452.
METHODOLOGY:	Conventional culture utilizing media specifically formulated for anaerobic isolation.
ADDITIONAL INFORMATION:	The portion of the surgical specimen submitted to the Clinical Microbiology Laboratory should be aseptically separated from the portion submitted to the Pathology Department.
POE DESCRIPTION:	C ANAEROBE; CU ANAEROBIC
TEST SYNONYM(S):	Anaerobic Culture, Biopsy
LAST UPDATED:	03/10/2015

Rush Medical Labs

TEST NAME:	Biopsy Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM
CPT CODE:	87102 (culture); 87206 (smear)
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified. Other isolated organisms (i.e. aerobes, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours.
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when a fungal isolate is detected. Cultures will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the biopsy MUST be specified on the order or requisition with surface and/or deep or surgical biopsies delineated.
CONTAINER TYPE:	Sealed sterile container, no preservative; sterile Petri dish (available from the Clinical Microbiology Laboratory).
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface organisms. Ideally, material is obtained by needle aspiration through intact surface, which has been cleaned with antiseptic, and injected into a sealed, sterile container. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. If irrigation is necessary, nonbacteriostatic sterile saline may be used. Pulmonary samples may be obtained by transtracheal percutaneous needle aspiration. Optimal isolation of fungi from tissue is accomplished by processing as much tissue as possible.
SPECIMEN REQUIREMENTS:	Surgical tissue, biopsy material
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen, specimen received in a preservative.
MINIMUM VOLUME:	As much as possible
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No fungi isolated/observed.
METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
ADDITIONAL INFORMATION:	The portion of the surgical specimen submitted to the Clinical Microbiology Laboratory should be aseptically separated from the portion submitted to the Pathology Department.
POE DESCRIPTION:	C FUNGUSSM (NON-SKIN); CU FUNGUS W SMEAR (NON-SKIN)
TEST SYNONYM(S):	Fungus Culture, Biopsy


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Biopsy Culture, Mycobacterium
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AFBSM
CPT CODE:	87015, 87116, 87206 (smear)
TEST INFORMATION:	Test includes culture and acid-fast stain (if specimen volume is adequate). Culture includes decontamination and concentration, if appropriate (i.e. specimen potentially contaminated with normal flora). If a mycobacterial species is isolated, the organism will be identified. Susceptibility testing will be performed depending upon the isolate identification. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours.
TURNAROUND TIME:	Smear results, 24 hours after receipt of the specimen in the laboratory. Preliminary reports are available after 1 week or when a mycobacterial isolate is detected. Negative cultures with negative smears will be issued after 8 weeks. Negative cultures with positive smears will be issued after 12 weeks. Completion of culture reports may require additional time when mycobacteria are isolated and/or susceptibility testing is performed.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the biopsy MUST be specified on the order or requisition with surface and/or deep or surgical biopsies delineated.
CONTAINER TYPE:	Sealed sterile container, no preservative
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface organisms. Ideally, material is obtained by needle aspiration through intact surface, which has been cleaned with antiseptic, and injected into a sealed, sterile container. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. If irrigation is necessary, nonbacteriostatic sterile saline may be used. Pulmonary samples may be obtained by transtracheal percutaneous needle aspiration. Optimal isolation of mycobacteria from tissue is accomplished by processing as much tissue as possible.
SPECIMEN REQUIREMENTS:	Surgical tissue, biopsy material from normally sterile site
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative. Only three specimens per body site with negative acid-fast smears will be processed. Subsequent specimens will be rejected. Specimens from known positive patients will be accepted only once a week for culture and smear per body site.
MINIMUM VOLUME:	0.5-10 mL or a small piece of tissue
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No acid-fast bacilli observed on smear or isolated in culture.
LIMITATIONS OF TEST:	A single negative smear does not rule out the presence of mycobacterial infection.
METHODOLOGY:	Acid-fast smear: fluorochrome stain. Culture: inoculation of conventional culture media and a rapid medium for automated

ADDITIONAL INFORMATION:	continuous analysis. DNA probes may be incorporated to aid with more rapid identification of mycobacterial isolates. This will generate an additional charge(s). Susceptibility testing will be performed only on the first *Mycobacterium* isolate from each specimen type per patient. Additional susceptibilities may be performed after a period of 4 weeks for patients with suspected treatment failure. Susceptibility testing is performed routinely only for *M. tuberculosis* complex, Susceptibility testing for other Mycobacterium species is performed by special request only. The battery of drugs routinely tested will vary by isolate and/or physician request. Patients from whom *M. tuberculosis* is isolated in culture are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CU MYCOBACTERIUM W SMEAR; CU AFB AND SMEAR; C AFBSM
TEST SYNONYM(S):	AFB Culture, Biopsy; Biopsy AFB Culture; Mycobacterium Culture, Biopsy; TB Culture, Biopsy
LAST UPDATED:	06/22/2026

Rush Medical Labs

TEST NAME:	Biopsy Culture, Routine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AERGS
CPT CODE:	87205; 87071
TEST INFORMATION:	The test includes a direct Gram stain, isolation and identification of microorganisms, and susceptibility testing, if appropriate. Other isolated organisms (i.e. anaerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Gram stain: 2 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 24 hours. Culture reports of no growth will be issued after 72 hours. Completion of culture reports may take 3-5 days after receipt of the specimen when multiple isolates are found.
SPECIAL INSTRUCTIONS:	All biopsy/tissue specimens will routinely be cultured aerobically and anaerobically unless specifically indicated on the order or requisition that "No anaerobic culture needed." The specific anatomic site of the biopsy MUST be specified on the order or requisition with surface and/or deep or surgical biopsies delineated.
CONTAINER TYPE:	Sealed Sterile 80 mL specimen container, no preservative
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface organisms. Ideally, material is obtained by needle aspiration through intact surface, which has been cleaned with antiseptic, and injected into a sealed, sterile container. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. If irrigation is necessary, nonbacteriostatic sterile saline may be used. Pulmonary samples may be obtained by transtracheal percutaneous needle aspiration. Optimal isolation of microorganisms from tissue is accomplished by processing as much tissue as possible.
SPECIMEN REQUIREMENTS:	Surgical tissue, biopsy material, etc.
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen, specimen received in a preservative.
MINIMUM VOLUME:	0.5-5 mL or a small piece of tissue
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No growth
LIMITATIONS OF TEST:	A specimen with additional microbiologic procedures will be processed only if the specimen is of adequate quantity for all tests requested. A physician will be contacted to prioritize requested procedures when the specimen is of an inadequate quantity. The portion of the surgical specimen submitted for microbiologic analysis must be separated from the portion submitted to the Pathology Department utilizing sterile technique.
METHODOLOGY:	Inoculation of conventional culture media.
POE DESCRIPTION:	CU AEROBIC W GRAM STAIN; C AERGS
LAST UPDATED:	06/22/2026


STERILE
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Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Biotinidinase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	BIOTINID
CPT CODE:	82261-90
TURNAROUND TIME:	one week
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code S40690
POE DESCRIPTION:	Biotinidase





Rush Medical Labs

TEST NAME:	BK Virus Plasma; Urine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	BKQT; BKQTO
CONTAINER TYPE:	EDTA Tube; sterile container w/no preservative
MINIMUM VOLUME:	1 mL
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Blastomyces Dermatitidis Quantitative Antigen EIA
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	BLASTO AG
CPT CODE:	87449
CDM NUMBER:	3181502
TEST INFORMATION:	Intended use is as an aid in diagnosis of blastomycosis or to monitor therapy.
DAYS PERFORMED:	Test performed Monday - Thursday only.
TURNAROUND TIME:	2 - 7 days
CONTAINER TYPE:	Sealed sterile urine container (no preservative); Red top tube or SST tube; sealed sterile cerebrospinal fluid collection tube; sealed sterile sputum or Leuken's container.
SPECIMEN REQUIREMENTS:	Urine, serum separated from the clot, plasma separated from the red cell layer, CSF, bronchial, or other sterile body fluid
REJECTION CRITERIA:	Inadequate specimen volume, particulate matter or viscosity that would not allow the specimen to be pipetted.
MINIMUM VOLUME:	2.0 mL
HANDLING INSTRUCTIONS:	Store in refrigerator if not sent the same day as obtained.
REFERENCE RANGE:	Negative = None Detected, Low Positive = Below the Limit of Quantification, Low Positive = 0.20-1.99 ng/ml, Moderate Positive = 2.00-14.70 ng/ml, High Positive = Above the Limit of Quantification
LIMITATIONS OF TEST:	Cross-reactions occur in histoplasmosis, paracoccidioidomycosis, penicilliosis, coccidioidomycosis and rarely in aspergillosis and possibly in sporotrichosis. Sputolysin and NaOH treatment degrade the analyte detected in the assay. Negative results do not exclude blastomycosis: testing both urine and serum offers the highest sensitivity.
METHODOLOGY:	Quantitative sandwich enzyme immunoassay (EIA)
REFERRAL LABORATORY:	Commercial Laboratory
LAST UPDATED:	06/22/2026



Rush Medical Labs

TEST NAME:	Blood Culture, Brucella
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C BLOOD
CPT CODE:	87040
TEST INFORMATION:	The test includes the isolation and identification of microorganisms and susceptibility testing, when appropriate. Other isolated organisms (i.e. anaerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	14 days
SPECIAL INSTRUCTIONS:	The order or requisition MUST state blood for *Brucella* Culture. Inform the Clinical Microbiology Laboratory of the specific request for *Brucella* Blood Culture such that the length of incubation of the culture media can be extended. The specific site of the specimen (i.e. arterial, CVP, etc.) MUST be specified on the requisition..
CONTAINER TYPE:	BacT/ALERT SA (aerobic) and BacT/ALERT SN(anaerobic)
COLLECTION:	Blood cultures should be drawn prior to initiation of antimicrobial therapy. Follow the collection procedure for Blood Culture, Routine.
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Inappropriate specimen container, refrigerated specimen, improperly labeled bottles, insufficient specimen volume.
MINIMUM VOLUME:	0.1 mL (optimal volume for blood is 10 mL per bottle)
HANDLING INSTRUCTIONS:	Blood cultures should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate. Clients: incubate Bact/Alert bottles if transportation is delayed more than 4 hours.
REFERENCE RANGE:	No growth
LIMITATIONS OF TEST:	Blood cultures for *Brucella* are primarily useful in the early acute phase of the disease. Recovery of *Brucella* is limited by the relatively low level of bacteremia and the fastidious nature of the organism.
METHODOLOGY:	Automation (continuous monitoring)
ADDITIONAL INFORMATION:	Serologic testing of acute and convalescent blood specimens for *Brucella* antibodies may be useful when cultures are negative. The Clinical Microbiology Laboratory MUST be notified when *Brucella* is suspected so as to optimize the isolation of the organism and to prevent laboratory acquired infections.
POE DESCRIPTION:	CU BLOOD SET; C BLOOD
TEST SYNONYM(S):	Brucella, Blood Culture; Culture for Brucella, Blood
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Blood Culture, from line draw
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXBLN
CPT CODE:	87040
TEST INFORMATION:	Used to isolate and identify potentially pathogenic aerobic and/or anaerobic microorganisms causing bacteremia and perform susceptibility testing, when appropriate; establish the diagnosis of endocarditis. Other isolated organisms (i.e. fungi and mycobacteria) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports available after 24 hours or when an isolate is detected. Culture reports of no growth will be issued after 5 days.
SPECIAL INSTRUCTIONS:	The specific site of the specimen (i.e. arterial, swan ganz, etc.) MUST be specified on the order or requisition.
CONTAINER TYPE:	BacT/ALERT SA (aerobic) and BacT/ALERT SN(anaerobic)
COLLECTION:	Blood cultures should be obtained prior to the initiation of antimicrobial therapy. COLLECTION OF TWO BLOOD CULTURE SETS IS STRONGLY RECOMMENDED. Specimen to be collected via catheter. Click here for detailed instructions for blood collection using a needle and syringe.¿
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Improperly labeled bottles, expired bottles, refrigerated specimen, insufficient specimen volume, clotted specimen
MINIMUM VOLUME:	0.1 mL blood per bottle (optimal volume for blood is 10 mL per bottle)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No growth
LIMITATIONS OF TEST:	Blood cultures from patients suspected of having *Brucella* or *Leptospira* MUST be requested as a special culture. Call the Clinical Microbiology laboratory at (312)942-5452 for special instructions for blood collection for these organisms. Candida species are usually isolated from routine blood cultures. However, if fastidious yeast such as Histoplasma capsulatum or Malasezzia furfur or mold are specifically suspected, a separate fungal blood culture should be drawn along with each of the routine blood specimens. See separate listing for proper collection of Blood Fungus Culture. If mycobacteria are suspected, a separate mycobacterial culture should be drawn along with each of the routine blood cultures. Refer to separate entry, Blood Mycobacterium Culture, for proper collection.
METHODOLOGY:	Automation (continuous monitoring).

ADDITIONAL INFORMATION:	It is NOT recommended to culture blood while antimicrobials are present unless verification of an agent"s efficacy is needed. To diagnose endocarditis, 3 sets of cultures may be required. Single blood culture sets are usually inappropriate and are contraindicated except for pediatric patients.
POE DESCRIPTION:	CU BLOOD SET (CATHETER); C BLOOD (CATHETER)
TEST SYNONYM(S):	Blood Culture - Drawn from line
LAST UPDATED:	08/03/2018





Rush Medical Labs

TEST NAME:	Blood Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXFBL
CPT CODE:	87103
TEST INFORMATION:	The test includes isolation and identification of any fungi isolated. Other isolated organisms (i.e. aerobes, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports are available after 1 week or when an isolate is detected. Cultures will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	Request test specifically. Not a component of a routine blood culture. The specific site of the specimen (i.e. arterial, swan ganz, etc.) MUST be specified on the order or requisition.
CONTAINER TYPE:	Inpatients: BD Bactec Myco/F Lytic bottle (available from Clinical Microbiology, 312-942-5452)
COLLECTION:	Swab the venipuncture site concentrically, starting at the center, with 4% chlorhexidine glucosate. After the disinfectant has dried, remove with an alcohol swab. The venipuncture site must not be palpated after preparation. Obtain 5 mL blood (adults) 1 mL (children). Inoculate the collection tube. Invert the tube 5-10 times to mix well. Blood cultures should be obtained prior to initiation of antifungal therapy. If more than one culture is ordered, the specimen should be obtained from separate venipuncture sites. Disinfect the septum of the collection tube with alcohol. The time of collection must be indicated. Strict aseptic technique is essential.
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Inappropriate specimen container, specimen received more than 8 hours after collection, insufficient specimen volume, refrigerated specimen, clotted specimen.
MINIMUM VOLUME:	Adult: 3 mL; pediatric 1 mL (The optimal volume is 3 to 5 mL of blood)
HANDLING INSTRUCTIONS:	Blood cultures should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No fungi isolated; no growth
LIMITATIONS OF TEST:	Routine blood cultures aer generally adequate for recovery of *Candida spp*. Fungal Blood Cultures are most effective in isolating *Candida albicans* and other yeasts. If other fungal species are suspected, a biopsy or bone marrow submitted for Fungus Culture should be considered.
METHODOLOGY:	Automation (continuous monitoring)
ADDITIONAL INFORMATION:	If *Malassezia furfur* is suspected, this must be indicated on the order or the requisition. Bacterial isolates will be referred to the Blood Culture workstation for identification and susceptibility testing, when appropriate. An additional charge(s) will be incurred. Mycobacterial isolates will be referred to the Mycobacteriology laboratory for identification and susceptibility testing, when appropriate. An additional charge(s) will be incurred.
POE DESCRIPTION:	CU FUNGUS BLOOD; C FUNGUSBL

TEST SYNONYM(S):	Fungus Culture, Blood; Fungus, Blood Culture
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Blood Culture, Mycobacterium
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AFB BL
CPT CODE:	87116
TEST INFORMATION:	The test includes identification of any mycobacteria isolated, and susceptibility testing, if appropriate. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports are available after 1 week or when a mycobacterial isolate is detected. Negative cultures will be finalized after 6 weeks. Completion of culture reports may require additional time when mycobacteria are isolated.
SPECIAL INSTRUCTIONS:	Request test specifically. Not a component of a routine blood culture. The specific site of the specimen (i.e. arterial, swan ganz, etc.) MUST be specified on the order or requisition.
CONTAINER TYPE:	Inpatients: BD Bactec Myco/F Lytic bottle (available from Clinical Microbiology, 312-942-5452)
COLLECTION:	Swab the venipuncture site concentrically, starting at the center, with 4% chlorhexidine glucosate. After the disinfectant has dried, remove with an alcohol swab. The venipuncture site must not be palpated after preparation. Obtain 5 mL blood (adults) 1 mL (children). Inoculate the collection tube. Invert the tube 5-10 times to mix well. Blood cultures should be obtained prior to initiation of antifungal therapy. If more than one culture is ordered, the specimen should be obtained from separate venipuncture sites. Disinfect the septum of the collection tube with alcohol. The time of collection must be indicated. Strict aseptic technique is essential
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Inappropriate specimen container, specimen received more than 8 hours after collection, insufficient specimen volume, refrigerated specimen, clotted specimen.
MINIMUM VOLUME:	3 mL; 1 mL peds
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No mycobacteria isolated
METHODOLOGY:	Lysis centrifugation followed by inoculation of conventional mycobacterial culture media, as well as a rapid medium for automated continuous analysis.
ADDITIONAL INFORMATION:	Bacterial isolates will be referred to the Blood Culture workstation for identification and susceptibility testing, when appropriate. An additional charge(s) will be incurred. Fungal isolates will be referred to the Mycology laboratory for identification. An additional charge(s) will be incurred. Mycobacterial susceptibility testing is performed routinely only for *M. tuberculosis* complex, *M. kansasii*, *M. chelonae* complex, and M. fortuitum. Susceptibility testing for other *Mycobacterium* species is performed by special request only. Susceptibility testing will be performed only on the first

	Mycobacterium isolate from each specimen type per patient. Additional susceptibilities may be performed after a period of 4 weeks for patients with suspected treatment failure. The battery of drugs routinely tested will vary by isolate and/or physician request. Patients from whom *M. tuberculosis* is isolated are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CU MYCOBACTERIUM BLOOD; CU AFB BLOOD; CU ACID FAST BLOOD; C AFB BL
TEST SYNONYM(S):	MAC Blood Culture; MAI Blood Culture; Mycobacterium Culture, Blood
LAST UPDATED:	05/19/2014

Rush

Rush Medical Labs

TEST NAME:	Blood Culture, Routine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXBL
CPT CODE:	87040
TEST INFORMATION:	Used to isolate and identify potentially pathogenic aerobic and/or anaerobic microorganisms causing bacteremia and perform susceptibility testing, when appropriate; establish the diagnosis of endocarditis. Other isolated organisms (i.e. fungi and mycobacteria) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports available after 24 hours or when an isolate is detected. Culture reports of no growth will be issued after 5 days.
SPECIAL INSTRUCTIONS:	The specific site of the specimen (i.e. arterial, swan ganz, etc.) MUST be specified on the order or requisition.
CONTAINER TYPE:	BacT/ALERT SA (aerobic) and BacT/ALERT SN(anaerobic)
	Blood cultures should be obtained prior to the initiation of antimicrobial therapy. COLLECTION OF TWO BLOOD CULTURE SETS IS STRONGLY RECOMMENDED. The specimens should be drawn either at separate intervals, no less than 30 minutes apart, or from two separate sites.
COLLECTION:	
	Click here for detailed instructions for blood collection using a butterfly collection set.
	Click here for detailed instructions for blood collection using a needle and syringe.
SPECIMEN REQUIREMENTS:	Blood or bone marrow aspiration
REJECTION CRITERIA:	Improperly labeled bottles, expired bottles, refrigerated specimen, insufficient specimen volume, clotted specimen.
MINIMUM VOLUME:	0.1 mL blood per bottle, 0.1 mL bone marrow OPTIMAL VOLUME FOR BLOOD IS 10 mL PER BOTTLE
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate. Clients: When transportation is delayed more than 4 hours, incubate at 35°C.
REFERENCE RANGE:	No growth
LIMITATIONS OF TEST:	Blood cultures from patients suspected of having *Brucella* or *Leptospira* MUST be requested as a special culture. Call the Clinical Microbiology laboratory at (312)942-5452 for special instructions for blood collection for these organisms. Yeast often are isolated from routine blood cultures. However, if yeast or other fungi are specifically suspected, a separate fungal blood culture should be drawn along with each of the routine blood specimens. See separate

	listing for proper collection of Blood Fungus Culture. If mycobacteria are suspected, a separate mycobacterial culture should be drawn along with each of the routine blood cultures. Refer to separate entry, Blood Mycobacterium Culture, for proper collection.
METHODOLOGY:	Automation (continuous monitoring).
ADDITIONAL INFORMATION:	It is NOT recommended to culture blood while antimicrobials are present unless verification of an agent`s efficacy is needed. To diagnose endocarditis, 3 sets of cultures may be required. Single blood culture sets are usually inappropriate and are contraindicated except for pediatric patients.
POE DESCRIPTION:	CU BLOOD SET (PERIPHERAL); ¿C BLOOD (PERIPHERAL)
TEST SYNONYM(S):	Culture, Blood; Culture, Bone Marrow
LAST UPDATED:	08/03/2018



Rush

Rush Medical Labs

TEST NAME:	Blood Donation
TESTING LAB:	17;#Blood Center (Donors area)
LAB / EPIC MNEMONIC:	(not orderable on LIS)
CPT CODE:	86999
DAYS PERFORMED:	Mon-Fri, 0800-2000; Sat, 0800-1600; Sun, 1100-1900
TURNAROUND TIME:	1 hour for donations; 3 working days till available for transfusion
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	450 mL
TEST SYNONYM(S):	Autologous Blood; Directed Donor Blood; Phlebotomy



Rush Medical Labs

TEST NAME:	Blood Gases, Arterial - Cord Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ABG-C
CPT CODE:	82803
TEST INFORMATION:	Test includes measured pH, p02, pC02 and calculated Bicarbonate, total C02, 02 saturation and Base Excess
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Requisition must include source (ie, arterial) and time sample is drawn.
CONTAINER TYPE:	Heparinized syringe
SPECIMEN REQUIREMENTS:	Cord blood, arterial
REJECTION CRITERIA:	Include clotted sample, needles still attached to the syringe, or air bubbles in the syringe.
MINIMUM VOLUME:	0.3 mL
HANDLING INSTRUCTIONS:	Deliver specimen immediately to the lab on ice.
REFERENCE RANGE:	Reference ranges not established for cord samples.
POE DESCRIPTION:	ABG CORD, ARTERIAL BLOOD GAS (CORD), CORD ABG
TEST SYNONYM(S):	Cord Blood Gas, Arterial



Rush

Rush Medical Labs

TEST NAME:	Blood Gases, Arterial
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ABG
CPT CODE:	82803
TEST INFORMATION:	Test includes a measured pH, pO2, pCO2, and a calculated Bicarbonate, total CO2, O2 saturation and Base Excess
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Requisition must indicate source (ie, arterial) and time sample is drawn. This test cannot be added onto an existing sample.
CONTAINER TYPE:	Heparinized syringe, heparinized capillary tube
SPECIMEN REQUIREMENTS:	Whole blood, arterial
REJECTION CRITERIA:	Include clotted sample, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL
HANDLING INSTRUCTIONS:	Deliver specimen immediately to the lab on ice.
REFERENCE RANGE:	See Table
CRITICAL VALUES:	≤ 7.2
POE DESCRIPTION:	ARTERIAL BLOOD GAS; ABG
TEST SYNONYM(S):	ABG, Arterial Blood Gases, Gases


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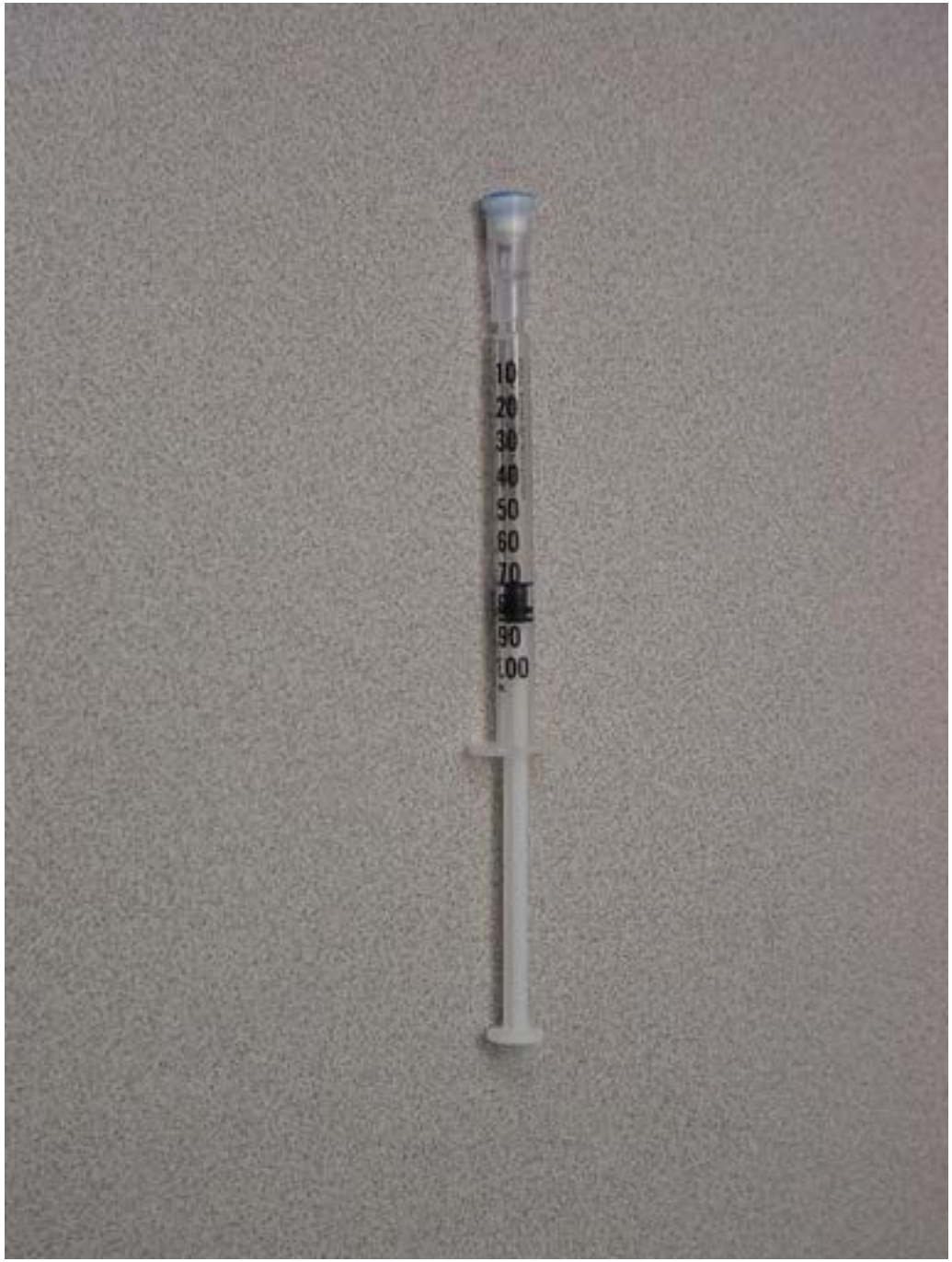
Blood Gas, Arterial

Test	Range
Bicarbonate	
1 d – 2 d	17.2-23.6 mmol/L
2 d – 2 mo	19.0-23.9 mmol/L
2 mo – 2 y	16.3-23.9 mmol/L
2y – adult	18.0-23.0 mmol/L
CO_2, total	19.0-24.0 mmol/L
O_2 saturation (calculation)	
1 d – 2 d	40 – 90%
2 d – adult	95 – 98%
PCO_2	
1 d – 1 mo	None
1 mo – adult male	35 – 48 mm Hg
1 mo – adult female	32 – 45 mm Hg
PH	
1 d – 1 mo	None
1 mo – adult	7.35 – 7.45
PO_2	
1 d – 1 mo	None
1 mo – adult	83 – 108 Hg



Rush Medical Labs

TEST NAME:	Blood Gases, Venous - Cord Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	VBG-C
CPT CODE:	82803
TEST INFORMATION:	Test includes measured pH, p02, pC02 and calculated Bicarbonate, total C02, 02 saturation and Base Excess.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Requisition must indicate source (ie, venous) and time sample id drawn.
CONTAINER TYPE:	Heparinized syringe
SPECIMEN REQUIREMENTS:	Cord blood, venous
REJECTION CRITERIA:	Include clotted sample, needles still attached to the syringe, or air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL
HANDLING INSTRUCTIONS:	Deliver specimen immediately to the lab on ice.
REFERENCE RANGE:	Reference ranges not established for cord samples.
POE DESCRIPTION:	VBG CORD, VENOUS BLOOD GASES (CORD), CORD VBG
TEST SYNONYM(S):	Cord Blood Gases, Venous


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Rush

Rush Medical Labs

TEST NAME:	Blood Gases, Venous
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	VBG
CPT CODE:	82803
TEST INFORMATION:	Test includes measured pH, pO2, pCO2 and calculated Bicarbonate, total CO2, O2 saturation and Base Excess
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Requisition must indicate source (ie, venous) and time sample is drawn. This test cannot be added onto an existing sample.
CONTAINER TYPE:	Heparinized syringe, heparinized capillary tube
SPECIMEN REQUIREMENTS:	Whole blood, venous
REJECTION CRITERIA:	Include clotted sample, needles still attached to the syringe, or air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL
HANDLING INSTRUCTIONS:	Deliver specimen immediately to the lab on ice.
REFERENCE RANGE:	See table
CRITICAL VALUES:	≤ 7.2
POE DESCRIPTION:	VENOUS BLOOD GASES; VBG
TEST SYNONYM(S):	VBG; Venous Blood Gases


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Test	Range
Bicarbonate	
1 d - adult	22.0 - 29.0 mmol/L
CO2, total	
1 d - adult	22.0 - 26.0 mmol/L
O2 saturation (calculation)	
1 d - adult	60.0 - 85.0 %
PCO2	
1 d - 1 mo	None
1 mo - adult male	41 - 54 mmHG
1 mo - adult female	38 - 51 mmHG
PH	
1 d - 1 mo	None
1 mo - adult	7.33 - 7.43
PO2	
1 d - 1 mo	None
1 mo - adult	25 - 29 mmHG

Rush Medical Labs

TEST NAME:	Blood Group and Rh
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	ABO; RH FEE; NEO ABO; RH FEE; CORD ABO; RH FEE
CPT CODE:	86900; 86901
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Red blood cells and plasma
MINIMUM VOLUME:	7 mL
POE DESCRIPTION:	ABO RH; NEO ABO; CORD ABO
TEST SYNONYM(S):	ABO and Rh Type; Blood Type; Type and Rh
LAST UPDATED:	08/19/2021


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Becton Dickinson, Franklin Lakes, NJ 07417

Rush

Rush Medical Labs

TEST NAME:	BMT Profile (52)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	Order individually
CPT CODE:	85025; 80053; 83615; 83735; 84100; 84550
TEST INFORMATION:	Test includes CBC, CMP, LDH, MG, PO4, URIC.
DAYS PERFORMED:	Daily, 24 hours.
TURNAROUND TIME:	Routine: 8 hours; Stat 1 hour
CONTAINER TYPE:	Red top tube - 10 mL or SST tube AND Lavender top (K2 EDTA) tube
SPECIMEN REQUIREMENTS:	Blood (serum and plasma)
MINIMUM VOLUME:	0.6 mL serum, 1.5 mL whole blood for CBC
POE DESCRIPTION:	BONE MARROW TRANSPLANT PROFILE (52)
TEST SYNONYM(S):	BMT Panel






BD Vacutainer

Rush

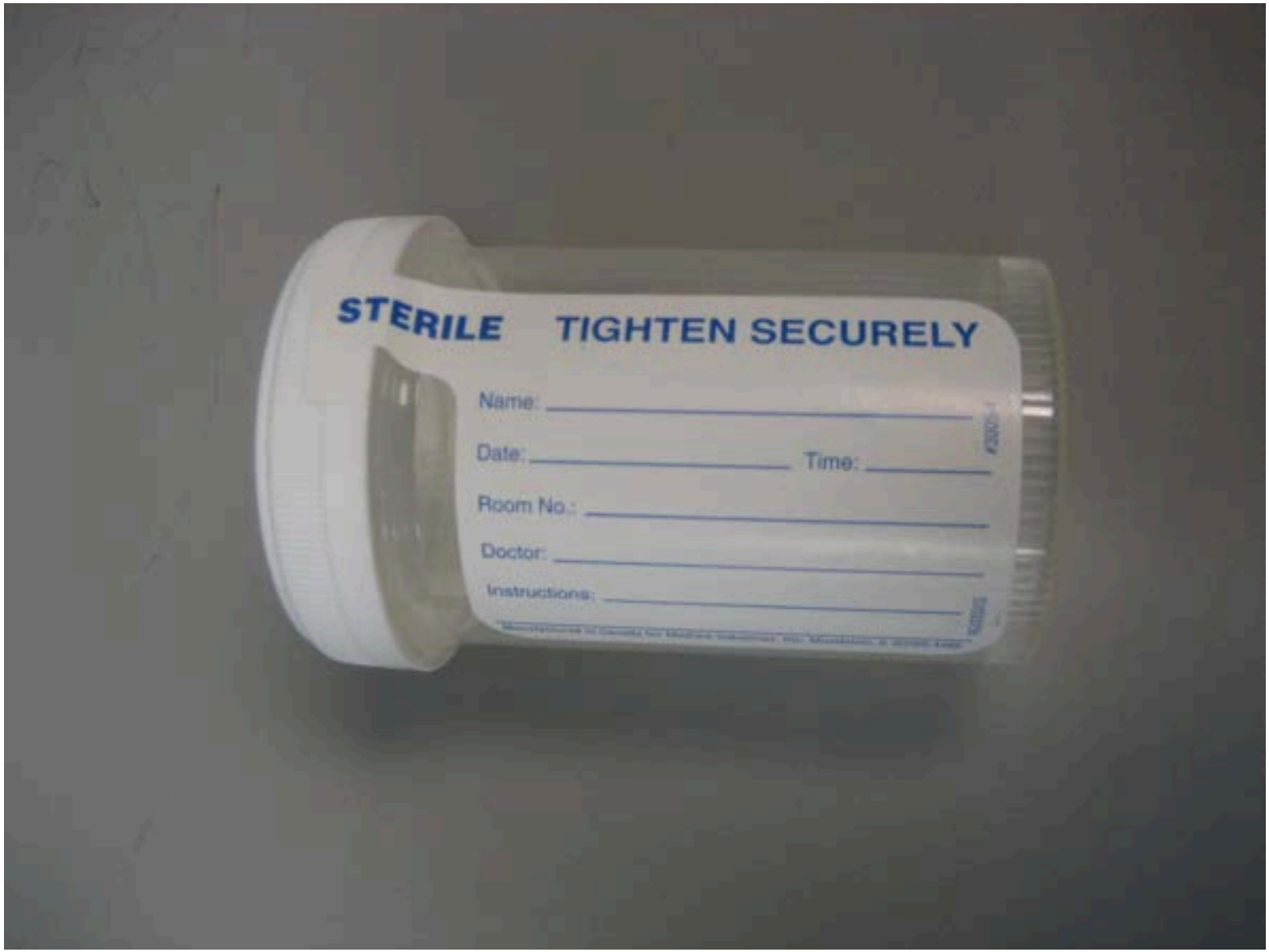
Rush Medical Labs

TEST NAME:	Body Fluid Culture, Anaerobic
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C ANAEROBE
CPT CODE:	87075
TEST INFORMATION:	Test includes culture for anaerobic organisms. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Cultures are examined every 48 hours. Preliminary reports available after 48 hours. Culture reports of no growth will be issued after 5 days. Completion of culture reports may take 7-10 days after receipt of the specimen, depending upon the nature of the microorganisms isolated.
SPECIAL INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimens should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate. The specific anatomic site of the body fluid MUST be specified on the order or requisition.
CONTAINER TYPE:	BD ESWAB Transport System; Bact/Alert® SN (anaerobic) bottles; sealed sterile container
COLLECTION:	The specimen of choice is an aspirate, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) anaerobes. Ideally, material obtained by needle aspiration through intact surface which has been cleaned with antiseptic, is put directly into either the BBL™ Port-A-Cul Transport System or 0.5-10 mL into the Bact/Alert® SN (anaerobic) bottles. If Bact/Alert® SN bottles are not directly inoculated, all air should be expelled from the syringe after which the specimen should be injected into the BBL™ Port-A-Cul Transport System or sealed sterile container. Swabs should be used as a last resort due to the small volume of specimen obtainable by this method. If a swab must be used, insert the swab containing the specimen about 1 cm from the bottom of the transport tube. Break off the swab shaft and secure the lid tightly. Contamination with normal flora from skin or other body surfaces MUST be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	Aspirated body fluid, pleural, peritoneal, pericardial, synovial, and other normally sterile sites and fluids
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen, gross contamination of specimen. Specimens from sites which have anaerobic bacteria as normal flora will routinely be rejected.
MINIMUM VOLUME:	0.5-10 mL; 0.5-10 mL per Bact/Alert® SN (anaerobic) bottles
HANDLING INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No growth of anaerobic bacteria.

LIMITATIONS OF TEST:	A specimen received in anaerobic transport devices is not suitable for routine fungal or mycobacterial cultures. If more than three anaerobic isolates are present, the *Bacteroides fragilis* group, and *Clostridium perfringens* will be identified. Anaerobic susceptibility testing is not performed routinely. Should susceptibility testing be required, call the Clinical Microbiology laboratory at (312)942-5452.
METHODOLOGY:	Conventional culture utilizing media specifically formulated for anaerobic isolation or automation (continuous monitoring) for Bact/Alert® SN bottles.
ADDITIONAL INFORMATION:	The use of blood culture bottles for submission of the specimens has some limitations: quantitation unavailable, Gram stain unavailable unless a separate sample is submitted. Use of the bottles does however increase the sensitivity of the culture procedure and provides for automated continuous monitoring.
POE DESCRIPTION:	CU ANAEROBIC; C ANAEROBE
TEST SYNONYM(S):	Anaerobic Culture, Body Fluid
LAST UPDATED:	03/10/2015

Rush Medical Labs

TEST NAME:	Body Fluid Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM; C FUNGUS (CSF only)
CPT CODE:	87102 (culture); 87206 (smear)
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified. A Cryptococcal Antigen test will routinely be performed on all cerebrospinal specimens in lieu of a fungal smear if an adequate volume of sample is submitted. Other isolated organisms (i.e. aerobes, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when an isolate is detected. Cultures will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the body fluid MUST be specified on the order or requisition.
CONTAINER TYPE:	Sealed sterile container, no preservative; Copan® II swab (See Attached)
COLLECTION:	The specimen of choice is an aspirate, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) organisms. Ideally, material obtained by needle aspiration through intact surface which has been cleaned with antiseptic, is put directly into a sealed, sterile container. Swabs should be used as a last resort due to the small volume of specimen obtainable by this method. If a swab must be used, use the Copan Swab® II collection device. Contamination with normal flora from skin or other body surfaces must be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	Aspirated body fluid
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen, specimen submitted in a preservative.
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No fungi isolated/observed.
METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
POE DESCRIPTION:	CU FUNGUS W SMEAR (NON-SKIN); C FUNGUSSM For CSF only: CU FUNGUS (NON-SKIN); C FUNGUS (NON-SKIN)
TEST SYNONYM(S):	Fungus Culture, Body Fluid


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COPAN

Rush Medical Labs

TEST NAME:	Body Fluid Culture, Mycobacterium
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AFBSM / C AFB for CSF
CPT CODE:	87116 (culture); 87206 (smear); 87015
TEST INFORMATION:	Test includes culture and acid-fast stain (if specimen volume is adequate). If a mycobacterial species is isolated, the organism will be identified. Susceptibility testing will be performed depending upon the isolate identification. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Smear results: 24 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 1 week or when a mycobacterial isolate is detected. Negative cultures with negative smears will be finalized after 8 weeks. Negative cultures with positive smears will be finalized after 12 weeks. Completion of culture reports may require additional time when mycobacteria are isolated and/or susceptibility testing is performed.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the body fluid MUST be specified on the order or requisition.
CONTAINER TYPE:	Sealed sterile container, no preservative
COLLECTION:	The specimen of choice is an aspirate, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) organisms. Ideally, material obtained by needle aspiration through intact surface which has been cleaned with antiseptic, is put directly into a sealed, sterile container. Contamination with normal flora from skin or other body surfaces must be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample. Pulmonary samples may be obtained by transtracheal percutaneous needle aspiration.
SPECIMEN REQUIREMENTS:	Aspirated body fluid. Because of the small number of mycobacteria present in most infected body fluids, submission of large volumes, ideally ≥ 5 mL, will improve the sensitivity of culture. This is especially true for CSF specimens. A minimum volume of 10 mL is needed for CSF cultures.
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative. Only three specimens per body site with negative acid-fast smears will be processed. Subsequent specimens will be rejected. Specimens from known positive patients will be accepted only once a week for culture and smear per body site.
MINIMUM VOLUME:	0.5 mL; 1 mL for CSF culture; 10 mL preferred.
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No acid-fast bacilli observed on smear or isolated in culture.
LIMITATIONS OF TEST:	A single negative smear does not rule out the presence of mycobacterial infection.

METHODOLOGY:	Due to low sensitivity AFB smears not performed on CSF specimen. Culture: inoculation of conventional culture media and a rapid medium for automated continuous analysis. DNA probes may be incorporated to aid with more rapid identification of mycobacterial isolates. This will generate an additional charge(s). Susceptibility testing will be performed only on the first *Mycobacterium* isolate from each specimen type per patient.
ADDITIONAL INFORMATION:	Additional susceptibilities may be performed after a period of 4 weeks for patients with suspected treatment failure. Susceptibility testing is performed routinely only for *M. tuberculosis* complex. Susceptibility testing for other *Mycobacterium* species is performed by special request only. The battery of drugs routinely tested will vary by isolate and/or physician request. Patients from whom *M. tuberculosis* is isolated in culture are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CU MYCOBACTERIUM W SMEAR; CU AFB W SMEAR; C AFBSM
TEST SYNONYM(S):	AFB Culture, Body Fluid; Body Fluid AFB Culture; Body Fluid Culture, TB; Mycobacterium Culture, Body Fluid; TB Culture, Body Fluid
LAST UPDATED:	05/13/2014

Rush

Rush Medical Labs

TEST NAME:	Body Fluid Culture; w/gram strain
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXFL; CXFLS
CPT CODE:	87071 (culture); 87205 (Gram stain)
TEST INFORMATION:	Test includes a direct Gram stain, isolation and identification of microorganisms, and susceptibility testing, if appropriate. Other isolated organisms (i.e. fungi, mycobacteria) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Gram stain: 1 hour for CSF after receipt of the specimen in the laboratory. Preliminary culture reports available after 24 hours. Culture reports of no growth will be issued after 72 hours. Completion of culture reports may take 3-4 days after receipt of the specimen when multiple isolates are found.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the body fluid MUST be specified on the order or the requisition. All sterile body fluids (except CSF) cultured aerobically and anaerobically unless specifically indicated on the order or requisition that "no anaerobic culture needed."
CONTAINER TYPE:	Sealed sterile container; BacT/ALERT SA (aerobic) and BacT/ALERT SN(anaerobic); Red top tube - 10 mL
COLLECTION:	The specimen of choice is an aspirate, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) organisms. Ideally, material obtained by needle aspiration through intact surface which has been cleaned with antiseptic, is put directly into a sealed, sterile container. Swabs should be used as a last resort due to the small volume of specimen obtainable by this method. If a swab must be used, use the Copan Swab® II collection device. Contamination with normal flora from skin or other body surfaces must be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample. Pulmonary samples may be obtained by transtracheal percutaneous needle aspiration.
SPECIMEN REQUIREMENTS:	Aseptically aspirated body fluid
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, gross contamination of specimen, refrigerated specimen.
MINIMUM VOLUME:	1 mL sealed sterile container, 0.5 mL per Bact/Alert bottle
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No growth
LIMITATIONS OF TEST:	The use of blood culture bottles for submission of the specimen has some limitations: quantitation unavailable, Gram stain unavailable unless a separate sample is submitted. Use of the blood culture bottles does however increase the sensitivity of the culture procedure.
METHODOLOGY:	Inoculation of conventional culture media; automation (continuous monitoring) for Bact/Alert blood culture media.
POE DESCRIPTION:	CU FLUID AND GRAM STAIN; C FLUIDGS CU FLUID; FLUID CULTURE

LAST UPDATED: 08/03/2018





Rush

Rush Medical Labs

TEST NAME:	Body Fluids Cell Count and Differential
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/P-D C-D (peritoneal dialysate); F/PCRD C-D (pericardial); F/SYN C-D (synovial)
CPT CODE:	89051
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Requisitions must state specific site aspirated.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid (eg, pleural fluid, synovial fluid, cyst fluid, paracentesis fluid, pericardial fluid, etc)
REJECTION CRITERIA:	Sent to the laboratory with needle on syringe
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be brought directly to the laboratory after collection. Do not store.
REFERENCE RANGE:	Pleural fluid: clear and colorless to pale yellow; <1000 WBC/mm3; <25% polys; 0-RBC. Peritoneal fluid: clear and colorless to pale yellow; <500 WBC/mm3; <25% granulocytes; <100,000 RBC/mm3. Pericardial fluid: clear and colorless to pale yellow; <500 WBC/mm3; <25% polys; 0-RBC; synovial fluid: granulocytes <25% of nucleated cells; nucleated cell count <200/mm3.
POE DESCRIPTION:	Pericardial fluid - CELL COUNT & DIFF PERICARDIAL; PERICARDIAL COUNT AND DIFF Peritoneal fluid - CELL COUNT & DIFF PERITONEAL; FL PERITONEAL COUNT AND DIFF Pleural fluid - CELL COUNT & DIFF PLEURAL; FL PLEURAL COUNT AND DIFF Synovial fluid - CELL COUNT & DIFF SYNOVIAL; FL SYNOVIAL COUNT AND DIF Miscellaneous - CELL COUNT AND DIFF MISC; FL MISC CELL COUNT & DIFF
TEST SYNONYM(S):	Extravascular Fluid Cell Count; Fluid Cell Count
LAST UPDATED:	06/22/2026


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EDTA 10.8
REF 367863


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Rush Medical Labs

TEST NAME:	Bone Marrow Aspirate and Biopsy
TESTING LAB:	15;#Surgical Pathology
LAB / EPIC MNEMONIC:	BMA; BMBX;
TEST INFORMATION:	Test includes H&E stain, Wright's stain, and iron stain
DAYS PERFORMED:	Mon-Fri, 0800-1530; for emergencies also available stat Mon-Fri, 1530-0900 and 24 hours on weekends by contacting Hematology fellow 'on call.' Stat requests must be accompanied by a stat Hematology consult except for extenuating circumstances negotiated with the Diagnostic Bone Marrow Laboratory on an individual basis, technologists will not be available to perform or assist with bone marrows in the O.R. When applicable, arrangements for such must be made 24 hours in advance.
TURNAROUND TIME:	2-3 working days
SPECIAL INSTRUCTIONS:	For adult patients schedule procedure with the Diagnostic Bone Marrow Clinic, 563-2348. Aspirates on pediatric patients are performed by pediatric hematology/oncology, 942-8114.The test must be ordered in the patient chart. Include requests for cultures, flow cytometry, cytogenetics, molecular studies, or other procedures indicated. Clinical history must be stated. Patient must have current CBC, platelet, PT and PTT results available. Patients with platelet counts $<20{,}000/mm^3$ or abnormal PT and PTT results must be cleared with a Hematology attending physician. If premedication of patient is desired, the laboratory should be notified at the time the test is scheduled.
CONTAINER TYPE:	Slides prepared by laboratory technologist, biopsy placed in fixative by technologist
COLLECTION:	Test performed by Hematology fellow or resident physician.
SPECIMEN REQUIREMENTS:	Bone marrow aspirate and/or biopsy
REJECTION CRITERIA:	Order not written on patient's chart; CBC, platelet, PT, or PTT results not available or are abnormal beyond proscribed limits.
MINIMUM VOLUME:	≥1 cm core of bone marrow from biopsy; 2-5 mL aspirate
REFERENCE RANGE:	Preliminary and final results interpreted by Hematopathologist. Phone Surgical Pathology, 942-5260 for results.
LIMITATIONS OF TEST:	Aspirates containing insufficient numbers of cells may not be representative of the marrow.
ADDITIONAL INFORMATION:	Written consent for a bone marrow aspirate is not required. The attending physician will explain the procedure to the patient and obtain verbal consent prior to scheduling the test with the laboratory. Patient should lie on site for 20-30 minutes and keep site dry for 24 hours. Evaluate bone marrow cellularity, morphology, and iron stores; may assist in diagnosis of elevated blood cell counts, cytopenias, leukemias, dysplasia, staging of lymphomas and diagnosis of certain infections (MAI, histoplasmosis, etc); marrow culture occasionally may assist in diagnosis of infection. For staging of lymphomas, for diagnosis of infections, and for evaluation of metastases, biopsy has higher yield than aspirate alone. In general, in an otherwise healthy

patient, ferritin level measurement in conjunction with the serum iron, TIBC, and peripheral smear evaluation can replace bone marrow exam when the **only** indication for marrow exam is evaluation of iron stores.

Patient's platelet count must be ≥ 20,000/mm^3 and INR <1.5 except upon approval by a Hematology attending physician.

TEST SYNONYM(S): Bone Marrow; Bone Marrow Biopsy

Rush Medical Labs

TEST NAME:	Bone Marrow Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM
CPT CODE:	87102, 87206
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified. Other isolated organisms (i.e. aerobes, mycobacteria) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when an isolate is detected. Cultures will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or requisition.
CONTAINER TYPE:	Bactec Myco/F Lytic bottle (available from Clinical Microbiology, 312-942-5452)
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface organisms. Material obtained by needle aspiration through intact surface, which has been cleaned with antiseptic, is injected into the yellow top SPS Vacutainer® tube. Invert the tube 5-10 times to mix well.
SPECIMEN REQUIREMENTS:	Bone marrow
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No fungi isolated/observed.
METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
ADDITIONAL INFORMATION:	Fungal blood cultures are most effective in isolating *Candida* albicans and other yeasts.
POE DESCRIPTION:	CU FUNGUS W SMEAR (NON-SKIN); C FUNGUSSM (NON-SKIN)
TEST SYNONYM(S):	Fungus Culture, Bone Marrow
LAST UPDATED:	03/10/2015

Rush Medical Labs

TEST NAME:	Bone Marrow Culture, Mycobacterium
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AFB BL
CPT CODE:	87116 (culture)
TEST INFORMATION:	Culture only, no acid fast stain (if specimen volume is adequate). If a mycobacterial species is isolated, the organism will be identified. Susceptibility testing will be performed depending upon the isolate identification. Other isolated organisms (i.e. aerobes, fungi) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Preliminary culture reports are available after 1 week or when a mycobacterial isolate is detected. Negative cultures will be finalized after 8 weeks. Completion of culture reports may require additional time when mycobacteria are isolated and/or susceptibility testing is performed.
CONTAINER TYPE:	Bactec Myco/F Lytic bottle (available from Clinical Microbiology, 312-942-5452)
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Material obtained by needle aspiration, is injected into the bottle. Invert the tube 5-10 times to mix well.
SPECIMEN REQUIREMENTS:	Bone marrow
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen.
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No acid-fast bacilli isolated.
METHODOLOGY:	Culture: Automated continuous analysis
ADDITIONAL INFORMATION:	DNA probes may be incorporated to aid with more rapid identification of mycobacterial isolates. This will generate an additional charge(s). Susceptibility testing will be performed only on the first *Mycobacterium* isolate from each specimen type per patient. Additional susceptibilities may be performed after a period of 4 weeks for patients with suspected treatment failure. Susceptibility testing is performed routinely only for *M. tuberculosis* complex. Susceptibility testing for other *Mycobacterium* species is performed by special request only. The battery of drugs routinely tested will vary by isolate and/or physician request. Patients from whom *M. tuberculosis* is isolated in culture are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CU MYCOBACTERIUM W SMEAR; CU AFB W SMEAR; C AFBSM
TEST SYNONYM(S):	AFB Culture, Bone Marrow; Mycobacterium Culture, Bone Marrow; TB Culture, Bone Marrow
LAST UPDATED:	05/13/2014



Rush Medical Labs

TEST NAME:	Bone Marrow Transplant Donor or Recipient
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	ALLO DONOR; ALLO RECIP
CPT CODE:	86850; 86880; 86900; 86901
DAYS PERFORMED:	Weekdays, 0700-1600; requires prior arrangement
TURNAROUND TIME:	48 hours
CONTAINER TYPE:	One Red top tube (clot), three pink or Lavender top (K2 EDTA) tube - 6 mL
COLLECTION:	**Special Labeling Requirements:** The initials of the person who collected the specimen and the date and time of collection MUST be noted on the specimen label.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	28 mL (7 mL/tube)
ADDITIONAL INFORMATION:	Infectious Disease Testing is sent out to a referral lab.
POE DESCRIPTION:	ALLO BONE MARROW DONOR; ALLO DONOR; ALLO BONE MARROW RECIPIENT; ALLO RECIP




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Becton Dickinson, Franklin Lakes, NJ 07417


BD Vacutainer

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Rush Medical Labs

TEST NAME:	Bone Specific Alkaline Phosphatase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	APBON
CPT CODE:	84075-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code 29498
POE DESCRIPTION:	Bone Specific Alk Phos
TEST SYNONYM(S):	Alkaline Phosphatase-Bone Specific
LAST UPDATED:	09/06/2017





Rush Medical Labs

TEST NAME:	Bordetella pertussis PCR
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	BPERT PCR
CPT CODE:	87798 - No Fee
TEST INFORMATION:	Test includes PCR and detection of Bordetella Pertusis DNA.
DAYS PERFORMED:	Monday-Friday, 0700-1400
SPECIAL INSTRUCTIONS:	Requisition must specify *Bordetella pertussis* and/or *B. parapertussis*. The specific anatomic site of the specimen MUST be specified on the order or requisition.
CONTAINER TYPE:	Nasopharyngeal aspirates, sealed sterile container or viral transport medium
COLLECTION:	Shape the flexible swab into the contour of the nares and into the nasopharynx. Pass the swab gently through the nose. Leave the swab in place near the septum and floor of nose for 15-30 seconds. Rotate and remove. Insert the swab into sterile container. Nasopharyngeal washings or aspirate acceptable. Submit to the Clinical Microbiology laboratory IMMEDIATELY.
SPECIMEN REQUIREMENTS:	Calgiswab® nasopharyngeal (NP) swab; nasopharyngeal washings (sealed sterile container).
REJECTION CRITERIA:	Swab specimen submitted in viral transport medium; insufficient quantity.
MINIMUM VOLUME:	One NP swab; 1 mL washings/aspirate
HANDLING INSTRUCTIONS:	When transportation MUST be delayed, leave at room temperature.
REFERENCE RANGE:	No *B. pertussis* DNA detected
LIMITATIONS OF TEST:	PCR test does not differentiate live organisms from dead.
METHODOLOGY:	PCR
REFERRAL LABORATORY:	Commercial
POE DESCRIPTION:	MICROBIOLOGY REFERRAL
TEST SYNONYM(S):	Whooping cough; Bordetella parapertussis PCR
LAST UPDATED:	06/22/2026

Rush Medical Labs

TEST NAME:	B-Raf V600E Mutation Detection by SSP-PCR
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	BRAFPCR
CPT CODE:	83891, 83898, 83894, 83903, 83912
CDM NUMBER:	3391019, 3391013, 3391006, 3391021, 3391014
DAYS PERFORMED:	Mon-Thur., 0900-1600; Fri., 0900-1200
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Specimens must be accompanied by a Specialty Tests requisition form
CONTAINER TYPE:	Fixed tissue block, or thin sections
SPECIMEN REQUIREMENTS:	2-3 ml bone marrow, 3-5 ml peripheral blood
REJECTION CRITERIA:	Unlabeled or mixed specimens, specimens mixed with more than 60% normal cells
MINIMUM VOLUME:	4 mm2 tumor tissue (5 micron sections); at least 40% tumor cells
HANDLING INSTRUCTIONS:	Hold at room temperature, deliver to 1188 Jelke within 24 hours
REFERENCE RANGE:	Mutation detected/not detected
LIMITATIONS OF TEST:	Only detects the B-raf V600E mutation
METHODOLOGY:	Sequence specific PCR
ADDITIONAL INFORMATION:	May be used before K-Ras testing

Rush

Rush Medical Labs

TEST NAME:	Brazil nut (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	BRAZILNUT
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F18
POE DESCRIPTION:	Brazil Nut Allergen





Rush Medical Labs

TEST NAME:	Bronchial Aspirate Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM
CPT CODE:	87102 (culture); 87206 (smear)
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified. Other isolated organisms (i.e. aerobes, mycobacteria) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when a fungal isolate is detected. Cultures will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or requisition.
CONTAINER TYPE:	Sealed sterile container, no preservative; sterile sputum container; sterile Leuken`s tube
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Non-bacteriostatic sterile saline should be used when obtaining washings and/or lavage specimens. Material obtained by needle aspiration (transbronchial lung biopsy) is injected into a sealed sterile container.
SPECIMEN REQUIREMENTS:	Bronchial aspirate, bronchial biopsy, bronchial brush, endotracheal aspirate, transtracheal aspirate, tracheal aspirate
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative.
MINIMUM VOLUME:	1 mL or a piece of tissue
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No fungi observed/isolated.
LIMITATIONS OF TEST:	Anesthetic solutions used during the bronchoscopy procedure may inhibit growth of organisms. Bronchial brushes MUST be transported to the laboratory IMMEDIATELY to eliminate dessication of the specimen. Specimens collected via bronchoscopy are contaminated with normal oral flora.
METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
ADDITIONAL INFORMATION:	Please notify the Clinical Microbiology Laboratory (312-942-5452) if *Histoplasma capsulatum*, *Blastomyces dermatitidis*, or *Coccidioides immitis* is suspected. These pathogens are highly infectious when propagated in vitro and have been transmitted to exposed laboratory workers.
POE DESCRIPTION:	CU FUNGUS W SMEAR (NON-SKIN); C FUNGUSSM (NON-SKIN)
TEST SYNONYM(S):	Fungus Culture, Bronchial Aspirate


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Bronchial Aspirate Culture, Mycobacterium
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AFBSM
CPT CODE:	87117 (culture); 87206 (smear)
CDM NUMBER:	3451029; 3451025
TEST INFORMATION:	The test includes culture and acid-fast stain (if specimen volume is adequate). Culture includes decontamination and concentration followed by inoculation of specific mycobacterial conventional media and a rapid medium for automated analysis. If a mycobacterial species is isolated, the organism will be definitely identified. Susceptibility testing will be performed depending on the isolate identification. Other isolated organisms (i.e. aerobes, fungi) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Smear results: 24 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 1 week or when a mycobacterial isolate is detected. Negative cultures with negative smears will be finalized after 8 weeks. Negative cultures with positive smears will be finalized after 12 weeks. Completion of culture reports may require additional time when mycobacteria are isolated and susceptibility testing is performed.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or requisition.
CONTAINER TYPE:	Sterile sputum container; sterile Leuken`s tube; sealed sterile container, no preservative
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Non-bacteriostatic sterile saline should be used when obtaining washings and/or lavage specimens. Material obtained by needle aspiration (transbronchial lung biopsy) is injected into a sealed sterile container.
SPECIMEN REQUIREMENTS:	Bronchial aspirate, bronchial biopsy, bronchial brush
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative. Specimens from known positive patients will be accepted only once a week for culture and smear per body site.
MINIMUM VOLUME:	5 mL or a piece of tissue
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No acid-fast bacilli observed on smear or isolated in culture
LIMITATIONS OF TEST:	A single negative smear does not rule out the presence of mycobacterial infection. Anesthetic solutions used during the bronchoscopy procedure may inhibit growth of organisms. Bronchial brushes MUST be transported to the laboratory IMMEDIATELY to eliminate desiccation of the specimen. Specimens collected via bronchoscopy are contaminated with normal oral flora.
METHODOLOGY:	Acid-fast smear: fluorochrome stain. Culture: inoculation of conventional culture media and a rapid medium for automated continuous analysis.

ADDITIONAL INFORMATION:	DNA probes may be incorporated to aid with more rapid identification of mycobacterial isolates. This will generate an additional charge(s). Susceptibility testing will be performed only on the first *Mycobacterium* isolate from each specimen type per patient. Additional susceptibilities may be performed after a period of 4 weeks for patients with suspected treatment failure. Susceptibility testing is performed routinely only for *M. tuberculosis* complex. Susceptibility testing for other *Mycobacterium* species is performed by special request only. The battery of drugs routinely tested will vary by isolate and/or physician request. Patients from whom *M. tuberculosis* is isolated in culture are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CU MYCOBACTERIUM W SMEAR; CU AFB W SMEAR; C AFBSM
TEST SYNONYM(S):	Bronchial Aspirate AFB Culture; Bronchial Aspirate TB Culture; Lower Respiratory Mycobacterium Culture; Mycobacterium Culture; Bronchial Aspirate
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

TEST NAME:	Bronchial Aspirate Culture, Routine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C SPUTUMGS
CPT CODE:	87071 (culture); 87025 (smear)
TEST INFORMATION:	Test includes a direct Gram stain, isolation and identification of potential pathogens, and susceptibility testing, if appropriate. Other isolated organisms (i.e. fungi, mycobacteria) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports are available after 24-48 hours. Cultures with no growth or normal flora only will be finalized after 48 hours. Completion of culture reports may take 3-4 days after receipt of the specimen when multiple isolates are found.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or requisition. Order or requisition must also state Cystic Fibrosis protocol, when appropriate, for cystic fibrosis patients.
CONTAINER TYPE:	Sealed sterile container, no preservative; sterile sputum container; sterile Leuken`s tube
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Non-bacteriostatic sterile saline should be used when obtaining washings and/or lavage specimens. Material obtained by needle aspiration (transbronchial lung biopsy) is injected into a sealed sterile container.
SPECIMEN REQUIREMENTS:	Bronchial aspirate, bronchial biopsy, bronchial brush, endotracheal aspirate, tracheal aspirate, transtracheal aspirate
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen submitted in a preservative.
MINIMUM VOLUME:	2-10 mL or a piece of tissue
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No growth or normal respiratory flora only
LIMITATIONS OF TEST:	Anesthetic solutions used during the bronchoscopy procedure may inhibit growth of organisms. Bronchial brushes MUST be transported to the laboratory IMMEDIATELY to eliminate desiccation of the specimen. Specimens collected via bronchoscopy are contaminated with normal oral flora. Postbronchoscopy expectorated specimens may provide a better yield of organisms than those obtained during the bronchoscopy procedure.
METHODOLOGY:	Inoculation of conventional culture media.
ADDITIONAL INFORMATION:	Presence of normal respiratory flora will be reported. Normal flora includes alpha and nonhemolytic streptococci, saprophytic Neisseria species, coagulase-negative staphylococci, Micrococcus species, and diphtheroids. Bronchial specimens are not screened for specimen acceptability by means of a sputum screen.
POE DESCRIPTION:	SPUTUM OR LEUKENS W GRAM STAIN; CU SPUTUM AND GS; C SPUTUMGS
TEST SYNONYM(S):	Lower Respiratory Culture Aspirate
LAST UPDATED:	06/22/2026


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Brucella Antibody Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BRUCELLA
CPT CODE:	86622 (x2)
TEST INFORMATION:	Test includes antibody titers to Brucella abortus.
DAYS PERFORMED:	Monday-Friday, 0700-1400
TURNAROUND TIME:	2-5 days
SPECIAL INSTRUCTIONS:	Acute and convalescent specimens should be submitted with the convalescent specimen submitted 2-3 weeks after the acute. It is the requesting physician`s responsibility to see that both acute and convalescent specimens are obtained.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube, sterile container with no preservative for CSF
SPECIMEN REQUIREMENTS:	Blood (serum), CSF
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1 mL serum) or 1 mL CSF
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Serum: < .80 CSF : < .50
LIMITATIONS OF TEST:	Cross reactions can occur with other Brucella species, *Yersinia enterocolitica serotype* 9, *Francisella tularensis*, and *Vibrio cholerae*. *Brucella abortus* antigen detects infection also caused by *B. suis* and *B. melitensis*, but not *B. canis*.
METHODOLOGY:	ELISA
REFERRAL LABORATORY:	Commercial Laboratory
ADDITIONAL INFORMATION:	Antibody titers are measured against Brucella abortus ONLY. *Brucellosis antibody* appears during the second week in acute cases and peaks in 3-6 weeks. Acute disease is manifested by the presence of specific IgM and increasing amounts of IgG antibodies. Elevated concentrations of Brucella specific IgG are seen in patients with chronic brucellosis.
POE DESCRIPTION:	MICROBIOLOGY REFERRAL
LAST UPDATED:	06/22/2026







Rush Medical Labs

TEST NAME:	Brushing Cytology
TESTING LAB:	6;#Cytology
CPT CODE:	74013
DAYS PERFORMED:	Mon-Fri, 0730-1700;
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	Specify the site brushed. If brushings are obtained from different sites, a separate fixative vial should be used for each site. Suspected infectious diseases should be specified.
CONTAINER TYPE:	Cytolyt fixative vial
SPECIMEN REQUIREMENTS:	Brush from lesion area
TEST SYNONYM(S):	Cytology; Brushing

Rush Medical Labs

TEST NAME:	B-type Natriuretic Peptide
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BNP
CPT CODE:	83520-90
CDM NUMBER:	3181386
TURNAROUND TIME:	Routine: 4 hours; STAT: 1 hour
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 24 hours old.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL(Plastic tube only)
SPECIMEN REQUIREMENTS:	3.0 mL EDTA whole blood (1.5 mL EDTA plasma)
REJECTION CRITERIA:	Gross hemolysis
MINIMUM VOLUME:	1 mL EDTA whole blood (0.3 mL EDTA plasma)
REFERENCE RANGE:	0-100 pg/mL
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
ADDITIONAL INFORMATION:	BNP results < 100 pg/mL are seen in healthy patients. BNP is markedly increased in chronic and acute congestive heart failure patients and correlates with disease severity.
POE DESCRIPTION:	B-type Natriuretic Peptide
TEST SYNONYM(S):	BNP, Brain Natriuretic Peptide, Natriuretic Peptide
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	C1 Esterase Inhibitor Activity
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C1EST ACT
CPT CODE:	86161-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.4 mL serum)
REFERENCE RANGE:	Test Code 1531
POE DESCRIPTION:	C1 ESTERASE INHIB ACTIVITY; C1EST ACT



Rush

Rush Medical Labs

TEST NAME:	C1 Esterase Inhibitor, Protein Quantitation
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C1EST QT
CPT CODE:	86160-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 1530
POE DESCRIPTION:	C1EST QT
TEST SYNONYM(S):	C1 Inhibitor; Hereditary Angioedema Test



Rush

Rush Medical Labs

TEST NAME:	C1Q Binding Assay
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C1Q BIND
CPT CODE:	86332-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 ml blood (0.5 ml serum)
REFERENCE RANGE:	Test Code S51585
POE DESCRIPTION:	CIQ BINDING ASSAY; C1Q BIND
TEST SYNONYM(S):	Immune Complex Clq Binding Assay

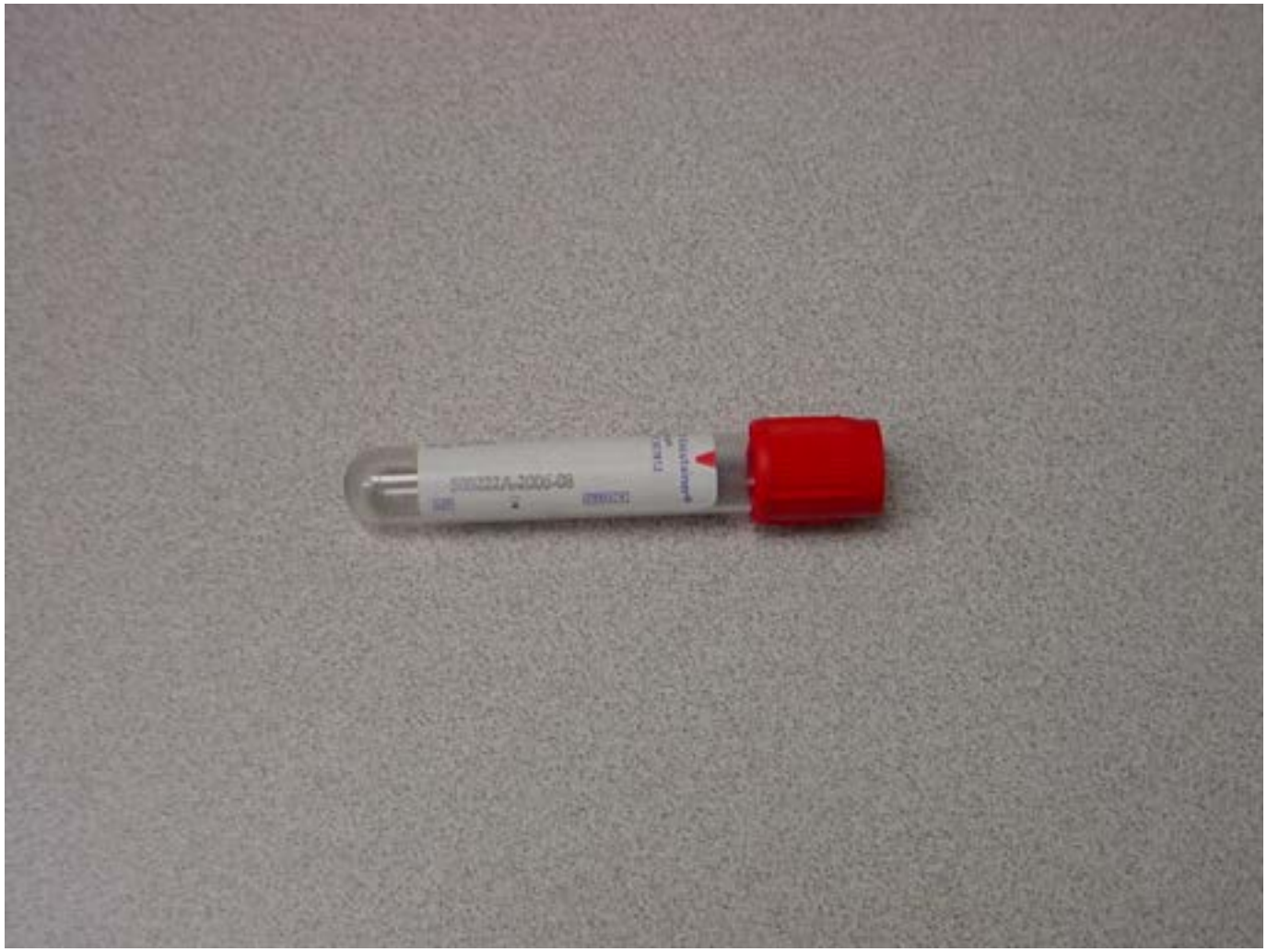






Rush Medical Labs

TEST NAME:	C1q Complement Component
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C1Q
CPT CODE:	86160-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Grossly hemolyzed, grossly lipemic.
MINIMUM VOLUME:	0.5 mL blood (0.1 mL serum)
REFERENCE RANGE:	Test Code 981
POE DESCRIPTION:	C1Q
TEST SYNONYM(S):	C1q Complement Protein; Complement C1q
LAST UPDATED:	07/08/2015



Rush

Rush Medical Labs

TEST NAME:	C2 Complement
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C2
CPT CODE:	86160-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.1 mL serum)
REFERENCE RANGE:	Test Code S51758
POE DESCRIPTION:	C2 COMPLEMENT





Rush

Rush Medical Labs

TEST NAME:	C3 Complement
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	C3
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Gross Hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	C3 COMPLEMENT
TEST SYNONYM(S):	Complement B1C/B1A; Complement C3
LAST UPDATED:	06/22/2026


REF 367962
4.5
mL



Rush Medical Labs

TEST NAME:	C4 Complement
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	C4
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Gross Hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	C4 COMPLEMENT
TEST SYNONYM(S):	Complement C4
LAST UPDATED:	01/27/2015


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Units
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BD Franklin Lakes NJ USA
8362534
2015-04

Rush

Rush Medical Labs

TEST NAME:	C5 Complement
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C5
CPT CODE:	86160-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.1 mL serum)
REFERENCE RANGE:	Test Code S51759
POE DESCRIPTION:	C5 COMPLEMENT





Rush

Rush Medical Labs

TEST NAME:	CA 15-3
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CA 15-3
CPT CODE:	86316
DAYS PERFORMED:	Daily, First shift
TURNAROUND TIME:	8-24 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4 mL b lood (2.0 mL plasma)
REJECTION CRITERIA:	Gross hemolysis
MINIMUM VOLUME:	1.0 mL blood (0.3 mL plasma)
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
POE DESCRIPTION:	CA 15-3
TEST SYNONYM(S):	Breast Antigens 115D8/DF3
LAST UPDATED:	06/22/2026


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ithium Heparin
Units
F 367962

Rush

Rush Medical Labs

TEST NAME:	CA 19-9
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CA 19-9
CPT CODE:	86301-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 4698
POE DESCRIPTION:	CA 19-9
TEST SYNONYM(S):	Carbohydrate antigen 19-9





Rush

Rush Medical Labs

TEST NAME:	CA 125
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CA125
CPT CODE:	86304
DAYS PERFORMED:	Daily, First shift
TURNAROUND TIME:	8-24 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL plasma)
REJECTION CRITERIA:	Gross hemolysis
MINIMUM VOLUME:	1.0 mL blood (0.3 mL plasma)
REFERENCE RANGE:	Male / Female: (0 – adult) 0 – 31 U/ML
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
POE DESCRIPTION:	CA 125; CA125
LAST UPDATED:	01/27/2015


BD Vacutainer
REF 367962



Rush Medical Labs

TEST NAME:	CA27.29
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CA27.29
CPT CODE:	86300
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Gross hemolysis
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 29493
POE DESCRIPTION:	CA27.29







Rush Medical Labs

TEST NAME:	Calcitonin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CALCITONIN
CPT CODE:	82308-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 3126
POE DESCRIPTION:	CALCITONIN
TEST SYNONYM(S):	Thyrocalcitonin
LAST UPDATED:	06/22/2026



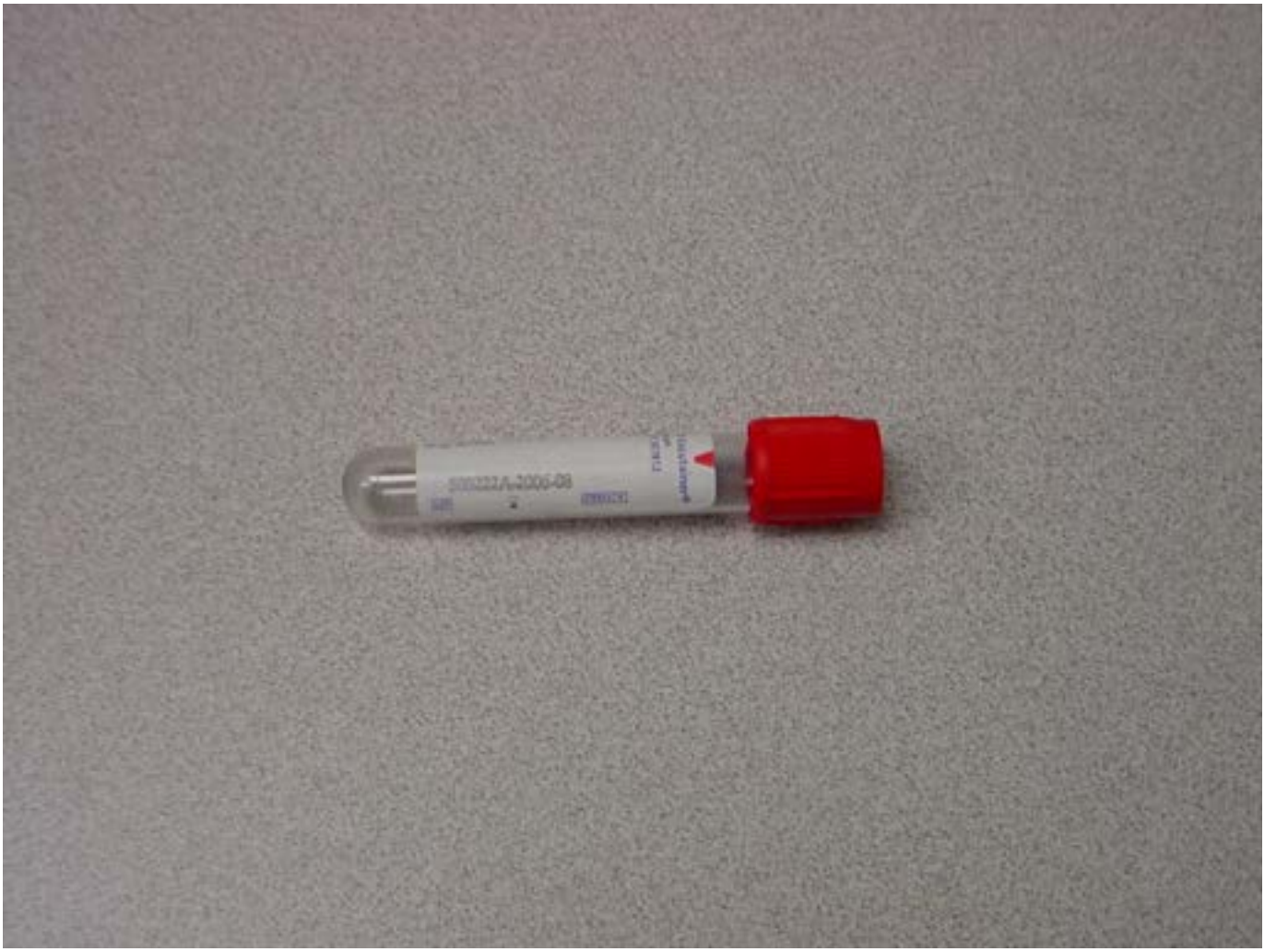


Rush

Rush Medical Labs

TEST NAME:	Calcium, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/CA
CPT CODE:	82310
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID CALCIUM






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Calcium, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CA
CPT CODE:	82310
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	1 day - 1 month: 7.3 - 11.9 mg/dL 1 month - adult: 8.7 - 10.7 mg/dL
CRITICAL VALUES:	< 5.0; > 13.0
POE DESCRIPTION:	CALCIUM; CA
TEST SYNONYM(S):	Ca
LAST UPDATED:	06/22/2026


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8 Units
REF 367962
4.5
mL

Rush

Rush Medical Labs

TEST NAME:	Calcium, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RU/CA (random urine); U/CA (24-hour urine)
CPT CODE:	Random = 82340; Timed 82340, 81050
TEST INFORMATION:	Results are reported as milligrams of calcium per total volume of urine submitted. Normal range is based on 24-hour collection. To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient's full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative) or 24-hour urine bottle - Chemistry bottle #4 (with 10 mL 6 N HCl)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL Timed Urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	Random urine: None established Timed urine: varies with diet; adult: 50-300 mg/24 hours on average diet.
POE DESCRIPTION:	Urine Calcium Random; Urine Calcium Timed
TEST SYNONYM(S):	Urine Calcium


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
SITE
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TEST(S) REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
3
PRESERVATIVE
10g Boric Acid
FOR COLLECTION OF:
17 - Hydroxycorticosteroid
17 - Ketosteroids
Aldosterone
Cortisol
Citrate
Heavy Metals (Arsenic, Lead,
Mercury

Rush

Rush Medical Labs

TEST NAME:	Calculi Analysis (Renal) without image
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CALCU / CALCULI
CPT CODE:	82365-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Specify source of stone on requisition.
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Kidney stones
MINIMUM VOLUME:	Entire specimen
REFERENCE RANGE:	Test Code 4155
POE DESCRIPTION:	RENAL CALCULI ANALYSIS; CALCULI
TEST SYNONYM(S):	Kidney Stone Analysis; Renal Calculi; Stone Analysis; Calculus Analysis
LAST UPDATED:	08/03/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Calprotectin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	Q/CALPROT
CPT CODE:	83993-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Clean, leak proof plastic container
SPECIMEN REQUIREMENTS:	1 grams of stool
MINIMUM VOLUME:	0.3 grams of stool
REFERENCE RANGE:	Test Code S52034
TEST SYNONYM(S):	Fecal Calprotectin
LAST UPDATED:	06/22/2026



Rush Medical Labs

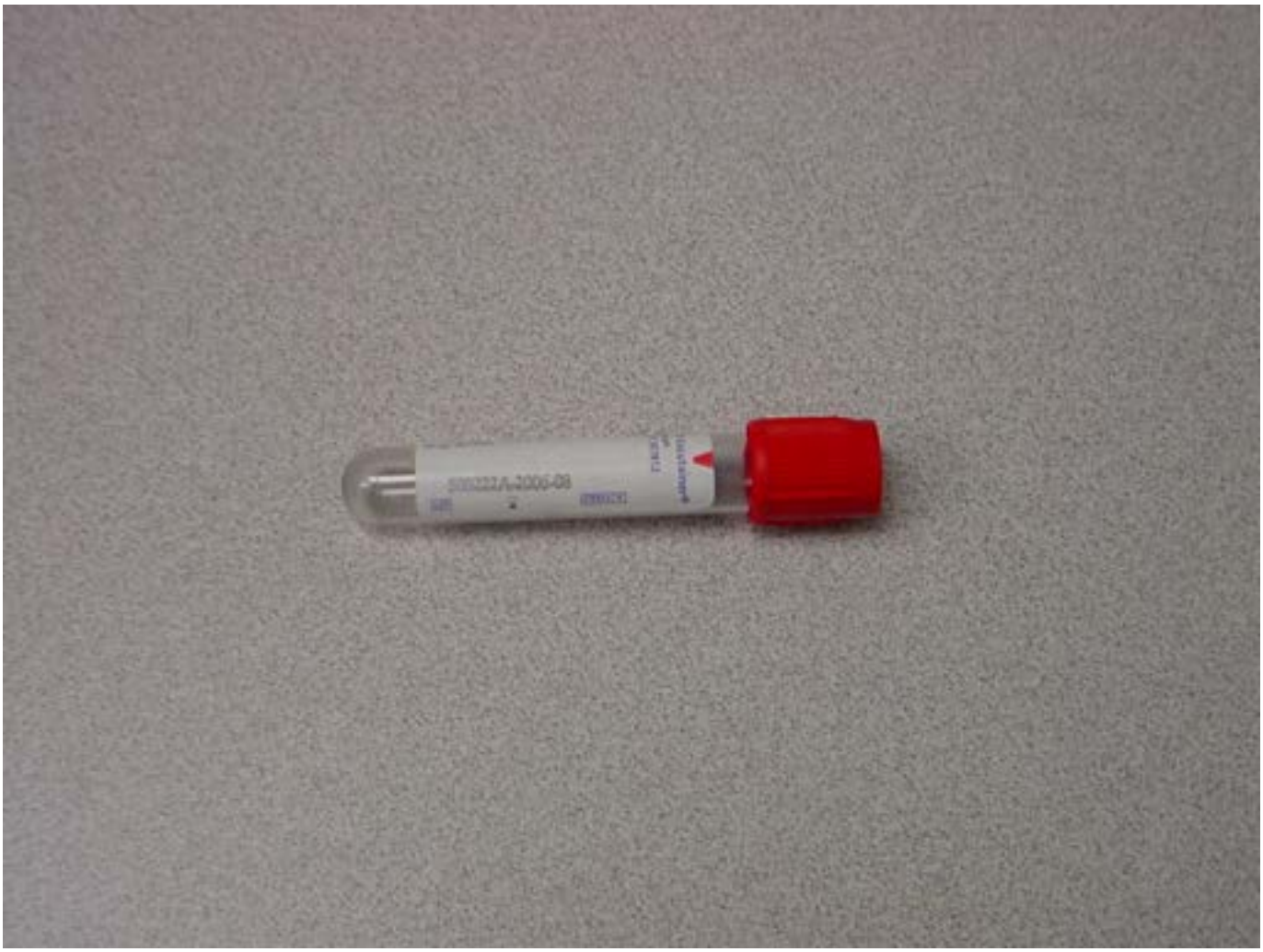
TEST NAME:	Cannabinoids, Qualitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/DS
CPT CODE:	80100 (x7)
TEST INFORMATION:	Not orderable as separate test. Order Drug Screen, Urine
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Do not use for medicolegal purposes. For medicolegal purposes, specimens should be collected using chain-of-custody precautions and screening results should be confirmed using gas chromatography/mass spectrometry. Chain-of-custody and confirmation are not part of the urine drug screen and are not provided by this laboratory.
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	1.0 mL random urine
MINIMUM VOLUME:	0.5 mL random urine
REFERENCE RANGE:	None detected
METHODOLOGY:	FPIA (Fluorescence Polarization Immuoassay)
POE DESCRIPTION:	URINE DRUG SCREEN; U/DS
TEST SYNONYM(S):	Cannabis; Marijuana; THC


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Carbamazepine, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CARB
CPT CODE:	80156
TEST INFORMATION:	Optimal sampling time is at trough, just before the next dose.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
CONTAINER TYPE:	Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
METHODOLOGY:	Enzyme Immunoassay
CRITICAL VALUES:	≥18 ug/mL
POE DESCRIPTION:	CARBAMAZEPINE; TEGRETOL
TEST SYNONYM(S):	Tegretol.



Rush

Rush Medical Labs

TEST NAME:	Carbamazepine, Total and Epoxide
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CARB/EPOX
CPT CODE:	83789-90
TEST INFORMATION:	includes total and epoxide
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	See Quest Labs - Search Test Code 36676
POE DESCRIPTION:	CARBAMAZEPINE AND EPOXIDE
TEST SYNONYM(S):	Carbamazepine Metabolite; Carbamazepine-10, 11-Epoxide, Serum
LAST UPDATED:	06/22/2026





Rush Medical Labs

TEST NAME:	Carba-R PCR
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CARBR
CONTAINER TYPE:	BBL Culture Swab
SPECIMEN REQUIREMENTS:	Rectal Swab
LAST UPDATED:	08/03/2018



Rush Medical Labs

TEST NAME:	Carbohydrate Deficient Transferrin - Alcohol Use
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	82373-90, 84466-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Deliver to the Core Lab immediately.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Labs - Search Test Code - 16985
TEST SYNONYM(S):	CDT - alcohol use
LAST UPDATED:	10/14/2019





Rush

Rush Medical Labs

TEST NAME:	Carbohydrate Deficient Transferrin - Congenital Disorder
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	82373-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code - S51679
POE DESCRIPTION:	CDT Congenital Disorder
TEST SYNONYM(S):	CDT Congenital Disorder; Carbohydrate Deficient Transferrin - Congenital Disorder of Glycosylation (CDG)
LAST UPDATED:	10/14/2019



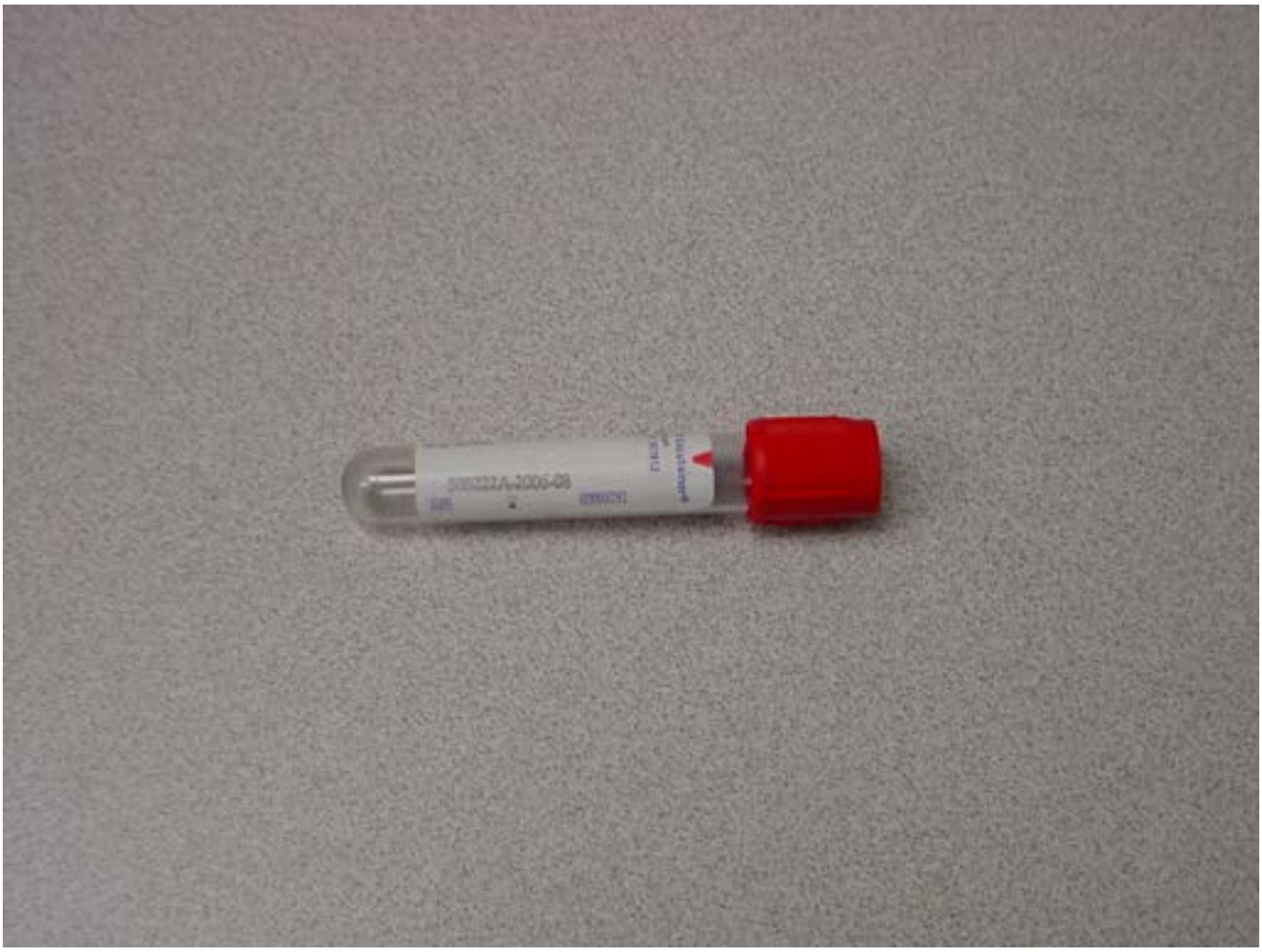


Rush

Rush Medical Labs

TEST NAME:	Carbon Dioxide, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/CO2
CPT CODE:	82374
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID TOTAL CARBON DIOXIDE
TEST SYNONYM(S):	Fluid Carbon Dioxide






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Carbon Dioxide, Total, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CO2
CPT CODE:	82374
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	0-1 year: 13-22 mmol/L; 1-15 years: 20-28 mmol/L; 15 years to adult: 22-29 mmol/L
CRITICAL VALUES:	≤ 10 mmol/L
POE DESCRIPTION:	CARBON DIOXIDE; CO2
TEST SYNONYM(S):	CO2; Total CO2
LAST UPDATED:	01/27/2015


Vacutainer
™ Gel and
ithium Heparin
Units
F 367962
4.5
mL



Rush Medical Labs

TEST NAME:	Carbon Dioxide, Total, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RU/CO2
CPT CODE:	82374
TEST INFORMATION:	Test is not performed on urines with pH <6.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Random urine
MINIMUM VOLUME:	1 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	Urine CO2 Random
TEST SYNONYM(S):	CO2, Total, Urine; HCO3, Urine; Bicarbonate, Urine; Urine Carbon Dioxide


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Carboxyhemoglobin, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CARB/HB
CPT CODE:	82375
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Stat: 15 minutes
SPECIAL INSTRUCTIONS:	Delivery to the lab immediatey after collection.
CONTAINER TYPE:	Heparinized syringe or Green top (heparin) - 10 mL tube
SPECIMEN REQUIREMENTS:	Blood, arterial or venous
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL
REFERENCE RANGE:	Nonsmoker: 0% to 5%
POE DESCRIPTION:	CARBOXYHEMOGLOBIN; CARB/HB
TEST SYNONYM(S):	Carbon Monoxide; CO



Rush Medical Labs

TEST NAME:	Carcinoembryonic Antigen
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CEA
CPT CODE:	82378
DAYS PERFORMED:	Daily, First shift
TURNAROUND TIME:	8-24 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Any hemolysis of sample
MINIMUM VOLUME:	1.0 mL blood (0.3 mL plasma)
REFERENCE RANGE:	Non-smokers: <3.0 ng/mL Smokers: <5.0 ng/mL
POE DESCRIPTION:	CARCINOEMBRYONIC; CEA
TEST SYNONYM(S):	Carcinoembryonic Antigen; CEA
LAST UPDATED:	06/22/2026


BD Vacutainer
SST™ Gel and
Lithium Heparin
Units
REF 367962



Rush Medical Labs

TEST NAME:	Cardiac Risk Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CARD RISK
TEST INFORMATION:	Test includes total cholesterol, HDL cholesterol, Triglycerides, Direct LDL and High Sensitivity CRP.
DAYS PERFORMED:	Specimen accepted daily.
TURNAROUND TIME:	Routine: 8 hours; Stat: 1 hour
SPECIAL INSTRUCTIONS:	Patient should fast for 12-24 hours prior to collection of specimen.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	blood (serum)
MINIMUM VOLUME:	2 mL blood (1 mL serum)
LAST UPDATED:	06/22/2026





Rush

Rush Medical Labs

TEST NAME:	Cardiolipin IgA
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CLIPA
CPT CODE:	86147-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.6 mL serum)
	See Quest Labs - Search Test Code 4661
REFERENCE RANGE:	
POE DESCRIPTION:	CARDIOLIPIN AB IGA
TEST SYNONYM(S):	Anti-Cardiolipin IgA antibody
LAST UPDATED:	08/03/2018







Rush Medical Labs

TEST NAME:	Cardiolipin IgG/IgM Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CARDIOLIP
CPT CODE:	86147-90 x2
TEST INFORMATION:	Test includes both qualitative and quantitative IgG and IgM anticardiolipin antibodies.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 36333
REFERENCE CHART:	page to be defined
POE DESCRIPTION:	CARDIOLIPIN AB
TEST SYNONYM(S):	Anticardiolipin antibodies
LAST UPDATED:	07/08/2015

Rush

Rush Medical Labs

TEST NAME:	Carnitine, urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	82379-90
CDM NUMBER:	3181385
TEST INFORMATION:	Test includes total carnitine, free carnitine and acyl to free ratio
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Random urine cup
SPECIMEN REQUIREMENTS:	3.0 mL random urine
MINIMUM VOLUME:	1.0 mL random urine
REFERENCE RANGE:	See Mayo Clinic - Search Test Code 81123
METHODOLOGY:	Tandem mass spectrometry
TEST SYNONYM(S):	Urine carnitine, random

Rush

Rush Medical Labs

TEST NAME:	Carnitine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CARNITINE
CPT CODE:	82379-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Test Code 4163
POE DESCRIPTION:	CARNITINE

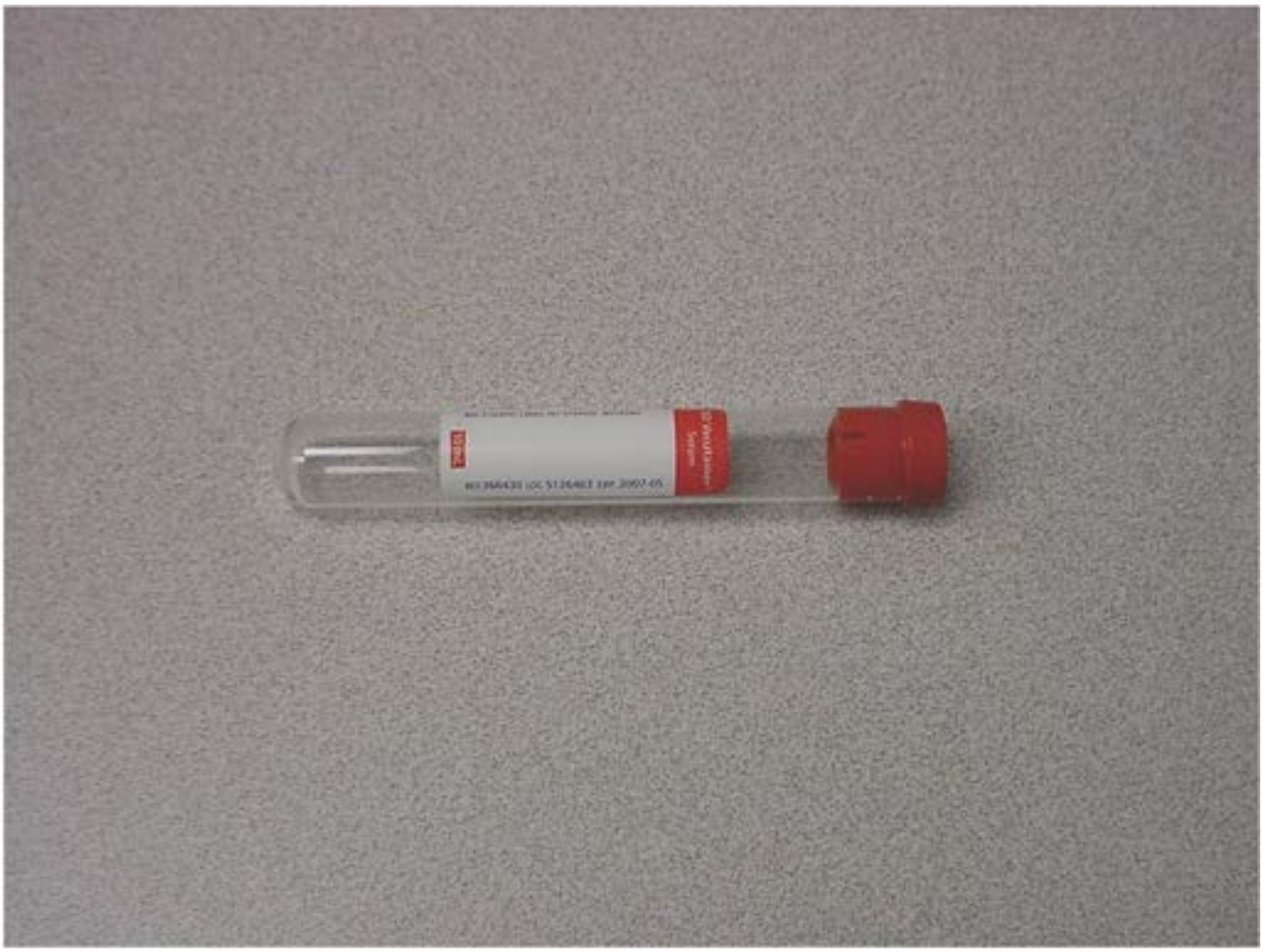




Rush

Rush Medical Labs

TEST NAME:	Carotene
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CAROTENE
CPT CODE:	82380-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample. Patients should fast for 12 hours, and cannot consume alcohol for 1 day.
CONTAINER TYPE:	Red top tube - 10 mL only or SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
HANDLING INSTRUCTIONS:	Must be protected from light after serum is separated.
REFERENCE RANGE:	Test Code 3998
POE DESCRIPTION:	CAROTENE, CAROT
TEST SYNONYM(S):	Beta Carotene







Rush Medical Labs

TEST NAME:	Cashew (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CASHEW
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F202
POE DESCRIPTION:	Cashew Nut Allergen







Rush Medical Labs

TEST NAME:	Cat epithelium (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CAT
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code E1
POE DESCRIPTION:	Cat Epithelium Allergen
TEST SYNONYM(S):	Cat dander allergen

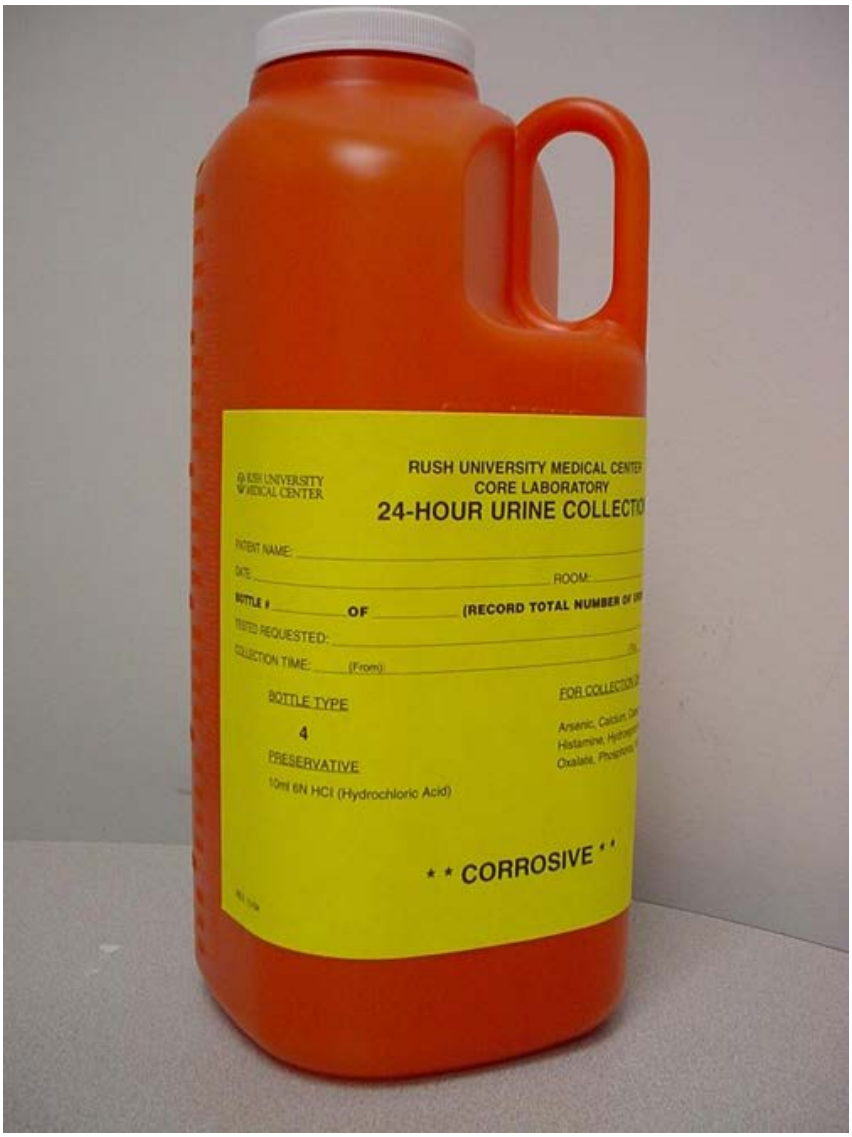




Rush

Rush Medical Labs

TEST NAME:	Catecholamines, Fractionation, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/CATECH
CPT CODE:	82384-90
TEST INFORMATION:	Test includes urine total catecholamines, epinephrine, norepinephrine and dopamine.
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	If possible, patient should discontinue all drugs at least one week prior to collection. Medications known to interfere with this assay include: Alpha-methyldopa (Aldomet), Isoproterenol, Labetalol, Mandelamine, Metaclopramide, Acetaminophen (high concentrations only), Cimetidine, and Catecholamine-containing drugs, MAO inhibitors, diuretics, vasodilators. Other interfering substances include smoking and drinking tea and coffee within four hours of collecting specimen.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	- Search Test Code 3304U
POE DESCRIPTION:	U/CATECH
TEST SYNONYM(S):	Epinephrine, Urine; Fractionation, Urinary Free; Free Cathecholamine Fractionation; Norepinephrine, Urine; Dopamine, Urine; Urine Catecholamines
LAST UPDATED:	06/22/2026


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION
Arsenic, Calcium,
Histamine, Hydroxy
Oxalate, Phosphorus
* * CORROSIVE * *

Rush

Rush Medical Labs

TEST NAME:	Catfish (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CATFISH
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code S51888
POE DESCRIPTION:	Catfish Allergen





Rush

Rush Medical Labs

TEST NAME:	Catheter Tip Culture
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AER
CPT CODE:	87071
TEST INFORMATION:	The test includes a semi-quantitative culture via the Maki method; isolation and identification of microorganisms with greater than 15 colonies, and susceptibility testing, if appropriate. Other isolated organisms (i.e. yeast, mycobacteria, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports available after 24 hours. Culture reports of no growth will be issued after 72 hours. Completion of culture reports may take 3-4 days after receipt of the specimen when multiple isolates are found.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or the requisition.
CONTAINER TYPE:	Sealed sterile container
COLLECTION:	Aseptically prepare the culture site. Remove the tip or device without contact with adjacent skin. Contamination with normal flora from skin or other body surfaces MUST be avoided since colonizing bacteria not involved in the infectious process may be introduced onto the sample.
SPECIMEN REQUIREMENTS:	Catheter tip
REJECTION CRITERIA:	Inappropriate specimen container. Urinary catheter tips (i.e. Foley catheters) are unacceptable specimens for culture.
HANDLING INSTRUCTIONS:	Specimen MUST be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No organisms isolated
LIMITATIONS OF TEST:	Specimens MUST be transported to the laboratory IMMEDIATELY to eliminate desiccation of the specimen.
METHODOLOGY:	Semi-quantitative culture via Maki method (roll plate technique).
ADDITIONAL INFORMATION:	The presence of 15 or more colonies indicates that the catheter is the possible etiologic source of bacteremia and, perhaps, septic thrombophlebitis. Therefore, the presence of fewer than 15 colonies will be reported as a description of the isolate(s) only. Complete identification and susceptibility testing will not be performed. Identification and susceptibility testing, if appropriate, will be performed when 15 or more colonies are present. Susceptibilities are not routinely performed for coagulase-negative staphylococci, alpha-Streptococcus species, and Corynebacterium species unless isolated from a blood culture obtained during the same day. Gram stains are NOT performed.
POE DESCRIPTION:	CU CATHETER TIP; C CATHETER TIP CULTURE
TEST SYNONYM(S):	IUD Culture; I.V. Catheter Culture; Routine Culture, Intravenous Devices; Swan-Ganz Tip Culture
LAST UPDATED:	06/22/2026


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

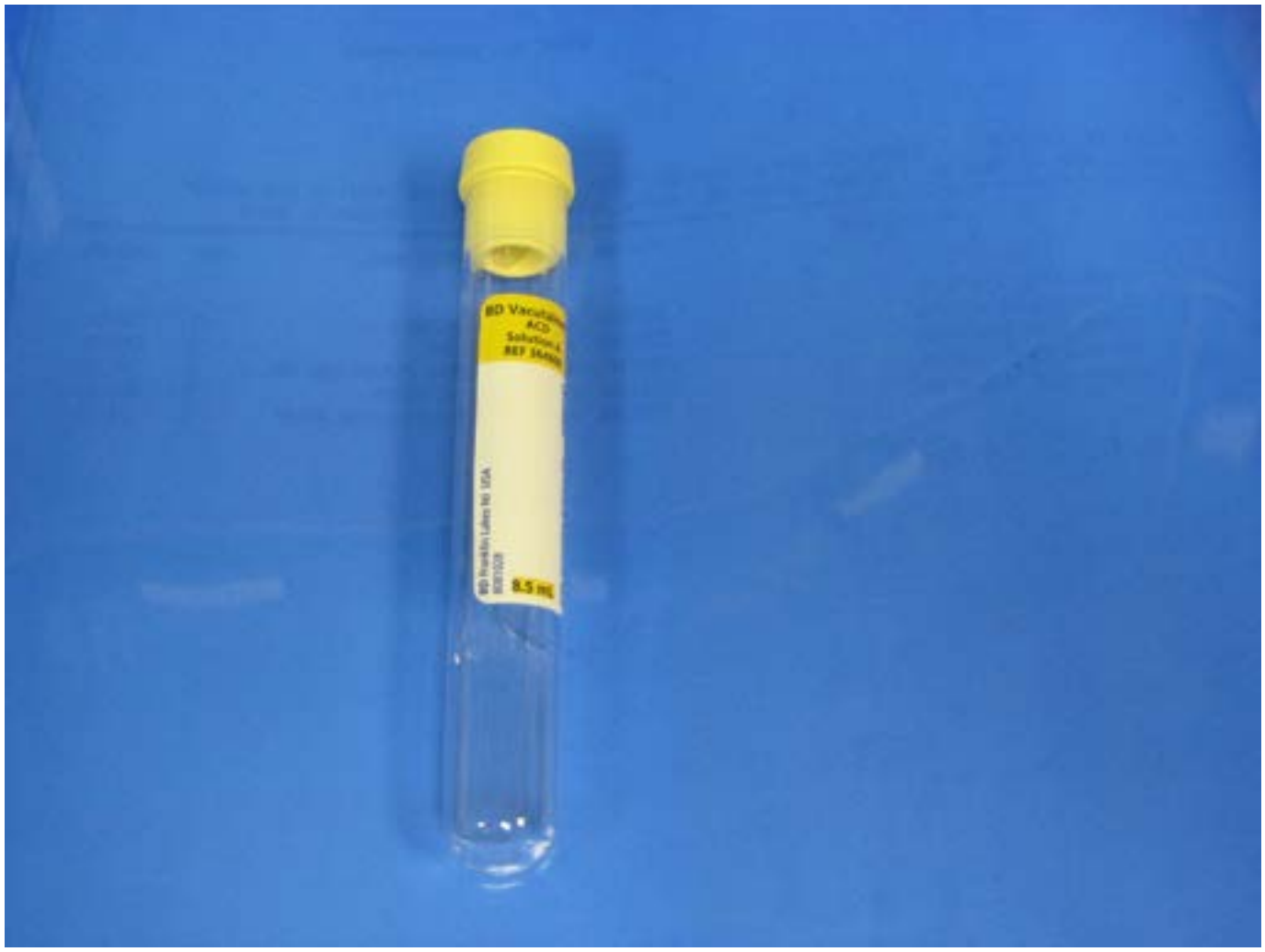
TEST NAME:	CD4/CD8
TESTING LAB:	9;#Molecular Diagnostics/Cellular
LAB / EPIC MNEMONIC:	CD4/CD8
CPT CODE:	86360
TEST INFORMATION:	METHOD - Immunophenotyping
DAYS PERFORMED:	Mon-Thur, 0800-1600; Fri, 0800-1400; days preceding holidays, 0800-1400 (no holidays)
TURNAROUND TIME:	2 days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	Two tubes (2.5 mL) whole blood
HANDLING INSTRUCTIONS:	Do not refrigerate. Deliver to the laboratory within 24 hours.
REFERENCE RANGE:	Normal ranges are included with the report.
CRITICAL VALUES:	test
POE DESCRIPTION:	CD4/CD8
TEST SYNONYM(S):	T-Lymphocytes; T-Cell Subsets


BD Vacutainer
EDTA 10.8
367863

Rush

Rush Medical Labs

TEST NAME:	CD34 Progenitor Cell Quantitation
TESTING LAB:	9;#Molecular Diagnostics/Cellular
LAB / EPIC MNEMONIC:	CD34 COUNT
CPT CODE:	88180 (x2)
TEST INFORMATION:	METHOD - Immunophenotyping
DAYS PERFORMED:	Mon-Fri, 0800-1600 (no holidays)
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	Test requires viable cells; specimen must be collected fresh and delivered to the laboratory within 24 hours of draw time.
CONTAINER TYPE:	Yellow top (ACD) tube, Lavender top (K2 EDTA) tube - 6 mL, or Green top (sodium heparin) tube - 10 mL
SPECIMEN REQUIREMENTS:	Blood, Leukapheresis product, bone marrow, or cord blood
MINIMUM VOLUME:	0.5 mL peripheral blood, apheresis, cord blood, or bone marrow
HANDLING INSTRUCTIONS:	Transport specimen immediately to the laboratory at room temperature, within 24 hours of collection.
TEST SYNONYM(S):	Precursor Cells; Stem Cell Enumeration


8.5 mL


BD Vacutainer
K2 EDTA 10.8
REF 367863





Rush Medical Labs

TEST NAME:	Celiac Disease Eval with IgA
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CELIAC EVL
CPT CODE:	82784-90, 83516-90 x3, 86255-90 x2
TEST INFORMATION:	Includes IgA results
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	4.0 mL blood (2.0 mL serum)
REFERENCE RANGE:	Test Code 1075
LAST UPDATED:	06/20/2026



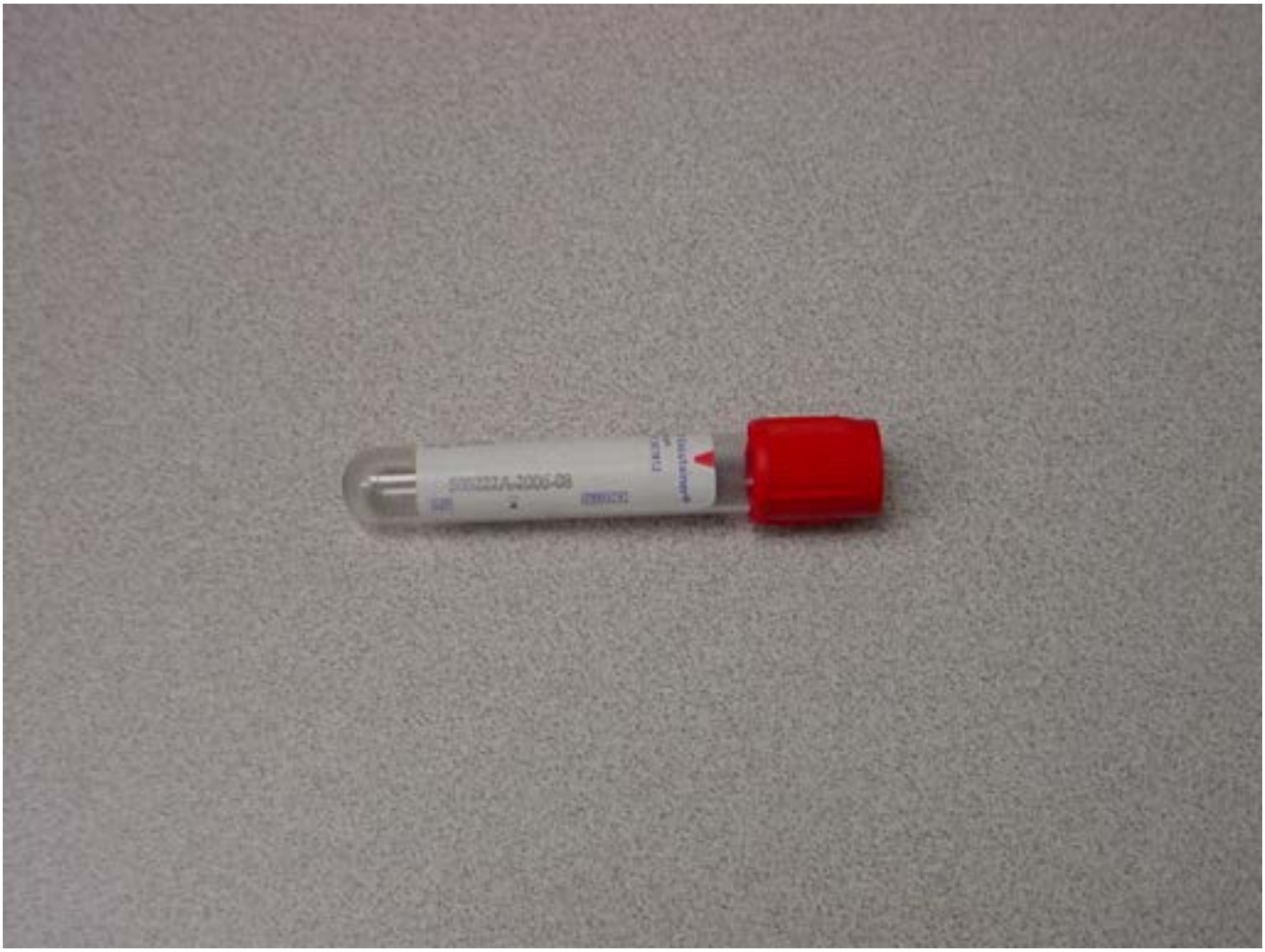


Rush

Rush Medical Labs

TEST NAME:	Centromere B Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CENAB
CPT CODE:	86235
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube 4 mL
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	NEGATIVE: <1.0 AI (antibody index)
TEST SYNONYM(S):	ACA; Anti-centromere antibodies
LAST UPDATED:	11/30/2017





Rush Medical Labs

TEST NAME:	Cerebrospinal Fluid VDRL
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C/VDRL
CPT CODE:	86592-90
TURNAROUND TIME:	2-4 days
CONTAINER TYPE:	CSF collection tubes
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid, 1.0 mL
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, bloody specimen, heat treated specimen.
MINIMUM VOLUME:	0.3 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	- Search Test Code 2366C
LIMITATIONS OF TEST:	Laboratory is required to report to Public Health Department.
METHODOLOGY:	VDRL (contains cardiolipin-cholesterol-lecithin)
ADDITIONAL INFORMATION:	When syphilis is latent, CSF is sometimes reactive when serum is not. After treatment, a constantly falling titer (although not always observed) is regarded as representative of effective treatment, although it may take many years for the test to become nonreactive. Patients with reactive CSF VDRL results are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CSF VDRL
TEST SYNONYM(S):	CSF, VDRL; Spinal Fluid VDRL; VDRL, CSF
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Cerebrospinal Fluid, Cell Count and Differential
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	C/C-D
CPT CODE:	89051
DAYS PERFORMED:	Daily, 24 hours; available stat
TURNAROUND TIME:	8 hours. Cell count available in 1 hour.
SPECIAL INSTRUCTIONS:	Specimen should be delivered by hand to the laboratory within 1 hour of aspiration.
CONTAINER TYPE:	Sterile test tube from lumbar puncture kit, CSF collection tube or Lavender top (K2 EDTA) tube - 3 mL - draw. **Do Not use red top plastic tube.**
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid, at least 1 mL in a sterile CSF or lavender top tube.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Do not store; place in the hands of laboratory personnel.
REFERENCE RANGE:	0-10 cells/mm^3, all lymphocytes and monocytes, 0 red blood cells
POE DESCRIPTION:	CSF CELL COUNT DIFF
TEST SYNONYM(S):	CSF, Cell Count; LP; Lumbar Puncture; Spinal Fluid Cell Count; Spinal Tap
LAST UPDATED:	06/22/2026





Rush Medical Labs

TEST NAME:	Ceruloplasmin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CERULO
CPT CODE:	82390
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL Blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
HANDLING INSTRUCTIONS:	Separate serum and freeze.
REFERENCE RANGE:	Test Code 1516
METHODOLOGY:	Nephelometry
POE DESCRIPTION:	CERULOPLASMIN
TEST SYNONYM(S):	CP
LAST UPDATED:	06/22/2026





Rush Medical Labs

TEST NAME:	Chlamydia Group Antibody Screen and Differentiation Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	86631 x2; 86632; 86631 per species; 86632 per isotype
TEST INFORMATION:	Test includes initial screen to detect IgG, IgM and IgA antibody. When screen positive, a differentiation panel will be performed to determine specific titers and species.
DAYS PERFORMED:	Monday-Friday, 0700-1400
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of the specimen, chylous serum, improper specimen storage, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	7 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	The screen detects antibody produced against all chlamydial species. The determination of species or type specific antibodies to *C. psittaci*, *C. trachomatis*, and the *C. pneumoniae* is complicated by cross reactive antibody or non-specific stimulation of antichlamydial antibodies. Thus, a panel of *Chlamydia* must be tested to determine specific titers and establish the strongest reactions.IgM titers of ≥1:20 are indicative of recent infection with that specific chlamydial agent; however, antichlamydial IgM antibody is very cross reactive and will often demonstrate titers to multiple chlamydial species. Any IgG titer may indicate past exposure to that particular species. Cross reactive antibody or the presence of nonspecifically stimulated antichlamydial IgG antibody when seen is typically ≥ 1:128. Infection with a particular chlamydial species typically yields antibody titers which are higher than antibody titers to this noninfecting species. IgG titers in recently infected individuals are typically ≥1:512. IgA titers may help to identify the infecting *Chlamydia* species when cross reactive IgG is present. IgA is typically present at low titers during primary *Chlamydia* infection, but may be elevated in recurrent exposures or in chronic infection.
METHODOLOGY:	Micro-IF
ADDITIONAL INFORMATION:	If attempting to diagnose lymphogranuloma venereum (LGV) infection, request antibodies to chlamydia trachomatis serovars L_1, L_2 and L_3.
POE DESCRIPTION:	CHLAMYDIA IGG AB, CHLAMYDIA IGM AB, CHLAMYDIA IGA AB, MICROBIOLOGY REFERRAL
TEST SYNONYM(S):	Chlamydia pneumoniae; Chlamydia psittaci; Chlamydia trachomatis; LGV; Lymphogranuloma Venereum; Psittacosis
LAST UPDATED:	06/22/2026





Rush

Rush Medical Labs

TEST NAME:	Chloride, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BG/CL; CL
CPT CODE:	82435
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Stat: 1 hour; blood gas: 15 min
CONTAINER TYPE:	PST tube or heparinized syringe
SPECIMEN REQUIREMENTS:	Blood (plasma)
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.4 mL blood, 0. 2 mL plasma, 0.3 mL whole blood
REFERENCE RANGE:	Newborns: 0-1 month: 91-118 mmol/L; children and adults: 99-108 mmol/L
POE DESCRIPTION:	CHLORIDE; CL
TEST SYNONYM(S):	Cl
LAST UPDATED:	06/22/2026

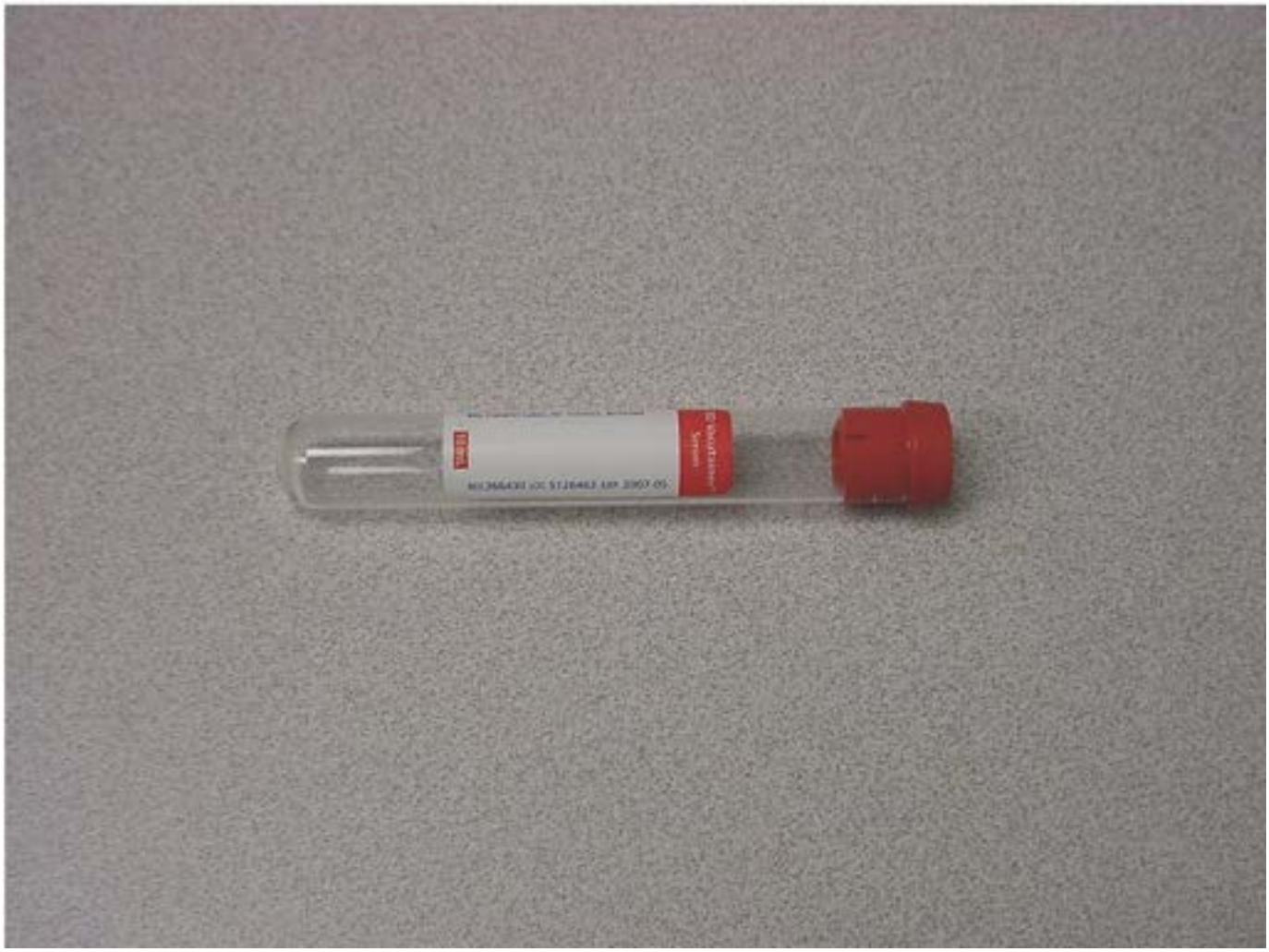

BD Vacutainer
PST™ Gel and
Lithium Heparin
Units
REF 367962

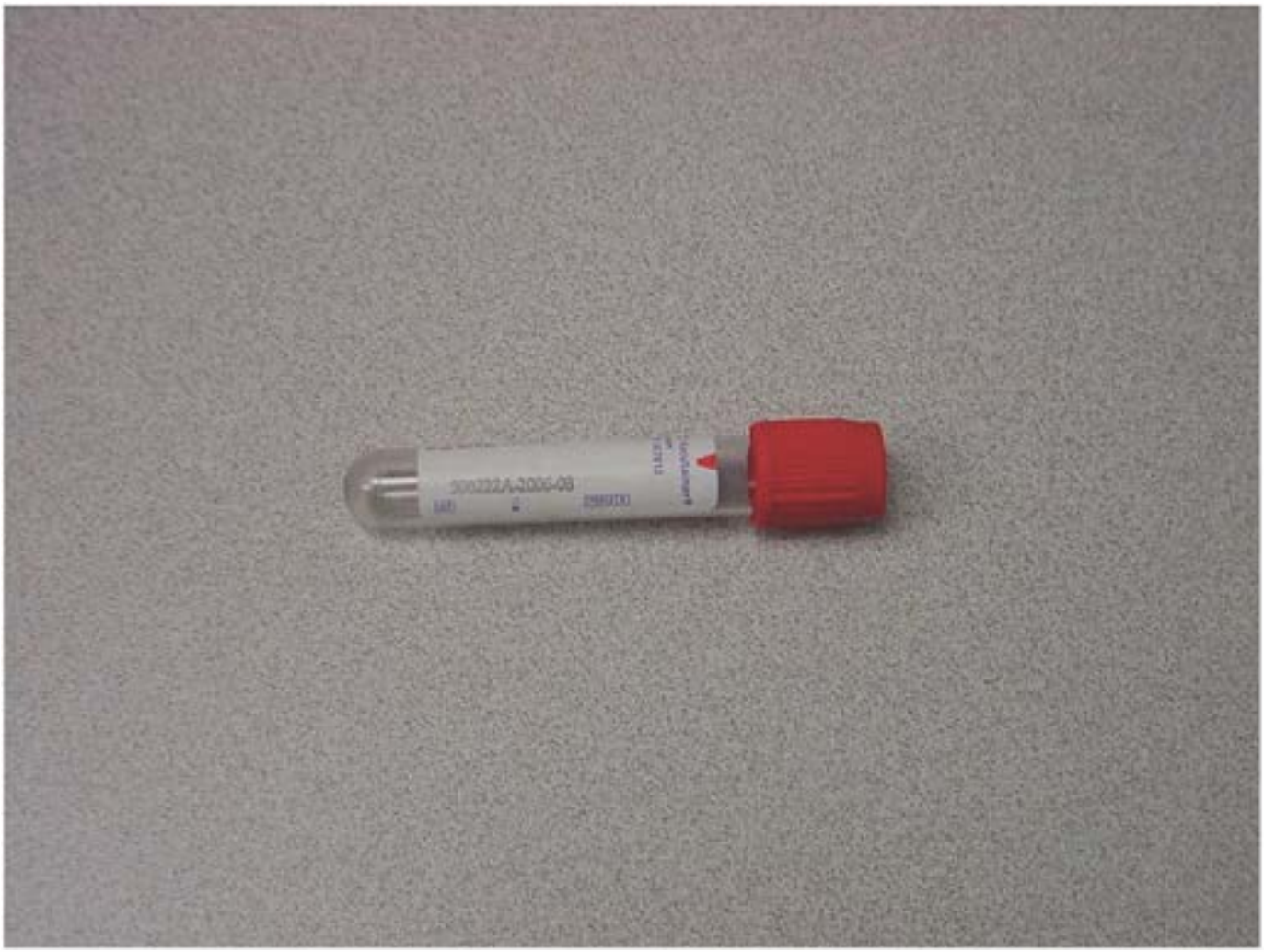

10
20
30
40
50
60
70
80
90
100

Rush

Rush Medical Labs

TEST NAME:	Chloride, Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	C/CL
CPT CODE:	82438
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, CSF collection tubes
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid
MINIMUM VOLUME:	0.2 mL
POE DESCRIPTION:	CSF CHLORIDE
TEST SYNONYM(S):	CSF Chloride






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Chloride, Feces: 24, 48 or 72 hrs
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	Q/CL
CPT CODE:	82438-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	One or more stool collection containers. Containers available from Core Laboratory
SPECIMEN REQUIREMENTS:	24, 48, or 72-hour stool collection. Submit entire collection to the laboratory. Specimen must be liquid.
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 8831
POE DESCRIPTION:	FEC CHLORIDE; FEC CL; Q/CL
TEST SYNONYM(S):	Chloride, Stool; Fecal chloride

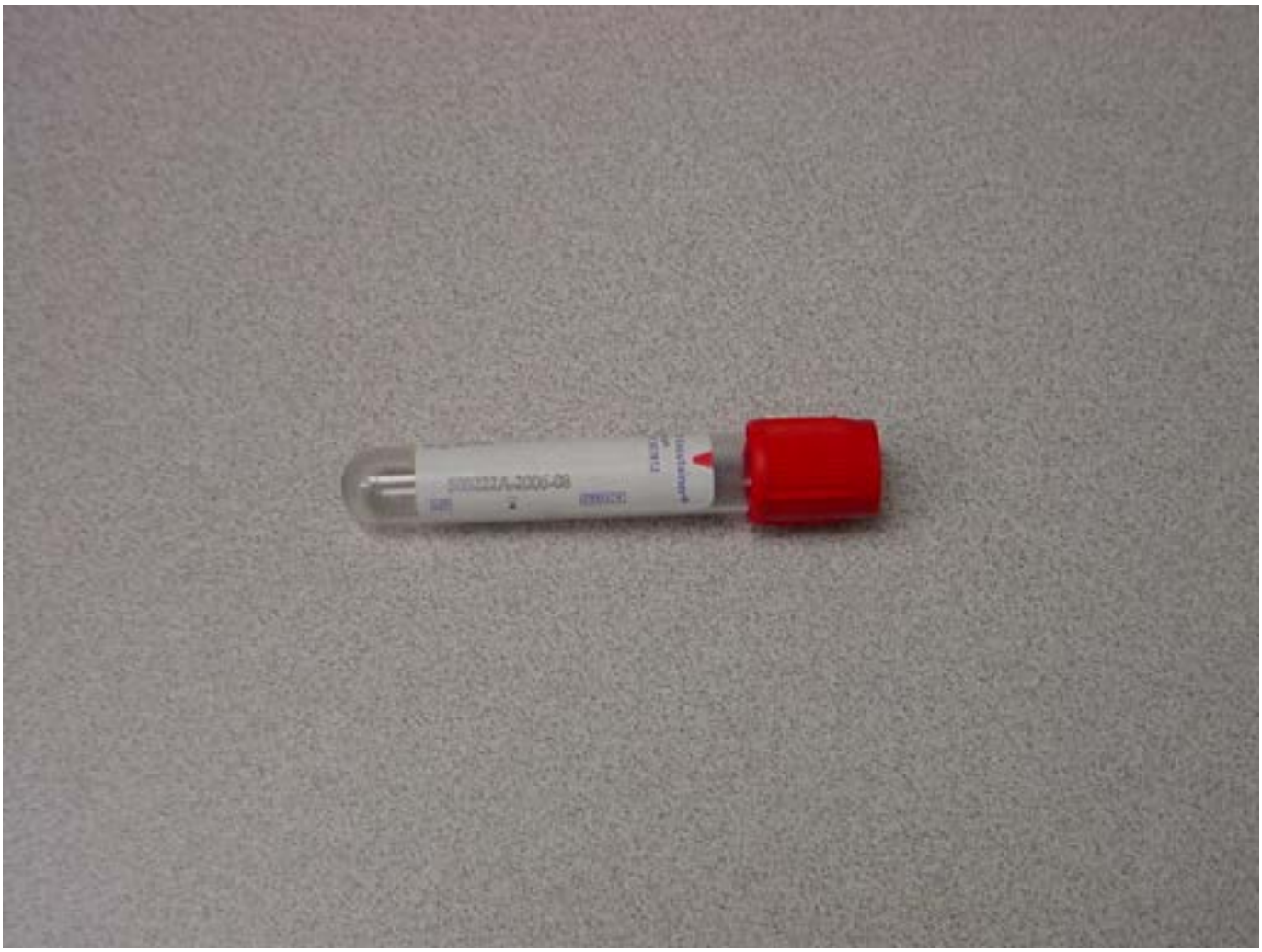

LAB-CHOICE
Commode Specimen Collector

Rush

Rush Medical Labs

TEST NAME:	Chloride, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/CL
CPT CODE:	82438
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID CHLORIDE
TEST SYNONYM(S):	Fluid Chloride






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Chloride, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RU/CL (random urine); U/CL (24-hour urine)
CPT CODE:	Random = 82436, Timed = 82436, 81050
TEST INFORMATION:	To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Stat: 1 hour (random urine only); routine 8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL Timed urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	Random urine: None established; Timed urine: 15-250 mmol/24 hours, varies with diet
POE DESCRIPTION:	Urine Chloride Random; Urine Chloride Timed
TEST SYNONYM(S):	Urine Cl; Cl, Urine; Urine Chloride


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase,
Cystine, Delta ALA, Glucose,
Immunoelectrophoresis,
Acid, Microalbumin,
Porphobilinogen, Porphyrins,
Electrophoresis, Sodium,

Rush

Rush Medical Labs

TEST NAME:	Cholesterol, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CHOL
CPT CODE:	82465; 82465
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
HANDLING INSTRUCTIONS:	2 mL blood (0.4 mL plasma)

REFERENCE RANGE:

Normal Ranges

	Male (mg/dL)	Female (mg/dL)
Recommended:	<200	<200
Moderate Risk:	200 - 239	200 - 239
High Risk:	>239	>239

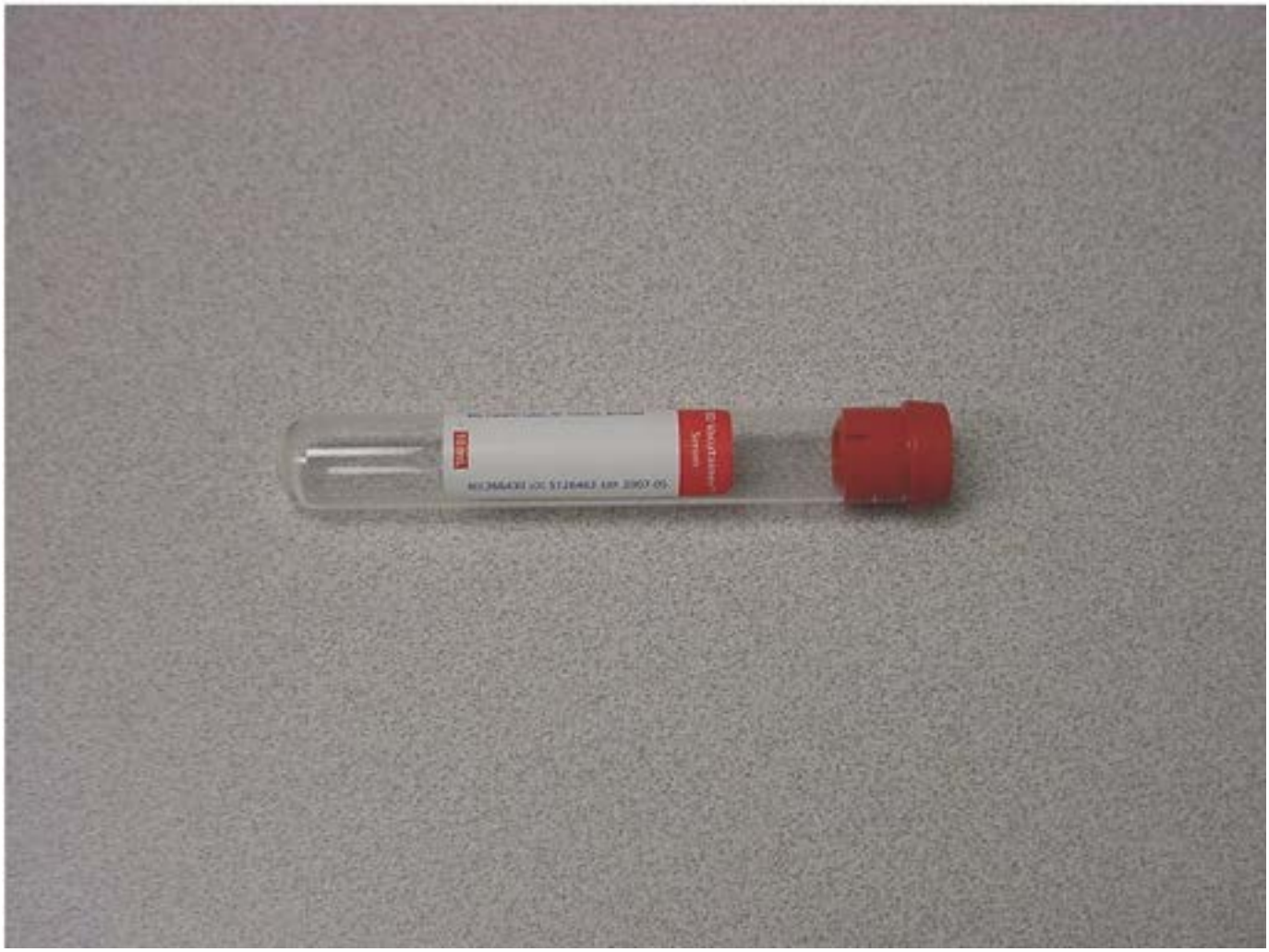
POE DESCRIPTION:	CHOLESTEROL; CHOL
LAST UPDATED:	06/22/2026

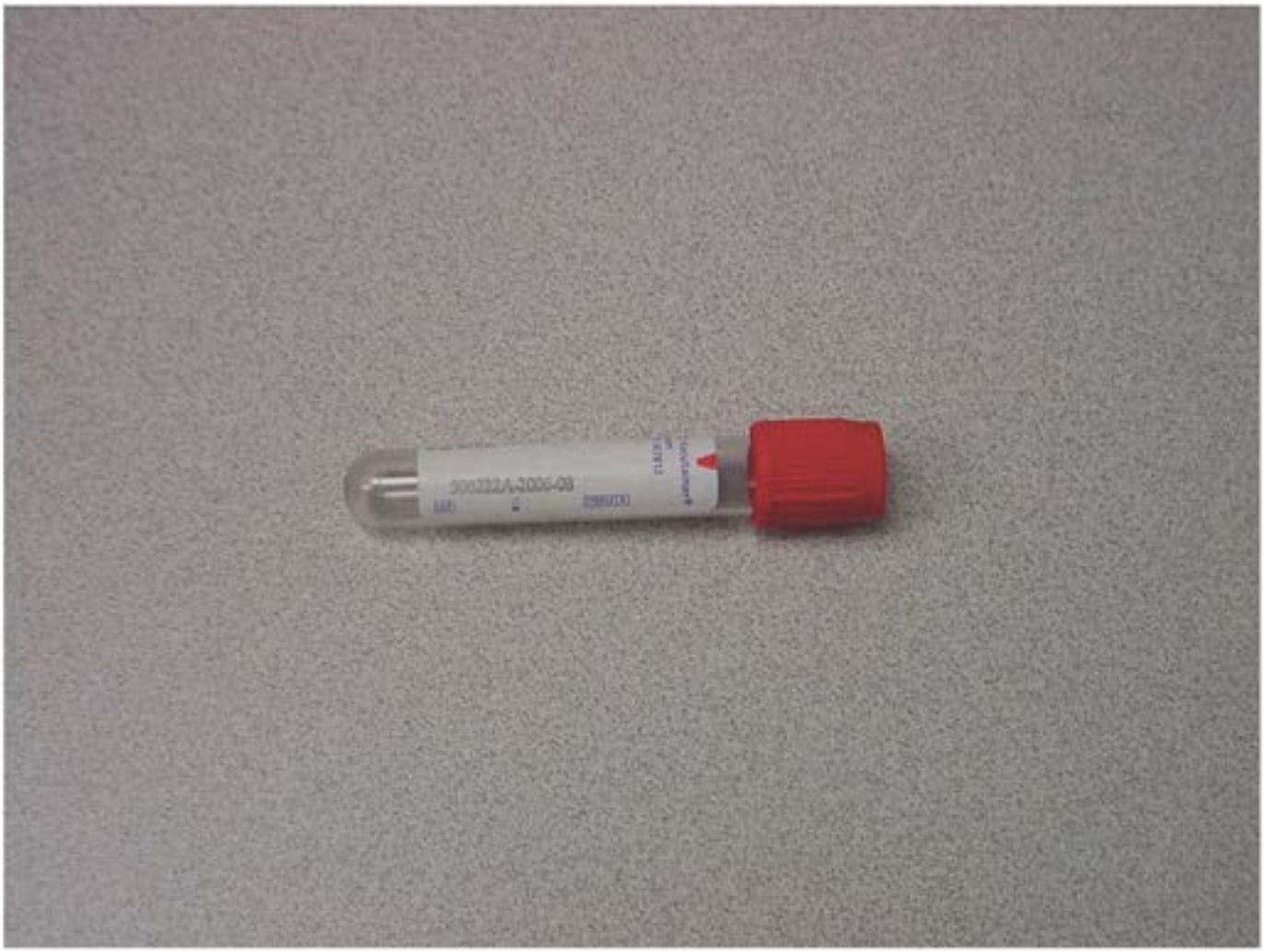

BD Vacutainer
PST™ Gel and
Lithium Heparin
8 Units
REF 367962



Rush Medical Labs

TEST NAME:	Cholesterol, Total, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/CHOL
CPT CODE:	82465
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL fluid
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID CHOLESTEROL TOTAL
TEST SYNONYM(S):	Fluid Cholesterol, total






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Chorionic Villi Chromosome Studies
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHROM-CVS
CPT CODE:	88235, 88267, 88291, 88261
DAYS PERFORMED:	Mon-Fri, 0800-1500; must arrange with laboratory in advance
TURNAROUND TIME:	10-12 days
SPECIAL INSTRUCTIONS:	Laboratory technician must be present to evaluate sample on location; must have completed history and consent forms.
CONTAINER TYPE:	Contact Genetics Laboratory, 942-6298
SPECIMEN REQUIREMENTS:	Chorionic villi from 8-10 weeks gestation
MINIMUM VOLUME:	10 mg
REFERENCE RANGE:	Written interpretation by Unit Director of Genetics Laboratory
POE DESCRIPTION:	CHORIONIC VILLI CHROM STUDIES; CHROM-CVS
TEST SYNONYM(S):	Chorionic Villi Sampling (CVS)

Rush

Rush Medical Labs

TEST NAME:	Chromogranin A
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CHROMO-A
CPT CODE:	86316-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code S51768
POE DESCRIPTION:	CHROMOGRANIN-A





Rush

Rush Medical Labs

TEST NAME:	Chromosome Amniotic Inpatient
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	#NAME?
CPT CODE:	88235-90, 88269-90, 88280-90, 88291-90
TEST INFORMATION:	Restricted test for L&D and MBU only
TURNAROUND TIME:	8-10 days
CONTAINER TYPE:	sterile container
SPECIMEN REQUIREMENTS:	20.0 mL clear, amniotic fluid
MINIMUM VOLUME:	5.0 mL clear amniotic fluid
REFERENCE RANGE:	See Quest Labs - Search Test Code 14590
ADDITIONAL INFORMATION:	no stat availability
LAST UPDATED:	10/01/2013



Rush Medical Labs

TEST NAME:	Chromosome Studies-Cancer Studies-Blood
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHBM
CPT CODE:	88237, 88262, 88291
CONTAINER TYPE:	Sodium Heparin green top
SPECIMEN REQUIREMENTS:	5-10 mL heparinized whole blood; circulating blast cell percentage higher than 10%
MINIMUM VOLUME:	1 ml
LAST UPDATED:	01/15/2020



Rush Medical Labs

TEST NAME:	Chromosome Studies-Cancer Studies-Bone Marrow
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHBM
CPT CODE:	88237, 88262, 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL of bone marrow aspirate; if none available bone core biopsy is acceptable
MINIMUM VOLUME:	N/A
LAST UPDATED:	01/15/2020

Rush

Rush Medical Labs

TEST NAME:	Chromosome Studies-Constitutional/Congenital blood studies
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHBLD
CPT CODE:	88230, 88262, 88291
CONTAINER TYPE:	Sodium Heparin green top
SPECIMEN REQUIREMENTS:	5 mL heparinized whole blood
MINIMUM VOLUME:	1 ml
LAST UPDATED:	01/15/2020



Rush

Rush Medical Labs

TEST NAME:	Chromosome Studies-Lymph Node
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHLN
CONTAINER TYPE:	Transport Media Tube provided by the Genetics Lab Contact the Genetics Laboratory at 312-942-8931 for order information
SPECIMEN REQUIREMENTS:	Lymph node size at the discretion of the ordering pathologist, in transport media tube
MINIMUM VOLUME:	N/A
LAST UPDATED:	01/15/2020

Rush

Rush Medical Labs

TEST NAME:	Chromosome, Blood
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHBLD
CPT CODE:	82262, 88230, 88291
DAYS PERFORMED:	Mon-Fri, 0800-1530
TURNAROUND TIME:	5-10 days
SPECIAL INSTRUCTIONS:	Completed patient history form MUST be submitted with specimen. Contact the Genetics Laboratory (312-942-6298) for required form and additional information.
CONTAINER TYPE:	Sterile Green top (heparin) - 10 mL tube
SPECIMEN REQUIREMENTS:	Sterile blood
MINIMUM VOLUME:	2 mL
HANDLING INSTRUCTIONS:	If not sent to Genetics Laboratory immediately, refrigerate specimen (4°C) and deliver to the laboratory as soon as possible.
POE DESCRIPTION:	CHROMOSOME BLOOD; CHROM-BL
TEST SYNONYM(S):	Chromosome, Lymphocytes
LAST UPDATED:	08/03/2018



Rush

Rush Medical Labs

TEST NAME:	Chromosome, Bone Marrow
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHROM-SPEC
CPT CODE:	88262, 88237, 88291
DAYS PERFORMED:	Mon-Fri, 0800-1500
TURNAROUND TIME:	3-10 days
SPECIAL INSTRUCTIONS:	Completed patient history form MUST be submitted with specimen. Contact the Genetics Laboratory (312-942-6298) for required form and additional information.
CONTAINER TYPE:	Sterile Green top (heparin) - 10 mL tube
SPECIMEN REQUIREMENTS:	Sterile bone marrow
MINIMUM VOLUME:	2.0 mL
HANDLING INSTRUCTIONS:	Maintain specimen at room temperature. Deliver immediately to the laboratory.
POE DESCRIPTION:	CHROMOSOME BONE MARROW; CHROM-SPEC
TEST SYNONYM(S):	Bone Marrow Cytogenetics; Bone Marrow Karyotype



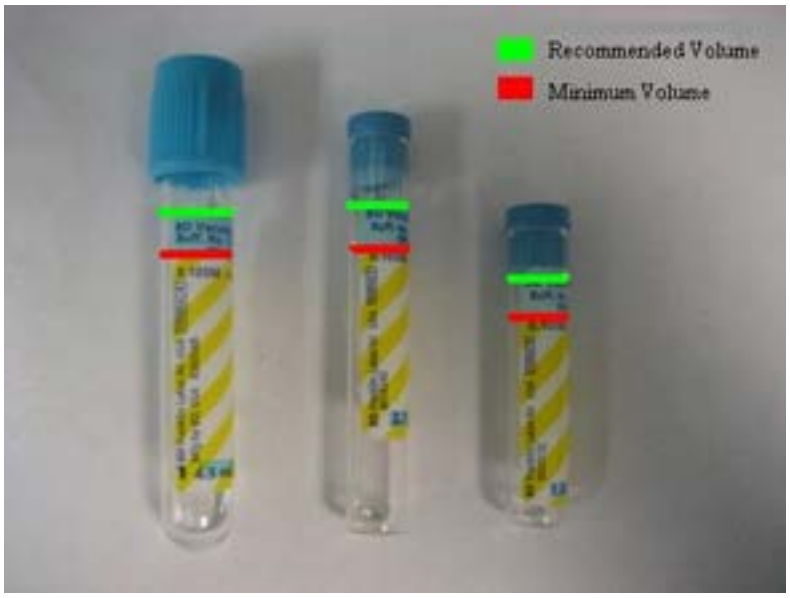
Rush

Rush Medical Labs

TEST NAME:	Chromosome, Fibroblasts
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHROM-FIB
CPT CODE:	88262, 88233, 88291
DAYS PERFORMED:	Weekdays, 0800-1530
TURNAROUND TIME:	3-4 weeks
SPECIAL INSTRUCTIONS:	Completed patient history form MUST be submitted with specimen. Contact the Genetics Laboratory (312-942-6298) for required form and additional information.
CONTAINER TYPE:	Any sterile, chemically clean, securely capped container of appropriate size containing sterile 0.9% saline
SPECIMEN REQUIREMENTS:	Potentially viable tissue which must be obtained by aseptic technique; in the case of skin, full thickness biopsy 5 mm^2
MINIMUM VOLUME:	3 mm^2
HANDLING INSTRUCTIONS:	Do not freeze. Place in sterile saline and refrigerate (4°C).
POE DESCRIPTION:	CHROMOSOME FIBROBLASTS; CHROM-FIB
TEST SYNONYM(S):	Chromosome, Skin (or Various Other Tissues)

Rush Medical Labs

TEST NAME:	Circulating Anticoagulant
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LUPUS
CPT CODE:	85613, 85597
TEST INFORMATION:	Includes Hexagonal Phase and DRVVT and reflex to confirmation.
DAYS PERFORMED:	Monday, Wednesday, and Friday
TURNAROUND TIME:	48-72 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	- Coagulation Specimen
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >65%
MINIMUM VOLUME:	4.0 mL blood (1.5 mL plasma)
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection. Specimen must be centrifuged for 30 minutes at 3000 rpm to assure platelet poor plasma.
REFERENCE RANGE:	Lupus anticoagulant not detected.
REFERRAL LABORATORY:	- Rush Custom Panel #P6126M
POE DESCRIPTION:	LUPUS ANTICOAGULANT ANTIBODIES; LUPUS COAG
TEST SYNONYM(S):	Acquired Anticoagulant; Lupus Anticoagulant; Phospholipid Inhibitor
LAST UPDATED:	06/14/2017


Recommended Volume
Minimum Volume

Rush

Rush Medical Labs

TEST NAME:	Citric Acid, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/CIT
CPT CODE:	82507-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #3(containing 10 gm boric acid)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Entire collection
HANDLING INSTRUCTIONS:	Keep refrigerated during collection
REFERENCE RANGE:	Test Code - 3970U
POE DESCRIPTION:	URT CITRATE; U/CIT
TEST SYNONYM(S):	Urine Citrate


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
OF
(RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME:
(From):
BOTTLE TYPE
3
PRESERVATIVE
10g Boric Acid
FOR COLLECTION OF:
17 - Hydroxycorticosteroids
17 - Ketosteroids
Aldosterone
Cortisol
Citrate
Heavy Metals (Arsenic, Lead,
Mercury



Rush Medical Labs

TEST NAME:	CKMB
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CKMB
CPT CODE:	82550, 82553
CDM NUMBER:	3061059, 3061207
TEST INFORMATION:	Test includes CK, CKMB, CKMB INDEX
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
POE DESCRIPTION:	CKMB (INCLUDES CK)
LAST UPDATED:	06/22/2026


REF 367962
4.5
mL

Rush

Rush Medical Labs

TEST NAME:	Clam (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CLAM
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F207
POE DESCRIPTION:	Clam Allergen





Rush

Rush Medical Labs

TEST NAME:	Clodasporium herbarum (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C. HERBARUM
CPT CODE:	86003-90
TEST INFORMATION:	Mold allergen, included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code - M2
POE DESCRIPTION:	Cladosporium herbarum allergen





Rush

Rush Medical Labs

TEST NAME:	Clomipramine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CLOM
CPT CODE:	83789-90
TEST INFORMATION:	Includes desmethylclomipramine
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	6.0 mL blood (3.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable.
MINIMUM VOLUME:	4.0 mL blood (2.0 mL serum)
REFERENCE RANGE:	- Search Test Code 4962
POE DESCRIPTION:	CLOMIPRAMINE
TEST SYNONYM(S):	Anafranil



Rush

Rush Medical Labs

TEST NAME:	Clonazepam
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CLNZ
CPT CODE:	80346-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Optimum time to collect sample: immediately before the administration of the next dose.
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Test Code 4918
POE DESCRIPTION:	CLONAZEPAM; CLONAZ
TEST SYNONYM(S):	Klonopin(TM)
LAST UPDATED:	06/22/2026





Rush Medical Labs

TEST NAME:	Clostridium difficile toxin by PCR
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CDTOX
CPT CODE:	87493
CDM NUMBER:	3481117
TEST INFORMATION:	Test replaces Clostridium difficile Toxin EIA
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Less than 10 hours
SPECIAL INSTRUCTIONS:	Test not performed on formed stools. Test not performed on patients less than 2 years of age. Only one specimen will be tested within a seven day period.
CONTAINER TYPE:	Screw top clean container or white screw top vial included in stool ParaPak collection kit.
COLLECTION:	The specimen should be collected directly into the clean container (no preservative) or into a bedpan, avoiding contamination with urine or water. Transfer the feces from the bedpan into a clean screw top container.
SPECIMEN REQUIREMENTS:	Fresh unformed stool
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen contaminated with urine and/or water, rectal swab, preserved specimen, specimen submitted within the past week, formed stool specimen, child less than two years old, unlabeled or inappropriatedly labeled specimen.
MINIMUM VOLUME:	5 ml or 1 gram
HANDLING INSTRUCTIONS:	Send to the laboratory as soon as possible. Keep at room temperature.
REFERENCE RANGE:	No Clostridium difficile toxin gene detected.
LIMITATIONS OF TEST:	Inhibition of the Assay has been observed in the presence of zinc oxide paste and Vagisil cream.
METHODOLOGY:	Real Time PCR
ADDITIONAL INFORMATION:	Contact precautions is required for all patients with diarrhea due to Clostridium difficile for the duration of their illness.
TEST SYNONYM(S):	Clostridium difficile Assay; Clostridium difficile Toxin Test
LAST UPDATED:	08/03/2018

Rush

Rush Medical Labs

TEST NAME:	Clozapine and Norclozapine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CLOZAPINE
CPT CODE:	80159-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Green top (heparin) - 10 mL tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL heparinized plasma)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL heparinized plasma)
REFERENCE RANGE:	Test Code 4964
POE DESCRIPTION:	CLOZAPINE
TEST SYNONYM(S):	Clozaril; Norclozapine
LAST UPDATED:	06/22/2026



Rush Medical Labs

TEST NAME:	Coagulation Profile
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	Order individually
CPT CODE:	85730; 85384; 85610; 85670
TEST INFORMATION:	Test includes APTT, FIBRINOGEN, PT, Thrombin Time.
DAYS PERFORMED:	Daily, 24 hours.
TURNAROUND TIME:	Routine: 4 hours; stat 1 hour
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	- Coagulation Specimen
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1.5 mL plasma
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
POE DESCRIPTION:	COAGULATION PROFILE
TEST SYNONYM(S):	Coagulation Panel; Coagulation Screening Panel


0.105M
3.2%
4.5ml

Rush

Rush Medical Labs

TEST NAME:	Cocaine Metabolite, Qualitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/DS
CPT CODE:	80100 (x7)
TEST INFORMATION:	Not orderable as separate test. Order Drug Screen, Urine
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Do not use for medicolegal purposes. For medicolegal purposes, specimens should be collected using chain-of-custody precautions and screening results should be confirmed using gas chromatography/mass spectrometry. Chain-of-custody and confirmation are not part of the urine drug screen and are not provided by this laboratory.
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	1.0 mL random urine
MINIMUM VOLUME:	0.5 mL random urine
REFERENCE RANGE:	None detected
METHODOLOGY:	FPIA (Fluorescence Polarization Immuoassay)
POE DESCRIPTION:	URINE DRUG SCREEN; U/DS
TEST SYNONYM(S):	Cocaine Metabolite; Cocaine, Qualitative, Urine; Cocaine Screen


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Coccidioides Ab Complement Fixation
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	COCCIAB CF
CPT CODE:	86635
CDM NUMBER:	3181446
TURNAROUND TIME:	3 - 7 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Serum
REJECTION CRITERIA:	Improper storage of specimen, inappropriate specimen container, insufficient specimen volume
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 906
METHODOLOGY:	Complement Fixation
REFERRAL LABORATORY:	
ADDITIONAL INFORMATION:	All serum titers >=1:2 must be considered presumptive evidence of coccidioidomycosis, although titers of 1:2 and 1:4 should be confirmed by immunodiffusion testing. Titers exceeding 1:16 usually reflect disseminated disease. A negative CF test does not rule out the diagnosis. Patients with cavitary disease are only 70% positive and with nodular diseases, only 30 % positive.
TEST SYNONYM(S):	Fungal Antibodies; Serum Fungal Profile
LAST UPDATED:	06/22/2026





Rush Medical Labs

TEST NAME:	Coccidioides Quantitative Antigen EIA
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	COCCI AG
CPT CODE:	87449
CDM NUMBER:	3181503
TEST INFORMATION:	Intended use is as an aid in diagnosis of coccidioidomycosis or to monitor therapy.
DAYS PERFORMED:	Test performed Monday - Friday only.
TURNAROUND TIME:	2 - 7 days
CONTAINER TYPE:	Sterile 80 mL specimen container (no preservative); Red top tube - 10 mL or SST tube; sealed sterile cerebrospinal fluid collection tube; sealed sterile sputum or Leuken's container.
SPECIMEN REQUIREMENTS:	Urine, serum separated from the clot, plasma separated from the red cell layer, CSF, bronchial, or other sterile body fluid
REJECTION CRITERIA:	Inadequate specimen volume, particulate matter or viscosity that would not allow the specimen to be pipetted.
MINIMUM VOLUME:	2.0 mL
HANDLING INSTRUCTIONS:	Store in refrigerator if not sent the same day as obtained.
REFERENCE RANGE:	Negative = None Detected, Low Positive = 0.1-1.2 ng/ml, Moderate Positive = 1.3-8.2 ng/ml, High Positive = Above the Limit of Quantification
LIMITATIONS OF TEST:	Cross-reactions occur in histoplasmosis and possibly blastomycosis. Sputolysin and NaOH treatment degrade the analyte detected in the assay. Negative results do not exclude coccidioidomycosis: testing both urine and serum offers the highest sensitivity.
METHODOLOGY:	Quantitative sandwich enzyme immunoassay (EIA)
REFERRAL LABORATORY:	Commercial Laboratory


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:







Rush

Rush Medical Labs

TEST NAME:	Cockroach (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ROACH
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code I6
POE DESCRIPTION:	Cockroach Allergen





Rush

Rush Medical Labs

TEST NAME:	Codfish (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CODFISH
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F3
POE DESCRIPTION:	Codfish allergen





Rush Medical Labs

TEST NAME:	Cold Agglutinin Titer
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	COLD
CPT CODE:	86940
DAYS PERFORMED:	Daily, 0800-1600
TURNAROUND TIME:	48 hours
SPECIAL INSTRUCTIONS:	Arrangements should be made by calling the Blood Center at 25920.
CONTAINER TYPE:	Plain Red top tube (clot)
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood (red cells and serum)
MINIMUM VOLUME:	7 mL
HANDLING INSTRUCTIONS:	Collect sample in prewarmed tube and deliver immediately to Blood Bank in warm water. Do not put on ice!
REFERENCE RANGE:	Screen: negative; titer <32
TEST SYNONYM(S):	Cold Hemagglutinin Titer
LAST UPDATED:	08/19/2021



Rush Medical Labs

TEST NAME:	Complement Profile
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	COMP PROF
TEST INFORMATION:	Profile includes C3, C4, CH50, Clq. Tests available individually.
DAYS PERFORMED:	C3, C4 - Daily, 24 hours CH50, Clq - Core Lab Referral Tests
TURNAROUND TIME:	1-3 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	10 mL blood (5.0 mL serum)
REJECTION CRITERIA:	Hemolysis
MINIMUM VOLUME:	5 mL blood (2.5 mL serum)
REFERENCE RANGE:	Normal Ranges for Common Laboratory Tests
METHODOLOGY:	Turbidometric
POE DESCRIPTION:	COMPLEMENT PROFILE; COMP PROF
LAST UPDATED:	06/22/2026







Rush Medical Labs

TEST NAME:	Complement, Total Hemolytic
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CH50
CPT CODE:	86162-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.2 mL serum)
REFERENCE RANGE:	Test Code 1600
POE DESCRIPTION:	COMPLEMENT TOTAL HEMOLYTIC; CH50 CH50;
TEST SYNONYM(S):	Total Hemolytic Complement
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Complete Blood Count with Differential
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CBC/D
CPT CODE:	85025
TEST INFORMATION:	Test includes: CBC, differential
DAYS PERFORMED:	Daily, 24 hours; available stat
TURNAROUND TIME:	8 hours; stat Hematology Panel; 1 hour
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	- Clotted or hemolyzed specimen - CBC, >24 hours old; - Differential, >12 hours old
MINIMUM VOLUME:	1.5 mL venous, 250 µL capillary whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible.
REFERENCE RANGE:	See Table 1; See Table 2
REFERENCE CHART:	Microcytosis evaluation
POE DESCRIPTION:	COMPLETE BLOOD COUNT WITH DIFFERENTIAL
TEST SYNONYM(S):	Blood Count with differential
LAST UPDATED:	06/22/2026


BD
K2 EDTA
REF
3.0 mL

COMPLETE BLOOD COUNT

REFERENCE RANGES

HEMATOLOGY PANEL

Age	WBC ($X\ 10^3$/cmm)	RBC (m/cmm)	Hgb (g/dL)	Hct (%)	MCV (u^3)	MCH (pg)	MCHC (gm/dL)	PLATELETS ($x10^3/mm^3$)	RDW (%)
Adult	4.0-10.0	M: 4.50-5.90 F: 4.00-5.20	M 13.5-17.5 F: 12.0-16.0	M: 42-54 F: 37-47	82-103	26-34	30-37	150-399	11.5-14.5
0-3 days	8-38	4.00-6.60	14.5-22.5	46-68	97-124	31-37	28-37	150-399	11.5-14.5
4-7 days	6-17	3.90-6.30	13.5-21.5	43-67	90-129	28-40	27-38	150-399	11.5-14.5
8-14 days	5-16	3.60-6.20	12.5-20.5	40-64	88-127	28-40	27-38	150-399	11.5-14.5
15-30 days	5-15	3.00-5.40	10.0-18.0	32-56	87-126	28-40	28-37	150-399	11.5-14.5
30-90 days	5-15	2.70-4.90	9.0-14.0	29-43	79-117	26-34	28-37	150-399	11.5-14.5
3-6 mos.	5-15	3.10-4.50	9.5-13.5	30-42	76-111	25-35	29-36	150-399	11.5-14.5
6 mos.-2 yrs.	5-15	3.70-5.30	11.0-13.0	34-40	72-89	23-31	29-36	150-399	11.5-14.5
2-6 yrs	5-13	3.90-5.30	11.5-13.5	35-41	77-90	24-30	30-37	150-399	11.5-14.5
6-12 yrs.	5-12	4.00-5.20	11.5-15.5	36-46	79-98	25-33	30-37	150-399	11.5-14.5

Reference Ranges – Table 2

Leukocyte Differential

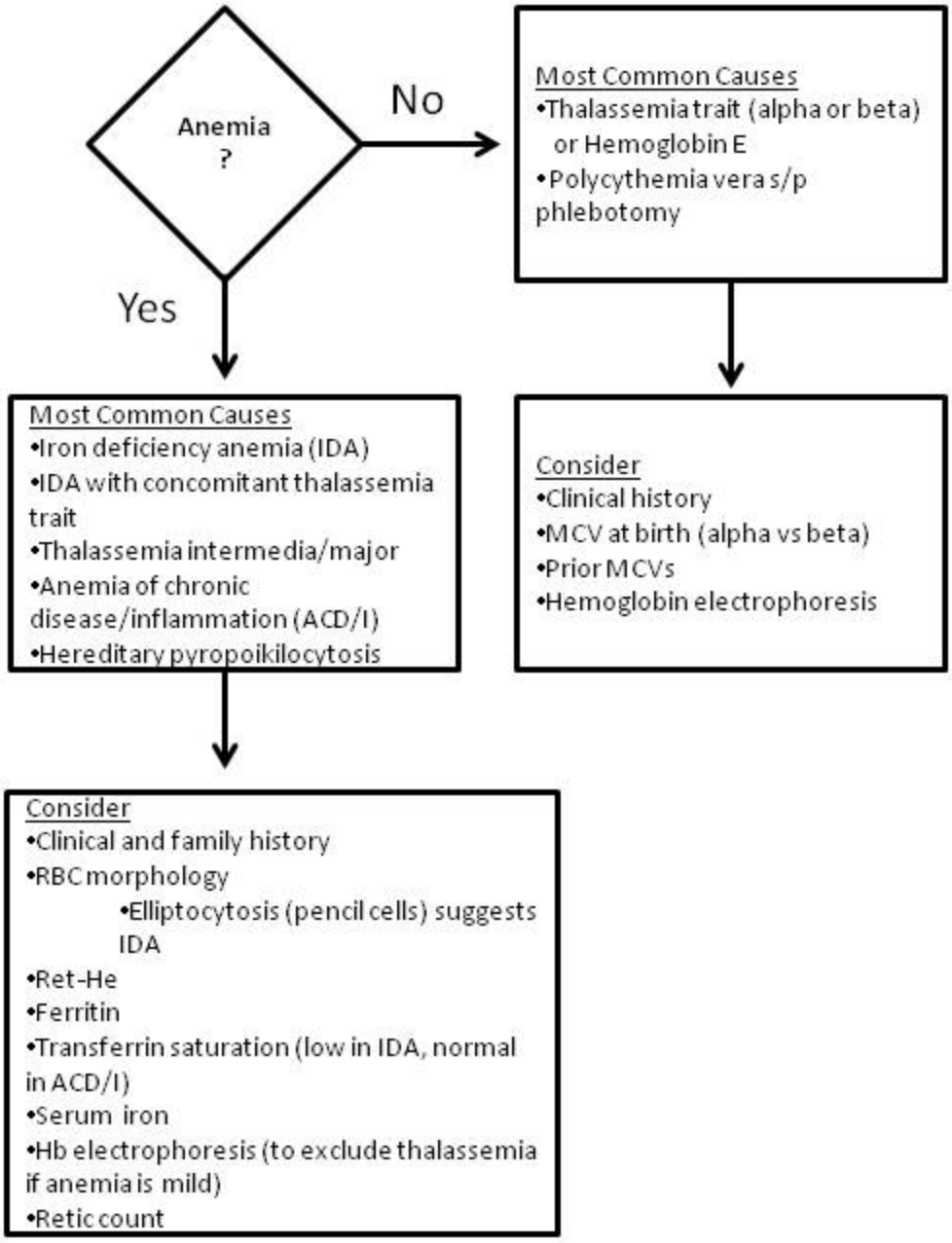
Automated Differential

Age	Neutrophils		IG		Lymphocytes		Monocytes		Eosinophils		Basophils	
	th/uL	(%)	th/uL	(%)	th/uL	(%)	th/uL	(%)	th/uL	(%)	th/uL	(%)
dult	1.84-7.8	46-78	0.0-0.15	0.0-1.5	0.720-5.200	18-52	0.120-1.000	3-10	.000-0.600	0-6	0-0.300	0-3
ewborn	3.76-23.94	47-63	0.0-0.15	0.0-1.5	2.0-14.06	25-37	0.240-3.800	3-10	0.016-3.800	0.2-10	0.-1.140	0-3
wks-4 yrs.	1.1-6.0	22-40	0.0-0.15	0.0-1.5	2.45-10.95	49-73	0.150-1.500	3-10	0-0.900	0-6	0-0.450	0-3
) yrs.	1.55-6.89	31-53	0.0-0.15	0.0-1.5	2.0-7.8	40-60	0.150-1.300	3-10	0-0.780	0-6	0-0.390	0-3
1-17 yrs.	2.05-8.04	41-67	0.0-0.15	0.0-1.5	1.35-5.85	27-58	0.150-1.200	3-10	0-0.720	0-6	0-0.360	0-3

Microscopic Differential

Age	Segmented Neutrophils	Band Neutrophils	Meta-myelocytes	Myelocytges	Pro-myelocytes	Lymphocytes	Monocytes	Eosinophils	Basophils	Blasts
	(%)	(%)				(%)	(%)	(%)	(%)	
Adult	36-72	0-6	0	0	0	18-52	3-10	0-6	0-3	0
Newborn	47-57	0-6	0	0	0	25-37	3-10	0.2-10	0-3	0
2 wks-4 yrs.	22-34	0-6	0	0	0	49-73	3-10	0-6	0-3	0
5-10 yrs.	31-47	0-6	0	0	0	40-60	3-10	0-6	0-3	0
11-17 yrs.	41-61	0-6	0	0	0	27-58	3-10	0-6	0-3	0

Microcytosis evaluation



Rush

Rush Medical Labs

TEST NAME:	Complete Blood Count
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CBC
CPT CODE:	85025
TEST INFORMATION:	Test includes: WBC, RBC, HGB, HCT, PLT, & RBC indices
DAYS PERFORMED:	Daily, 24 hours; available stat
TURNAROUND TIME:	8 hours; stat Hematology Panel; 1 hour
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	- Clotted or hemolyzed specimen - CBC, >24 hours old - Overfilled (>500 mL) microtainer
MINIMUM VOLUME:	1.5 mL venous, 250 µL capillary whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible.
REFERENCE RANGE:	See Table 1
REFERENCE CHART:	Microcytosis evaluation
POE DESCRIPTION:	COMPLETE BLOOD COUNT
TEST SYNONYM(S):	Blood Count; cbc
LAST UPDATED:	02/20/2017


BD Vacutainer
K2 EDTA
REF 367861
BD Franklin Lakes NJ USA
8019349
3.0 mL

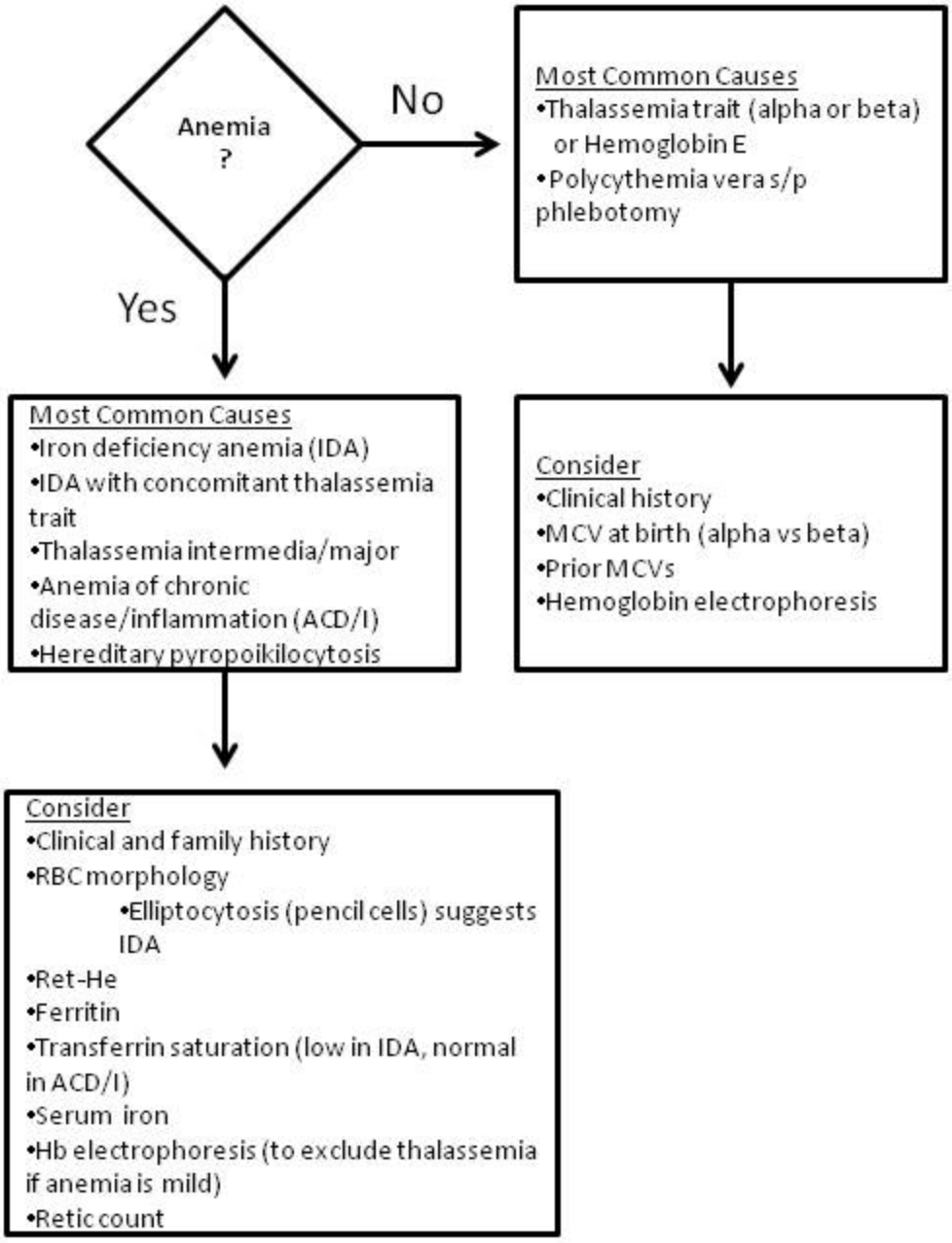
COMPLETE BLOOD COUNT

REFERENCE RANGES

HEMATOLOGY PANEL

Age	WBC (X 10^3/cmm)	RBC (m/cmm)	Hgb (g/dL)	Hct (%)	MCV (u^3)	MCH (pg)	MCHC (gm/dL)	PLATELETS ($x10^3/mm^3$)	RDW (%)
Adult	4.0-10.0	M: 4.50-5.90 F: 4.00-5.20	M 13.5-17.5 F: 12.0-16.0	M: 42-54 F: 37-47	82-103	26-34	30-37	150-399	11.5-14.5
0-3 days	8-38	4.00-6.60	14.5-22.5	46-68	97-124	31-37	28-37	150-399	11.5-14.5
4-7 days	6-17	3.90-6.30	13.5-21.5	43-67	90-129	28-40	27-38	150-399	11.5-14.5
8-14 days	5-16	3.60-6.20	12.5-20.5	40-64	88-127	28-40	27-38	150-399	11.5-14.5
15-30 days	5-15	3.00-5.40	10.0-18.0	32-56	87-126	28-40	28-37	150-399	11.5-14.5
30-90 days	5-15	2.70-4.90	9.0-14.0	29-43	79-117	26-34	28-37	150-399	11.5-14.5
3-6 mos.	5-15	3.10-4.50	9.5-13.5	30-42	76-111	25-35	29-36	150-399	11.5-14.5
6 mos.-2 yrs.	5-15	3.70-5.30	11.0-13.0	34-40	72-89	23-31	29-36	150-399	11.5-14.5
2-6 yrs	5-13	3.90-5.30	11.5-13.5	35-41	77-90	24-30	30-37	150-399	11.5-14.5
6-12 yrs.	5-12	4.00-5.20	11.5-15.5	36-46	79-98	25-33	30-37	150-399	11.5-14.5

Microcytosis evaluation



Rush

Rush Medical Labs

TEST NAME:	Compound S
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	11COR
CPT CODE:	82634-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.3 mL serum)
REFERENCE RANGE:	- Search Test Code S51410
POE DESCRIPTION:	11-DEOXYCORTISOL SPECIFIC; COMP-S; COMP SP and 11 DEOXYCORTISOL METOPIRONE; COMPS-MET
TEST SYNONYM(S):	11-Deoxycorticosterone
LAST UPDATED:	05/16/2017



Rush

Rush Medical Labs

TEST NAME:	Comprehensive Metabolic Panel, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CMP
CPT CODE:	80053
TEST INFORMATION:	Test includes albumin, total bilirubin, calcium, carbon dioxide, chloride, creatinine, glucose, alkaline phosphatase, potassium, total protein, sodium, SGOT(AST), SGPT(ALT) and urea nitrogen
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube or Microtainer (Lithium heparin SST) for neonates
SPECIMEN REQUIREMENTS:	Blood, plasma
MINIMUM VOLUME:	4 mL blood (2 mL serum)
REFERENCE RANGE:	Normal Ranges for Common Laboratory Tests
CRITICAL VALUES:	Sodium: ≤ 120 mmol/L, ≥ 160 mmol/L; potassium: < 2.5 mmol/L, > 6.5 mmol/L; calcium < 5 mg/dL, > 13 mg/dL; glucose: <= 50 mg/dL, >=500 mg/dL; total bilirubin: 0-7 days, ≥ 18 mg/dL, 7 days to adult, ≥ 25 mg/dL
POE DESCRIPTION:	COMPREHENSIVE METABOLIC PANEL; CMP
TEST SYNONYM(S):	CMP
LAST UPDATED:	06/18/2019


BD Vacutainer
SST™ Gel and
Lithium Heparin
Units
REF 367962
4.5
mL



Rush

Rush Medical Labs

TEST NAME:	Congenital Adrenal Hyperplasia PEDS
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CAH Panel
CPT CODE:	82157-90, 82634-90, 82533-90, 82626-90, 84143-90, 84144-90, 83498-90, 84403-90, 82633-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only or Red microtainer
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.25 mL serum)
REFERENCE RANGE:	Test Code 90398
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Congenital Central Hypoventillation Syndrome (CCHS)
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CCHS DNA
CPT CODE:	81479
CDM NUMBER:	3301025, 3301023, 3301110, 3301059
DAYS PERFORMED:	Mon-Fri, 0800-1500
TURNAROUND TIME:	2 weeks
SPECIAL INSTRUCTIONS:	Download order form (see attached)
CONTAINER TYPE:	Lavender top (K2 EDTA) tube
SPECIMEN REQUIREMENTS:	7 mL
REJECTION CRITERIA:	Hemolyzed blood
MINIMUM VOLUME:	3 mL
HANDLING INSTRUCTIONS:	Leave specimen at room temperature and deliver to the laboratory as soon as possible. If sample must be stored overnight, put in refrigerator. DO NOT FREEZE.
REFERENCE RANGE:	Normal alleles contain 20 repeats although non-disease causing deleted variants with 14 and 15 repeats have been seen in the normal population. CCHS-associated alleles contain 25-33 repeats.
METHODOLOGY:	PCR analysis of the region in exon 3 of PHOX2b coding for the CCHS-associated polyalanine repeat expansion mutation is conducted using primers flanking this region. The number of alanine-coding triplet repeats in each PHOX2b allele is quantitated via polyacrylamide gel electrophoresis of the PCR product and compared with known standard alleles.
POE DESCRIPTION:	CCHS DNA
TEST SYNONYM(S):	PHOX2b Gene
LAST UPDATED:	02/04/2014

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Section of Genetics
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RUSH UNIVERSITY MEDICAL CENTER

CONGENITAL CENTRAL HYPOVENTILATION SYNDROME (CCHS)*

***PHOX2B* Gene Screening Test:** The *PHOX2B* Screening Test is a PCR-based, fragment-analysis assay which directly amplifies and sizes the second polyalanine-coding triplet repeat sequence in exon 3 of the *PHOX2B* gene. The test is highly sensitive and specific for detection of the triplet repeat polyalanine expansion mutations found in the majority (~92%) of individuals with CCHS[1]. The remaining individuals with CCHS will have either *PHOX2B* coding sequence mutations (~8%), which can be identified by follow-up sequencing, or *PHOX2B* whole or partial gene deletions (<1%), which can be identified by follow-up MLPA testing[2].

Inheritance and Mosaicism: It should be noted that up to 25% of CCHS patients inherited their *PHOX2B* mutation from a parent who has mosaicism, which is a 'lesser dose' of the mutation and explains why the parents are not affected with the CCHS phenotype[1]. Because mosaic parents can pass the same *PHOX2B* mutation on to other children, it is necessary to test *all* parents of CCHS probands for mosaicism. The PCR assay *PHOX2B* Screening Test is the best available assay for identifying and quantifying mosaicism[3].

Testing Recommendations: The American Thoracic Society (ATS) Statement on CCHS[1] recommends a step-wise testing strategy. Children suspected to have CCHS should ideally be tested first by the *PHOX2B* Screening Test, then with follow-up sequencing and MLPA if no mutation is found[4]. All parents of children with identified polyalanine repeat expansion mutations should be screened by the *PHOX2B* Screening Test to determine mosaicism[1,3,4].
For further clarification, please contact Dr. Elizabeth Berry-Kravis at Elizabeth_M_Berry-Kravis@Rush.edu

Specimen Preparation: Three to 6 ml of blood in an EDTA-coated vacutainer are required. Call (312-942-6298), FAX (312-942-2857) or e-mail Kisha Johnson MS, CGC, or Dr. Paul Wong if less than 3 ml of blood are available. Send the blood at room temperature by overnight delivery service like Federal Express. Because of transportation issues, it is best *not* to obtain blood on Friday, Saturday or Sunday. If kept overnight, the blood should be refrigerated. **DO NOT FREEZE**. No refrigeration is needed for same day deliveries. A turnaround time of 1 to 2 weeks is anticipated. **A FULLY COMPLETED REQUISITION *MUST* ACCOMPANY EACH BLOOD SAMPLE**. Please include the requesting physician's complete address, e-mail address, and phone and fax numbers.
For queries on specimen preparation please contact: Kisha_D_Johnson@Rush.edu, or PWong@Rush.edu

Billing Information: Billing information must accompany the blood sample. The patient can pre-pay with a cashier's check or credit card or we can bill the referring institution. Pre-payment is required for all samples from outside the U.S. Rush University Medical Center (RUMC) will not bill third party payors (e.g. insurance, Medicare, Medicaid) for this testing. Payment is the responsibility of the submitting entity. **The cost of the *PHOX2B* Screening Test is USD $399.00**; CPT code is 81479. This pricing is effective as of March 1, 2013 and is subject to change without notice.
Please note: the cost of testing has been reduced to accommodate families with CCHS. More than half of all proceeds are applied directly to CCHS research. These funds have been invaluable to support much needed research into this gene and CCHS.

[1] Weese-Mayer et al. Am J Respir Crit Care Med. 2010. 181(6):626-644.
[2] Jennings et al. Pediatr Pulmonol. 2012. 47(2):153-161.
[3] Jennings et al. Diagn Mol Pathol. 2010. 19(4):224-231.
[4] Weese-Mayer et al. In: Primer on the Autonomic Nervous System (Robertson D, Biaggioni I, Burnstock G, Low PA, and Paton, JFR, editors), Academic Press, Oxford, UK. 2012. pp. 445-450.

Rush University Medical Center
Section of Genetics
1750 W. Harrison St. Rm. 1501 Jelke
Chicago, IL 60612
Phone 312-942-6298
CLIA 14D0646609

RUSH UNIVERSITY MEDICAL CENTER

Request for Congenital Central Hypoventilation Syndrome (CCHS) *PHOX2B* Screening Test*

PLEASE THOROUGHLY COMPLETE THIS FORM TO AVOID DELAYING SAMPLE PROCESSING.

☐ **I am ordering the Congenital Central Hypoventilation Syndrome (CCHS) *PHOX2B* Screening Test***

Patient Information: ***If submitting samples from multiple family members, please attach a pedigree and complete one order form for each submitted sample.***

Last Name:_____ **First Name:**_____
DOB: _____, ___ **Year:** **Gender:** ☐**Female** ☐**Male**
Ethnicity: ☐**Caucasian** ☐**African American** ☐**Hispanic** ☐**Asian Pacific Islander**
☐**Native American** ☐**Unknown** ☐**Other**_____
Home phone number: _____ **Cell phone number:** _____
Address: _____
City: _____ **State:** _____ **Zip:**_____ **Country:** _____
Date of blood draw:_____ **Date blood sent:** _____
Reason for ordering test: _____

Diagnoses (check all that apply):

☐ **CCHS**	☐**Asleep ventilator needs**
☐ **Hirschsprung disease**	☐**Mechanical ventilation via tracheostomy**
☐ **Neuroblastoma**	☐ **BiPAP via mask ventilation**
☐ **Other neural crest tumor**	☐**Negative pressure ventilation**
☐ **Apparent life threatening events (ALTEs)**	☐**Diaphragmatic pacers**
☐ **Unresolved apnea of prematurity**	☐**Awake ventilator needs**
☐ **Unresolved apnea of infancy**	☐ **Mechanical ventilation via tracheostomy**
☐**Cardiac pacemaker**	☐ **Diaphragmatic pacers**
☐ **Esotropia** ☐**Exotropia** ☐**Fixed and dilated pupils**	☐ **Tracheostomy**
Age at diagnosis of alveolar hypoventilation: Years ____ Months ____ Days____	
Other pertinent information:	

***All test results will be reviewed by Drs. Weese-Mayer and Jennings (Lurie Children's Hospital, Northwestern University) and Dr. Berry-Kravis (RUMC). Additional information and medical records may be requested.**

Rush University Medical Center
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1750 W. Harrison St. Rm. 1501 Jelke
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RUSH UNIVERSITY MEDICAL CENTER

Physician Information: ***(results will be sent to physician)***

Last Name:_____ **First Name:**_____
Phone: _____ **Fax:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Country:** _____
e-mail: _____

Billing Information: RUMC will not bill third party payors (e.g. insurance, Medicare, Medicaid) for this testing. Payment is the responsibility of the submitting entity.

Pre-payment by cashier's check or credit card is r*equired for all samples referred from outside of U.S.*

☐**Check enclosed (payable to Rush University Medical Center)**
☐**Credit Card** ☐**Visa** ☐**MasterCard** ☐**Discover**

Account #: _____ **Expiration date:** ___/___
MM/YY

Card Holder's Name: _____**Phone #:** _____

Signature: _____ **Date:** ___/___/____
MM/DD/YYYY

☐**Institutional Billing**

Contact Person/Title:_____
Name of Institution:_____
Section/Laboratory:_____
Phone: _____ **Fax:**_____
Address: _____
City:_____ **State:**_____ **Zip:**_____ **Country:**_____
e-mail:_____

Shipping Information:

Kisha Johnson
Section of Genetics
Rush University Medical Center
1750 W. Harrison Street, Room 1501 Jelke
Chicago, IL 60612
Phone: (312) 942-6298 Fax: (312) 942-2857

***All test results will be reviewed by Drs. Weese-Mayer and Jennings (Lurie Children's Hospital, Northwestern University) and Dr. Berry-Kravis (RUMC). Additional information and medical records may be requested.**

Rush

Rush Medical Labs

TEST NAME:	Co-oximetry Panel, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	COOX PANEL
CPT CODE:	82375; 82810; 83050
TEST INFORMATION:	Test includes measured O2 saturation, carboxyhemaglobin, methemaglobin, total hemoglobin, and deoxygenated hemoglobin
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Deliver specimen immediately to the lab.
CONTAINER TYPE:	Heparinized syringe
SPECIMEN REQUIREMENTS:	Blood, heparinized syringe
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL
REFERENCE RANGE:	See Table
POE DESCRIPTION:	COOXIMETRY PANEL

Co-oximetry Panel, Blood

Test	Range
Carboxyhemoglobin	0 – 5%
Methemoglobin	0.4 – 1.5%
Oxygen saturation	
Arterial	95 – 99%
Venous	60 – 85%
Total hemoglobin	
1 d – 1 y	11.2 – 18.4 g/dL
1 – 4 y	11.2 – 12.6 g/dL
4 – 12 yr	12.6 – 13.4 g/dL
adult male	14.0 – 18.0 g/dL
adult female	12.0 – 16.0 g/dL
Deoxygenated hemoglobin	
Arterial	0 – 5%
Venous	15 – 40%

Critical value

Carboxyhemoglobin ³ 15%

Rush

Rush Medical Labs

TEST NAME:	Copper, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	COPPER
CPT CODE:	82525-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Dark blue top tube Vacutainer #6526 (no anticoagulant). No other tube.
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	- Search Test Code 4870
POE DESCRIPTION:	COPPER BLOOD; COPPER
TEST SYNONYM(S):	Cu, Blood





Rush Medical Labs

TEST NAME:	Copper, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/CU
CPT CODE:	82525-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #5
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	See Quest Diagnostics -Search Test Code 365
POE DESCRIPTION:	URT CU; U/CU
TEST SYNONYM(S):	Cu, Urine; Urine Copper


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:



Rush Medical Labs

TEST NAME:	Cord Blood Screening
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	CORD
CPT CODE:	86880; 86900; 86901
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Indicate cord blood, baby`s hospital number, baby`s sex, time of birth, and mother`s hospital number.
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	2 mL
POE DESCRIPTION:	CORD BLOOD ABO AND DAT; CORD ABO, RH, DAT (COOMBS)
TEST SYNONYM(S):	Cord Blood Work-up
LAST UPDATED:	08/19/2021


WARD
TIME
AM
PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417

Rush

Rush Medical Labs

TEST NAME:	Corn (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CORN
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F8
POE DESCRIPTION:	Corn Allergen





Rush

Rush Medical Labs

TEST NAME:	Cortisol, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CORTISOL
CPT CODE:	82533
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	Adults: 8-10 a.m., 3.7-19.4 mcg/dL; 4-6 p.m., 2.9-17.3 mcg/dL ACTH Stimulation: > twice reference a.m. level Post-Metyrapone Suppression: <4.0 mcg/dL(a.m.) Post-Dexamethasone Suppression: <4.0 mcg/dl (a.m.)/>4.0 mcg/dL with endogenous depression (at 16-23 hours after dexamethasone administration)
POE DESCRIPTION:	CORTISOL PLASMA
TEST SYNONYM(S):	Compound F; Hydrocortisone
LAST UPDATED:	06/22/2026


BD Vacutainer
PST™ Gel and
Lithium Heparin
Units
REF 367962

Rush Medical Labs

TEST NAME:	Cortisol, Saliva
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SAL/CORTSL
CPT CODE:	82530-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Salivette tube (obtain from Send Out Lab)

PRECAUTIONS:

1. Saliva should be collected at the time(s) prescribed by your doctor. 2. No food or fluids for 30 minutes prior to collection. 3. Do not use any creams, lotions, or steroid inhalers immediately prior to collection. 4. Avoid any activity that can cause your gums to bleed, including brushing and flossing your teeth. Consult with your doctor if this is a chronic problem. 5. Do not use this kit on children under 3 years of age or any patient with increased risk of swallowing or choking.

COLLECTION:

INSTRUCTIONS FOR COLLECTION:

1. Rinse mouth thoroughly with water and discard. Do not swallow. 2. Hold the Salivette(R) at the rim of the suspended insert and remove the stopper. 3. Remove the swab. 4. Place the swab under the tongue until well saturated, approximately 1 minute. 5. Return the saturated swab to the suspended insert and close the Salivette(R) firmly with the stopper. 6. Do not remove the tube holding the insert. The Salivette(R) should be sent to the lab with the swab inside. 7. Label the Salivette(R) with the patient name, date and time of collection, and any other identifying information. The Salivette(R) may be refrigerated if they cannot be sent to the laboratory within 24 hours of collection.

SPECIMEN REQUIREMENTS:	0.5 mL saliva
REJECTION CRITERIA:	Any tube other than SALIVETTE will be rejected.
MINIMUM VOLUME:	0.2 mL saliva
REFERENCE RANGE:	Test Code S52400
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

TEST NAME:	Cortisol, Urinary Free
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/CORTISOL
CPT CODE:	82530-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Requisition must state date and time collection started and date and time collection finished.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #3(containing 10 gm boric acid)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	Search Test Code S51655
POE DESCRIPTION:	URT CORTISOL; U/CORTISOL
TEST SYNONYM(S):	Urinary Free Cortisol; Urine Cortisol


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
3
PRESERVATIVE
10g Boric Acid
FOR COLLECTION OF:
17 - Hydroxycorticosteroid
17 - Ketosteroids
Aldosterone
Cortisol
Citrate
Heavy Metals (Arsenic, Lead,
Mercury

Rush

Rush Medical Labs

TEST NAME:	Cortrosyn. Stimulation Test
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CORTISOL
CPT CODE:	82533
DAYS PERFORMED:	Daily
TURNAROUND TIME:	1-3 days
SPECIAL INSTRUCTIONS:	Specify on requisition baseline level or level 1 hour after Cortrosyn® stimulation. This test can be performed on outpatients but the ordering physician must be available to inject the Cortrosyn®.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Heparinized plasma
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	Baseline cortisol at least 5 µg/dL; increase in cortisol at least 7 µg/dL; peak (1-hour) cortisol at least 18 µg/dL
POE DESCRIPTION:	CORTISOL SERUM
TEST SYNONYM(S):	Cortrosyn; Cortisol Stimulation Test





Rush

Rush Medical Labs

TEST NAME:	Cotinine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	Cotinine
CPT CODE:	80323-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Serum from a SST tube, grossly hemolyzed samples
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	- Search Test Code 90642
TEST SYNONYM(S):	Nicotine and Cotinine
LAST UPDATED:	12/09/2014



Rush

Rush Medical Labs

TEST NAME:	Cottonwood tree (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	COTTONWOOD
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	- Search Test Code T14
POE DESCRIPTION:	Cottonwood Allergen





Rush

Rush Medical Labs

TEST NAME:	C-Peptide
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C-PEPTIDE
CPT CODE:	84861-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	6.0 mL blood (3.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (0.8 mL serum)
REFERENCE RANGE:	Test Code 3140
POE DESCRIPTION:	C-PEPTIDE
TEST SYNONYM(S):	Connecting Peptide; C-Peptide Reactivity; Endogenous Insulin; Insulin C-Peptide; Proinsulin C-Peptide; CPR





Rush

Rush Medical Labs

TEST NAME:	Crab (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CRAB
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F23
POE DESCRIPTION:	Crab Allergen





Rush Medical Labs

TEST NAME:	CRE PCR SCREEN
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CARBR
CPT CODE:	87798 X 5
CDM NUMBER:	3422017
TEST INFORMATION:	This test utilizes automated real-time polymerase chain reaction (PCR) to detect and differentiate carbapenem resistant genes. The assay detects proprietary sequences for KPC, NDM, VIM, OXA-48 and IMP.
DAYS PERFORMED:	Daily 7:00 am – 23:30 pm
TURNAROUND TIME:	2 hours
CONTAINER TYPE:	Copan® II swab
SPECIMEN REQUIREMENTS:	Rectal swab
REJECTION CRITERIA:	Inappropriate specimen container or inappropriate source
MINIMUM VOLUME:	One swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	Carbapenemase gene not detected
LIMITATIONS OF TEST:	Interfering substances – barium sulfate and Pepto-Bismol
METHODOLOGY:	Polymerase chain reaction
TEST SYNONYM(S):	CRE SCREEN
LAST UPDATED:	07/14/2017


COPAN

Rush Medical Labs

TEST NAME:	C-Reactive Protein
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CRP
CPT CODE:	86140
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours, STAT: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	≤ 8.0 mg/L
TEST SYNONYM(S):	Acute Phase Protein; CRP
LAST UPDATED:	06/22/2026



Rush Medical Labs

TEST NAME:	Creatine Kinase, Plasma, Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CK; C/CK
CPT CODE:	82550
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour; CSF: 1 hour
CONTAINER TYPE:	PST tube or CSF collection tube
SPECIMEN REQUIREMENTS:	Blood (plasma), cerebrospinal fluid
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma), 0.2 mL CSF
REFERENCE RANGE:	Plasma: 10-205 units/L; CSF: none established, must be interpreted with clinical findings
POE DESCRIPTION:	CREATINE PHOSPHOKINASE; TOTAL CK; CPK; CK
TEST SYNONYM(S):	CK; CPK
LAST UPDATED:	06/22/2026


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FAST™ Gel and
Lithium Heparin
8 Units
REF 367962

Rush Medical Labs

TEST NAME:	Creatinine Clearance
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/CRCL
CPT CODE:	82575, 81050
TEST INFORMATION:	For optimal results, the patient should avoid meat, tea, coffee, or drugs on the day of the test. To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Blood creatinine should be ordered and sent to the laboratory during urine collection. Both blood and urine creatinine measurements are necessary to calculate creatinine clearance. If a corrected clearance is requested, the patient`s height and weight must be written on the requisition. For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	SST tube, 24 hour urine container (Bottle #1) with no preservative
SPECIMEN REQUIREMENTS:	Blood (serum), 24-hour urine collection
MINIMUM VOLUME:	4 mL blood (2 mL serum); submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate urine during collection.
REFERENCE RANGE:	Male: (8 -15yrs) 98 – 150 ml/min (15- adult) 85 -125 ml/min Female: (8-15yrs) 95-122 ml/min (15 – adult) 75 -115 ml/mn
POE DESCRIPTION:	URINE CREATININE CLEARANCE
TEST SYNONYM(S):	Clearance, Creatinine; CrCl; Creat Clearance; Creatinine Clearance, Endogenous
LAST UPDATED:	06/22/2026




RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM
BOTTLE #
OF
(RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME:
(From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:



Rush Medical Labs

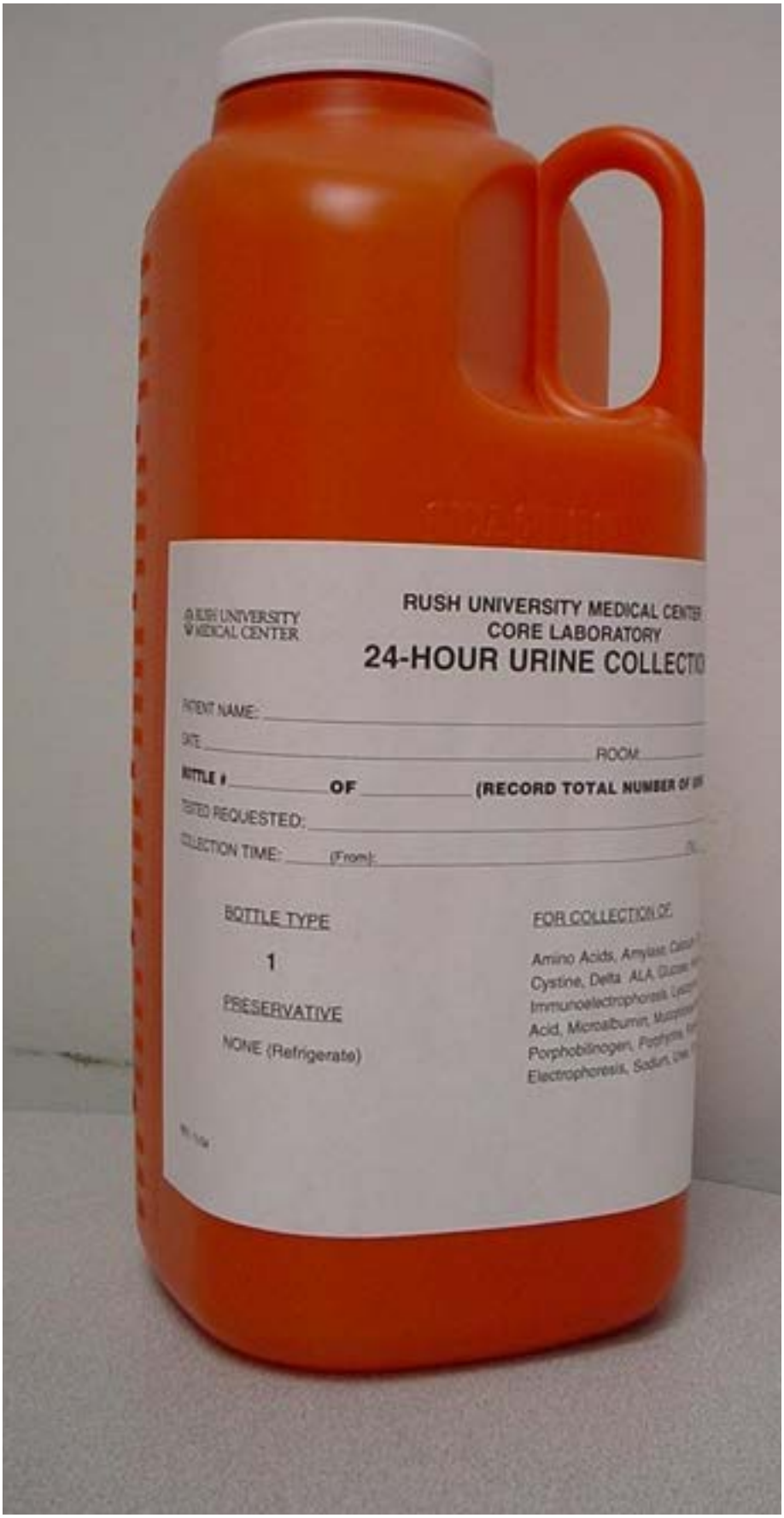
TEST NAME:	Creatinine, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CREAT
CPT CODE:	82565
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 blood (0.2 plasma)
REFERENCE RANGE:	male 0.75-1.20 female 0.65-1.00
POE DESCRIPTION:	CREATINE; CREAT
LAST UPDATED:	06/22/2026


D Vacutainer
ST™ Gel and
thium Heparin
Units
EF 367962



Rush Medical Labs

TEST NAME:	Creatinine, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RU/CREAT (random urine); U/CREAT (24-hour urine)
CPT CODE:	Random = 82570, Timed = 82570, 81050
TEST INFORMATION:	Results are reported as mg of creatinine per total volume of urine submitted. Normal range is based on 24-hour collection.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Stat: 1 hour (random urine only); Timed urine: 8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative)
SPECIMEN REQUIREMENTS:	Random urine or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL; Timed urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random Urine: None established Timed Urine: Male: 1,000 – 2,000 MG/TV Female: 800 – 1800 MG/TV
POE DESCRIPTION:	Urine Creatinine Random; Urine Creatine Timed
TEST SYNONYM(S):	Total Creatinine, Urine; Urine Creatinine


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Creutzfeldt-Jakob Disease (Protein 14-3-3)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C143T
CPT CODE:	83520-90
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Sterile Container
SPECIMEN REQUIREMENTS:	2.0 mL CSF; 100-200 mL urine
MINIMUM VOLUME:	
REFERENCE RANGE:	See Mayo Medical Laboratories - Search Test Code P1433
POE DESCRIPTION:	14-3-3 Protein on CSF and Urine
TEST SYNONYM(S):	Jakob-Creutzfeldt disease; Prian disease
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	CRP, High Sensitivity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HSCRP
CPT CODE:	86141-90
TEST INFORMATION:	Used as a cardiac risk factor
TURNAROUND TIME:	Routine: 8 hours STAT: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL plasma)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL plasma)
REFERENCE RANGE:	Low Risk: 0.10 - 0.99 mg/L Mod Risk: 1.0 - 3.0 mg/L High Risk: >3.0 mg/L
POE DESCRIPTION:	HIGH SENSITIVITY CRP
TEST SYNONYM(S):	High sensitivity CRP; Cardio CRP
LAST UPDATED:	06/22/2026


BD Vacutainer
REF 367962

Rush Medical Labs

TEST NAME:	Cryoglobulin Detection and Quantitation
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CRYOGLOB
CPT CODE:	82595-90
TEST INFORMATION:	Use this test to determine the presence and quantity of cold insoluble immune complexes in patients with systemic immune complex diseases; determine the presence and quantity of monoclonal cryoglobulins in patients with plasma cell dyscrasias. If cryoglobulin is present, cryoprecipitate is tested. Please submit correct volume of blood.
TURNAROUND TIME:	10 working days
SPECIAL INSTRUCTIONS:	Overnight fasting is required. The specimen MUST be kept at body temperature (37°C, 98.6°F) from the time the blood is drawn until delivery to the Core Laboratory. **Draw blood into prewarmed tubes, and place tubes in a container of 37°C to 40°C water. Transport to the Core Laboratory, 470 Jelke SC, IMMEDIATELY. Specimen should clot at 37°C.**
CONTAINER TYPE:	Three **FULL** Red top tubes (6.0 mL)
COLLECTION:	Specimens accepted Monday through Thursday Only.
SPECIMEN REQUIREMENTS:	18 mL blood (9.0 mL serum). KEEP BLOOD WARM.
REJECTION CRITERIA:	Specimen not transported on warm water, patient not fasting, specimen hemolyzed, insufficient quantity of specimen, inappropriate specimen container. Specimen sent Friday through Sunday.
MINIMUM VOLUME:	18 mL blood (9 mL serum)
REFERENCE RANGE:	Test Code 1155
LIMITATIONS OF TEST:	Small amounts of fibrin may precipitate at both 4 and 37°C and thus may mask trace amounts of cryoglobulin. False-negative or false low cryoglobulin values occur if blood is allowed to clot below body temperature or if the blood is refrigerated prior to processing.
ADDITIONAL INFORMATION:	Cryoglobulins are immunoglobulins which precipitate on cooling and redissolve on warming. If cryoglobulin is present, Cryoprecipitate is tested for IgG, IgM, IgA, RF and IFE. Add 2 to 4 days to turnaround time.
POE DESCRIPTION:	CRYOGLOBULIN
TEST SYNONYM(S):	Cold Precipitins; Cryoglobulins with Reflex to Cryoprecipitate Immunoglobulins
LAST UPDATED:	06/22/2026



Rush

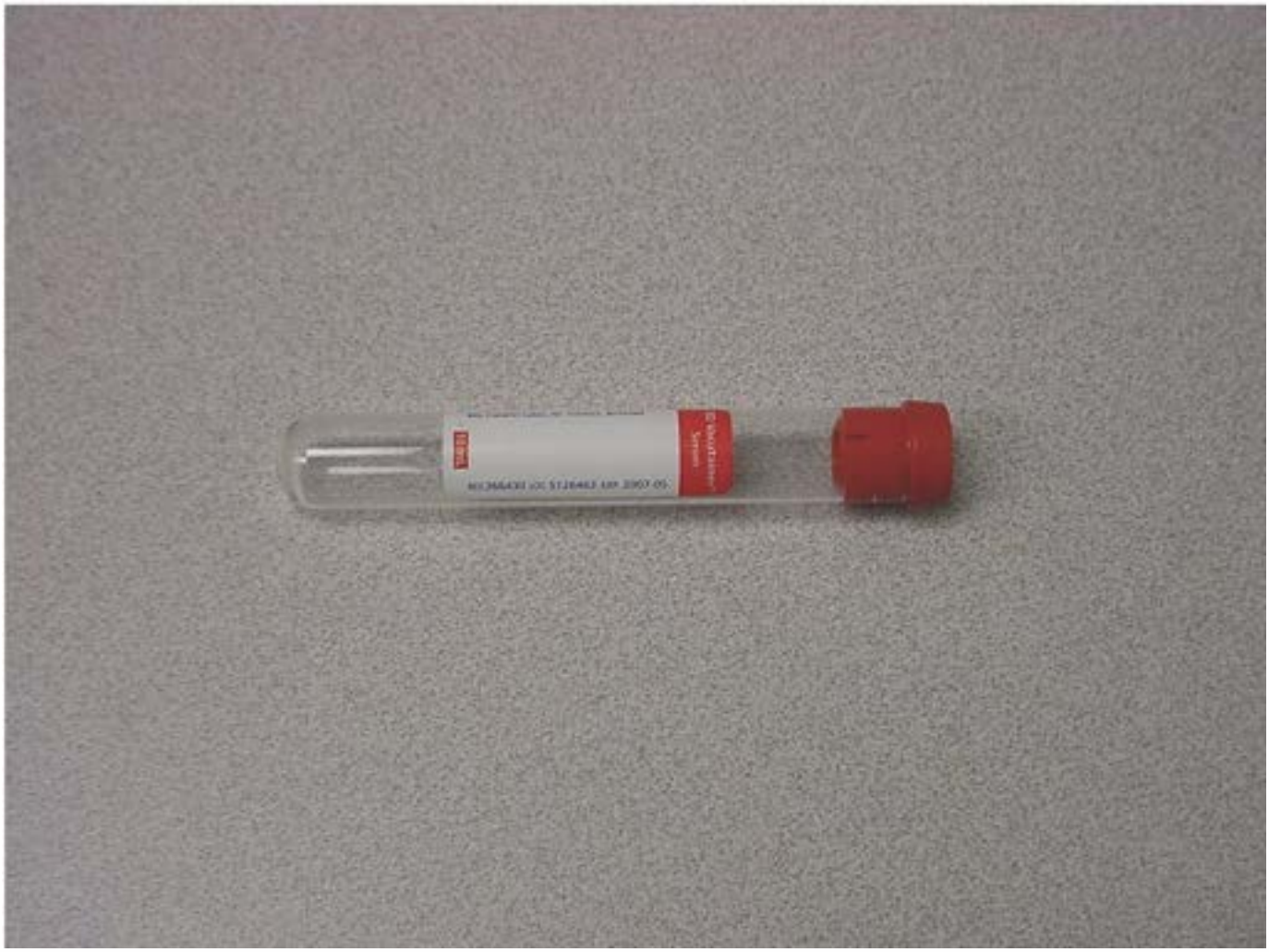
Rush Medical Labs

TEST NAME:	Cryoprecipitate, Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	30 minutes
	Cryoprecipitate must be infused within 4 hours from time of thaw.
SPECIAL INSTRUCTIONS:	Order by quantity of fibrinogen needed or specify number of 'bags' (150-250 mg per bag)
CONTAINER TYPE:	Pink top tube
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
HANDLING INSTRUCTIONS:	Store pooled cryoprecipitate units at room temperature.
REFERENCE RANGE:	Each bag contains at least 150 mg fibrinogen
POE DESCRIPTION:	Pooled Cryo (1 pool = 4 donors)


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Becton Dickinson, Franklin Lakes, NJ 07417
BD SSMART0

Rush Medical Labs

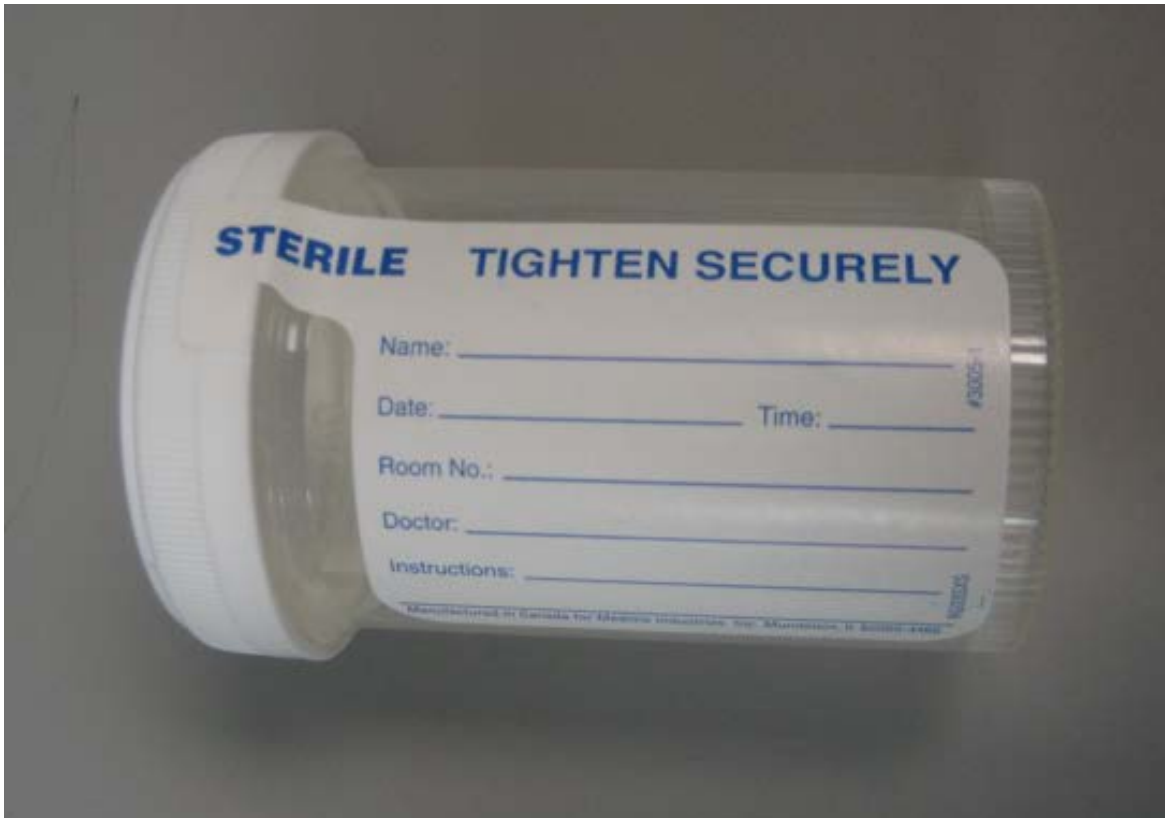
TEST NAME:	Cryptococcal Antigen
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CRYAG (for CSF), CRYBL (BLOOD)
CPT CODE:	87327
TEST INFORMATION:	The test is a Lateral Flow Assay which is an immunochromatographic test system for the detection of Cryptococcal antigen. This test replaces India Ink preparation for cerebrospinal fluid specimens.
DAYS PERFORMED:	CSF: daily, 24 hours, performed STAT; blood: Daily, 0800-1430
TURNAROUND TIME:	STAT, 2 hours after receipt of the specimen in the laboratory; routine, same day if received by 1330.
CONTAINER TYPE:	Sealed sterile container for CSF, Red top tube - 10 mL for blood
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid, blood (serum)
REJECTION CRITERIA:	Insufficient quantity of specimen, inappropriate specimen container, hemolyzed blood specimen, bloody cerebrospinal fluid specimen.
MINIMUM VOLUME:	1 mL CSF, 2 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No cryptococcal antigen detected
LIMITATIONS OF TEST:	False negative results may occur due to a low concentration of the polysaccharide antigen or due to a prozone effect at high antigen concentrations. False positive results may occur due to invasive infections with the yeast *Trichosporon beigelii*, *Capnocytophaga* species, or Rothia (Stomatococcus) mucilaginosus.
METHODOLOGY:	Lateral Flow Assay
ADDITIONAL INFORMATION:	A titer will be reported for all positive results. A higher titer usually corresponds with worse disease. Pretreatment of blood specimens with pronase reduces false-positives and increases the sensitivity of the method. A fungal culture should also be performed for patients who are suspected of having cryptococcosis. Antigen detection may precede the detection of viable organisms in cerebrospinal fluid Gram stains and fungal culture. The India Ink preparation has been replaced by the cryptococcal antigen procedure due to the increased sensitivity. A cryptococcal antigen will routinely be performed on all cerebrospinal fluid specimens submitted for a fungal culture providing an adequate volume of specimen is submitted.
POE DESCRIPTION:	CRYPTOCOCCAL ANTIGEN; CRYPTO AG
LAST UPDATED:	08/03/2018




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Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Cryptosporidium Diagnostic Procedure, Stool
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	SM OOCYST
CPT CODE:	87207; 87015
TEST INFORMATION:	Test includes examination of the stool for the presence of *Cryptosporidium*, *Isospora*, and *Cyclospora* by a modified acid-fast stain.
DAYS PERFORMED:	Daily
TURNAROUND TIME:	1-2 days
CONTAINER TYPE:	Plastic feces specimen container, no preservative; sealed sterile or nonsterile clean container, TOTAL FIX (Black Top) PARAPAK (Call Microbiology, 312-942-5452)
COLLECTION:	The specimen should be collected directly into the plastic feces specimen container (no preservative) or into a bedpan, avoiding contamination with urine or water. Transfer the feces from the bedpan into the plastic feces container or a sealed container.
SPECIMEN REQUIREMENTS:	Fresh stool
REJECTION CRITERIA:	Specimen on outside of container, insufficient quantity of specimen, rectal swab, inappropriate specimen, specimen submitted in a preservative, specimen contaminated with water and/or urine.
MINIMUM VOLUME:	1 mL or 1 gram
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate
REFERENCE RANGE:	No *Cryptosporidium* detected; No *Isospora* detected; No *Cyclospora* detected
LIMITATIONS OF TEST:	Organisms are most readily demonstrated in diarrheal stools.
METHODOLOGY:	Modified acid-fast stain of a concentrated specimen on air-dried methanol fixed smears (decolorization with 1% sulfuric acid).
ADDITIONAL INFORMATION:	If this test procedure is requested on a specimen other than stool, a consultation with the Director or a Supervisor is recommended. Click here for more information about Cryptosporidiosis, Isosporiasis, and Cyclosporiasis
POE DESCRIPTION:	SM CRYPTOSPORIDIUM
LAST UPDATED:	06/22/2026


STERILE
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Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Crystal Analysis, Synovial Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/CRYS ANL
CPT CODE:	89060
DAYS PERFORMED:	Daily, 0800-2300
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	Synovial fluid
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen must be transported promptly to the laboratory. Refrigerate if transport is delayed.
REFERENCE RANGE:	Negative for crystals
POE DESCRIPTION:	CRYSTAL ANALYSIS SYNOVIAL FL; FL CRYSTAL ANALYSIS SYNOVIAL; SYNOVIAL CRYSTAL ANALYSIS
TEST SYNONYM(S):	Pseudogout Crystals; Synovial Fluid Crystals; Uric Acid Crystals; Gout Crystals
LAST UPDATED:	06/22/2026


BD Vacutainer
EDTA 10.8
367863
7ml 0.5



Rush Medical Labs

TEST NAME:	CSF West Nile Virus AB IgM
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CWNV
CPT CODE:	86788-90
TURNAROUND TIME:	5-7 working days
SPECIMEN REQUIREMENTS:	1.0 mL CSF
MINIMUM VOLUME:	0.7 mL CSF
REFERENCE RANGE:	See Quest Labs - Search Test Code 16013
LIMITATIONS OF TEST:	Cross reactivity has been observed between alphavirus group and flavivirus group, e.g., yellow fever or yellow fever vaccination
TEST SYNONYM(S):	West Nile Virus IgM CSF
LAST UPDATED:	06/11/2019

Rush

Rush Medical Labs

TEST NAME:	CULTURE FISH TEST CANCER [EAP LABFMETC]
TESTING LAB:	11;#Molecular Diagnostics/Genetics
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
COLLECTION:	
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/20/2020

Rush

Rush Medical Labs

TEST NAME:	CULTURE FISH TEST NON-CANCER [EAP LABFMETN]
TESTING LAB:	11;#Molecular Diagnostics/Genetics
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Sodium Heparin green top
COLLECTION:	
SPECIMEN REQUIREMENTS:	5 mL Peripheral blood in Sodium Heparin Green Top
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/20/2020

Rush Medical Labs

TEST NAME:	Culture for Acanthamoeba/Naegleria/Balmuthia/Pathogenic Free Living Amoeba
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MICRO REF
CPT CODE:	87081
TEST INFORMATION:	Test includes culture for *Acanthamoeba/Naegleria/Balmuthia/Pathogenic Free Living Amoeba* species only.
DAYS PERFORMED:	Mon-Fri, 0800-1500
TURNAROUND TIME:	Preliminary reports are available after 48 hours or when ameba are detected. Cultures will be finalized after 1 week.
SPECIAL INSTRUCTIONS:	The Clinical Microbiology Laboratory MUST be contacted at (312) 942-5452, prior to submission of the specimen. The specific anatomic site of the specimen MUST be specified on the order or the requisition.
CONTAINER TYPE:	Sealed sterile container
COLLECTION:	The specimens of choice are cerebrospinal fluid and ocular specimens. Specimens are to be collected from a site prepared utilizing aseptic technique. Swabs must NOT be used. Contamination with normal flora from skin or other body sources MUST be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid, corneal biopsy, corneal scraping, contact lens cleaning solution/drops
REJECTION CRITERIA:	Specimen received in a fixative.
MINIMUM VOLUME:	0.5 mL or piece of tissue
HANDLING INSTRUCTIONS:	Specimen MUST be transported directly to the Clinical Microbiology Laboratory, 1133 Jelke SC as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No parasites found
METHODOLOGY:	Culture in non-nutrient agar with Esherichia coli.
REFERRAL LABORATORY:	Commercial
ADDITIONAL INFORMATION:	*Naegleria* species cause primary amebic meningoencephalitis. *Acanthamoeba* species cause disseminated infection in severely immunocompromised individuals, chronic granulomatous amebic encephalitis and/or sight-threatening ocular infections.
POE DESCRIPTION:	MICROBIOLOGY REFERRAL
TEST SYNONYM(S):	Naegleria species; Free Living Amebas
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

TEST NAME:	Culture for Chlamydia
TESTING LAB:	10;#Molecular Diagnostics/Cellular referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CHLAM CUL
CPT CODE:	87110, 87140
TEST INFORMATION:	Use to establish the diagnosis of Chlamydia trachomatis infection in suspected cases of conjunctivitis, pneumonitis, urethritis, proctitis and cervicitis. Test includes tissue culture technique for the isolation of Chlamydia trachomatis. Identification of inclusions with monoclonal antibody.
DAYS PERFORMED:	Monday - Saturday
TURNAROUND TIME:	4 -5 days
CONTAINER TYPE:	Viral transport medium (available from Clinical Microbiology Laboratory)
COLLECTION:	Obtain the viral transport medium from the Clinical Microbiology laboratory. Wipe the epithelial cell surface to remove any excess mucus. Discard the swab. Using a second swab, vigorously swab the site to be cultured and place the swab directly into the viral transport medium. Place tissue and/or aspirate specimens directly into the viral transport medium.
SPECIMEN REQUIREMENTS:	Conjunctival swab, posterior nasopharyngeal aspirate, throat swab, cervical swab, urethral swab, tissue, sputum, lymph node aspirate and rectal swab without feces.
REJECTION CRITERIA:	Specimen not transported in viral transport medium, specimen heavily contaminated with bacteria, inappropriate specimen source, specimen collected with a wooden shaft or calcium alginate swab, tissues in formalin or other fixatives.
MINIMUM VOLUME:	1mL or swab submitted in viral transport medium.
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed refrigerate for 48 hours, or freeze at -70 degrees C. Ship frozen.
REFERENCE RANGE:	No Chlamydia isolated
LIMITATIONS OF TEST:	The use of viral transport medium is essential to successful culture.
METHODOLOGY:	Tissue culture and direct fluorescent antibody (DFA).
REFERRAL LABORATORY:	Quest Diagnostics
ADDITIONAL INFORMATION:	Chlamydia infects the columnar epithelial cells and will not be recovered from squamous epithelial cells or inflammatory cells. In obtaining the specimen, clean the area of inflammatory cells and then attempt to scrape epithelial cells for culturing. Patients in whom Chlamydia trachomatis is isolated are reported to the City of Chicago Board of Health. This is mandated by law.
TEST SYNONYM(S):	Chlamydia trachomatis culture; Lymphogranuloma Venereum Culture
LAST UPDATED:	09/11/2013

Rush

Rush Medical Labs

TEST NAME:	Culture for Chlamydia-Urine; Genital
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CTGCU; CTNGC
CPT CODE:	87110
TEST INFORMATION:	Use to establish the diagnosis of *Chlamydia trachomatis* infection in suspected cases of conjunctivitis, pneumonitis, urethritis, proctitis and cervicitis. Test includes tissue culture technique for the isolation of *Chlamydia trachomatis*. Identification of inclusions with monoclonal antibody.
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	3-4 days
CONTAINER TYPE:	Viral transport medium (available from Clinical Microbiology Laboratory)
COLLECTION:	Obtain the viral transport medium from the Clinical Microbiology laboratory. Wipe the epithelial cell surface to remove any excess mucus. Discard the swab. Using a second swab, vigorously swab the site to be cultured and place the swab directly into the viral transport medium. Place tissue and/or aspirate specimens directly into the viral transport medium. Specimens should be collected early in the acute phase of the infection first 3-5 days after onset.
SPECIMEN REQUIREMENTS:	Conjunctival swab, posterior nasopharyngeal aspirate, cervical swab, urethral swab, tissue, lymph node aspirate, rectal swab.
REJECTION CRITERIA:	Specimen not transported in viral transport medium, improper swab used in obtaining specimen, specimen heavily contaminated with bacteria, inappropriate specimen source, specimen collected with a WOODEN swab.
MINIMUM VOLUME:	1 mL or swab submitted in viral transport medium.
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No *Chlamydia* isolated
LIMITATIONS OF TEST:	The use of viral transport medium is essential to successful culture.
METHODOLOGY:	Tissue culture and direct fluorescent antibody (DFA).
REFERRAL LABORATORY:	Commercial
ADDITIONAL INFORMATION:	*Chlamydia* infects the columnar epithelical cells and will not be recovered from squamous epithelial cells or inflammatory cells. In obtaining the specimen, clean the area of inflammatory cells and then attempt to scrape epithelial cells for culturing. Patients in whom *Chlamydia trachomatis* is isolated are reported to the City of Chicago Board of Health. This is mandated by law.
TEST SYNONYM(S):	Lymphogranuloma Venereum Culture
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Culture for Corynebacterium diphtheriae
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C DIPHTH
CPT CODE:	87081
TEST INFORMATION:	Test includes isolation and identification of *Corynebacterium diphtheriae* ONLY. Susceptibility testing will NOT be performed.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports are available after 48 hours. Cultures with no growth of C. diphtheriae will be issued after 72 hours. Completion of culture reports from specimens in which C. diphtheriae has been isolated may take at least 4 days after receipt of the specimen.
CONTAINER TYPE:	Copan® II swab, sterile container, Calgiswab®
COLLECTION:	Swab throat lesions, the tonsillar crypts, and the nasopharynx. Separate swabs for throat and nasopharynx specimens are desirable. A flexible calcium alginate swab, Calgiswab®, is recommended for obtaining the nasopharyngeal specimen.
SPECIMEN REQUIREMENTS:	Throat, nasopharyngeal
REJECTION CRITERIA:	Inappropriate specimen container, inappropriate specimen source
MINIMUM VOLUME:	One swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No *C. diphtheriae* isolated
LIMITATIONS OF TEST:	Cultures should be obtained from the nasopharynx, as well as, the throat, since 20% of positive cultures can be missed when only one site is cultured.
METHODOLOGY:	Inoculation of conventional and selective culture media.
REFERRAL LABORATORY:	Commercial
ADDITIONAL INFORMATION:	Culture will be examined for *C. diphtheriae* ONLY. Isolates of *C. diphtheriae* are NOT tested for toxin production.
POE DESCRIPTION:	CU C DIPHTHERIAE; C DIPHTH
TEST SYNONYM(S):	Corynebacterium diphtheriae Culture; Diphtheria Culture
LAST UPDATED:	06/22/2026


COPAN

Rush

Rush Medical Labs

TEST NAME:	Culture for Group A Streptococcus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXSAG (Rapid); CXNSA
CPT CODE:	86588
TEST INFORMATION:	The test includes a direct antigen screen for Group A *Streptococcus*. A culture for Group A *Streptococcus* will be performed for direct antigen screen negative specimens ONLY. Susceptibility testing will NOT be performed.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Antigen screen: 2 hours after receipt of the specimen in the laboratory. Because the sensitivity of the antigen screen test is only 60-70%, a culture is set up for all antigen-negative specimens. Preliminary culture reports are available after 24 hours. Complete culture reports are issued 24-72 hours.
SPECIAL INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
CONTAINER TYPE:	Copan® II swab
COLLECTION:	The tongue should be depressed while both the tonsillar pillars and the oropharynx are swabbed. Exudates should be swabbed and the tongue and uvula avoided.
SPECIMEN REQUIREMENTS:	Throat
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, inappropriate specimen source
MINIMUM VOLUME:	One swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	Negative for Group A *Streptococcus* by direct antigen screening. No Group A *Streptococcus* isolated.
LIMITATIONS OF TEST:	A positive antigen screen result can be relied upon as a rational basis to begin therapy. Therefore, a culture is NOT performed. A negative antigen screen result is only presumptive and due to the low sensitivity of the antigen screening technique, a culture will be performed to reasonably exclude the diagnosis of Group A streptococcal infection. Culture will be screened for Group A *Streptococcus* ONLY. All Group A streptococci are serologically confirmed.
METHODOLOGY:	Direct antigen screen: immunochromatographic assay; Culture: isolation on a medium selective for Group A Streptococcus
ADDITIONAL INFORMATION:	Group A *Streptococcus*, *Streptococcus pyogenes*, is universally susceptible to penicillin and its derivatives; therefore, susceptibility testing is not performed. The sequelae of poststreptococcal glomerulonephritis and rheumatic fever are diminished by early therapy; therefore, timely diagnosis and early institution of appropriate therapy remains important. Timely therapy may reduce the acute symptoms and overall duration of streptococcal pharyngitis.
POE DESCRIPTION:	THROAT CULT/FOR BETA STREP; C STREPA
TEST SYNONYM(S):	Beta-Hemolytic Strep Culture, Throat; Group A Beta Streptococcus Culture, Throat; Rapid Strep Screen; RoutineThroat Culture;

	Screening Culture for Group A Beta Streptococcus; Strep Throat Screen
LAST UPDATED:	08/03/2018


COPAN

Rush Medical Labs

TEST NAME:	Culture for Group B Streptococcus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXSB
CPT CODE:	87081
TEST INFORMATION:	Test includes culture in liquid enrichment broth followed by subculture to solid media. Isolation and identification of Group B *Streptococcus* ONLY.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1-3 days
SPECIAL INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
CONTAINER TYPE:	Copan® II swab
COLLECTION:	Do not use lubricant on speculum. Cervical mucus should be removed before collecting endocervical specimens. Move the swab from side to side at the site allowing several seconds for absorption of organisms by the swab. Return the swab to the transport tube. A single swab may be used to collect and submit genital/rectal specimens. The genital specimen should be obtained first. Preferred specimen genital/rectal on pregnant females.
SPECIMEN REQUIREMENTS:	Vaginal, cervical, rectal, or other gynecological specimen. Vaginal/rectal swab is the optimal specimen for screening pregnant women at 35 - 37 weeks of gestation, results may be compromised if only a vaginal swab is submitted.
REJECTION CRITERIA:	Inappropriate specimen container, inappropriate specimen source
MINIMUM VOLUME:	One swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No Group B *Streptococcus* isolated
LIMITATIONS OF TEST:	Specimen will be screened for Group B *Streptococcus* ONLY. Because Group Streptococcus is uniformly susceptible to penicillin, susceptibility testing will NOT be performed routinely.
METHODOLOGY:	Culture in a broth medium selective for Group B Streptococcus followed by subculture to conventional culture media.
POE DESCRIPTION:	CU GROUP B STREPTOCOCCUS; RECTAL CULTURE FOR BETA STREP; VAGINAL CULTURE FOR BETA STREP
TEST SYNONYM(S):	Group B Beta-Hemolytic Streptococcus Culture; Beta-Hemolytic Group B Streptococcus Culture
LAST UPDATED:	08/03/2018


COPAN



Rush Medical Labs

TEST NAME:	Culture for Legionella pneumophila
TESTING LAB:	5;#Microbiology
CPT CODE:	87081, 87015
TEST INFORMATION:	The test includes culture for Legionella.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary cultures reports are available after 48 hours. Culture reports of no growth will be issued after 5 days. Completion of culture reports may take 6-7 days after receipt of the specimen, depending upon the nature of the microorganisms isolated.
CONTAINER TYPE:	Sealed sterile container; Leuken`s tube
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Non-bacteriostatic sterile saline should be used when obtaining washings and/or lavage specimens. Material obtained by needle aspiration (transbronchial lung biopsy) is injected into a sealed sterile container.
SPECIMEN REQUIREMENTS:	Lung tissue, other body tissue, pleural fluid, other body fluid, transtracheal aspiration, bronchoalveolar lavage, BAL, and bronchial brushing.
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	2 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No *Legionella* species isolated
LIMITATIONS OF TEST:	The sensitivity of the culture is 50-80%; however, the specificity is 100%.
METHODOLOGY:	Culture: conventional culture using routine media and media selective for Legionella isolation.
ADDITIONAL INFORMATION:	If clinical suspicion of *Legionella* is high, several specimens may need to be submitted since small numbers of organisms may be present. Legionella species are widespread in the environment and are associated almost exclusively with surface and potable waters or moist environments. Click here for more information about Legionnaire"s disease.
POE DESCRIPTION:	CXLEG
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Culture for Leptospira
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MICRO REF
CPT CODE:	87081
TEST INFORMATION:	Test includes culture for Leptospira ONLY.
DAYS PERFORMED:	Monday-Friday, 0800-1400
TURNAROUND TIME:	28-32 days
SPECIAL INSTRUCTIONS:	The Clinical Microbiology Laboratory MUST be contacted prior to submission of the specimen. The order or requisition MUST state specimen for *Leptospira* culture. If urine is submitted, the pH MUST be alkaline or neutral, since *Leptospira* do NOT survive in an acid pH. Repeat cultures may be necessary.
CONTAINER TYPE:	Sterile 80 mL specimen container - do NOT use boric acid transport tube; [heparin Vacutainer tube for blood (plasma), sealed sterile container for CSF
SPECIMEN REQUIREMENT:	10 mL urine, 5 mL blood (plasma), 1 mL cerebrospinal fluid
REJECTION CRITERIA:	Urine specimen submitted in a boric acid transport tube, urine specimen older than 1 hour, acidic urine, blood specimen collected in an inappropriate tube, insufficient specimen volume.
MINIMUM VOLUME:	10 mL urine, 5 mL blood (1 mL plasma), 1 mL CSF
HANDLING INSTRUCTIONS:	Specimen must be transported directly to the Clinical Microbiology Laboratory, 1133 Jelke SC, within 1 hour of collection.
REFERENCE RANGE:	No *Leptospira* isolated
LIMITATIONS OF TEST:	Specimen will be cultured for *Leptospira* ONLY; no other organisms will be isolated or identified. Susceptibility testing will NOT be performed.
METHODOLOGY:	Conventional culture in specialized medium
REFERRAL LABORATORY:	Commercial Laboratory
ADDITIONAL INFORMATION:	Leptospirosis in humans is usually associated with occupational exposure. Veterinarians, dairy workers, swineherders, abattoir workers, miners, fish, and poultry processors, and those who work in a rat-infected environment are at increased risk. Leptospiremia occurs during the septicemic acute phase of infection. This phase lasts 4-7 days after which organisms are not recoverable from blood. Culture of blood or cerebrospinal fluid should NOT be ordered after the first week of illness. During the first week of disease, the most reliable means of detecting spirochetes is by direct culturing of cerebrospinal fluid or blood. Urine does not become positive for *Leptospira* until the second week of disease and then can remain positive for several months. Concentrations of Leptospira in human urine is low and shedding may be intermittent. Therefore, repeated isolation attempts should be made. Serology (acute and convalescent) is recommended.
POE DESCRIPTION:	MICROBIOLOGY REFERRAL
LAST UPDATED:	06/22/2026

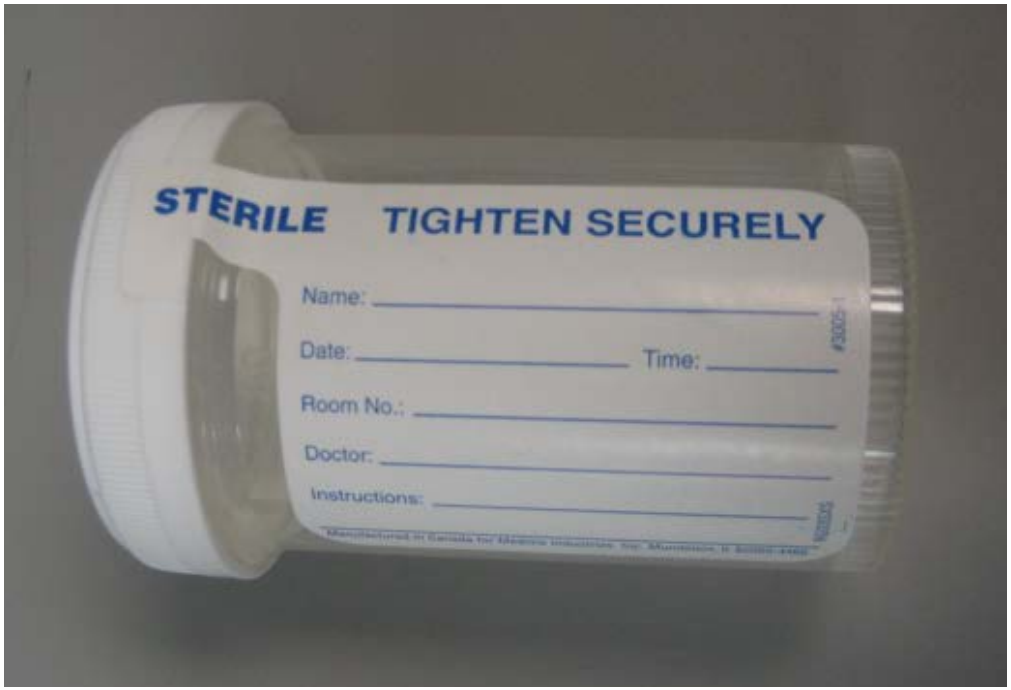

STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Culture for Neisseria gonorrhoeae Only
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXGC
CPT CODE:	87081 (culture); 87205 (Gram stain)
TEST INFORMATION:	Test includes culture for *Neisseria gonorrhoeae* ONLY. Susceptibility testing is NOT routinely performed.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Gram stain: 2 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 24 hours. Complete culture reports will be issued after 48-72 hours.
SPECIAL INSTRUCTIONS:	Order or requisition must state culture for *Neisseria gonorrhoeae*.
CONTAINER TYPE:	Sealed sterile container, CopanSwabFemale, CopanSwabMale The swabs may be ordered through SPD #2105023 (female) and #2105024 (male) or Copan II swab.
SPECIMEN REQUIREMENTS:	Body fluid, discharge, pus, swab of genital lesions, urethral discharge, rectal swab, throat swab, vaginal culture, cervical specimen, eye. A less suitable alternative for inpatient specimens ONLY is inoculated modified Thayer-Martin and chocolate agar media (available from the Clinical Microbiology Laboratory).
REJECTION CRITERIA:	Inappropriate specimen container, refrigerated specimen, inappropriate specimen source.
MINIMUM VOLUME:	0.5 mL fluid or one swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. NEVER refrigerate.
REFERENCE RANGE:	No *Neisseria gonorrhoeae* isolated
LIMITATIONS OF TEST:	Screening for *Neisseria gonorrhoeae* ONLY; no other organsisms will be identified. Overgrowth by other microorganisms may make it impossible to rule out the presence of *Neisseria gonorrhoeae*.
METHODOLOGY:	Conventional culture utilizing media specifically formulated for isolation of N. gonorrhoeae.
ADDITIONAL INFORMATION:	A Gram stain smear has a high sensitivity and specificity in a symptomatic male with urethral discharge (95-99%). Endocervical Gram stain is of little value as the sensitivity is lower (50%) and endemic normal flora have a similar morphologic appearance causing potential false positives. Cervical and/or anal and throat cultures are recommended for women. Cervical cultures have a sensitivity of 80-90%. Although demonstration of gram-negative diplococci in white blood cells in a urethral smear from a symptomatic male is presumptive evidence of gonorrhea and is sufficiently diagnostic to initiate therapy, cultural confirmation should be considered if available. The Gram stain will detect 75% of gonococcal conjunctivitis and 10-20% of gonococcal skin lesions. It is of no value in pharyngitis. Patients from whom N. gonorrhoeae is isolated are reported to the City of Chicago Board of Health. This is mandated by law. A Neisseria gonorrhoeae DNA probe assay is available for rapid detection of this pathogen. Refer to Neisseria gonorrhoeae DNA probe assay for additional information.
POE DESCRIPTION:	CU NEISSERIA GONORRHOEAE; CU GC; C GC CU N GONORRHOEAE & STAIN; CU GC AND STAIN; C GCGS

TEST SYNONYM(S):	Culture for N. gonorrhoeae Only; Culture for GC Only; Gonorrhea Culture; Neisseria gonorrhoeae Culture
LAST UPDATED:	08/03/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


BBL™ CultureSwab™ Plus
COLLECTION & TRANSPORT SYSTEM
Name
Date


BBL™ CultureSwab™ Plus
COLLECTION & TRANSPORT SYSTEM
Name
Date

Rush Medical Labs

TEST NAME:	Culture for Nocardia
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM
CPT CODE:	87102; 87206
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified. Other isolated organisms (i.e. aerobes, mycobacteria, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when a fungal isolate is detected. Cultures will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or the requisition. The order or the requisition MUST be labeled to rule out the presence of *Nocardia spp*.
CONTAINER TYPE:	Copan® II swab, sterile sputum container, sterile Leuken`s tube, sterile container, no preservative
COLLECTION:	The specimen of choice is an aspirate or tissue, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) anaerobes. Ideally, material is obtained by needle aspiration through an intact surface, which has been cleaned with antiseptic, then placed directly into a sealed sterile container. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. Curetting of the base of an open lesion is optimal. If irrigation is necessary, nonbacteriostatic sterile saline may be used. When a syringe is used to obtain the specimen, ALL air should be expelled after which the specimen should be injected into a sealed, sterile container. Swabs should be used as a last resort due to the small volume of specimen obtainable by this method. If a swab must be used, sample the advancing margin of the lesion and abscess walls firmly. Do NOT sample pus or exudate ONLY. Contamination with normal flora from skin or other body sources MUST be avoided since colonizing bacteria and/or saprophytic fungi not involved in the infectious process may be introduced into the sample. The sputum and Leuken`s specimens should be first morning specimens. Nonbacteriostatic saline should be used when irrigation is necessary
SPECIMEN REQUIREMENTS:	Purulent fluid material appropriately obtained from a wound, sputum, bronchial, sterile body fluids
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	*No fungus* isolated/observed
LIMITATIONS OF TEST:	A single negative culture does NOT rule out the presence of nocardial infection. Swabs should be submitted ONLY when aspirated purulent fluid, exudate, or biopsy material cannot be obtained.

METHODOLOGY:	Smear: modified acid-fast stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
ADDITIONAL INFORMATION:	Specimens from lesions suspected of containing Nocardia species should also be examined for Actinomyces species. A separate specimen should be submitted for Actinomycosis Special Anaerobe Culture. The portion of the surgical specimen submitted to the Clinical Microbiology Laboratory should be aseptically separated from the portion submitted to the Pathology Department.
POE DESCRIPTION:	CU FUNGUS W SMEAR (NON-SKIN); C FUNGUSSM (NON-SKIN)
LAST UPDATED:	06/22/2026

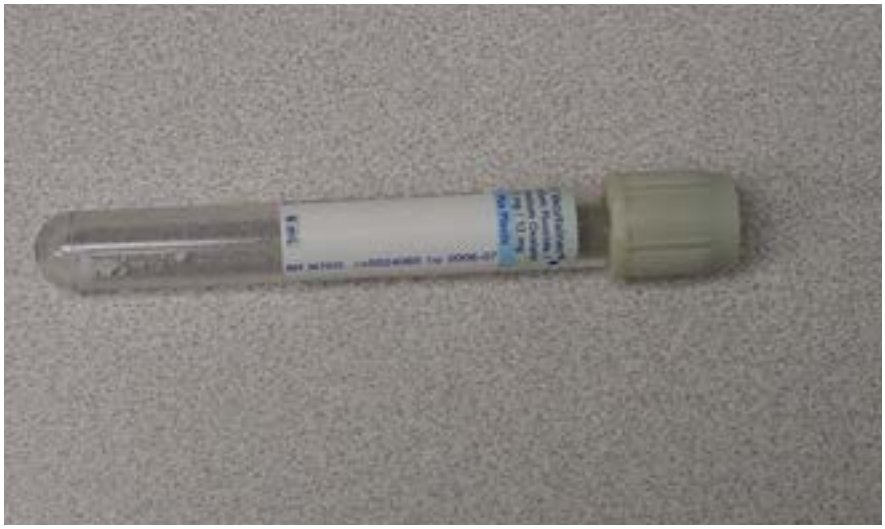

COPAN


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Cyanide, blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CYANIDE
CPT CODE:	82600-90
CDM NUMBER:	3181390
TURNAROUND TIME:	4-6 hours
CONTAINER TYPE:	Gray top (sodium fluoride) tube
SPECIMEN REQUIREMENTS:	5 mL oxalated whole blood
MINIMUM VOLUME:	3 mL oxalated whole blood
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 400
CRITICAL VALUES:	Potentially toxic: >0.5 mg/L
POE DESCRIPTION:	Cyanide





Rush Medical Labs

TEST NAME:	Cyclic AMP
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	C-AMP
CPT CODE:	82030-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 EDTA plasma)
MINIMUM VOLUME:	0.5 mL blood (0.1 EDTA plasma)
REFERENCE RANGE:	Test Code S49068
POE DESCRIPTION:	C-AMP
TEST SYNONYM(S):	AMP, Cyclic; C-AMP


BD Vacutainer
EDTA 10ML
367841

Rush

Rush Medical Labs

TEST NAME:	Cyclic Citrullinated Peptide Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CCP AB
CPT CODE:	86200-90
CDM NUMBER:	3181384
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 3133
METHODOLOGY:	Enzyme Immunoassay
POE DESCRIPTION:	Cyclic Citrullinated Peptide Ab
TEST SYNONYM(S):	CCP Antibodies, Anti-CCP





Rush

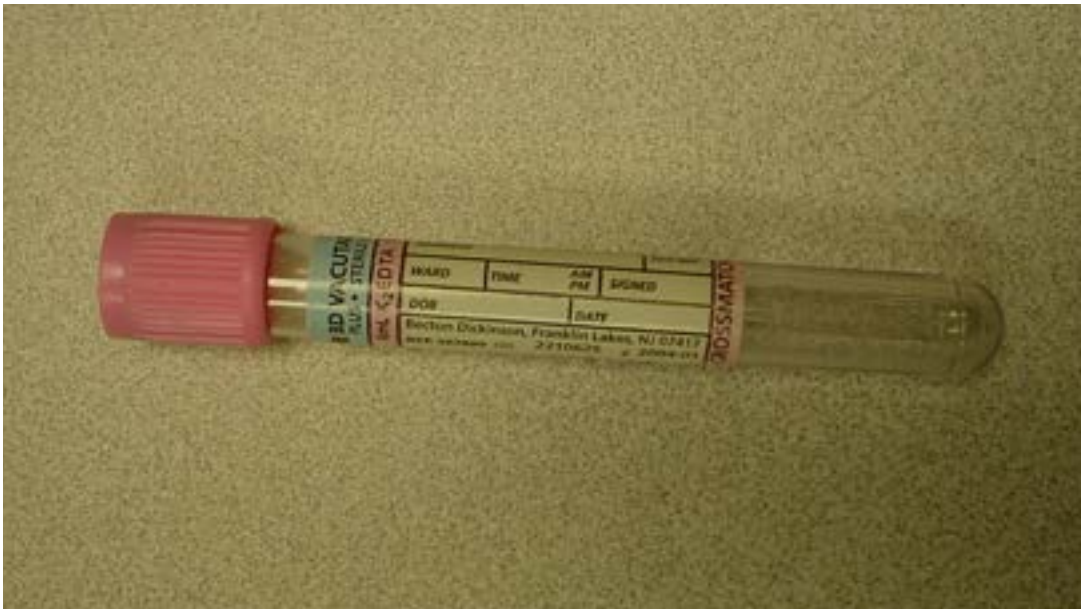
Rush Medical Labs

TEST NAME:	Cyclosporine, Whole Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CSA
CPT CODE:	80158
DAYS PERFORMED:	Test performed Monday-Sunday
TURNAROUND TIME:	Up to 18 hours
SPECIAL INSTRUCTIONS:	Time of draw must be indicated on requisition.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL, Lavender top (K2 EDTA) tube - 6 mL, Microtainer (K2 EDTA), Pink top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	1.0 mL EDTA whole blood
MINIMUM VOLUME:	0.5 mL EDTA whole blood
REFERENCE RANGE:	The effective therapeutic range for Cyclosporine is based upon clinical evaluation of the individual patient, because optimal levels depend upon multiple factors, including patient variation, type of transplant, time post-transplant, co-administration of other immunosuppressants, and method used.
POE DESCRIPTION:	CYCLOSPORIN, CYCLOSPORIN-FPIA
TEST SYNONYM(S):	Neoral; CSA; Cyclosporine A; CSA mono


BD Vacutainer
EDTA 10.8
367863


BD V
K2 EDTA
REF
BD Franklin Lakes NJ USA
3.0
mL




WARD
TIME
AM PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417
DOSSMATD



Rush Medical Labs

TEST NAME:	Cystathionine Synthase
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CYST SYNTH
CPT CODE:	82658
TEST INFORMATION:	See OMIM information
DAYS PERFORMED:	Mon-Fri, 0800-2400
TURNAROUND TIME:	4-6 weeks
CONTAINER TYPE:	Sterile container with sterile saline or media
SPECIMEN REQUIREMENTS:	Skin biopsy
MINIMUM VOLUME:	3 mm^3
HANDLING INSTRUCTIONS:	Transport to the laboratory immediately.
REFERENCE RANGE:	3.7-55.3 µM cystathionine produced/135 minutes/mg protein
POE DESCRIPTION:	CYSTATHIONINE SYNTHASE; CYST SYNTH

Rush

Rush Medical Labs

TEST NAME:	Cystatin C
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CYSTATIN C
CPT CODE:	82610-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code S51640
LAST UPDATED:	06/22/2026



Rush Medical Labs

TEST NAME:	Cystic Fibrosis Culture, Sputum
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C CF PROT
CPT CODE:	87205, 87071
TEST INFORMATION:	Test includes a direct Gram stain, inoculation of routine conventional and selective media, isolation and identification of microorganisms, and susceptibility testing, if appropriate. Throat specimens do not get GS.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports are available after 24 hours. Cultures with no growth or normal flora only will be finalized after 5 days. Complete reports of cultures from which pathogens are isolated may take 7-10 days after receipt of the culture depending upon the nature of the microorganisms detected.
SPECIAL INSTRUCTIONS:	Order or requisition must state CF patient.
CONTAINER TYPE:	Sputum or Leuken`s container
SPECIMEN REQUIREMENTS:	Sputum, Leuken`s, tracheal aspirate
REJECTION CRITERIA:	Inappropriate specimen container, insufficient volume, inappropriate specimen source. Only one specimen will be accepted per day.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Normal upper respiratory flora only
METHODOLOGY:	Inoculation of routine and selective media for Haemophilus species, Staphylococcus aureus, Pseudomonas species and Burkholderia species.
ADDITIONAL INFORMATION:	*Burkholderia cepacia* is identified in the Clinical Microbiology Laboratory. The isolate will be forwarded to the CF Foundation reference laboratory for confirmation and genotyping. The culture report will not be finalized until the reference laboratory confirmation is complete.
LAST UPDATED:	05/20/2014



Rush Medical Labs

TEST NAME:	Cystic Fibrosis Screen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	Cystic Fib
CPT CODE:	81220-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	4.0 mL whole blood
MINIMUM VOLUME:	3.0 mL whole blood
REFERENCE RANGE:	- Search Test Code 10458
TEST SYNONYM(S):	Cystic Fibrosis Mutations
LAST UPDATED:	06/22/2026


BD Vacutainer
EDTA 10.8
367863

Rush

Rush Medical Labs

TEST NAME:	Cystine, 24-Hour Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/CYST
CPT CODE:	82131-90
CDM NUMBER:	3181062, 3061065
TEST INFORMATION:	Test includes random urine creatinine.
TURNAROUND TIME:	5-7 days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #3 or Chemistry Bottle #4
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Entire collection
REFERENCE RANGE:	Test Code 3962U
REFERENCE CHART:	
POE DESCRIPTION:	URINE CYST TIMED

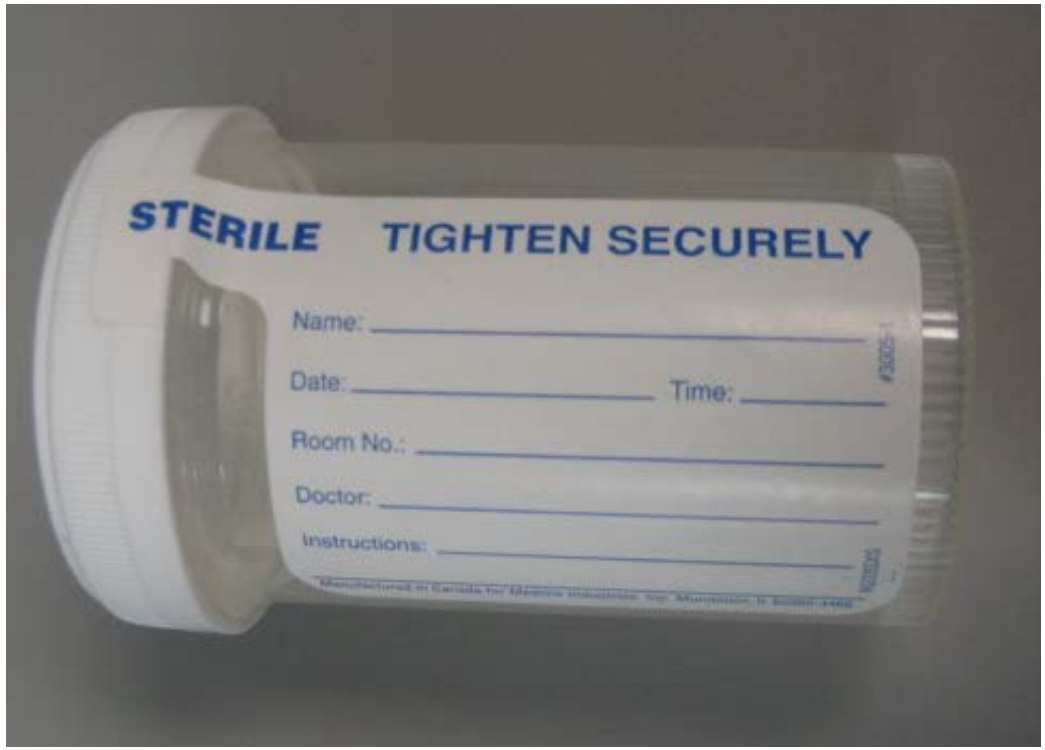

RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE #
OF
(RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME:
(From):
BOTTLE TYPE
3
PRESERVATIVE
10g Boric Acid
FOR COLLECTION OF:
17 - Hydroxycorticosteroid
17 - Ketosteroids
Aldosterone
Cortisol
Citrate
Heavy Metals (Arsenic, Lead,
Mercury


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From)
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTO
Arsenic, Calcium,
Histamine, Hydrogen
Oxalate, Phosphorus
* * CORROSIVE * *

Rush

Rush Medical Labs

TEST NAME:	Cystoscopy, Culture, Routine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C SURINE
CPT CODE:	87086
TEST INFORMATION:	Test includes isolation and identification of microorganisms; quantitation of microorganisms; susceptibility testing, when appropriate.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports are available after 24-48 hours. Cultures with no growth will be finalized after 48 hours. Complete reports of cultures from which pathogens are isolated may take 2-3 days after receipt of the culture depending upon the nature of the microorganisms detected.
CONTAINER TYPE:	Sealed, Sterile 80 mL specimen container or boric acid transport tube
SPECIMEN REQUIREMENTS:	Surgically obtained urine from the bladder, left kidney, right kidney; suprapubic aspirate
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No growth
METHODOLOGY:	Conventional culture
ADDITIONAL INFORMATION:	Two dilutions of the specimen are cultured so as to detect a quantity of microorganisms as low as 100 CFU/mL.
POE DESCRIPTION:	CU CYSTOSCOPIC C&S CU URINE (INVASIVE); CU URINE C&S (INVASIVE)
TEST SYNONYM(S):	Suprapubic Urine Culture
LAST UPDATED:	06/22/2026


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Cytomegalovirus (CMV) DNA Quantitation, Blood
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CMVQT
CPT CODE:	87497
TEST INFORMATION:	This test is used to detect the presence of CMV DNA in peripheral white cells in patients infected with Cytomegalovirus (CMV). Test replaces CMV antigen.
DAYS PERFORMED:	Monday, Wednesday and Friday
TURNAROUND TIME:	1-4 days
SPECIAL INSTRUCTIONS:	Specimen received no later than 0700 on the day the test is performed. This test cannot be added onto an existing sample.
CONTAINER TYPE:	6 mLLavender top (K2 EDTA) tube or 4mL Lavender top (K2 EDTA) tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
REJECTION CRITERIA:	Inappropriate specimen container, clotted specimen, refrigerated specimen, insufficient specimen volume, gross contamination of specimen, improper storage.
MINIMUM VOLUME:	2 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	<300 copies/mL
LIMITATIONS OF TEST:	Studies have shown that the CMV DNA quantitative assay correlates well with CMV antigenemia in immunocompromised patients such as those with HIV infection or those who have received a solid organ or bone marrow transplant. However, the ratio of CMV DNA predictive of CMV disease (versus infection) in each of these patient populations has not been determined with certainty. Furthermore, a negative result does not exclude the possibility of CMV infection since very low levels of infection or sampling error may cause a false negative result or the disease may be restricted to a specific body organ.
METHODOLOGY:	Real-Time PCR
POE DESCRIPTION:	CMV DNA QUANTITATION; CYTOMEGALOVIRUS DNA QUANT
TEST SYNONYM(S):	CMV DNA Viral Load; CMV Quantitative
LAST UPDATED:	08/03/2018


BD Vacutainer
EDTA 10.8
367863


4.0 mL
BD Franklin Lakes NJ USA
8019561



Rush Medical Labs

TEST NAME:	Cytomegalovirus (CMV) IgG Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CMVG
CPT CODE:	86644
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube 4 mL
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL serum)
REJECTION CRITERIA:	Hemolysis, gross contamination, icteric, lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Negative: ≤0.8 AI (antibody index)
POE DESCRIPTION:	CMV IGG ANTIBODY
TEST SYNONYM(S):	CMV IgG, Cytomegalovirus IgG
LAST UPDATED:	02/08/2018







Rush Medical Labs

TEST NAME:	Cytomegalovirus (CMV) IgM Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CMVM
CPT CODE:	86645
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube 4 mL
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
REJECTION CRITERIA:	Hemolysis, gross contamination, icteric, lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Negative: ≤ 0.8 AI (antibody index)
POE DESCRIPTION:	CMV IGM ANTIBODY
TEST SYNONYM(S):	CMV IgM, Cytomegalovirus Igm
LAST UPDATED:	02/08/2018





Rush Medical Labs

TEST NAME:	Definitive Organism Identification
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AER REF; C ANA REF; C FUN REF; C AFB REF; GS
CPT CODE:	87070; 87075; 87076; 87106; 87118; 87205
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Anaerobe: 3-4 days after receipt; aerobic: 48-72 hours after receipt; fungal 48 hours to 2 weeks after receipt; mycobacteria: 1-2 weeks after receipt. The stated turnaround time assumes a fresh, viable, pure culture.
SPECIMEN REQUIREMENTS:	Clinical isolates (pure culture)
TEST SYNONYM(S):	Isolate for Identification; Organism Identification, Definitive
LAST UPDATED:	03/10/2015

Rush Medical Labs

TEST NAME:	Dehydroepiandrosterone Sulfate
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SDHEA
CPT CODE:	82627-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 402
POE DESCRIPTION:	DHEA SULFATE; DHEA-S
TEST SYNONYM(S):	DHEA-S; DHEA-Sulfate
LAST UPDATED:	08/06/2019

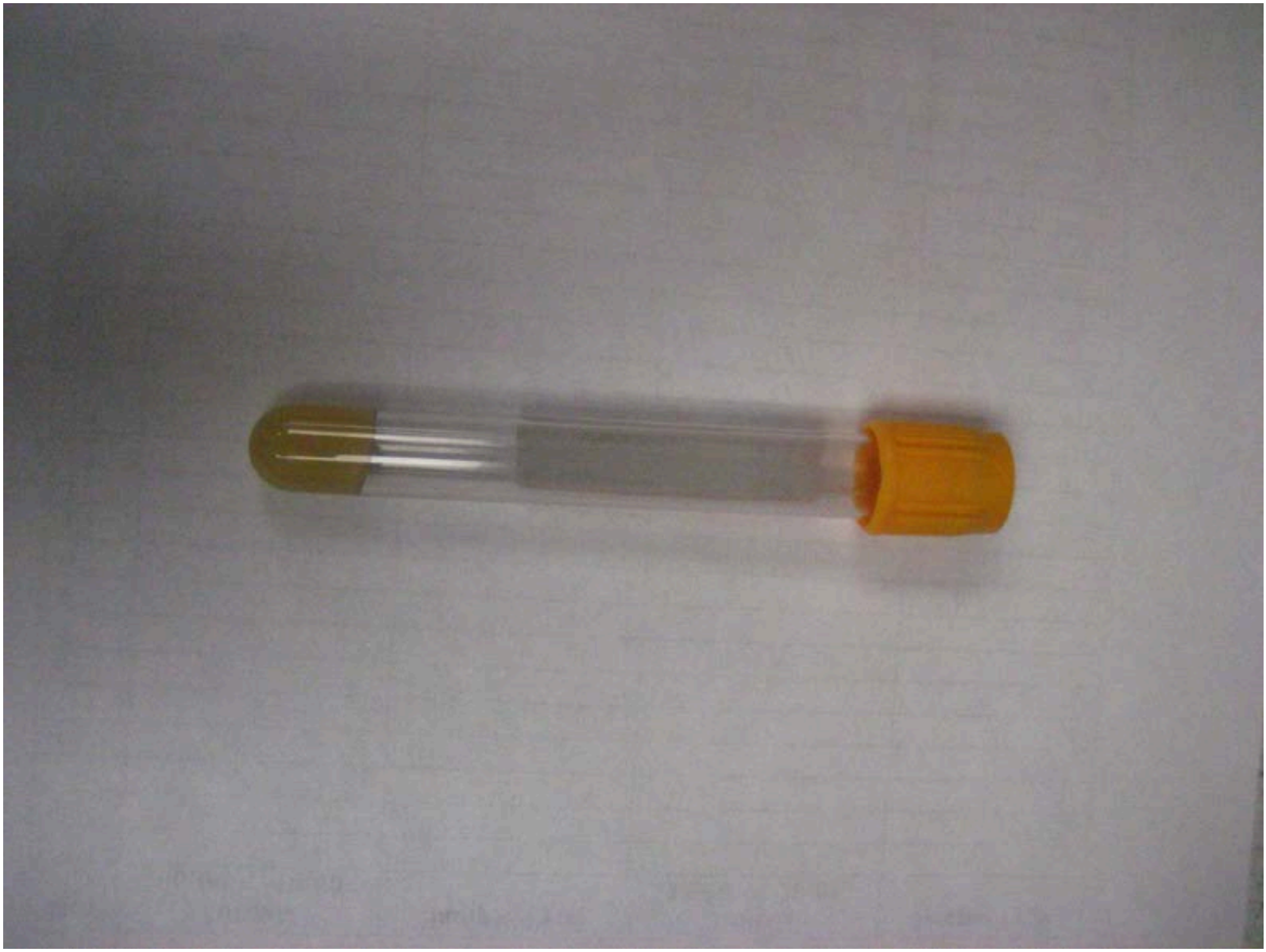

10ml
Vacutainer
serum



Rush Medical Labs

TEST NAME:	Dehydroepiandrosterone, unconjugated
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	DHEA
CPT CODE:	80327-90
TEST INFORMATION:	Unconjugated DHEA
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code 19894
POE DESCRIPTION:	DEHYDROEPIANDROSTERONE; DHEA
TEST SYNONYM(S):	DHEA, unconjugated; DHEA
LAST UPDATED:	08/06/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Delta Aminolevulinic Acid, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	82135-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (See Attached)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to thelaboratory. Refrigerate
HANDLING INSTRUCTIONS:	during collection. Protectspecimen from light.
REFERENCE RANGE:	Search Test Code 219
POE DESCRIPTION:	URT DALA; U/DALA
TEST SYNONYM(S):	ALA; Aminolevulinic Acid; DALA; Delta-ALA; Urine Delta ALA
LAST UPDATED:	08/05/2019


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE #
OF
(RECORD TOTAL NUMBER OF UR
TESTED REQUESTED:
COLLECTION TIME:
(From):
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION O
Arsenic, Calcium,
Histamine, Hydrog
Oxalate, Phosphoru
** CORROSIVE **

Rush

Rush Medical Labs

TEST NAME:	Dentatorubral Pallidoluysian Atrophy (DRPLA) ATN1
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	81401
TEST INFORMATION:	Test Code 401
TURNAROUND TIME:	14-21 Days
CONTAINER TYPE:	Lavender Top (EDTA)
SPECIMEN REQUIREMENTS:	8 mL whole blood collected in two EDTA. Pediatric: 2 mL (0-3 Years)
REJECTION CRITERIA:	Frozen: unacceptable
MINIMUM VOLUME:	6 mL: Adults / 1 mL Pediatric
REFERENCE RANGE:	Normal: both allele have <35 CAG repeats
METHODOLOGY:	Repeat Expansion Detection by PCR
TEST SYNONYM(S):	DRPLA gene
LAST UPDATED:	08/05/2019

Rush Medical Labs

TEST NAME:	Deoxycorticosterone
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	DEOC
CPT CODE:	82633-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only or Red microtainer (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.25 mL serum)
REFERENCE RANGE:	Search Test Code 90973
LAST UPDATED:	08/06/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Dermatophagoides farinae (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	DFARI
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (0.3 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.15 mL serum)
REFERENCE RANGE:	Search Test Code 2722
POE DESCRIPTION:	Dermatophagoides Farina Allergen
TEST SYNONYM(S):	Dust mites allergen
LAST UPDATED:	08/06/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Desipramine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	DESIP
CPT CODE:	80335-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	6 mL blood (3 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	3.0 mL blood (1.5 mL serum)
REFERENCE RANGE:	Search Test Code 412
POE DESCRIPTION:	DESIPRAMINE
TEST SYNONYM(S):	Norpramin.; Pertofrane.
LAST UPDATED:	08/06/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Desmoglein Antibodies (1 and 3)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	83520x2
DAYS PERFORMED:	Wednesday, Friday
TURNAROUND TIME:	Same day
CONTAINER TYPE:	SST
SPECIMEN REQUIREMENTS:	0.3 mL
MINIMUM VOLUME:	0.1 mL
METHODOLOGY:	ELISA
LAST UPDATED:	08/06/2019

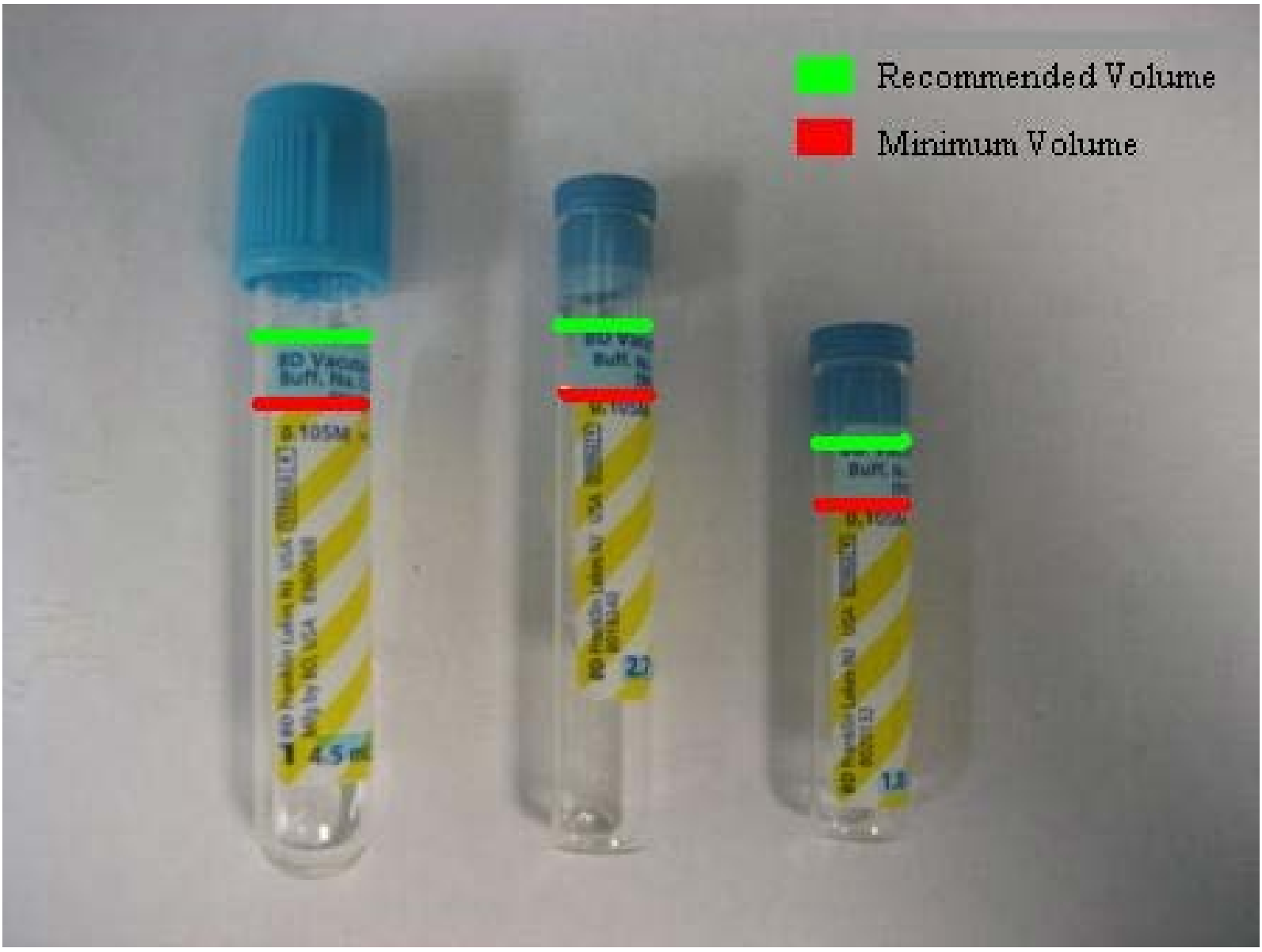
Rush Medical Labs

TEST NAME:	Diazepam, Quantitative, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	80154-90 Includes Nordiazepam
TEST INFORMATION:	
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Collect immediately before the next dose (trough).
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE CHART:	Search Test Code 90853
POE DESCRIPTION:	DIAZEPAM
TEST SYNONYM(S):	Valium.
LAST UPDATED:	08/06/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	DIC Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	DIC
CPT CODE:	85730, 85384, 85220, 85379, 85610, 85595
TEST INFORMATION:	Includes PT, APTT, fibrinogen, D-dimer, platelet count, factor V
DAYS PERFORMED:	
TURNAROUND TIME:	24 hours (FV Mon-Sun 0730-2300) 1 hour for PT, PTT, fibrinogen, D-dimer and platelet count. Factor V performed only 1600-2300.
SPECIAL INSTRUCTIONS:	Pediatric tubes must be fully drawn
CONTAINER TYPE:	One 4.5 mL Blue top (sodium citrate) tube or 2 Pediatric 1.8 mL or 2.7 mL tubes; one Lavender top (K2 EDTA) tube (for platelet count)
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >65%; specimen lipemic (for D-dimer); underfilled tube (QNS)
MINIMUM VOLUME:	3.5 mL blood (2 mL plasma), lavender 1.5 mL
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	See individual tests.
CRITICAL VALUES:	PT INR >7.0 sec APTT >100 seconds Plt <20,0000 </body/>
POE DESCRIPTION:	DIC PANEL
TEST SYNONYM(S):	Disseminated Intravenous Coagulation Panel
LAST UPDATED:	08/06/2019

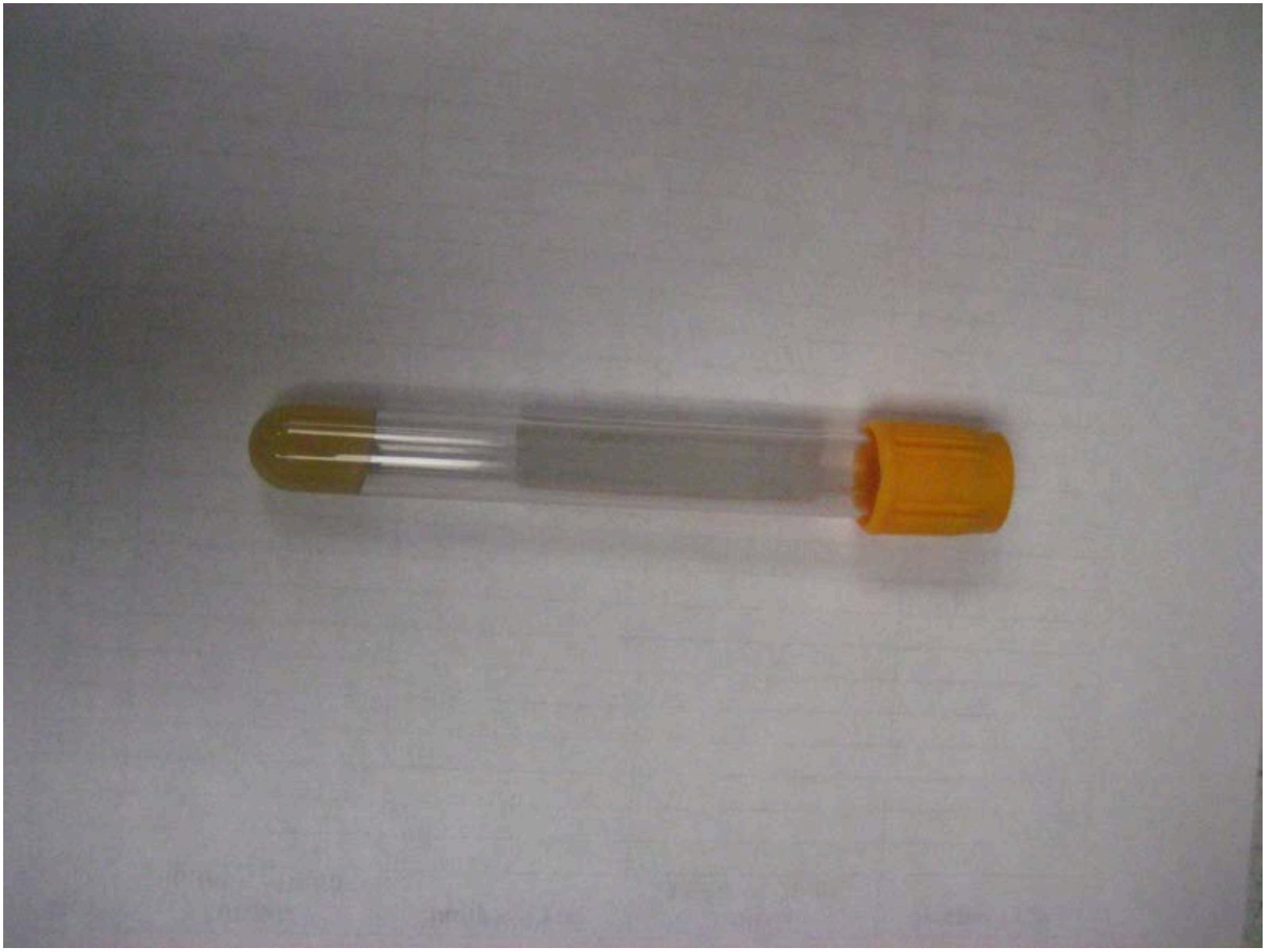

Recommended Volume
Minimum Volume


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Digoxin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	DIG
CPT CODE:	80162
TURNAROUND TIME:	Routine: 4 hr, Stat: 1 hr
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.1 mL serum)
LAST UPDATED:	08/14/2015


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

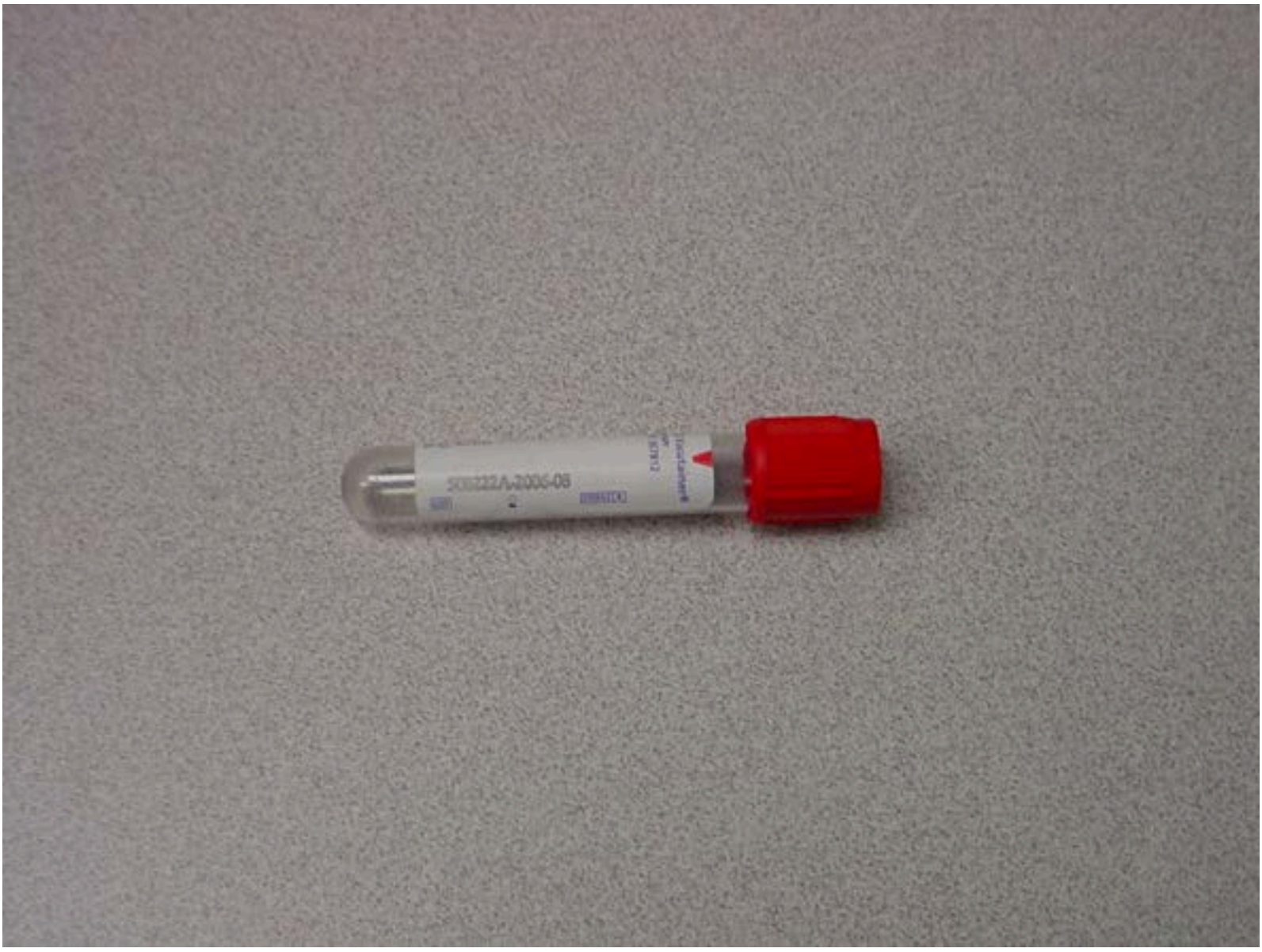
TEST NAME:	Dihydrotestosterone, 5-Alpha
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	DHYD
CPT CODE:	82651-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	10.0 mL blood (1 mL serum)
MINIMUM VOLUME:	3.0 mL blood (0.6 mL serum)
REFERENCE RANGE:	Search Test Code 90567
POE DESCRIPTION:	DIHYDROTES
TEST SYNONYM(S):	DHT; Dihydrotestosterone, 5-Alpha
LAST UPDATED:	08/06/2019

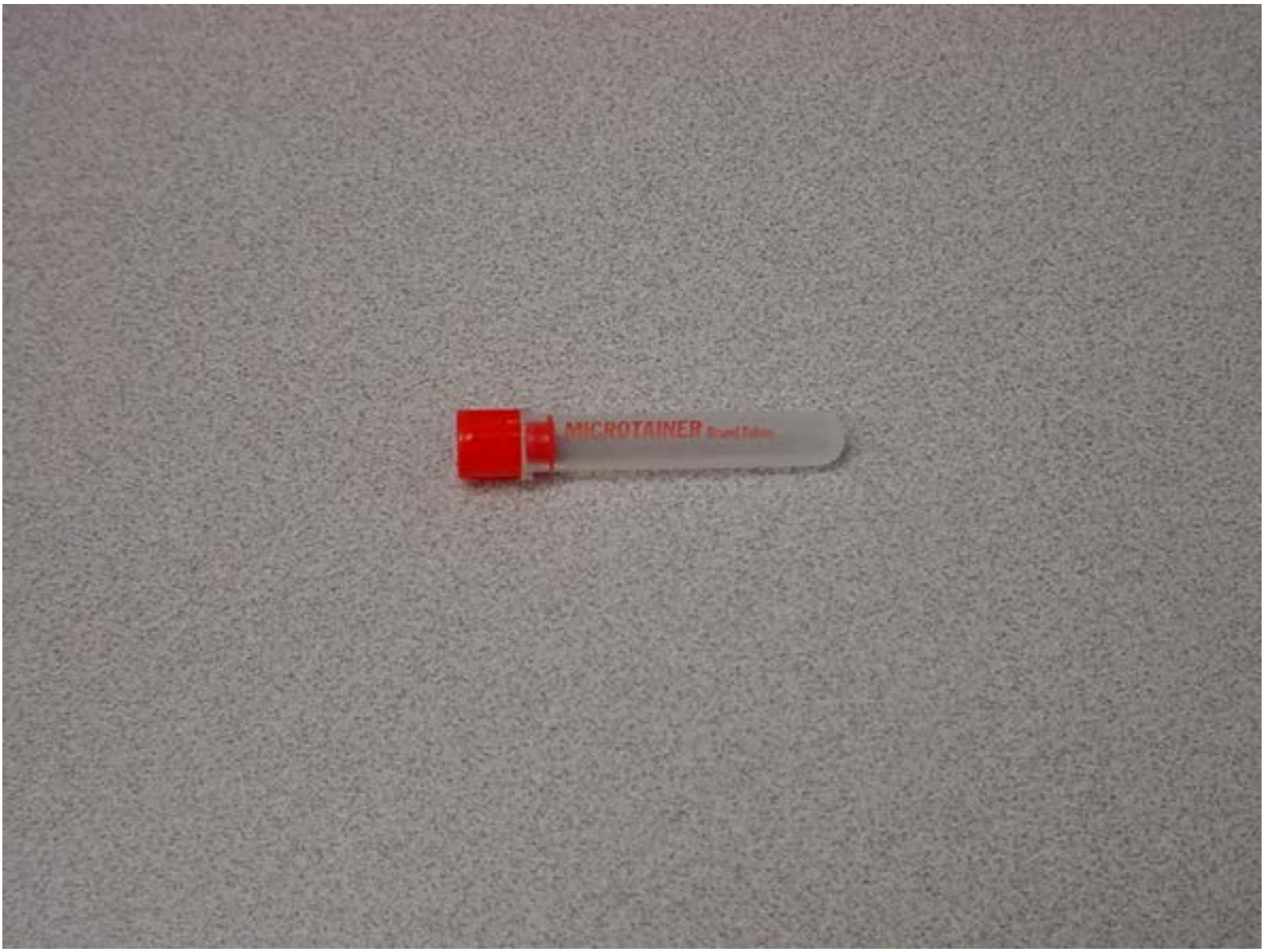

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Dilantin (Phenytoin), Free
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	DILFR
CPT CODE:	80186
TEST INFORMATION:	Phenytoin, free
TURNAROUND TIME:	1 to 5 days
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Microtainer (Red), (Red top only) (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (2.5 mL serum)
REJECTION CRITERIA:	Serum separator tube (SST)
MINIMUM VOLUME:	1.0 mL blood (1 mL serum)
REFERENCE RANGE:	Search Test Code 3189
POE DESCRIPTION:	PHENYTOIN, FREE
TEST SYNONYM(S):	Free Phenytoin, Free Dilantin
LAST UPDATED:	08/07/2019

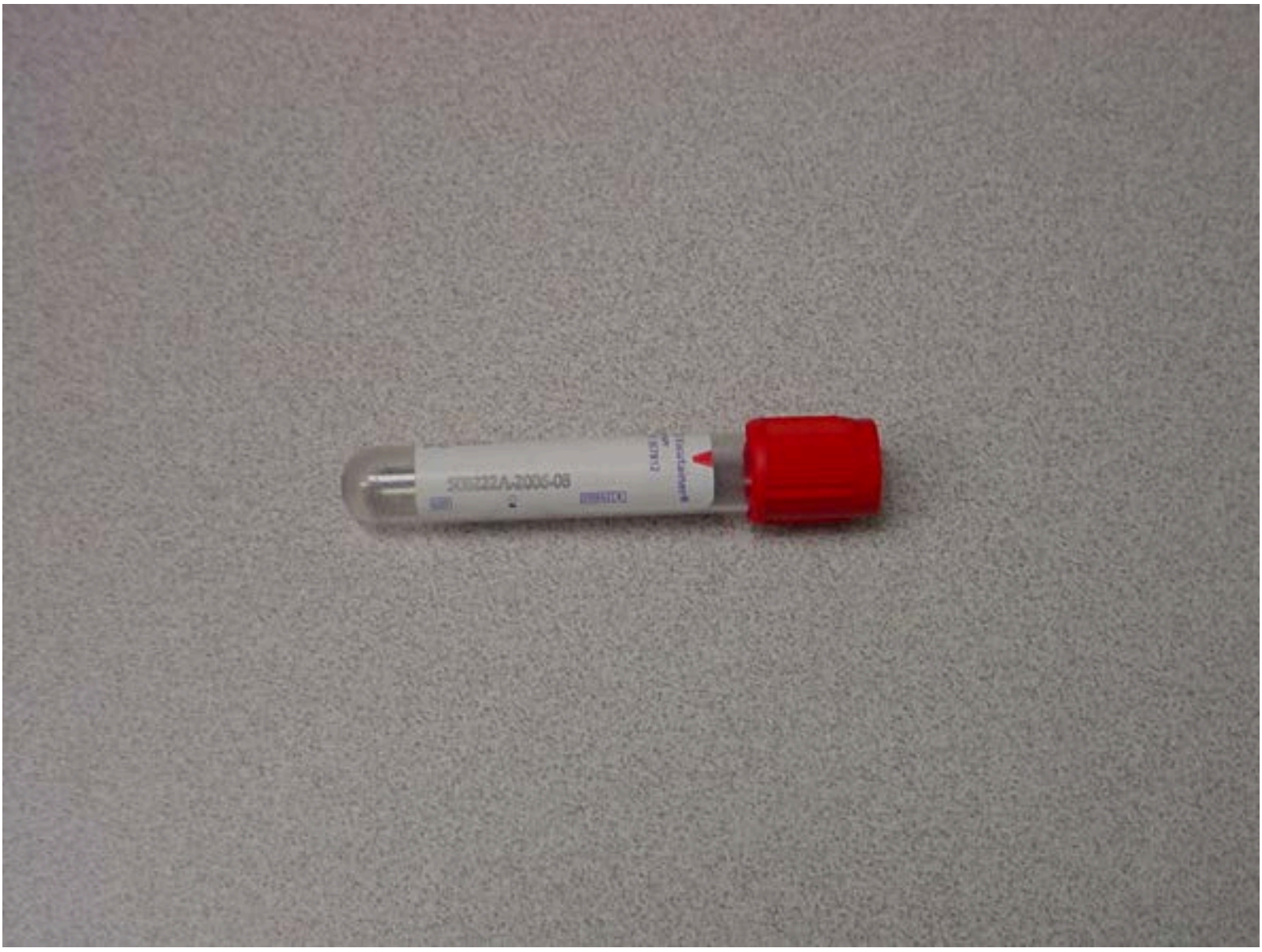

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




MICROTAINER

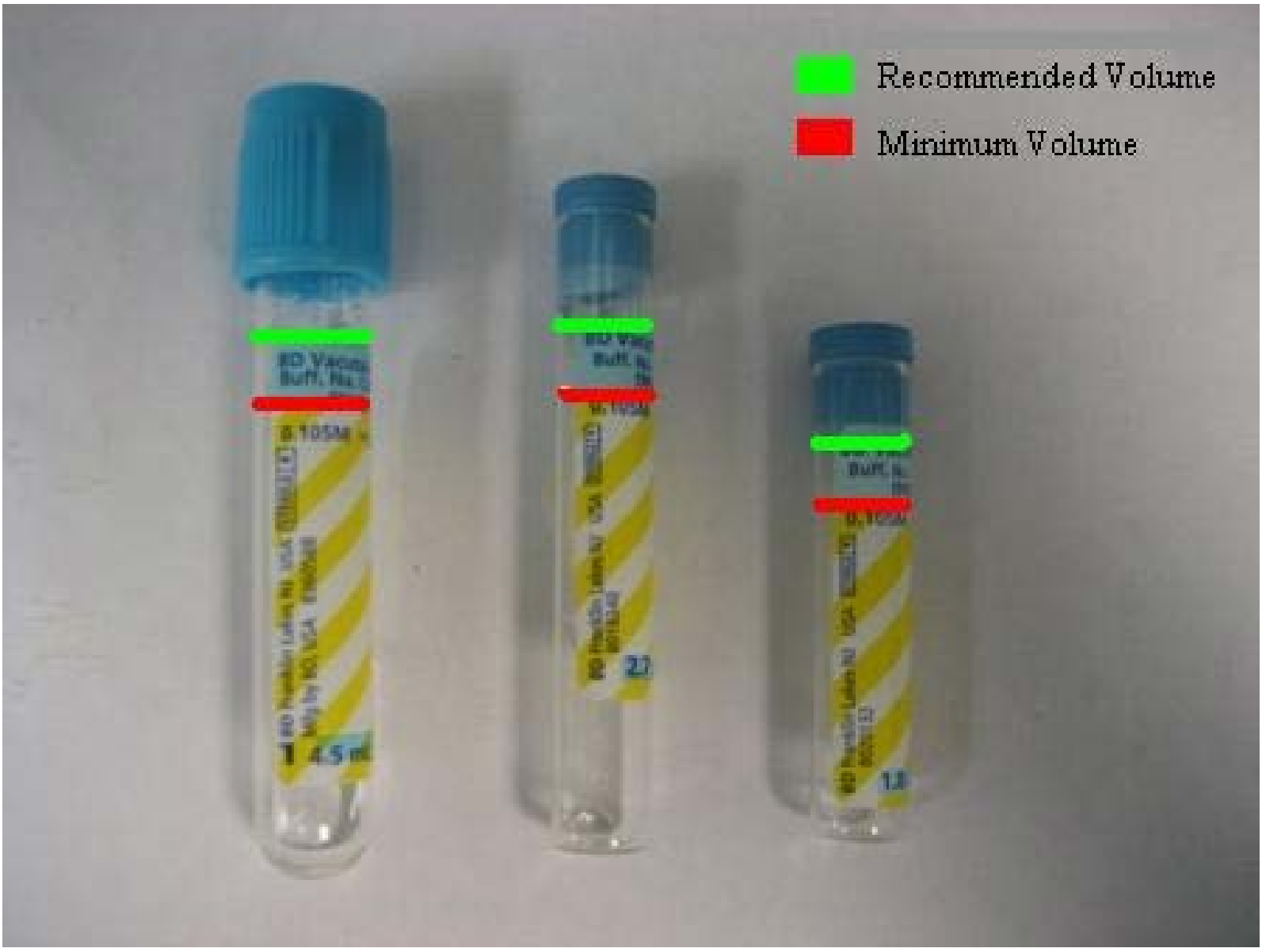
Rush Medical Labs

TEST NAME:	Dilantin (Phenytoin, Total)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	DILAN
CPT CODE:	80185
TEST INFORMATION:	Optimal sampling time is at trough, just before the next dose.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
CONTAINER TYPE:	Red top tube - 4 mL (red top) only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Therapeutic: 10-20 µg/mL
METHODOLOGY:	Enzyme Immunoassay
CRITICAL VALUES:	≥30 µg/mL
POE DESCRIPTION:	DILANTIN, TOTAL; DILANTIN
TEST SYNONYM(S):	Dilantin.; Phenytoin
LAST UPDATED:	08/07/2019



Rush Medical Labs

TEST NAME:	Dimer Test for Fibrin Derivatives
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	DIMER
CPT CODE:	85378
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours. Stat: 1 hour
SPECIAL INSTRUCTIONS:	Pediatric tubes must be fully drawn. Do not freeze. If specimens cannot be sent to the lab within four hours, separate and refrigerate the plasma. This test cannot be added onto an existing sample more than 24 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens. Pediatric tubes must be completely filled.
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.8 mL or 2.6 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; Lipemic specimen
MINIMUM VOLUME:	3.5 mL blood (1.0 mL plasma)
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received and spun down within 4 hours after collection.
REFERENCE RANGE:	Normal: <0.6 ug/mL
POE DESCRIPTION:	D-DIMER FIBRIN DERIVATIVES; D-DIMER
TEST SYNONYM(S):	Cross-Linked Fibrin Derivatives; Fibrin Derivatives, Cross Linked
LAST UPDATED:	05/16/2017


Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Diphenylhydramine HCL (Benadryl)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	82491
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.4 mL serum)
REFERENCE RANGE:	Search Test Code 34002
POE DESCRIPTION:	DIPHENHY
TEST SYNONYM(S):	Benadryl, Diphenylhydramine
LAST UPDATED:	08/07/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Direct Antiglobulin Test, Complement
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	DAT3
CPT CODE:	86880
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	30 minutes
CONTAINER TYPE:	Pink top tube (See Attached)
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Anticoagulated Red Blood Cells
MINIMUM VOLUME:	7 mL(lavender)
REFERENCE RANGE:	Negative
POE DESCRIPTION:	WORK UP DAT
TEST SYNONYM(S):	Anti-C3d; C3d; Direct Coombs`, Complement
LAST UPDATED:	08/19/2021


BD VACUTAINER
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Becton Dickinson, Franklin Lakes, NJ 07417
HAEMATOLOGY

Rush Medical Labs

TEST NAME:	Direct Antiglobulin Test, IgG
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	DAT3; CLOT
CPT CODE:	86880
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	30 minutes
CONTAINER TYPE:	Pink top tube (See attached)
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
HANDLING INSTRUCTIONS:	Store pooled cryoprecipitate units at room temperature.
REFERENCE RANGE:	Each bag contains at least 150 mg fibrinogen
POE DESCRIPTION:	WORK UP DAT


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HAEMATOLOGY

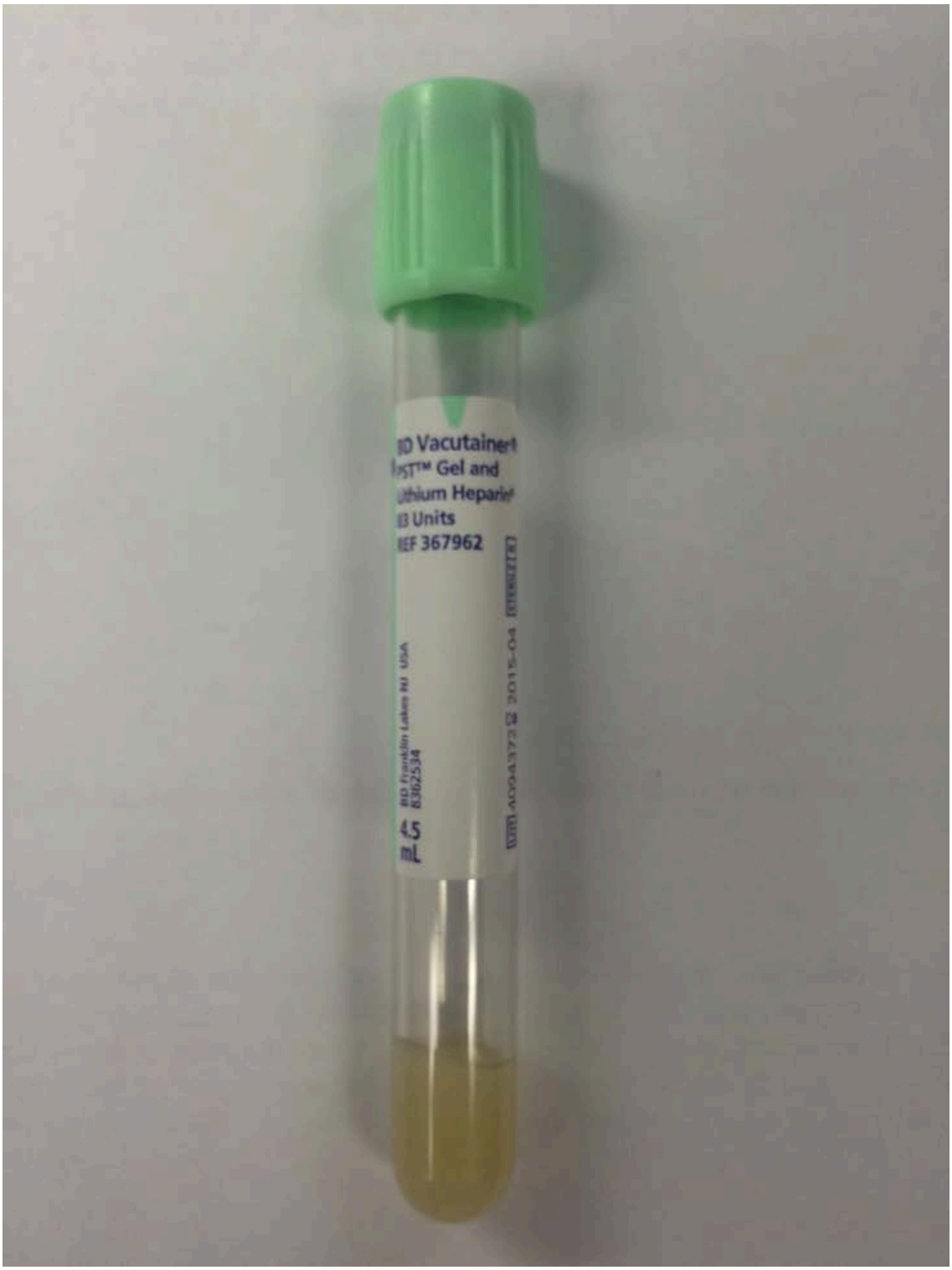
Rush Medical Labs

TEST NAME:	Direct Antiglobulin Test
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	DAT
CPT CODE:	86880
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	30 minutes
CONTAINER TYPE:	Pink top tube (See Attached)
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Anticoagulated Red Blood Cells
MINIMUM VOLUME:	6 mL(pink top)
REFERENCE RANGE:	Negative
POE DESCRIPTION:	DIRECT ANTIGLOBULIN TEST; DIRECT COOMBS; DAT
TEST SYNONYM(S):	Anti-Human Globulin Test; Broad Spectrum Direct Coombs`; DAT; Direct Coombs`; Coombs` Test
LAST UPDATED:	08/19/2021


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HAEMATOLOGY

Rush Medical Labs

TEST NAME:	Direct Low-Density Lipoprotein, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LDLDR
CPT CODE:	83721
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	Routine: 8 hours; Stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL plasma)
REFERENCE RANGE:	Both MALE and FEMALE NORMAL: <100 mg/dL MODERATE RISK: 101-159 mg/dL HIGH RISK: >160 mg/DL
TEST SYNONYM(S):	Measured LDL, Direct LDL
LAST UPDATED:	06/14/2017


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Disaccharidase Panel
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TDISP
CPT CODE:	82657
CONTAINER TYPE:	Clean, plastic specimen tube
COLLECTION:	Freeze immediately after collection
MINIMUM VOLUME:	2.0 mg
HANDLING INSTRUCTIONS:	Frozen
REFERRAL LABORATORY:	Mayo
LAST UPDATED:	08/06/2019

Rush Medical Labs

TEST NAME:	DNA Analysis for Cystic Fibrosis
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CY FIB MU; ordered by CPT codes in Genetics
CPT CODE:	83891, 83894, 83896 x2, 83901 x2, 83893 x2, 83912
DAYS PERFORMED:	Mon-Thur, 0800-1400, referred to reference lab
TURNAROUND TIME:	3 weeks
SPECIAL INSTRUCTIONS:	Include reason for performing test and ethnic origin on requisition.
CONTAINER TYPE:	Yellow top ACD tube(Sol. A) (See Attached)
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	10 mL


VACUTAINER
ACD
Solution A
364606-9321945-EXP-2001-11

Rush Medical Labs

TEST NAME:	DNA Analysis of Cells, Fresh or Frozen
TESTING LAB:	16;#Surgical Pathology: Pathology refers to Molecular Diagnostics/Cellular
CPT CODE:	88182
TEST INFORMATION:	METHOD - Flow Cytometry
DAYS PERFORMED:	Mon-Fri, 0800-1600
TURNAROUND TIME:	1 week
SPECIAL INSTRUCTIONS:	All specimens should be delivered to Surgical Pathology
CONTAINER TYPE:	50 mL centrifuge tube for bladder barbotage, 15 mL centrifuge tube with 50% ethanol for cell scrapings.
SPECIMEN REQUIREMENTS:	Bladder barbotage in normal saline solution or cells scraped from tumors with a scalpel
REJECTION CRITERIA:	Inadequate amount of cells collected or absence of tumor cells in sample
MINIMUM VOLUME:	10,000 cells
HANDLING INSTRUCTIONS:	Refrigerate
REFERENCE RANGE:	Diploid (negative). If nondiploid (positive), a written interpretation will be included. S-phase for breast cancer given in relation to means at Rush.
METHODOLOGY:	Propidium iodide staining by a modification of the Vindelov procesure and analysis by flow cytometry
TEST SYNONYM(S):	DNA Content of Cells, Fresh or Frozen; Cell Cycle Analysis; Aneuploidy of Cells, Fresh or Frozen; DNA Aneuploidy of Cells, Fresh or Frozen; DNA Ploidy & S Phase of Cells, fresh or Frozen

Rush Medical Labs

TEST NAME:	DNA Analysis of Paraffin-Embedded Tissue
TESTING LAB:	16;#Surgical Pathology: Pathology refers to Molecular Diagnostics/Cellular
CPT CODE:	88182
TEST INFORMATION:	METHOD - Flow Cytometry
DAYS PERFORMED:	Mon-Fri, 0800-1600
TURNAROUND TIME:	1 week
SPECIAL INSTRUCTIONS:	Deliver all specimens to Surgical Pathology (5 Jelke)
SPECIMEN REQUIREMENTS:	A block of formalin fixed, paraffin-embedded tissue with >0.2 cm tissue; tumor nuclei should comprise >30% of total nuclei present
REJECTION CRITERIA:	Suitability of the sample for the test will be judged on basis of adjacent histologic section.
REFERENCE RANGE:	Diploid (negative). If nondiploid (positive) a written interpretation will be included.
METHODOLOGY:	Propidium iodide staining by a modified Vindelov method and analysis by flow cytometry
TEST SYNONYM(S):	Aneuploidy of Paraffin-Embedded Tissue; DNA Content of Paraffin-Embedded Tissue; DNA Aneuploidy of Paraffin-Embedded Tissue; DNA Ploidy & S Phase of Parrifin-Embedded Tissue

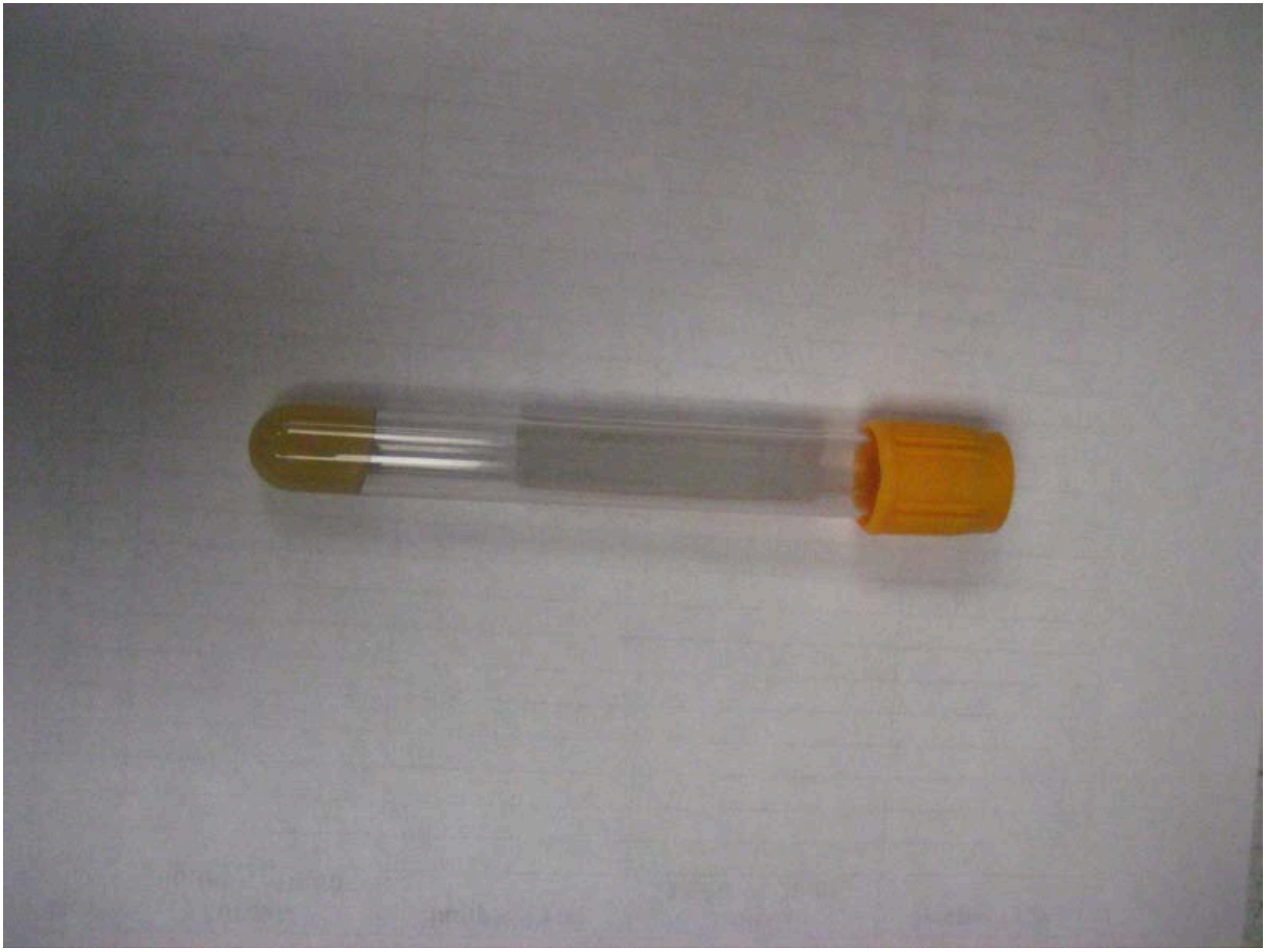
Rush Medical Labs

TEST NAME:	Dnase B Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ADB
CPT CODE:	86215-90
TEST INFORMATION:	Refer to Antideoxyribonuclease-B titer
TURNAROUND TIME:	7-10 days
REFERENCE RANGE:	Search Test Code 2351
POE DESCRIPTION:	ABD

Rush Medical Labs

TEST NAME:	Dog Dander (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	DOGDN
CPT CODE:	86003-90 Included in the Rast Inhalant Panel.
TEST INFORMATION:	
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (0.3 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code 2605
POE DESCRIPTION:	Dog Dander Allergen
LAST UPDATED:	08/07/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Drug Antibody Identification
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	DRUG WORK
CPT CODE:	86850, 86900, 86901, 86880
DAYS PERFORMED:	Weekdays, 0700-1900
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	One pink top tube, one Red top tube - 10 mL (clot) (See Attached)
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	10 mL (red), 7 mL (lavender)
POE DESCRIPTION:	DRUG ANTIBODY WORKUP
LAST UPDATED:	08/19/2021


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HAEMATOLOGY


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Drug Screen, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UDS
CPT CODE:	80301 (x7)
TEST INFORMATION:	Test includes amphetamine, barbiturates, benzodiazepines, cannabinoids, cocaine, opiates, phencyclidine, methadone, ecstasy and oxycodone. This test provides only qualitative detection of the ten drugs/drug classes listed above. Quantitation of drug levels is not included and is not recommended because urine levels are time and clearance dependent and are not directly related to toxic symptoms seen clinically. For specific quantitative drug blood levels, see the listing by specific generic drug name for drug desired. When a serum drug screen and a urine drug screen are ordered simultaneously, only results of the urine drug screen will be reported. When a serum specimen is sent instead of urine, a urine specimen will be requested. Specify the drug or drugs suspected on the requisition.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Do not use results of the urine drug screen for medicolegal purposes. For medicolegal purposes, specimens should be collected using chain-of-custody precautions and screening results should be confirmed using gas chromatography/mass spectrometry. Chain-of-custody and confirmation are not part of the urine drug screen and are not available in this laboratory.
CONTAINER TYPE:	Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL random urine; serum (blood) is not required for a drug screen unless the patient cannot (or will not) produce urine.
MINIMUM VOLUME:	0.5 mL random urine
REFERENCE RANGE:	None detected
METHODOLOGY:	Enzyme Immunoassay (EIA)
POE DESCRIPTION:	URINE DRUG SCREEN; U/DS
TEST SYNONYM(S):	Drugs of Abuse Screen, Urine; Urine Drug Screen
LAST UPDATED:	05/18/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

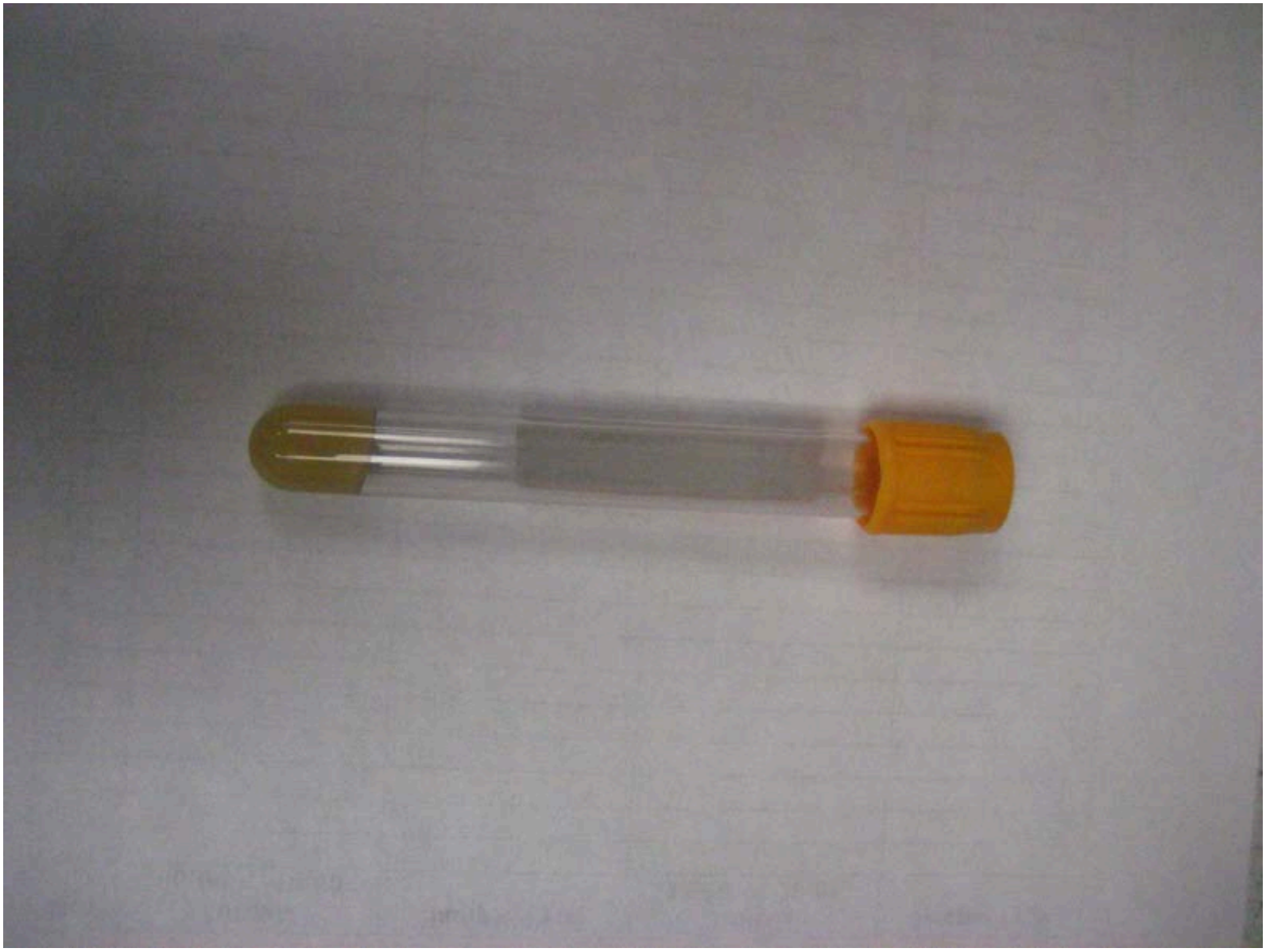
TEST NAME:	ED High Sensitivity Troponin I
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	EDHTP / ED High Sensitivity Troponin I
CPT CODE:	84484 High Sensi vity Troponin I /Hs-cTnI
TEST INFORMATION:	
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	30 Minutes
SPECIAL INSTRUCTIONS:	This test to be used ONLY by the ED to order a stat troponin.
CONTAINER TYPE:	6ml pink top (K2 EDTA) (See Attached)
SPECIMEN REQUIREMENTS:	Blood (EDTA Plasma)
REFERENCE RANGE:	Male: </=35 ng/L, Female: </=17 ng/L
CRITICAL VALUES:	Male: >35 ng/L, Female: >17 ng/L
LAST UPDATED:	07/07/2021


BD VACUTAINER
EDTA
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SIGNED
DOB
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Becton Dickinson, Franklin Lakes, NJ 07417
HAEMATOLOGY

Rush Medical Labs

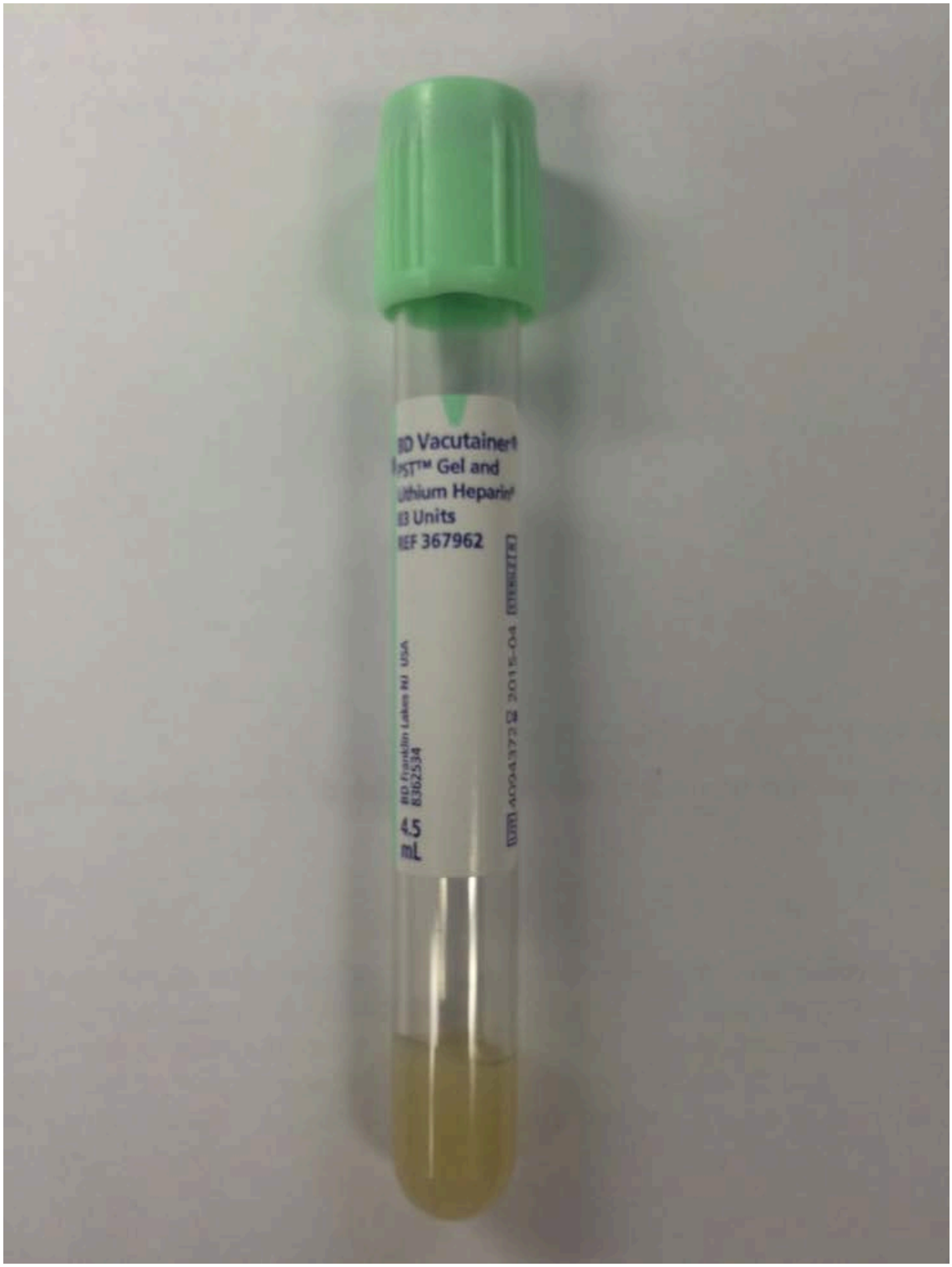
TEST NAME:	Egg white (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	EGG W
CPT CODE:	86003-90 Included in the Rast Food Panel.
TEST INFORMATION:	
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (0.3 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code 2801
POE DESCRIPTION:	Egg white allergen
LAST UPDATED:	09/06/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Electrolyte Panel, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LYTES
CPT CODE:	80051
TEST INFORMATION:	Test includes sodium, potassium, chloride and carbon dioxide.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube or green top (Heparin) microtainer for neonates (See (Attached
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.6 mL blood (0.3 mL plasma)
REFERENCE RANGE:	See Table
CRITICAL VALUES:	Sodium: ≤ 120 mmol/L, ≥ 160 mmol/L; potassium: < 2.5 mmol/L, > 6.5 mmol/L
POE DESCRIPTION:	ELECTROLYTE PANEL; EP
TEST SYNONYM(S):	EP
LAST UPDATED:	09/06/2017


BD Vacutainer
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Lithium Heparin
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VACUTAINER

Electrolyte Panel, Serum

Test	Range
Carbon Dioxide	
1 d – 1 y	13-22 mmol/L
1 y – 15 y	20-28 mmol/L
15 y – adult	22-29 mmol/L
Chloride	
1 d – 1 mo	91-118 mmol/L
1 mo – adult	99-108 mmol/L
Potassium	
1 d – 1 mo	4.0-6.0 mmol/L
1 mo – adult	3.4-5.3 mmol/L
Sodium	
	137-147 mmol/L

Rush Medical Labs

TEST NAME:	Electrolyte Panel, Whole Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BL
CPT CODE:	84295, 84132, 82435
TEST INFORMATION:	Test includes sodium, potassium and chloride.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	15 minutes
CONTAINER TYPE:	Heparinized syringe
SPECIMEN REQUIREMENTS:	Heparinized, whole blood
MINIMUM VOLUME:	1 mL whole blood
HANDLING INSTRUCTIONS:	Specimen should be kept on ice if also for blood gases.
REFERENCE RANGE:	See Table
CRITICAL VALUES:	Sodium: ≤120 mmol/L, ≥160 mmol/L; potassium: ≤2.5 mmol/L, ≥6.5 mmol/L

Electrolyte Panel, Whole Blood

Test	Range
Chloride	
1 d - 1 mo	91 - 118 mmol/L
1 mo - adult	99 - 108 mmol/L
Potassium	
1 d - 1 mo	4.0 - 6.0 mmol/L
1 mo - adult	3.4 - 5.3 mmol/L
Sodium	137 - 147 mmol/L

Rush Medical Labs

TEST NAME:	Electrolytes, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RU/NA; RU/K; RU/CL; U/NA; U/K; U/CL
CPT CODE:	82436; 84133; 84300
TEST INFORMATION:	Test includes sodium, potassium and chloride on timed or random collections.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 24-48 hours; stat: 1 hour (random urine only)
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers ~~must~~ be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	24-hour or random urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	See table. For random collection, none established, must be established with clinical finding.
TEST SYNONYM(S):	Urine Electrolytes



Rush Medical Labs

TEST NAME:	Electron Microscopy
TESTING LAB:	15;#Surgical Pathology
CPT CODE:	88348
TEST INFORMATION:	Test includes routine microscopic evaluation and electron microscopic evaluation of ultrathin sections.
DAYS PERFORMED:	7-10 days
TURNAROUND TIME:	1 week
SPECIAL INSTRUCTIONS:	Tissue submitted for electron microscopy will be processed at the discretion of the pathologist reporting the case.
CONTAINER TYPE:	Glutaraldehyde fixative or fresh tissue submitted in a sterile specimen container
COLLECTION:	Specimen obtained by surgical excision should include sufficient tissue for routine evaluation; transport immediately after collection to the laboratory.
SPECIMEN REQUIREMENTS:	Fresh unfixed tissue or tissue fixed in glutaraldehyde
REJECTION CRITERIA:	Formalin fixed tissue or fresh tissue not immediately transported.
LIMITATIONS OF TEST:	Sampling error Electron microscopy is not a substitute for routine light microscopy.
ADDITIONAL INFORMATION:	Contact pathologist of record to discuss reported electron microscopy study for a case.
TEST SYNONYM(S):	Transmission Electron Microscopy; Ultrastructural Study

Rush

Rush Medical Labs

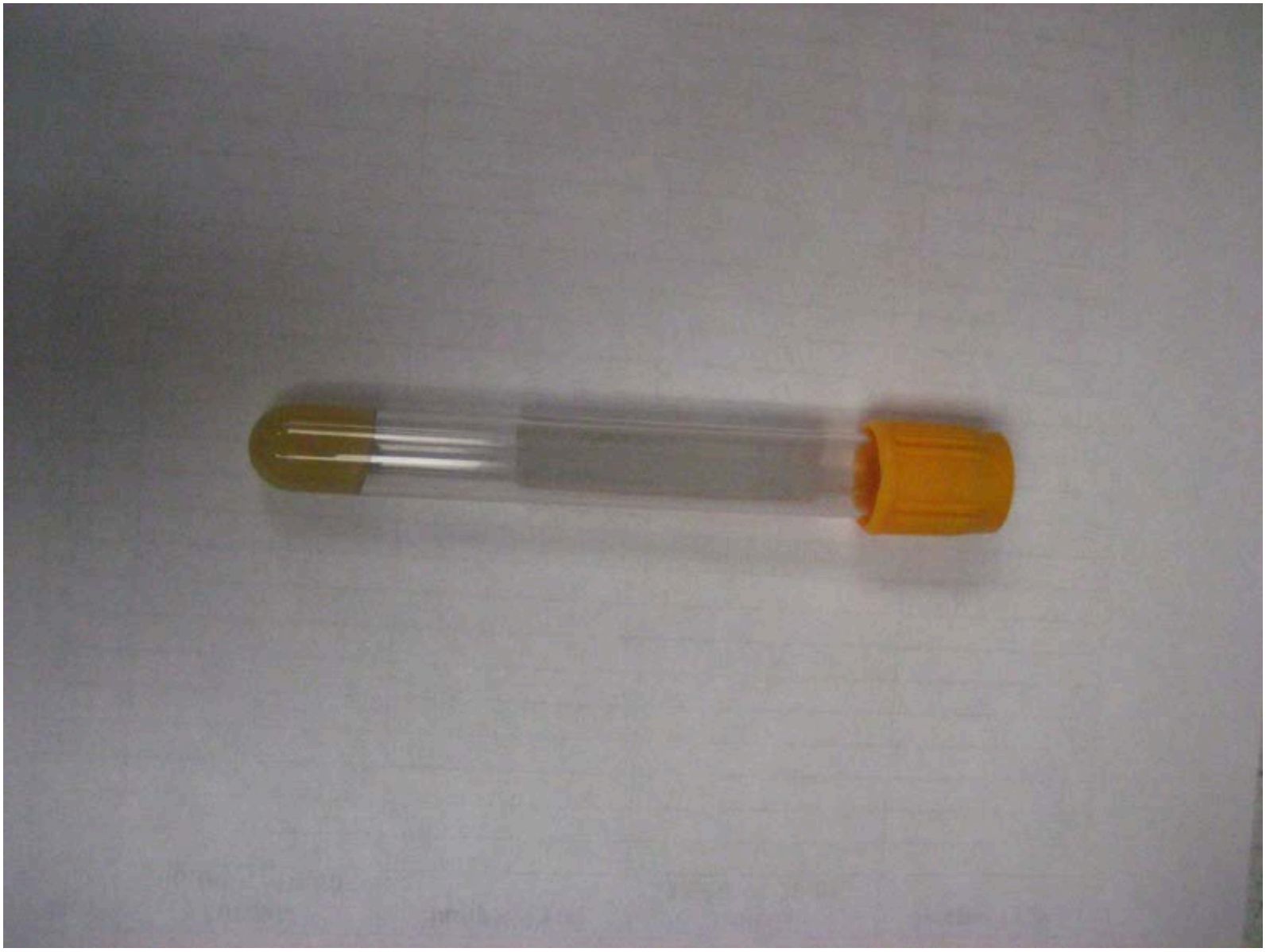
TEST NAME:	Elution
TESTING LAB:	18;#Blood Bank (consultations)
LAB / EPIC MNEMONIC:	EL SCREEN
CPT CODE:	86860
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1- 2+ hours
CONTAINER TYPE:	Pink top tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
TEST SYNONYM(S):	Dichloromethane Eluate; Elu-Kit II; Lui Freeze-Thaw Eluate; Heat Eluate


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Rush Medical Labs

TEST NAME:	Endomysial IgA Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ENDOM
CPT CODE:	86255-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.4 mL serum)
REFERENCE RANGE:	Search Test Code - 91985
POE DESCRIPTION:	ANTI ENDOMYSIAL ANTIBODY; ENDOMYS-AB
LAST UPDATED:	08/07/2019

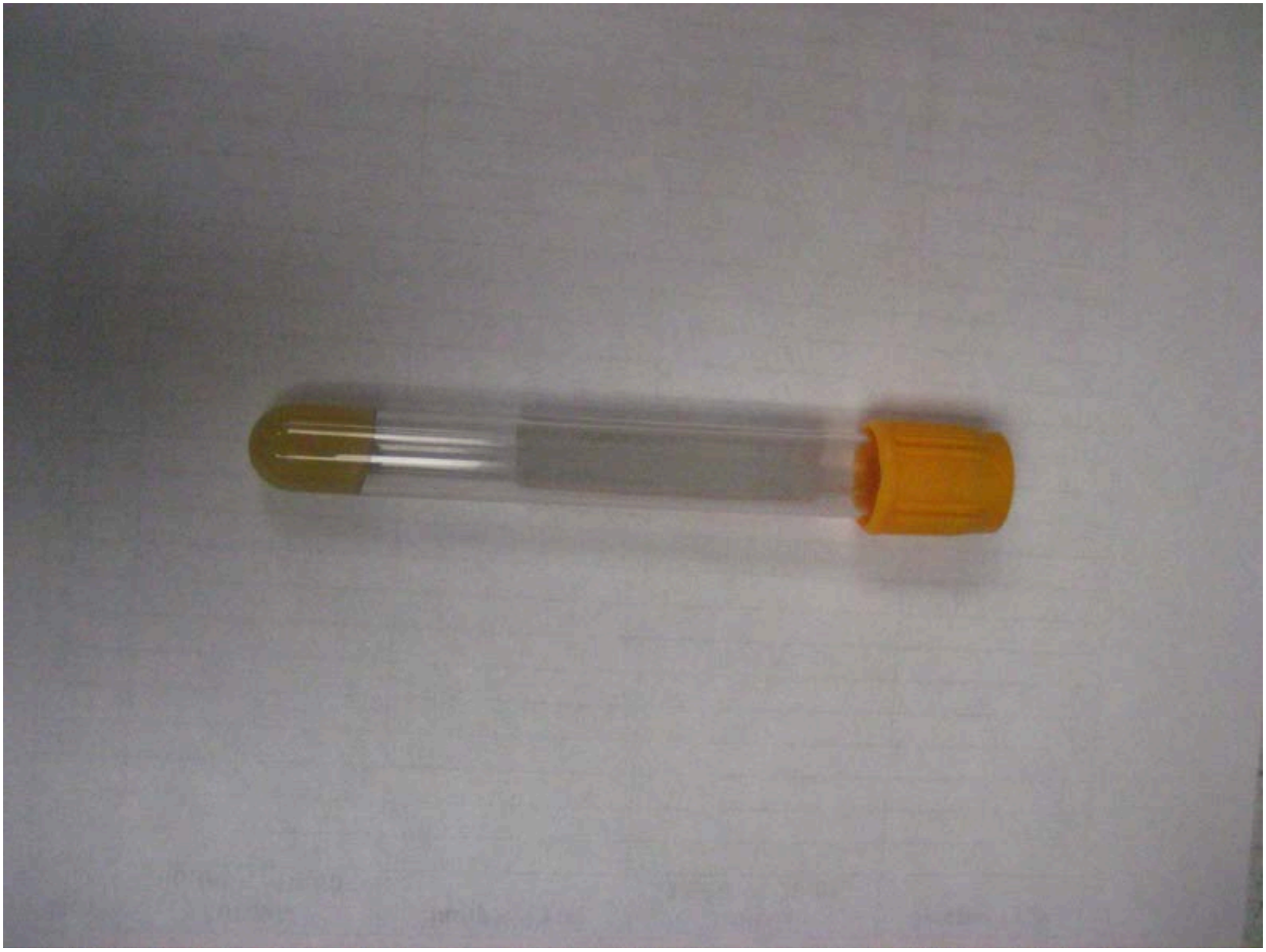

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

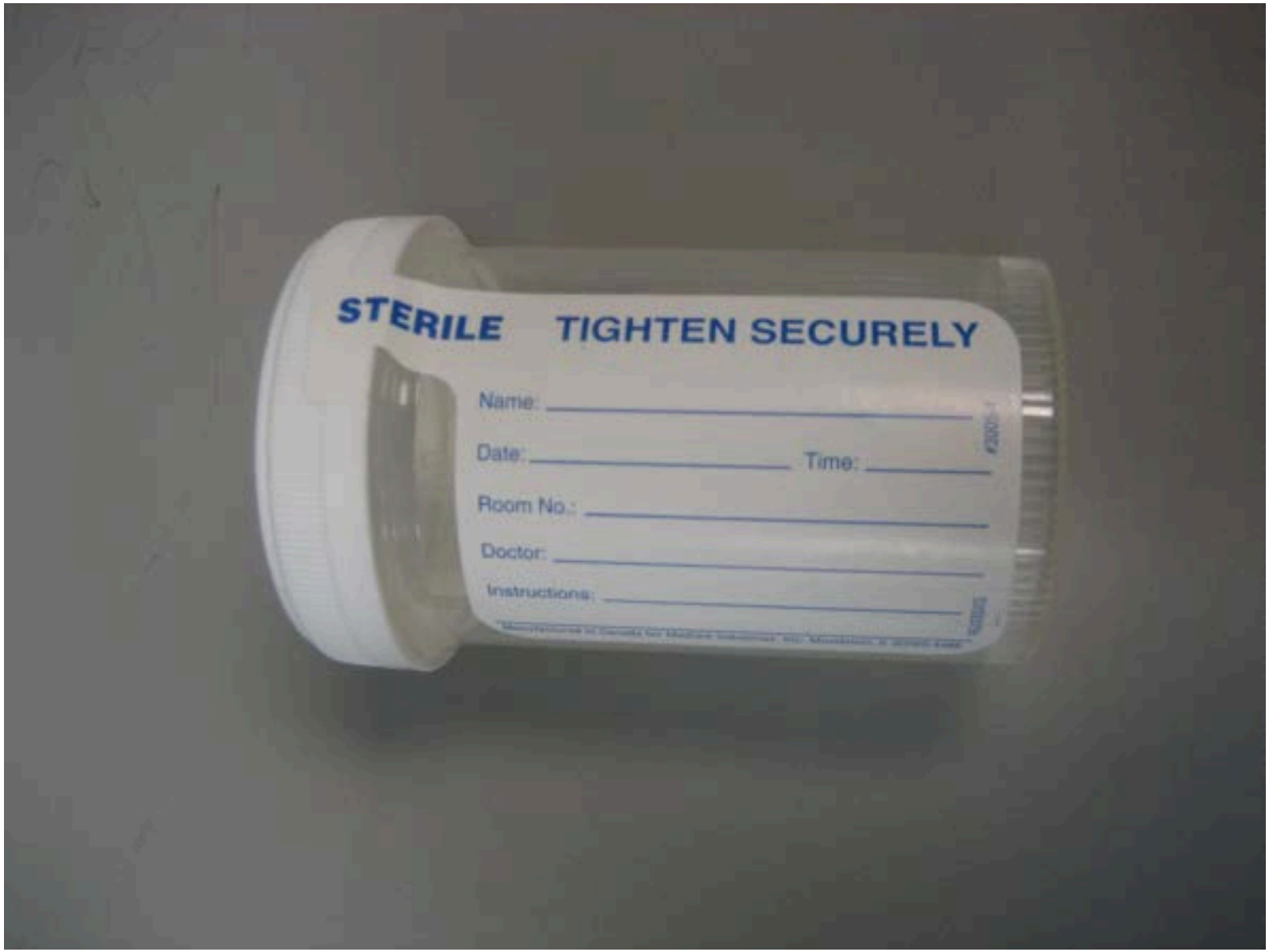
TEST NAME:	English plantain (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	EPLTA
CPT CODE:	86255-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.4 mL serum)
REFERENCE RANGE:	Search Test Code - 2409x
POE DESCRIPTION:	ANTI ENDOMYSIAL ANTIBODY; ENDOMYS-AB
LAST UPDATED:	08/07/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Environmental Culture, Surveillance Culture
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C STERILE; C OSTERILE (RML laboratories ONLY)
CPT CODE:	87071
TEST INFORMATION:	Test includes isolation and identification of potential pathogens or assessment of sterility from inanimate objects. Quantitation may be provided based upon the type of specimen submitted.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports available after 24 hours. Culture reports of no growth will be issued after 72 hours. Completion of culture reports may take 3-4 days after receipt of the specimen when multiple isolates are found.
CONTAINER TYPE:	Sealed sterile container or Copan® II swab (See Attached)
SPECIMEN REQUIREMENTS:	Inanimate objects, equipment, fluids, air samples, or swabs from surfaces or objects
REJECTION CRITERIA:	Insufficient specimen volume, inappropriate specimen container.
MINIMUM VOLUME:	Submit entire specimen or appropriate sample.
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No growth or no pathogens present
LIMITATIONS OF TEST:	Susceptibility testing is NOT performed. Identification may consist of an isolate Gram stain description or an isolate genus name only based upon the type of specimen submitted. Quantitation may NOT be provided based upon the type of specimen submitted.
METHODOLOGY:	Conventional culture; quantitation may be provided for fluid specimens.
ADDITIONAL INFORMATION:	This procedure should be used to assess the sterility or determine the pathogen-free status of materials or equipment utilized in patient care and/or non-patient care areas.
POE DESCRIPTION:	CU ENVIRONMENTAL
TEST SYNONYM(S):	Sterility culture


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

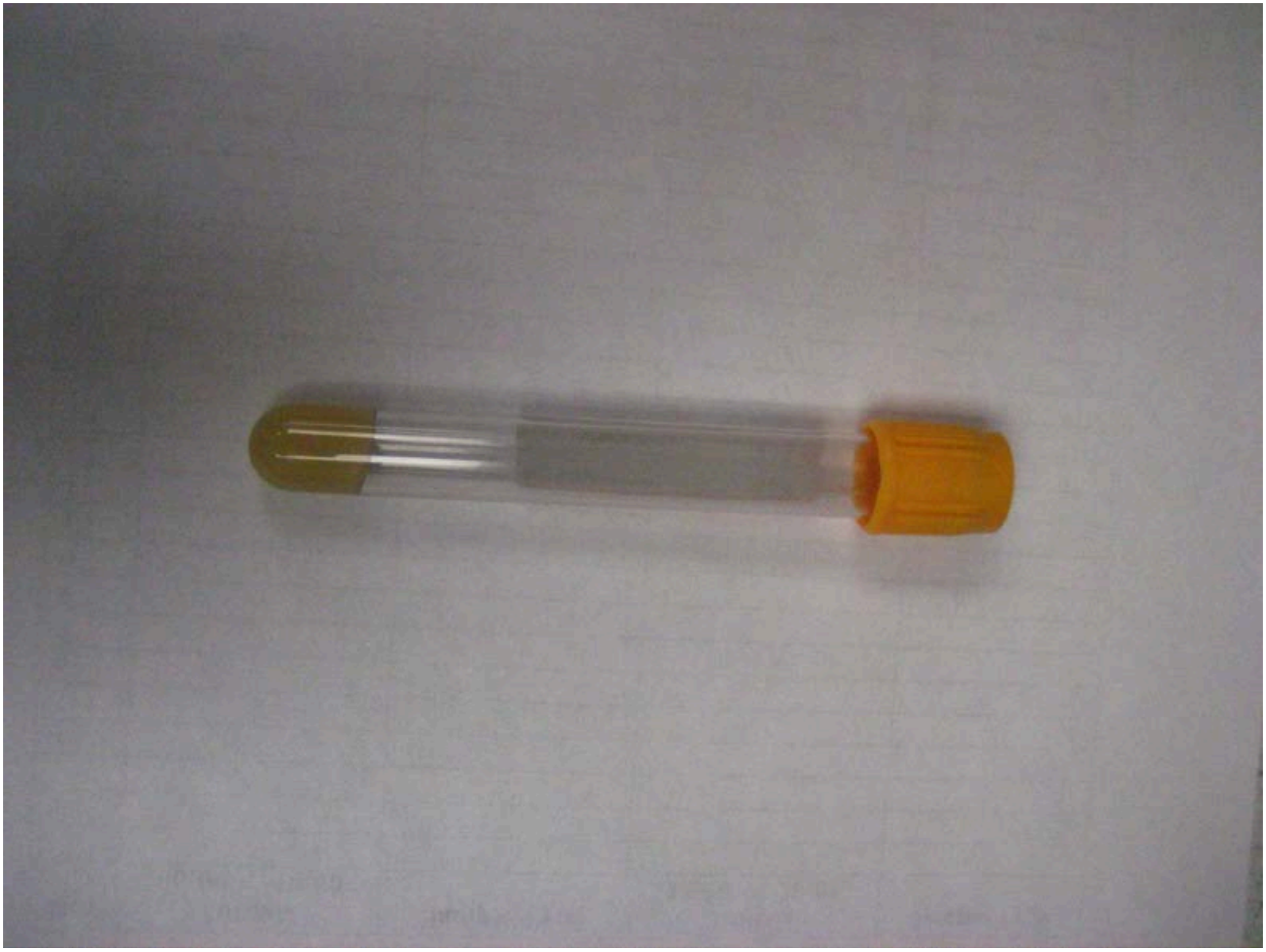

COPAN

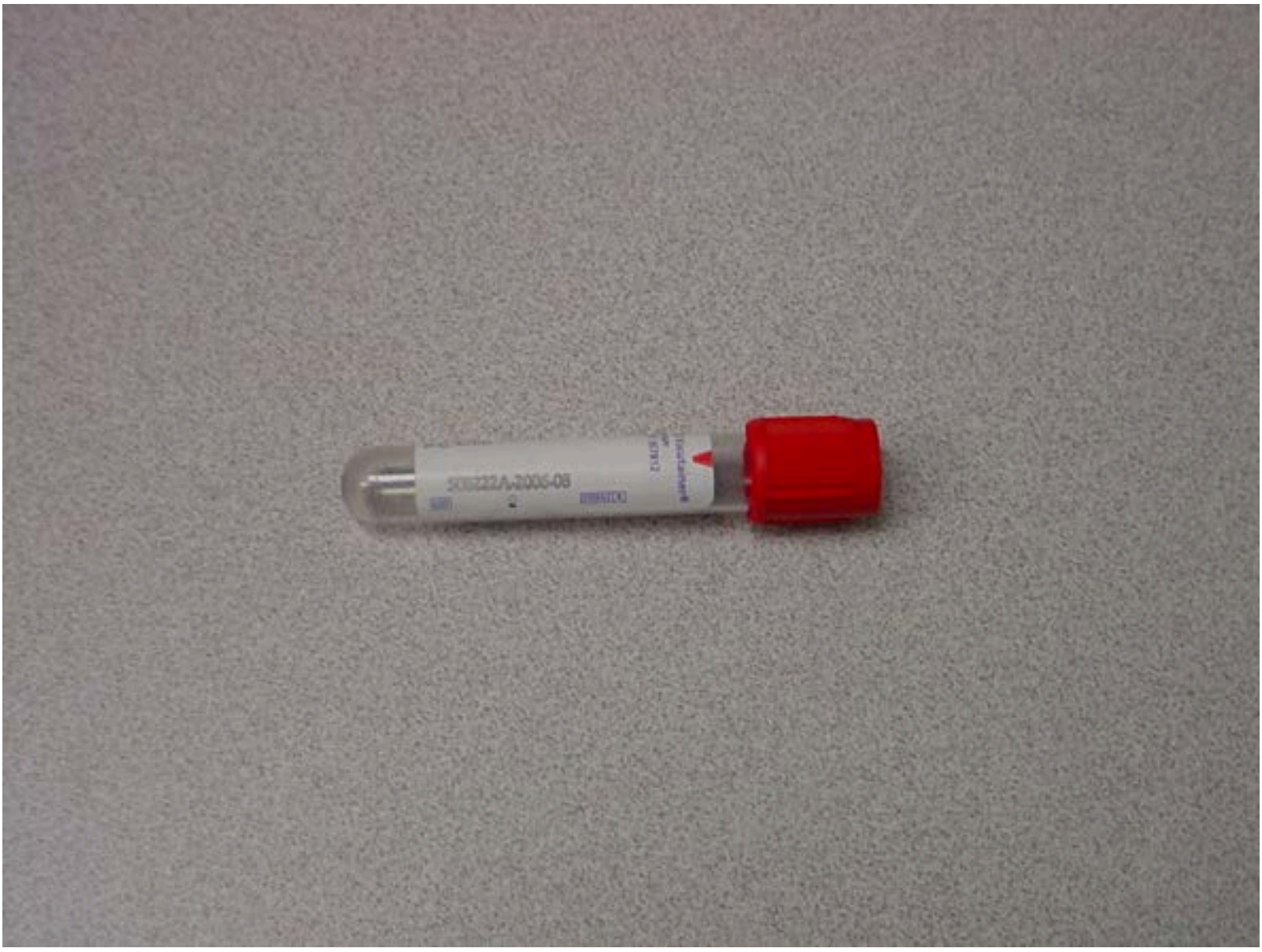
Rush Medical Labs

TEST NAME:	Eosinophils in Stool
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	QEOS
TEST INFORMATION:	R/O allergies versus infection in newborns
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Send to laboratory immediately.
CONTAINER TYPE:	Stool container
SPECIMEN REQUIREMENTS:	1.0 mL
REJECTION CRITERIA:	Specimen on diaper
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Processing must begin within one hour of collection.
REFERENCE RANGE:	Negative
METHODOLOGY:	Hansel's Stain
TEST SYNONYM(S):	Fecal Eosinophils
LAST UPDATED:	08/07/2019

Rush Medical Labs

TEST NAME:	Epstein-Barr Viral Capsid Antigen IgM Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	EBVM
CPT CODE:	86665
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube 4 mL (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum
REJECTION CRITERIA:	Hemolysis, gross contamination, iteric, lipemic, improper storage of specimen
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	NEGATIVE: ≤ 0.8 AI (antibody index)
POE DESCRIPTION:	EBV CAPSID ANTIGEN IGM AB; EBVCA IGM
TEST SYNONYM(S):	EBV Acute Antibody; EBVCA IgM
LAST UPDATED:	02/08/2018





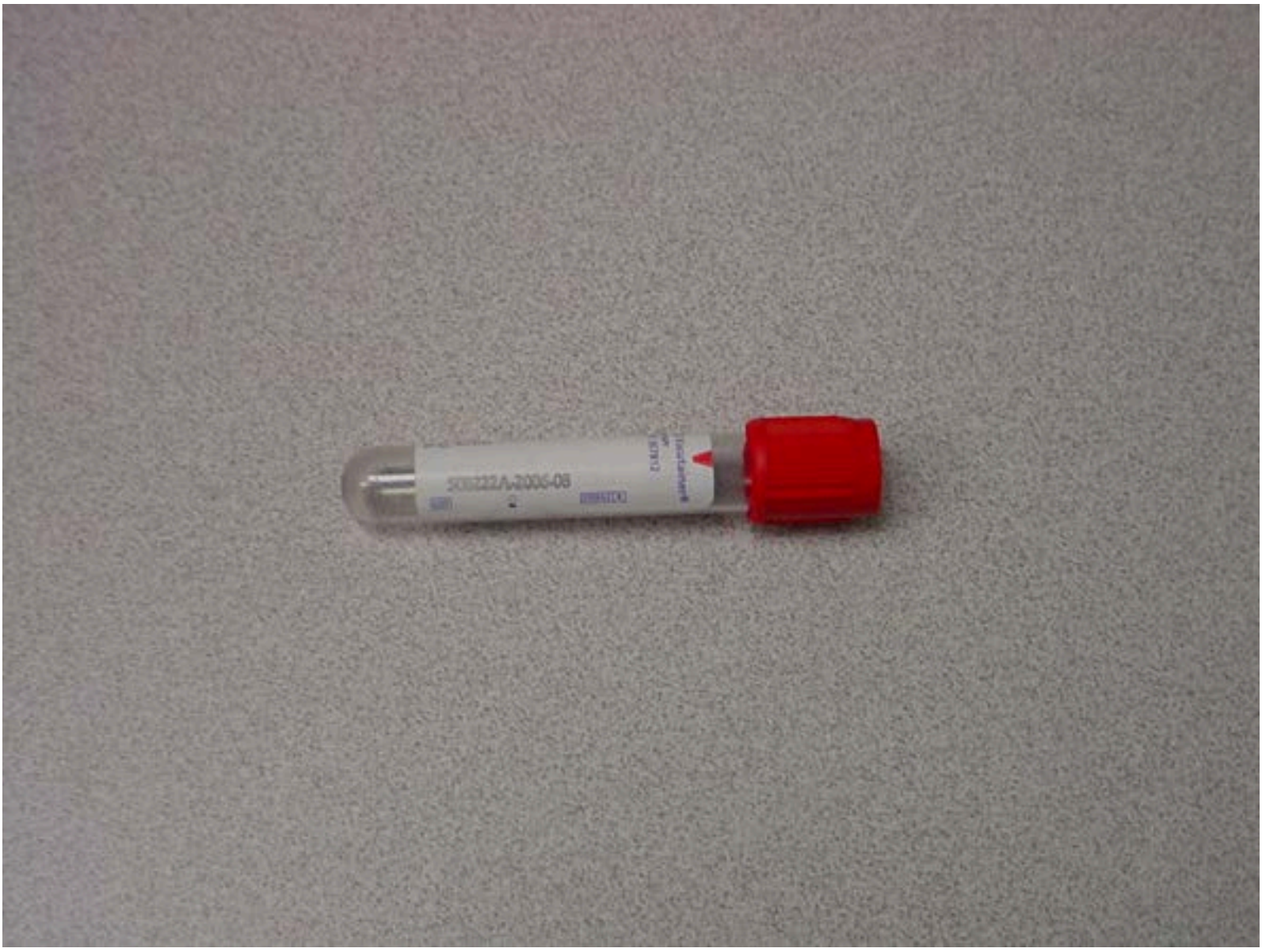
Rush Medical Labs

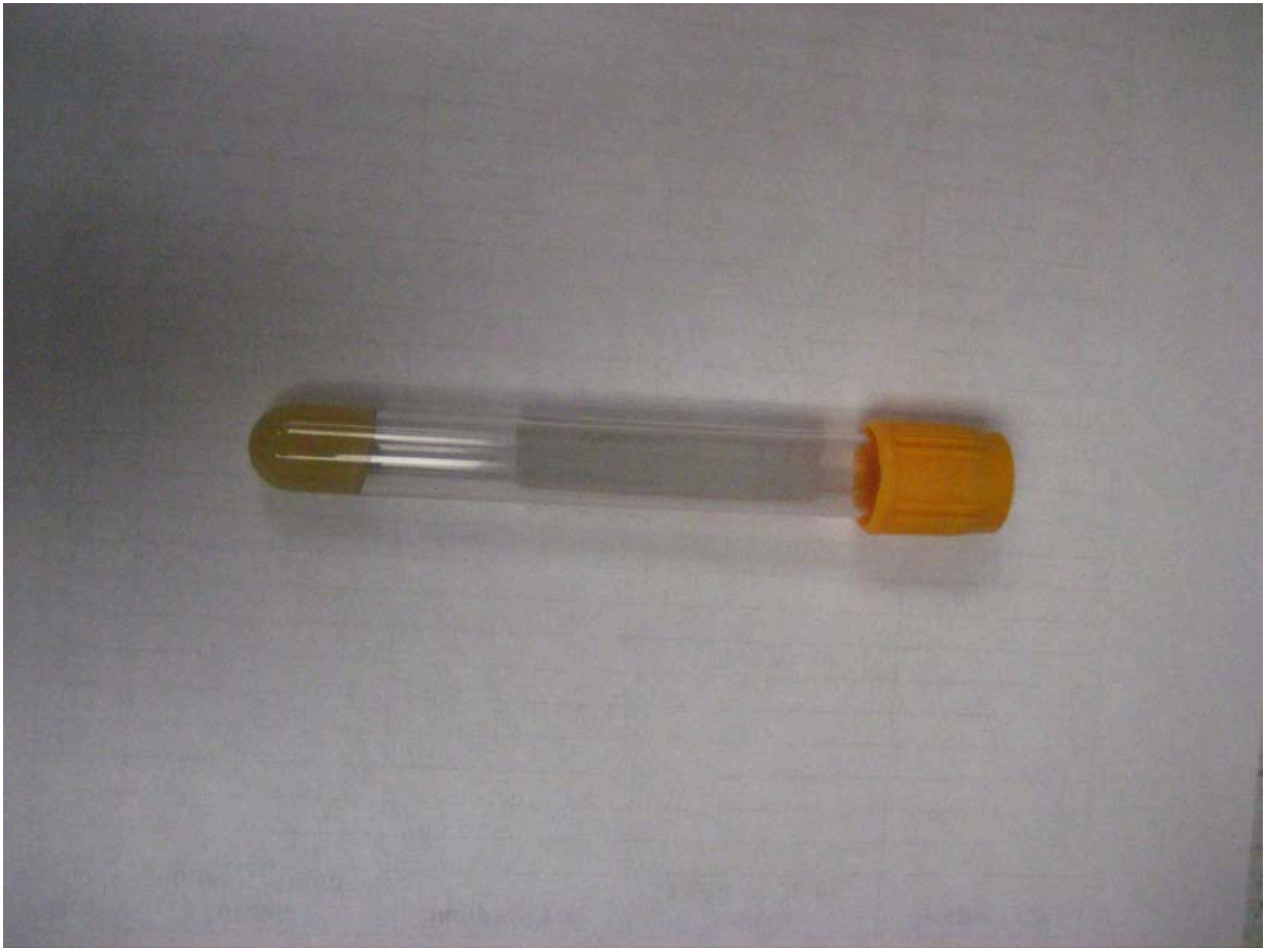
TEST NAME:	Erythrocyte Sedimentation Rate, Westergren
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ESR
CPT CODE:	85651
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2-4 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an exising sample more than 24 hours old.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (Seee Attached)
SPECIMEN REQUIREMENTS:	2.0 mL EDTA whole blood
REJECTION CRITERIA:	Specimen clotted, >24 hours old
MINIMUM VOLUME:	1.0 mL EDTA whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible.
REFERENCE RANGE:	0-50 years of age: male: 0-17 mm/hour, female: 0-27 mm/hour
POE DESCRIPTION:	SEDIMENTATION RATE WEST; ESR
TEST SYNONYM(S):	ESR; Sed Rate; Westergren Sedimentation Rate


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Erythropoietin, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	EPO
CPT CODE:	82668
TURNAROUND TIME:	1 to 5 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube See Attached
SPECIMEN REQUIREMENTS:	4.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 427
POE DESCRIPTION:	ERYTHROPOIETIN
TEST SYNONYM(S):	EPO
LAST UPDATED:	08/07/2019

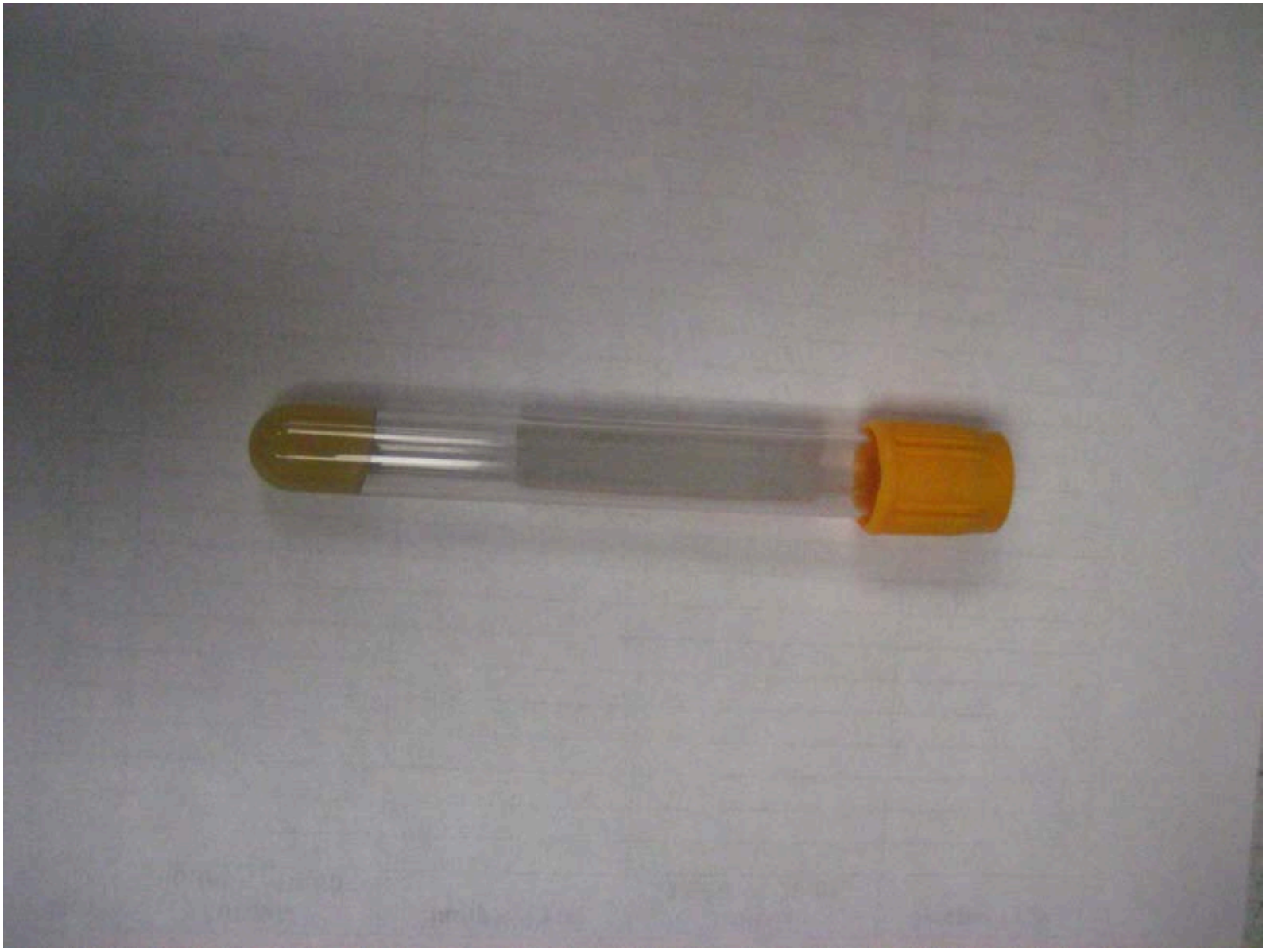


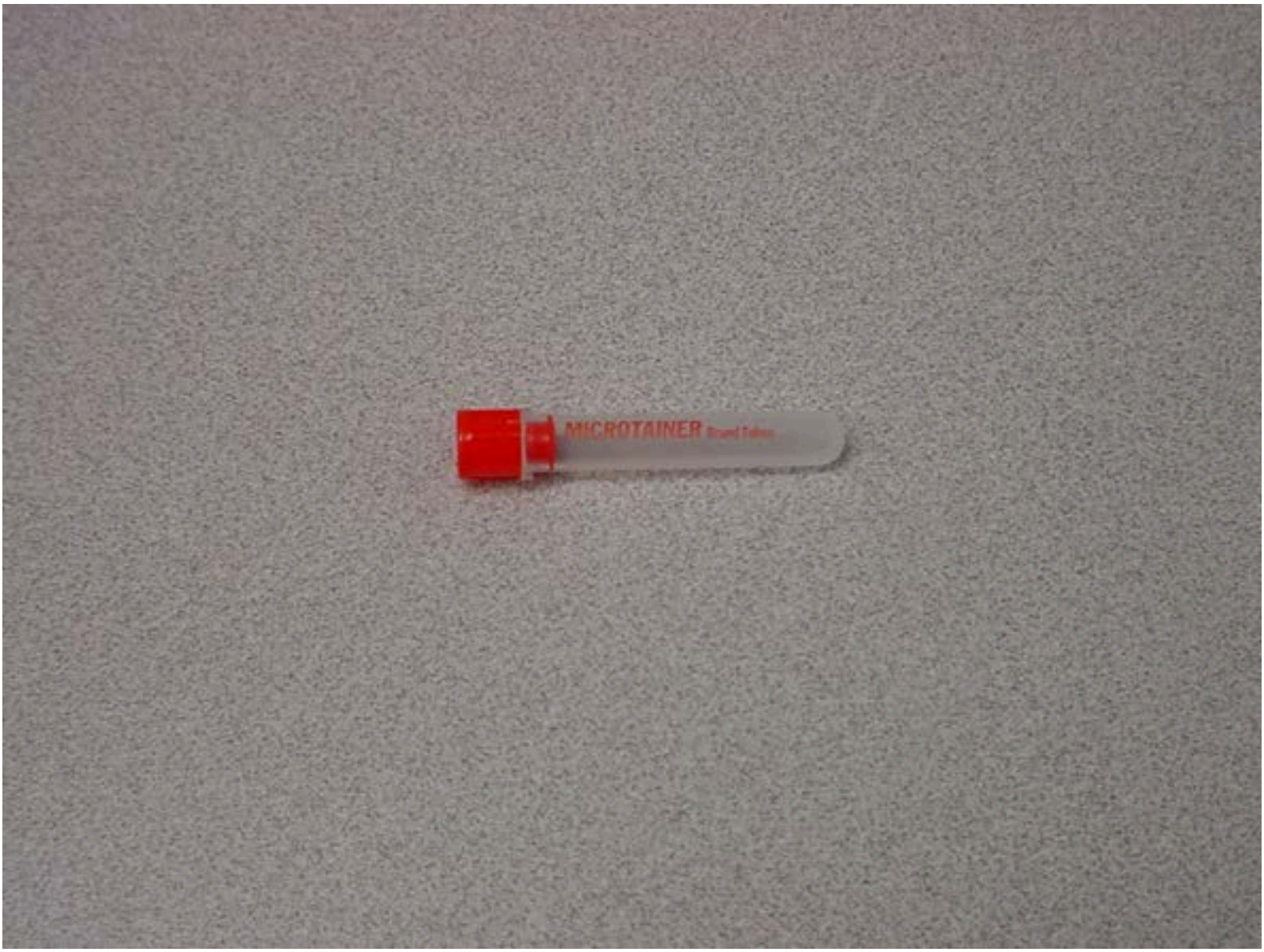


Rush Medical Labs

TEST NAME:	Estradiol PEDS
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	E2PED
CPT CODE:	82670-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL, SST tube, microtainer (See Attached)
SPECIMEN REQUIREMENTS:	6.0 mL blood (3.0 mL serum)
MINIMUM VOLUME:	3.0 mL blood (1.2 mL serum)
REFERENCE RANGE:	See Esoterix Labs - Search Test Code 500152
LAST UPDATED:	08/12/2019

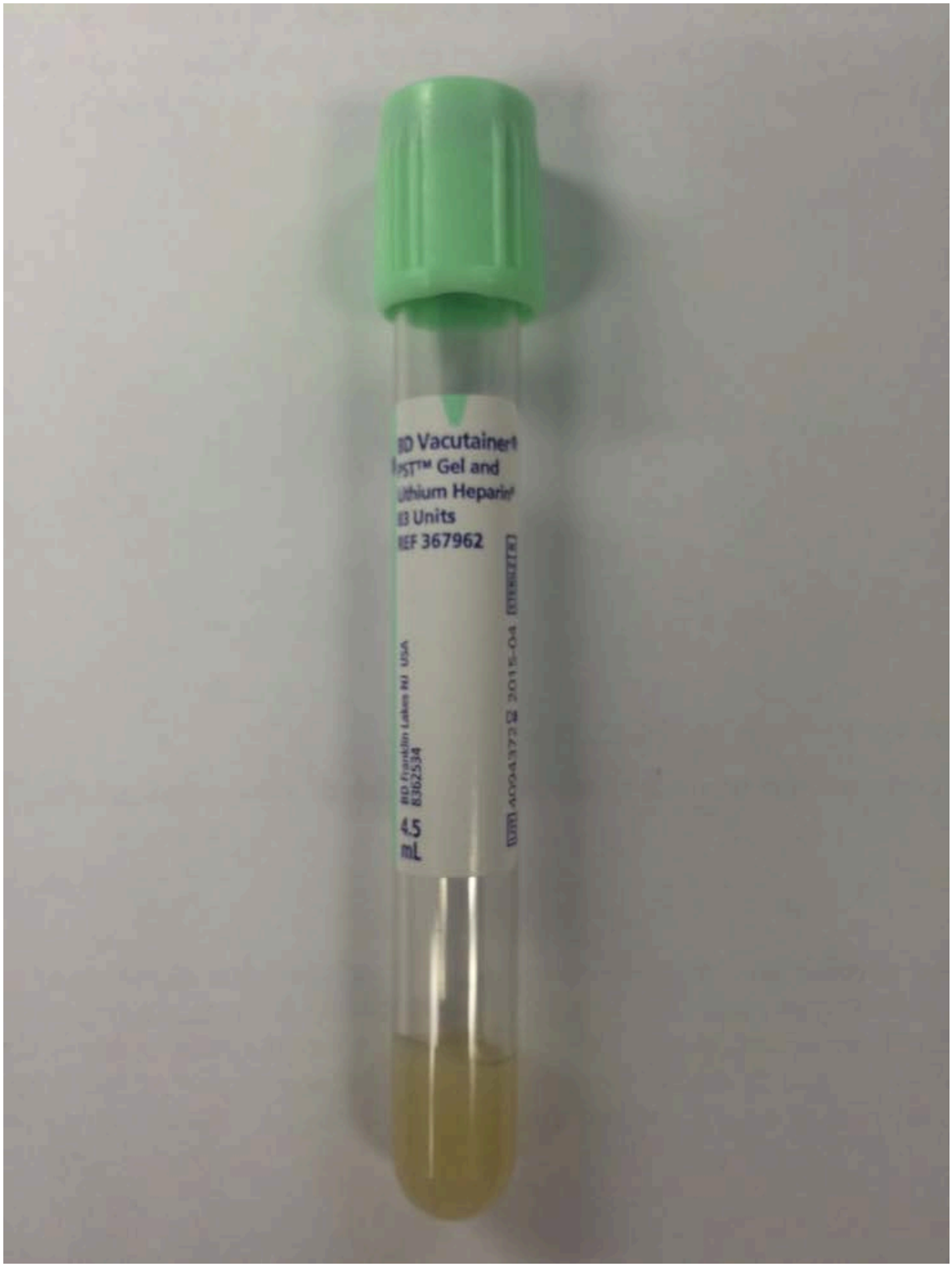

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




MICROTAINER

Rush Medical Labs

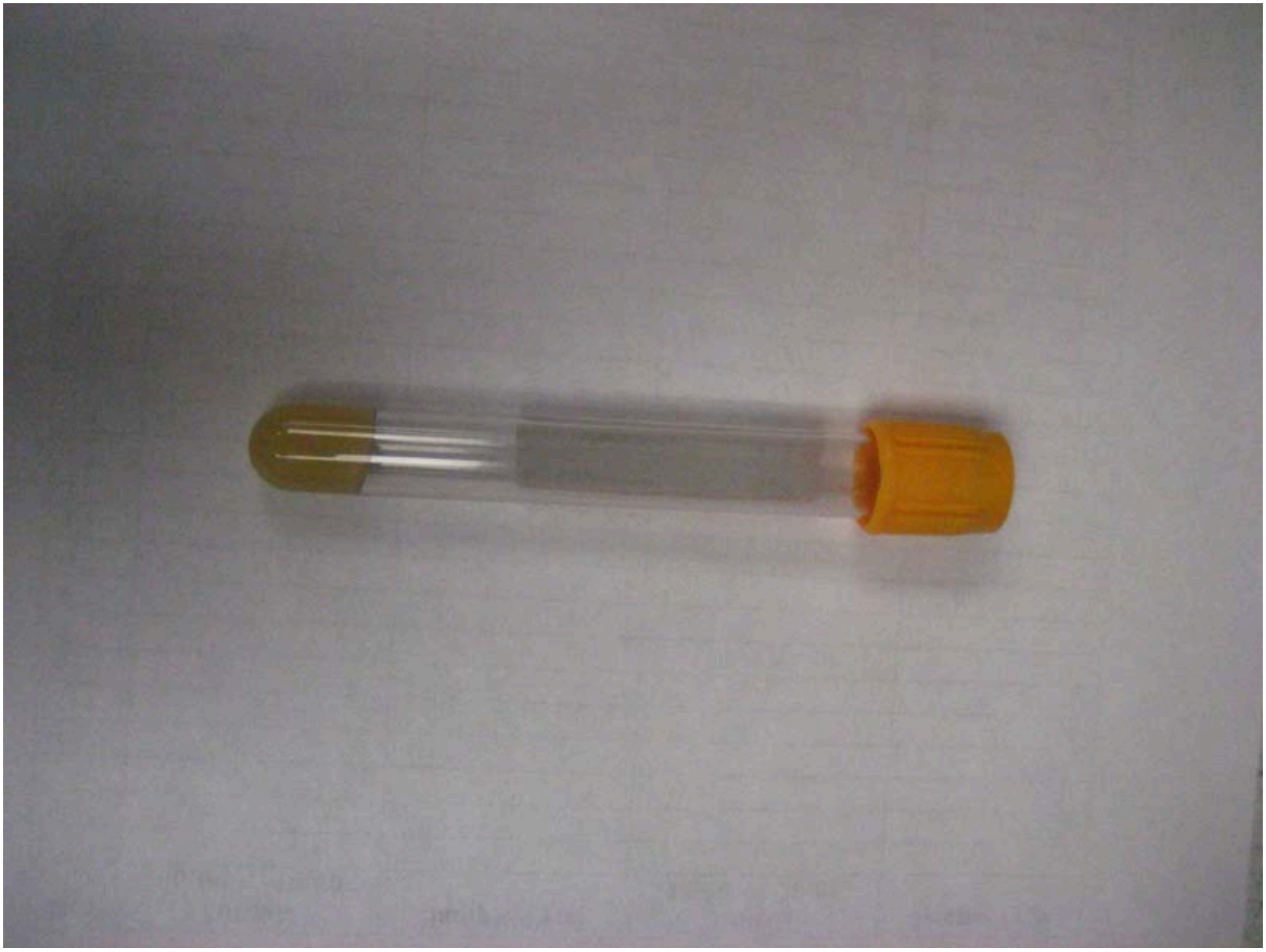
TEST NAME:	Estradiol
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ESTRA
CPT CODE:	82670
DAYS PERFORMED:	Daily on first shift
TURNAROUND TIME:	1day
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	Male: adult:¿8-50 pg/mL, prepubertal: <8 pg/mL; female: follicular: ¿30-140 pg/mL, luteal:¿30-175 pg/dL; preovulatory: 200-500 pg/mL
POE DESCRIPTION:	ESTRADIOL; E2
TEST SYNONYM(S):	E2; Estradiol-17 Beta (E2)
LAST UPDATED:	08/07/2016


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
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8362534
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Rush Medical Labs

TEST NAME:	Estriol, Unconjugated (E3)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ESTRL
CPT CODE:	82677-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code UE3
POE DESCRIPTION:	ESTRIOL
TEST SYNONYM(S):	E3; Unconjugated Estriol
LAST UPDATED:	08/12/2019

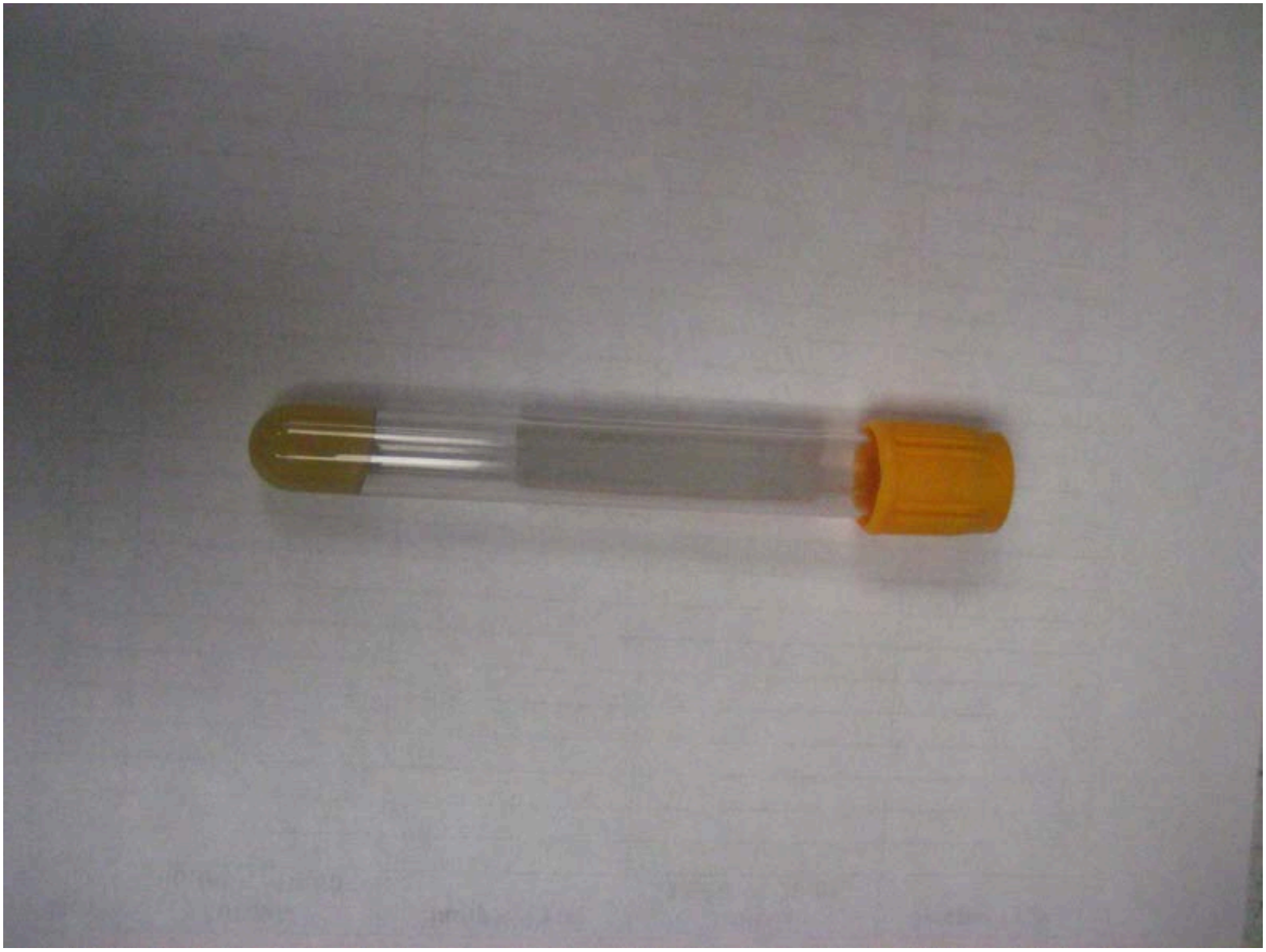

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Estrogen, Total
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ESTG
CPT CODE:	82672-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	6.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	3.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	See Specialty Labs - Search Test Code 439
POE DESCRIPTION:	ESTROGEN
LAST UPDATED:	08/12/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



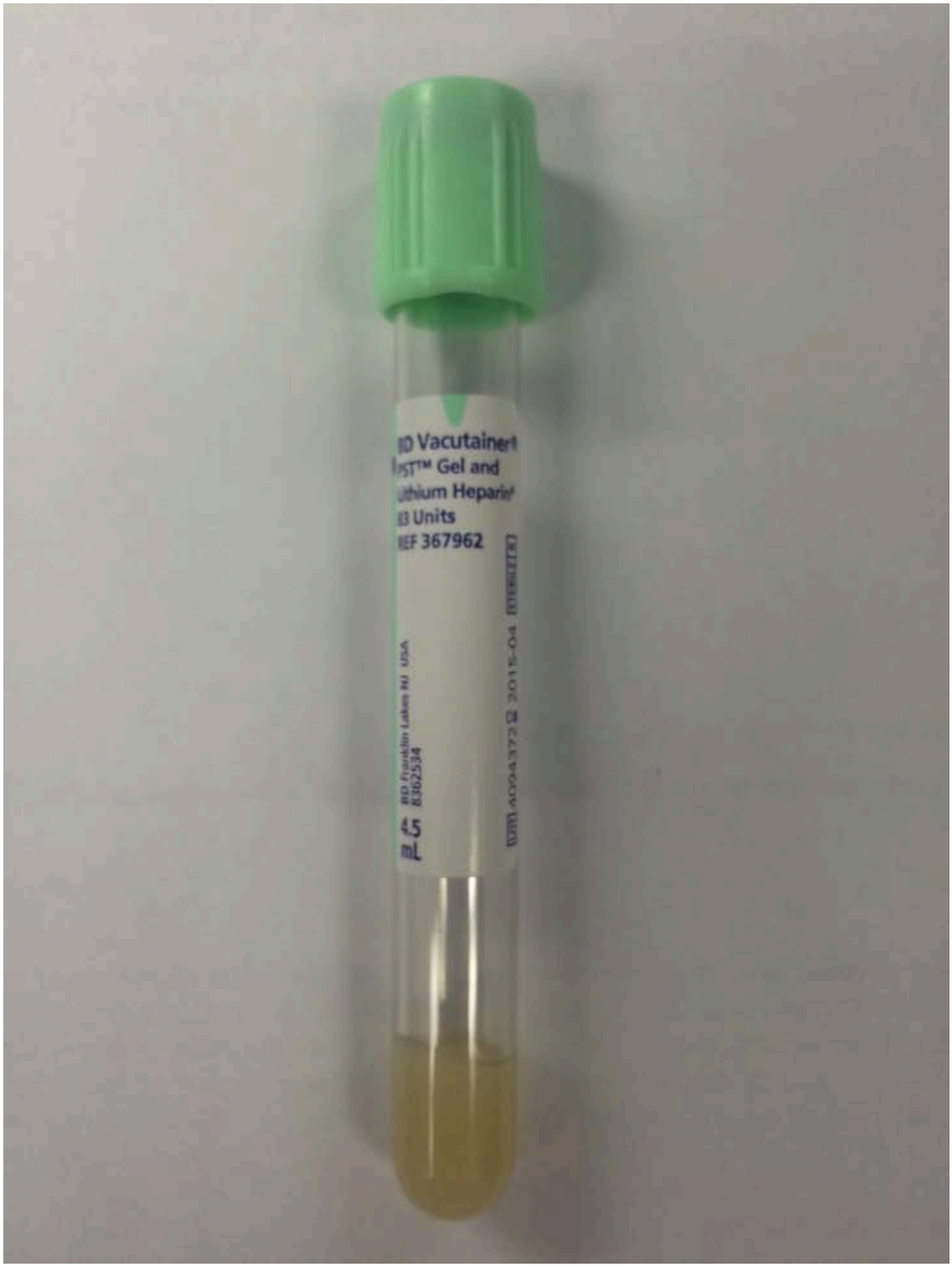
Rush Medical Labs

TEST NAME:	Estrone
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ESTRO
CPT CODE:	82679
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
REJECTION CRITERIA:	Serum separator tube, gross hemolysis, lipemia
MINIMUM VOLUME:	0.5 mL blood (0.25 mL serum)
REFERENCE RANGE:	See Quest Lab - Search Test Code 23244
LAST UPDATED:	08/12/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Ethanol, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ETDH
CPT CODE:	80320
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	If test added onto an existing sample, results may be lower than with a fresh specimen.
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	None detected. Clinically intoxicated: 150 mg/dL. 80 mg/dL (0.08%) is the legal intoxication limit in the State of Illinois.
CRITICAL VALUES:	≥80 mg/dL
POE DESCRIPTION:	ALCOHOL; ETHANOL; ETOH
TEST SYNONYM(S):	Alcohol; Blood Alcohol Level; Blood Ethanol Level; Ethyl Alcohol, Blood, EtOH
LAST UPDATED:	03/27/2023


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
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2015-04

Rush Medical Labs

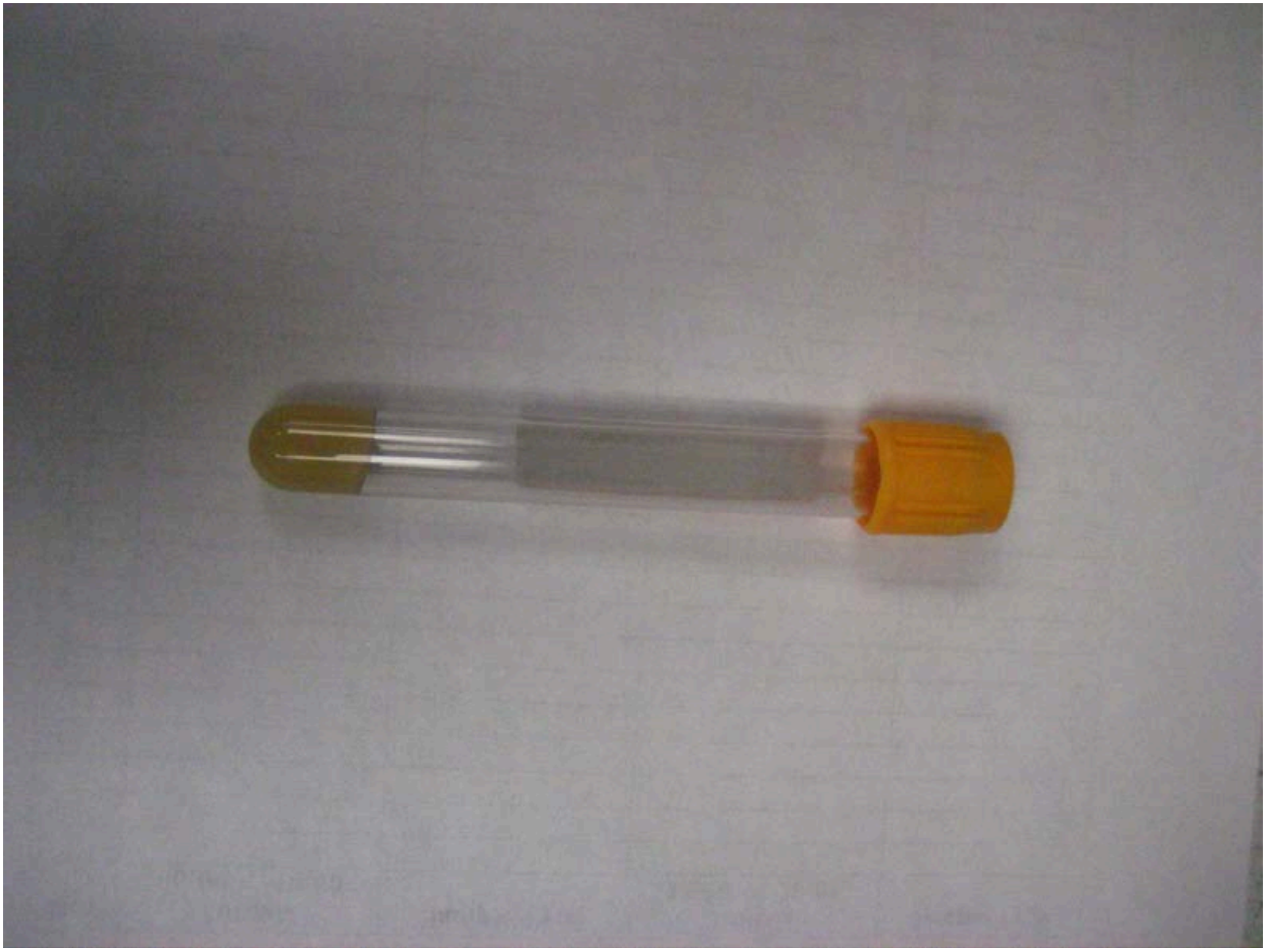
TEST NAME:	Ethosuximide, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ETHO
CPT CODE:	80168-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0¿mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 214
POE DESCRIPTION:	ETHOSUXIMIDE; ETHOSUX
TEST SYNONYM(S):	Zarontin.
LAST UPDATED:	08/12/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Ethylene Glycol
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	EGLY
CPT CODE:	82693-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics Labs - Search Test Code 801
POE DESCRIPTION:	ETHYLENE GLYCOL
LAST UPDATED:	08/12/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Euglobulin Lysis Time
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	85360-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.5 mL blood (2 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed >65% Hct
MINIMUM VOLUME:	1.8 mL blood (1 mL citrated platelet poor plasma); pediatric tube must be fully drawn.
REFERENCE RANGE:	Search Test Code 462
TEST SYNONYM(S):	Clot Lysis Time; ELT; Fibrinolysis Time
LAST UPDATED:	08/12/2019


0.105M
=3.2%
4.5mL

Rush Medical Labs

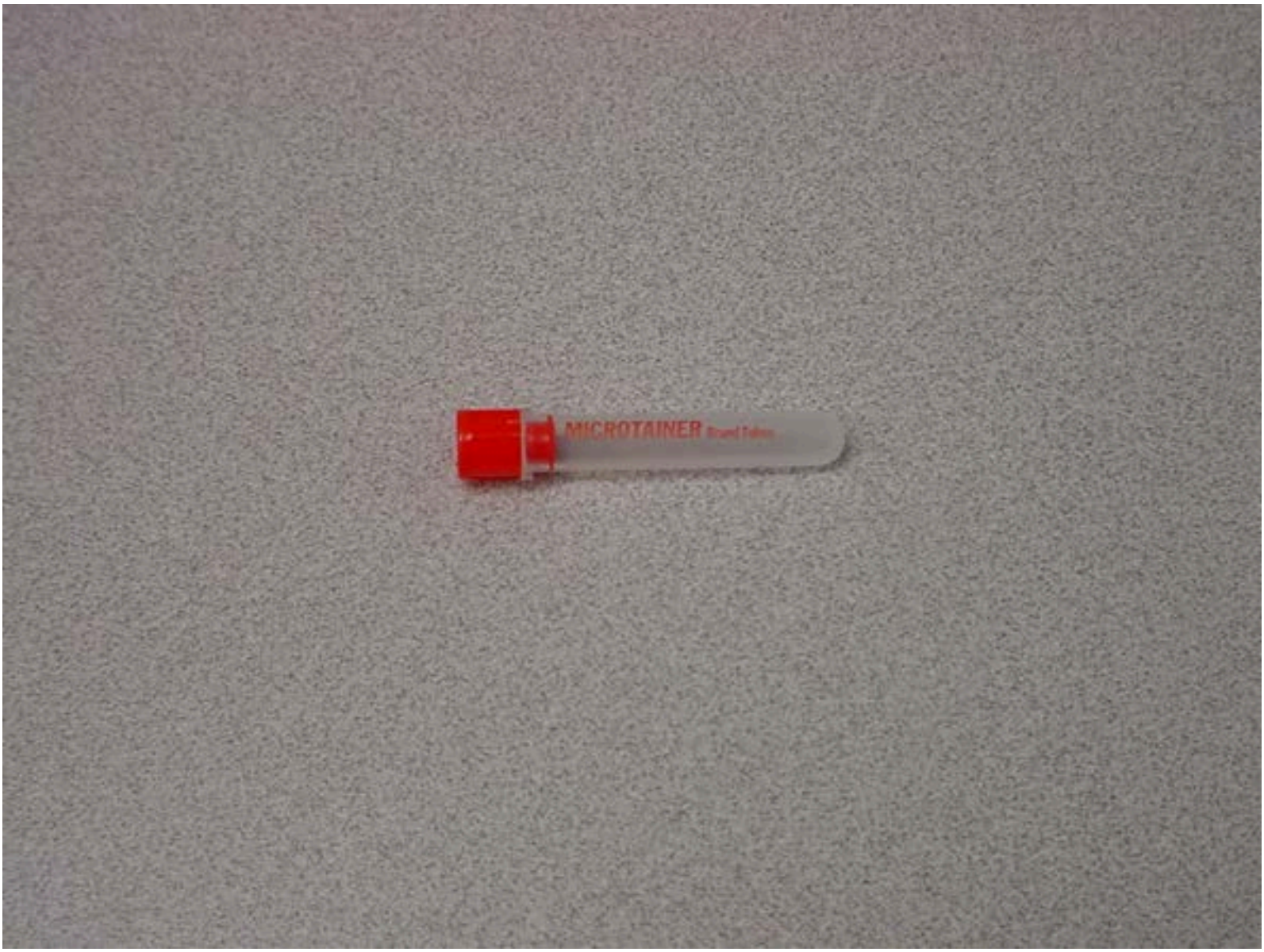
TEST NAME:	Everolimus
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	EVER
CPT CODE:	80169-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL (See Attached)
SPECIMEN REQUIREMENTS:	2 mL whole blood in EDTA tube
REJECTION CRITERIA:	SST tubes, clotted specimens
MINIMUM VOLUME:	1 mL whole blood (EDTA)
REFERENCE RANGE:	See Quest Labs - Search Test Code 18883
TEST SYNONYM(S):	Zortress, Certican
LAST UPDATED:	08/12/2019



Rush Medical Labs

TEST NAME:	Exchange Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	WBN
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour or more, depending on availability of fresh (ideally less than 10 days old) or frozen red cells
SPECIAL INSTRUCTIONS:	Indicate on requisition "Exchange Transfusion" and component.
CONTAINER TYPE:	Pink top tube (mother), Microtainer (newborn) (See Attached)
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood from infant and from mother
MINIMUM VOLUME:	Mother: 10 mL; newborn; four Microtainers™
REFERENCE RANGE:	Compatible
POE DESCRIPTION:	Customized Whole Blood Exchange
LAST UPDATED:	08/19/2021


BD VACUTAINER
EDTA
WARD
TIME
AM PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417
HAEMATOLOGY


MICROTAINER

Rush Medical Labs

TEST NAME:	Factor 2 Activity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F2ACT
CPT CODE:	85210
DAYS PERFORMED:	Mon-Sun, 1600-2300
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens.
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.6 mL or 2.7 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	3.5 mL blood (1 mL plasma)
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	70% to 130%
POE DESCRIPTION:	F2 ACTIVITY
LAST UPDATED:	08/12/2019


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Factor 5 Activity (Labile)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F5ACT
CPT CODE:	85220
DAYS PERFORMED:	Mon-Sun, 1600-2300
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.6 mL or 2.7 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled tube (QNS)
MINIMUM VOLUME:	3.5 mL blood (0.5 mL plasma); pediatric tubes must be fully drawn.
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	65 - 145%
POE DESCRIPTION:	F5 ACTIVITY
TEST SYNONYM(S):	Proaccelerin; Labile Factor, AC-Globulin; Plasma Accelerator Globulin
LAST UPDATED:	08/12/2019


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Factor 5 Leiden
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FV
CPT CODE:	83896-90 (x2), 83891-90, 83892-90, 83912-90, 83903-90 (x2)
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL whole blood
MINIMUM VOLUME:	1.0 mL whole blood
HANDLING INSTRUCTIONS:	Sample should remain at room temperature.
REFERENCE RANGE:	Normal or Heterozygous
ADDITIONAL INFORMATION:	Included as part of a Hypercoagulability Genetic Panel
POE DESCRIPTION:	FACTOR V LEIDEN; FV LEIDEN PROBE
TEST SYNONYM(S):	Factor V probe
LAST UPDATED:	08/12/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Factor 7 Activity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F7ACT
CPT CODE:	85230
DAYS PERFORMED:	Mon-Sun, 1600-2300
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.6 mL or 2.7 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled tube (QNS)
MINIMUM VOLUME:	3.5 mL blood (0.5 mL plasma); pediatric tubes must be fully drawn.
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	60% to 145%
POE DESCRIPTION:	F7 ACTIVITY
TEST SYNONYM(S):	Proconvertin; Serum Prothrombin Conversion Accelerator; Stable Factor
LAST UPDATED:	08/12/2019


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Factor 8 Activity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F8ACT
CPT CODE:	85240
DAYS PERFORMED:	Mon-Sun, 1600-2300
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	See Attached
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.6 mL or 2.7 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	3.5 mL blood (0.5 mL plasma)
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection
REFERENCE RANGE:	50¿- 150%
POE DESCRIPTION:	F8 ACTIVITY
TEST SYNONYM(S):	AHF; Antihemophilic Factor
LAST UPDATED:	08/12/2019


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Factor 8 Inhibitor, Bethesda Unit Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	F8BET
CPT CODE:	85240, 85335-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tubes (2.7 mL draw) (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation
SPECIMEN REQUIREMENTS:	Specimen 3 mL citrated platelet poor plasma (6mL whole blood)
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	1 mL citrated plasma (2 mL whole blood)
REFERENCE RANGE:	Search Test Code 1085
POE DESCRIPTION:	F8 BETHESDA
LAST UPDATED:	08/12/2019


BD Franklin Lakes NJ USA
8019827
2.7 mL
BD Vacutainer
Buff. Na Citrate
0.109M, 3.2%
REF 363083

Rush Medical Labs

TEST NAME:	Factor 9 Activity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F9 ACT
CPT CODE:	85250
DAYS PERFORMED:	Mon-Sun, 1600-2300
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	See Attached
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens. Pediatric tubes must be completely filled.
SPECIMEN REQUIREMENTS:	4.5 mL blood (1 mL citrated plasma)
REJECTION CRITERIA:	Underfilled tube (QNS)
MINIMUM VOLUME:	3.5 mL blood (0.5 mL citrated plasma)
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
POE DESCRIPTION:	F9 ACTIVITY
TEST SYNONYM(S):	Antihemophilic B Factor; Autoprothrombin II; Christmas Factor; Plasma Thromboplastin Component (PTC); Platelet Cofactor II
LAST UPDATED:	04/08/2016


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Factor 9 Inhibitor, Bethesda Unit Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	F9BET
CPT CODE:	85730, 85732 x2, 85250-90
TURNAROUND TIME:	5-7 working days This test cannot be added onto an existing sample.
SPECIAL INSTRUCTIONS:	
CONTAINER TYPE:	S2 Blue top (sodium citrate) tubes (2.7 mL draw) (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimen
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	4.0 mL blood (2.0 mL citrated platelet poor plasma)
REFERENCE RANGE:	Search Test Code 1095
POE DESCRIPTION:	F9 INHIB BETHESDA TITER
LAST UPDATED:	08/12/2019


BD Franklin Lakes NJ USA
8019827
2.7 mL
BD Vacutainer
Buff. Na Citrate
0.109M, 3.2%
REF 363083

Rush Medical Labs

TEST NAME:	Factor 10 Activity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F10AC
CPT CODE:	85260
DAYS PERFORMED:	Mon-Sun, 1600-2300
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.5 mL or 2.7 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled tube (QNS)
MINIMUM VOLUME:	3.5 mL blood (0.5 mL plasma); pediatric tubes must be fully drawn.
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	65-130%
POE DESCRIPTION:	F10 ACTIVITY
TEST SYNONYM(S):	Stuart Factor; Stuart-Prower Factor
LAST UPDATED:	08/12/2019


BD Franklin Lakes NJ USA
8019827
2.7 mL
BD Vacutainer
Buff. Na Citrate
0.109M, 3.2%
REF 363083

Rush Medical Labs

TEST NAME:	Factor 10 Antigen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	F10AG
CPT CODE:	85260-90
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section "Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	2.7 mL blood (1 mL citrated plasma)
REJECTION CRITERIA:	Underfilled tube (QNS), hemolyzed or clotted sample
MINIMUM VOLUME:	0.5 mL citrated plasma
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen must be received within 4 hours after collection.
REFERENCE RANGE:	See Esoterix Labs - Search Test Code 300206
LAST UPDATED:	08/12/2016


BD Franklin Lakes NJ USA
8019827
2.7 mL
BD Vacutainer
Buff. Na Citrate
0.109M, 3.2%
REF 363083

Rush Medical Labs

TEST NAME:	Factor 11 Activity
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	F11AC
CPT CODE:	85270-90
CDM NUMBER:	3191068
DAYS PERFORMED:	Mon-Fri
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.0 mL blood (1.0 mL citrated platelet poor plasma)
	Specimen hemolyzed
REJECTION CRITERIA:	Hct > 55%
MINIMUM VOLUME:	3.5 mL blood (0.5 mL platelet poor plasma) fully drawn.
REFERENCE RANGE:	Search Test Code 360
POE DESCRIPTION:	F11 ACTIVITY
TEST SYNONYM(S):	Antihemophilic Factor C; Plasma Thromboplastin Antecedent (PTA); Factor XI Activity


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Factor 12 Activity
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	F12AC
CPT CODE:	85280-90
CDM NUMBER:	3181292
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL citrated platelet poor plasma) or pediatric 1.8 mL, 2.7 mL tubes
REJECTION CRITERIA:	Specimen hemolyzed Hct > 55%
MINIMUM VOLUME:	Use pediatric tubes: 2.0 mL blood (1.0 mL citrated platelet poor plasma). Pediatric tubes must be completely filled.
REFERENCE RANGE:	Search Test Code 1955
POE DESCRIPTION:	F12 ACTIVITY
TEST SYNONYM(S):	Glass Activation Factor; Hageman Factor; Surface Factor; Factor XII Activity
LAST UPDATED:	08/12/2019


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

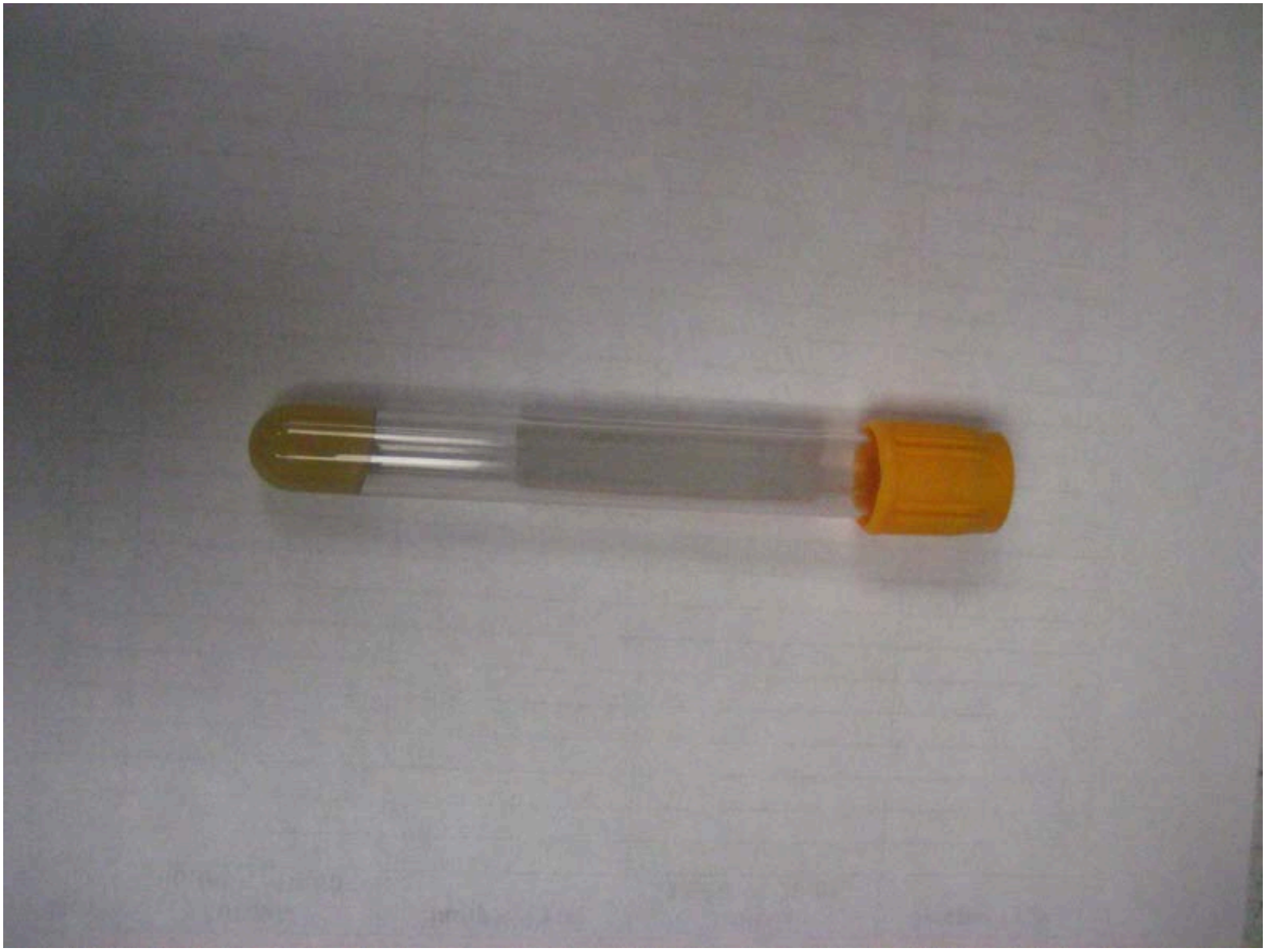
TEST NAME:	Factor 13 Activity
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	F13AC
CPT CODE:	85290-90
CDM NUMBER:	3181297
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimen
SPECIMEN REQUIREMENTS:	4.0 mL blood (1.0 mL citrated platelet poor plasma) or pediatric 1.8 mL, 2.7 mL tubes
REJECTION CRITERIA:	Specimen hemolyzed, Hct >55%, underfilled tube (QNS)
MINIMUM VOLUME:	Use pediatric tubes: 1.8 mL blood (0.3 mL citrated platelet poor plasma). Pediatric tubes must be completely filled.
REFERENCE RANGE:	Search Test Code 14461
POE DESCRIPTION:	F13 ACTIVITY
TEST SYNONYM(S):	Fibrinoligase; Fibrin Stabilizing Factor; Monochloroacetic Acid Solubilitiy; Urea Solubility
LAST UPDATED:	01/19/2012


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Fatty Acid, Saturated, Very Long Chain
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MPOX
CPT CODE:	82726-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Include ALD pedigree. Overnight fasting required. No alcohol consumption 24 hr prior to blood draw.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	1 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	See Mayo Clinic - Search Test Code POX
POE DESCRIPTION:	FATTY ACID SATURATED
TEST SYNONYM(S):	Very Long Chain Fatty Acid
LAST UPDATED:	08/12/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Fecal Leukocytes
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QWBC
CPT CODE:	89055-90
CDM NUMBER:	3181498
TURNAROUND TIME:	Preliminary reports available 3 to 6 days, complete reports may require an additional 2-4 days.
CONTAINER TYPE:	Stool Zn-PVA or Total Fix container
COLLECTION:	The specimen should be collected directly into the plastic feces specimen container or into a bedpan, avoiding contamination with urine or water. Transfer the feces from the bedpan into the EcoFix container for delivery to the laboratory.
SPECIMEN REQUIREMENTS:	10 g Stool in Zn-PVA or Total Fix container
REJECTION CRITERIA:	Stool not received in EcoFix container.
MINIMUM VOLUME:	5 grams stool
REFERENCE RANGE:	Search for test code 3930
LIMITATIONS OF TEST:	Leukocyte analysis is useful for the differentiation of bacillary dysentery, demonstrating a preponderance of polymorphonuclear (PMN) leukocytes over mononuclear leukocytes. The PMN cells exhibit clear-cut ring nuclei with evidence of toxic necrosis of cells and degenerative changes. The absence of leukocytes does not rule out invasive bacterial diarrhea. If samples are collected too early in the acute phase of the disease, it may result in negative screens.
METHODOLOGY:	Light microscope
REFERRAL LABORATORY:	Specialty Laboratory
LAST UPDATED:	08/12/2019

Rush Medical Labs

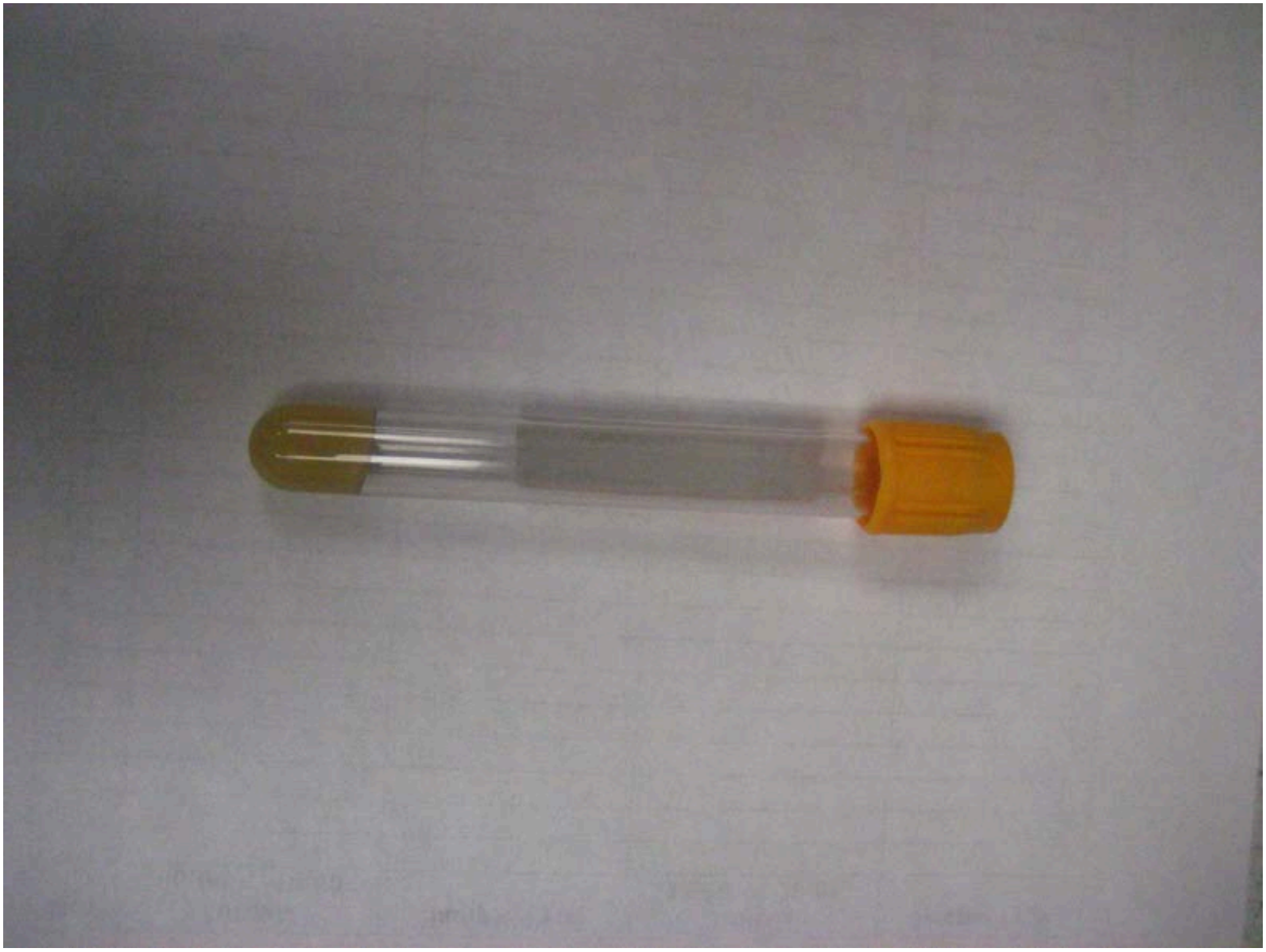
TEST NAME:	Felbamate
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	FELB
CPT CODE:	80299-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	SST tube not acceptable
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 3081
POE DESCRIPTION:	FELBATOL; FEL
TEST SYNONYM(S):	Felbatol(TM)


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Ferritin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FER
CPT CODE:	82728
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube or SST (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma) or serum
REJECTION CRITERIA:	Moderate hemolysis
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	Male: 12-410 ng/mL; female: 12-260 ng/mL
POE DESCRIPTION:	FERRITIN
LAST UPDATED:	01/27/2015


BD Franklin Lakes NJ USA
8362534
4.5 mL
BD Vacutainer
Gel and
Lithium Heparin
Units
REF 367962
4094372 2015-04



Rush Medical Labs

TEST NAME:	Fibrinogen
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FIB
CPT CODE:	85384
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours. Stat: 1 hour
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 24 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.6 mL or 2.7 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	3.5 mL blood (1.0 mL plasma); pediatric tubes must be fully drawn.
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection
REFERENCE RANGE:	190-395 mg/dL
POE DESCRIPTION:	FIBRINOGEN
TEST SYNONYM(S):	Clottable Protein; Fibrinogen Level; Quantitative Fibrinogen
LAST UPDATED:	01/12/2017


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Fine Needle Aspiration Cytology
TESTING LAB:	6;#Cytology
CPT CODE:	88172; 88173
DAYS PERFORMED:	Mon-Fri, 0730-1700
TURNAROUND TIME:	Immediate evaluation available; 24 hours for routine evaluation
SPECIAL INSTRUCTIONS:	If aspirates are obtained from different sites, a separate vial should be used for each sample and the site specifically indicated on each vial. If multiple attempts are made to aspirate one lesion, the fluid can be submitted in one vial.
CONTAINER TYPE:	Cytolyt fixative vial preferred; alternatively, capped syringe with needle removed
COLLECTION:	Unassisted aspiration specimens should be submitted in cytolyt® solution. Container must be labeled with patient's full name, patient identification number, room number, date, and clinician requesting the test.
REJECTION CRITERIA:	Improper labeling, incomplete or improperly filled out requisition.
MINIMUM VOLUME:	5 mL per Cytolyt vial
ADDITIONAL INFORMATION:	Verbal communication may occur at the time of aspiration.
TEST SYNONYM(S):	Aspiration Biopsy Cytology

Rush Medical Labs

TEST NAME:	FISH BCL6 rearrangement
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FBCL6
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
REFERRAL LABORATORY:	
LAST UPDATED:	01/23/2020

Rush Medical Labs

TEST NAME:	FISH BCR/ABL1 rearrangement
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FBCR
SPECIAL INSTRUCTIONS:	
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	
LAST UPDATED:	01/15/2020

Rush Medical Labs

TEST NAME:	FISH CBFB rearrangement (inv 16)
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FCBFB
CPT CODE:	88271, 88274, 88291

SPECIAL INSTRUCTIONS:

CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/16/2020

Rush Medical Labs

TEST NAME:	FISH CCND1 rearrangement
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FCCND
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/16/2020

Rush Medical Labs

TEST NAME:	FISH CEP XY
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FCXY
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/17/2020

Rush Medical Labs

TEST NAME:	FISH CLL Panel
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FCLL
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/16/2020

Rush Medical Labs

TEST NAME:	FISH DDIT3 (CHOP) Rearrangement Tissue Slides
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FDDIT
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Paraffin Embedded Tissue Slides Contact the Genetics Lab at 312-942-8931 for order information
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH EWSR1 Rearrangement
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FEWS
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Paraffin Embedded Tissue Slides Contact the Genetics Lab at 312-942-8931 for order information
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH IGH/BCL2 rearrangement
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FBCL2
CPT CODE:	88271, 88274, 88291

SPECIAL INSTRUCTIONS:

CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/15/2020

Rush Medical Labs

TEST NAME:	FISH MALT1 rearrangement
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FMALT
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH MDS Panel
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FMDS
CPT CODE:	88271 and 88274 each probe, and 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH MM Panel
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FMM
CPT CODE:	88271 and 88274 each probe, and 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	3-5 mL Bone marrow in transport media or green top with sodium heparin
MINIMUM VOLUME:	3 mL
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH MYC rearragement
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FMYC
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	3-5 mL Bone marrow in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH MYC rearragement Tissue slides
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FMYCP
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Paraffin Embedded Tissue Slides Contact the Genetics Lab at 312-942-8931 for order information
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	Fish Prenatal Inpatient Only
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FISH-PREN
CPT CODE:	88271-90 x5, 88274-90 x2, 88291-90 Restricted test for L&D and MBU only
TEST INFORMATION:	
TURNAROUND TIME:	4-6 days
CONTAINER TYPE:	Sodium heparin green top tube (See Attached)
SPECIMEN REQUIREMENTS:	20.0 mL amniotic fluid
MINIMUM VOLUME:	5.0 mL amniotic fluid
REFERENCE RANGE:	See Quest Labs - Search Test Code 14604
ADDITIONAL INFORMATION:	no stat availability
LAST UPDATED:	08/14/2015


BD Vacutainer
Sodium Heparin
10 USP Units
REF 367874

Rush Medical Labs

TEST NAME:	FISH RARA rearrangement
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FRARA
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH SRY [EAP LABFSRY]
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FSRY
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Sodium Heparin green top
SPECIMEN REQUIREMENTS:	5-10 mL heparinized whole blood
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH TEST ETV6 BA [EAP LABFETV6]
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FETV6
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH TEST FOXO1 (FKHR) BA [EAP LABFFOX1]
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FFOX1
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Paraffin Embedded Tissue Slides Contact the Genetics Lab at 312-942-8931 for order information
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	FISH TEST SS18 (SYT) BA [EAP LABFSS18]
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FSS18
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Paraffin Embedded Tissue Slides Contact the Genetics Lab at 312-942-8931 for order information
LAST UPDATED:	01/22/2020

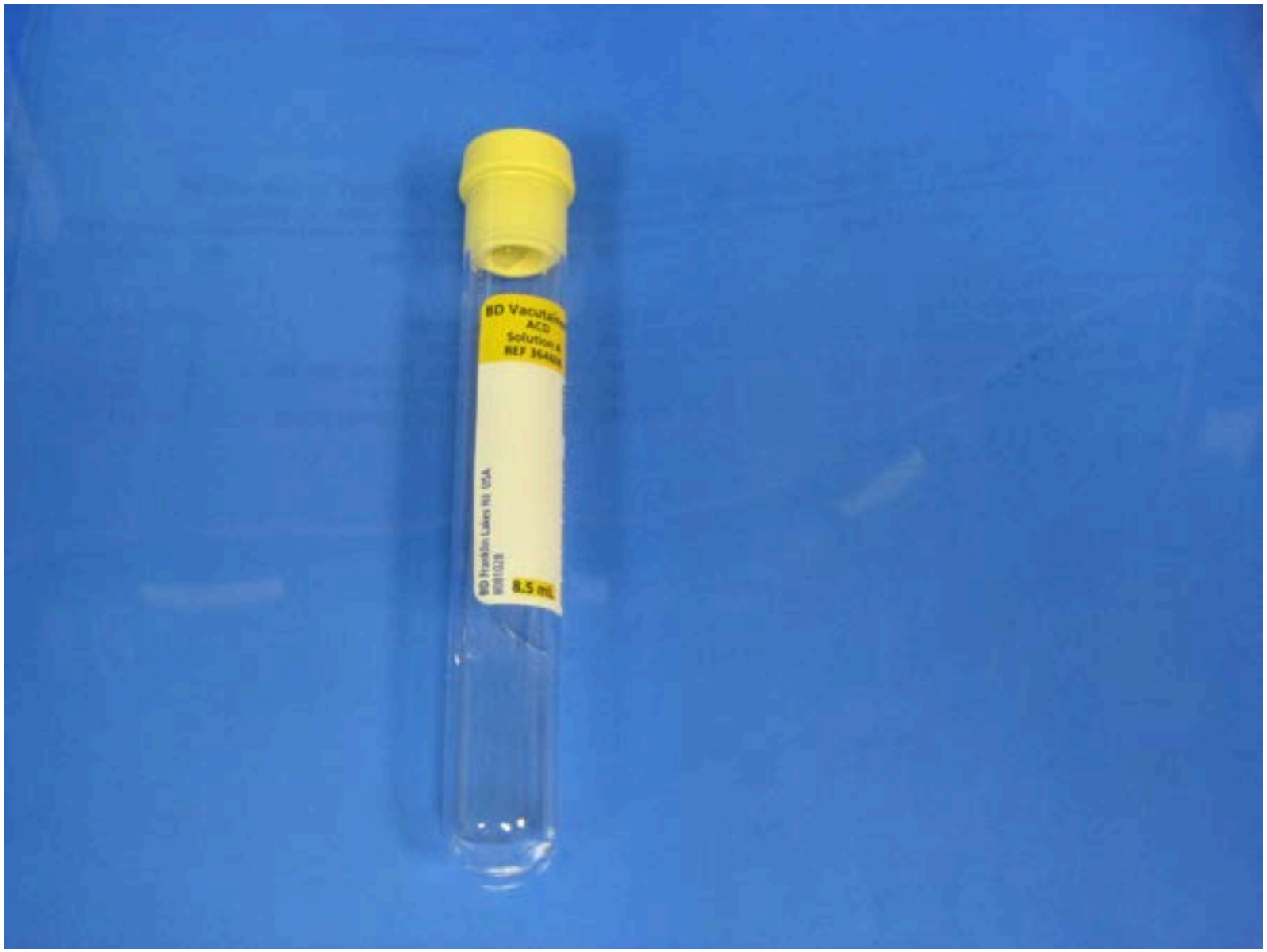
Rush Medical Labs

TEST NAME:	Flecainide
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	80299-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
REJECTION CRITERIA:	Tubes with gel barriers
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code - 5309
POE DESCRIPTION:	FLECANIDE; FLEC
TEST SYNONYM(S):	Tambocor
LAST UPDATED:	06/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	FLT3 ITD and TKD Mutation Assay
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MFLT3
CPT CODE:	81245-90, 81479-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Yellow top (ACD) tube or Lavender top (K2 EDTA) tube - 5 mL (See Attached)
SPECIMEN REQUIREMENTS:	Send only one specimen: either 5.0 mL whole blood or 3.0 mL Bone Marrow (keep refrigerated)
REJECTION CRITERIA:	ambient specimen >72 hrs
MINIMUM VOLUME:	1.0 mL whole blood; 1.0 mL Bone Marrow
REFERENCE RANGE:	See Mayo Labs - Search Test Code 3001161
TEST SYNONYM(S):	FLT3 FORWARD; FLT3 ITD and D835 FORWARD
LAST UPDATED:	09/26/2019


ACD
Solution A
8.5 mL


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Flu/RSV PCR
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	FLRSV
CPT CODE:	87631
TEST INFORMATION:	This test is an automated in vitro diagnostic test for qualitative detection of influenza A, influenza B and RSV viral RNA.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1-2 hours
SPECIAL INSTRUCTIONS:	Specimen must be received by the Clinical Microbiology Laboratory on the day of collection for same day result.
CONTAINER TYPE:	Nasopharyngeal swab should be placed in M4 viral transport media.
SPECIMEN REQUIREMENTS:	Nasopharyngeal swab
REJECTION CRITERIA:	Inappropriate specimen container or inappropriate source, improper collection, improper storage, unlabeled or mislabeled specimen.
MINIMUM VOLUME:	1 ml
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed more than 24hours, the specimen must be refrigerated.
REFERENCE RANGE:	This assay will be reported as 'RNA detected', 'No RNA detected' for each viral target.
LIMITATIONS OF TEST:	Negative results do not preclude influenza virus or RSV infection and should not be used as the sole basis for treatment or other patient management decisions.
METHODOLOGY:	Reverse transcription (conversion of RNA temples into DNA) followed by real-time PCR.
LAST UPDATED:	10/19/2017

Rush Medical Labs

TEST NAME:	Fluid Hematocrit
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/HCT
CPT CODE:	85013
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Requisitions must state specific site aspirated
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Body fluid (e.g., Pleural Fluid, Synovial Fluid, Cyst Fluid, Paracentesis Fluid, Pericardial Fluid, Misc. Fluid)
REJECTION CRITERIA:	Specimen clotted
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be delivered directly to the laboratory after collection. Do not store.


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Fluoxetine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	FLUOX
CPT CODE:	82492-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 8389
POE DESCRIPTION:	FLUOXETINE
TEST SYNONYM(S):	Prozac.
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

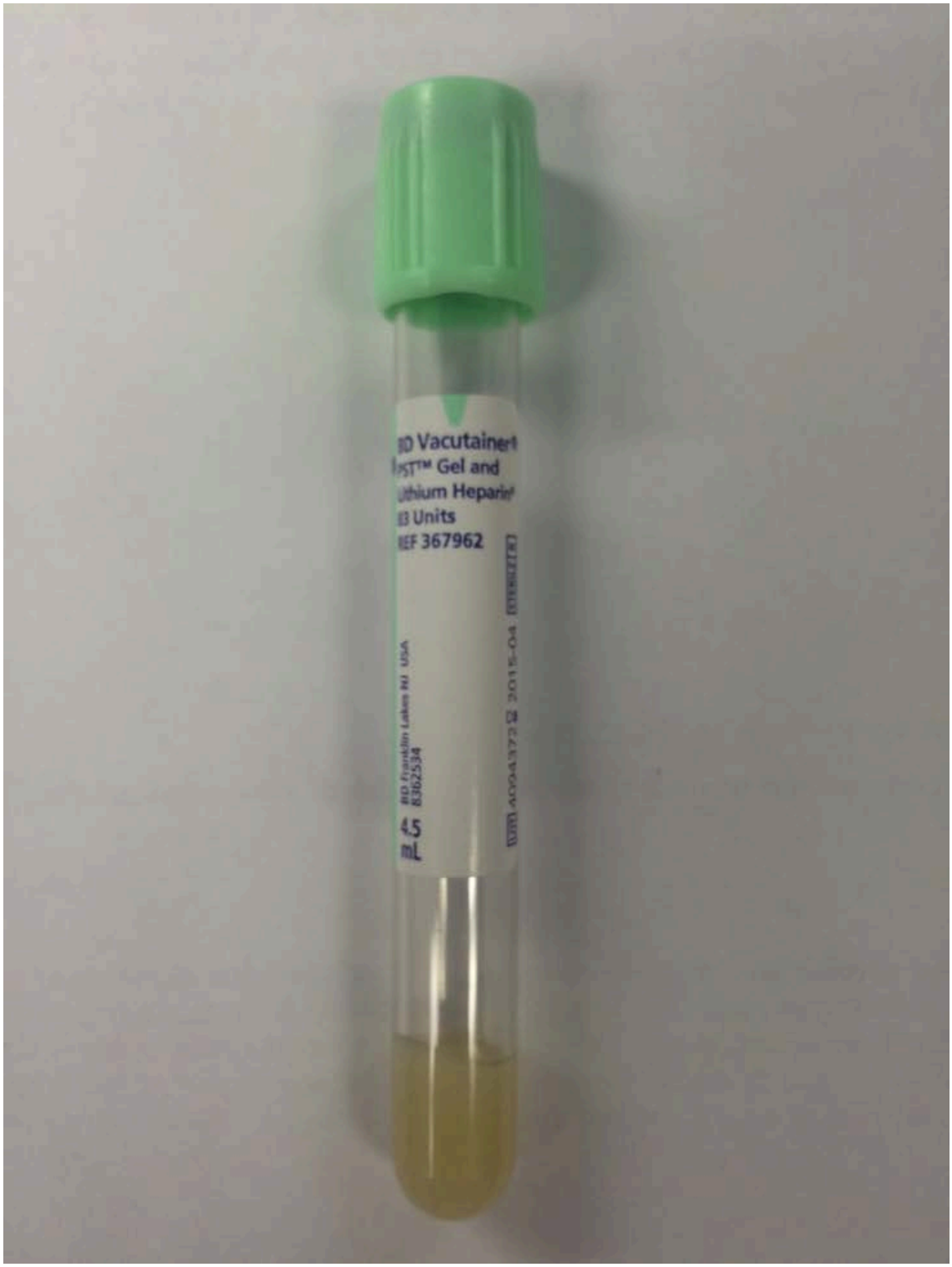
Rush Medical Labs

TEST NAME:	Fluphenazine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	80299-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Protect the specimen from light.
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	6.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	4.0 mL blood (0.7 mL serum); pediatric volume = 2 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code 92021
POE DESCRIPTION:	FLUPHENAZINE; FLUPHEN
TEST SYNONYM(S):	Prolixin
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Folic Acid, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FOLAT
CPT CODE:	82746
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Avoid hemolysis
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL plasma)
REJECTION CRITERIA:	**Any hemolysis of serum**
MINIMUM VOLUME:	1 mL blood (0.5 ml plasma)
REFERENCE RANGE:	Normal: 7.0 - 31.4 ng/mL
POE DESCRIPTION:	FOLIC ACID PLASMA; FOLATE
TEST SYNONYM(S):	Plasma Folate; Folate Level
LAST UPDATED:	10/14/2019


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

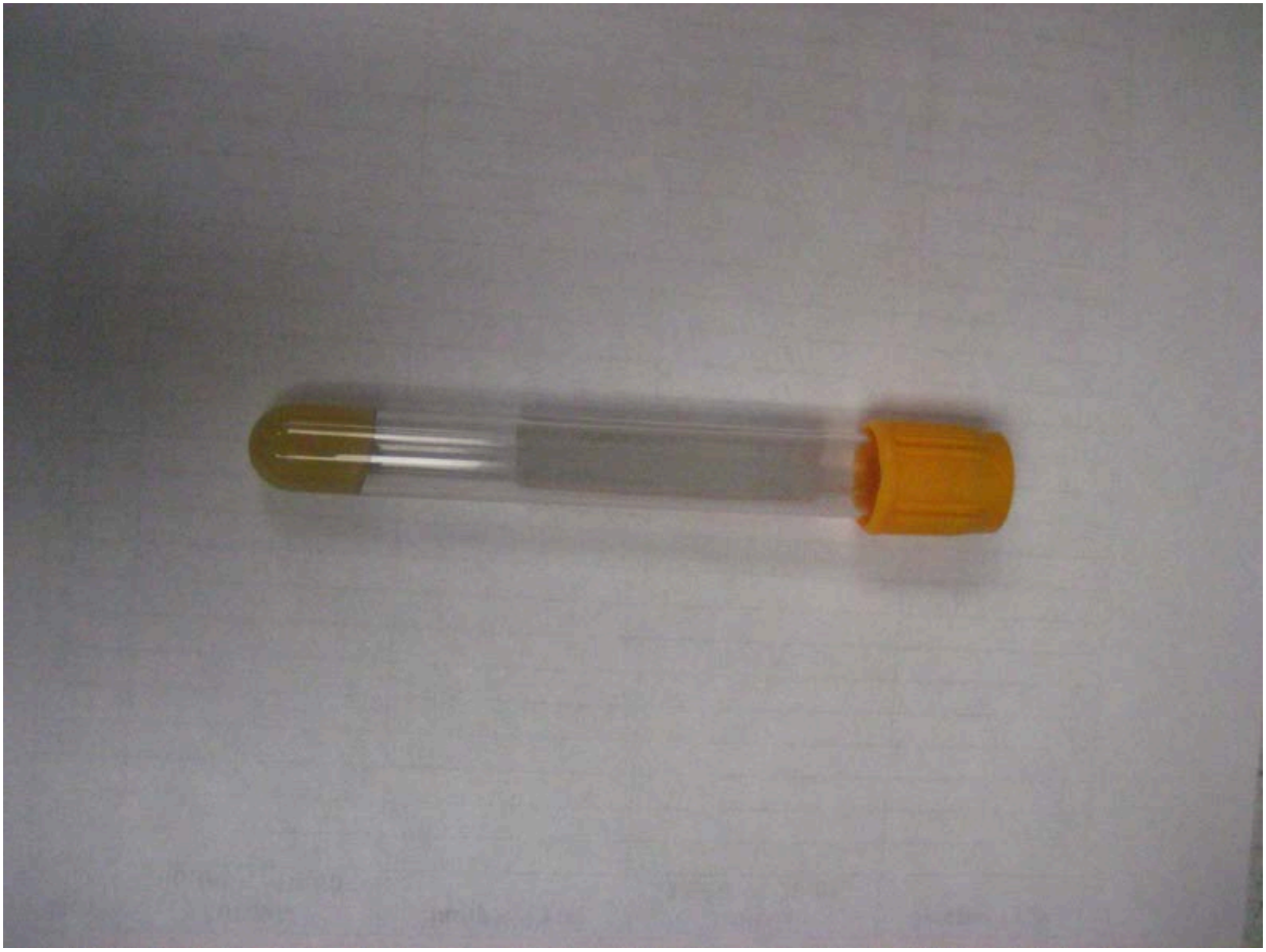
TEST NAME:	Folic Acid, Red Blood Cell
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RFOL
CPT CODE:	82747-90
TEST INFORMATION:	Test includes RBC folate
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 72 hours old.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL or EDTA trace metal tube (See Attached)
SPECIMEN REQUIREMENTS:	2 ML EDTA whole blood refrigerated
MINIMUM VOLUME:	1 mL EDTA whole blood refrigerated
REFERENCE RANGE:	Search Test Code 3522R
POE DESCRIPTION:	RBC FOLATE
TEST SYNONYM(S):	RBC Folate, Red Cell Folate
LAST UPDATED:	06/18/2019

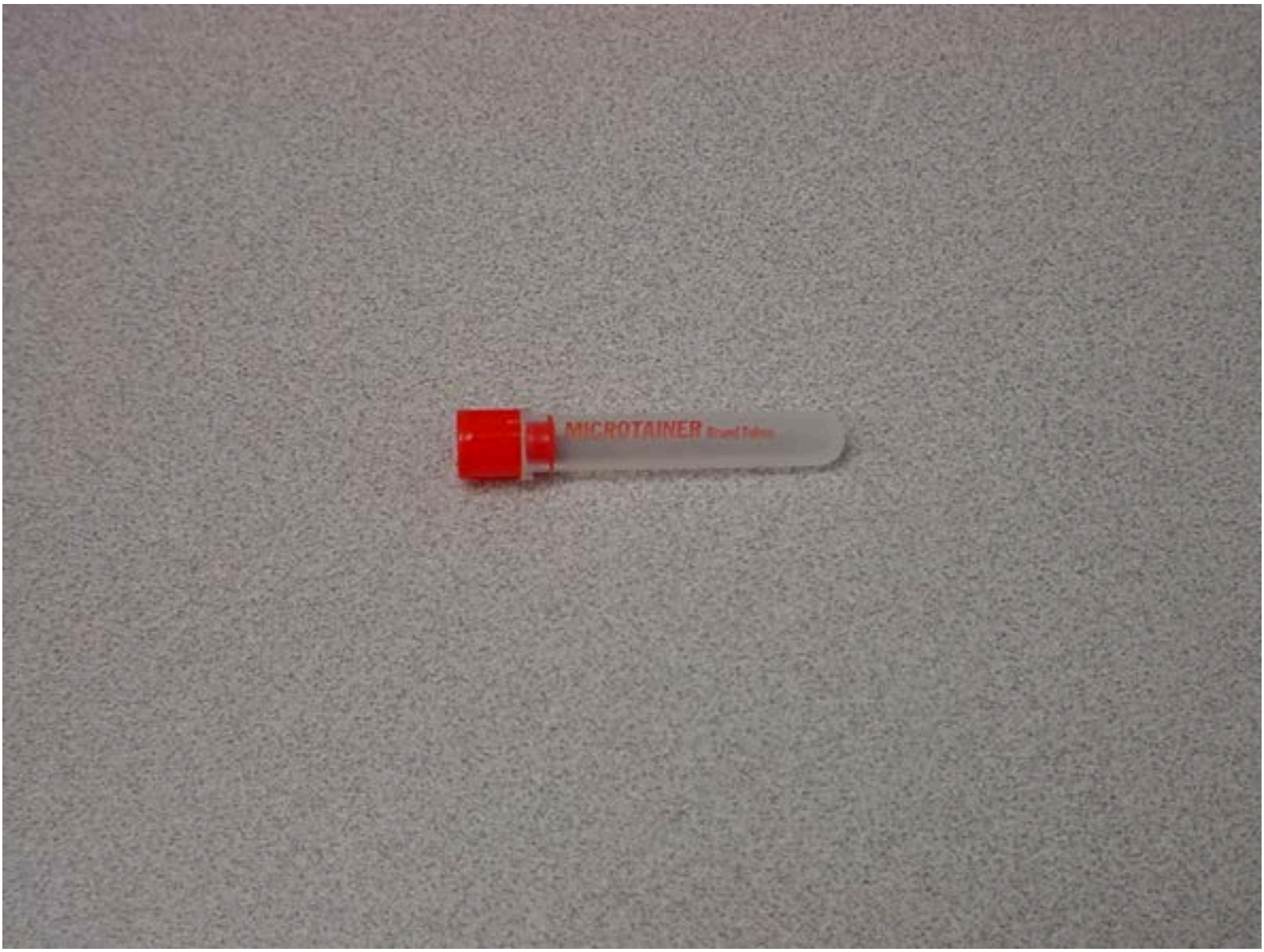

BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Follicle Stim Hormone PEDS
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	FSHD
CPT CODE:	83001-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL, SST tube, microtainer (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code 36087
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

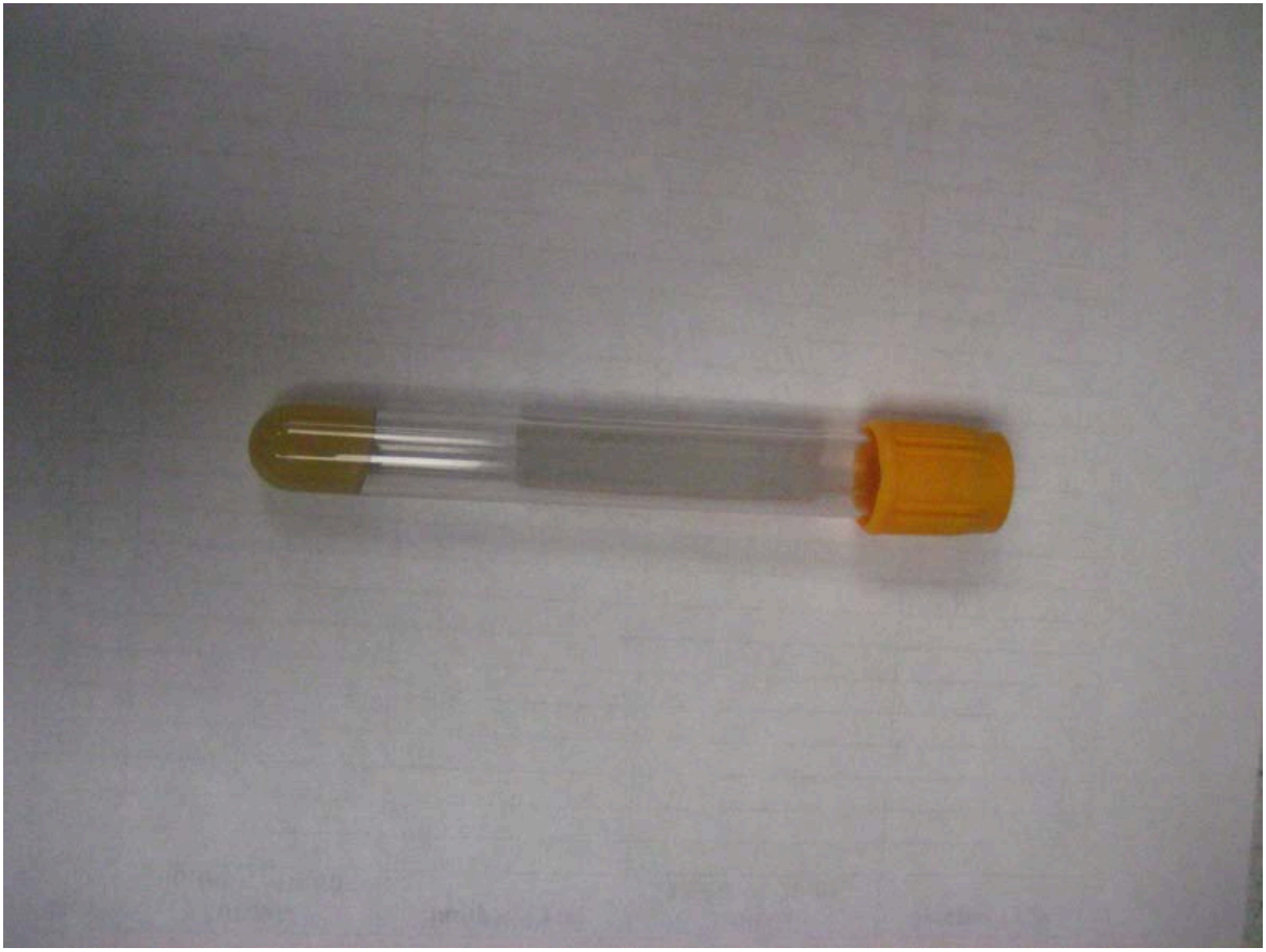



MICROTAINER

Rush Medical Labs

TEST NAME:	Follicle Stimulating Hormone, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FSH
CPT CODE:	83001
DAYS PERFORMED:	Daily on first shift
TURNAROUND TIME:	1day
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Adults: male: 1-10 mIU/mL; adult: female: follicular: 1-10 mIU/mL, luteal:¿1-6 mIU/mL, midcycle:¿7-18 mIU/mL, post-menopausal:¿23-130 mIU/mL
POE DESCRIPTION:	FOLLICLE STIMULATING HORMONE; FSH
TEST SYNONYM(S):	FSH; Gonadotropin, Pituitary; Pituitary Gonadotropin; Prolan A

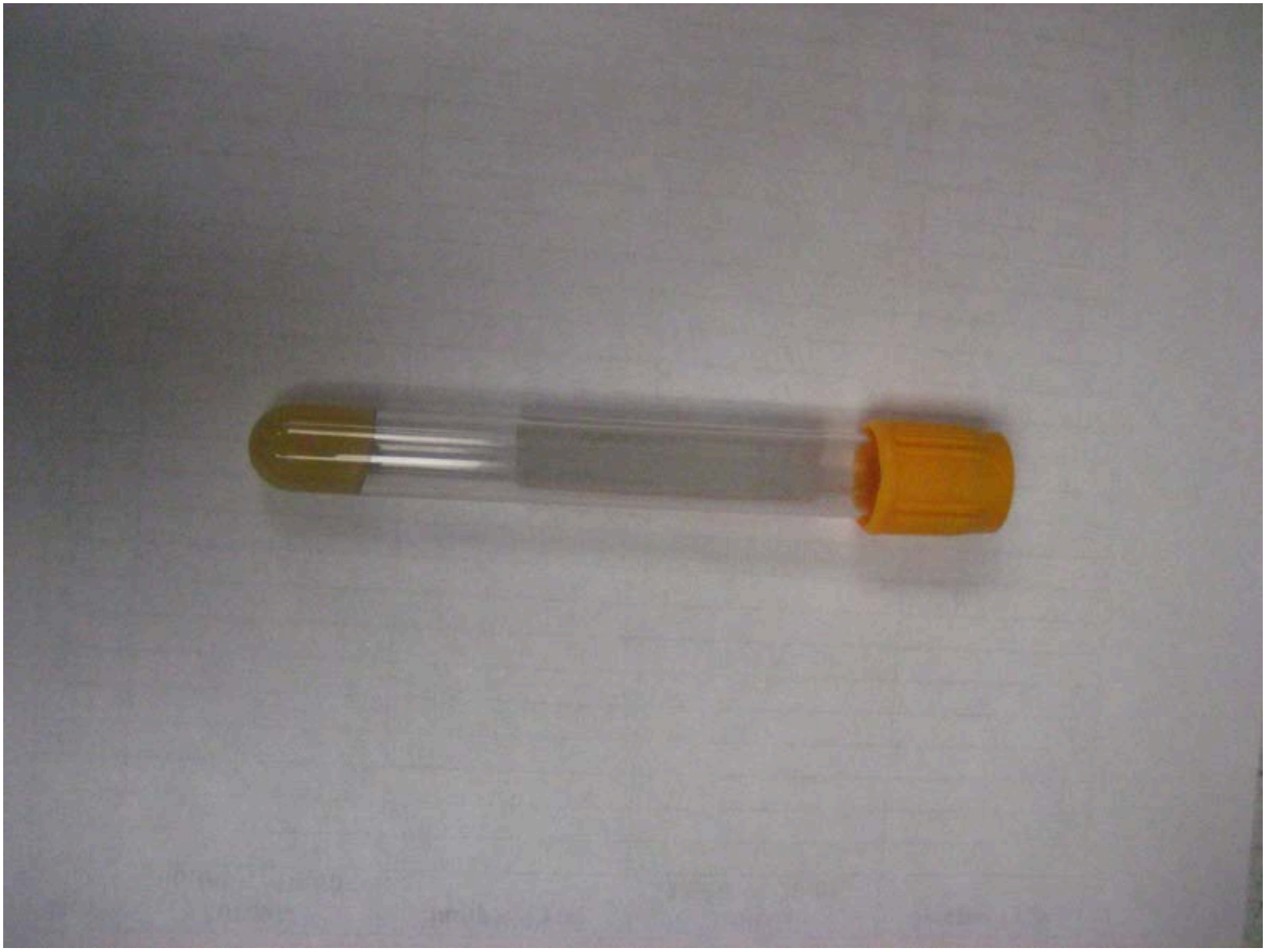

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Follow-Up Profile (53)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	Order individually
CPT CODE:	80074; 86703; 84443
TEST INFORMATION:	Test includes AHP, HIV, TSH
DAYS PERFORMED:	Varies by test
TURNAROUND TIME:	Varies by test
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	1.0 mL serum
POE DESCRIPTION:	FOLLOW UP PROFILE (53)
TEST SYNONYM(S):	Follow Up Panel


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



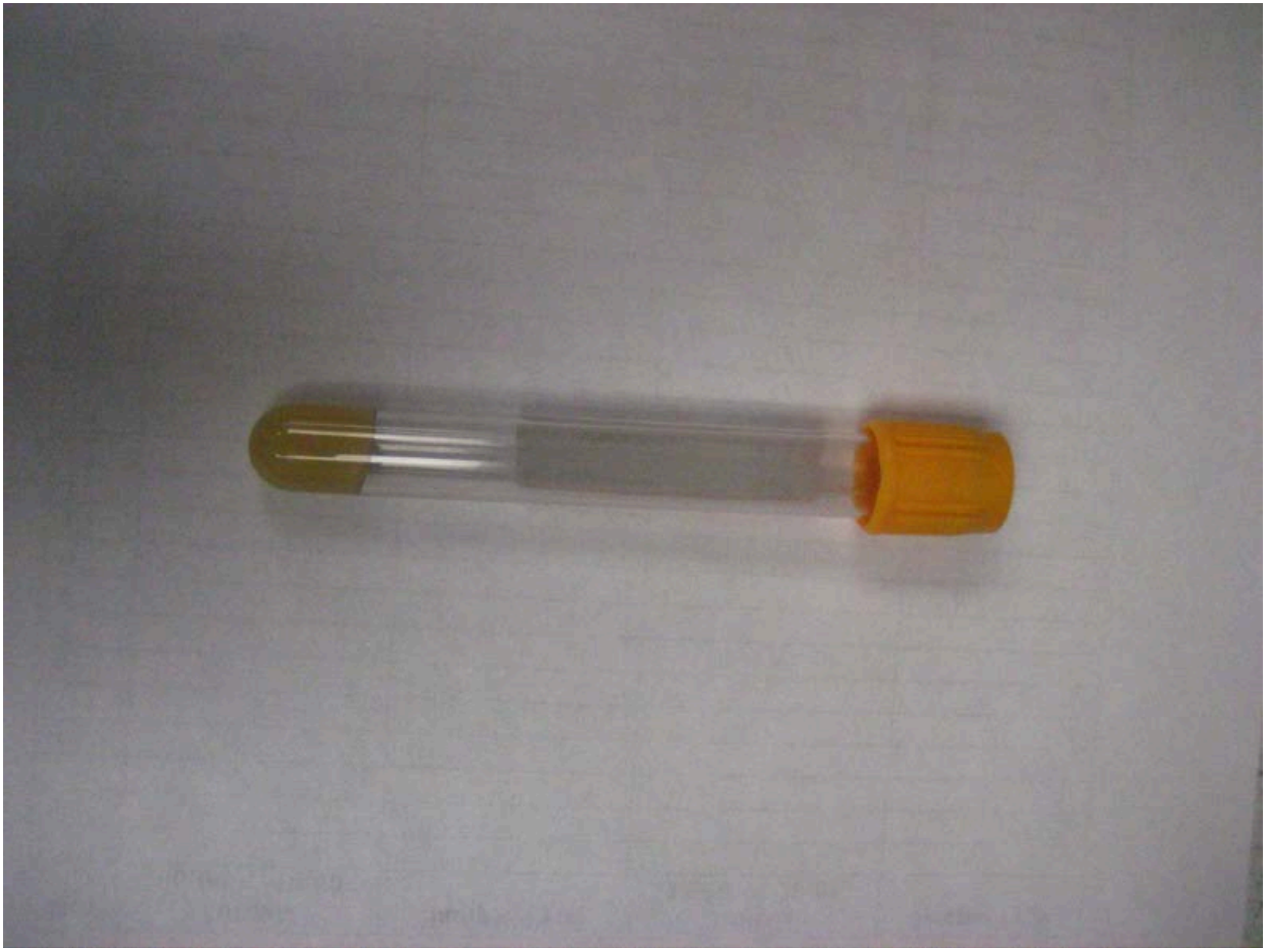
Rush Medical Labs

TEST NAME:	Fragile X DNA Analysis
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FRA-X DNA
CPT CODE:	83891, 83892, 83894 x2, 83896, 83898, 83897 x2, 83912 x2
TEST INFORMATION:	
DAYS PERFORMED:	Mon-Fri, 0800-1500
TURNAROUND TIME:	3 weeks
SPECIAL INSTRUCTIONS:	Completed Molecular Diagnostics Form must accompany specimen. Call 312-942-6298 to obtain form.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood or other tissue
MINIMUM VOLUME:	3 mL
HANDLING INSTRUCTIONS:	Leave specimen at room temperature and deliver to the laboratory as soon as possible.
POE DESCRIPTION:	FRAGILE X DNA BLOT; FRA-X DNA
TEST SYNONYM(S):	Direct Mutation Analysis of FMR1 Gene


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

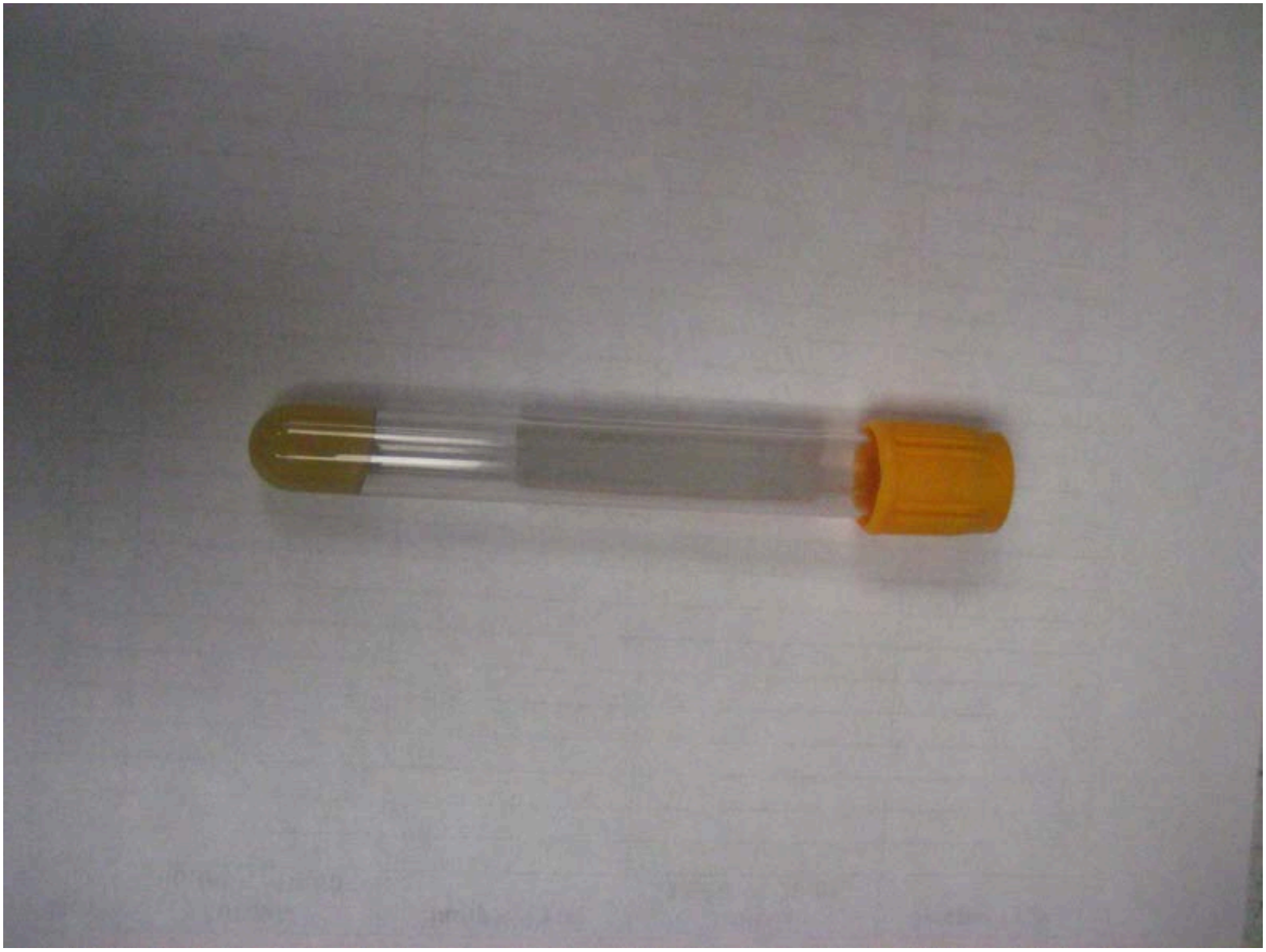
TEST NAME:	Free & Total PSA
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FPSA
TEST INFORMATION:	This test includes a total PSA, free PSA and % free PSA calculation. This test is recommended when a patient`s total PSA is 4.0 ng/mL or greater. The test is useful in differentiating BPH from possible carcinoma when total PSA is elevated.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	Excessive hemolysis, chylous serum
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
POE DESCRIPTION:	FREE PSA
TEST SYNONYM(S):	Prostate Specific Antigen, free & total; PSA, free & total; Free PSA
LAST UPDATED:	07/17/2019



Rush Medical Labs

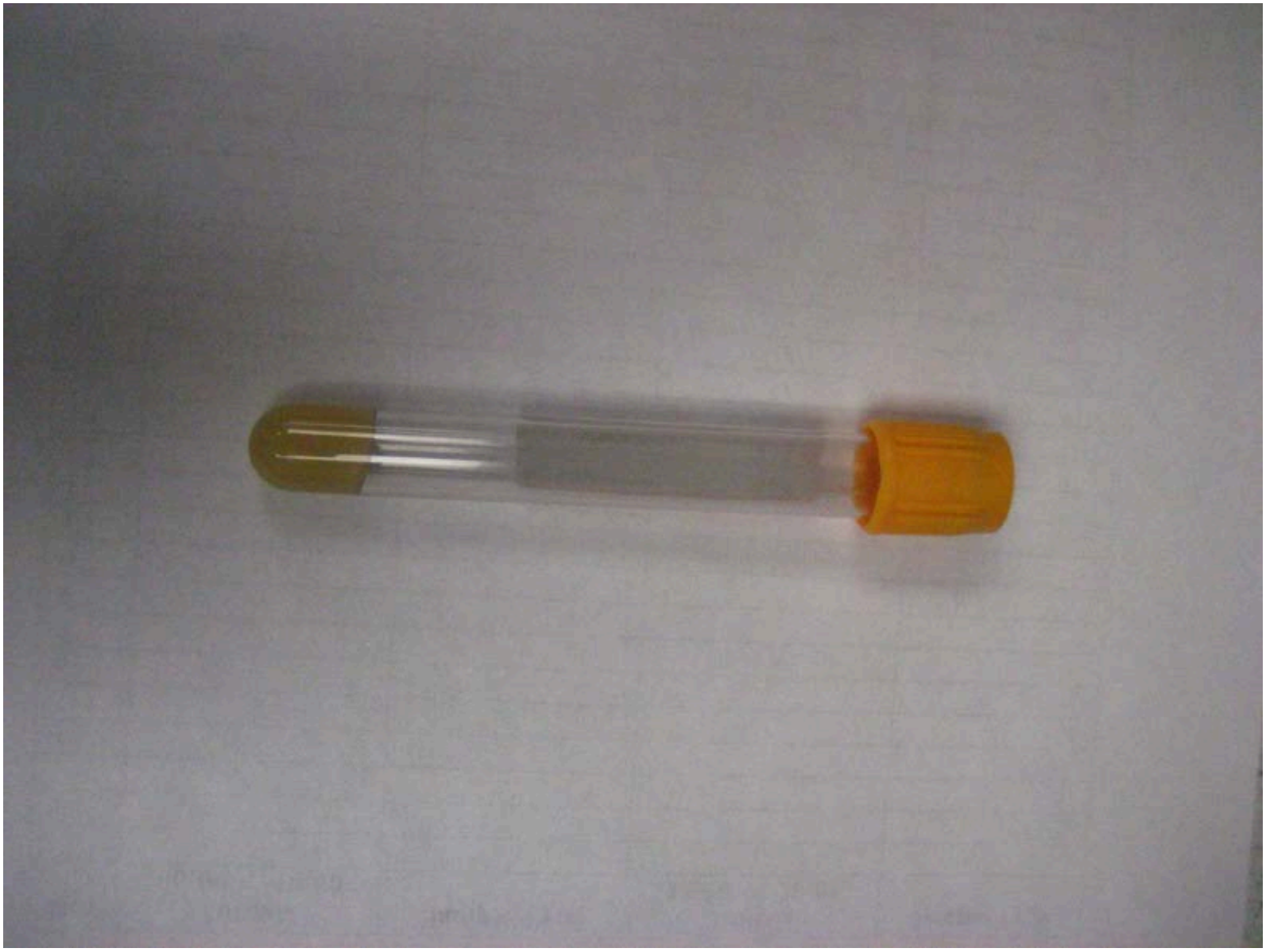
TEST NAME:	Free Light Chains, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LGTCH
CPT CODE:	83883 (x2)
TEST INFORMATION:	Test includes Kappa Free Light Chains, Lambda Free Light Chains and Kappa/Lambda Free Light Chains Ratio
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Free Kappa 0.33-1.94 mg/dL; Free Lambda 0.57-2.63 mg/dL; Kappa/Lambda ratio 0.26-1.65. Interpretation on report.
METHODOLOGY:	Nephelometry
POE DESCRIPTION:	Free Light Chains, Serum
TEST SYNONYM(S):	Immunoglobulin Free Light Chains, Serum; Blood Kappa/Lambda Free Light Chains, Blood
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



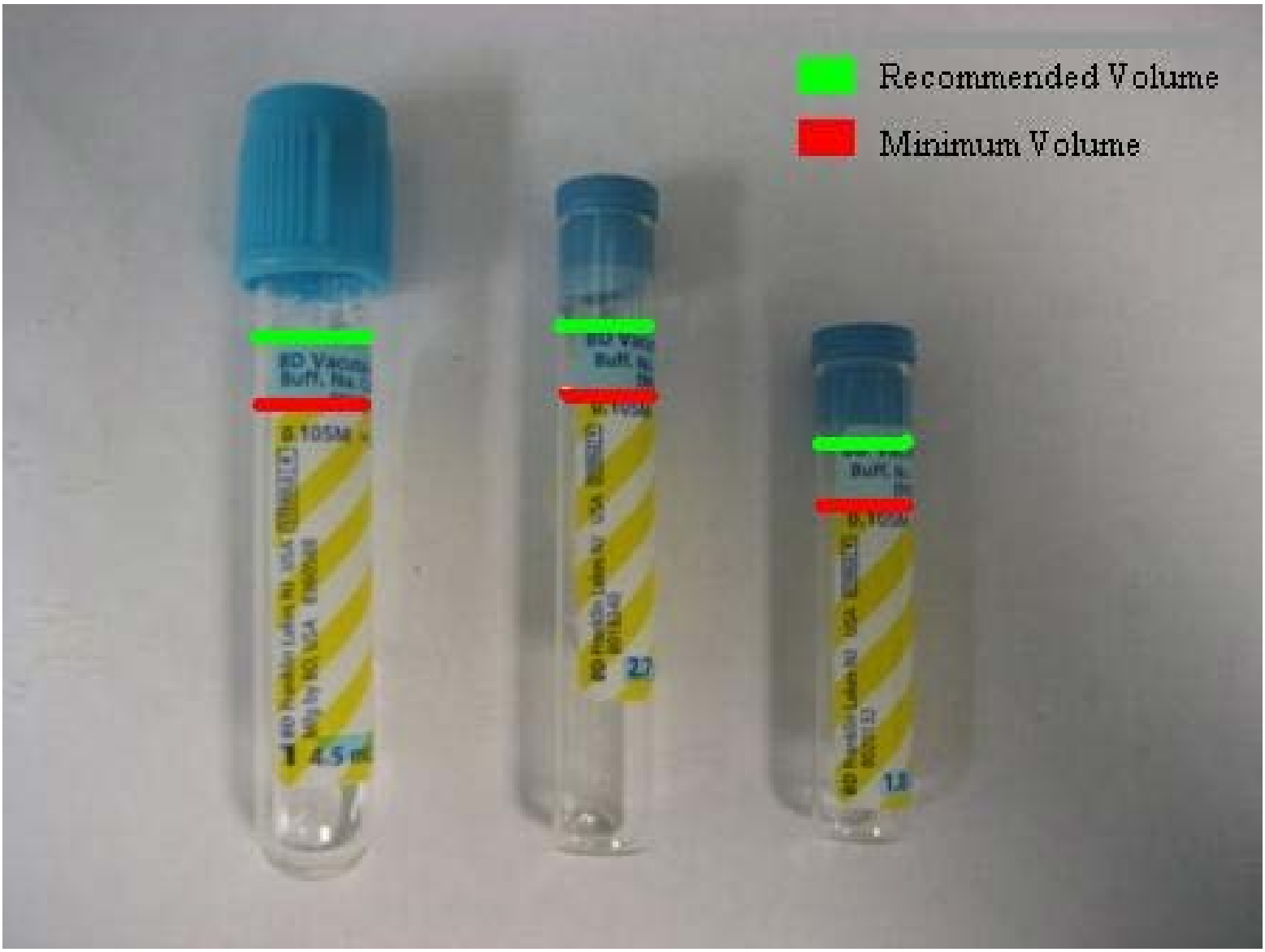
Rush Medical Labs

TEST NAME:	Free Prostate-Specific Antigen
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FPSA
CPT CODE:	84153
TEST INFORMATION:	Also see PSA SCR (screening procedure)
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	Excesssive hemolysis, chylous serum
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	≤4.0 ng/mL
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
POE DESCRIPTION:	PSA, Diagnostic
TEST SYNONYM(S):	PSA; PSA Diagnostic; total PSA; PSA, total
LAST UPDATED:	10/14/2019



Rush Medical Labs

TEST NAME:	Free Protein S Antigen
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FSAG
CPT CODE:	85306
DAYS PERFORMED:	Daily: 2nd shi only
TURNAROUND TIME:	4 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an exis ng sample more than 4 hrs. old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Sec on - " Specimen Collec on Guidelines" - Coagula on Specimens
SPECIMEN REQUIREMENTS:	Whole blood, 2.7
REJECTION CRITERIA:	Hemolyzed sample; HCT >55%; underfilled tube (QNS)
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours a er collec on. Separate plasma immediately if delay in delivery of specimen is an cipated. Centrifuge specimen for 20 minutes to obtain platelet-poor plasma. Transfer at least 1 mL plasma to a plas c tube(s) and freeze at -60°C.
REFERENCE RANGE:	55-145%
LIMITATIONS OF TEST:	Pa ents' samples may contain heterophil an bodies that could react in immunoassays to give a falsely elevated or depressed result.
METHODOLOGY:	Immunoturbidimetric assay
LAST UPDATED:	02/03/2021


Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Fresh Frozen Plasma, Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	30 minutes
CONTAINER TYPE:	Pink top tube (See Attached)
COLLECTION:	**Special Labeling Requirements**: The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for non-LLT draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. NOTE: LLT phlebotomists should write 'LLT' for the second set of initials.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
REFERENCE RANGE:	Compatible. Contain all soluble labile and stable coagulation factors in an unconcentrated form. Does not contain platelets.
POE DESCRIPTION:	Fresh Frozen Plasma
TEST SYNONYM(S):	FFP; Fresh Plasma


BD VACUTAINER
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AM PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417
HAEMATOLOGY

Rush Medical Labs

TEST NAME:	Frozen Tissue Section
TESTING LAB:	15;#Surgical Pathology
CPT CODE:	88331
TEST INFORMATION:	Test includes frozen section interpretation, followed by routine histopathology evaluation.
DAYS PERFORMED:	24 hours
TURNAROUND TIME:	Approximately 20 minutes
SPECIAL INSTRUCTIONS:	Mon-Fri, 0730-1700 deliver specimen directly to Laboratory Receiving Station, Rm 508 Jelke. All other times contact pathologist "on call' or through the hospital page operator. Handwritten requisitions must have O.R. room or direct phone number where to call results. In addition, the exact specimen site, clinical diagnosis, and question to be addressed on frozen section must be indicated.
CONTAINER TYPE:	Sterile specimen container placed in specimen transport bag
COLLECTION:	Container must be labeled with patient's name, medical record number, and specimen site. O.R. specimens must have a valid barcode label applied.
SPECIMEN REQUIREMENTS:	Fresh tissue with no added fixative
REJECTION CRITERIA:	Formalin fixed tissue, improper or discrepant labeling, specimens with invalid barcode ID label
HANDLING INSTRUCTIONS:	Specimen must be hand carried to the Laboratory Receiving Station, Rm 508 Jelke, and handed to a technician during normal laboratory hours. After hours, hand carry to Rush Medical Laboratories Specimen Desk, Rm 470 Jelke, and hand to clerk after contacting pathologist 'on call.' Mon-Fri, 0730-1700 deliver specimen directly to Laboratory Receiving Station, Rm 508 Jelke. All other times contact pathologist 'on call' or through the hospital page operator. Handwritten requisitions must be O.R. room or direct phone number where to call results. In addition, the exact specimen site, clinical diagnosis, and question to be addressed on frozen section must be indicated.
TEST SYNONYM(S):	Intraoperative Consultation

Rush Medical Labs

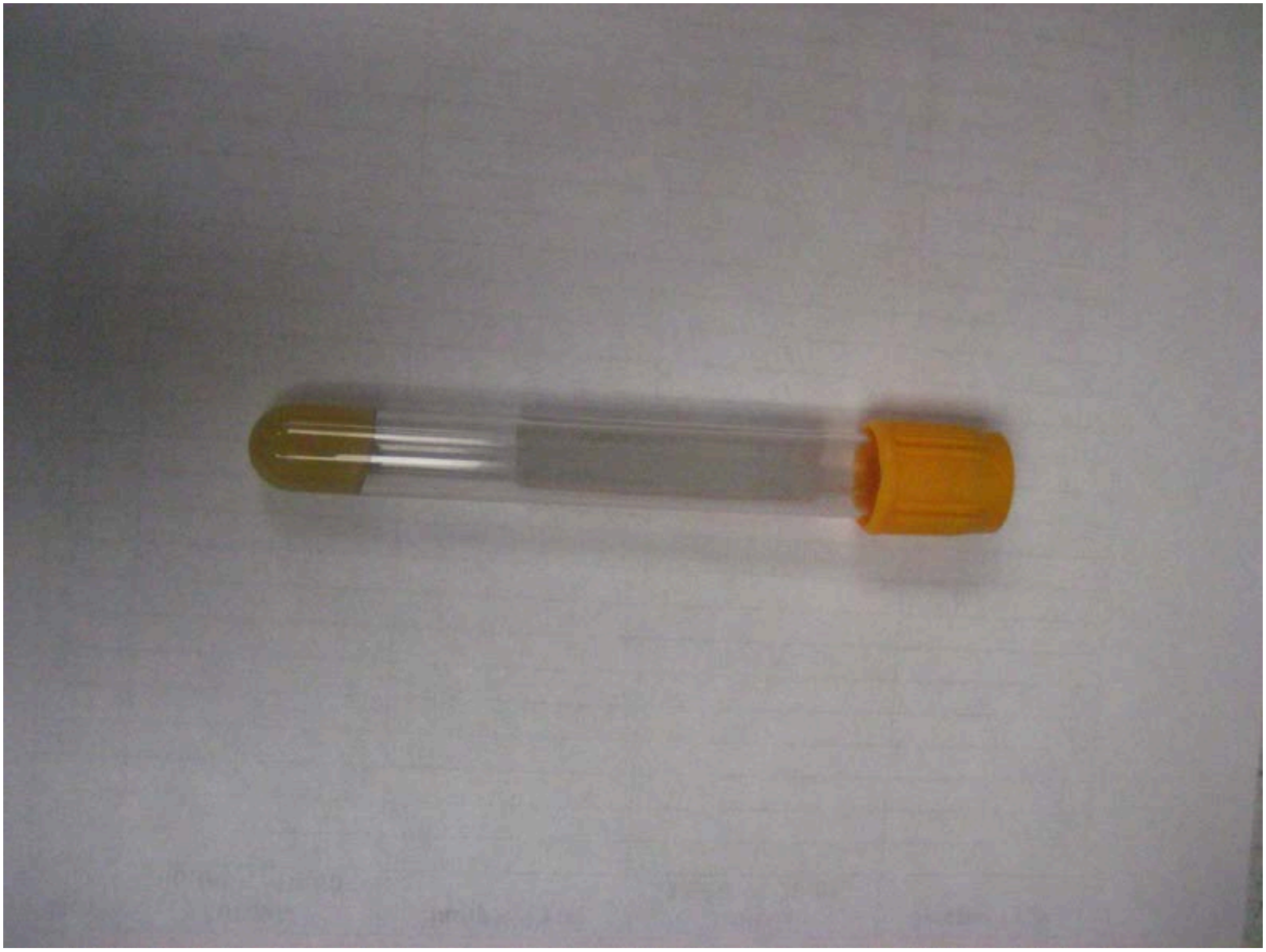
TEST NAME:	Frozen Washed Red Cells, Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
CPT CODE:	86265
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1.5 - 2 hours
CONTAINER TYPE:	Pink top tube (See Attached)
COLLECTION:	**Special Labeling Requirements**: The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for non-LLT draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. NOTE: LLT phlebotomists should write 'LLT' for the second set of initials.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
REFERENCE RANGE:	Compatible
POE DESCRIPTION:	Packed RBC [Comments: 'Frozen washed']
TEST SYNONYM(S):	Deglycerolized Red Cells; Frozen Blood; Frozen Deglycerolized Red Cells


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DATE
Becton Dickinson, Franklin Lakes, NJ 07417
HAEMATOLOGY

Rush Medical Labs

TEST NAME:	Fructosamine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	FRUC
CPT CODE:	82985-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 8340
POE DESCRIPTION:	FRUCTOSAMINE; FRUC
LAST UPDATED:	03/02/2016


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Fungal Susceptibility
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	Not orderable
CPT CODE:	87798
TEST INFORMATION:	The test includes a variety of antifungal agents tested against a pure isolate of organism. This test will routinely be performed on all sterile body fluids, other sites will need approval before testing.
DAYS PERFORMED:	Monday – Friday 7:00 am – 3:30 pm
TURNAROUND TIME:	24 – 72 hours after isolation of organism to be tested
SPECIAL INSTRUCTIONS:	A specified battery of antifungal agents are routinely tested and reported. If additional antifungals agents are requested, consult the Clinical Microbiology Laboratory at (312)942-5452 within 7 days of submission of specimen for culture.
SPECIMEN REQUIREMENTS:	Organism isolated from patient's specimen (pure culture isolate)
REJECTION CRITERIA:	Organism discarded prior to physician request for antifungal testing, antifungal not available, nonviable organism.
LIMITATIONS OF TEST:	Nonviable organism
METHODOLOGY:	Colormetric microdilution
ADDITIONAL INFORMATION:	This test is not FDA approved for commercial use, and its performance characteristics determined by Rush Medical Laboratories. The results are interpreted as susceptible (S), susceptible-dose dependent (SDD), intermediate (I) or resistant (R). MIC's (minimum inhibitory concentrations) will be reported depending upon the isolate tested.
LAST UPDATED:	11/09/2017

Rush Medical Labs

TEST NAME:	Fungus Smear
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	SMKOH, CALC
CPT CODE:	87206
TEST INFORMATION:	Test includes performance of a fungal smear ONLY. A fungus culture will NOT be performed unless specifically requested.
DAYS PERFORMED:	Daily, 0700-1400 only.
TURNAROUND TIME:	Same day if the specimen is received in the laboratory no later than 1400 (Monday-Sunday).
CONTAINER TYPE:	Copan II swab, Sealed Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	See appropriate culture site for specimen information.
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, inappropriate specimen, swab except for genital specimen.
MINIMUM VOLUME:	1 mL
REFERENCE RANGE:	No yeast or fungal elements observed
LIMITATIONS OF TEST:	The Calcofluor white stain demonstrates yeast forms, spores, and the hyphae of fungi. The filaments of *Nocardia* species, *Streptomyces* species, and *Actinomyces* species, as well as, the capsule of *Cryptococcus* species are NOT satisfactorily demonstrated with this methodology.
METHODOLOGY:	Calcofluor white fluorescent stain
ADDITIONAL INFORMATION:	This test is used to aid in the diagnosis of fungal disease. It is best utilized in combination with a fungal culture.
POE DESCRIPTION:	SM FUNGUS
LAST UPDATED:	08/03/2018


COPAN

Rush Medical Labs

TEST NAME:	Fungus Susceptibility Tests
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MICRO REF
CPT CODE:	87186 yeast; 87188 mold
CDM NUMBER:	3451011; 3511023
TEST INFORMATION:	The test includes susceptibility testing of a fungal isolate to one or more of the following: 5-fluorocytosine, fluconazole, ketoconazole, amphotericin B, miconazole, nystatin, intraconazole, griseofulvin, and/or clotrimazole.
DAYS PERFORMED:	Monday-Friday, 0700-1400 send out
TURNAROUND TIME:	1-3 weeks
SPECIAL INSTRUCTIONS:	The physician MUST specify that the isolate be saved within 3 weeks of the submission of the specimen. The requisition MUST state all current therapy including date and time of the last dosage. The antifungal agent(s) to be tested MUST be specified.
SPECIMEN REQUIREMENTS:	Pure culture isolate of patient`s fungal isolate
REJECTION CRITERIA:	Isolate discarded prior to the request by the physician to save the isolate for testing, or the isolate fails to grow on subculture.
REFERENCE RANGE:	Defined for each antifungal agent
LIMITATIONS OF TEST:	The test cannot be performed if the fungus isolated from the patient is non-viable, not available, or fails to grow adequately to obtain a readable endpoint.
REFERRAL LABORATORY:	University of Texas
ADDITIONAL INFORMATION:	This test is performed to determine the minimum fungistatic concentration (MFC) susceptibility of a given organism to an antifungal agent. The ordering physician must specify drugs to be tested.
POE DESCRIPTION:	MICROBIOLOGY REFERRAL
TEST SYNONYM(S):	Susceptibility Tests, Yeast; Yeast Susceptibility Tests; Amphotericin B Susceptibility; 5-Fluorocytosine Susceptibility; Ketoconazole Susceptibility; Miconazole Susceptibility; Susceptibility Tests, Fungus
LAST UPDATED:	06/02/2014

Rush Medical Labs

TEST NAME:	Gabapentin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GABAP
CPT CODE:	80171-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	SST tubes not accepted.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code - 3557
POE DESCRIPTION:	GABAPENTIN
TEST SYNONYM(S):	Neurontin
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Galactokinase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GALK
CPT CODE:	82759
TEST INFORMATION:	Mayo Website, test code GALK
DAYS PERFORMED:	Blood can be collected Monday through Wednesday only. Patient should be fasting, non-fasting acceptable.
TURNAROUND TIME:	one week
CONTAINER TYPE:	EDTA 4 mL tube
SPECIMEN REQUIREMENTS:	4 mL whole blood
MINIMUM VOLUME:	2 mL whole blood
POE DESCRIPTION:	Galactokinase
LAST UPDATED:	10/14/2019

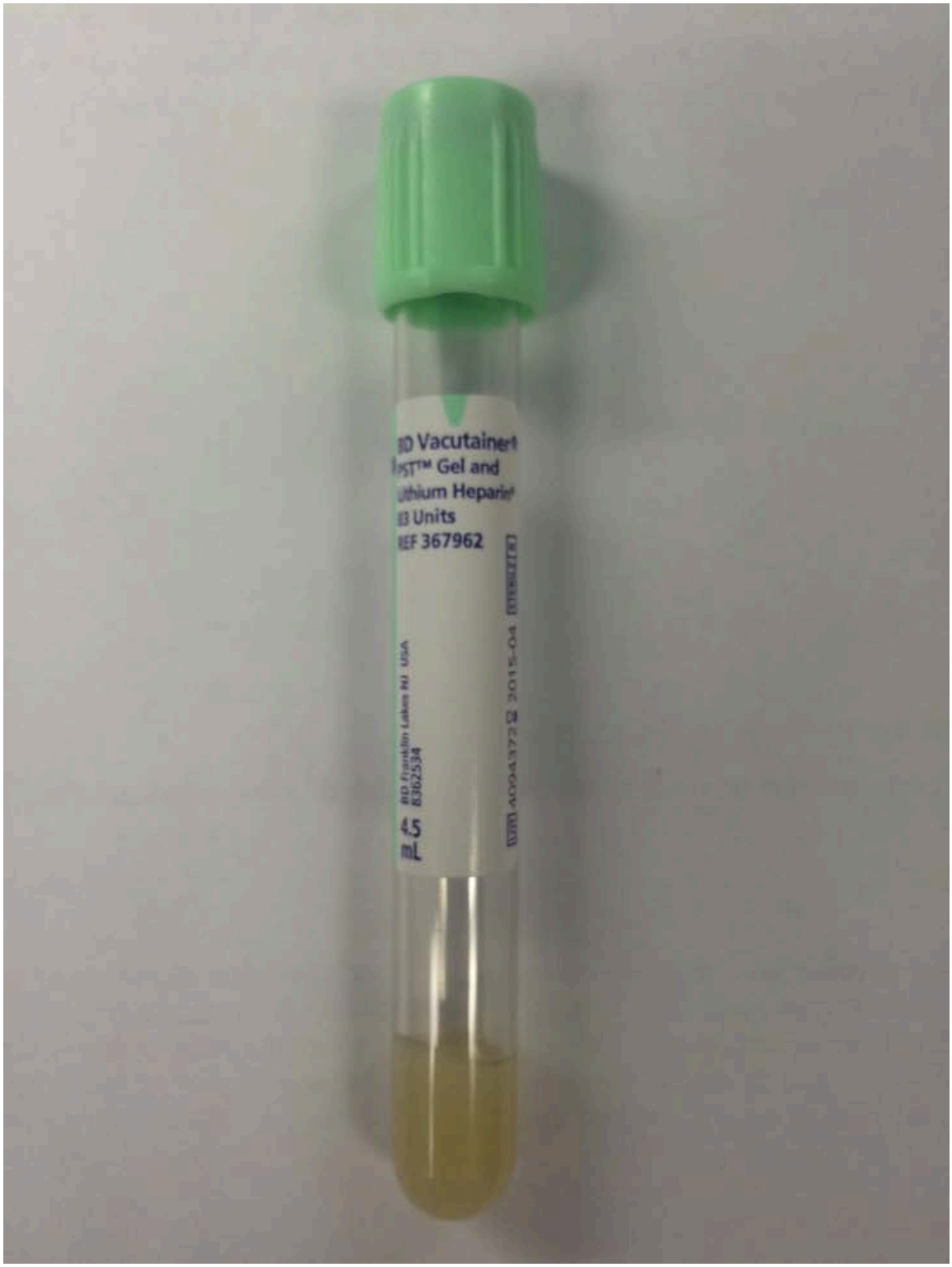
Rush Medical Labs

TEST NAME:	Galactose-1-Phosphate Uridyl Transferase, Erythrocyte
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MGALT
CPT CODE:	82775
TEST INFORMATION:	See OMIM information, Mayo website test GALT
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	one week
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL, (heparin and ACD acceptable (See Attached)
SPECIMEN REQUIREMENTS:	5 mL whole blood
MINIMUM VOLUME:	2 mL whole blood
REFERENCE RANGE:	Will be stated in report.
POE DESCRIPTION:	GAL 1 PHOS URIDYL TRANSFERASE; G1P URTRAN
LAST UPDATED:	10/14/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

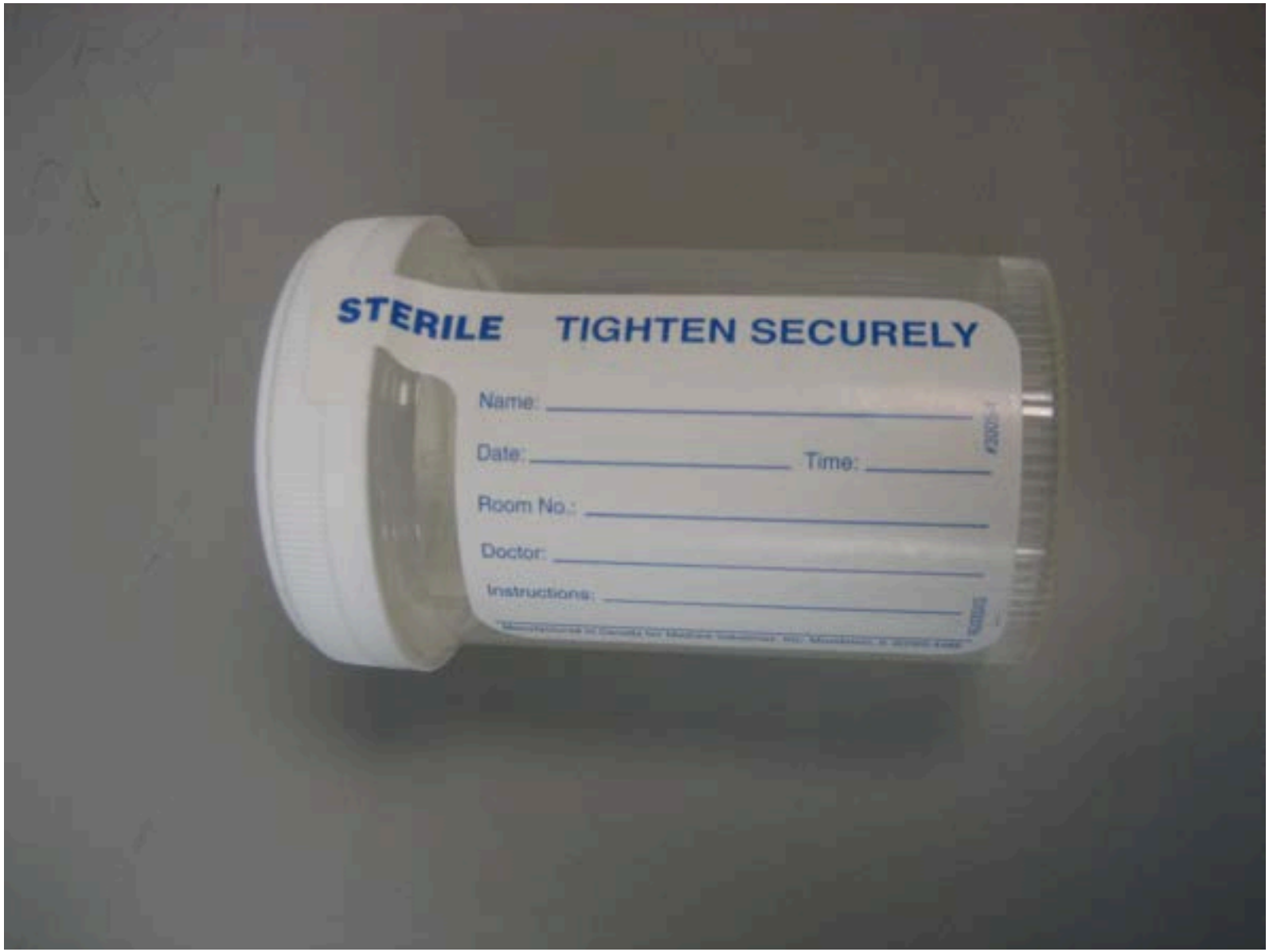
Rush Medical Labs

TEST NAME:	Gamma Glutamyl Transpeptidase, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	GGT
CPT CODE:	82977
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	Male: 12-64 units/L; female: 9-36 units/L
POE DESCRIPTION:	GAMMA GLUTAMYL TRANSPEPTIDASE; GGT
TEST SYNONYM(S):	GGTP; GT; Gamma Glutamyl Transferase; Gamma GT; Gamma GTP; GGT
LAST UPDATED:	01/27/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

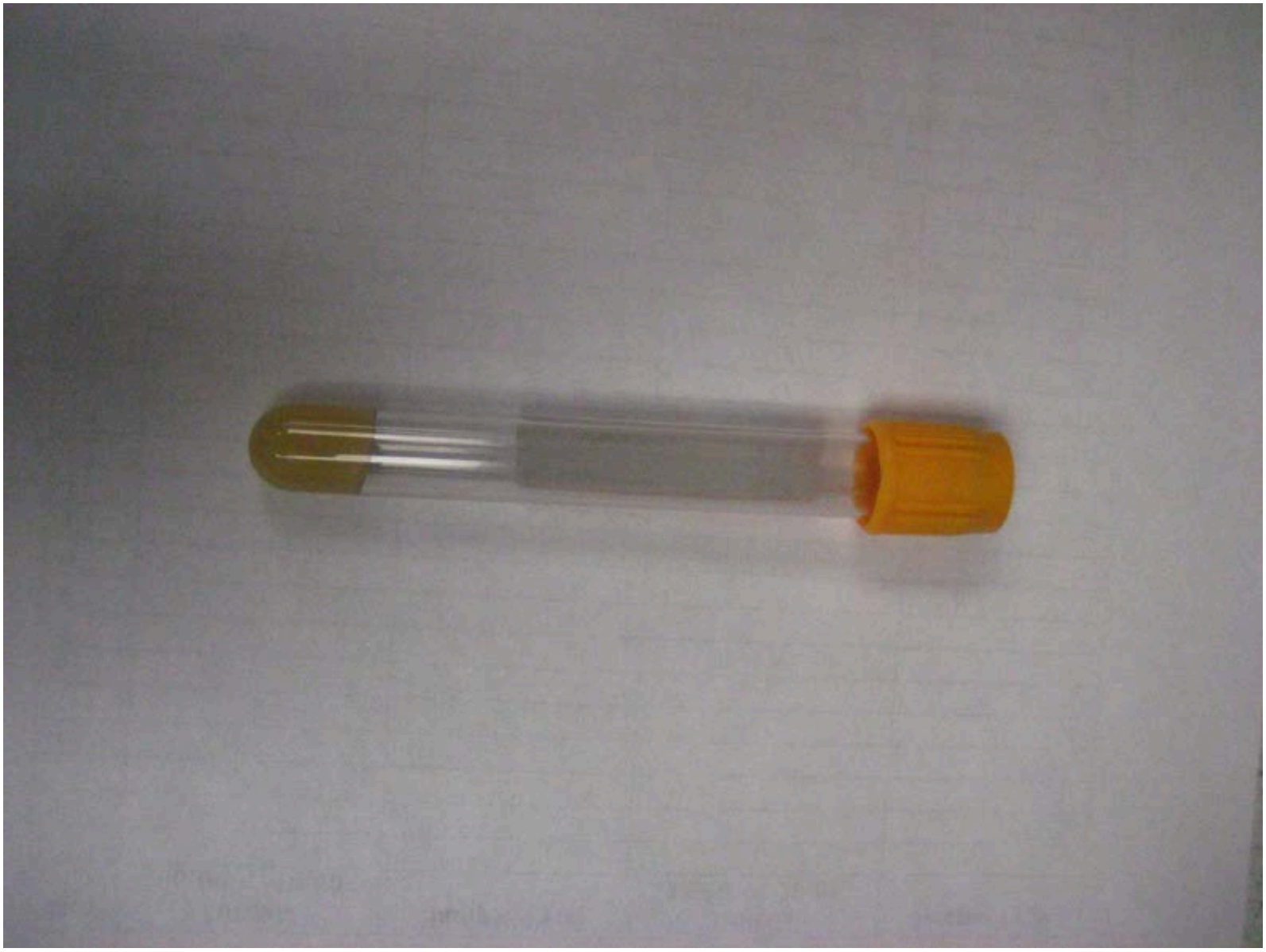
TEST NAME:	Gastric Aspirate, Routine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AERGS
CPT CODE:	87071; 87205
TEST INFORMATION:	The test includes a direct Gram stain, isolation and identification of microorganisms, and susceptibility testing, if appropriate.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Gram stain: 2 hours after receipt of the specimen in the laboratory. Preliminary culture reports available after 24 hours. Culture reports of no growth will be issued after 72 hours. Completion of culture reports may take 3-4 days after receipt of the specimen when multiple isolates are found.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or the requisition.
CONTAINER TYPE:	Sealed Sterile 80 mL specimen container, no preservative (See attached)
COLLECTION:	The patient should NOT have eaten within the previous 5 hours. The specimen of choice is an aspirate, NOT a swab. Specimens are to be collected via a nasogastric tube introduced orally or nasally to the stomach. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) organisms. Chilled, sterile, distilled water or nonbacteriostatic sterile saline should be used to perform the lavage. The specimen should be placed directly into the sterile container and the lid secured tightly. Contamination with normal flora from skin or other body sources MUST be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	Gastric aspirate
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen, patient older than 5 years of age.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
METHODOLOGY:	Conventional culture
ADDITIONAL INFORMATION:	Gastric aspirates for aerobic bacteria are cultured from newborns ONLY. Gastric aspirates submitted for routine culture from patients older than 5 years of age are unacceptable and will NOT be cultured.
POE DESCRIPTION:	CU AEROBIC W GRAM STAIN; C AERGS


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Gastrin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GASTR
CPT CODE:	82941-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should fast 12 hours prior to collection. This test cannot be added onto an existing specimen.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 478
POE DESCRIPTION:	GASTRIN
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



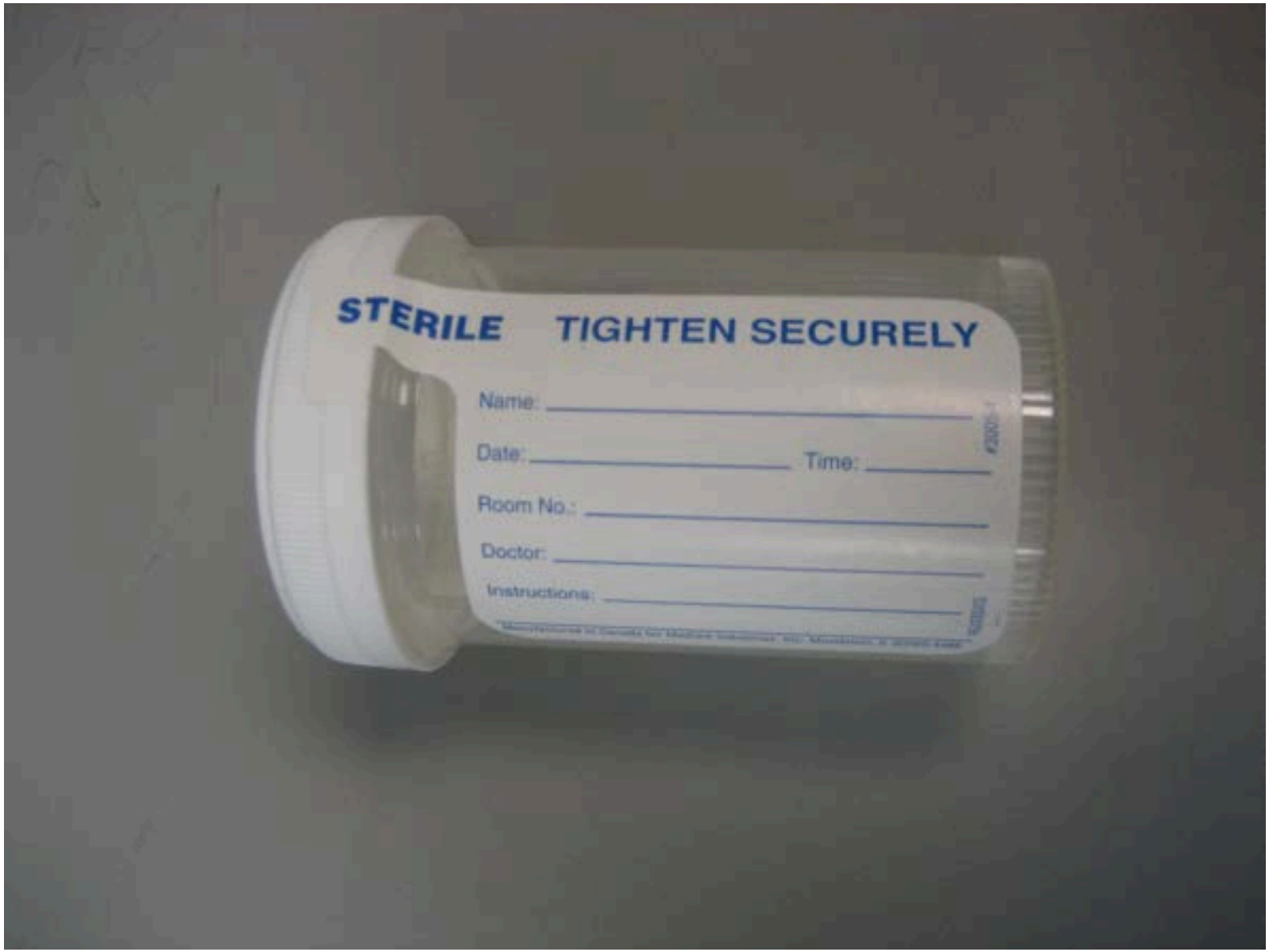
Rush Medical Labs

TEST NAME:	Generic FISH interphase cancer
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	FNUC
CPT CODE:	88271, 88274, 88291
CONTAINER TYPE:	Transport media tube provided by Genetics Lab or Sodium Heparin Green Top
SPECIMEN REQUIREMENTS:	1-5 mL Bone marrow or 5-10 mL peripheral blood in transport media or green top with sodium heparin
MINIMUM VOLUME:	1 mL
LAST UPDATED:	01/22/2020

Rush Medical Labs

TEST NAME:	Genital Culture w/gram stain, Routine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXGES
CPT CODE:	87071; 87205
TEST INFORMATION:	The test includes isolation and identification of microorganisms; susceptibility testing, if appropriate. A direct Gram stain is performed ONLY if specifically requested. A Gram stain is highly recommended if bacterial vaginosis is suspected.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Gram stain: 2 hours after receipt of the specimen in the laboratory. Preliminary culture reports available after 24 hours. Culture reports of no growth will be issued after 72 hours. Completion of culture reports may take 3-4 days after receipt of the specimen when multiple isolates are found.
CONTAINER TYPE:	Sealed sterile container, CopanSwabFemale, CopanSwabMale - See Attached The swabs may be ordered through SPD #2105023 (female) and (male) #2105024 Copan II swab
SPECIMEN REQUIREMENTS:	Vagina, cervix, discharge, endocervical aspirate, endometrium, prostatic fluid, urethral discharge, penis
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen.
MINIMUM VOLUME:	0.5 mL fluid, one swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	Growth of normal genital flora which may include alpha and nonhemolytic streptococci, diphtheroids, lactobacilli, coagulase negative staphylococci, anaerobes, *Moraxella* species, rare to moderate quantities of enteric gram-negative rods, and rare to light quantities of *Gardnerella vaginalis*.
LIMITATIONS OF TEST:	Because genital specimens are often collected from sites harboring large numbers of commensal (normal) flora, strict attention MUST be taken to appropriate specimen collection. A separate specimen should be submitted for the Gram stain if a swab is used.
METHODOLOGY:	Conventional culture using routine and selective media.
ADDITIONAL INFORMATION:	Growth of more than two organisms may indicate skin or vaginal normal flora. Routine screening includes culture for *Neisseria gonorrhoeae, group B Streptococcus, Staphylococcus aureus*, yeast, and a moderate to heavy quantity of *Gardnerella vaginalis*. In addition, endometrial, prostatic, and urethral discharge specimens will be evaluated for growth of gram-negative rods present in heavy quantity or pure culture. The presence or absence of normal genital flora will be reported.A Gram stain of urethral discharge exhibiting intracellular and/or extracellular gram-negative diplococci is diagnostic for *N. gonorrhoeae*. Patients from whom *N. gonorrhoeae* is isolated are reported to the City of Chicago Board of Health. This is mandated by law. A *Neisseria gonorrhoeae* DNA probe assay is

	available for rapid detection of this pathogen. Refer to *N. gonorrhoeae* DNA Probe for additional information.
POE DESCRIPTION:	CU GENITAL W GRAM STAIN; C GENITLGS CU GENITAL; C GENITL
LAST UPDATED:	08/03/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

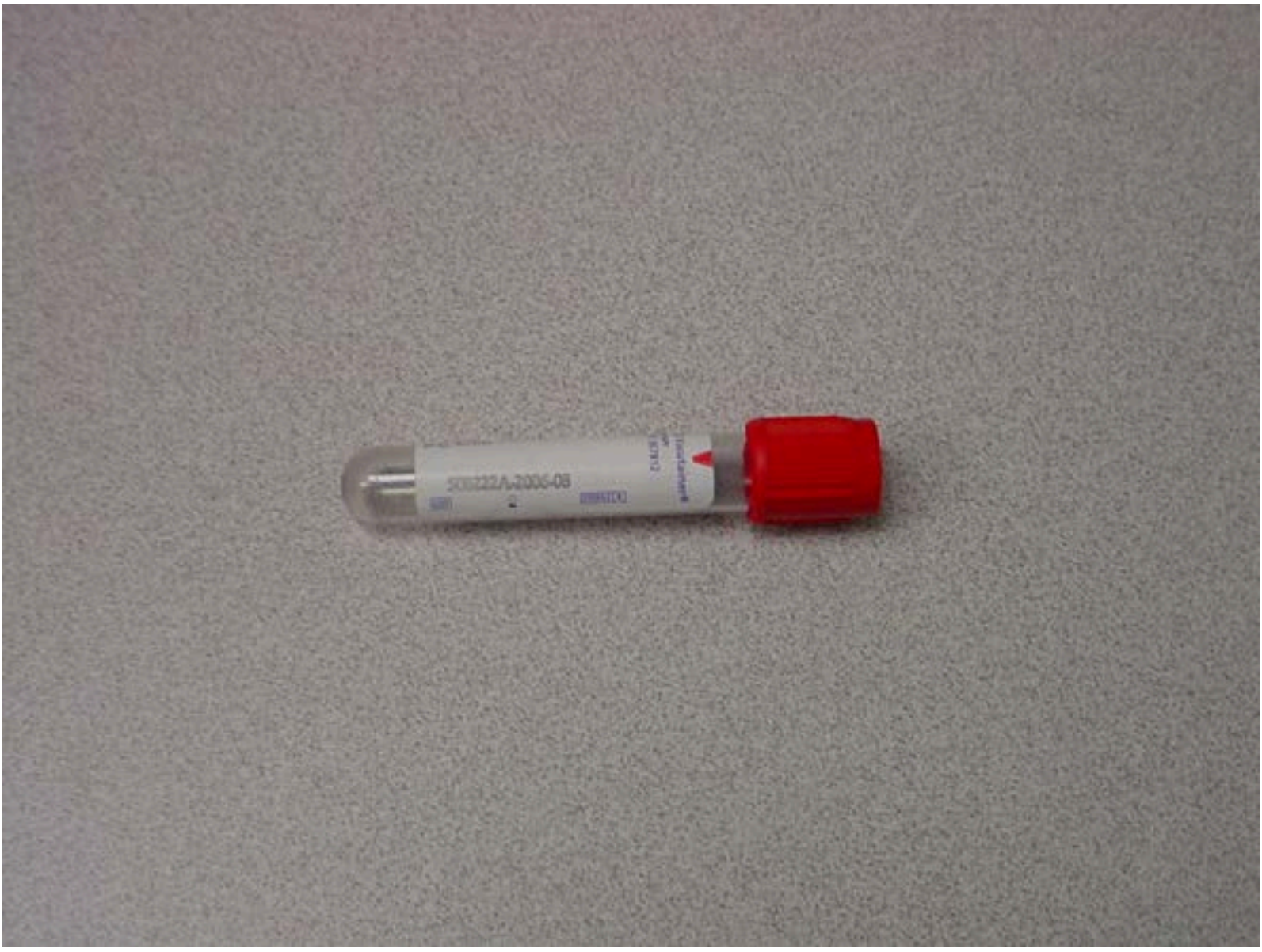

BBL™ CultureSwab™ Plus
COLLECTION & TRANSPORT SYSTEM
Name
Date


BBL™ CultureSwab™ Plus
COLLECTION & TRANSPORT SYSTEM
Name
Date
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COPAN

Rush Medical Labs

TEST NAME:	Gentamicin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	GENTP; GENTR; GENTT
CPT CODE:	80170
TEST INFORMATION:	Draw peak: 30 minutes after 30-minute infusion; trough: <30 minutes before next dose
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine 4 hours; Stat 1 hour
SPECIAL INSTRUCTIONS:	Requisition must be marked random pre- or post dose; include date and time specimen drawn.
CONTAINER TYPE:	Red top tube - 4 mL (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Therapeutic: Peak (post): 4-10 µg/mL; trough (pre): 0-2 µg/mL
METHODOLOGY:	Particle-enhanced Turbidimetric Immunoassay (PETIA)
CRITICAL VALUES:	–>10 µg/mL
POE DESCRIPTION:	GENTAMICIN PEAK, GENTAMICIN RANDOM, GENTAMICIN, TROUGH
TEST SYNONYM(S):	Garamycin.; Gentamicin, Post; Gentamicin, Pre; Gentamicin, Random
LAST UPDATED:	10/14/2019



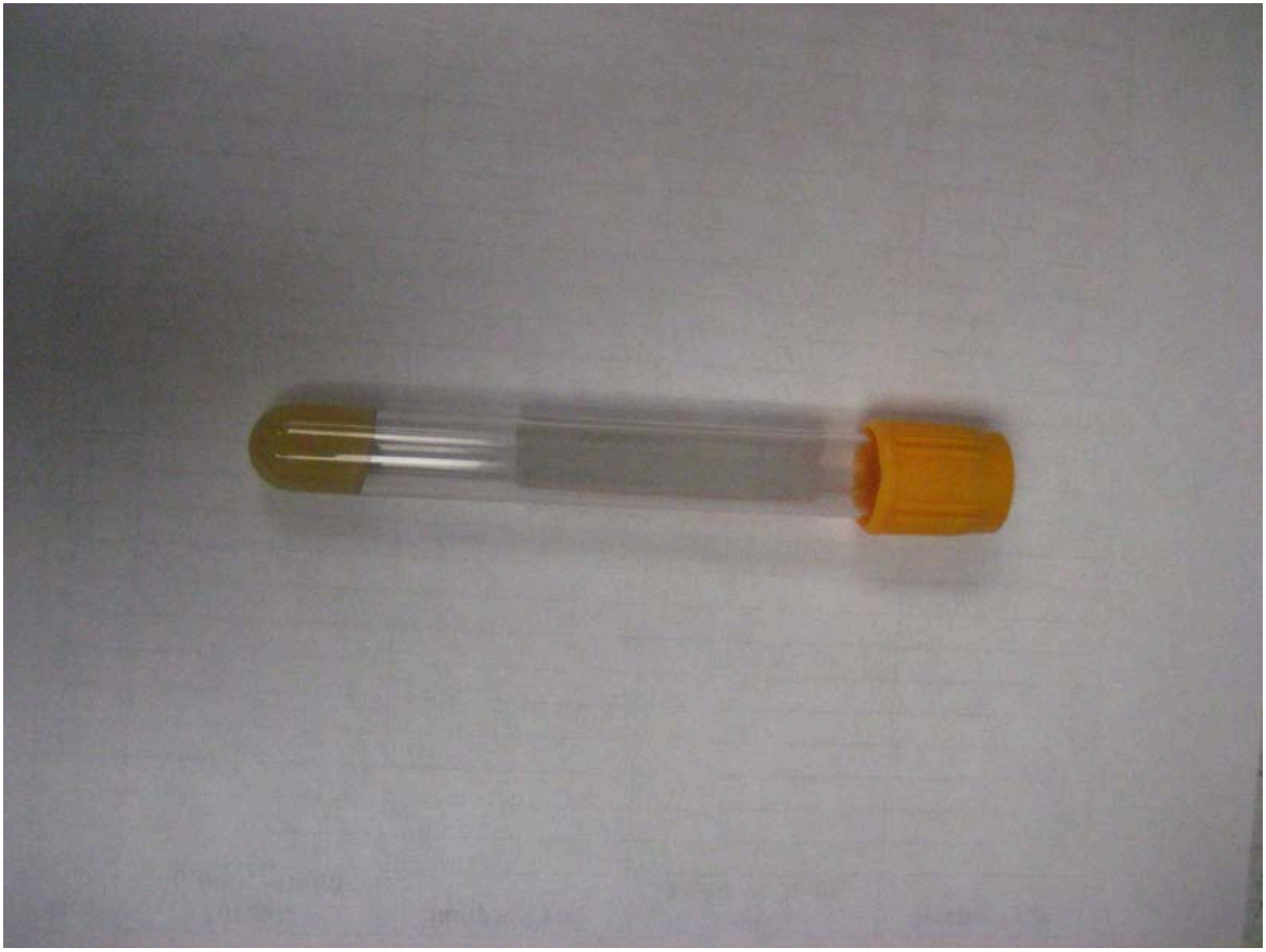
Rush Medical Labs

TEST NAME:	Giardia/Cryptosporidium Antigen
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CRYPTGIA
CPT CODE:	87328 and 87329
CDM NUMBER:	3422008 and 3422009
TEST INFORMATION:	This test is used to detect the presence of Cryptosporidum and/or Giardia in infected patients
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1 - 3 days
SPECIAL INSTRUCTIONS:	Specimens should be placed in Eco-Fix or Carey Blair preservatives
CONTAINER TYPE:	Eco-Fix or Carey Blair preservative
SPECIMEN REQUIREMENTS:	Stool added to preservative up to fill line.
REJECTION CRITERIA:	Specimen not in proper container, leaky container, mislabeled or no label. Stool specimens preserved in PVA.
MINIMUM VOLUME:	0.5 cc of fresh stool; stool in preservative up to the volume line on the container
HANDLING INSTRUCTIONS:	If not put into preservative, send to the laboratory immediately.
REFERENCE RANGE:	Giardia and Cryptosporidium antigen not detected.
LIMITATIONS OF TEST:	Concentrations of 20% (v/v) Imodium A-D may result in a false negative reaction when low levels of Cryptosporidium antigen are present. Proper specimen collection and processing are essential to achieving optimal performance of the assay.
METHODOLOGY:	Enzyme immuno assay
POE DESCRIPTION:	CRYPTGIA
TEST SYNONYM(S):	Ova and parasite exam, Cryptosporidium , Giardia

Rush Medical Labs

TEST NAME:	Gliadin IgG and IgA Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GLIAD
CPT CODE:	83516 x2
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 8889
POE DESCRIPTION:	ANTIGLIADIN ANTIBODY; ANTI GLIAD
TEST SYNONYM(S):	Antigliadin Antibodies
LAST UPDATED:	08/03/2018

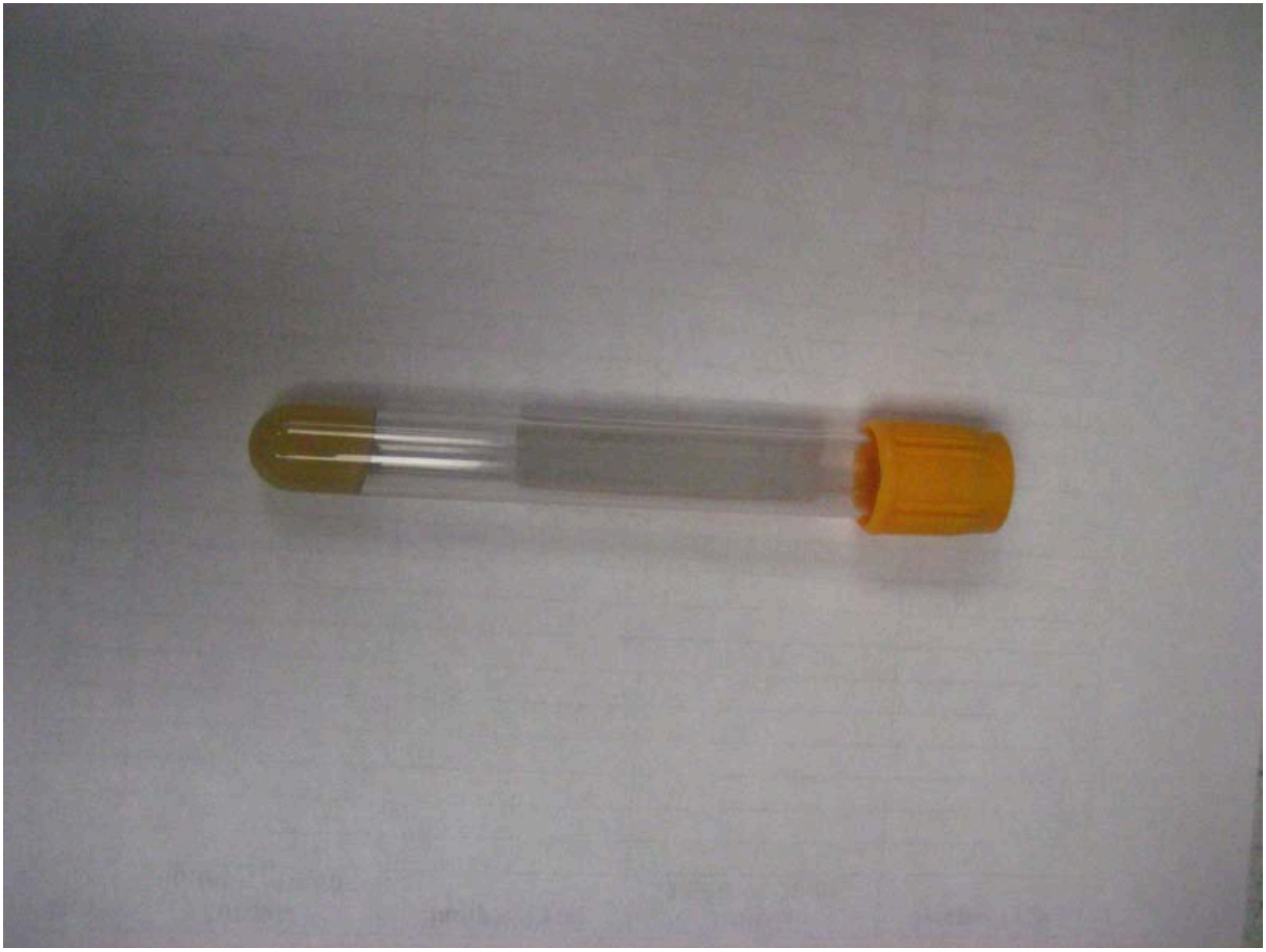

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Glomerular Basement Membrane Antibody (IgG)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GBM
CPT CODE:	83520-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 257
POE DESCRIPTION:	GLOM BASEMENT MEMBRANE AB; GBM
TEST SYNONYM(S):	Anti-GMB; Antiglomerular Basement Membrane Antibody; Goodpasture's Antibody; GBM
LAST UPDATED:	08/03/2018


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Glucagon
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GLCAG
CPT CODE:	82941-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL EDTA plasma
MINIMUM VOLUME:	0.5 mL EDTA plasma
REFERENCE RANGE:	Search Test Code 519
POE DESCRIPTION:	GLUCAGON
LAST UPDATED:	10/14/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

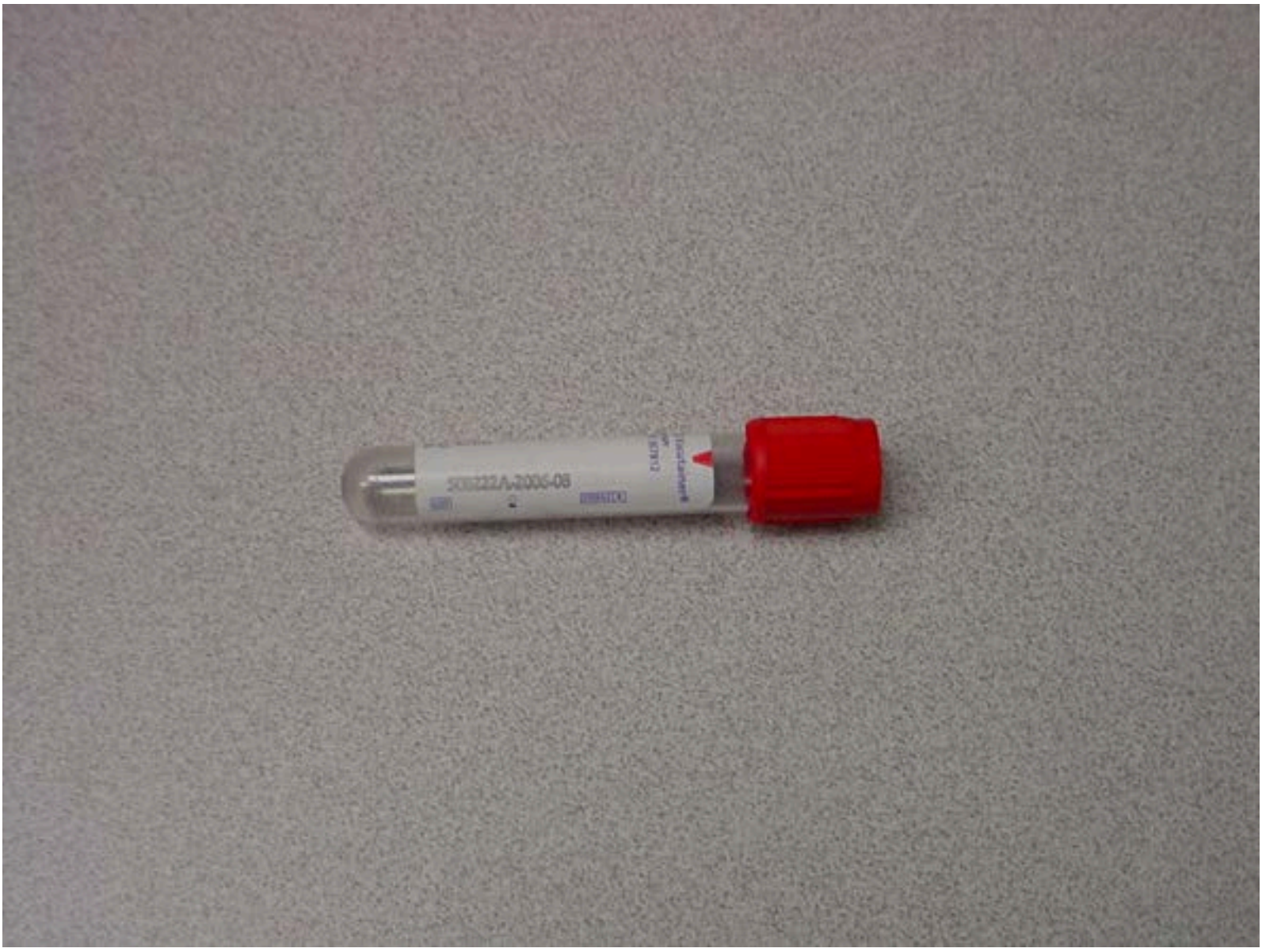
TEST NAME:	Glucose 6-Phosphate Dehydrogenase, Red Blood Cell
TESTING LAB:	20;#Blood Genetics, Jelke 396
LAB / EPIC MNEMONIC:	G6PD
CPT CODE:	82955-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	1 mL EDTA whole blood
MINIMUM VOLUME:	0.5 mL EDTA whole blood
HANDLING INSTRUCTIONS:	Refrigerate at 2°C to 8°C if analysis is delayed.
REFERENCE RANGE:	Search Test Code 500
POE DESCRIPTION:	RBC 6GPD
TEST SYNONYM(S):	G-6-PD Assay; G-6-PD Assay, Blood


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Glucose and Protein, Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CSFP
CPT CODE:	82945, 84157
DAYS PERFORMED:	Specimens accepted daily, 24 hours
TURNAROUND TIME:	One hour
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, CSF collection tubes (See Attached)
SPECIMEN REQUIREMENTS:	Cerebrospinal Fluid
MINIMUM VOLUME:	0.2 mL
TEST SYNONYM(S):	CSF Panel - Glu and Pro; Cerebrospinal Fluid Panel
LAST UPDATED:	06/19/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05





Rush Medical Labs

TEST NAME:	Glucose Tolerance Test, 1 Hr Gestational Screen
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	GTT-1 HR
CPT CODE:	82950
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	See Patient Instructions for Glucose Tolerance Test. The patient (at 24-28 weeks of gestation) is given orally a 50 gram solution of glucose. One hour later, the patient's blood is drawn for a glucose assay.
CONTAINER TYPE:	Gray top (sodium fluoride) tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	4 mL blood (2 mL plasma)
REFERENCE RANGE:	Interpretive information (1 hour after 50 g glucose challenge at 24-28 weeks of gestation): ≥140 mg/dL Potentially indicative of gestational diabetes mellitus. Confirmation requires 3-hour glucose tolerance test. Reference: Diabetes Care, 3 Ω(Supp. 1), S42-S47 (2007).
CRITICAL VALUES:	<= 50 mg/dL, >=500 mg/dL
POE DESCRIPTION:	GLUCOSE TOLERANCE 1 HR; GTT 1 HOUR; GTT-1HR
TEST SYNONYM(S):	Screening Test for Gestational Diabetes Mellitus
LAST UPDATED:	06/18/2019



Rush Medical Labs

TEST NAME:	Glucose Tolerance Test, 2 Hr
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	GTT-2 HR
CPT CODE:	82952 (x2)
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	See Patient Instructions for Glucose Tolerance Test. A fasting glucose level is drawn from the patient.¿ The patient is given orally a 75 gram solution of glucose. Two hours later, the patient's blood is drawn for a glucose assay
CONTAINER TYPE:	Gray top (sodium fluoride) tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	2 mL blood (1 mL plasma)
HANDLING INSTRUCTIONS:	Refrigerate
REFERENCE RANGE:	FASTING (> 8 hours) 60-99 mg/dL Normal 100-125 mg/dL Potentially indicative of impaired fasting glucose (IFG). Requires confirmation on subsequent day. >126 mg/dL Potentially indicative of diabetes mellitus. In absence of symptoms of unequivocal hyperglycemia, requires confirmation on subsequent day. GTT 2 HR (after 75 g glucose challenge) <140 mg/dL Normal</p/> 149-199 mg/dL Potentially indicative of impaired glucose tolerance (IGT). Requires confirmation on subsequent. ≥200 mg/dL Potentially indicative of diabetes mellitus. In absence of symptoms of unequiivocal hyperglycemia, requires confirmation on subsequent day.

Reference: Diabetes Care, 30(Suppl. 1), S42-S47 (2007).

CRITICAL VALUES:	<= 50 mg/dL, >=500 mg/dL
POE DESCRIPTION:	GLUCOSE TOLERANCE 2 HR; GTT-2 HR
TEST SYNONYM(S):	GTT
LAST UPDATED:	06/18/2019



Rush Medical Labs

TEST NAME:	Glucose Tolerance Test, 3 Hr Gestational
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	GTT-3 HR
CPT CODE:	82952 (x2)
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	See Patient Instructions for Glucose Tolerance Test,¿A fasting glucose level is drawn from the patient.¿The patient (at 24-28 weeks of gestation) is given orally a 100 gram solution of glucose.¿The patient's blood is drawn again at 1 hour, 2 hours and 3 hours after the administration of glucose for a glucose assay.
CONTAINER TYPE:	Gray top (sodium fluoride) tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	2 mL blood (1 mL plasma)
HANDLING INSTRUCTIONS:	Refrigerate
REFERENCE RANGE:	Interpretive information (after 100 g glucose challenge at 24-28 weeks of gestation): Any two of four glucose values meeting or exceeding the limits below is indicative of gestational diabetes mellitus: GTT FASTING 95 mg/dL GTT 1 HR 180 mg/dL GTT 2 HR 155 mg/dL GTT 3 HR 140 mg/dL Reference: Diabetes Care, 3 0(7Supp.1), S42-S47 (2007).
CRITICAL VALUES:	<= 50 mg/dL, >=500 mg/dL
POE DESCRIPTION:	GLUCOSE TOLERANCE 3 HR; GTT-3 HR
TEST SYNONYM(S):	Oral Glucose Tolerance Test; Gestational GTT
LAST UPDATED:	06/18/2019



Rush Medical Labs

TEST NAME:	Glucose, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	GLU; BG/GLU
CPT CODE:	82947
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour; Blood Gas Laboratory: 15 minutes
CONTAINER TYPE:	PST tube or heparinized syringe (Blood Gas Laboratory); gray (if transport is delayed) (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	4 mL blood (2 mL plasma)
HANDLING INSTRUCTIONS:	Draw in gray top tube if transport of specimen will be delayed. Glucose will drop 5-10 mg/dL/hour in unseparated, room temperature blood if no preservative has been added. SST™ tubes should be centrifuged as soon as possible after collection. Refrigerate.
REFERENCE RANGE:	Interpretive Information:FASTING (≥8 hours) 60-99 mg/dL Normal 100-125 mg/dL Potentially indicative of impaired fasting glucose (IFG). Requires confirmation on subsequent day. ≥126 mg/dL Potentially indicative of diabetes mellitus. In absence of symptoms of unequivocal hyperglycemia, requires confirmation on subsequent day.NON-FASTING ≥200 mg/dL Potentially indicative of diabetes mellitus. In absence of symptoms of unequivocal hyperglycemia, requires confirmation on subsequent day. Reference: Diabetes Care, 30(Supp. 1), S42-S47 (2007).
CRITICAL VALUES:	<= 50 mg/dL, >=500 mg/dL
POE DESCRIPTION:	GLUCOSE; FBS
TEST SYNONYM(S):	Blood Sugar; Fasting Blood Sugar; FBS; Sugar
LAST UPDATED:	06/18/2019

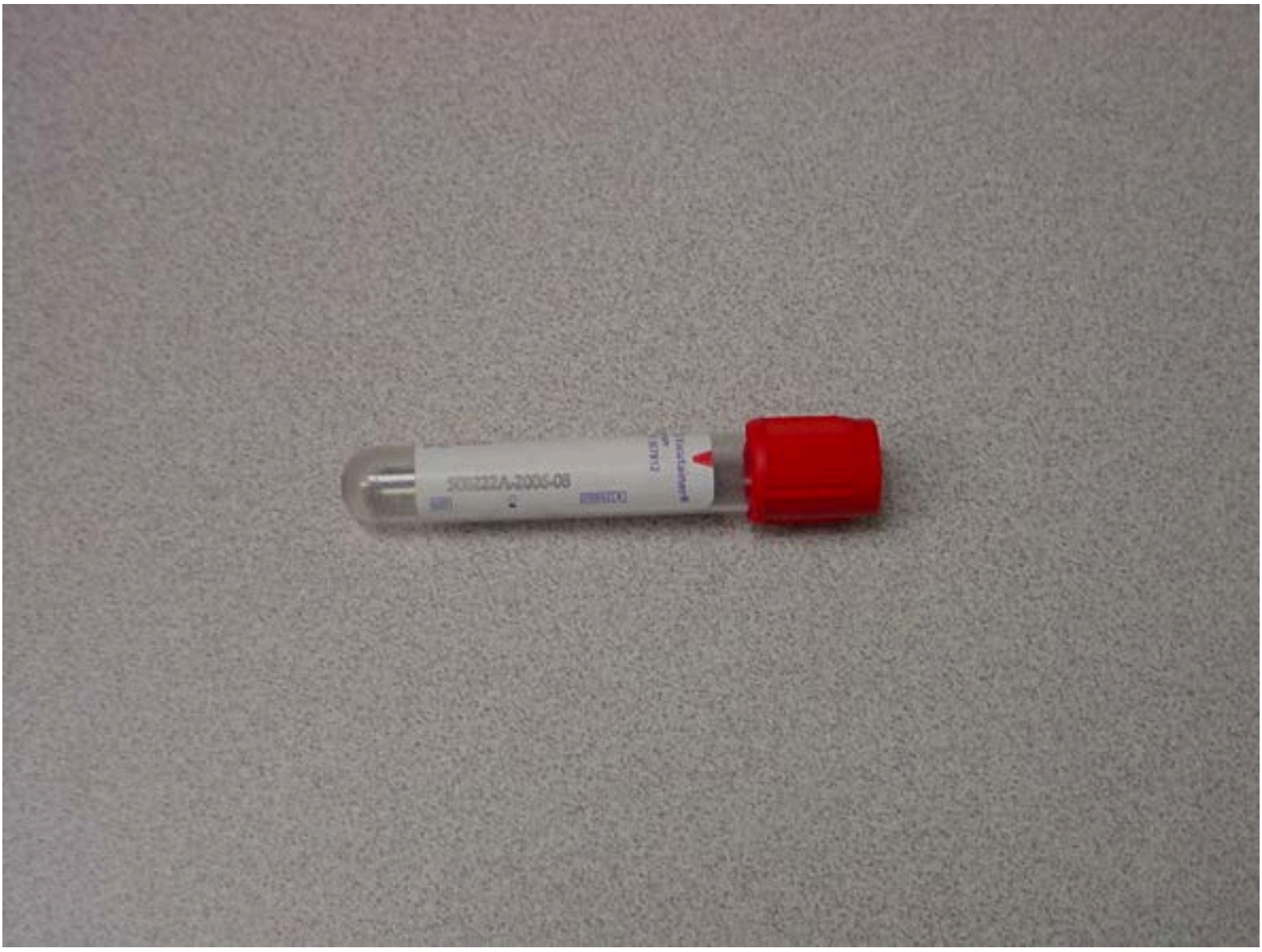

BD Franklin Lakes NJ USA
8362534
4.5 mL
BD Vacutainer
Gel and
Lithium Heparin
Units
REF 367962
4094372 2015-04



Rush Medical Labs

TEST NAME:	Glucose, Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CGLU
CPT CODE:	82945
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Specimen should be delivered as soon as possible in order to avoid a falsely decreased level due to cellular and bacterial utilization. If three tubes are available, tube #2 is used for this test. A request for a plasma glucose should be made at the time of the spinal tap to coincide with the CSF glucose.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, CSF collection tubes (See Attached)
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	45-70 mg/dL in fasting patients. Should be interpreted with simultaneous blood glucose: CSF glucose is usually 60% to 70% of blood glucose.
POE DESCRIPTION:	CSF GLUCOSE
TEST SYNONYM(S):	Cerebrospinal Fluid Glucose; CSF Glucose
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

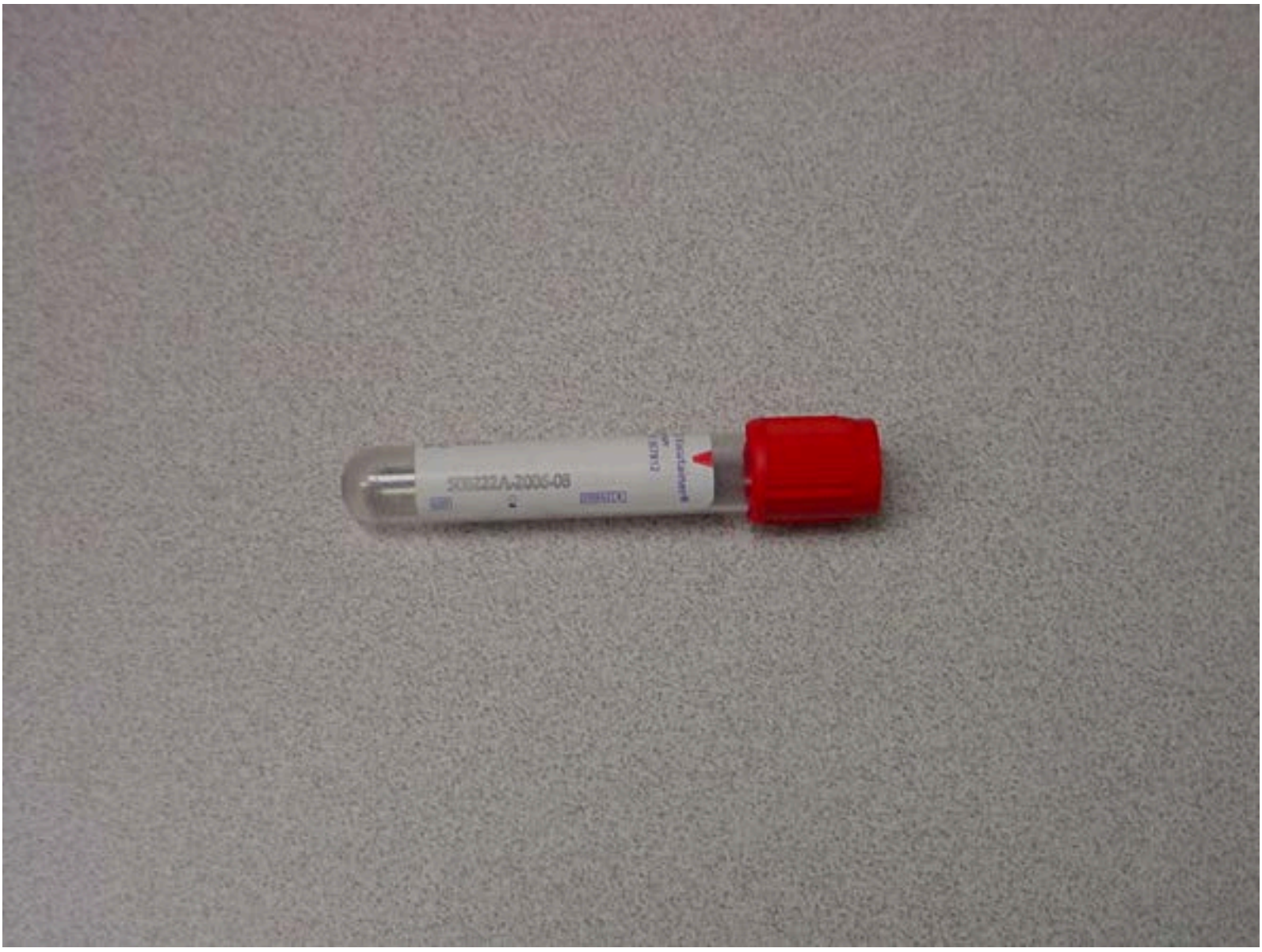


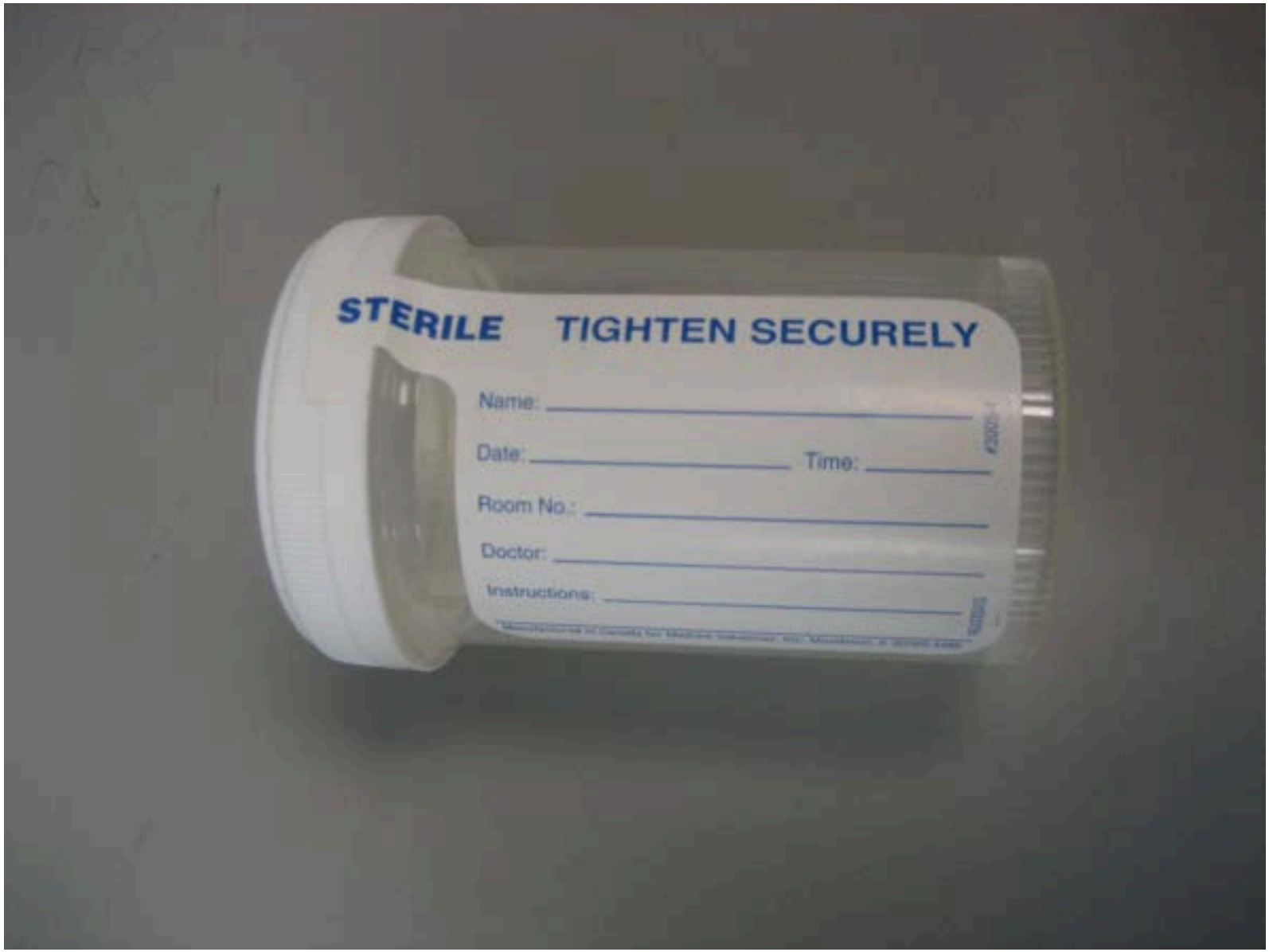


Rush Medical Labs

TEST NAME:	Glucose, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FGLU
CPT CODE:	82945
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID GLUCOSE
TEST SYNONYM(S):	Fluid Glucose
LAST UPDATED:	10/14/2019

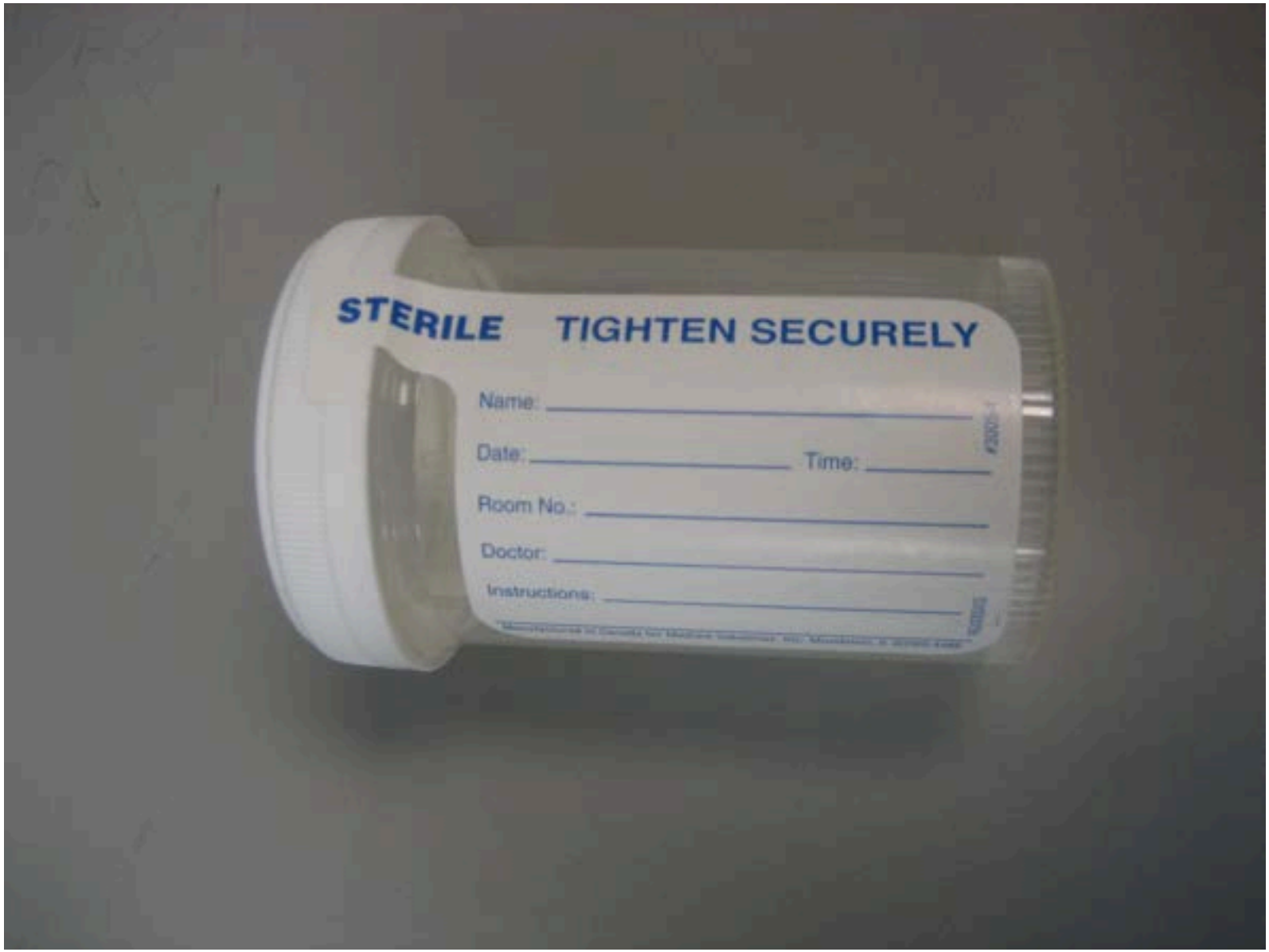

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Glucose, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UGLUR (random urine); UGLU (24-hour urine)
CPT CODE:	Random = 82945; Timed = 82945; 81050
TEST INFORMATION:	Results are reported as grams of glucose in total volume of urine submitted. Normal range is based on a 24-hour collection. To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, 24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL; Timed urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random urine: none established; Timed urine: 0-800 mg/24 hours
POE DESCRIPTION:	Urine Glucose Random; Urine Glucose Timed
TEST SYNONYM(S):	Sugar, Quantitative, Urine; Urine Glucose
LAST UPDATED:	10/14/2019


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

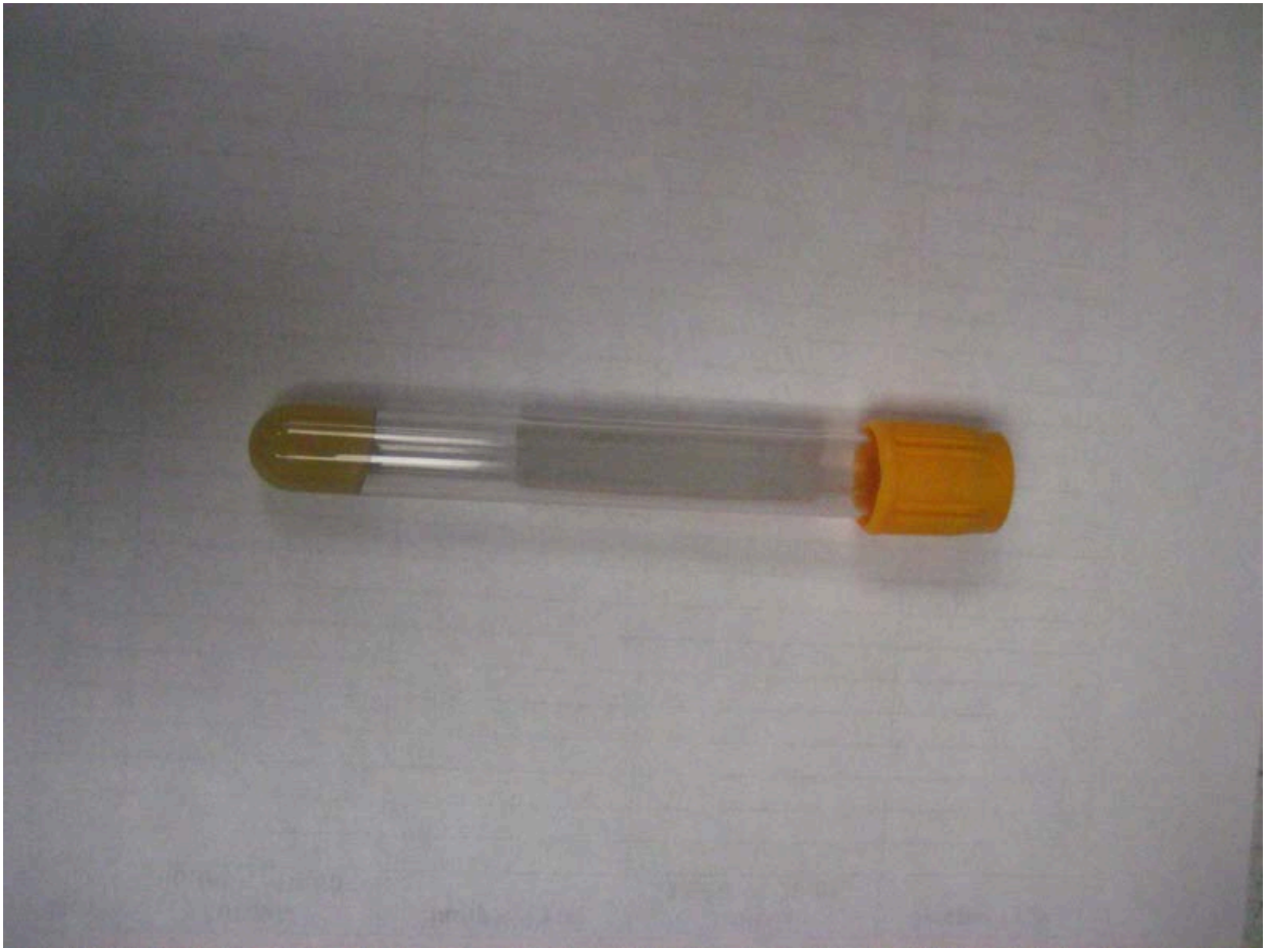
Rush Medical Labs

TEST NAME:	Glucose, Two-Hour Postprandial
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	GLU-PP
CPT CODE:	82947
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine 8 hours; Stat or CSF 1 hour
SPECIAL INSTRUCTIONS:	See Patient Instructions for Glucose Tolerance Test. The patient is given orally a 75 gram solution of glucose or allowed an adequate meal which must be completed within 15-20 minutes. Two hours later, the patient's blood is drawn for a glucose assay.
CONTAINER TYPE:	Gray top (sodium fluoride) tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	2 mL blood (1 mL plasma)
REFERENCE RANGE:	Interpretive information (2 hours after 75g glucose challenge): <140 mg/dL - Normal </p/> 140-199 mg/dL - Potentially indicative of impaired glucose tolerance (IGT). Requires confirmation on second occasion. > 200 mg/dL - Potentially indicative of diabetes mellitus. In absence of symptoms of unequivocal hyperglycemia, requires confirmation on second occasion. Reference: Diabetes Care, 3 0(Supp.), S42-S47 (2007)
CRITICAL VALUES:	<= 50 mg/dL, >=500 mg/dL
POE DESCRIPTION:	GLUCOSE POSTPRANDIAL 2 HR; GLU-PP; 2 HR PP
TEST SYNONYM(S):	PP, 2-hour; PP Glucose, Two-Hour
LAST UPDATED:	06/18/2019



Rush Medical Labs

TEST NAME:	Glutamic Acid Decarboxylase (GAD 65) Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GAD65
CPT CODE:	83519-90
CDM NUMBER:	3181382
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	See http://questdiagnostics.com - Search Test Code - 34878
METHODOLOGY:	Radioimmunoassay (RIA)
POE DESCRIPTION:	Glutamic Acid Decarbox 65 Ab
TEST SYNONYM(S):	GAD 65 Antibodies, Beta Cell Antibody, Anti-GAD Antibodies
LAST UPDATED:	10/14/2019



Rush Medical Labs

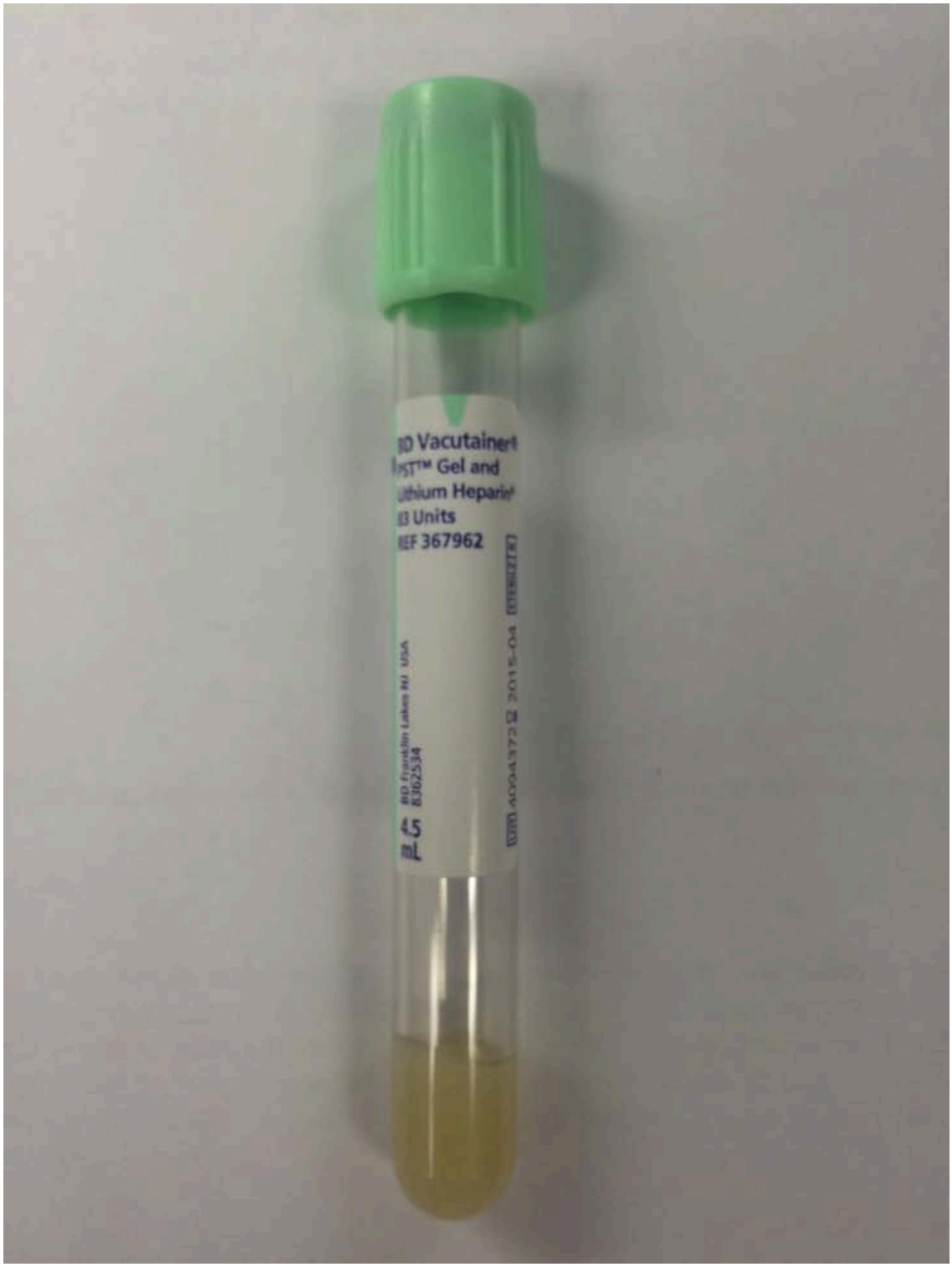
TEST NAME:	Glutamic Oxaloacetic Transaminase, Plasma or Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SGOT
CPT CODE:	84450
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine 8 hours; Stat or CSF 1 hour
CONTAINER TYPE:	PST tube; CSF collection tube or Red top tube - 10 mL for CSF specimens (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma), cerebrospinal fluid
MINIMUM VOLUME:	0.4 mL blood, 0.2 mL plasma, 0.2 mL CSF
REFERENCE RANGE:	Blood: 3-44 units/L
POE DESCRIPTION:	SGOT
TEST SYNONYM(S):	AST; GOT
LAST UPDATED:	01/27/2015


BD Franklin Lakes NJ USA
8362534
4.5 mL
BD Vacutainer
Gel and
Lithium Heparin
Units
REF 367962
4094372 2015-04


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

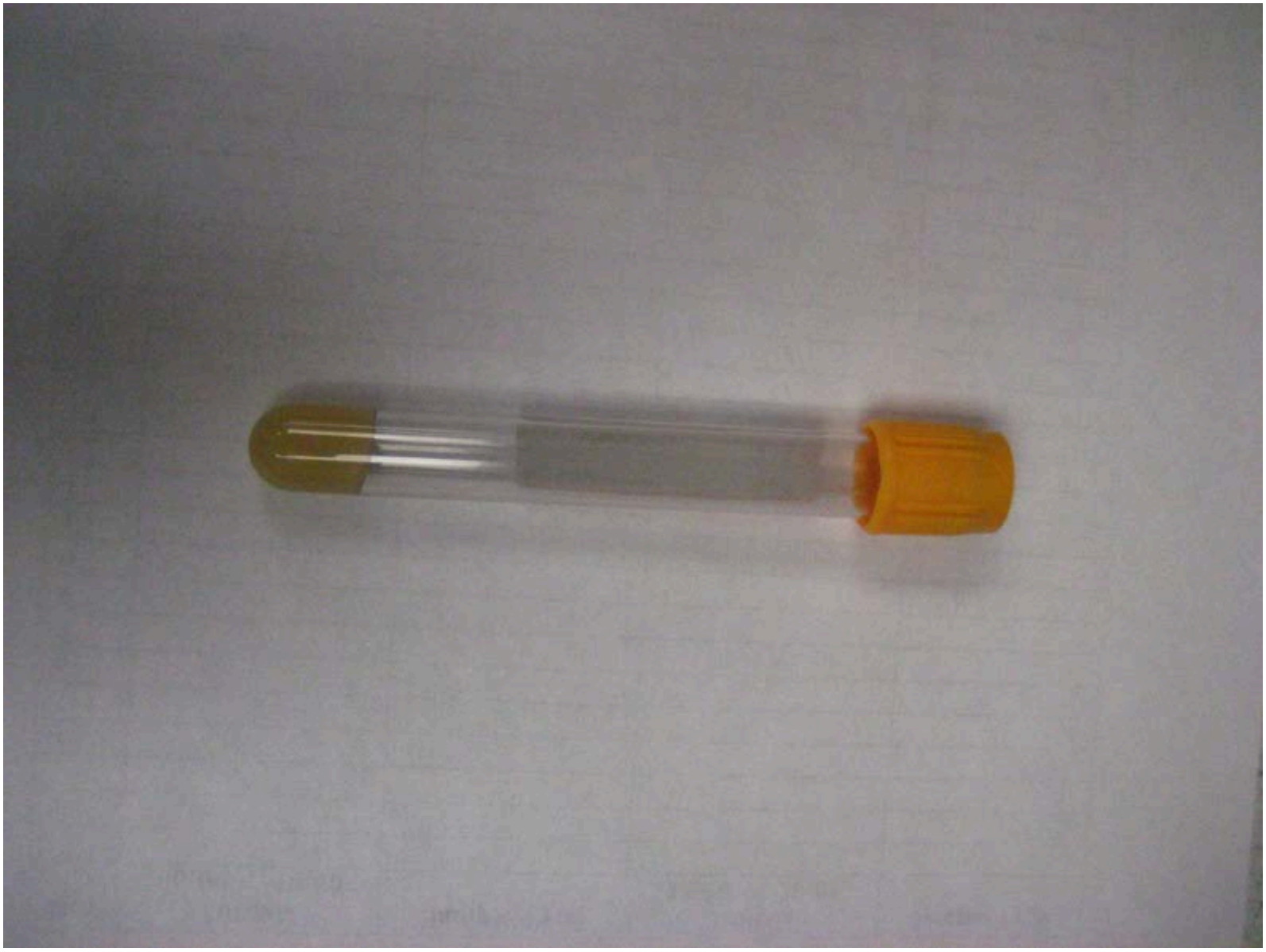
TEST NAME:	Glutamic Pyruvate Transaminase, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ALT
CPT CODE:	84460
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	0-40 units/L
POE DESCRIPTION:	SGPT
TEST SYNONYM(S):	ALT; GPT; SGPT
LAST UPDATED:	08/03/2018


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

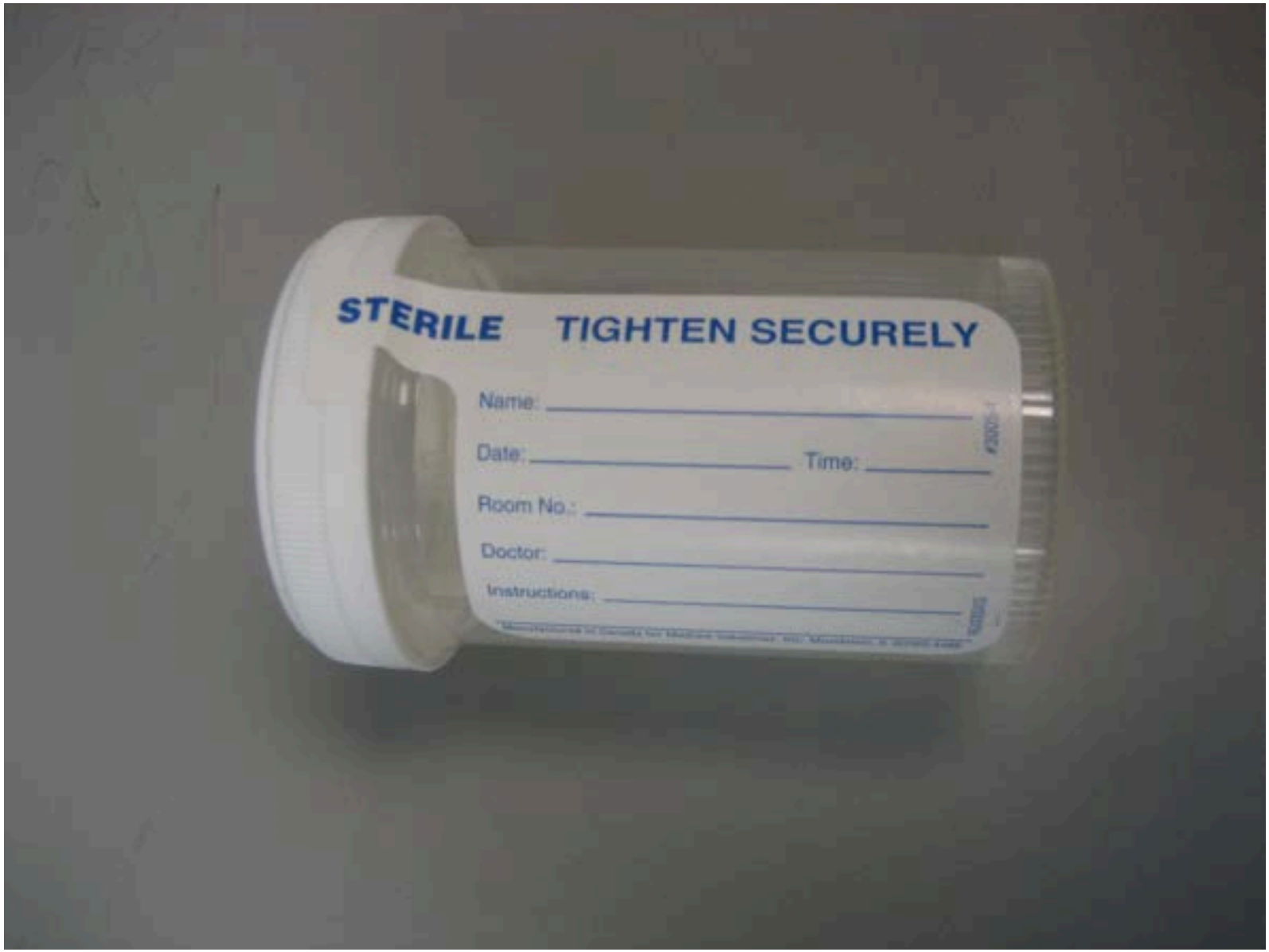
TEST NAME:	Gluten (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GLUTN
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.3 mL serum)
MINIMUM VOLUME:	1 mL blood (0.15 mL serum)
REFERENCE RANGE:	Search Test Code 2854
POE DESCRIPTION:	Gluten allergen
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Gram Stain
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	GS
CPT CODE:	87205
TEST INFORMATION:	The test includes Gram stain ONLY. A culture will NOT be performed unless specifically requested.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours after receipt of the specimen in the laboratory
CONTAINER TYPE:	Sealed sterile container, Copan® II swab (See Attached)
COLLECTION:	Refer to the specific culture procedure for additional information.
SPECIMEN REQUIREMENTS:	Duplicate of specimen submitted for culture. Refer to the specific culture procedure for additional information.
REJECTION CRITERIA:	Specimen submitted in a blood culture vial, inappropriate specimen container, dry swab, blood specimen, catheter tip specimen, insufficient specimen quantity.
MINIMUM VOLUME:	1 mL or one swab. Separate swab must be submitted if a routine culture is also requested.
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	Dependent upon site of specimen.
LIMITATIONS OF TEST:	Isolation and identification of microorganisms will be performed ONLY if a culture is requested. If a swab is used, a separate swab MUST be submitted for the culture. Gram stains of urine specimens are performed on unspun specimens. Viable and nonviable organisms will be observed.
METHODOLOGY:	Gram stain
ADDITIONAL INFORMATION:	All Gram stains are examined for the presence or absence of white blood cells (indicative of infection), red blood cells, squamous epithelial cells (indicative of mucosal contamination), and microorganisms.Urine Gram stains are reported as less than, equal to, or greater than one organism per oil immersion field. One or more organisms indicates 100,000 organisms/mL of specimen.Gram stains will routinely be performed on the following specimens when submitted for routine aerobic culture: normally sterile body fluids, wounds, sputums, Leuken`s, bronchials, tissues/OR specimen.
POE DESCRIPTION:	GR STAIN ONLY
TEST SYNONYM(S):	Direct Smear, Bacterial; Routine Stain, Bacterial; Smear, Gram Stain
LAST UPDATED:	06/03/2014

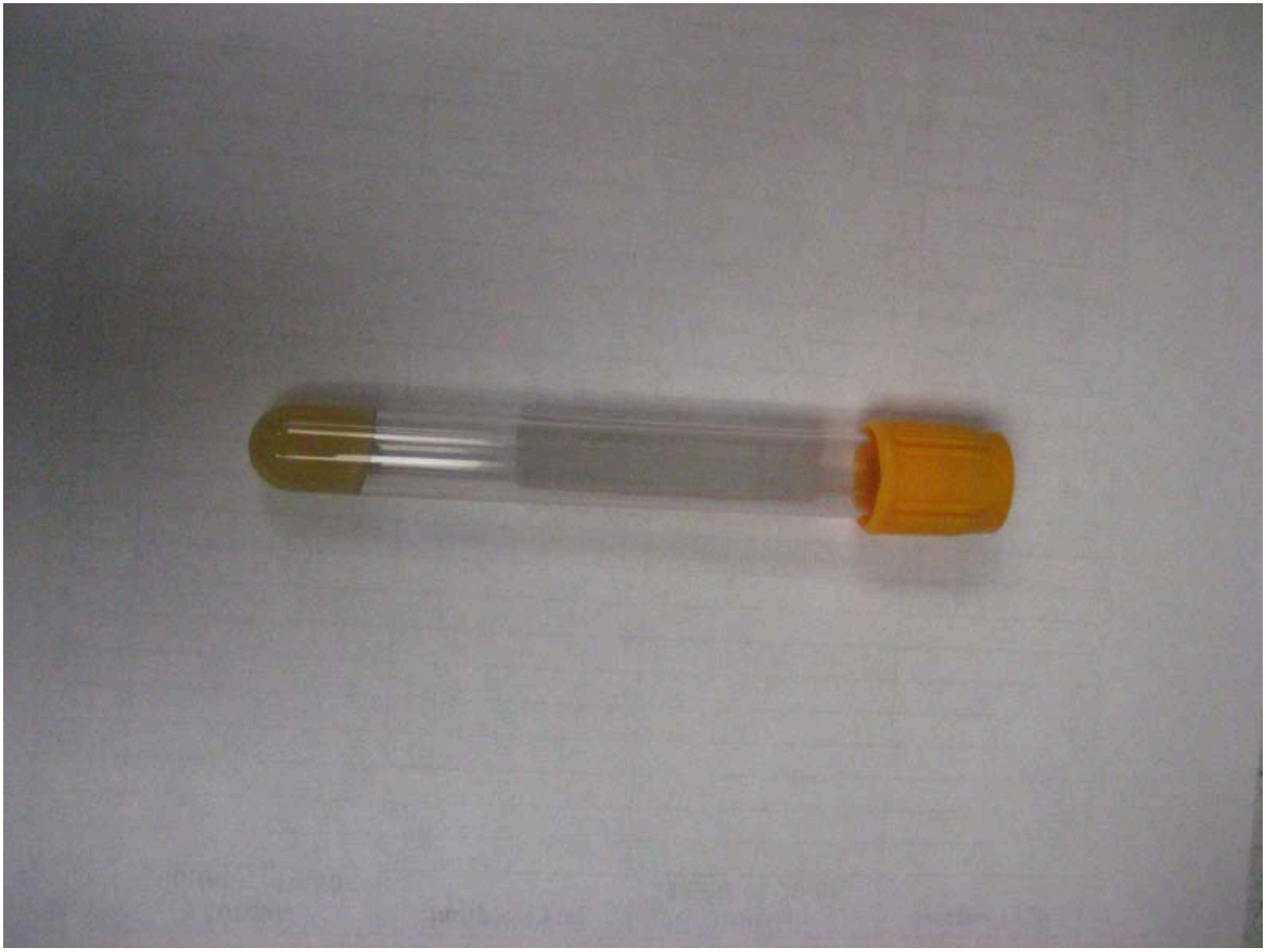

STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


COPAN

Rush Medical Labs

TEST NAME:	Granulocyte (Neutrophil) Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	NABFC
CPT CODE:	86021-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.1 mL serum)
REFERENCE RANGE:	Search Test Code 1606
TEST SYNONYM(S):	Neutrophil Antibody; Antineutrophil Antibody; Antigranulocyte Antibody
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

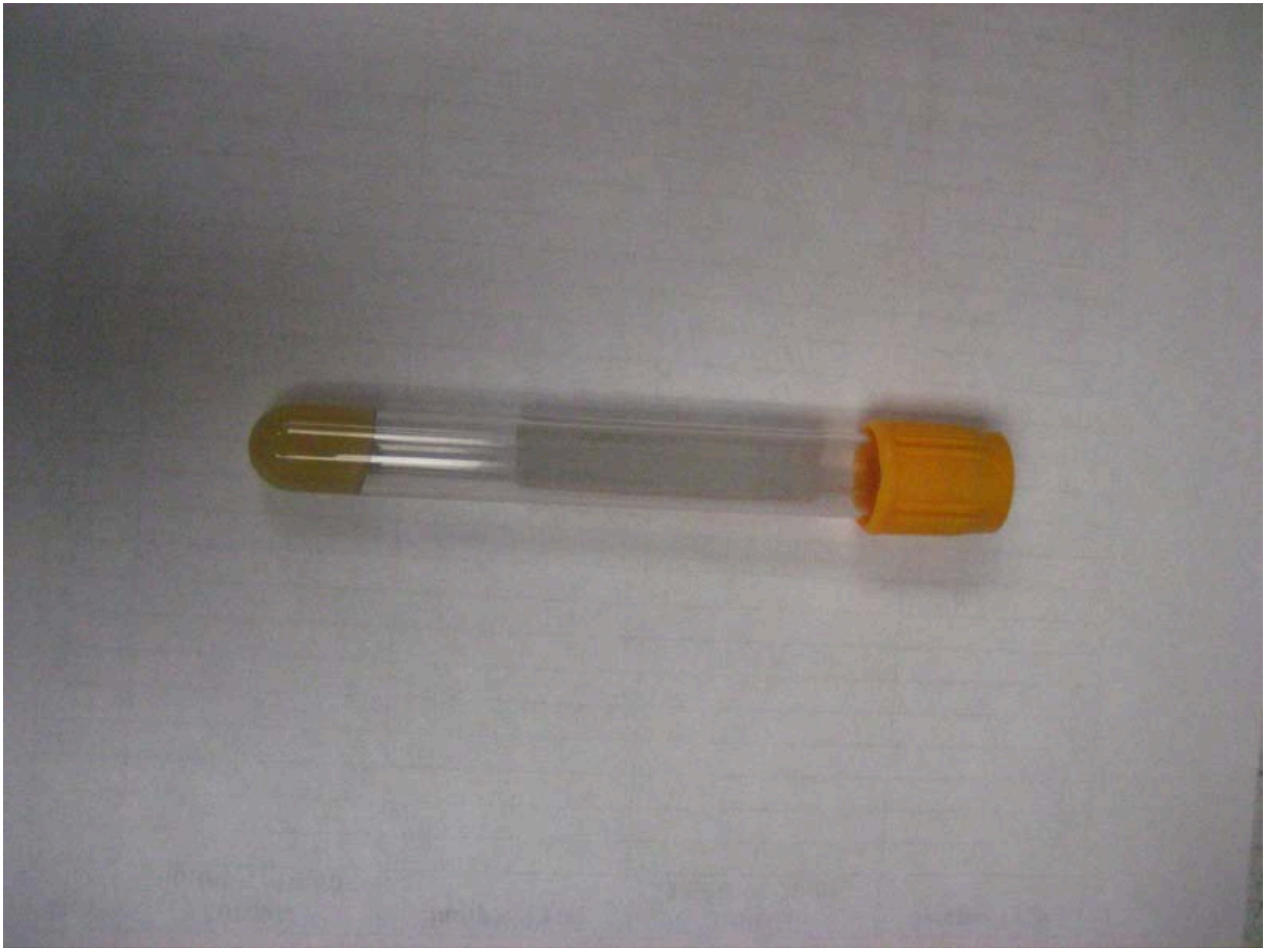
TEST NAME:	Granulocyte Concentrate, Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
DAYS PERFORMED:	Arrangements should be scheduled at least 24 hours in advance. Weekdays, 0730-1700; weekends, 0730-1400. Tech "on call" will only perform donations scheduled 24 hours in advance.
TURNAROUND TIME:	Donation should take between 2-4 hours. Donor specimen must be completely processed and cross-matched.
SPECIAL INSTRUCTIONS:	Requires special approval by Blood Center physician.
CONTAINER TYPE:	Pink top tube (See Attached)
COLLECTION:	**Special Labeling Requirements**: The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for non-LLT draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. NOTE: LLT phlebotomists should write 'LLT' for the second set of initials.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
REFERENCE RANGE:	Each unit contains at least 1 x 1010 granulocytes.
TEST SYNONYM(S):	Leukocyte Concentrate; White Blood Cell Concentrate


BD VACUTAINER
EDTA
WARD
TIME
AM PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417
HAEMATOLOGY

Rush Medical Labs

TEST NAME:	Growth Hormone
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	GH
CPT CODE:	83003-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Stimulation test must be administered by a physician. Patient should fast 12 hours before specimen collection.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (1 mL serum)
MINIMUM VOLUME:	2.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 521
POE DESCRIPTION:	GROWTH HORMONE; GROWTH HOR
TEST SYNONYM(S):	HGH; Human Growth Hormone; IRGH; Somatotropic Hormone; STH
LAST UPDATED:	10/14/2019

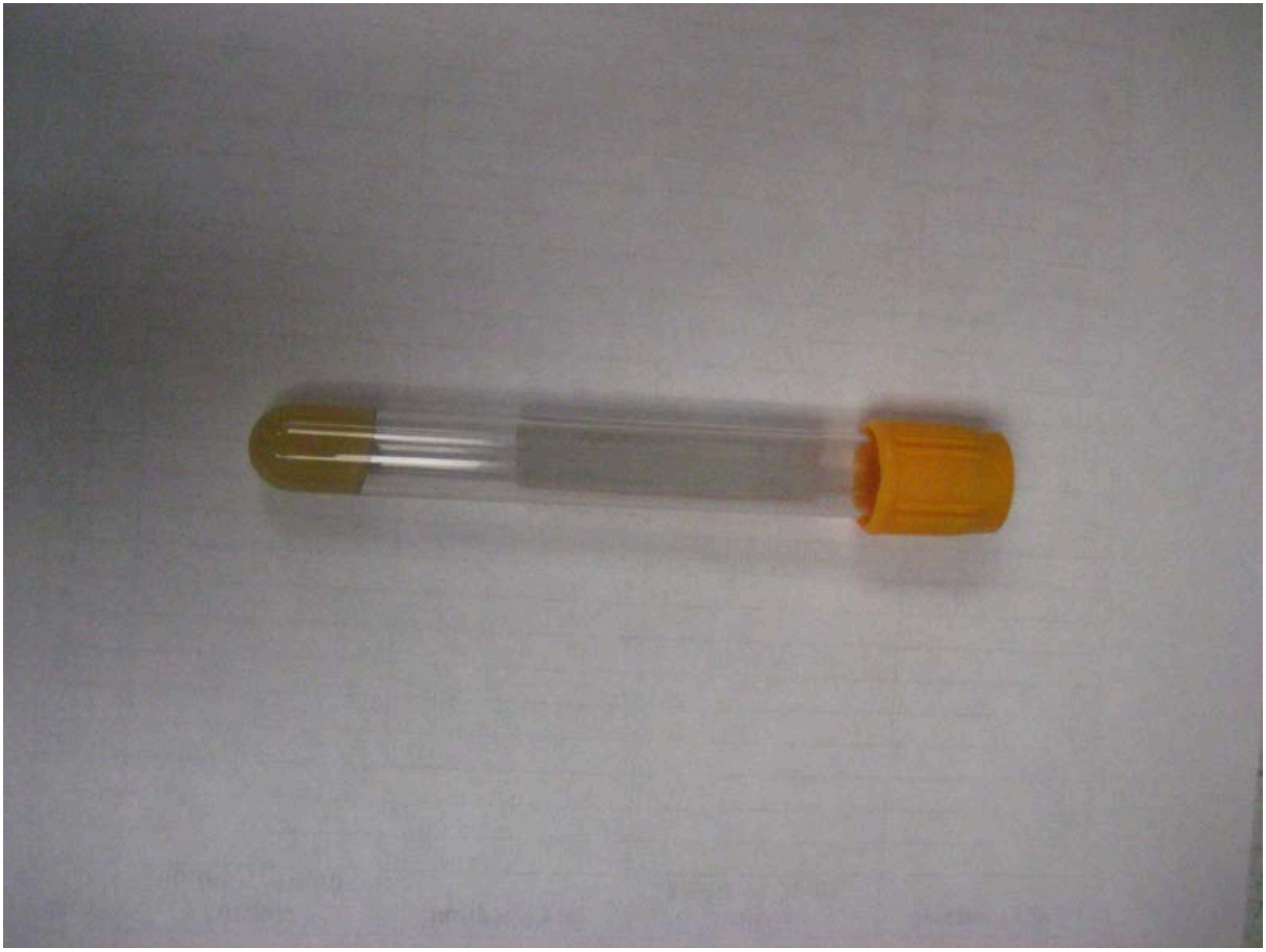

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

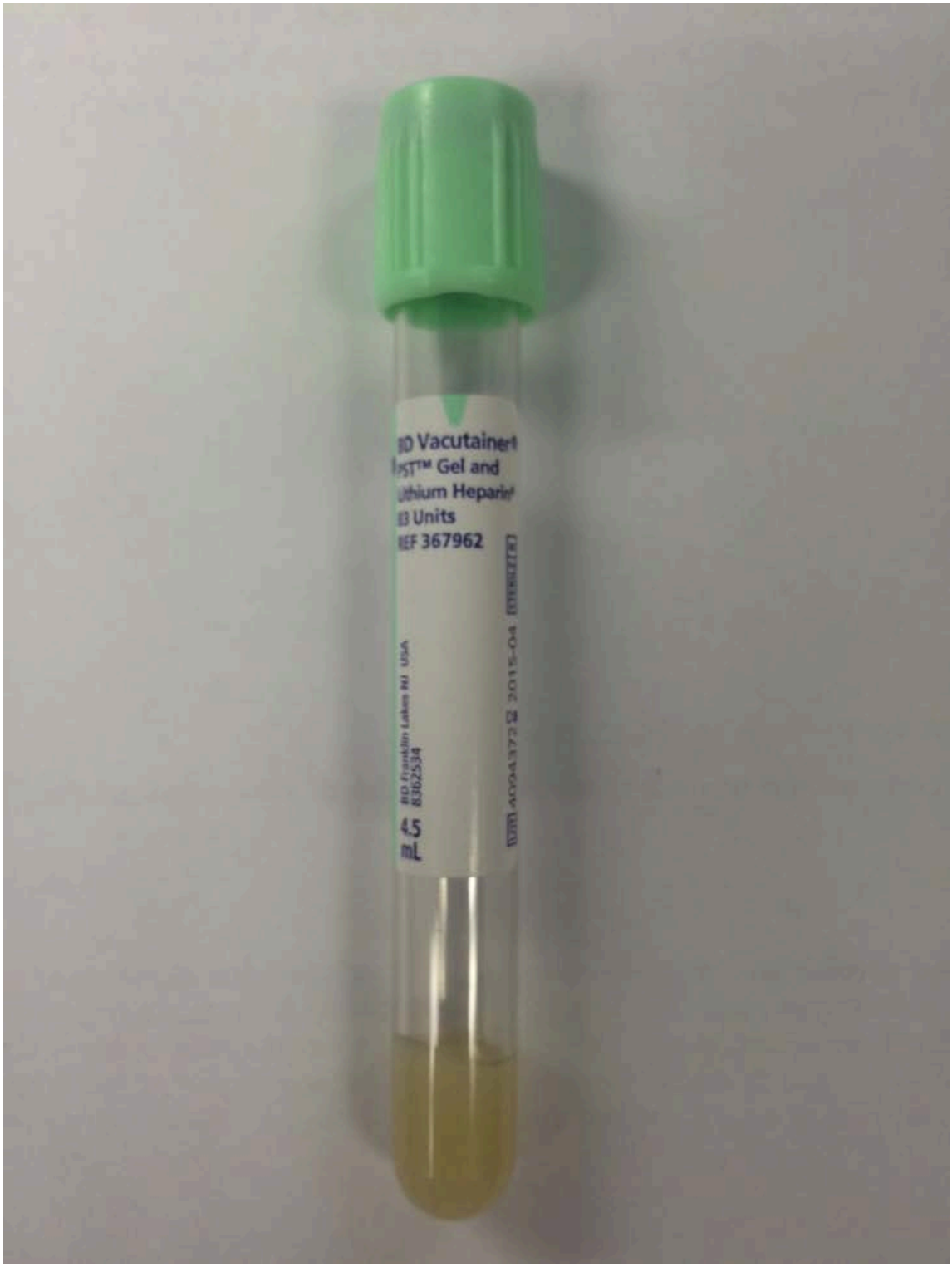
TEST NAME:	Haemophilus Influenzae B IgG Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HIAB
CPT CODE:	86684-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code 35135
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

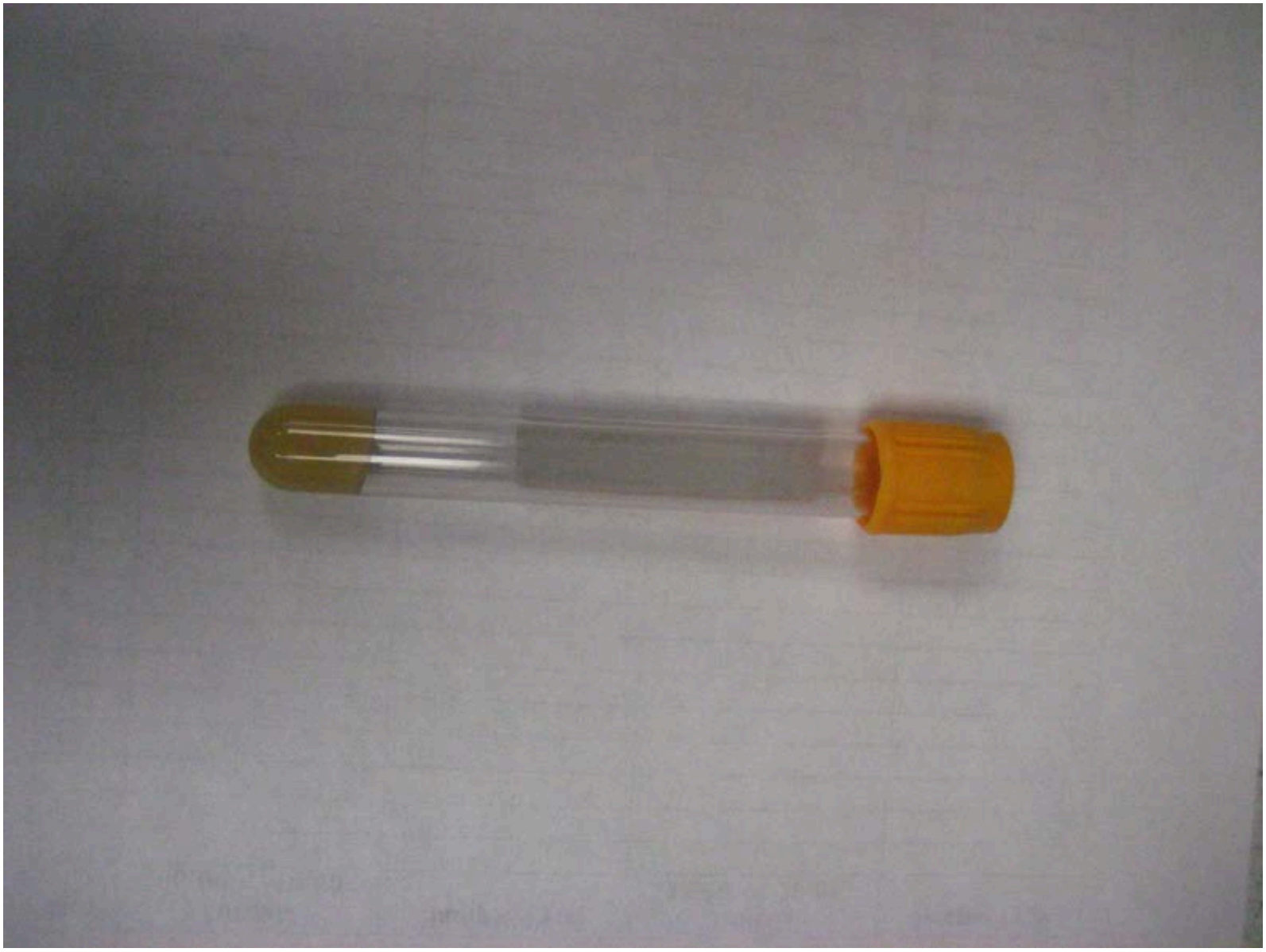
TEST NAME:	Haptoglobin, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HAPT
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	2mL blood (1.0 mL plasma)
REJECTION CRITERIA:	Any degree of Hemolysis; Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	31-167 mg/dL
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	HAPTOGLOBIN
LAST UPDATED:	10/14/2019


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Hazelnut (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HZLNT
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.3 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.15 mL serum)
REFERENCE RANGE:	Search Test Code - 2817
POE DESCRIPTION:	Hazelnut Allergen
TEST SYNONYM(S):	Filbert allergen
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

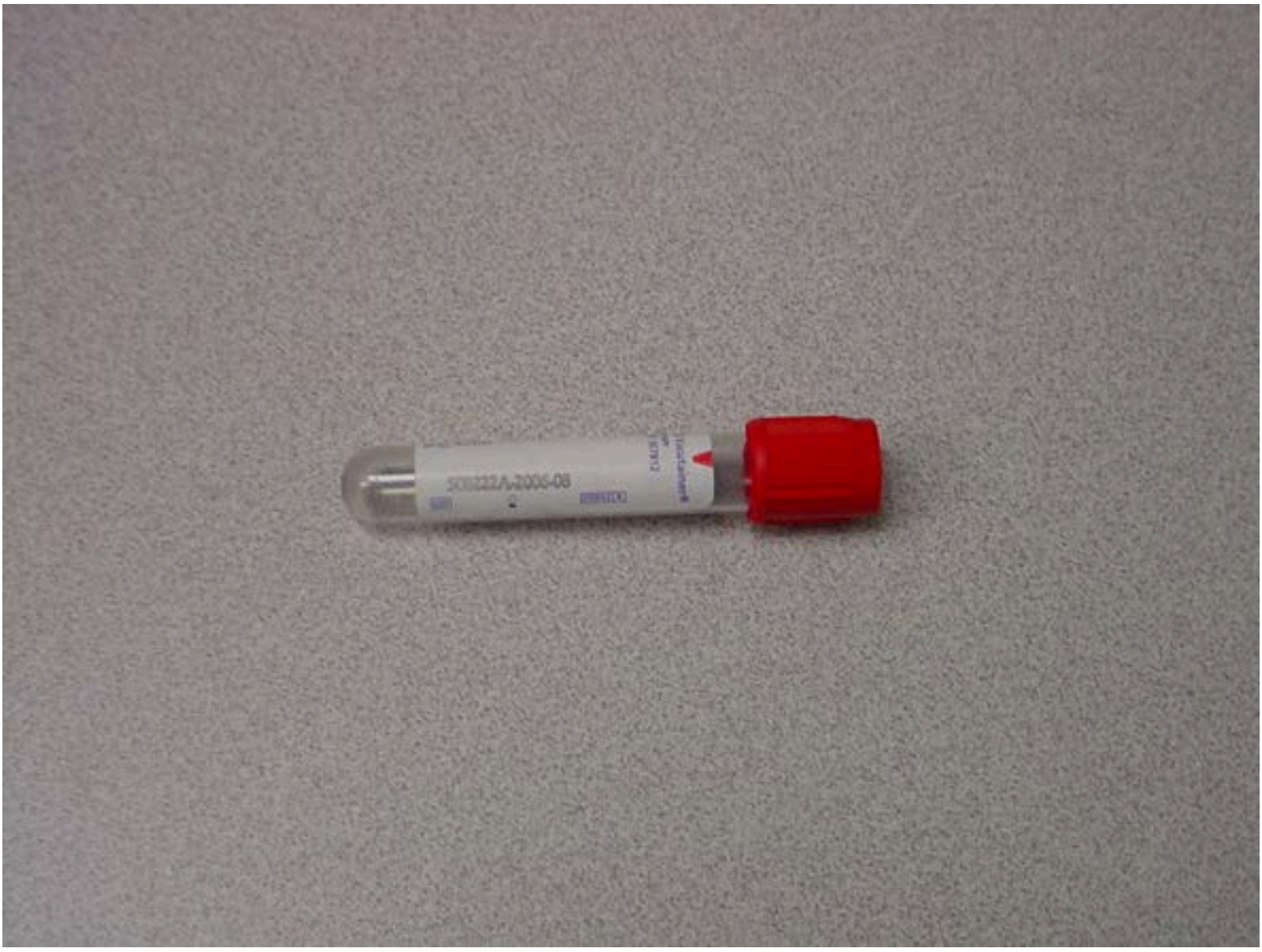
TEST NAME:	HE4 Ovarian Tumor Marker
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HE4
CPT CODE:	86305-90
CDM NUMBER:	3181490
TEST INFORMATION:	The HE4 EIA assay is an enzyme immunoassay for the quantitative determination of HE4 antigen in serum. HE4 is a biomarker for ovarian cancer.
TURNAROUND TIME:	7 days
CONTAINER TYPE:	Red top tube - 10 mL (See Attached)
SPECIMEN REQUIREMENTS:	0.5 mL of serum
REJECTION CRITERIA:	Hemololysis, Lipemia, Specimens with heavy particulate matter.
MINIMUM VOLUME:	1 mL of blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code - 16500
METHODOLOGY:	EIA
REFERRAL LABORATORY:	Quest Diagnostics Nichols Institute
POE DESCRIPTION:	HE4

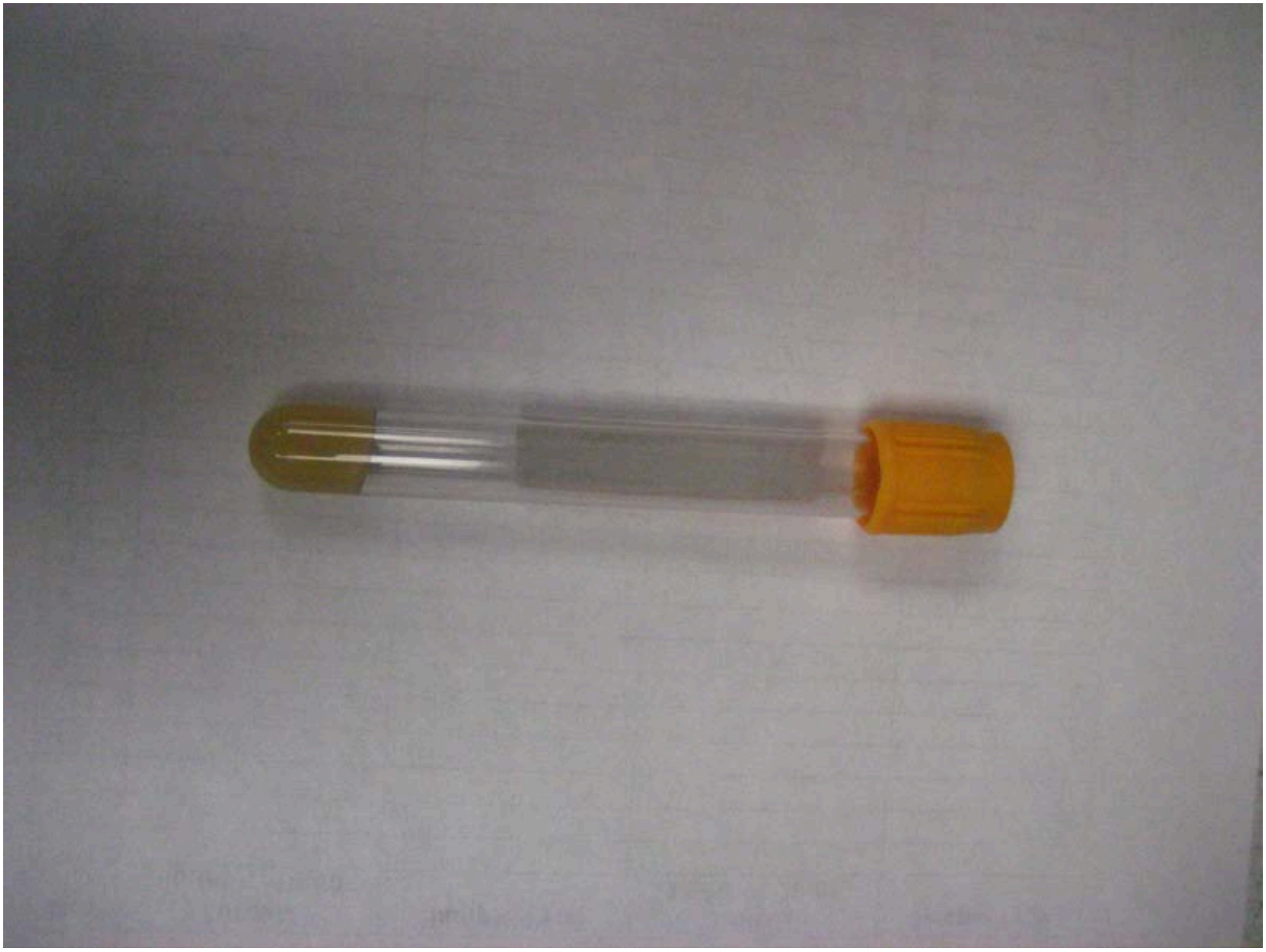

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Heat Shock Protein 70
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HSP70
CPT CODE:	84181-90
CDM NUMBER:	3181473
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or Red top tube - 4 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2mL blood (1 mL serum)
REJECTION CRITERIA:	lipemic, hemolyzed specimens
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 36734
METHODOLOGY:	EIA
POE DESCRIPTION:	Heat Shock Protein 70 Ab
TEST SYNONYM(S):	HSP-70
LAST UPDATED:	10/14/2019

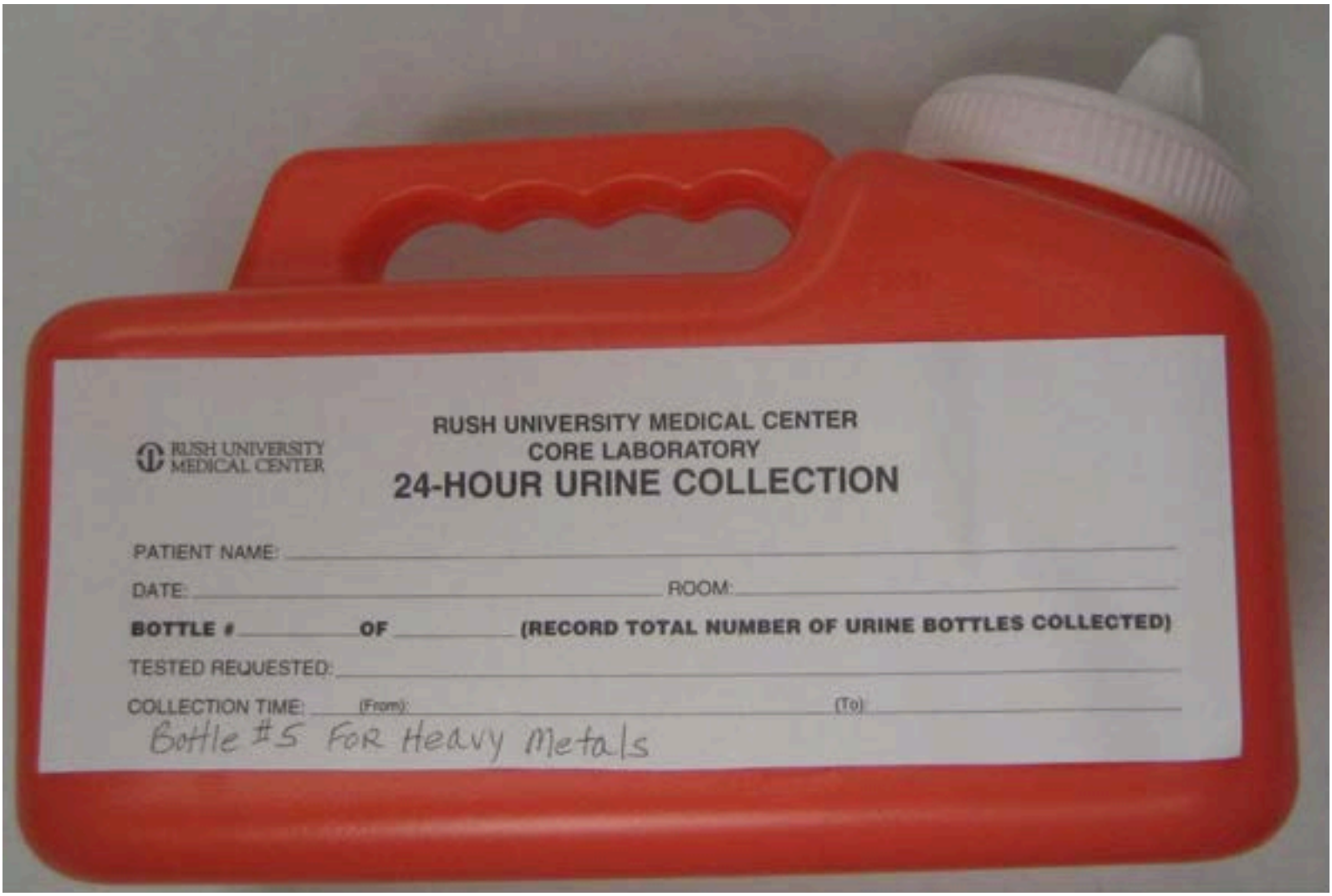

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05





Rush Medical Labs

TEST NAME:	Heavy Metals, 24 Hr. Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UHM
CPT CODE:	82175-90; 83655-90; 83825-90
TEST INFORMATION:	Includes arsenic, lead, mercury
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should avoid seafood consumption for one week prior to sample collection.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #5 - Heavy Metals(Acid-washed) (See Attached)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory
HANDLING INSTRUCTIONS:	Refrigerate during collection
REFERENCE RANGE:	Search Test Code 14573
POE DESCRIPTION:	URR HEAVY METALS; U/HM
TEST SYNONYM(S):	Urine Heavy Metals
LAST UPDATED:	10/14/2019


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTION
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF URINE BOTTLES COLLECTED)
TESTED REQUESTED:
COLLECTION TIME: (From): (To):
Bottle #5 For Heavy Metals

Rush Medical Labs

TEST NAME:	Heinz Body Stain
TESTING LAB:	2;#Core Laboratory
CPT CODE:	85441-90, 85445-90
TEST INFORMATION:	
DAYS PERFORMED:	As scheduled by laboratory
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	Procedure must be scheduled in advance with the laboratory at 942-5002. Deliver immediately after collection. Specimen must be in laboratory before 1100 hours.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	4mL EDTA whole blood
REJECTION CRITERIA:	Not scheduled ahead with the laboratory, non-fresh sample
MINIMUM VOLUME:	2 mL EDTA whole blood
HANDLING INSTRUCTIONS:	Specimen must be fresh. Specimen must be delivered to the laboratory immediately after collection.
REFERENCE RANGE:	See ARUP Laboratories - Search Test Code 0049090
TEST SYNONYM(S):	Crystal Violet Stain for Heinz Bodies
LAST UPDATED:	04/25/2014


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Helicobacter pylori Antigen
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	PYLAG
CPT CODE:	87338
CDM NUMBER:	3421138
DAYS PERFORMED:	Daily on 1st and 2nd shift
TURNAROUND TIME:	2-4 days
CONTAINER TYPE:	Screw top clean container or white screw top vial included in stool ParaPak collection kit. No preservative or transport media.
COLLECTION:	The specimen should be collected directly into the clean container (no preservative) or into a bedpan, avoiding contamination with urine or water. Transfer the feces from the bedpan into the clean container.
SPECIMEN REQUIREMENTS:	Fresh stool
REJECTION CRITERIA:	Specimen on outside of container, insufficient quantity of specimen, rectal swab, specimen submitted in a preservative or in transport media, specimen contaminated with water and/or urine. Only one specimen will be accepted per day.
MINIMUM VOLUME:	1 gram
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. Specimen MUST be refrigerated when processing is delayed.
REFERENCE RANGE:	Negative for Helicobacter pylori antigen.
LIMITATIONS OF TEST:	A negative result indicates an absence of *Helicobacter pylori* antigen, or that the level of antigen is below that which can be detected by the assay.
METHODOLOGY:	Lateral Flow immunoassay
CRITICAL VALUES:	Antimicrobials, proton pump inhibitors and bismuth preparations are known to suppress H. pylori and may cause false negative results if ingested within two weeks prior to testing. A positive result would be considered accurate.
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Hematocrit
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HCT
DAYS PERFORMED:	Daily, 24 hours, available STAT
TURNAROUND TIME:	4hours; STAT, 1 hour
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Whole Blood
REJECTION CRITERIA:	Clotted specimen
MINIMUM VOLUME:	1.5 mL venous, 250 µL capillary whole blood. If sample is collected in capillary tubes for microhematocrit, samples must be obtained in duplicate whenever possible.
HANDLING INSTRUCTIONS:	On collection, invert tube to mix well.
REFERENCE RANGE:	See table.
CRITICAL VALUES:	0-6 months: < 20%
POE DESCRIPTION:	HCT
TEST SYNONYM(S):	Crit
LAST UPDATED:	11/01/2017


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

COMPLETE BLOOD COUNT

REFERENCE RANGES

HEMATOLOGY PANEL

Age	WBC ($X\ 10^3$/cmm)	RBC (m/cmm)	Hgb (g/dL)	Hct (%)	MCV (u^3)	MCH (pg)	MCHC (gm/dL)	PLATELETS ($x10^3/mm^3$)	RDW (%)
Adult	4.0-10.0	M: 4.50-5.90 F: 4.00-5.20	M 13.5-17.5 F: 12.0-16.0	M: 42-54 F: 37-47	82-103	26-34	30-37	150-399	11.5-14.5
0-3 days	8-38	4.00-6.60	14.5-22.5	46-68	97-124	31-37	28-37	150-399	11.5-14.5
4-7 days	6-17	3.90-6.30	13.5-21.5	43-67	90-129	28-40	27-38	150-399	11.5-14.5
8-14 days	5-16	3.60-6.20	12.5-20.5	40-64	88-127	28-40	27-38	150-399	11.5-14.5
15-30 days	5-15	3.00-5.40	10.0-18.0	32-56	87-126	28-40	28-37	150-399	11.5-14.5
30-90 days	5-15	2.70-4.90	9.0-14.0	29-43	79-117	26-34	28-37	150-399	11.5-14.5
3-6 mos.	5-15	3.10-4.50	9.5-13.5	30-42	76-111	25-35	29-36	150-399	11.5-14.5
6 mos.-2 yrs.	5-15	3.70-5.30	11.0-13.0	34-40	72-89	23-31	29-36	150-399	11.5-14.5
2-6 yrs	5-13	3.90-5.30	11.5-13.5	35-41	77-90	24-30	30-37	150-399	11.5-14.5
6-12 yrs.	5-12	4.00-5.20	11.5-15.5	36-46	79-98	25-33	30-37	150-399	11.5-14.5

Rush Medical Labs

TEST NAME:	Hematology Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CBC
CPT CODE:	85027; 85029
TEST INFORMATION:	Test includes: RBC, HGB, HCT, RBC Indicies, WBC, Platelet Count
DAYS PERFORMED:	Daily, 24 hours; available stat
TURNAROUND TIME:	8 hours; stat: 1 hour
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Clotted specimen, >24 hours old
MINIMUM VOLUME:	1.5 mL venous, 250 µL capillary whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible, not more than 2 hours after collection.
REFERENCE RANGE:	See Table
POE DESCRIPTION:	COMPLETE BLOOD COUNT
TEST SYNONYM(S):	Hemogram; Hematology Panel


BD Vacutainer
EDTA 10
REF 367863
6.0 mL

COMPLETE BLOOD COUNT

REFERENCE RANGES

HEMATOLOGY PANEL

Age	WBC ($X\ 10^3$/cmm)	RBC (m/cmm)	Hgb (g/dL)	Hct (%)	MCV (u^3)	MCH (pg)	MCHC (gm/dL)	PLATELETS ($x10^3/mm^3$)	RDW (%)
Adult	4.0-10.0	M: 4.50-5.90 F: 4.00-5.20	M 13.5-17.5 F: 12.0-16.0	M: 42-54 F: 37-47	82-103	26-34	30-37	150-399	11.5-14.5
0-3 days	8-38	4.00-6.60	14.5-22.5	46-68	97-124	31-37	28-37	150-399	11.5-14.5
4-7 days	6-17	3.90-6.30	13.5-21.5	43-67	90-129	28-40	27-38	150-399	11.5-14.5
8-14 days	5-16	3.60-6.20	12.5-20.5	40-64	88-127	28-40	27-38	150-399	11.5-14.5
15-30 days	5-15	3.00-5.40	10.0-18.0	32-56	87-126	28-40	28-37	150-399	11.5-14.5
30-90 days	5-15	2.70-4.90	9.0-14.0	29-43	79-117	26-34	28-37	150-399	11.5-14.5
3-6 mos.	5-15	3.10-4.50	9.5-13.5	30-42	76-111	25-35	29-36	150-399	11.5-14.5
6 mos.-2 yrs.	5-15	3.70-5.30	11.0-13.0	34-40	72-89	23-31	29-36	150-399	11.5-14.5
2-6 yrs	5-13	3.90-5.30	11.5-13.5	35-41	77-90	24-30	30-37	150-399	11.5-14.5
6-12 yrs.	5-12	4.00-5.20	11.5-15.5	36-46	79-98	25-33	30-37	150-399	11.5-14.5

Rush Medical Labs

TEST NAME:	Hemoccult
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	Q/HEMOCC
CPT CODE:	82270
CDM NUMBER:	3451039
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 day
CONTAINER TYPE:	Sealed, plastic stool container.
COLLECTION:	The specimen should be collected directly into the plastic feces specimen container (no preservative) or into a bedpan, avoiding contamination with urine or water. Transfer the feces from the bedpan into the plastic feces container or a sealer container.
SPECIMEN REQUIREMENTS:	Fresh stool
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen contaminated with urine and/or water, specimen containing interfering substances (i.e. castor oil, bismuth, Metamucil, barium), more than one specimen submitted to the laboratory per day. Diapers and specimens on tissue paper are NOT acceptable. Gastric specimen.
MINIMUM VOLUME:	1-2 grams
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Guiac: negative or trace of blood.
LIMITATIONS OF TEST:	The patient should have a diet free of high bulk, red meat, and fish, with restriction of peroxidase-rich vegetables, for 72 hours prior to specimen submission, and during testing, to decrease the incidence of false positive results. Alcohol, aspirin, and other gastric irritants should be avoided.
METHODOLOGY:	Guiac (chemical method); direct observation.
ADDITIONAL INFORMATION:	A positive Guiac test has more significance than does a negative test.
TEST SYNONYM(S):	Feces, Standard Exam; Blood, Occult, Stool; Guaiac, Stool; Stool for Blood; Occult blood, stool
LAST UPDATED:	05/22/2014

Rush Medical Labs

TEST NAME:	Hemochromatosis
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	81256-90
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	5mL EDTA whole blood
MINIMUM VOLUME:	3 mL EDTA whole blood
HANDLING INSTRUCTIONS:	Do not freeze
REFERENCE RANGE:	Search Test Code - 35079
TEST SYNONYM(S):	HFE; Hemochromatosis DNA Mutation Analysis, Hereditary
LAST UPDATED:	10/14/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Hemoglobin A1C
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HA1C
CPT CODE:	83036
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	24 hours
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached) If a Complete Blood Count (CBC) or other hematology tests are requested, a separate lavender top (K2 EDTA) tube must be drawn for Hgb A1C.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	0.5 mL whole blood
REFERENCE RANGE:	Normal: 3.9% to 6.2%
TEST SYNONYM(S):	Glycated Hemoglobin, Blood; Glucohemoglobin
LAST UPDATED:	10/14/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Hemoglobin AIC, Reflex Test
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QA1C
CPT CODE:	83036-90
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL (See Attached)
SPECIMEN REQUIREMENTS:	2mL whole blood
MINIMUM VOLUME:	1 mL whole blood
REFERENCE RANGE:	Search Test Code 35489
METHODOLOGY:	Turbidimetry
LAST UPDATED:	10/14/2019



Rush Medical Labs

TEST NAME:	Hemoglobin Electrophoresis
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HGBEL
CPT CODE:	83020
DAYS PERFORMED:	Monday and Thursday, first shift
TURNAROUND TIME:	3-5 days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL (See Attached)
SPECIMEN REQUIREMENTS:	3 mL whole blood (3 mL EDTA whole blood)
REJECTION CRITERIA:	Clotted Specimen
MINIMUM VOLUME:	1 mL whole blood (2 mL K2 EDTA whole blood)
REFERENCE RANGE:	(Adults) Hemoglobin A: 94.5-98%; hemoglobin A2: 2.0-3.5%; hemoglobin F: 0.0% to 2.0%; hemoglobin C: absent; hemoglobin S: absent; no abnormal hemoglobin present
METHODOLOGY:	Capillary Electrophoresis
POE DESCRIPTION:	HEMOGLOBIN ELECTROPHORESIS; HGB ELECTROPHORESIS; HGB ELECT
TEST SYNONYM(S):	Electrophoresis, Hemoglobin
LAST UPDATED:	10/14/2019



Rush Medical Labs

TEST NAME:	Hemoglobin F Slide Elution (Kleihauer-Betke)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	KBSE
CPT CODE:	85460
DAYS PERFORMED:	Mon-Fri, 0800-1300
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	Procedure must be scheduled in advance with laboratory at 942-5002. Deliver immediately after collection. Specimen must be in laboratory before 1100 hours if test is to be done same day.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Not scheduled with the laboratory ahead of time. Not drawn in EDTA
MINIMUM VOLUME:	1.5 mL whole blood
HANDLING INSTRUCTIONS:	Blood must be less than 6 hours old. Smears must be fixed within 1 hour after preparation. Refrigerate specimen if it cannot be processed immediately.
REFERENCE RANGE:	Heterogeneous distribution; <1 fetal cell/1000 adult cells
POE DESCRIPTION:	HEMOGLOBIN F SLIDE ELUTION; KLEIHAUER BETKE; K-B
TEST SYNONYM(S):	Acid Elution for Fetal Hemoglobin; Fetal Hemoglobin Stain; Fetal-Maternal Hemorrhage Test; Hb F Slide Elution; Kleihauer-Betke
LAST UPDATED:	06/14/2017


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0
mL

Rush Medical Labs

TEST NAME:	Hemoglobin, Plasma
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PFHGB
CPT CODE:	83051-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Green top (sodium heparin) - 10 mL tube (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL whole blood (0.5 mL heparinized plasma)
REJECTION CRITERIA:	Hemolyzed sample not acceptable
MINIMUM VOLUME:	1.0 mL whole blood (0.2 mL heparinized plasma)
REFERENCE RANGE:	Search Test Code 514
POE DESCRIPTION:	HEMOGLOBIN PLASMA; PLASMA HEMOGLOBIN; HGB/P
TEST SYNONYM(S):	Plasma Free Hemoglobin; Plasma Hemoglobin
LAST UPDATED:	06/19/2019


VACUTAINER

Rush Medical Labs

TEST NAME:	Hemoglobin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HGB
DAYS PERFORMED:	Daily, 24 hours, available STAT
TURNAROUND TIME:	4hours; STAT, 1 hour
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Whole Blood
REJECTION CRITERIA:	Clotted specimen
MINIMUM VOLUME:	1.5 mL venous, 250 uL capillary whole blood
HANDLING INSTRUCTIONS:	On collection, invert tube to mix well.
REFERENCE RANGE:	See Table
CRITICAL VALUES:	< 6.0 gm/dL
POE DESCRIPTION:	HGB
TEST SYNONYM(S):	Hem, H+H, H&H


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

COMPLETE BLOOD COUNT

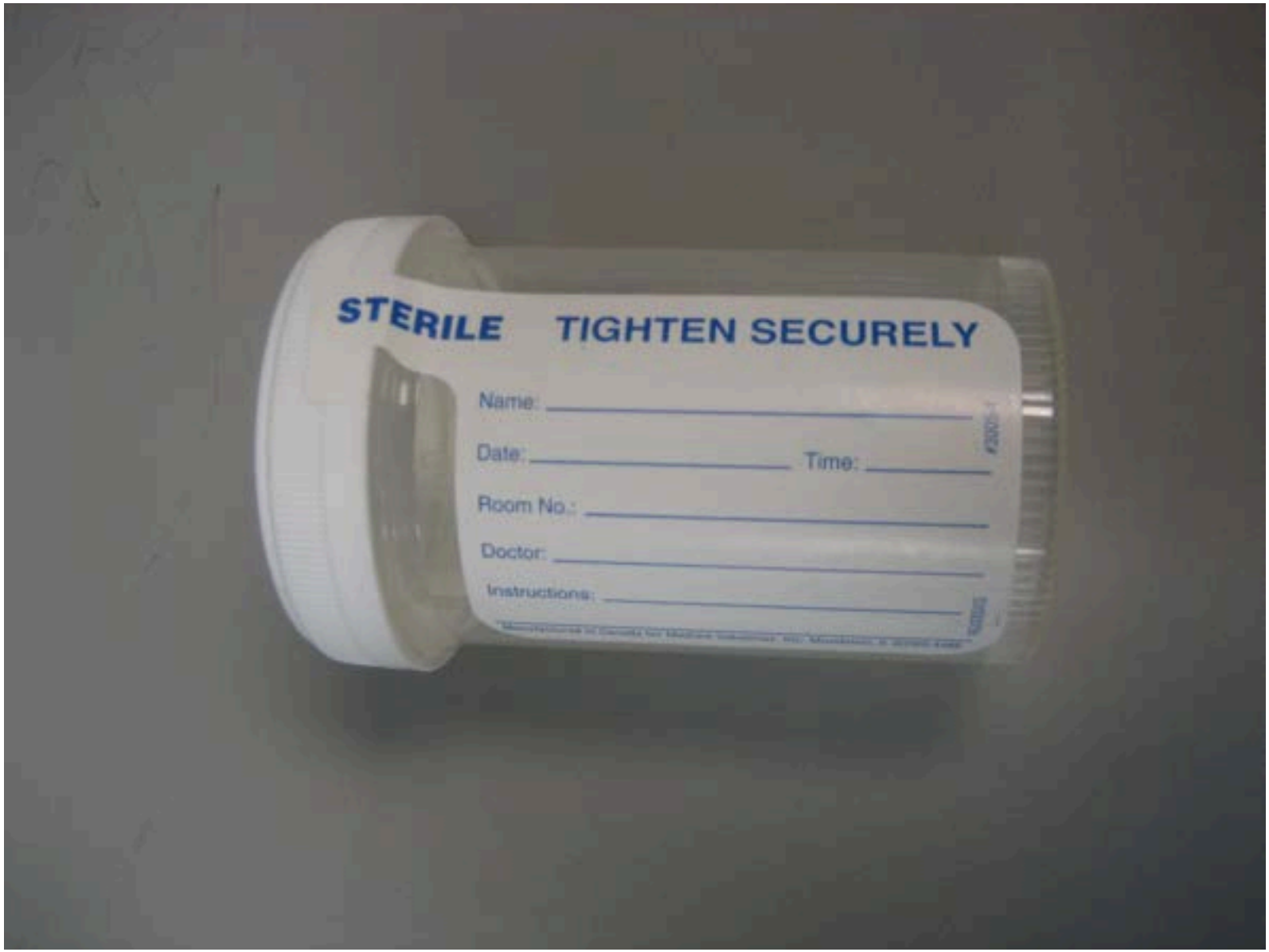
REFERENCE RANGES

HEMATOLOGY PANEL

Age	WBC ($X\ 10^3$/cmm)	RBC (m/cmm)	Hgb (g/dL)	Hct (%)	MCV (u^3)	MCH (pg)	MCHC (gm/dL)	PLATELETS ($x10^3/mm^3$)	RDW (%)
Adult	4.0-10.0	M: 4.50-5.90 F: 4.00-5.20	M 13.5-17.5 F: 12.0-16.0	M: 42-54 F: 37-47	82-103	26-34	30-37	150-399	11.5-14.5
0-3 days	8-38	4.00-6.60	14.5-22.5	46-68	97-124	31-37	28-37	150-399	11.5-14.5
4-7 days	6-17	3.90-6.30	13.5-21.5	43-67	90-129	28-40	27-38	150-399	11.5-14.5
8-14 days	5-16	3.60-6.20	12.5-20.5	40-64	88-127	28-40	27-38	150-399	11.5-14.5
15-30 days	5-15	3.00-5.40	10.0-18.0	32-56	87-126	28-40	28-37	150-399	11.5-14.5
30-90 days	5-15	2.70-4.90	9.0-14.0	29-43	79-117	26-34	28-37	150-399	11.5-14.5
3-6 mos.	5-15	3.10-4.50	9.5-13.5	30-42	76-111	25-35	29-36	150-399	11.5-14.5
6 mos.-2 yrs.	5-15	3.70-5.30	11.0-13.0	34-40	72-89	23-31	29-36	150-399	11.5-14.5
2-6 yrs	5-13	3.90-5.30	11.5-13.5	35-41	77-90	24-30	30-37	150-399	11.5-14.5
6-12 yrs.	5-12	4.00-5.20	11.5-15.5	36-46	79-98	25-33	30-37	150-399	11.5-14.5

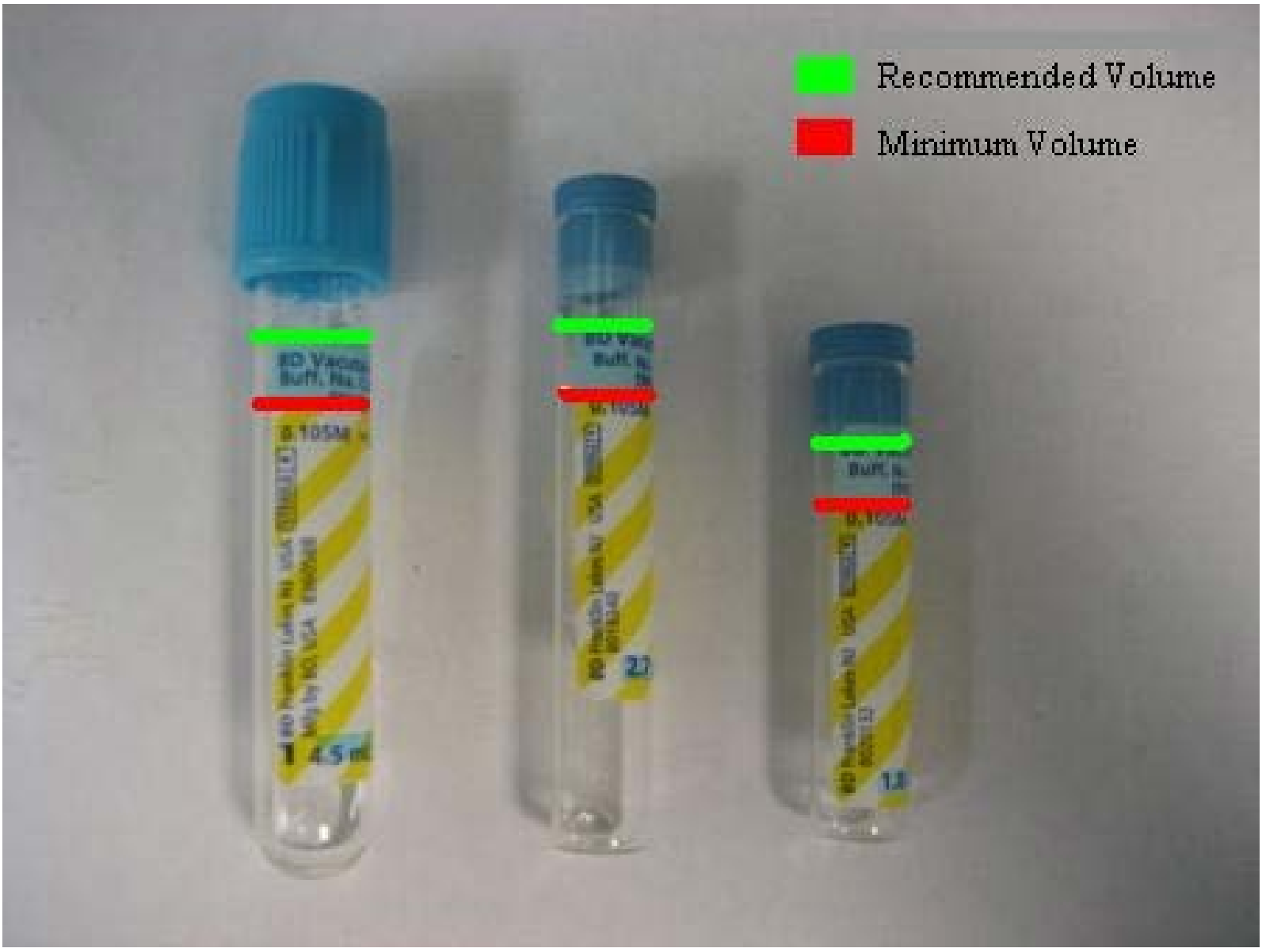
Rush Medical Labs

TEST NAME:	Hemosiderin, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UHMSR
CPT CODE:	83070
TURNAROUND TIME:	5-7 days
SPECIAL INSTRUCTIONS:	First morning sample is preferred.
CONTAINER TYPE:	Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	30 mL random urine
MINIMUM VOLUME:	20 mL random urine
REFERENCE RANGE:	Search Test Code 518
POE DESCRIPTION:	URT HEMOSIDERIN; U/HEMOSID
TEST SYNONYM(S):	Iron Stain, Urine; Prussian Blue, Urine; Urine Hemosiderin
LAST UPDATED:	10/14/2019


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

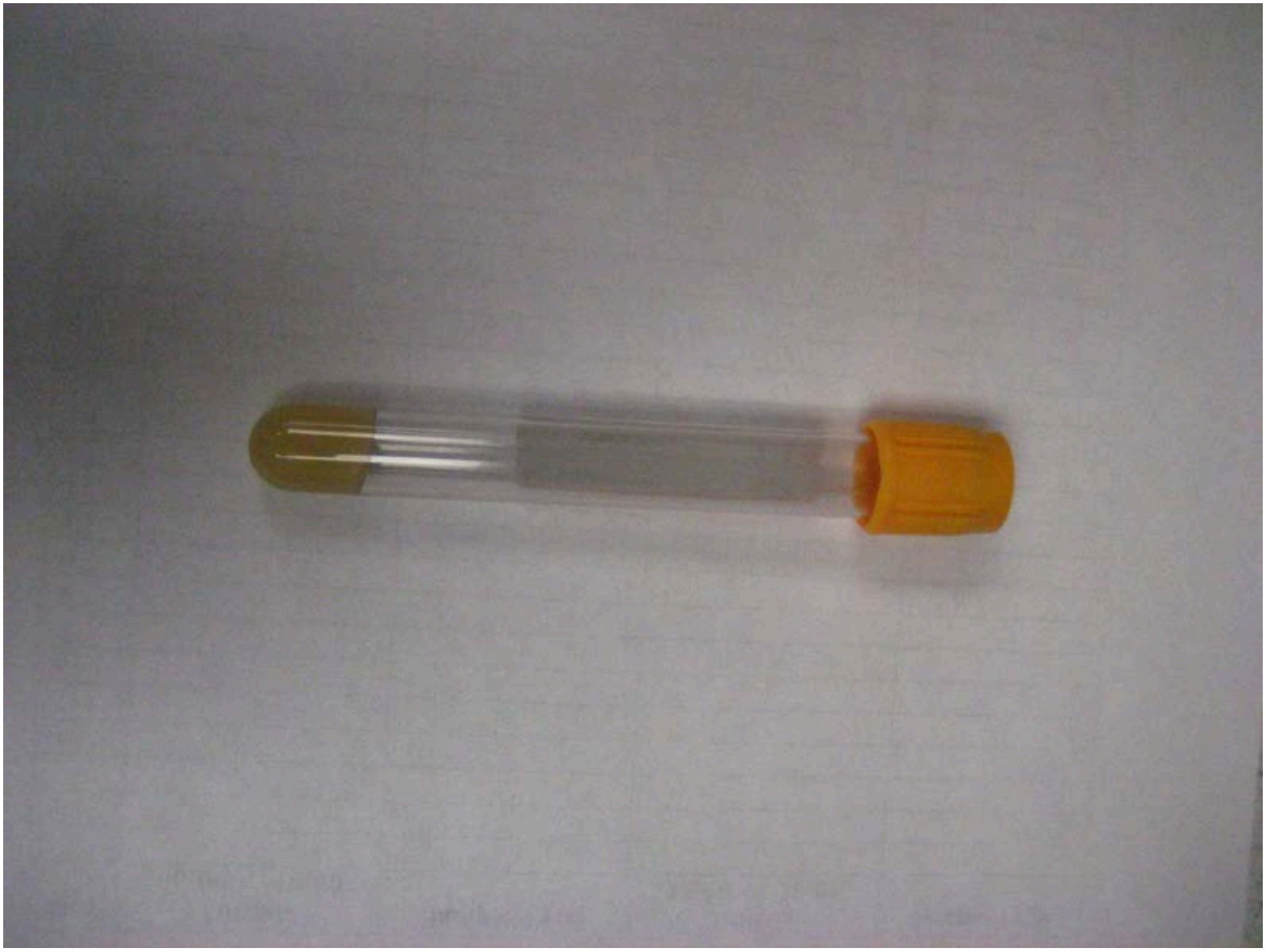
TEST NAME:	Heparin Anti-Xa (Unfractionated)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UHXA
CPT CODE:	85520
TEST INFORMATION:	Heparin exists as unfractionated (UFH) or low molecular weight (LMWH). This Heparin Anti-Xa assay measures UFH only. For LMWH refer to Lab User's Guide Low Molecular Weight Heparin (LMWH).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; Stat: 1 hour
SPECIAL INSTRUCTIONS:	Deliver blue top (sodium citrate) tube immediately to the Core Laboratory
CONTAINER TYPE:	Blue top (sodium citrate) tube 3.2% (0.109M) citrate preferred; 3.8% (0.129m) citrate is acceptable (See Attached)
COLLECTION:	See Section - "Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.0 mL whole blood (0.5 mL citrated plasma) or pediatric 1.8 mL or 2.7 mL tubes
REJECTION CRITERIA:	Gross hemolysis; clotted sample
MINIMUM VOLUME:	3.5 mL blood (0.5 mL citrated plasma) or filled pediatric tubes
REFERENCE RANGE:	0.3 - 0.7 IU/mL- Reference ranges are accepted therapeutic values
REFERENCE CHART:	
METHODOLOGY:	Chromogenic assay on Siemens CS2500
CRITICAL VALUES:	None
TEST SYNONYM(S):	Unfractionated Heparin (UFH); Anti-FXa
LAST UPDATED:	03/30/2023


Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Heparin Induced Thrombocytopenia Platelet Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HIT AB
CPT CODE:	86022 (X2)
DAYS PERFORMED:	M - F Second shift (3:00 to 11:00)
TURNAROUND TIME:	Same day if received before 17:00 or next business day
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2 ml blood
REJECTION CRITERIA:	Heparinized blood, Hemolyzed, Lipemic, or Icteric sample
MINIMUM VOLUME:	1 ml blood
HANDLING INSTRUCTIONS:	If sample can not be delivered to the lab within 4 hours, centrifuge and separate serum or plasma from the cells. Store 2-8°C for up to 48 hours.
REFERENCE RANGE:	$\geq$ 0.400 OD is positive when confirmed by heparin inhibition of $\geq$ 50%. < 50% inhibition is considered equivocal.
LIMITATIONS OF TEST:	This assay will only detect the clinically significant IgG HIT antibody. It will not detect IgA or IgM HIT antibodies
CRITICAL VALUES:	None
TEST SYNONYM(S):	Heparin Dependent Anti-platelet Antibody; Heparin Platelet Antibody, HIT; HIT Antibody
LAST UPDATED:	12/03/2014


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatic Function Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HFP
CPT CODE:	80076
TEST INFORMATION:	Test includes albumin, total bilirubin, direct bilirubin, alkaline phosphatase, SGOT (AST), protein and SGPT (ALT).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours: stat: 1 hour
CONTAINER TYPE:	PST tube or green top (heparin) microtainer for neonates (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	4 mL blood (2 mL plasma)
REFERENCE RANGE:	See Table
CRITICAL VALUES:	Total bilirubin: 0-7 days, > 18 mg/dL, 7 days to adult > 25 mg/dL
POE DESCRIPTION:	HEPATIC FUNCTION PANEL; HFP
TEST SYNONYM(S):	HFP
LAST UPDATED:	01/27/2015


BD Franklin Lakes NJ USA
8362534
4.5 mL
BD Vacutainer
Gel and
Lithium Heparin
Units
REF 367962
4094372 2015-04

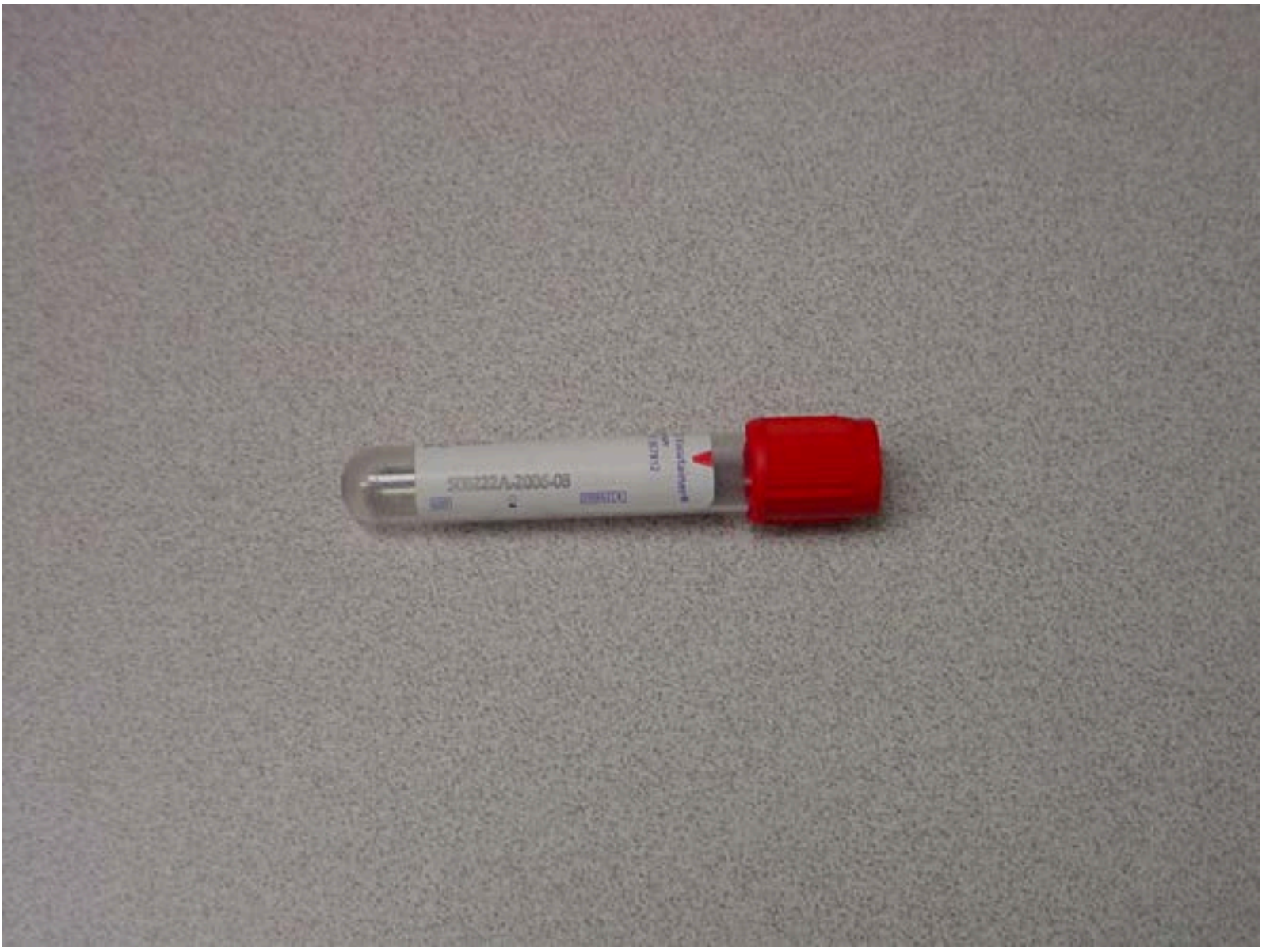


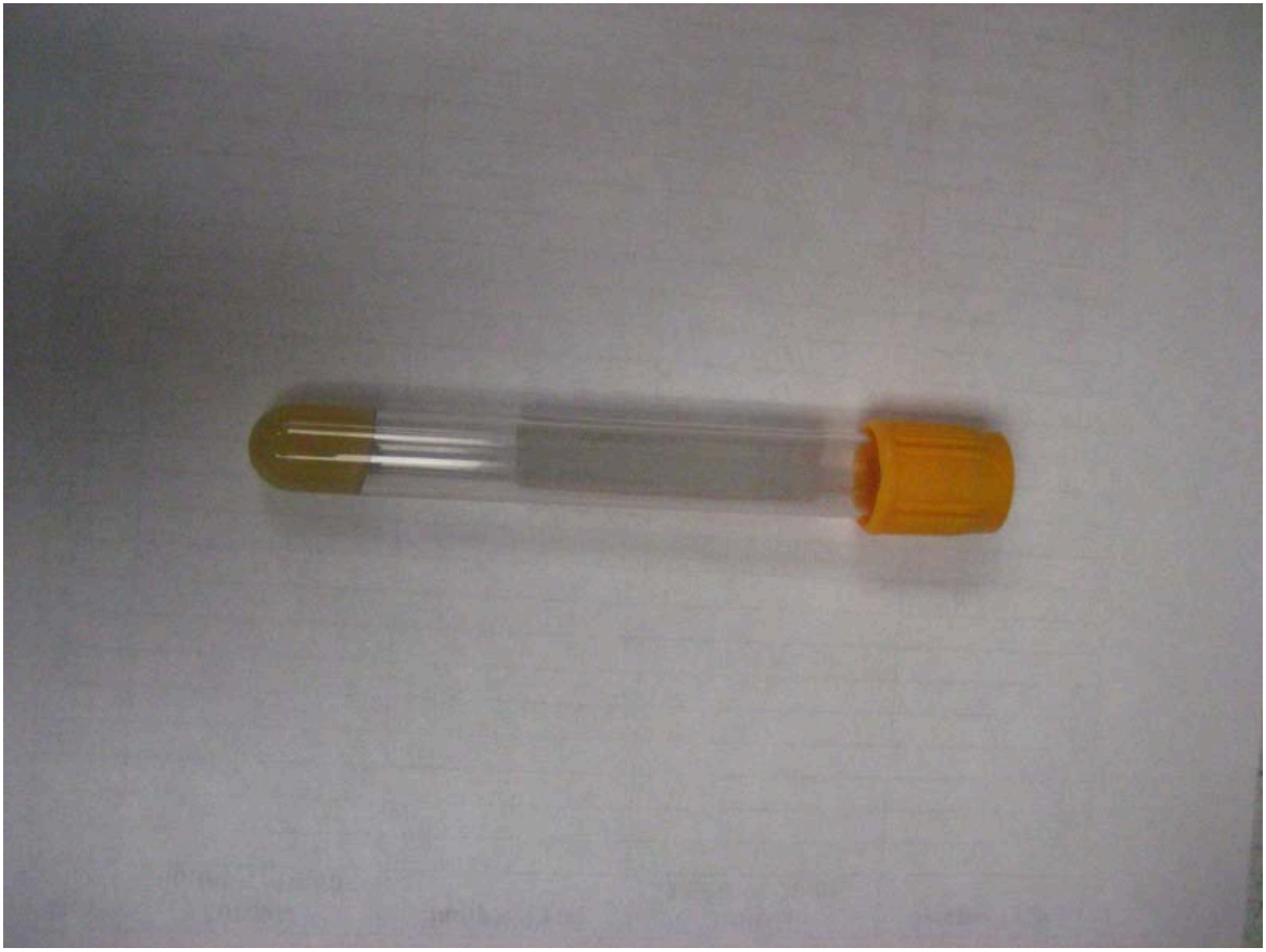
Hepatic Function Panel, Serum

Test	Range
Albumin	
1 d – 3 y	2.9 – 5.5 g/dL
3 y – adult	3.5 – 5.0 g/dL
Alkaline Phosphatase	
1 d – 15 y	80 – 250 units/L
15 y – adult	30 – 125 units/L
Bilirubin, direct	
1 d – 1 mo	0.0 – 0.6 mg/dL
1 mo – adult	0.0 – 0.3 mg/dL
Bilirubin, total	
1 d – 1 mo	0.6 – 11.1 mg/dL
1 ml – adult	0.2 – 1.3 mg/dL
SGOT(AST)	
	5 – 55 units/L
SGPT(ALT)	
	3 – 50 units/L
Protein, total	
1 d – 1 mo	5.3 – 8.9 g/dL
1 mo – 8 y	5.6 – 8.5 g/dL
8 y – adult	6.0 – 8.2 g/dL

Rush Medical Labs

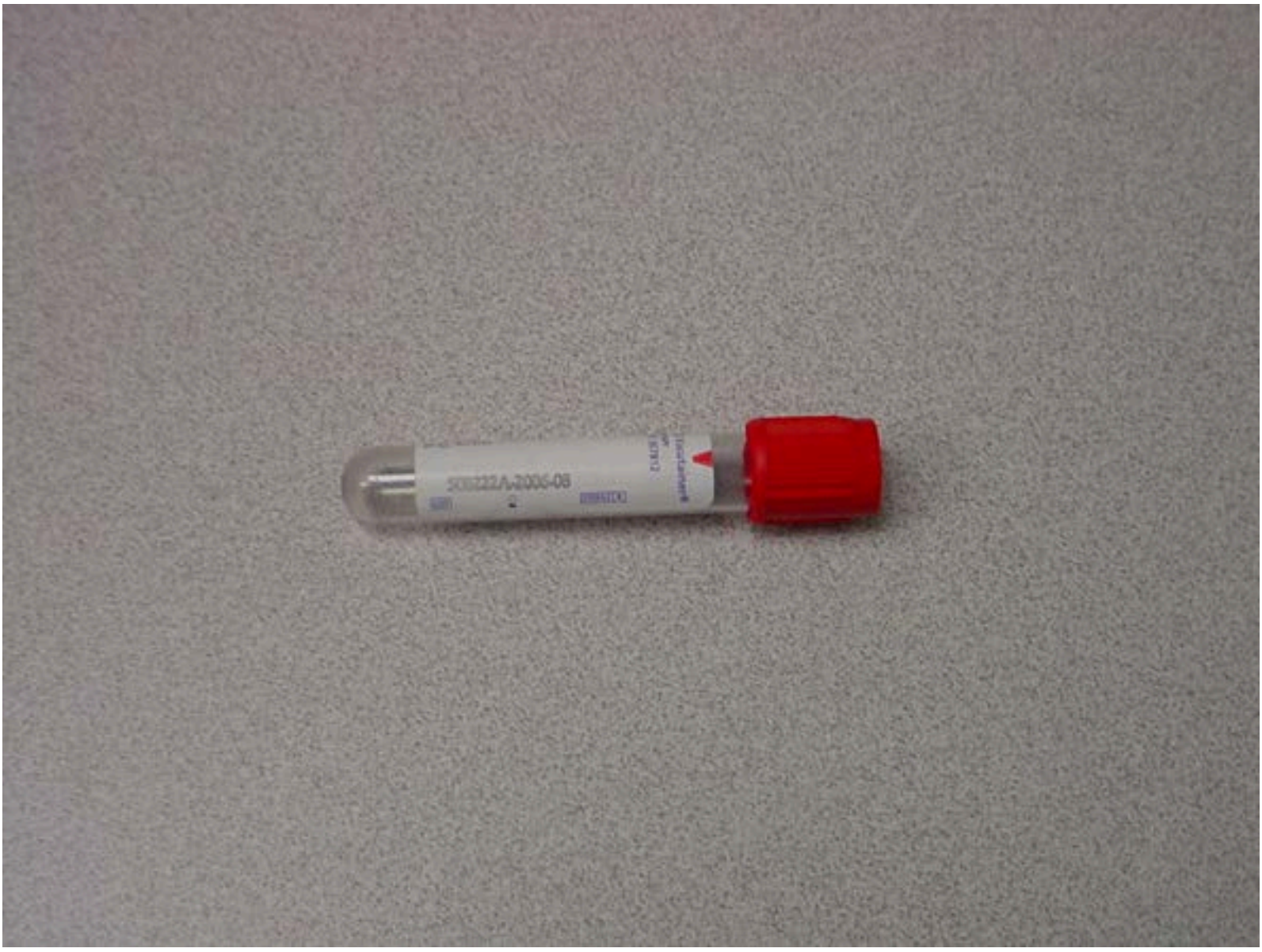
TEST NAME:	Hepatitis A Virus IgG Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HAVG
TEST INFORMATION:	The test includes detection of IgG antibody to Hepatitis A antigen.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 4 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	No Hepatitis A antibody detected.
METHODOLOGY:	Chemiluminescent
ADDITIONAL INFORMATION:	The presence of Hepatitis A antibody is indicative of acute or past infection. Click here for more information about Hepatitis A.
POE DESCRIPTION:	HEPATITIS A IgG ANTIBODY; HEP A IgM AB; HAVAB IgG
TEST SYNONYM(S):	Anti-HAV; HAVAB IgG
LAST UPDATED:	10/14/2019

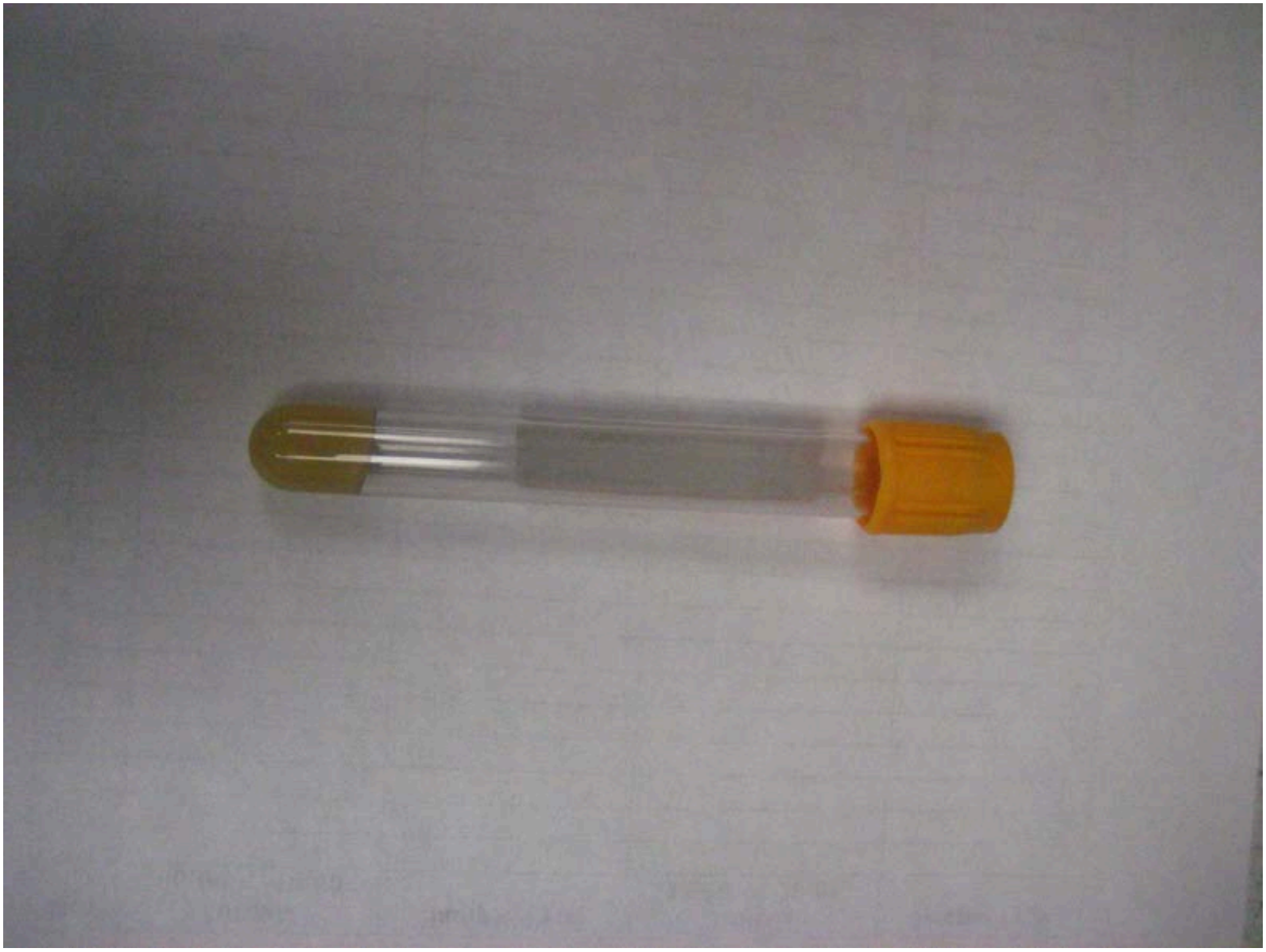




Rush Medical Labs

TEST NAME:	Hepatitis A Virus IgM Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HAVM
TEST INFORMATION:	Also available in AHP (Acute Hepatitis Panel)
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 4 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	No Hepatitis A IgM detected
METHODOLOGY:	Chemiluminescent
ADDITIONAL INFORMATION:	The test is IgM specific anti-HAV. The detection of IgM specific antibodies to Hepatitis A virus indicates a current or recent infection with Hepatitis A virus. IgM antibodies usually remain 1-3 months after the onset of acute infection. Click here for more information about Hepatitis A
POE DESCRIPTION:	HEPATITIS A IGM ANTIBODY; HEP A IGM AB; HAVAB IGM
TEST SYNONYM(S):	IgM Antibody to Hepatitis A; HAVAB IGM; Anti-HAV IgM
LAST UPDATED:	10/14/2019

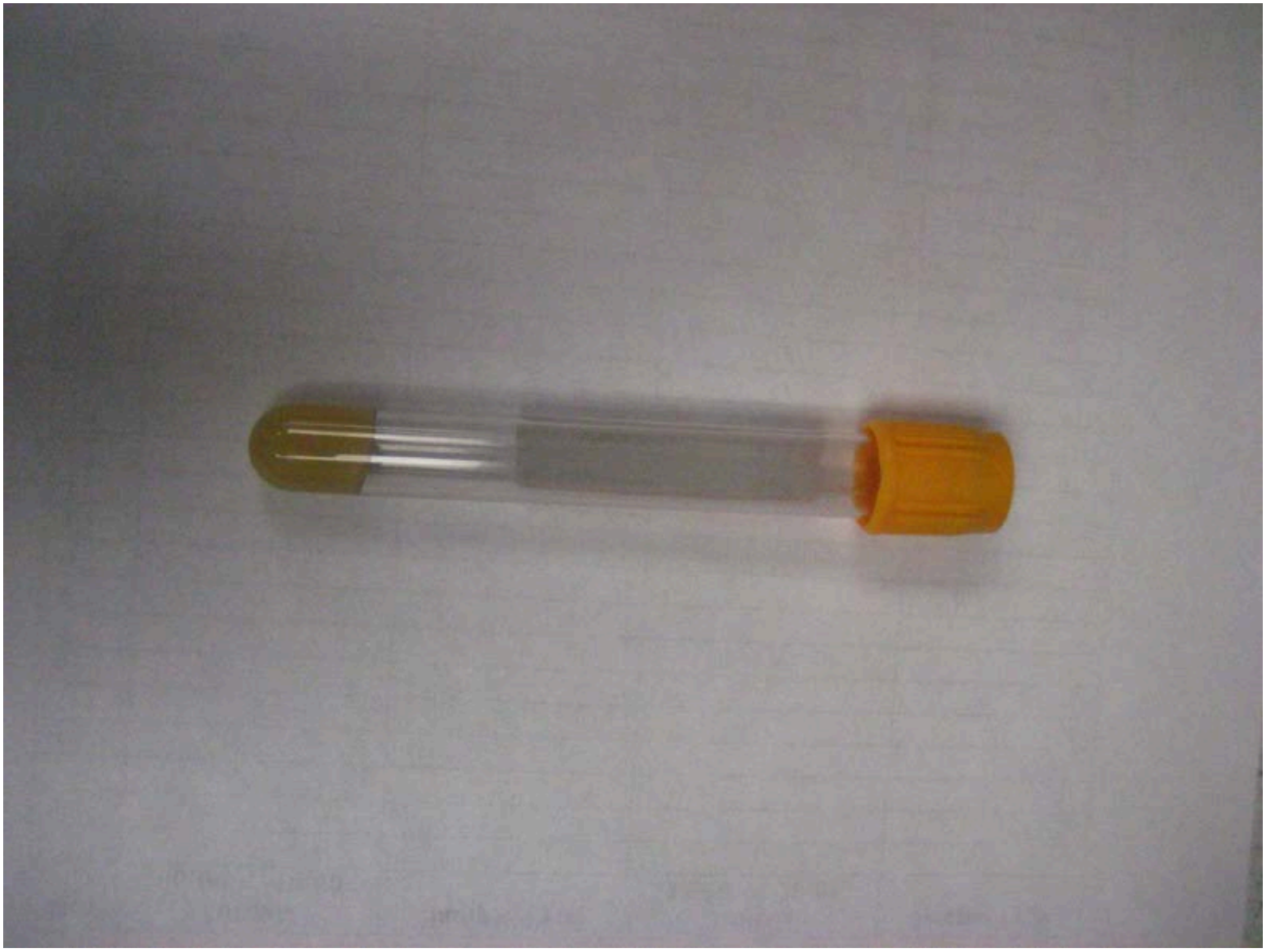




Rush Medical Labs

TEST NAME:	Hepatitis B DNA Quantitation
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	HBVDNAQNT
CPT CODE:	87517
DAYS PERFORMED:	Every other Thursday
TURNAROUND TIME:	1 - 14 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen containmer, insufficient specimen volume, improperly labeled specimen.
MINIMUM VOLUME:	5 mL blood (2 mL serum)
HANDLING INSTRUCTIONS:	Specimens should be transported as soon as possible to the Microbiology Laboratory. Specimens must be processed within 6 hours of collection.
REFERENCE RANGE:	<10 IU/ml
LIMITATIONS OF TEST:	This assay is NOT intended for use in the screening of blood, plasma or tissue donors for HBV, or to be used as a diagnostic test to confirm the presence of HBV infection.
METHODOLOGY:	Real time polymerase chain reaction
ADDITIONAL INFORMATION:	The linearity of the assay is 10 to 1,000,000,000 IU/ml. The information used in conjunction with serologic tests. DNA can be detected in the serum of patients with chronic Hepatitis B infection.
POE DESCRIPTION:	HBVDNAQNT
TEST SYNONYM(S):	Hepatitis B Viral Load; HBV DNA; Hepatitis B Viral DNA Assay
LAST UPDATED:	05/27/2014

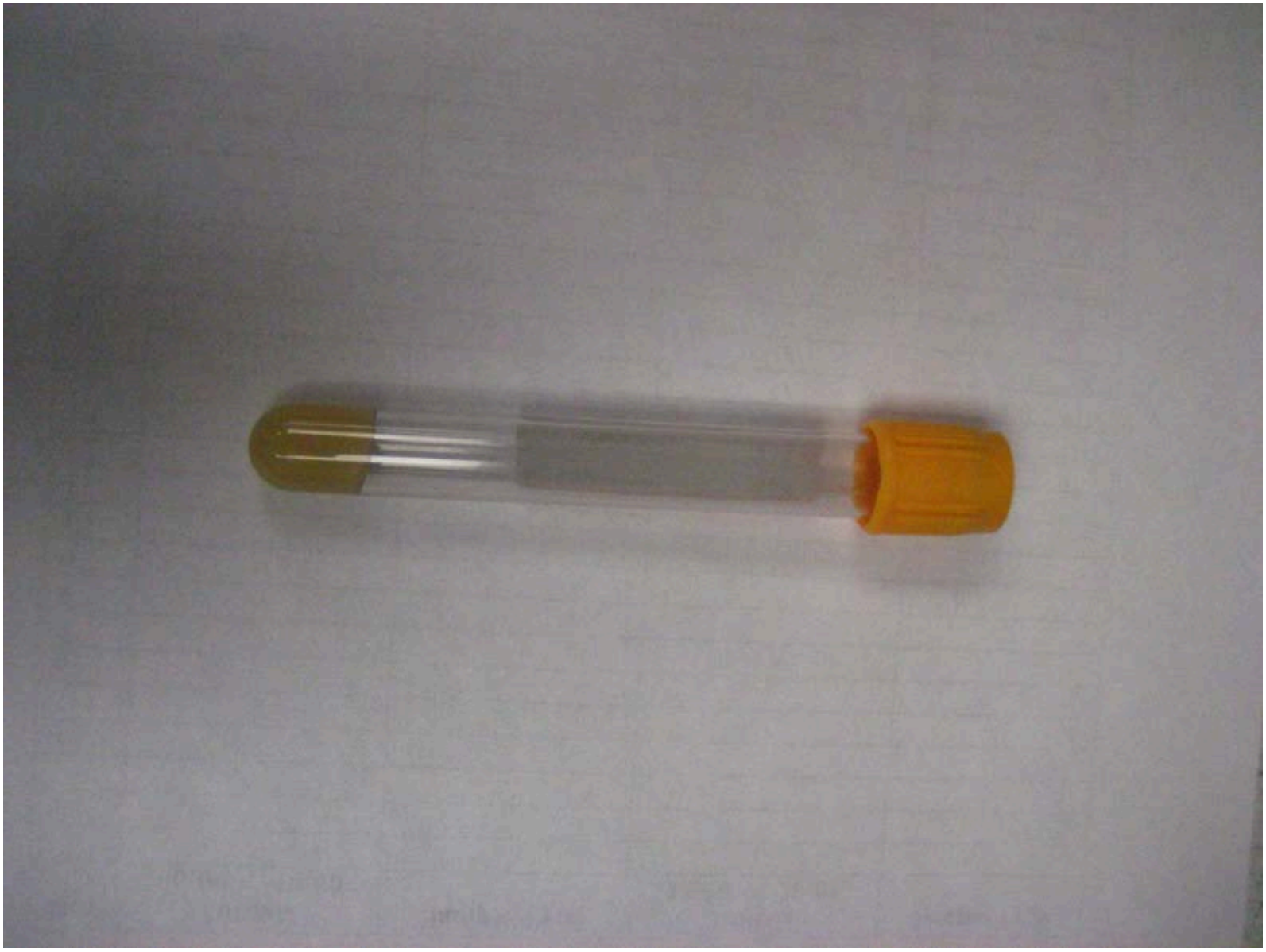

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis B Surface Antibody Quantitative
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HBS AB
CPT CODE:	86706
DAYS PERFORMED:	Monday
TURNAROUND TIME:	1-7 days
SPECIAL INSTRUCTIONS:	Specimen must be received by the laboratory no later than 0800 on the day the test is to be performed.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (0.5 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Immune
LIMITATIONS OF TEST:	This test is a monitor for Gastroenterology study patient immune status ONLY.
METHODOLOGY:	Enzyme Immunoassay (EIA)
LAST UPDATED:	07/08/2015

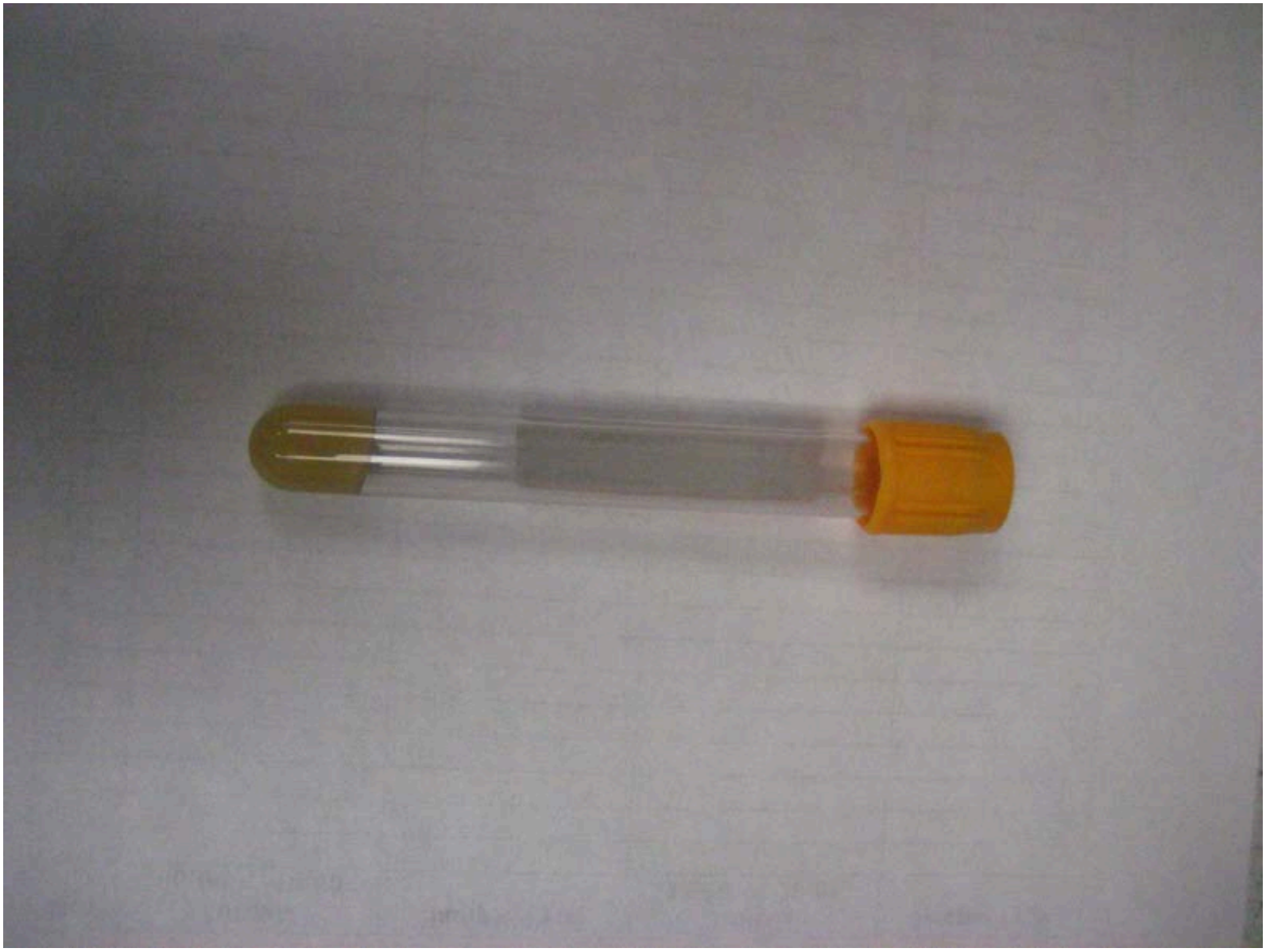

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis B Virus Core Antibody (Total)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HBC AB
CPT CODE:	86704
TEST INFORMATION:	The test includes detection of total antibody to Hepatitis B core antigen; it does not differentiate between IgG and IgM antibody.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No Hepatitis B core antibody detected
METHODOLOGY:	Chemiluminescent
ADDITIONAL INFORMATION:	The presence of Hepatitis B core antibody may indicate acute Hepatitis B virus infection, recovery from Hepatitis B virus infection, chronic HBV hepatitis, or an HBV carrier state. Measurement of other hepatitis B antigens or antibodies (e.g., hepatitis B surface antigen or antibody; hepatitis B core IgM antibody) may help differentiate acute from chronic infection.
POE DESCRIPTION:	HEPATITIS B CORE ANTIBODY; HEP B CORE AB; HBC AB
TEST SYNONYM(S):	HBV Core Antibody; Anti-HBc
LAST UPDATED:	02/12/2015

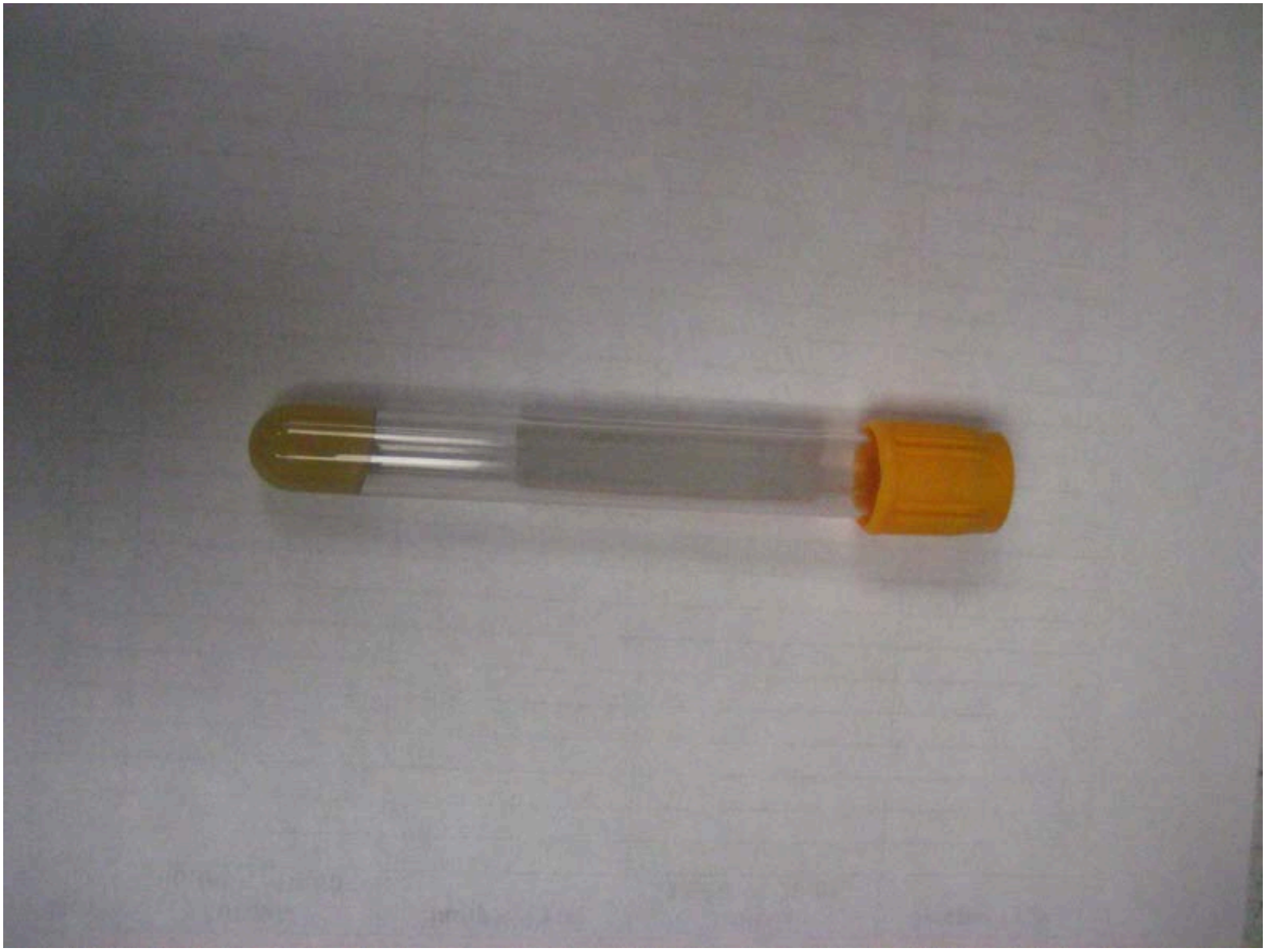

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis B Virus Core IgM Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HBCM
CPT CODE:	86705
TEST INFORMATION:	The test includes detection of IgM antibody to Hepatitis B virus core antigen.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be tranported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No Hepatitis B core IgM detected
LIMITATIONS OF TEST:	This test should NOT be performed for patients known to have chronic Hepatitis B infection.
METHODOLOGY:	Chemiluminescence
ADDITIONAL INFORMATION:	Anti-HBc IgM can be detected in 100% of patients within the first month of illness. The antibody will persist for a variable time period but 96% of patients will become negative by 6 months and 98% negative by 9-12 months. Therefore, this test can only be used for the diagnosis of acute Hepatitis B and NOT to determine the immune status of a patient. Anti-HBc IgM may also be present in acute Hepatitis B in the absence of HBsAg.
POE DESCRIPTION:	HEPATITIS B CORE IGM ANTIBODY; HEP B COR IGM AB; HBC IGM
TEST SYNONYM(S):	Anti-HBc IgM; IgM Core Antibody
LAST UPDATED:	10/14/2019

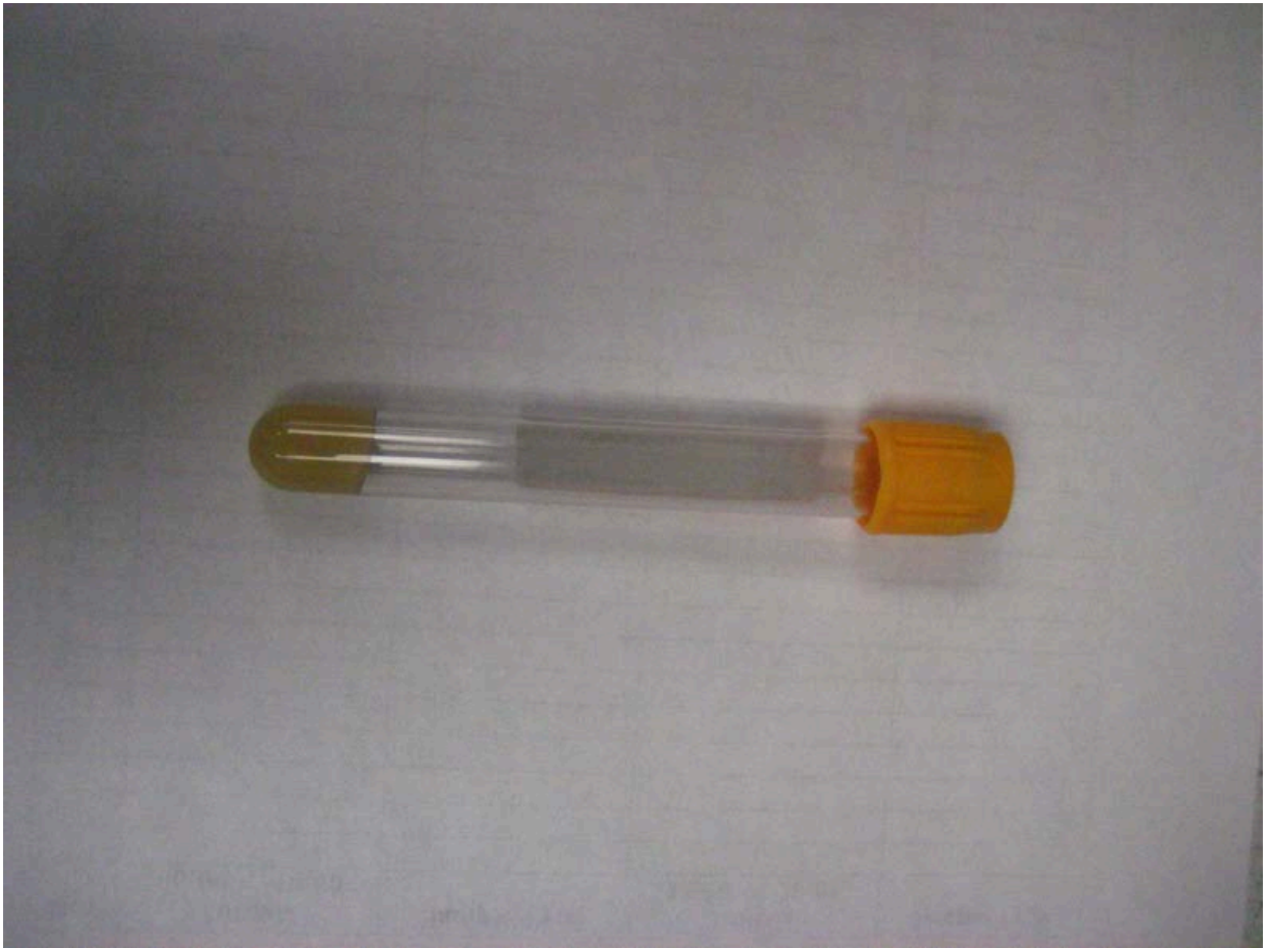

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis B Virus e Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HBEAB
CPT CODE:	86707-90
TEST INFORMATION:	http://questdiagnostics.com/hcp/qtim/testMenuSearch.do
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1 mL serum)
REJECTION CRITERIA:	Gross hemolysis, hyperlipemia
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code - 556
POE DESCRIPTION:	HEPATITIS B E ANTIBODY; HEP B E AB; HBE AB
TEST SYNONYM(S):	Anti-HBe
LAST UPDATED:	10/14/2019

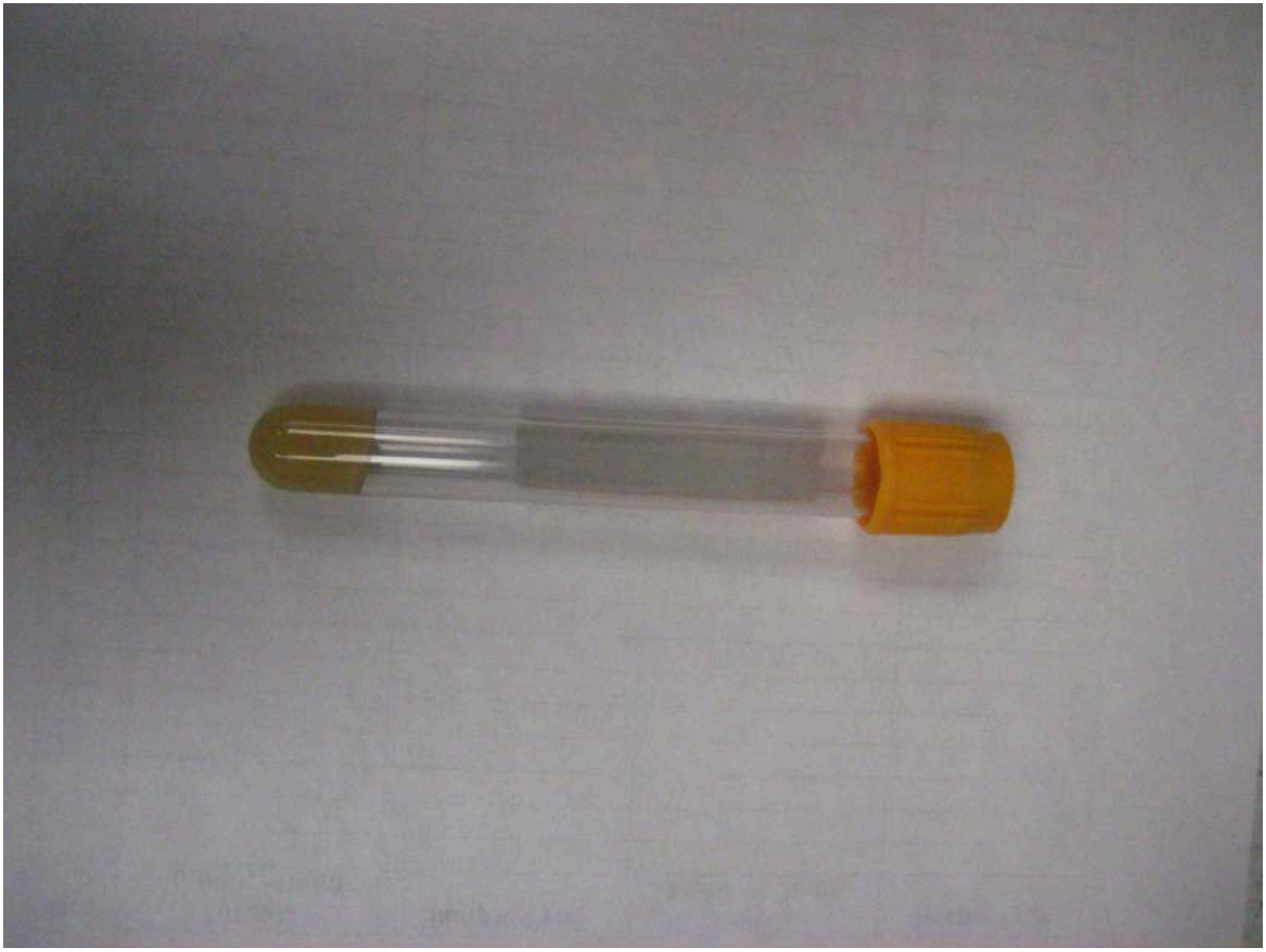

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis B Virus e Antigen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HBEAG
CPT CODE:	87350-90
CDM NUMBER:	3481027
TEST INFORMATION:	http://questdiagnostics.com/hcp/qtim/testMenuSearch.do
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Gross hemolysis, hyperlipemia
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostic - Search Test Code 555
POE DESCRIPTION:	HEPATITIS B E ANTIGEN; HEP B E AG; HBE AG
TEST SYNONYM(S):	HBeAg
LAST UPDATED:	10/14/2019

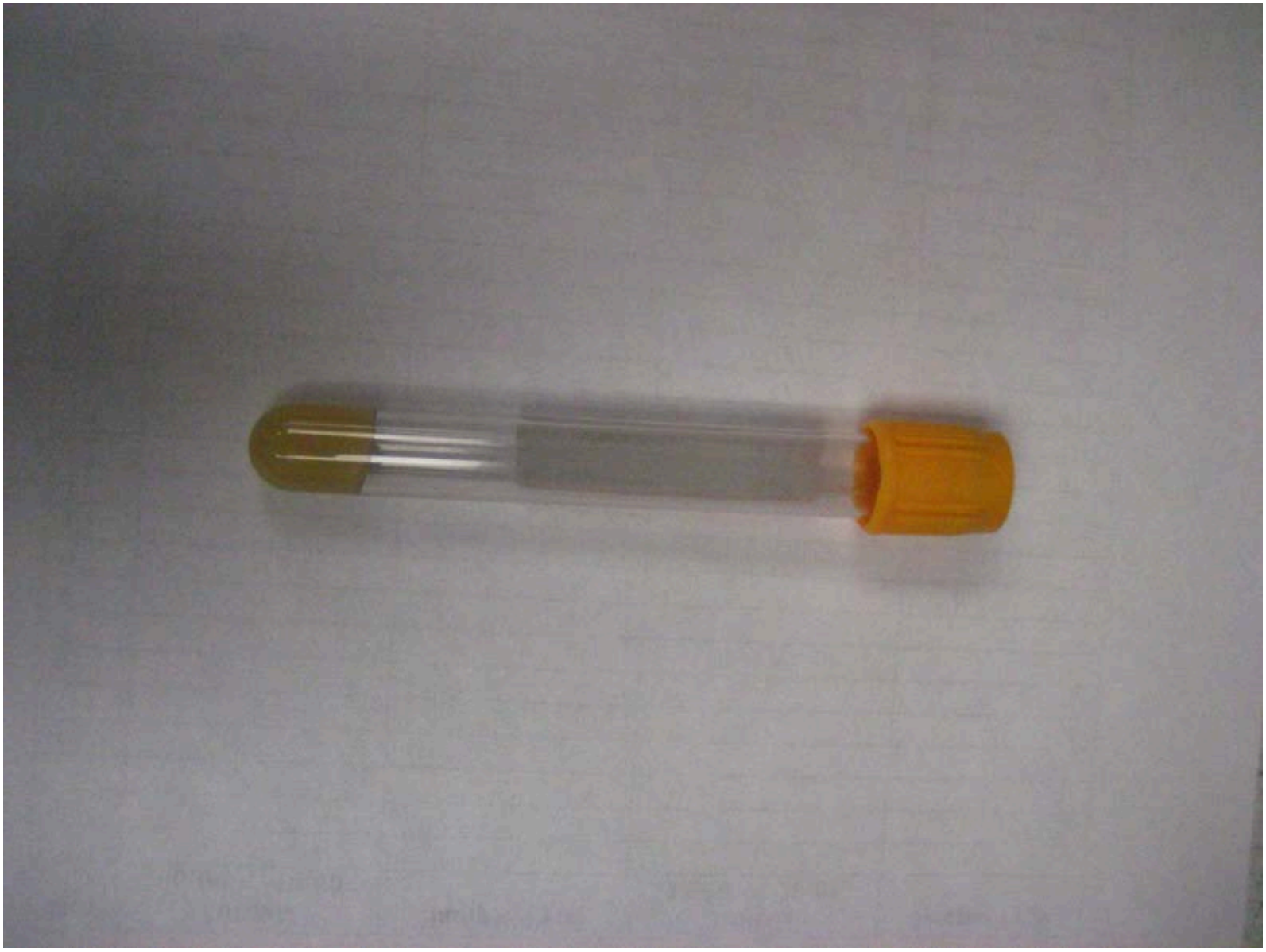

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis B Virus Surface Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HBSAB
CPT CODE:	86706
TEST INFORMATION:	The test includes detection of antibody to Hepatitis B virus antigen.
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No Hepatitis B surface antibody detected
LIMITATIONS OF TEST:	In those individuals who have been vaccinated with any of the available HBV vaccines, this test could be useful to show response. However, a positive result in this test cannot guarantee adequate protection from HBV infection.
METHODOLOGY:	Enzyme immunoassay (EIA)
ADDITIONAL INFORMATION:	The presence of HBsAg antibody indicates previous Hepatitis B infection and acquired immunity to HBV. This test can also be used to evaluate possible immunity in individuals who are at increased risks to further exposure to the Hepatitis B virus (i.e. hemodialysis unit personnel, venipuncturists, etc.). Anti-HBs can usually be detected several weeks to several months after HBsAg is no longer found, and usually persists for many years to a lifetime after acute infection has resolved. In an acquired HBV infection, the presence of the antibody without the presence of the HBsAg may indicate immunity from reinfection.
POE DESCRIPTION:	HEPATITIS B SURFACE AG AB; HBS AG AB; HBS AB
TEST SYNONYM(S):	Antibody to Hepatitis B Surface Antigen; Anti-HBs; Hepatitis B Antibody
LAST UPDATED:	10/14/2019

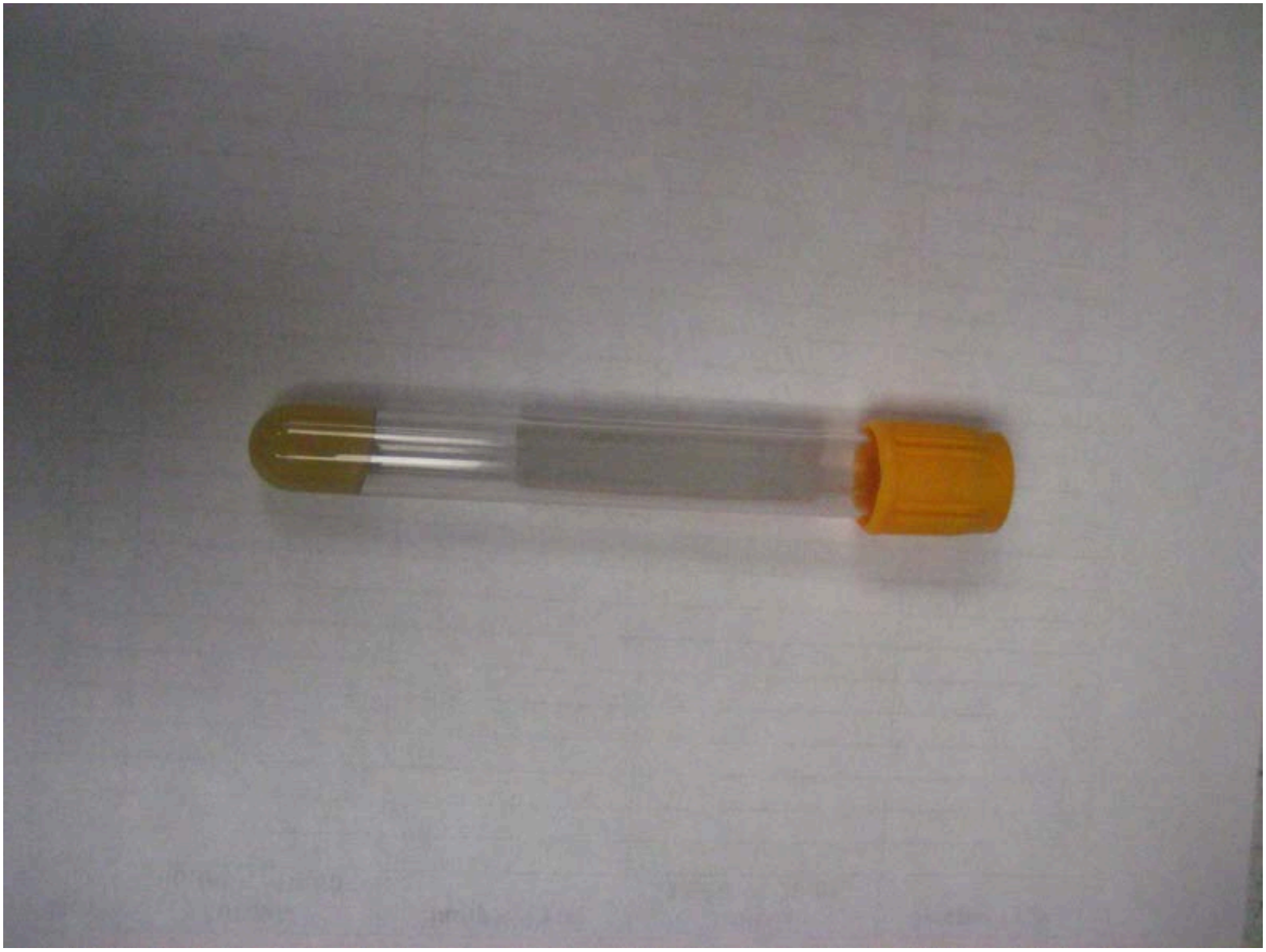

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis B Virus Surface Antigen
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HBSAG
CPT CODE:	87340
CDM NUMBER:	3481025
TEST INFORMATION:	The test includes detection of Hepatitis B virus antigen.
DAYS PERFORMED:	Samples are accepted daily.
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No Hepatitis B surface antigen detected
LIMITATIONS OF TEST:	Patients who are negative for HBsAg may still have HBV hepatitis. In the convalescent stage, both HBsAg and anti-HBsAg may be negative. This is the "window" period when the only evidence of HBV infection may be anti-HB core.
METHODOLOGY:	Enzyme immunoassay (EIA)
ADDITIONAL INFORMATION:	The test is used to screen for HBsAg; detect the carrier state. The presence of HBsAg is the earliest indication of acute infection and can also be an indication of chronic infection. A patient with acute Hepatitis B virus infection can be HBsAg negative.
POE DESCRIPTION:	HEPATITIS B SURFACE ANTIGEN; HBS AG
TEST SYNONYM(S):	HBsAg; Hepatitis B Antigen
LAST UPDATED:	10/14/2019

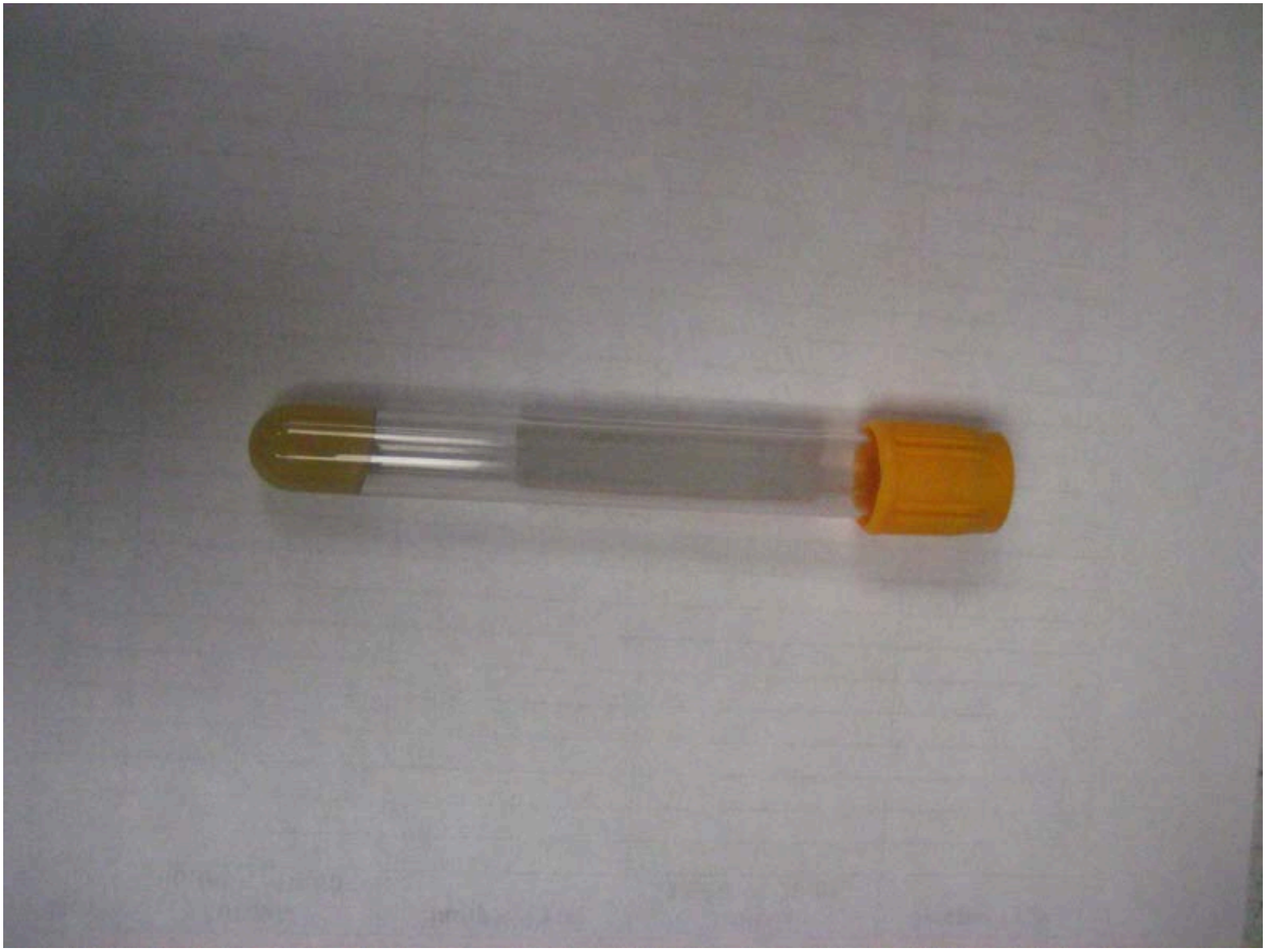

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis C Virus (HCV) Antibody, Second Generation
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HCV AB
CPT CODE:	86803
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No Hepatitis C antibody detected
METHODOLOGY:	Chemiluminescent
POE DESCRIPTION:	HEPATITIS C ANTIBODY; HEP C AB; HCV AB
LAST UPDATED:	02/12/2015

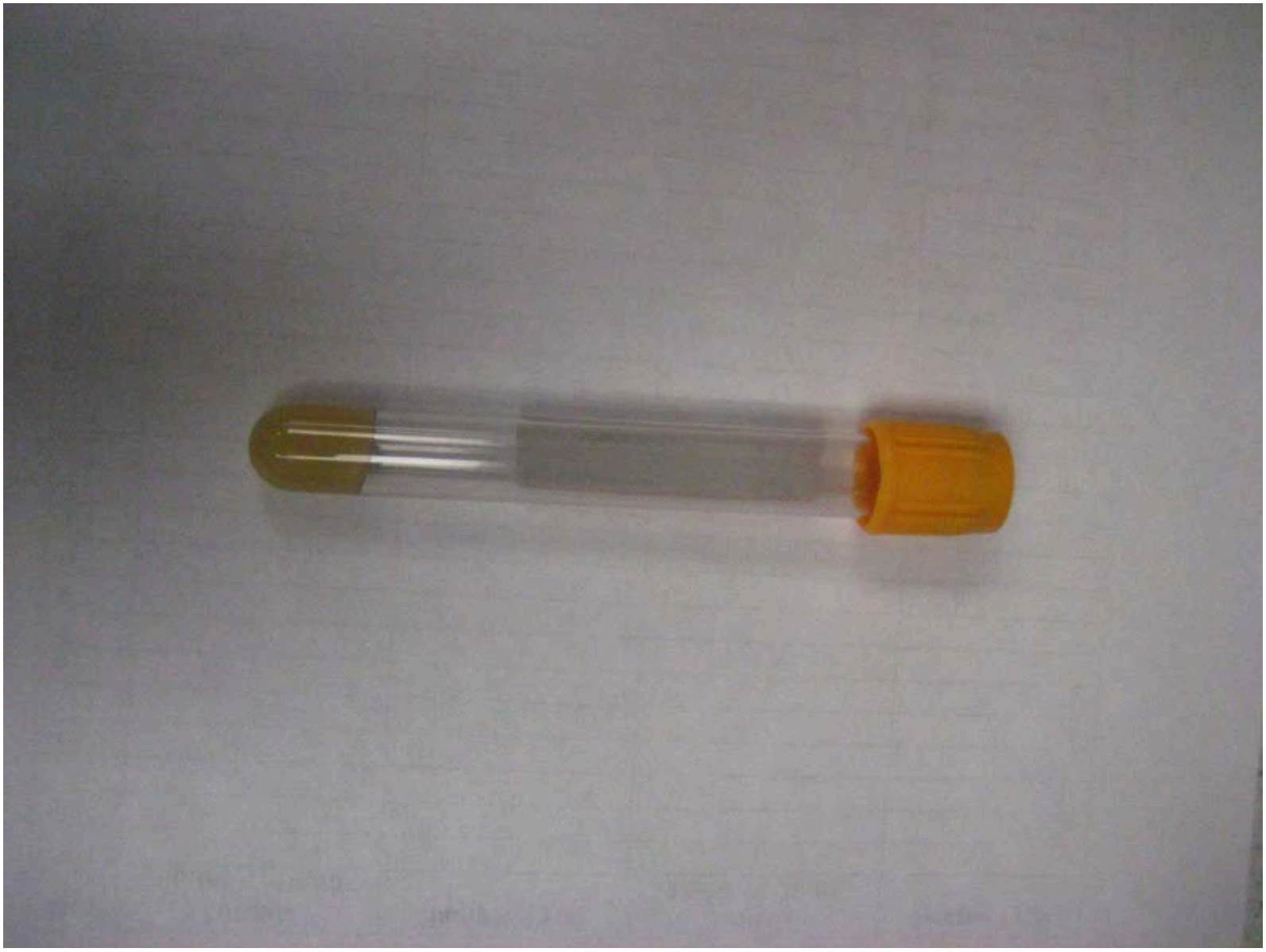

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis C Virus Genotyping
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	HCVGT
CPT CODE:	87902
TEST INFORMATION:	The test is used to determine the genotype, with subtype, of Hepatitis C Virus RNA.
DAYS PERFORMED:	Every 2 weeks
TURNAROUND TIME:	7-14 days
SPECIAL INSTRUCTIONS:	The specimen MUST be frozen within 6 hours of specimen collection.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, specimen not frozen within 6 hours of collection, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	2 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Serum MUST be separated and frozen at minus 20°C within 6 hours of specimen collection.
REFERENCE RANGE:	The assay will identify the six major HCV genotypes and their subtypes.
LIMITATIONS OF TEST:	The assay utilizes amplified HCV RNA. Specimens with insuffucient RNA levels CANNOT be genotyped. New genotypes and subtypes are continually being discovered. Specimens containing a genotype NOT identified by the assay will be referred for additional testing. An additional charge will be generated.
METHODOLOGY:	Polymerase Chain Reaction (PCR)
TEST SYNONYM(S):	HCV Type
LAST UPDATED:	05/27/2014

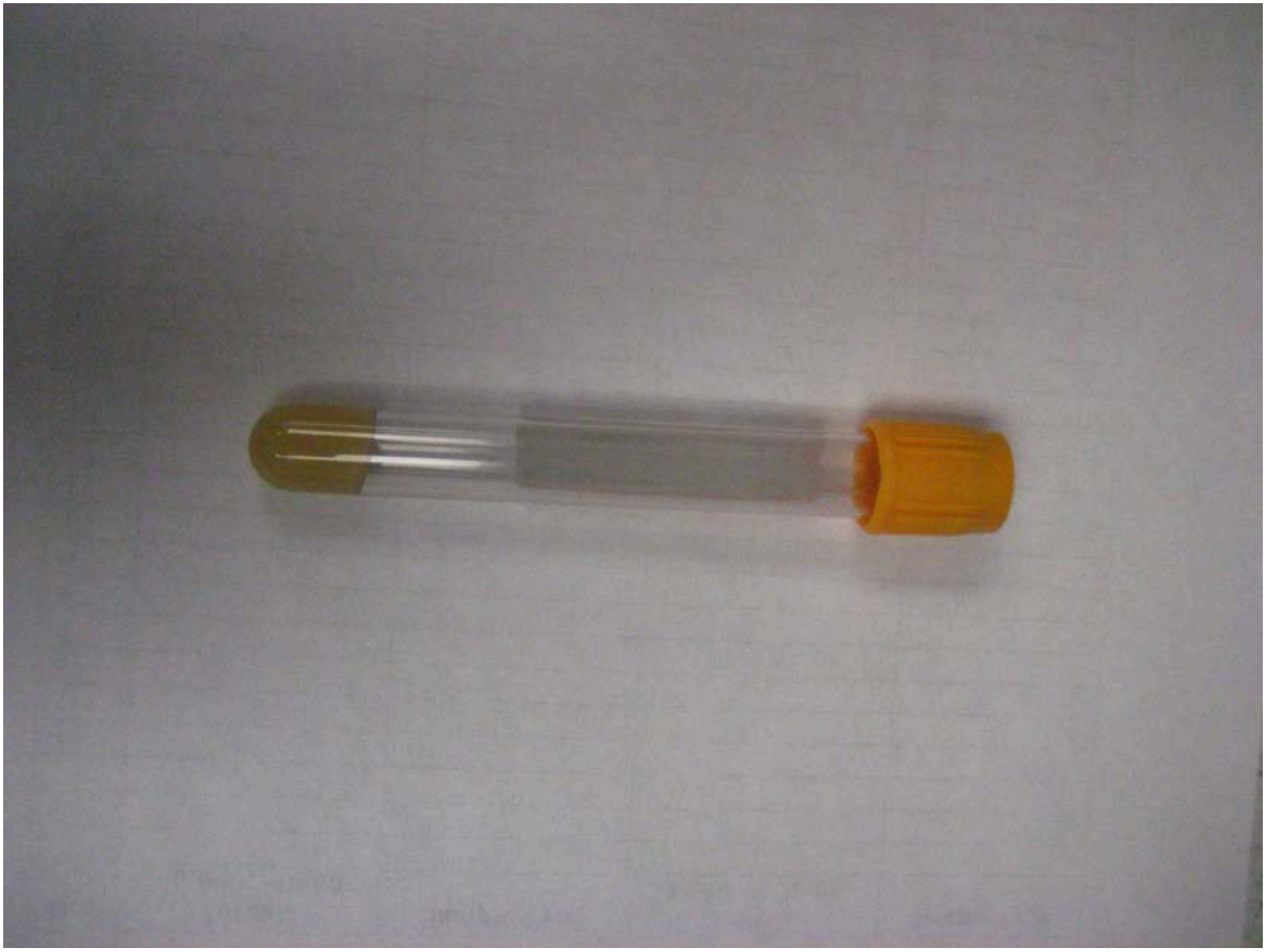

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis C Virus RNA Qualitative
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	HCVRNA QL
CPT CODE:	87521
TEST INFORMATION:	The test is used to qualitatively determine the presence of Hepatitis C Virus RNA.
DAYS PERFORMED:	Wednesday
TURNAROUND TIME:	1-7 days
SPECIAL INSTRUCTIONS:	Specimen must be received by the laboratory no later than 0700 on the day the test is to be performed.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, specimen not frozen within 6 hours of collection, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Serum must be separated from clot and frozen at minus 70°C within 6 hours of specimen collection.
REFERENCE RANGE:	50 copies/mL Hepatitis C Virus RNA detected
LIMITATIONS OF TEST:	A negative result does not rule out infection with Hepatitis C virus.
METHODOLOGY:	Polymerase Chain Reaction (PCR).
POE DESCRIPTION:	HEPATITIS C RNA QUAL; HCVRNAQL
TEST SYNONYM(S):	HCV RNA

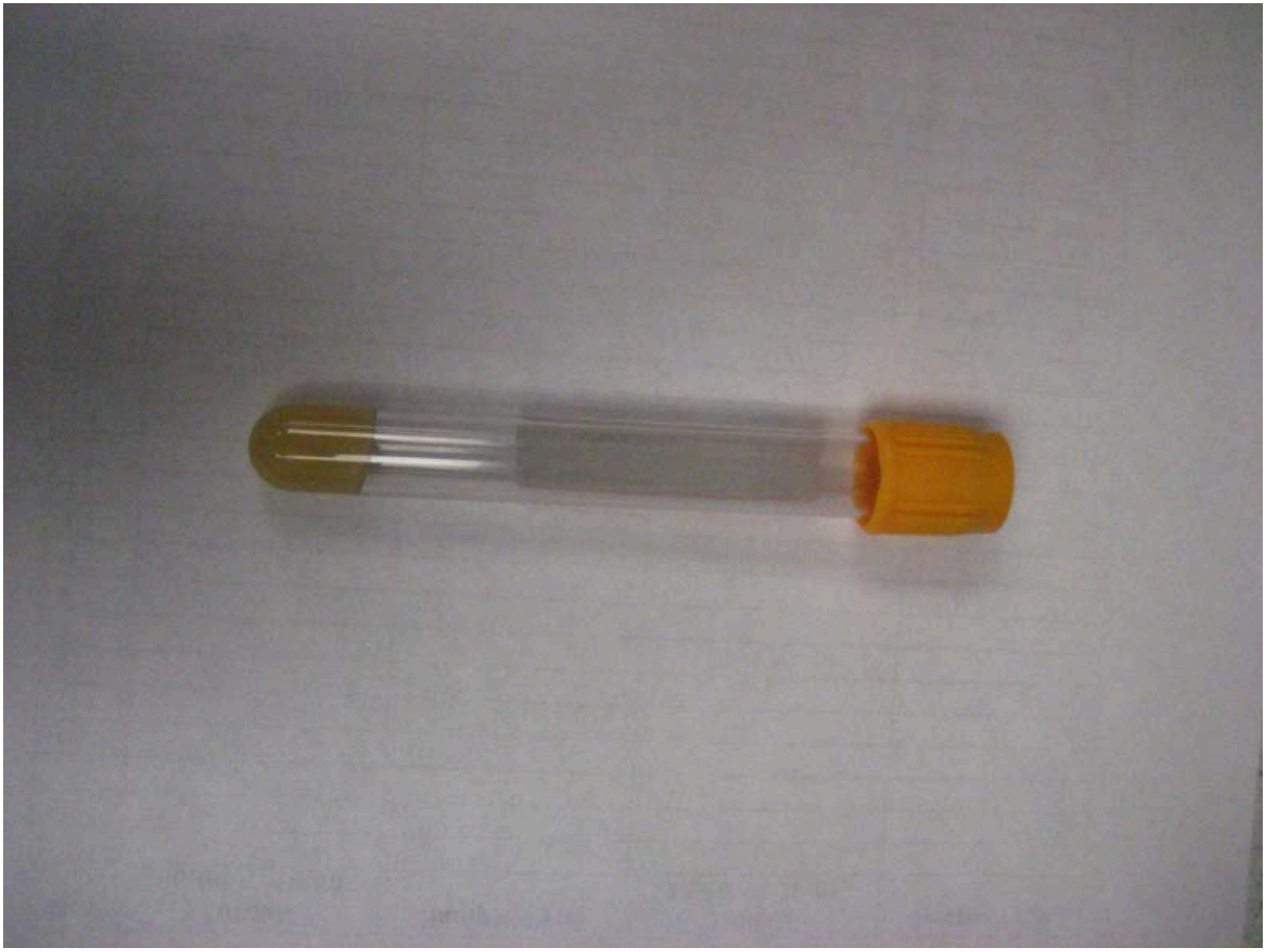

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis C Virus RNA Quantitation
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	HCVRNA QT
CPT CODE:	87522
CDM NUMBER:	3511006
TEST INFORMATION:	The test includes quantitative detection of Hepatitis C virus RNA.
DAYS PERFORMED:	Tuesday
TURNAROUND TIME:	1-7 days
SPECIAL INSTRUCTIONS:	Specimen must be received by the Microbiology laboratory no later than 0700 on the day the test is to be performed. This test cannot be added onto an existing molecular test.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, specimen not frozen within 6 hours of collection, inappropriate specimen container, insufficient specimen volume, specimen not appropriately labeled.
MINIMUM VOLUME:	2 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Store at 2 - 30C until received by the laboratory. Serum must be separated from the clot and frozen at -20C within 6 hours of specimen collection.
REFERENCE RANGE:	<12 IU/ml
LIMITATIONS OF TEST:	A specimen with a result of "<12 IU/ml" cannot be presumed to be negative for HCV RNA
METHODOLOGY:	Real Time polymerase chain reaction (RT-PCR)
ADDITIONAL INFORMATION:	Linearity of the assay is between 12 and 100,000,000 IU/ml
POE DESCRIPTION:	HCVRNA QT
TEST SYNONYM(S):	Quantitative HCV RNA; HCV Quantitative; Hep C Viral Load
LAST UPDATED:	12/01/2011

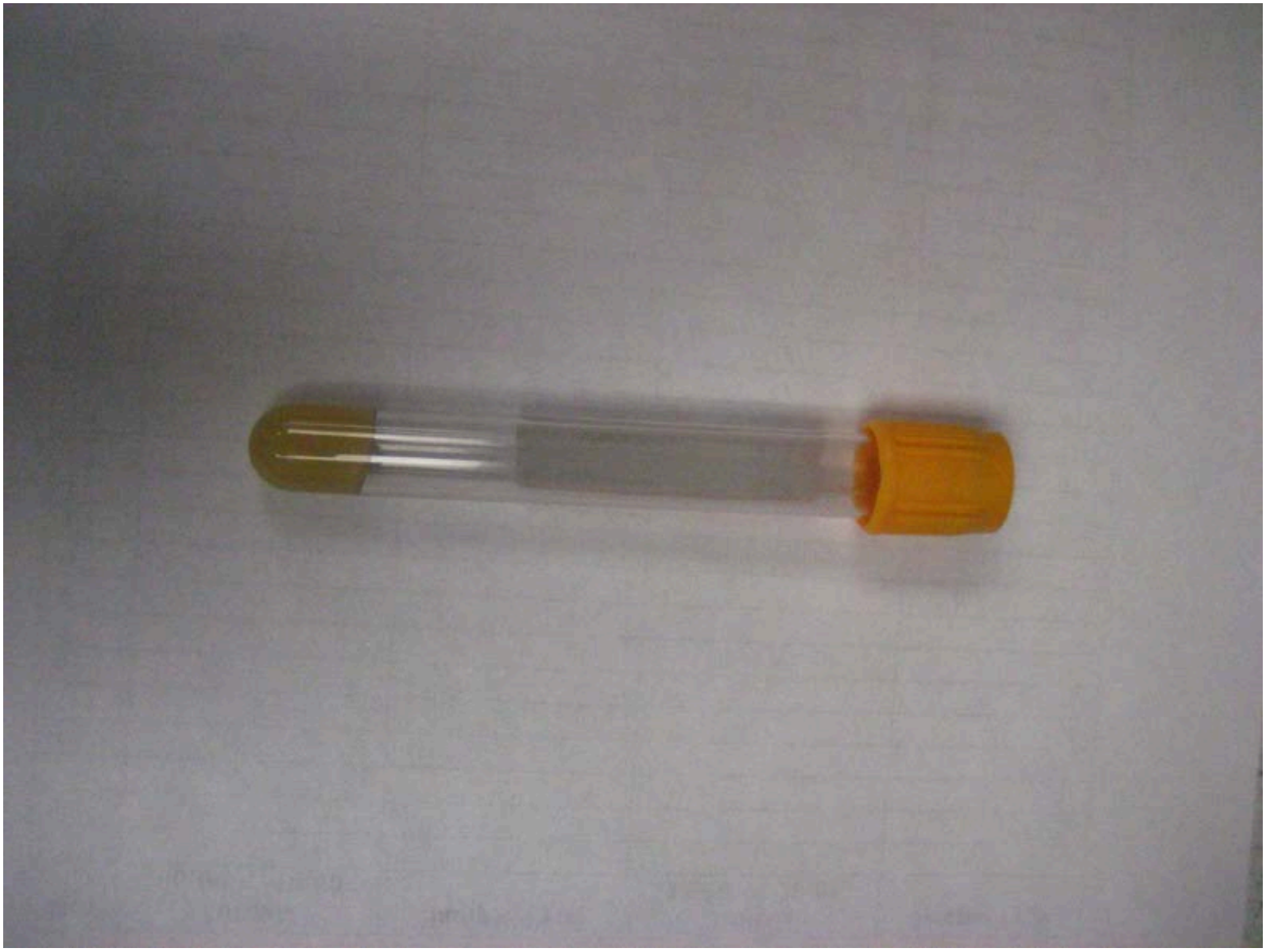

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis E IgG Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HEIGG
CPT CODE:	86790-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	0.5 mL blood (0.3 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.1 mL serum)
REFERENCE RANGE:	Search Test Code 36583
LAST UPDATED:	10/14/2019

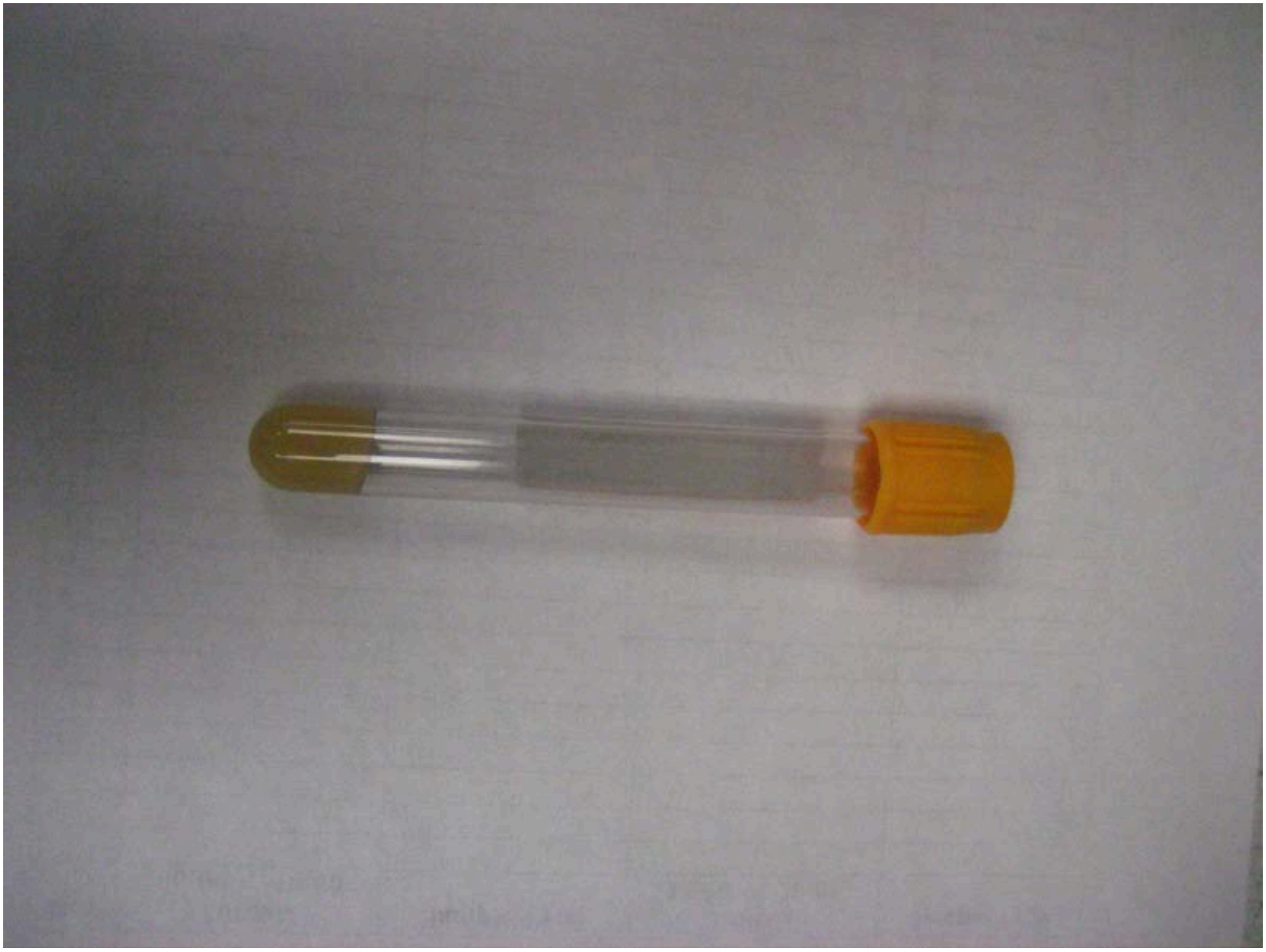

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Hepatitis E IgM Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HEIGM
CPT CODE:	86790-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	0.5 mL blood (0.3 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.1 mL serum)
REFERENCE RANGE:	Search Test Code 36582
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

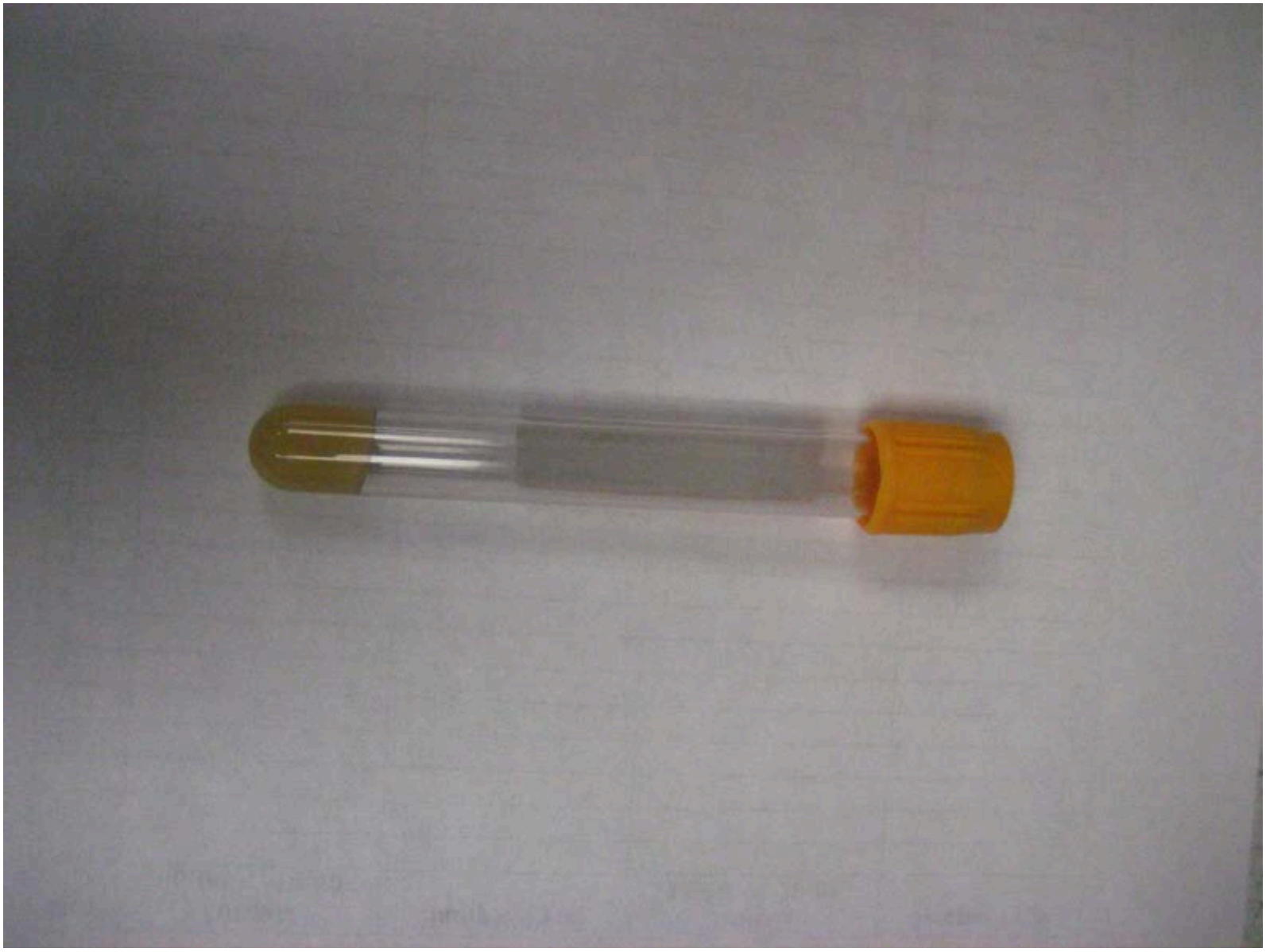
TEST NAME:	Herpes Cytology
TESTING LAB:	6;#Cytology
CPT CODE:	88104
DAYS PERFORMED:	Mon-Fri, 0730-1700
TURNAROUND TIME:	Immediate evaluation available; 24 hours for routine evaluation
SPECIAL INSTRUCTIONS:	Immediate evaluation available if active herpes suspected at time of labor prior to vaginal delivery.
CONTAINER TYPE:	95% ethyl alcohol fixative container available from Pharmacy or Cytology Laboratory
SPECIMEN REQUIREMENTS:	Direct scrape of lesion
HANDLING INSTRUCTIONS:	Hand transport immediate evaluation specimens to Rm 470 Jelke after collection.
TEST SYNONYM(S):	Herpetic Inclusion Bodies Cytology; Tzanck Cell Preparation; Viral Study, Herpes Cytology

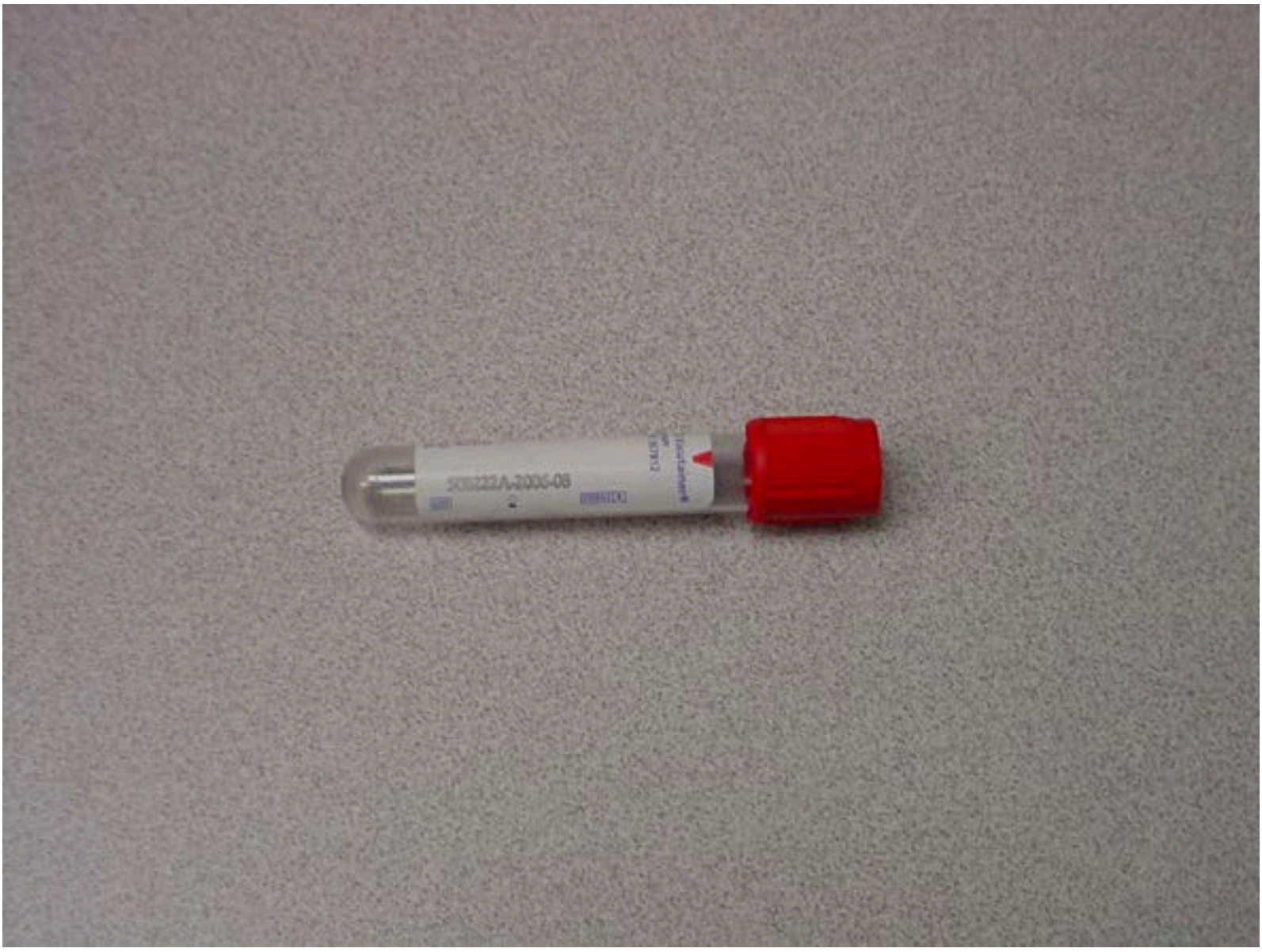
Rush Medical Labs

TEST NAME:	Herpes simplex Virus Antiviral Susceptibility Testing
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MICRO REF
CPT CODE:	87253
TEST INFORMATION:	The test includes inoculation of a tissue culture followed by determination of susceptibility to acyclovir and/or foscarnet.
DAYS PERFORMED:	Batched Weekly
TURNAROUND TIME:	7-14 days
SPECIAL INSTRUCTIONS:	The Clinical Microbiology Laboratory MUST be notified verbally by the physician of the request.
CONTAINER TYPE:	Sealed sterile container, no preservative, swab in viral transport media
SPECIMEN REQUIREMENTS:	Submitted specimen (genital, CSF, sputum, and/or brain biopsy tissue)
REJECTION CRITERIA:	Virus non-viable; virus not isolated
MINIMUM VOLUME:	2 mL fluid, 1 gram tissue
HANDLING INSTRUCTIONS:	Call the Clinical Microbiology Laboratory for transportation information.
METHODOLOGY:	Inoculation of cell culture with isolate. Dye uptake
POE DESCRIPTION:	HSV SENSITIVITY SCREEN, MICROBIOLOGY REFERRAL
TEST SYNONYM(S):	Acyclovir Susceptibility; Antiviral Susceptibility Testing; Foscarnet Susceptibility
LAST UPDATED:	06/03/2014

Rush Medical Labs

TEST NAME:	Herpes simplex Virus Type 1 and Type 2 IgG Antibody Level
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HSV
CPT CODE:	86695, 86696
TEST INFORMATION:	
DAYS PERFORMED:	Monday trough Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube 4 mL (See Attached)
SPECIMEN REQUIREMENTS:	4mL blood (2 mL serum)
REJECTION CRITERIA:	Hemolyzed, grossly contamination, icteric, lipemic
MINIMUM VOLUME:	1mL blood (0.5 mL serum)
REFERENCE RANGE:	Negative: < 0.9 AI (antibody index)
LIMITATIONS OF TEST:	
ADDITIONAL INFORMATION:	
POE DESCRIPTION:	HERPES SIMPLEX IGG AB TITER; HSV IGG
TEST SYNONYM(S):	Herpes simplex Virus Titer; Herpes Titer
LAST UPDATED:	11/30/2017

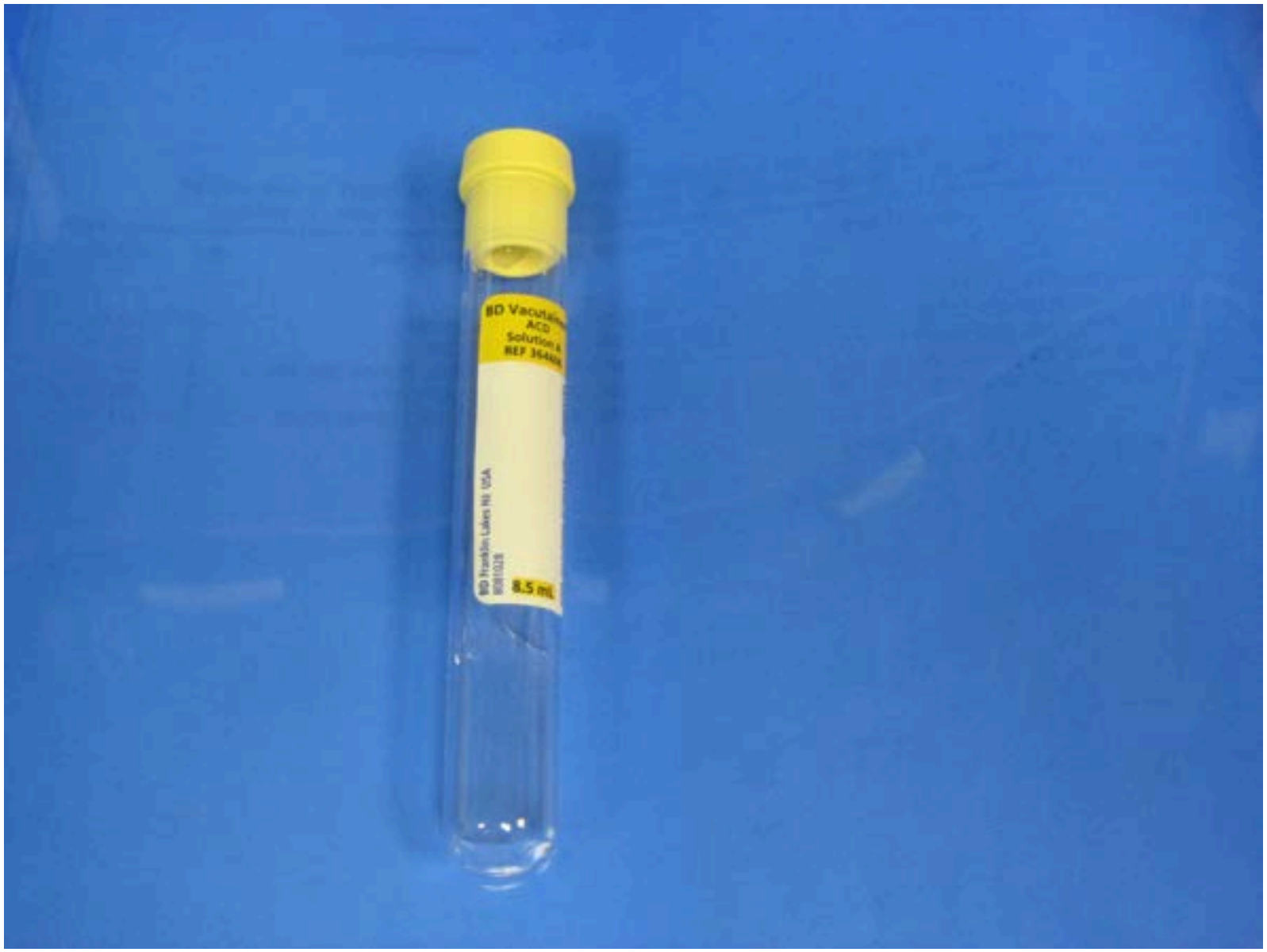




Rush Medical Labs

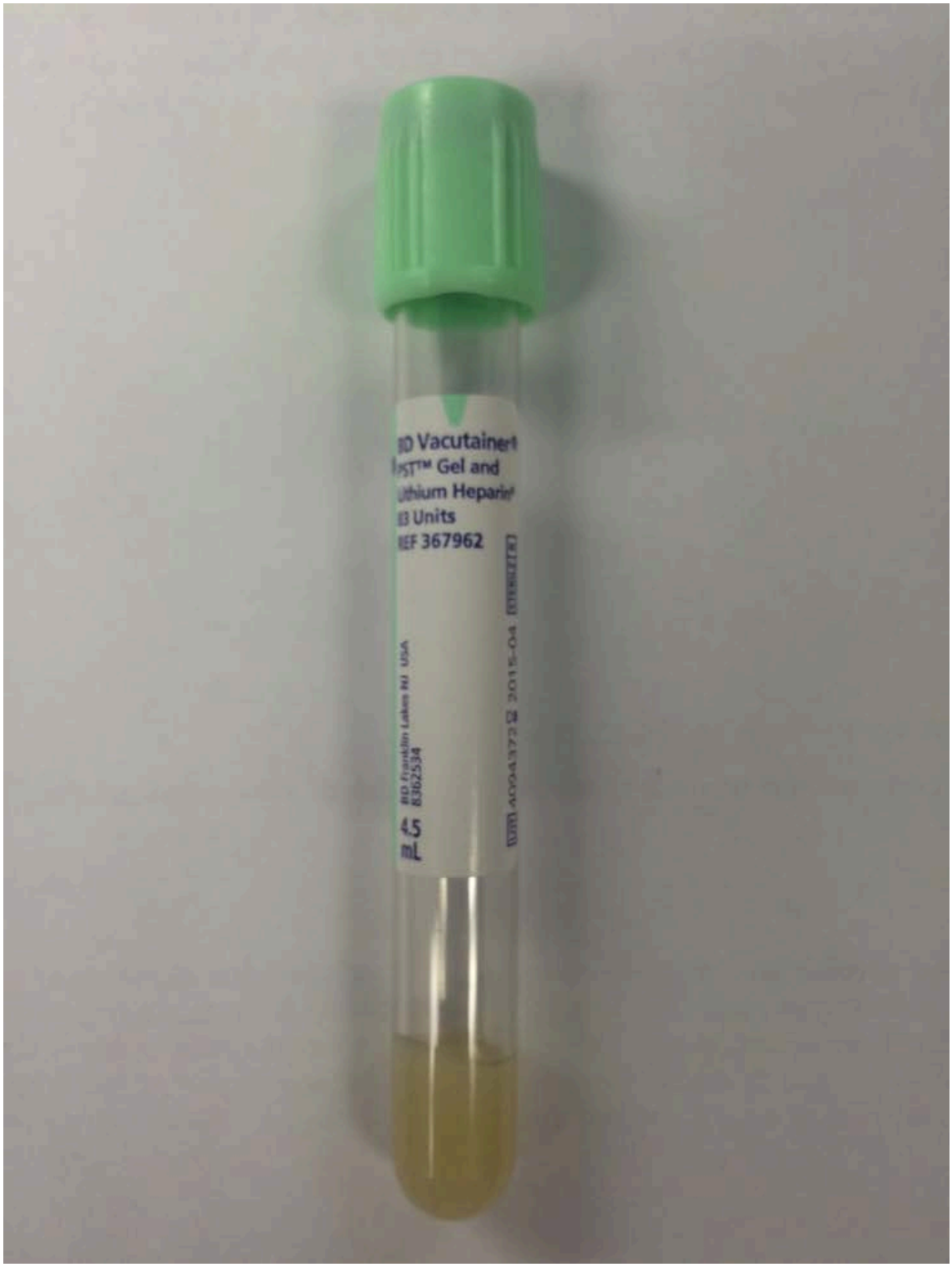
TEST NAME:	Hexosaminidase
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	TAY SACHS
CPT CODE:	83080
TEST INFORMATION:	
DAYS PERFORMED:	Arrange with laboratory in advance, referred to reference lab.
TURNAROUND TIME:	3 weeks
SPECIAL INSTRUCTIONS:	White blood cell assay is required if patient is pregnant, medicated, or on birth control pills.
CONTAINER TYPE:	Red top tube for serum assay or Yellow top (ACD) tube for white blood cell assay (See Attached)
SPECIMEN REQUIREMENTS:	6 mL blood or 7 mL ACD whole blood
MINIMUM VOLUME:	3 mL serum or 5 mL white blood cell assay
HANDLING INSTRUCTIONS:	Whole blood should be kept at 4°C. Serum should be frozen.
REFERENCE RANGE:	Search Test Code S50585 (serum) or Test Code S49273 for (blood)
POE DESCRIPTION:	HEXOSAMINIDASE; TAY SACHS
TEST SYNONYM(S):	Hexosaminiase A and B, Serum; Tay-Sachs Screen of hexosaminidase A and hexosaminidase B
LAST UPDATED:	01/24/2012


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05


ACD
Solution A
8.5 mL

Rush Medical Labs

TEST NAME:	High Density Lipoprotein Cholesterol, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HDL
CPT CODE:	83718
TEST INFORMATION:	This test is also part of Lipid Panel.
DAYS PERFORMED:	Daily
TURNAROUND TIME:	1 day
SPECIAL INSTRUCTIONS:	Patient should fast for 12-14 hours prior to collection of specimen.
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	2 mL blood (1 mL plasma)
REFERENCE RANGE:	Male: 40-59 mg/dL, female: 40-59 mg/dL
POE DESCRIPTION:	HIGH DENSITY LIPOPROTEIN; HDL CHOLESTEROL
TEST SYNONYM(S):	Alpha-Lipoprotein Cholesterol; HDL; HDL Cholesterol
LAST UPDATED:	01/27/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	High Resolution DNA HLA DR Typing
TESTING LAB:	12;#Molecular Diagnostics/Histocompatibility and Immunogenetics
LAB / EPIC MNEMONIC:	HIRESDNA
CPT CODE:	83912
DAYS PERFORMED:	Mon-Wed, 0800-1700
TURNAROUND TIME:	2 weeks
SPECIAL INSTRUCTIONS:	Must be scheduled with the laboratory
CONTAINER TYPE:	Two Lavender top (K2 EDTA) tubes (See Attached) Note: For buccal swabs call HLA Lab at x28393
COLLECTION:	**Special Labeling Requirements**: The initials of the person who collected the specimen and the date and time of collection MUST be noted on the specimen label.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	20 mL heparin and/or 10 mL EDTA
HANDLING INSTRUCTIONS:	Deliver to the laboratory immediately.
REFERENCE RANGE:	Class II alleles are reported as a phenotype.
REFERRAL LABORATORY:	Commercial Laboratory
POE DESCRIPTION:	DNA- HIGH RESOLUTION; HIGH RESOLUTION DNA; HIRESDNA
TEST SYNONYM(S):	Molecular Class II Typing
LAST UPDATED:	08/02/2016


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	High Sensitivity Troponin I
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HSTROP / High Sensitivity Troponin I
CPT CODE:	84484
	High Sensi vity Troponin I /Hs-cTnI
TEST INFORMATION:	
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour
CONTAINER TYPE:	Dark Green Lithium Heperin
SPECIMEN REQUIREMENTS:	Blood Specimen (Li Heparin)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	Male: </=35 ng/L, Female: </=14 ng/L
CRITICAL VALUES:	Male: >35 ng/L, Female: >14 ng/L
POE DESCRIPTION:	TROPONIN I
LAST UPDATED:	09/24/2024

Rush Medical Labs

TEST NAME:	Histamine, 24 Hr. Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UHIST
CPT CODE:	83088-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should refrain from taking allergy causing drugs, antihistamines, oral corticosteroids and substances which block H2 receptors at least 24 hours prior to collection.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #4 (containing 10 mL 6N HCl) (See Attached)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire collection to the laboratory
HANDLING INSTRUCTIONS:	Keep refrigerated during collection. Protect from light.
REFERENCE RANGE:	Search Test Code 4946
POE DESCRIPTION:	URT HISTAMINE; URT HISTAMIN; U/HISTAMIN
TEST SYNONYM(S):	Urine Histamine
LAST UPDATED:	10/14/2019


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DOB:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TEST REQUESTED:
COLLECTION TIME: (Time)
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION
Arsenic, Calcium,
Histamine, Hydrogen
Oxalate, Phosphorus
** CORROSIVE **

Rush Medical Labs

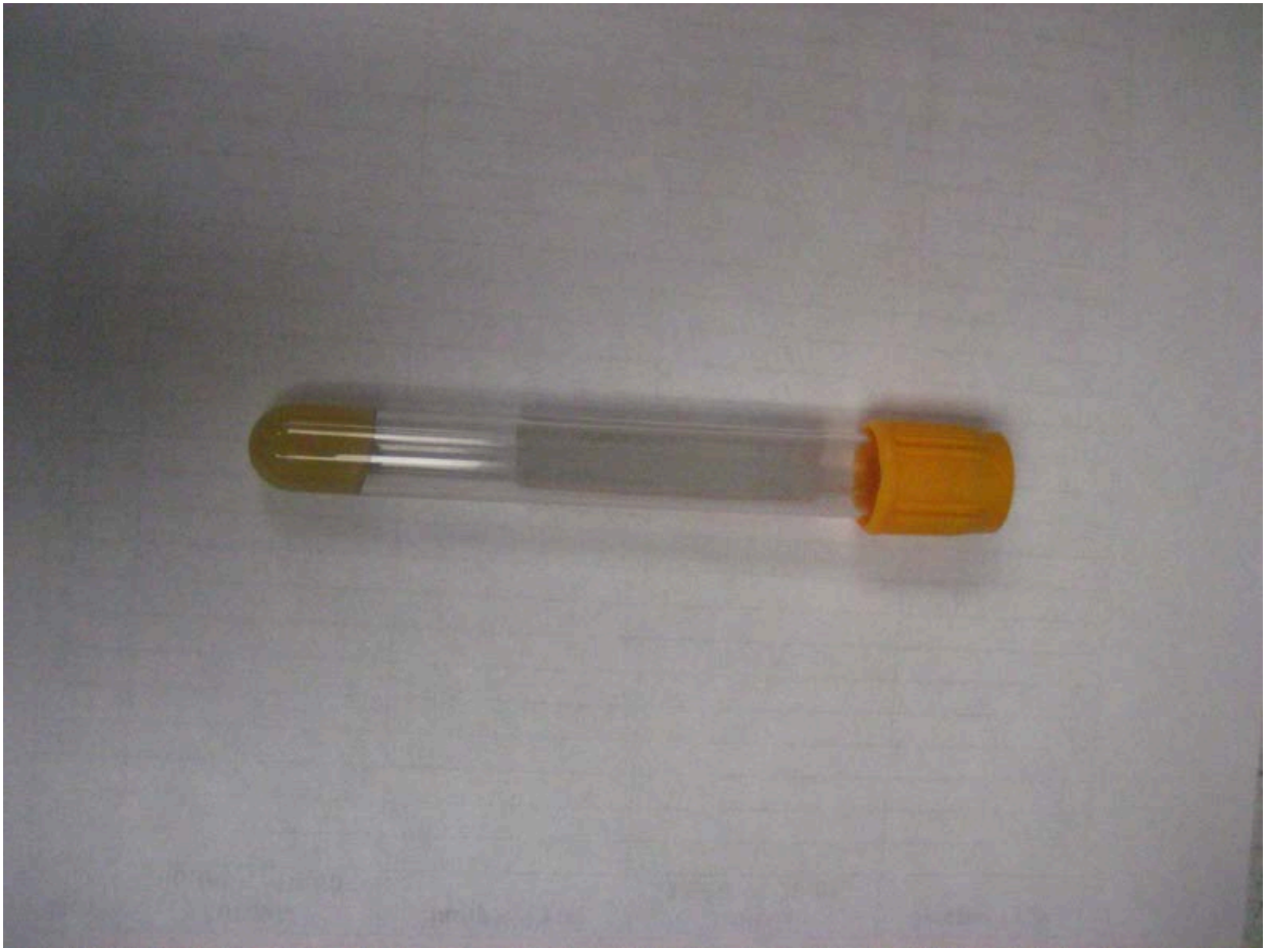
TEST NAME:	Histamine, Plasma
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HIST
CPT CODE:	83088-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL (See Attached)
SPECIMEN REQUIREMENTS:	2mL blood (1 mL EDTA plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL EDTA plasma)
REFERENCE RANGE:	Search Test Code 36586
POE DESCRIPTION:	HISTAMINE
LAST UPDATED:	10/14/2019



Rush Medical Labs

TEST NAME:	Histone Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HISTO
CPT CODE:	83516-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Overnight fasting is required.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code 37056
POE DESCRIPTION:	HISTONE
TEST SYNONYM(S):	Antihistone Antibody; H2A-H2B


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



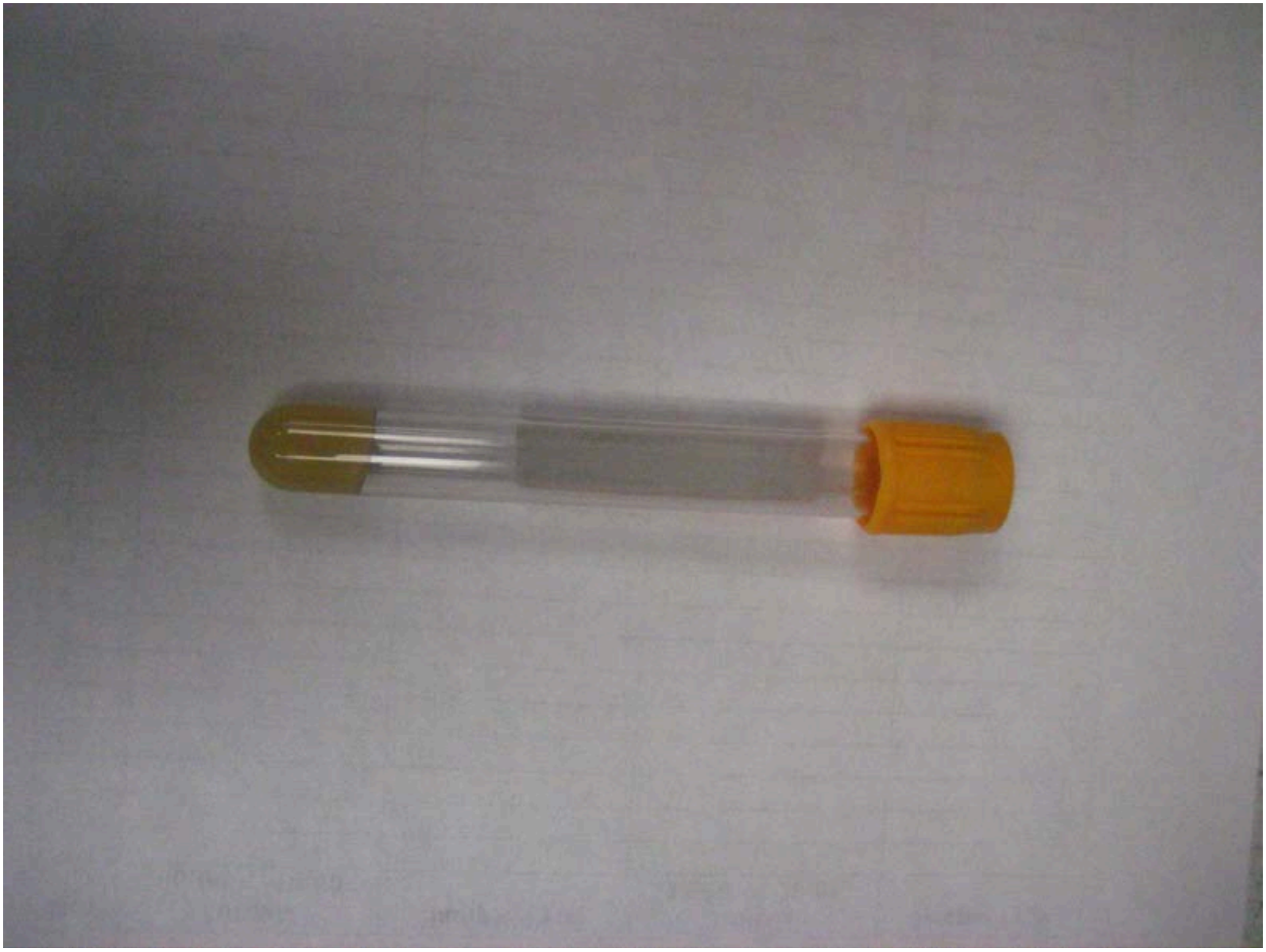
Rush Medical Labs

TEST NAME:	Histopathology
TESTING LAB:	15;#Surgical Pathology
CPT CODE:	88300; 88302; 88304; 88305; 88307; 88309
TEST INFORMATION:	Test includes gross examination and description, microscopic examination, and/or diagnosis.
DAYS PERFORMED:	Mon-Fri, 0730-1700
TURNAROUND TIME:	24 hours for diagnostic biopsies; 48 hours for routine surgical specimens. Specimens requiring decalcification or special studies may have a longer turnaround time.
SPECIAL INSTRUCTIONS:	All specimens must be appropriately labeled and transported in designated specimen transport bags. Specific specimen site, clinical diagnosis, and pertinent clinical history must be indicated. Surgeon must make prior arrangements, including cost center assignment, with Biomedical Photography if specimen photographs are required.
CONTAINER TYPE:	Biopsy specimens should be placed in a 10% buffered formalin specimen container. Resection specimens should be transported immediately after removal in a sterile manner to the Laboratory Receiving Station, Rm 508 Jelke, and handed to a technician.
SPECIMEN REQUIREMENTS:	Biopsy or resection specimens
REJECTION CRITERIA:	Improper or discrepant labeling, O.R. specimens with invalid "barcode" ID label
MINIMUM VOLUME:	All tissue removed must be submitted for examination, documentation and/or histologic evaluation per hospital.
HANDLING INSTRUCTIONS:	Mon-Fri, 0730-1700 O.R. "barcoded" specimens should be transported to the Laboratory Receiving Station. All other specimens and O.R. specimens after 1700 should be transported to Rush Medical Laboratories Specimen Desk, Rm 470 Jelke.
LIMITATIONS OF TEST:	Tissue fixed in formalin cannot be used or are less than optimal for bacteriological culture, electron microscopy, certain types of immunohistochemistry, hormone receptor assay, certain types of histochemistry, or frozen sections.
ADDITIONAL INFORMATION:	Cultures of tissue are best taken in the O.R. where a sterile field exists. A tissue should be placed in an anaerobic tube with requests for smear, culture, anaerobic culture, AFB, and fungus. Bullets and shotgun pellets must be submitted in a sterile specimen container and hand carried to the laboratory for documentation purposes.
TEST SYNONYM(S):	Biopsy; Pathologic Examination

Rush Medical Labs

TEST NAME:	Histoplasma Ab Complement Fixation
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HISCF
CPT CODE:	86698 X 2
CDM NUMBER:	3181443
TEST INFORMATION:	Includes antibody to Yeast Antigen and to Mycelial Antigen
TURNAROUND TIME:	3-7 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Serum
REJECTION CRITERIA:	Improper storage of specimen, inappropriate specimen container, insufficient specimen volume
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Search Test Code 938
METHODOLOGY:	Complement Fixation (CF)
REFERRAL LABORATORY:	
ADDITIONAL INFORMATION:	Approximately 90 - 95% of patients with histoplasmosis have detectable antibodies. CF titers>=1:8 are generally considered evidence indicative of histoplasmosis. Positive titers are also seen with fungal infections other than histoplasmosis, and confirmation of antibody specificity with immunodiffusion procedures is recommended.
LAST UPDATED:	10/14/2019

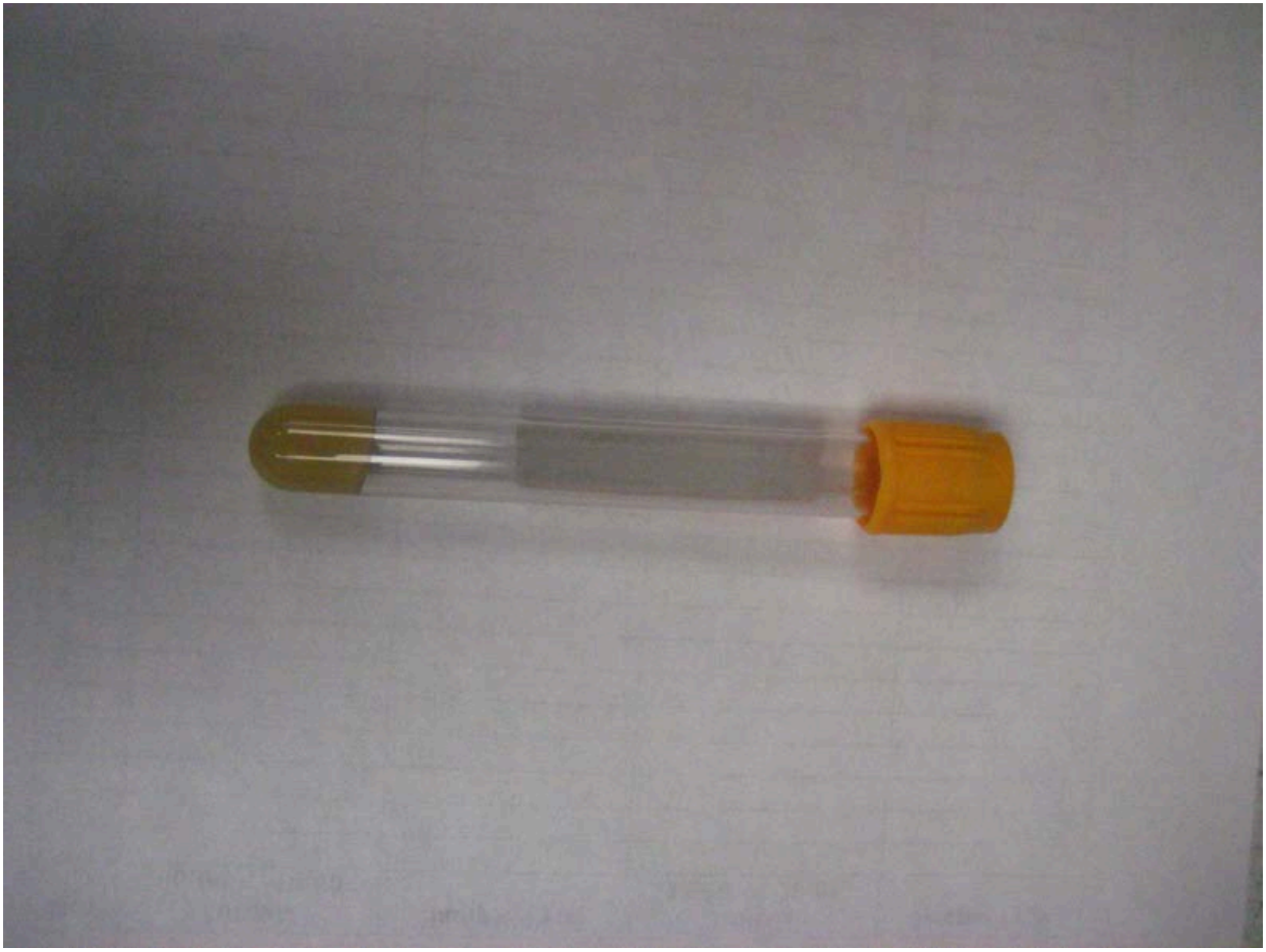

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Histoplasma AB Immunodiffusion
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	86698
CDM NUMBER:	3181443
TURNAROUND TIME:	4 - 7 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Serum
REJECTION CRITERIA:	Improper storage of specimen, inappropriate specimen container, insufficient specimen volume
MINIMUM VOLUME:	0.2 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Search Test Code 526
METHODOLOGY:	Immunodiffusion
REFERRAL LABORATORY:	
ADDITIONAL INFORMATION:	Immunodiffusion assesses the presence of proteins antigens M and H that often occur independently. Approximately 70% of patients with histoplasmosis have detectable antibodies by immunodiffusion.
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



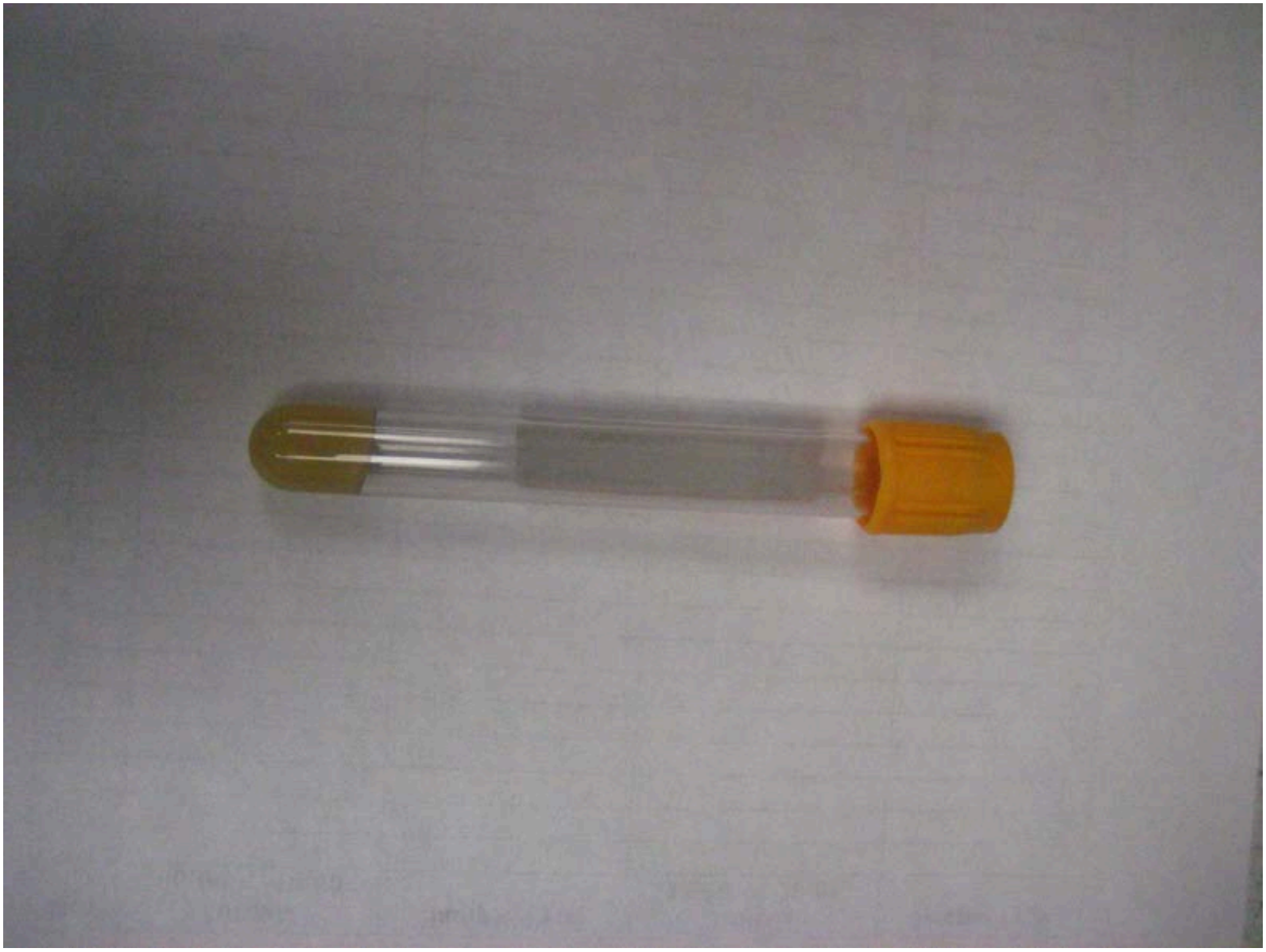
Rush Medical Labs

TEST NAME:	Histoplasma Antigen Immunoassay
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	HISTO AG
CPT CODE:	87385; 87999
CDM NUMBER:	3511033; 3511023
DAYS PERFORMED:	Test performed Monday-Thursday only.
TURNAROUND TIME:	2-7 days
CONTAINER TYPE:	Sealed sterile urine container (no preservative); Red top tube or SST tube; sealed sterile cerebrospinal fluid collection tube; sealed sterile sputum or Leuken`s container
SPECIMEN REQUIREMENTS:	Urine, blood (serum), CSF, bronchial
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	3 mL urine, 5 mL blood (2 mL serum), 1 mL CSF, 5 mL bronchial
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Negative (i.e. <1.0)EIA Units Initial testing interpretations:- equivocal: result inconclusive after repeated testing- <1.0: negative- 1.0-2.0: weak positive, suggest repeat testing-/>2.0: positive, repeat if inconsistent with clinical findings. Follow-up testing interpretations:- no change, decrease, increase- <2.0: stable- 2.1-4.0: mild increase, possible failure, suggest repeat -/>4.0: moderate to marked increase, probable failure
METHODOLOGY:	Enzyme immunoassay (EIA)
REFERRAL LABORATORY:	Commercial Laboratory
ADDITIONAL INFORMATION:	The sensitivity of antigen detection is greater using urine rather than serum specimens (i.e. 92% versus 82% respectively) in disseminated disease. Antigen is detected less frequently in patients with self limited diseases (39%) and chronic pulmonary histoplasmosis (21%). In cases of acute pulmonary infection, the sensitivity is greater than 75% for more severe cases presenting with diffuse pulmonary infiltrates and respiratory insufficiency. Antigen may be detected in the cerebrospinal fluid of 40-67% of patients with Histoplasma meningitis and in bronchoalveolar lavage fluid of 70% of patients with AIDS who have extensive pulmonary histoplasmosis.Specificity is at least 98% with significant cross reactivity with *Paracoccidioides brasiliensis*, *Blastomyces dermatiditis*, and *Penicillium marneffei*.
LAST UPDATED:	05/27/2014

Rush Medical Labs

TEST NAME:	HIV Antigen/Antibody (HIV-1/HIV-2)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HIV
CPT CODE:	87389
CDM NUMBER:	3481001
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	7 mL blood (4 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No HIV p24 antigen, HIV-1 or HIV-2 antibody detected
LIMITATIONS OF TEST:	This test is not diagnostic for AIDS, but, when confirmed, does indicate infection with the HIV-1, HIV-2 or p24 antigen. A negative result may be seen in a patient very early (before seroconversion) or very late in the natural history of HIV infection.
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
ADDITIONAL INFORMATION:	All specimens determined positive will be confirmed by Multi Spot analysis.
TEST SYNONYM(S):	AIDS Screening Test; HIV-1 Antibody; Human Immunodeficiency Virus Antibody (HIV-1/HIV-2); Human Immunodeficiency Virus (HIV-1) Antibody; Human T-Lymphotropic Virus Antibody
LAST UPDATED:	10/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	HIV RNA Quantitation
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	HIVRNAQNT
CPT CODE:	87536
CDM NUMBER:	3481077
DAYS PERFORMED:	Thursdays
TURNAROUND TIME:	1-7 days
SPECIAL INSTRUCTIONS:	Specimens received later than 0600 on the day the test is performed will be held for the next run.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
REJECTION CRITERIA:	Inappropriate specimen container, clotted specimen, insufficient specimen volume, gross contamination of the specimen, plasma not separated within 6 hours of collection, missing or wrong patient identifers on the specimen.
MINIMUM VOLUME:	5 ml of whole blood (2 ml of plasma)
HANDLING INSTRUCTIONS:	Specimen must be transported to the lab as soon as possible. The plasma MUST be removed from the cells within 6 hours of collection, missing or wrong patient identifiers on the specimen.
REFERENCE RANGE:	<40 copies/ml of HIV-1 RNA detected.
LIMITATIONS OF TEST:	The assay is limited to the quantitation of HIV-1 RNA in human plasma. Reliable results are dependent on appropriate specimen collection, transport, storage, and processing procedures. This assay is not intended to be used as a screening test for HIV-1 or as a diagnostic test to confirm HIV-1 infection.
METHODOLOGY:	Real time polymerase chain reaction
ADDITIONAL INFORMATION:	Linearity of the assay 40 to 100,000,000 copies/ml
POE DESCRIPTION:	HIVRNAQNT
TEST SYNONYM(S):	HIV RNA Viral Load; HIV Quantitative
LAST UPDATED:	12/09/2011


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	HLA Ab Screen Class II Beads
TESTING LAB:	12;#Molecular Diagnostics/Histocompatibility and Immunogenetics
LAB / EPIC MNEMONIC:	HLA II SCR
CPT CODE:	86808 (If screen is positive, additional 86808)
CDM NUMBER:	3331024 (If positive, 3331025; will also bill screening for Class II Antibodies)
DAYS PERFORMED:	Routine; STAT Mon-Fri, 0800-1700
TURNAROUND TIME:	Routine: Up to 30 days, STAT: 2-3 days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
COLLECTION:	Patient name, date and time of collection must be on label.
SPECIMEN REQUIREMENTS:	Clotted blood (serum); draw prior to transfusions or dialysis
REJECTION CRITERIA:	Gross hemolysis, specimen unlabeled
MINIMUM VOLUME:	7 mL
HANDLING INSTRUCTIONS:	Deliver to lab or refrigerate
REFERENCE RANGE:	Reported as Negative (0% PRA) or Positive (#% PRA) with specificity if detectable
LIMITATIONS OF TEST:	May not detect all class II ab present
METHODOLOGY:	Flow cytometry
ADDITIONAL INFORMATION:	Call lab at 2-8393 with questions


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	HLA Antibody Screen
TESTING LAB:	12;#Molecular Diagnostics/Histocompatibility and Immunogenetics
LAB / EPIC MNEMONIC:	HLA AB SCR
CPT CODE:	86807
DAYS PERFORMED:	Routine; stat; Mon-Fri, 0800-1700 Stat: 2-3 days
TURNAROUND TIME:	Routine: <30 days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
COLLECTION:	**Special Labeling Requirements**: Patient name, the initials of the phlebotomist and the date/time of collection MUST be noted clearly on the specimen label.
SPECIMEN REQUIREMENTS:	Clotted blood
MINIMUM VOLUME:	7 mL
HANDLING INSTRUCTIONS:	Deliver to lab ASAP or store in refrigerator.
REFERENCE RANGE:	Reported as Negative (0% PRA) or Positive (# % PRA) and specificity if detectable.
POE DESCRIPTION:	HLA ANTIBODY SCREEN
TEST SYNONYM(S):	PRA (% Panel Reactive Antibodies); Lymphocyte Antibodies; White Cell Antibody Screen


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	HLA Typing; B27 Locus
TESTING LAB:	12;#Molecular Diagnostics/Histocompatibility and Immunogenetics
LAB / EPIC MNEMONIC:	HLA B27
CPT CODE:	86812
DAYS PERFORMED:	Mon-Fri, 0800-1700; specimens not accepted after 1200 on Fri.
TURNAROUND TIME:	24 hours verbal 5-7 days written
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached) Note: For buccal swabs call HLA Lab at x28393
COLLECTION:	**Special Labeling Requirements**: Patient name, the initials of the phlebotomist and the date/time of collection MUST be noted clearly on the specimen label.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	10 mL whole blood
HANDLING INSTRUCTIONS:	Do not refrigerate
REFERENCE RANGE:	Reported as positive or negative for HLA-B27 antigen
POE DESCRIPTION:	HLA TYPING B27 LOCUS; HLA B27
TEST SYNONYM(S):	HLA-B27; B27; Histocompatibility Typing - B27
LAST UPDATED:	08/02/2016


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	HLA Typing; DR Locus and DQ Locus
TESTING LAB:	12;#Molecular Diagnostics/Histocompatibility and Immunogenetics
LAB / EPIC MNEMONIC:	HLA DR
CPT CODE:	88180
DAYS PERFORMED:	Mon-Fri, 0800-1700; specimens not accepted after 1200 on Fri
TURNAROUND TIME:	48 hours verbal 5-7 days written
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached) Note: For buccal swabs call HLA Lab at x28393
COLLECTION:	**Specimen labeling requirements**: Patient name, the initials of the phlebotomist and the date/time of collection MUST be noted clearly on the specimen label
SPECIMEN REQUIREMENTS:	Blood, lymph node, spleen
MINIMUM VOLUME:	20 mL whole blood
HANDLING INSTRUCTIONS:	Deliver specimens to the laboratory immediately after collection. Do not refrigerate.
REFERENCE RANGE:	Antigens detected are reported as a phenotype or a genotype if a family studies are performed
POE DESCRIPTION:	HLA DR
TEST SYNONYM(S):	HLA Class II Tissue Typing; Histocompatibility Typing - DR & DQ
LAST UPDATED:	08/02/2016


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	HLA, A, B, and C Typing, HLA Class I
TESTING LAB:	12;#Molecular Diagnostics/Histocompatibility and Immunogenetics
LAB / EPIC MNEMONIC:	HLA ABC
CPT CODE:	86813
DAYS PERFORMED:	Mon-Fri, 0800-1700; specimens not accepted after 1200 on Fri.
TURNAROUND TIME:	24 hours verbal; 5-7 days written
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached) Note: For buccal swabs call HLA Lab at x28393
COLLECTION:	**Special Labeling Requirements**: Patient name, the initials of the phlebotomist and the date/time of collection MUST be noted clearly on the specimen label.
SPECIMEN REQUIREMENTS:	Blood, lymph node, spleen
MINIMUM VOLUME:	10 mL, patients with extremely low white counts may require additional specimen.
HANDLING INSTRUCTIONS:	Store at room temperature.
REFERENCE RANGE:	Antigens detected are reported as a phenotype or a genotype if family studies are performed.
POE DESCRIPTION:	HLA COMPLETE; HLA TYPING; HLA A B C
TEST SYNONYM(S):	HLA Typing - A, B, and C; Class I Antigen Tissue Typing; Histocompatibility Typing - A, B, & C
LAST UPDATED:	08/02/2016


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Homocysteine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HMCYS
CPT CODE:	83090
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Please deliver immediately to the lab **on ice**. If specimens cannot be sent to the lab immediately, they should be placed on ice or immediately centrifuged and plasma aliquoted. This test cannot be added onto an existing sample more than 6 hours old.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL (on ice) (See Attached)
SPECIMEN REQUIREMENTS:	3.0 mL whole blood (1.5 mL EDTA plasma)
REJECTION CRITERIA:	Hemolyzed Sample
MINIMUM VOLUME:	1.0 ml whole blood, 0.3 mL EDTA plasma
REFERENCE RANGE:	Males: 5.46 - 16.20 Females: 4.44 - 13.56 The total homocystine concentration in plasma or serum of healthy individuals will vary with age, gender, geographical area, and genetic factors. Values are typically lower for women than for men, however, postmenopausal women may show increased values for total homocystine. A majority of scientific literature agree upon a range of normal values between 5 and 15 µmol/L (adult male and female). Values will normally increase with age with accepted expected reference value among elderly (>60 years) from 5 - 20 µmol/L.
METHODOLOGY:	Chemiluminiscent
POE DESCRIPTION:	HOMOCYSTEINE; PBH; PROTEIN BOUND HOMOCYSTEINE
LAST UPDATED:	08/04/2015



Rush Medical Labs

TEST NAME:	Homovanillic Acid, Quantitative, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HVA
CPT CODE:	83150-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Abstain from medication three days prior to collection.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep refrigerated during collection.
REFERENCE RANGE:	Search Test Code 6346
POE DESCRIPTION:	URT HVA; U/HVA
TEST SYNONYM(S):	HVA; Urine Homovanillic Acid
LAST UPDATED:	10/15/2019


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

Rush Medical Labs

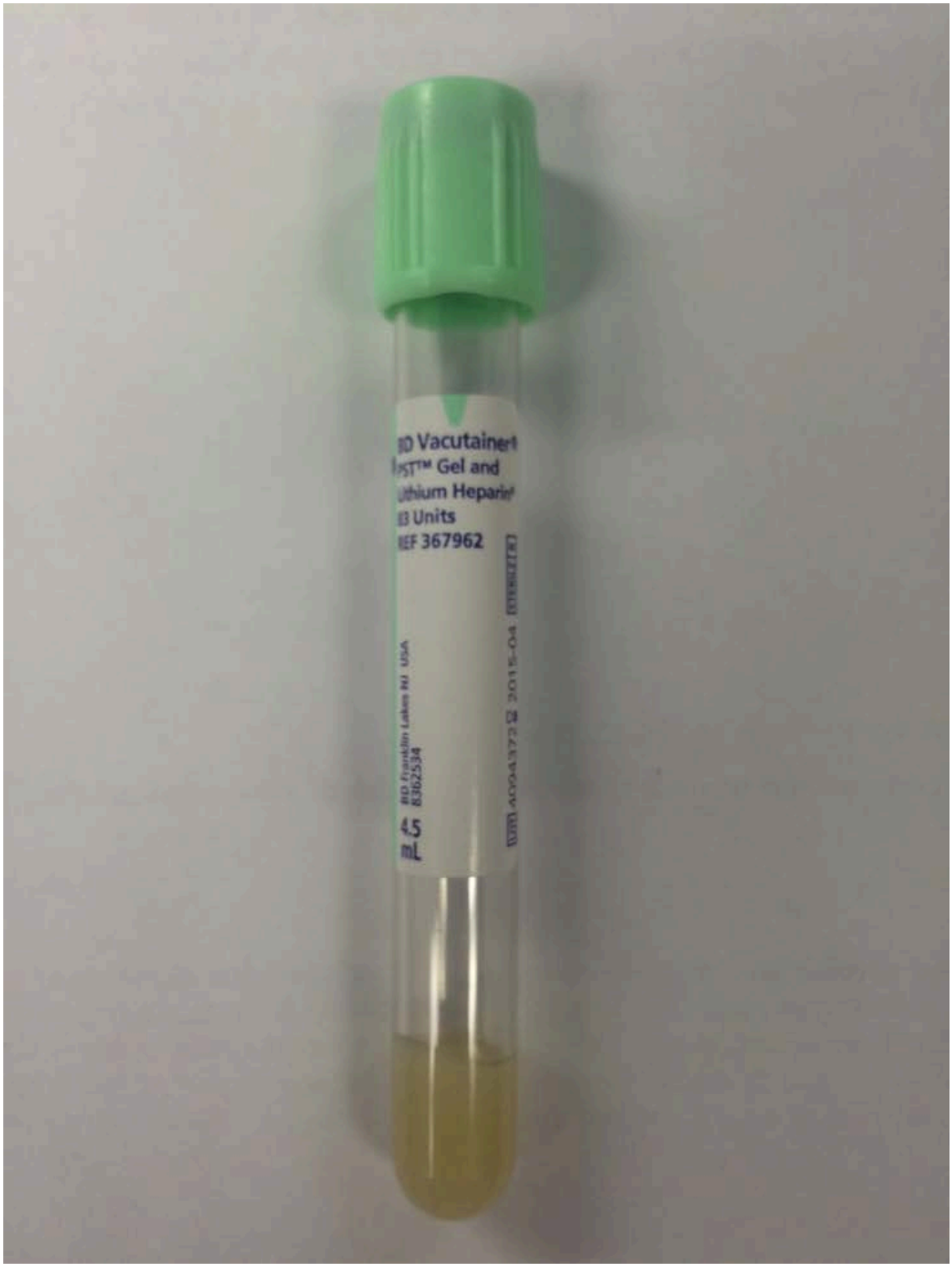
TEST NAME:	HSV- 1 and HSV - 2 by Real Time PCR
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	HSVQL
CPT CODE:	87529 x 2
TEST INFORMATION:	This test includes detection of HSV-1 and HSV-2. Herpes simplex virus detected in CSF. Herpes simplex identified in a child < 1 year old. Detects HSV-1 and HSV-2 in skin and genital specimens.
DAYS PERFORMED:	Monday, Wednesday, and Friday
TURNAROUND TIME:	Maximum of 72 hours
SPECIAL INSTRUCTIONS:	Specimen should be received by the laboratory as soon as possible.
CONTAINER TYPE:	CSF collection tube (See Attached). M4 transport medium for swabs; sealed sterile container for sterile fluids
COLLECTION:	Specimens should be collected in the acute stage of the disease, preferably within 3 days and no longer than 7 days after onset of illness. Specimens should be collected on a sterile swab and placed into M4 transport medium immediately after collection. Endocervical: Clean the cervical area of mucus with a sterile swab and discard the cleaning swab. Place a second sterile swab into the cervical os and rotate to collect epithelial cells. Place the swab into M4 transport medium immediately after collection. Vesicular lesions: Wash the surface of vesicles with sterile saline. Carefully open several vesicles and soak up the vesicular fluid with a swab. If vesicles are absent, vigorously swab the BASE of the lesion. The specimen should be collected during the first 3 days of eruption. Place the swab into M4 transport medium immediately after collection. CSF: Cerebrospinal fluid should be collected by a physician using standard sterile technique.
SPECIMEN REQUIREMENTS:	Specimen depends upon the type of infection: Viral Encephalitis or Meningitis: 1 ml of CSF in a sterile tube from the lumbar puncture kit. Genital (vesicle fluid, lesion, endocervical), skin (vesicle fluid, lesion), oropharynx (vesicle, lesion)
REJECTION CRITERIA:	Specimen not received in a sterile sealed container; specimen not closed properly and leaked into transport container; excessive delay in transport; inappropriate specimen container; specimen unlabeled or mislabled.
MINIMUM VOLUME:	1 mL of CSF or one swab in M4 transport media
HANDLING INSTRUCTIONS:	The specimen should be transported to the laboratory as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No HSV-1 or HSV-2 detected
LIMITATIONS OF TEST:	Reliable results are dependent on appropriate specimen collection, transport, storage, and processing procedures. No detection limits have been established for other specimen types or transport media.
METHODOLOGY:	Isolation of target DNA, real-time PCR with detection by target specific probes for HSV-1 and HSV-2.

ADDITIONAL INFORMATION:	In house studies have shown the analytical sensitivity of this assay is 10 copies/PCR reaction and 250 copies/patient specimen. The genes that are amplified and detected in this assay are surface glycopeptide gG (HSV-1) and gD (HSV-2). The detection of Herpes simplex virus type 1 (HSV-1) and Herpes simplex virus type 2 (HSV-2) DNA is based upon the real-time amplification and detection of specific HSV genomic DNA sequences by PCR from total DNA extracted from the specimen. Probes specific for HSV-1 and HSV-2 are used to identify and differentiate the products of the PCR amplification. The diagnosis of HSV-1 and HSV-2 infection should not rely solely upon the result of a PCR assay. A positive PCR result should be considered in conjunction with clinical presentation and additional established diagnostic tests prior to establishing a diagnosis. A negative PCR result indicates the absence of HSV-1 or HSV-2 DNA in a sample tested and does not exclude the diagnosis of disease. This test or one or more of its components was developed and its performance characteristics determined by RML Laboratories, Division of Clinical Microbiology. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is performed pursuant to a license agreement with Roche Molecular Systems. Inc
TEST SYNONYM(S):	HSV 1 & 2 detection by real time PCR; Herpes simplex virus by real time PCR; Herpes simplex
LAST UPDATED:	10/15/2019



Rush Medical Labs

TEST NAME:	Human Chorionic Gonadotropin, Quantitative
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HCGQ
CPT CODE:	84702
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.2 mL plasma)
REFERENCE RANGE:	See Table
POE DESCRIPTION:	HCG QT- FOR PREGNANCY TEST
TEST SYNONYM(S):	HCG, Quantitative (Pregnancy); HCG, Quantitative
LAST UPDATED:	10/14/2019


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Human Chorionic Gonadotropin, Quantitative

Gestational Age	Range (MIU/mL)
Nonpregnant female	<5
1st week postconception	5 - 44
2nd week postconception	36 – 760
3rd week postconception	90 – 2600
1st trimester	3400 – 160,000
2nd trimester	6700 – 90,000
3rd trimester	3100 – 62,000

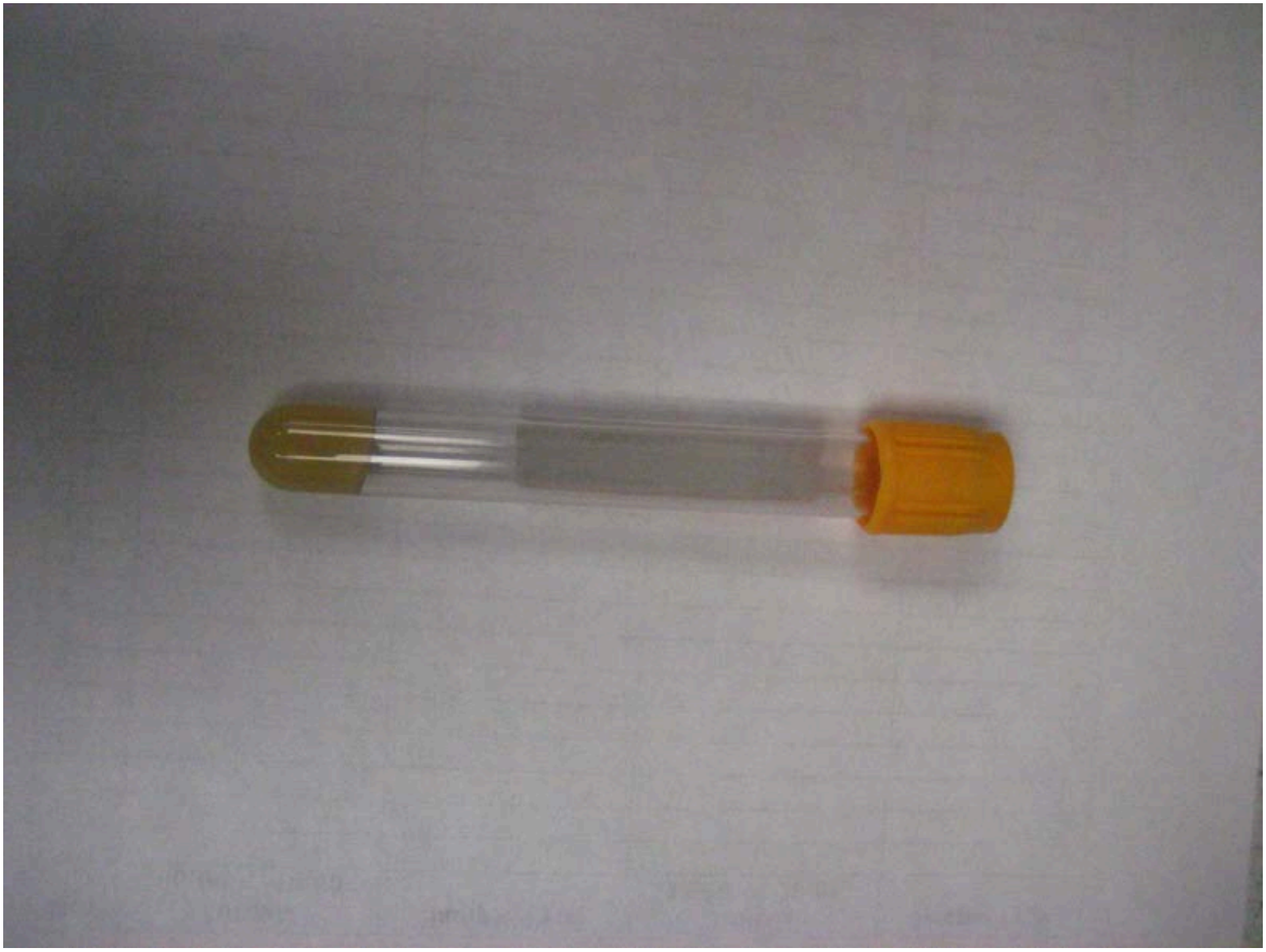
Rush Medical Labs

TEST NAME:	Human Papillomavirus Typing DNA Test
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HPV TYPE
CPT CODE:	87621-90 (x2)
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Only specimens from the human uterine cervix will be accepted.
CONTAINER TYPE:	Diagen specimen collection kit only
SPECIMEN REQUIREMENTS:	Uterine cervical swab
REJECTION CRITERIA:	Swabs from all other anatomic sites will be rejected. All specimens from males will be rejected. Specimens submitted in transport media other than digene will be rejected.
REFERENCE RANGE:	See separate laboratory report.
POE DESCRIPTION:	HUMAN PAPILLOMA; HPV; HPV TYPING
TEST SYNONYM(S):	Human Papillomavirus (HPV) Type

Rush Medical Labs

TEST NAME:	Human T-Lymphotropic Virus I/II Antibody (HTLV I/II)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HTLV
CPT CODE:	86790, if positive confirmatory test = 86689
TEST INFORMATION:	The test includes detection of antibody to HTLV I/II.
DAYS PERFORMED:	Monday - Sunday
TURNAROUND TIME:	2 - 5 days
CONTAINER TYPE:	Red top tube or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate. Ship refrigerated.
REFERENCE RANGE:	Nonreactive See Quest Test Code 17379
LIMITATIONS OF TEST:	A negative result does not preclude the possibility of infection with HTLV-I/II.
METHODOLOGY:	Chemiluminescence, Immunoassay
REFERRAL LABORATORY:	Quest Diagnostics
ADDITIONAL INFORMATION:	HTLV-I causes adult T cell leukemia (ATL) or HTLV-associated myelopathy (HAM) in approximately 10% of infected individuals. HTLV-II is closely related to HTLV-I, but disease associations are less clear. Positive or equivocal HTLV-I/II screening test results will be tested further by HTLV CONFIRMATORY ASSAY at an additional charge which usually differentiates HTLV-I from HTLV-II infection.
TEST SYNONYM(S):	HTLV-I Antibody Detection; Human T-Lymphotropic Virus Type 1 Antibody
LAST UPDATED:	10/15/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Humoral Immunity Panel
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HUM PANEL
TEST INFORMATION:	Each of the three tests must be ordered individually: Strep Pneumo 23 Valent Panel, Tetanus/Diphtheria Toxoid IgG Antibodies, Haemophilus Influenza B IgG Antibodies
POE DESCRIPTION:	HUMORAL IMMUNITY PANEL; HUM PANEL
LAST UPDATED:	03/11/2014

Rush Medical Labs

TEST NAME:	Huntington Disease DNA Analysis
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	HUNT
CPT CODE:	83891; 83894; 83898; 83912
TEST INFORMATION:	
DAYS PERFORMED:	Mon-Fri, 0800-1500; see Special Instructions
TURNAROUND TIME:	2 weeks
SPECIAL INSTRUCTIONS:	Requires completed Molecular Diagnostics Form (312-942-6298) and documentation that the patient is symptomatic or on a Huntington Disease protocol.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood or other tissue
MINIMUM VOLUME:	3 mL
HANDLING INSTRUCTIONS:	Leave specimen at room temperature and deliver to the laboratory as soon as possible.
POE DESCRIPTION:	HUNTINGTON GENE-PCR ANALYSIS; HUNT DNA
LAST UPDATED:	10/15/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

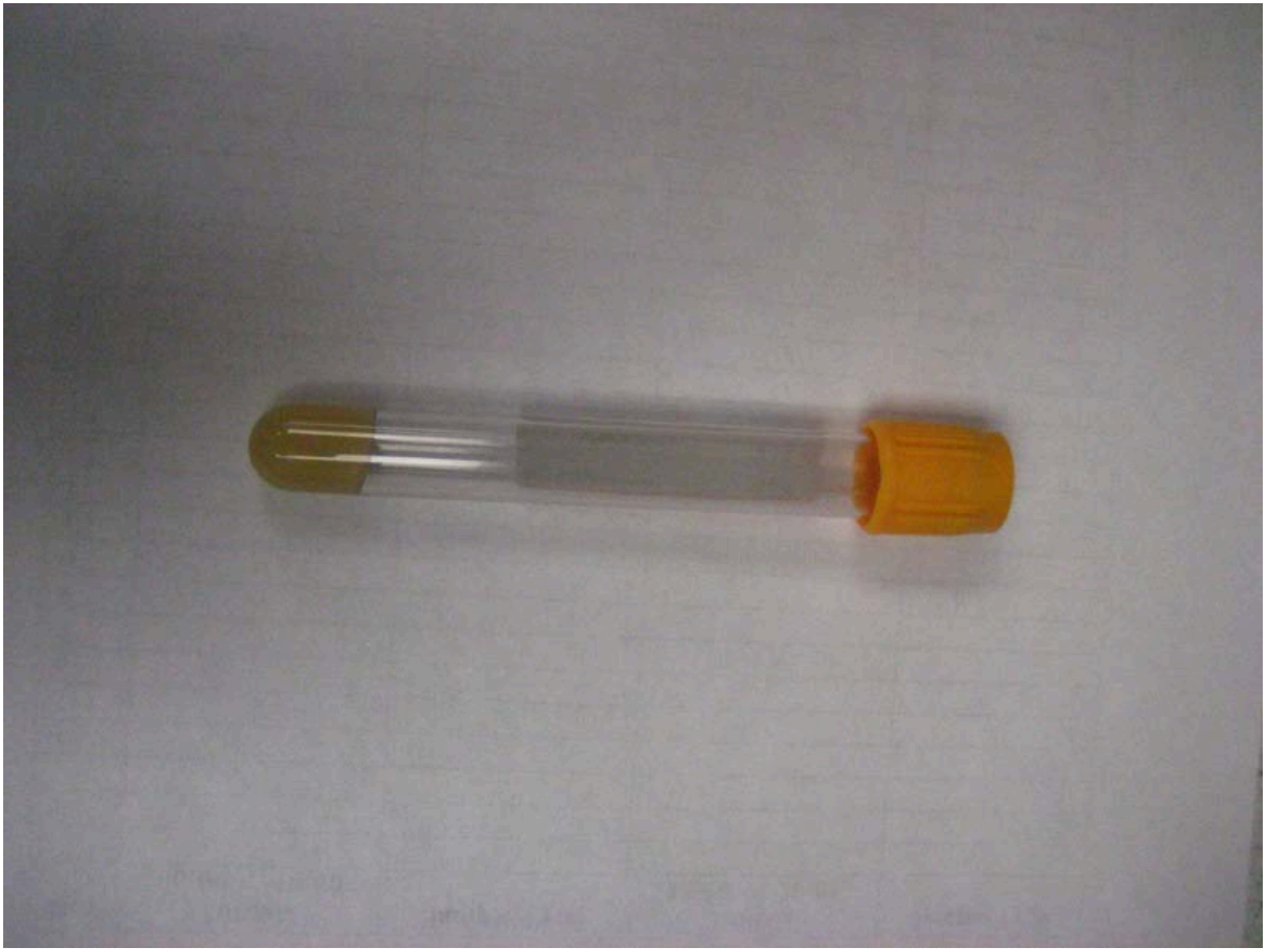
TEST NAME:	Hypercoagulability Genetic Panel
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	HYPCO
CPT CODE:	81240, 81241, 81291
TEST INFORMATION:	includes Factor V Leiden Gene Mutation, Prothrombin Gene Mutation and Methylenetetrahydrofolate Reductase (MTHFR)
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Sample must be less than 7 days old when received by Commercial Laboratory
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	3mL whole blood at room temperature
MINIMUM VOLUME:	1 mL whole blood at room temperature
HANDLING INSTRUCTIONS:	Sample should remain at room temperature.
REFERENCE RANGE:	written interpretation with results
LAST UPDATED:	10/14/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Hypersensitivity Pneumonitis Antibody Profile
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HPE
CPT CODE:	86609 (x9)
TEST INFORMATION:	The test includes testing for precipitating antibodies against an antigen panel which includes the following: - *Thermoactinomyces vulgaris, Thermoactinomyces candidus, Micropolysporafaeni, Saccharomonospora viridis, Aureobasidium pullulans, Avian serum antigen,Aspergillus fumigatus, Aspergillus flavus,Aspergillus niger.*
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	5-7 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	2 mL serum
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Search Test Code 8156
LIMITATIONS OF TEST:	This test does NOT account for all predisposing causes of chronic lung disease; it detects only precipitating antibodies. A positive test does NOT establish the diagnosis of hypersensitivity pneumonitis since precipitins may develop in the absence of the disease. The absence of precipitins does NOT eliminate the diagnosis since precipitins may be reduced or absent when the disease is not in an acute or active phase.
METHODOLOGY:	(DD) double diffusion
REFERRAL LABORATORY:	
TEST SYNONYM(S):	Fungal Precipitins
LAST UPDATED:	10/14/2019

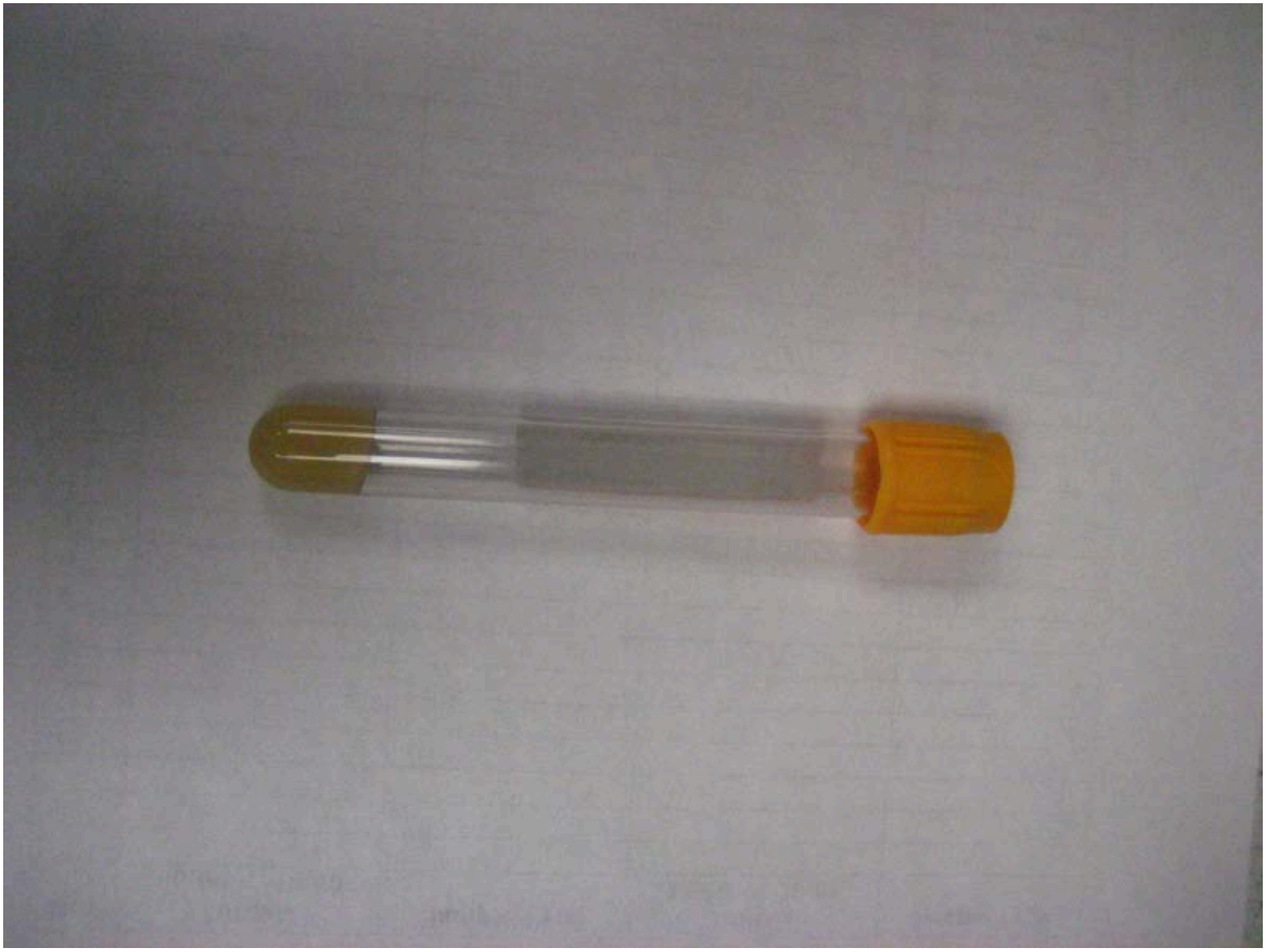

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	IgG Subclasses
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MIGG4
CPT CODE:	82784-90, 82787(4)-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2mL blood (1 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Mayo Clinic - Search Test Code 9259
POE DESCRIPTION:	IGG1-4
TEST SYNONYM(S):	IgG 1,2,3,4
LAST UPDATED:	10/15/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	IgG/Albumin Ratio, Cerebrospinal Fluid
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CIGAL
CPT CODE:	82784, 82042-90
TURNAROUND TIME:	1-3 days
CONTAINER TYPE:	CSF collection tubes (See Attached)
SPECIMEN REQUIREMENTS:	2mL cerebrospinal fluid
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Freeze
REFERENCE RANGE:	Search Test Code 39484
POE DESCRIPTION:	IGG ALBUMIN RATIO; IGG/ALB
TEST SYNONYM(S):	CSF IgG; IgG, CSF; Spinal Fluid IgG; CSF Albumin; Albumin, CSF
LAST UPDATED:	10/15/2019



Rush Medical Labs

TEST NAME:	IL28B Genotype
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IL28
CPT CODE:	IL28B
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	5.0 mL whole blood
MINIMUM VOLUME:	2 mL whole blood
REFERENCE RANGE:	Search Test Code 90251
LAST UPDATED:	10/14/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Imipramine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IMIP
CPT CODE:	80335-90
TEST INFORMATION:	Includes desipramine
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	6.0 mL blood (3.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	3 mL blood (1.5 mL serum)
REFERENCE RANGE:	Search Test Code 887
POE DESCRIPTION:	IMIPRAMINE
TEST SYNONYM(S):	Tofranil.
LAST UPDATED:	10/15/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Immature Platelet Fraction
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	IPF
CPT CODE:	85595
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	4.0 hours
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL (See Attached)
COLLECTION:	Peripheral blood
SPECIMEN REQUIREMENTS:	Whole blood
REJECTION CRITERIA:	Clotted specimen
MINIMUM VOLUME:	1.5 ml venous, 250 uL capillary whole blood
REFERENCE RANGE:	1.0 - 10.0 %
METHODOLOGY:	Fluorescent flow cytometry
TEST SYNONYM(S):	Reticulated platelet fraction



Rush Medical Labs

TEST NAME:	Immune Cell Function (Immuknow)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	86352-90
DAYS PERFORMED:	Monday through Thursday
SPECIAL INSTRUCTIONS:	Test available by prior arrangement only; please call the Core Laboratory at ext. 25002
CONTAINER TYPE:	Green top (sodium heparin) - 4 mL tube or Green top (sodium heparin) - 10 mL tube (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL whole blood
REJECTION CRITERIA:	Hemolysis, lipemia, or samples received >30 hrs after collection.
MINIMUM VOLUME:	0.5 mL whole blood
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 15435
TEST SYNONYM(S):	Immuknow; Cylex Immuknow; Lymphocyte Stimulation
LAST UPDATED:	10/14/2019

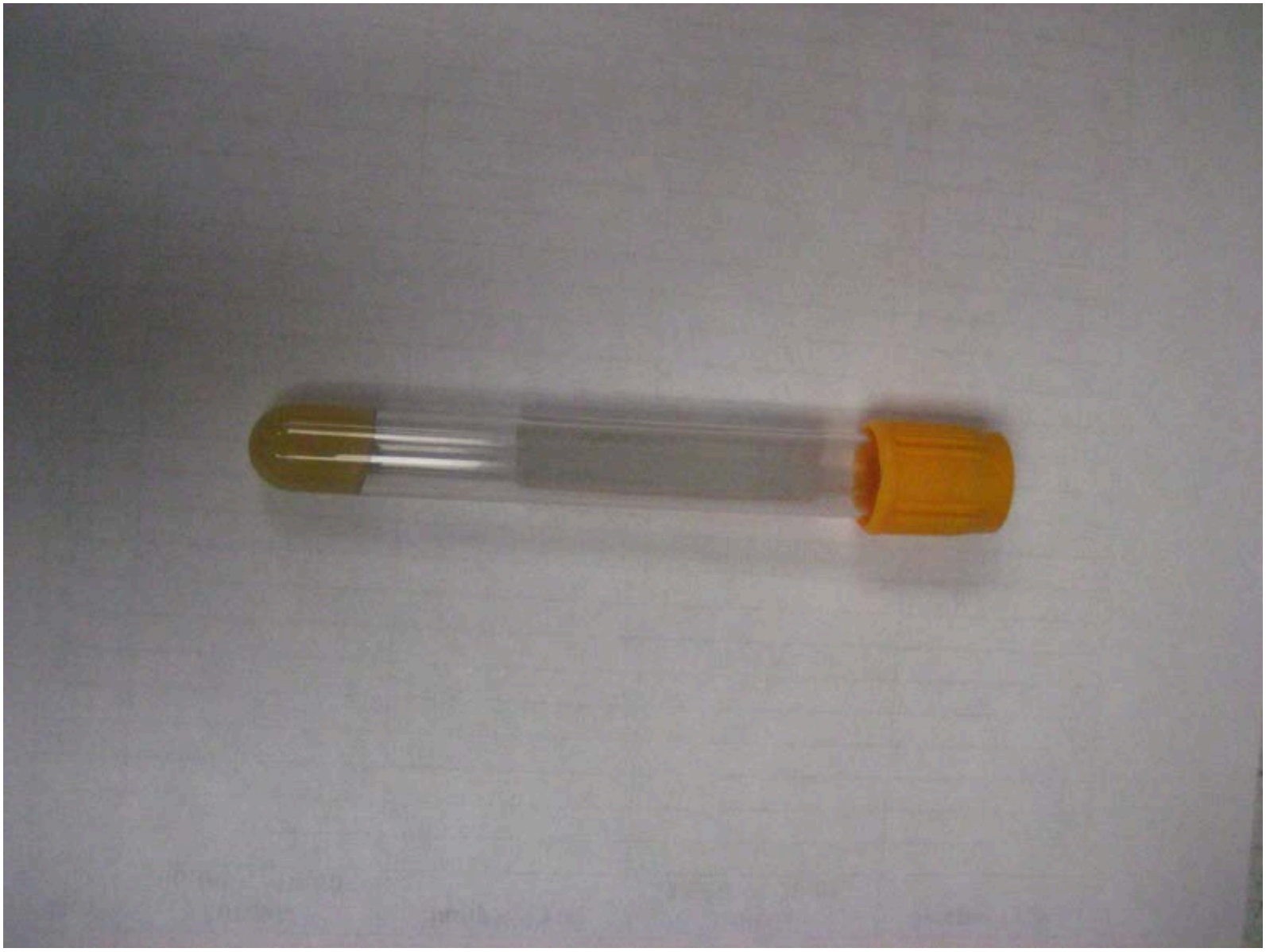

BD Vacutainer
Sodium Heparin
10 USP Units
REF 367874



Rush Medical Labs

TEST NAME:	Immune Complex Profile
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	86332-90 (x2)
TEST INFORMATION:	Includes Clq binding and Raji Cell Assay
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.2 serum)
REFERENCE RANGE:	See separate laboratory report. Test Code 92672
POE DESCRIPTION:	IMMUNE COMPLEX PROFILE
TEST SYNONYM(S):	Immune Complex Assay
LAST UPDATED:	10/15/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

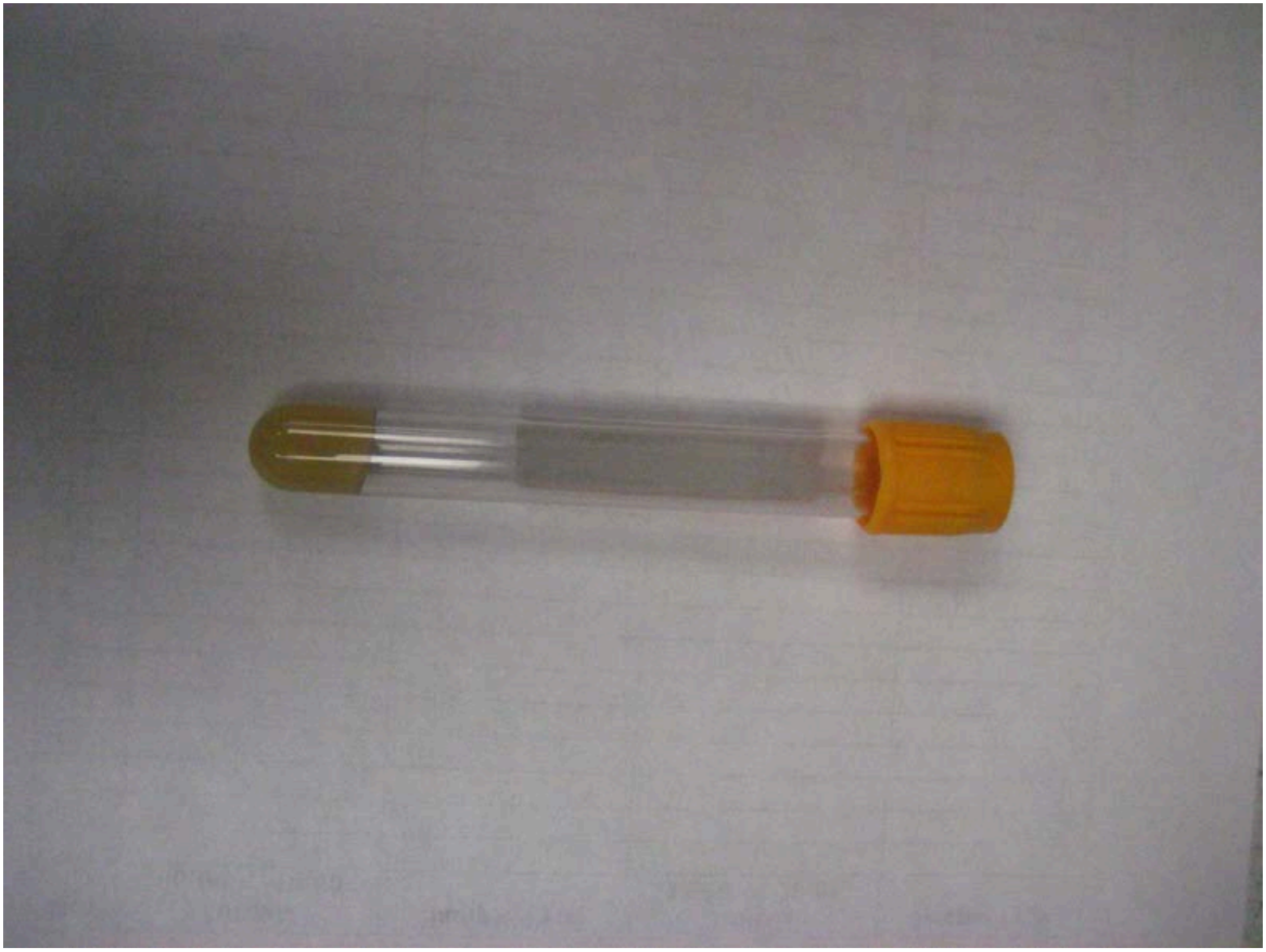
TEST NAME:	Immunodeficiency Profile I
TESTING LAB:	9;#Molecular Diagnostics/Cellular
LAB / EPIC MNEMONIC:	IMM DEF 1
CPT CODE:	88180 (x5)
TEST INFORMATION:	METHOD - Immunophenotyping
DAYS PERFORMED:	Mon-Thur, 0800-1600; Fri, 0800-1400; days preceding holidays, 0800-1400; no holidays
TURNAROUND TIME:	2 days
SPECIAL INSTRUCTIONS:	Do not refrigerate specimen. Blood must be in laboratory within 24 hours of collection.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	Two tubes (2.5 mL) whole blood
REFERENCE RANGE:	Normal ranges are included with the report.
POE DESCRIPTION:	IMMUNODEFICIENCY PROFILE I; T&B CELLS FOR LYMPH SUB POP.; IMM DEF 1
TEST SYNONYM(S):	T- and B-Lymphocytes; T and B-Cell Subsets


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Immunofixation, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	IEP
CPT CODE:	84155, 84165, 86334
TEST INFORMATION:	Test includes typing of monoclonal proteins for light and heavy chain specificity; serum protein electrophoresis, total protein, free light chains
DAYS PERFORMED:	Monday-Friday, first shift
TURNAROUND TIME:	4-7 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	10 mL blood (5 mL serum)
MINIMUM VOLUME:	5 mL blood (2.5 mL serum)
REFERENCE RANGE:	No monoclonal proteins detected. Interpretation provided with results.
METHODOLOGY:	Capillary electrophoresis
TEST SYNONYM(S):	Electrophoresis, Serum
LAST UPDATED:	05/26/2015

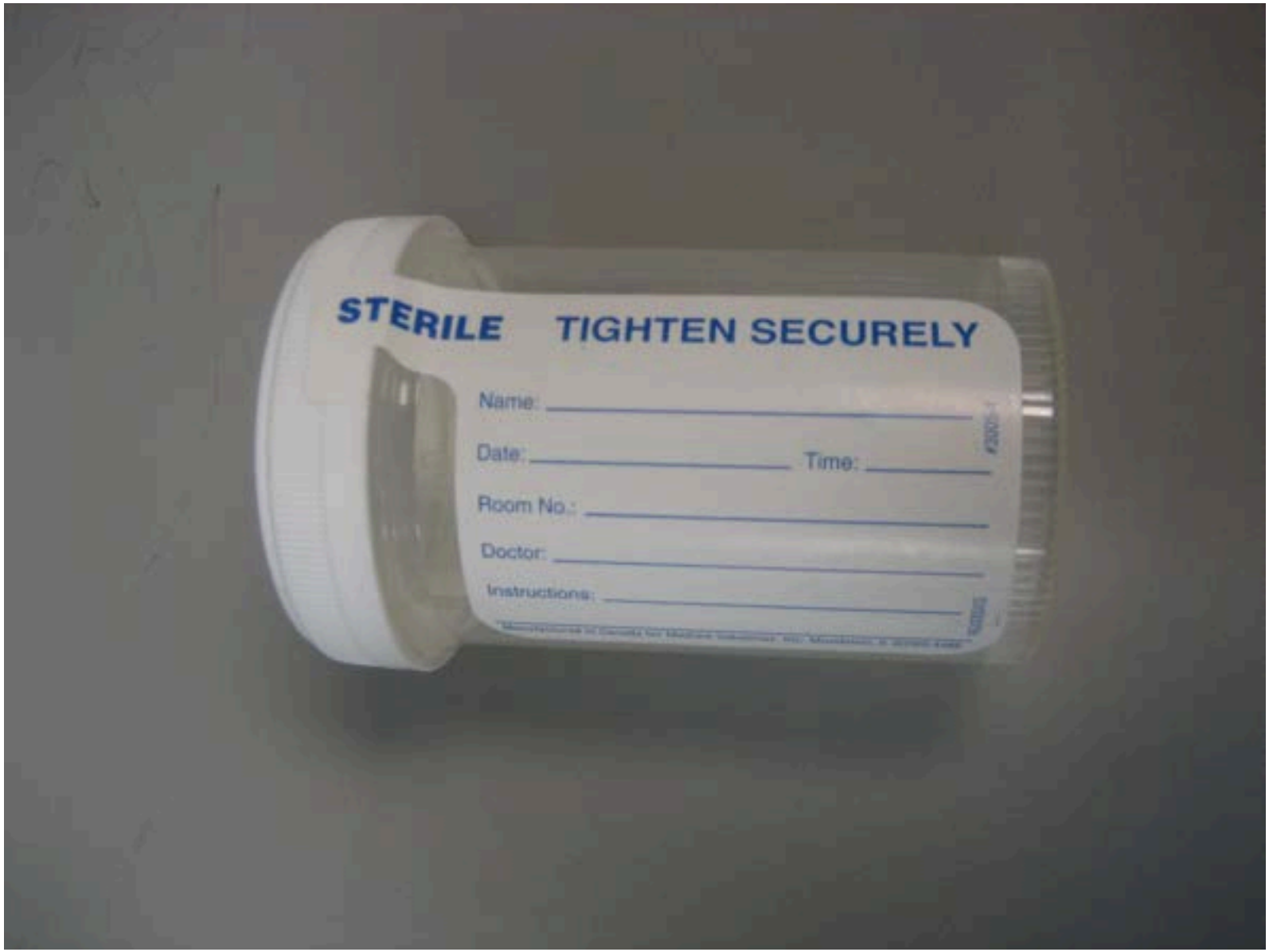

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

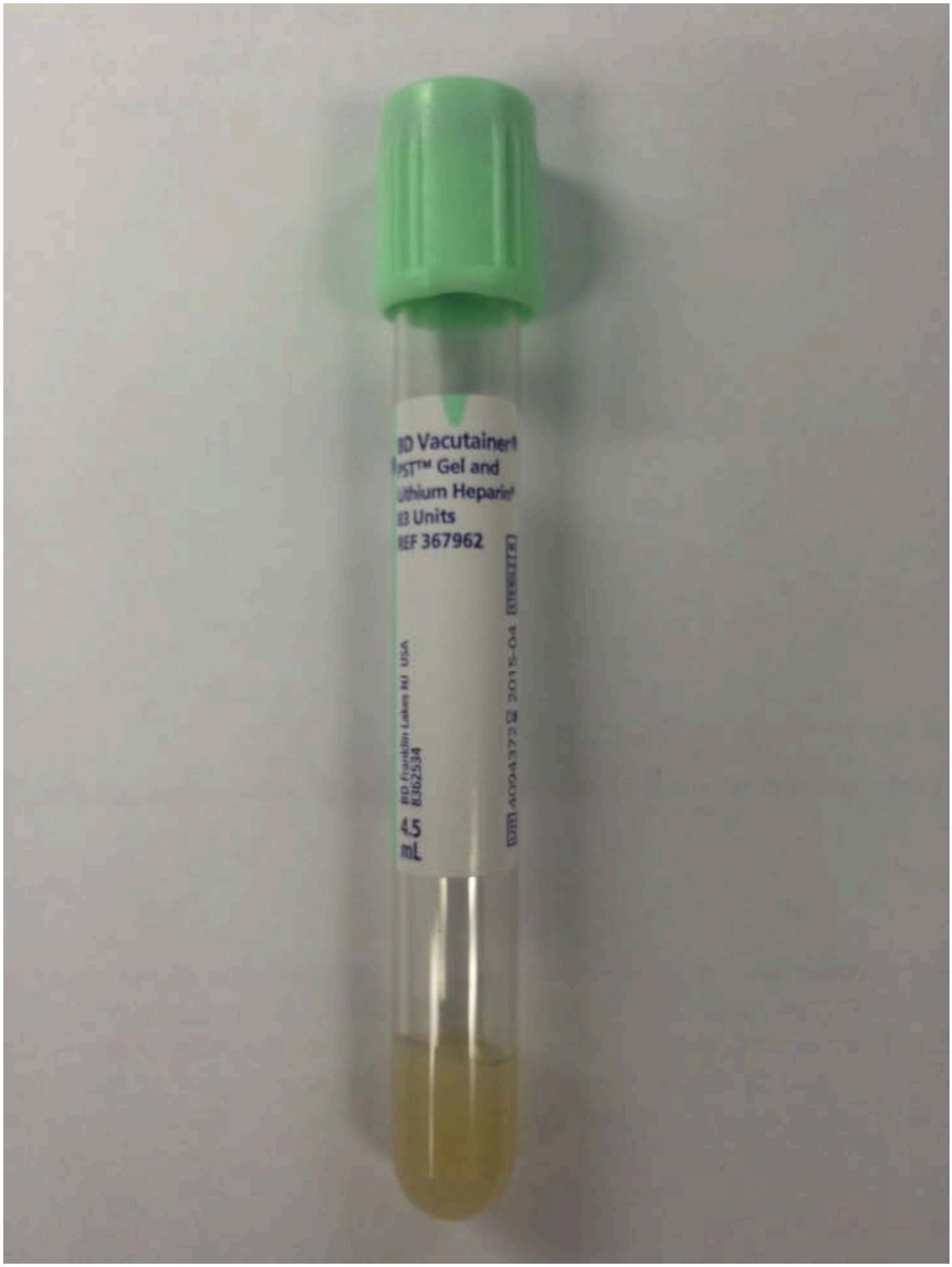
TEST NAME:	Immunofixation, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/IEP
CPT CODE:	84156, 84166, 86335, 81050
TEST INFORMATION:	Test includes typing of monoclonal proteins for light and heavy chain specificity, semiquantitation of free monoclonal light chains, urine protein electrophoresis
DAYS PERFORMED:	Monday-Friday, first shift
TURNAROUND TIME:	4-7 days
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers ~~must~~ be labeled with patient`s full name, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (no preservative) or Sterile 80 mL specimen container (random urine) (See Attached)
SPECIMEN REQUIREMENTS:	Entire 24-hour collection of voided urine
MINIMUM VOLUME:	25 mL aliquot from the 24-hour urine collection.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	No monoclonal free light chains detected. Interpretation provided with results.
LIMITATIONS OF TEST:	Urine stored more than seven days before being assayed may give unreliable results.
METHODOLOGY:	Immunofixation
POE DESCRIPTION:	URINE IMMUNOFIXATION; IMMUNOFIX-URINE; U/IEP
TEST SYNONYM(S):	Electrophoresis, Urine
LAST UPDATED:	05/26/2015


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Immunoglobulin A
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	IGA
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	4mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Gross Hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	See Table
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	IMMUNOGLOBULIN A; IGA
TEST SYNONYM(S):	IgA; Quantitative IgA
LAST UPDATED:	01/28/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

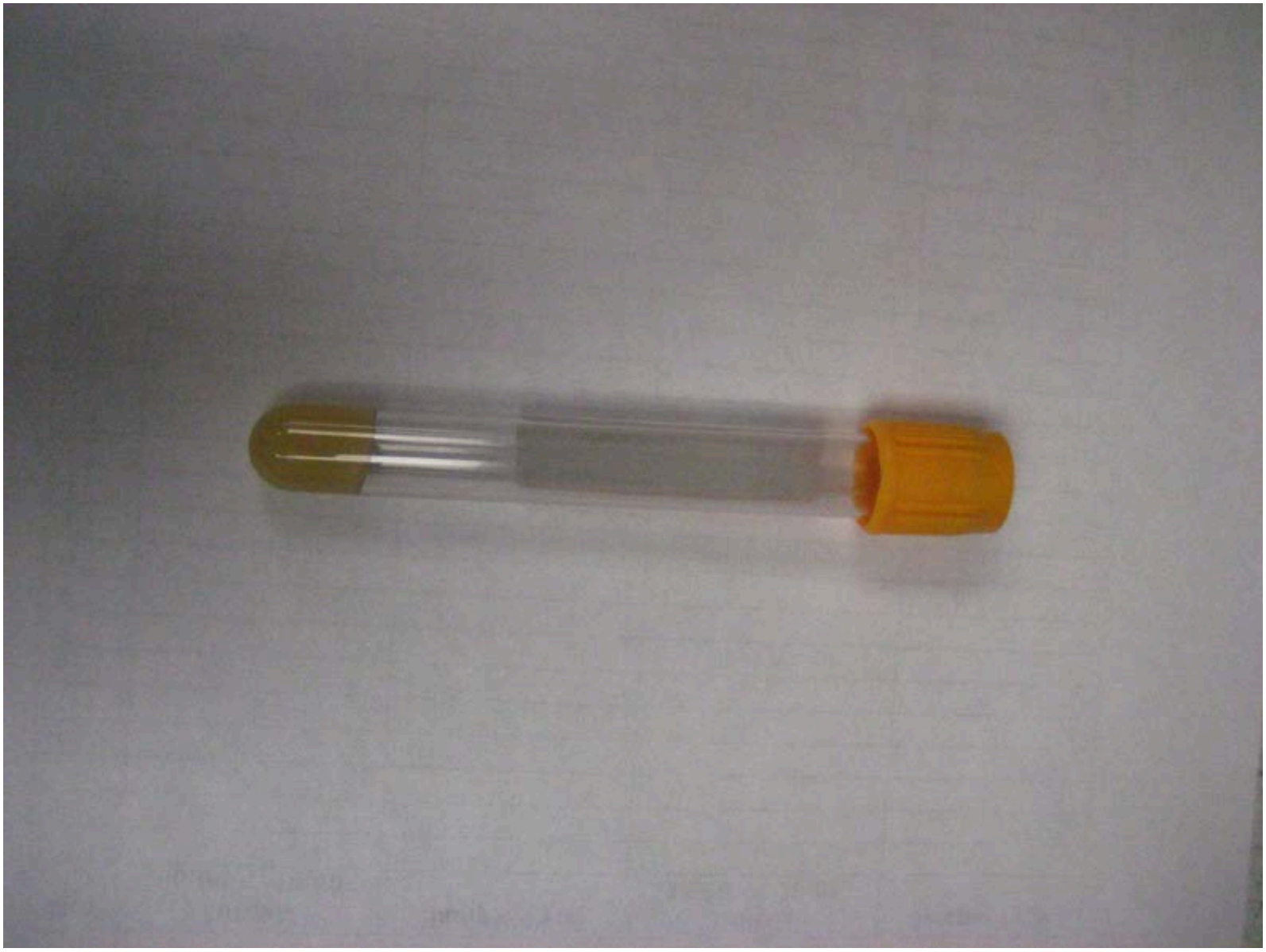
Immunoglobulin A (mg/dL)

AGE FROM	AGE TO	REF – LOW	REF – HIGH
000 MIN	001 MOS	1	4
001 MOS	002 MOS	1	44
002 MOS	003 MOS	3	39
003 MOS	004 MOS	4	38
004 MOS	005 MOS	3	61
005 MOS	006 MOS	7	70
006 MOS	007 MOS	7	57
007 MOS	010 MOS	9	75
010 MOS	012 MOS	13	70
012 MOS	002 YRS	12	88
002 YRS	004 YRS	12	102
004 YRS	006 YRS	21	128
006 YRS	009 YRS	27	168
009 YRS	011 YRS	37	197
011 YRS	150 YRS	59	292

Rush Medical Labs

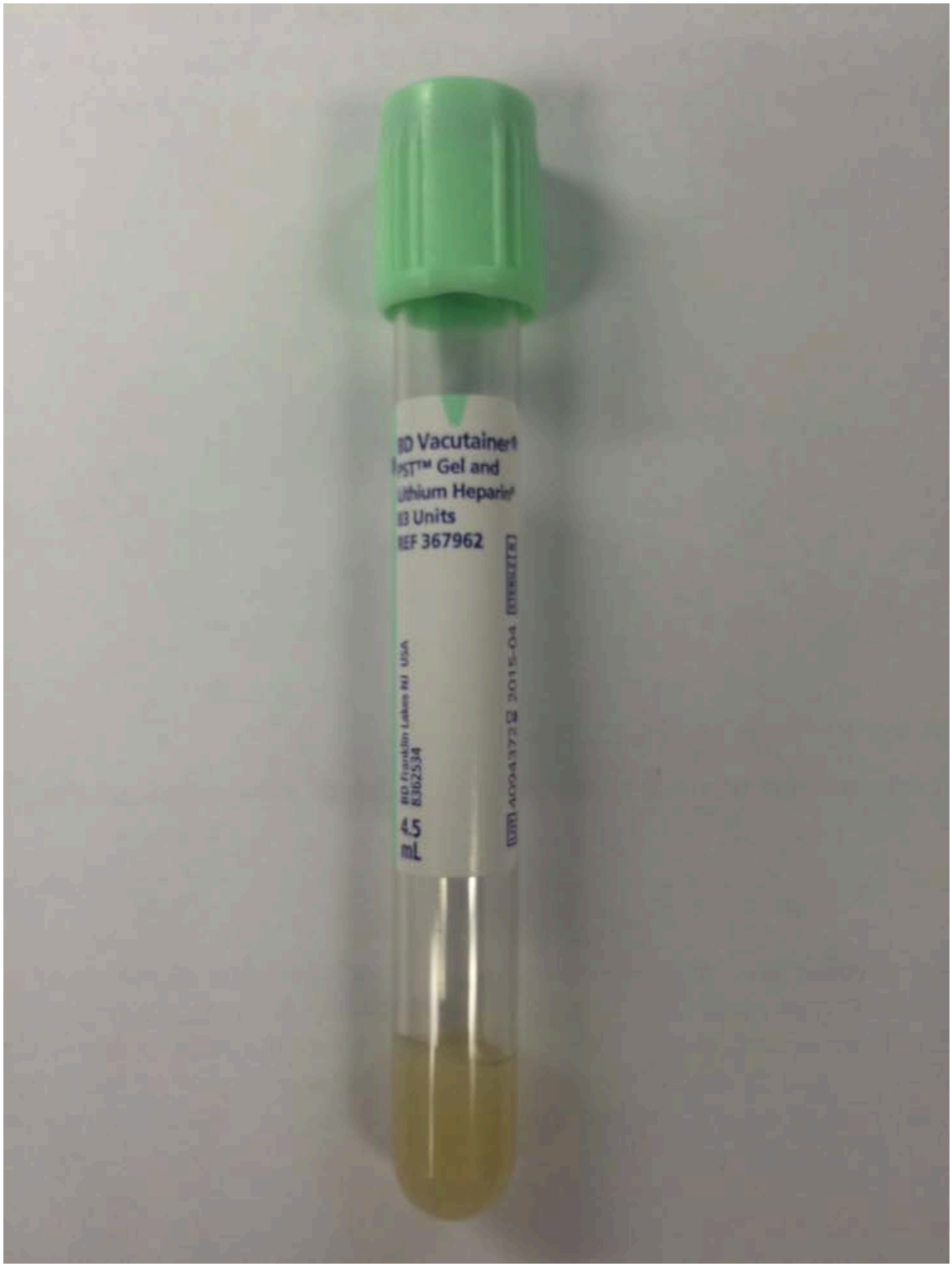
TEST NAME:	Immunoglobulin D
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IGD
CPT CODE:	82784-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 541
POE DESCRIPTION:	IMMUNOGLOBULIN D; IGD
TEST SYNONYM(S):	IgD; Quantitative IgD
LAST UPDATED:	10/15/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



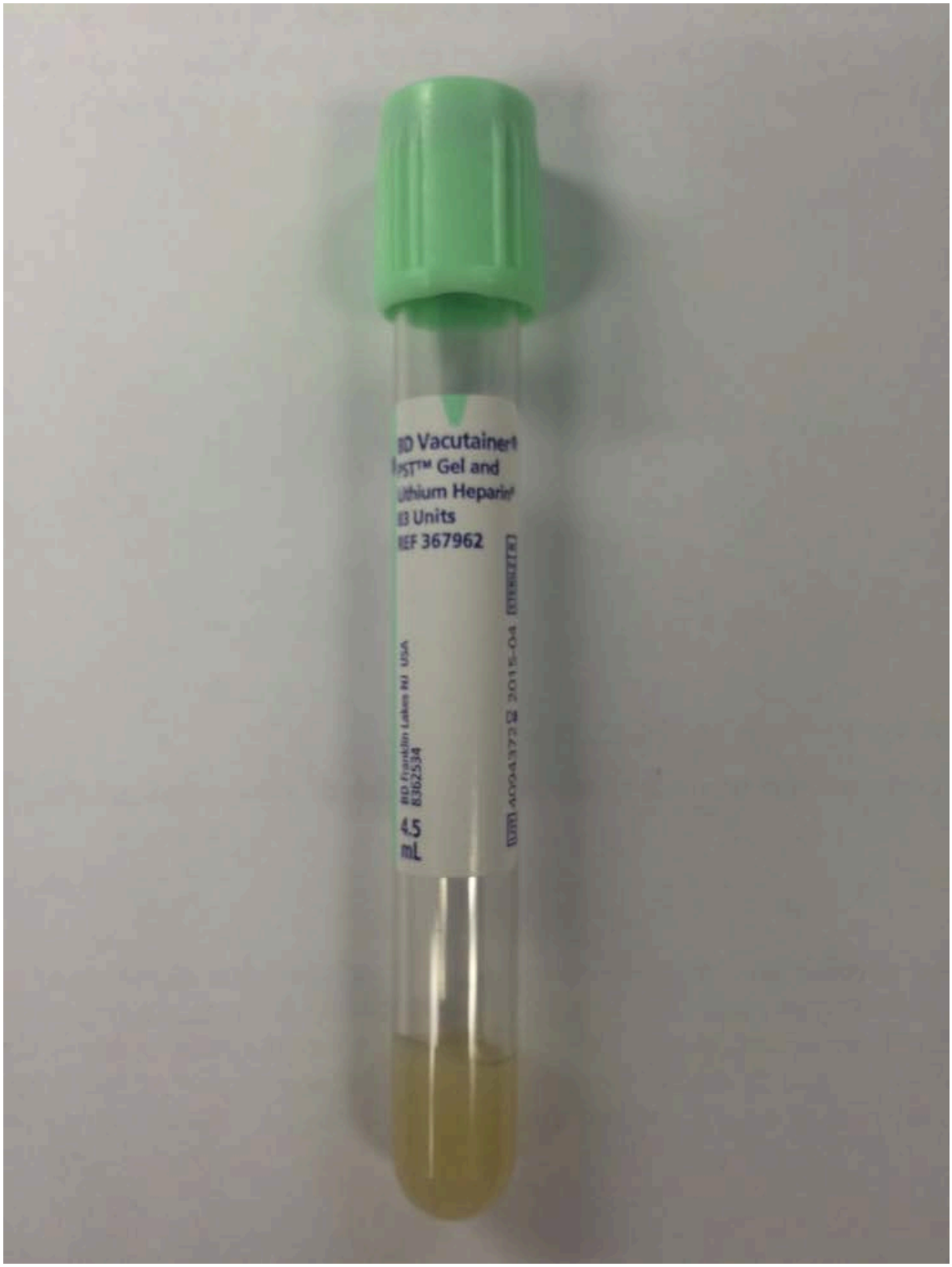
Rush Medical Labs

TEST NAME:	Immunoglobulin E
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IGE
CPT CODE:	82785-90
TEST INFORMATION:	Immunoglobulin E will NOT be determined when Quantitative Immunoglobulins are requested. It MUST be requested individually.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 1245
POE DESCRIPTION:	TOTAL IMMUNOGLOBULIN E; TOTAL IGE
TEST SYNONYM(S):	IgE; Total IgE
LAST UPDATED:	07/08/2015


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Lithium Heparin
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Rush Medical Labs

TEST NAME:	Immunoglobulin G
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	IGG
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	4mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Gross Hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	See Table
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	IMMUNOGLOBULIN G; IGG
TEST SYNONYM(S):	IgG; Quantitative IgG
LAST UPDATED:	01/28/2015

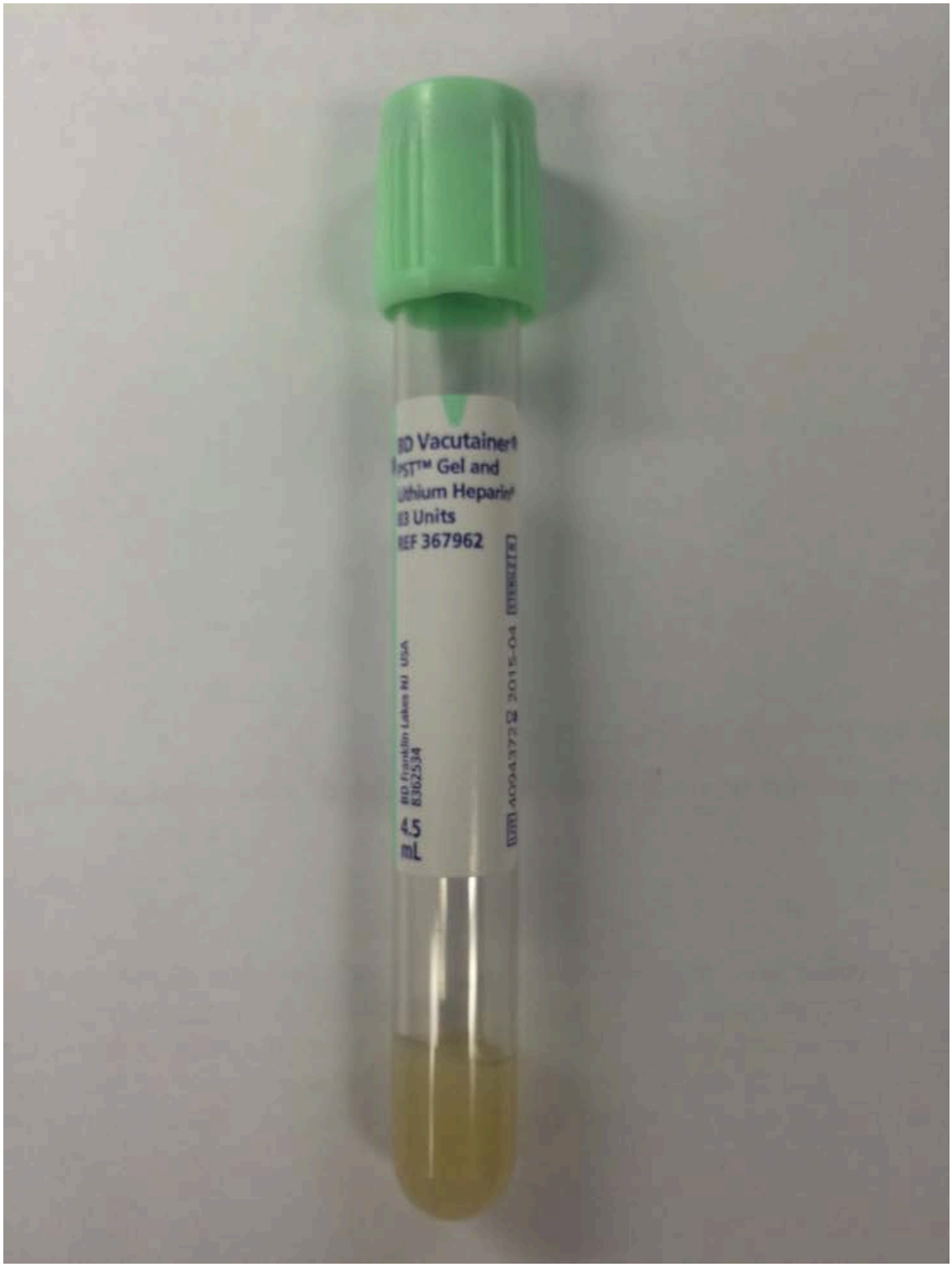

BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Immunoglobulin G (mg/dL)

FROM	AGE TO	REF – LOW	REF – HIGH
000 MIN	001 MOS	621	1569
001 MOS	002 MOS	245	885
002 MOS	003 MOS	201	587
003 MOS	004 MOS	172	567
004 MOS	005 MOS	191	545
005 MOS	006 MOS	168	795
006 MOS	007 MOS	210	688
007 MOS	010 MOS	212	883
010 M9S	012 MOS	287	1044
012 MOS	002 YRS	337	1185
002 YRS	004 YRS	414	1027
004 YRS	006 YRS	452	1207
006 YRS	009 YRS	618	1250
009 YRS	011 YRS	594	1535
011 YRS	150 YRS	596	1584

Rush Medical Labs

TEST NAME:	Immunoglobulin M
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	IGM
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	4mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Gross Hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	See table
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	IMMUNOGLOBIN M; IGM
TEST SYNONYM(S):	IgM; Quantitative IgM
LAST UPDATED:	01/28/2015


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Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Immunoglobulin M (mg/dL)

AGE FROM	AGE TO	REF – LOW	REF – HIGH
000 MIN	001 MOS	6	25
001 MOS	002 MOS	20	87
002 MOS	003 MOS	17	105
003 MOS	004 MOS	24	89
004 MOS	005 MOS	27	101
005 MOS	006 MOS	33	108
006 MOS	007 MOS	33	102
007 MOS	010 MOS	34	126
010 MOS	012 MOS	41	149
012 MOS	002 YRS	43	173
002 YRS	004 YRS	48	168
004 YRS	006 YRS	43	173
006 YRS	009 YRS	48	207
009 YRS	011 YRS	52	242
011 YRS	150 YRS	35	213

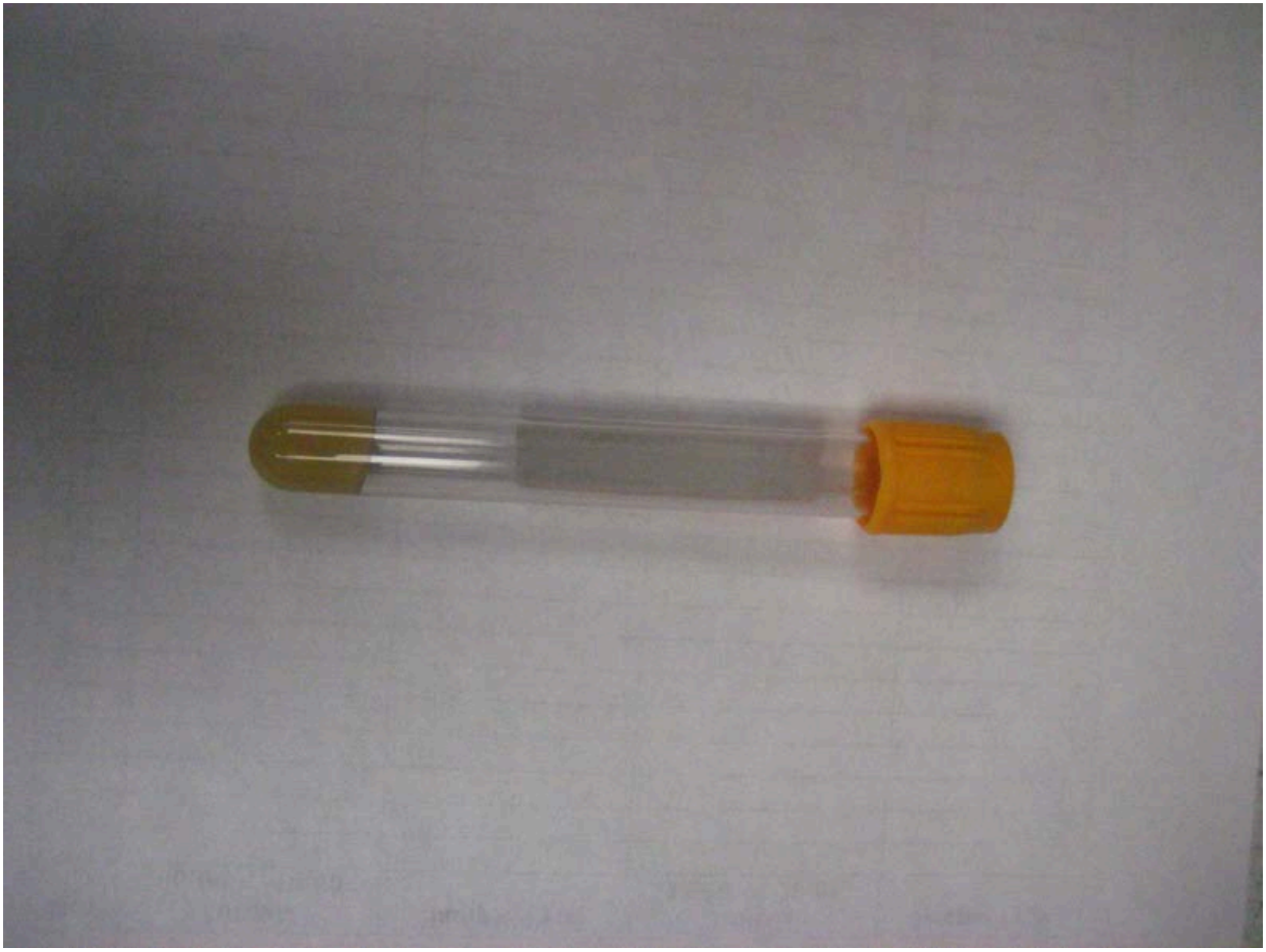
Rush Medical Labs

TEST NAME:	Immunohistochemical Analysis
TESTING LAB:	15;#Surgical Pathology
TEST INFORMATION:	Test includes antigen localization in cell preparations, frozen sections, and paraffin sections
DAYS PERFORMED:	Mon-Fri, 0730-1630
TURNAROUND TIME:	1-2 days
SPECIAL INSTRUCTIONS:	Immunohistochemistry is perfomed at the discretion of the pathologist reporting the case. Pertinent clinical history will aid in the selection of the appropriate stains to process. Paraffin blocks from outside institutions can be submitted for study. Tissue for routine light microscopy must be processed prior to processing immunohistochemistry stains.
SPECIMEN REQUIREMENTS:	Paraffin sections, frozen sections, fine needle aspirations, body fluids
LIMITATIONS OF TEST:	Availability of specific antisera
TEST SYNONYM(S):	Immunocytochemistry; Immunohistochemistry

Rush Medical Labs

TEST NAME:	Inhibin A
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	INHA
CPT CODE:	86336-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 34472
POE DESCRIPTION:	INHIBIN
TEST SYNONYM(S):	Inhibin A
LAST UPDATED:	10/15/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

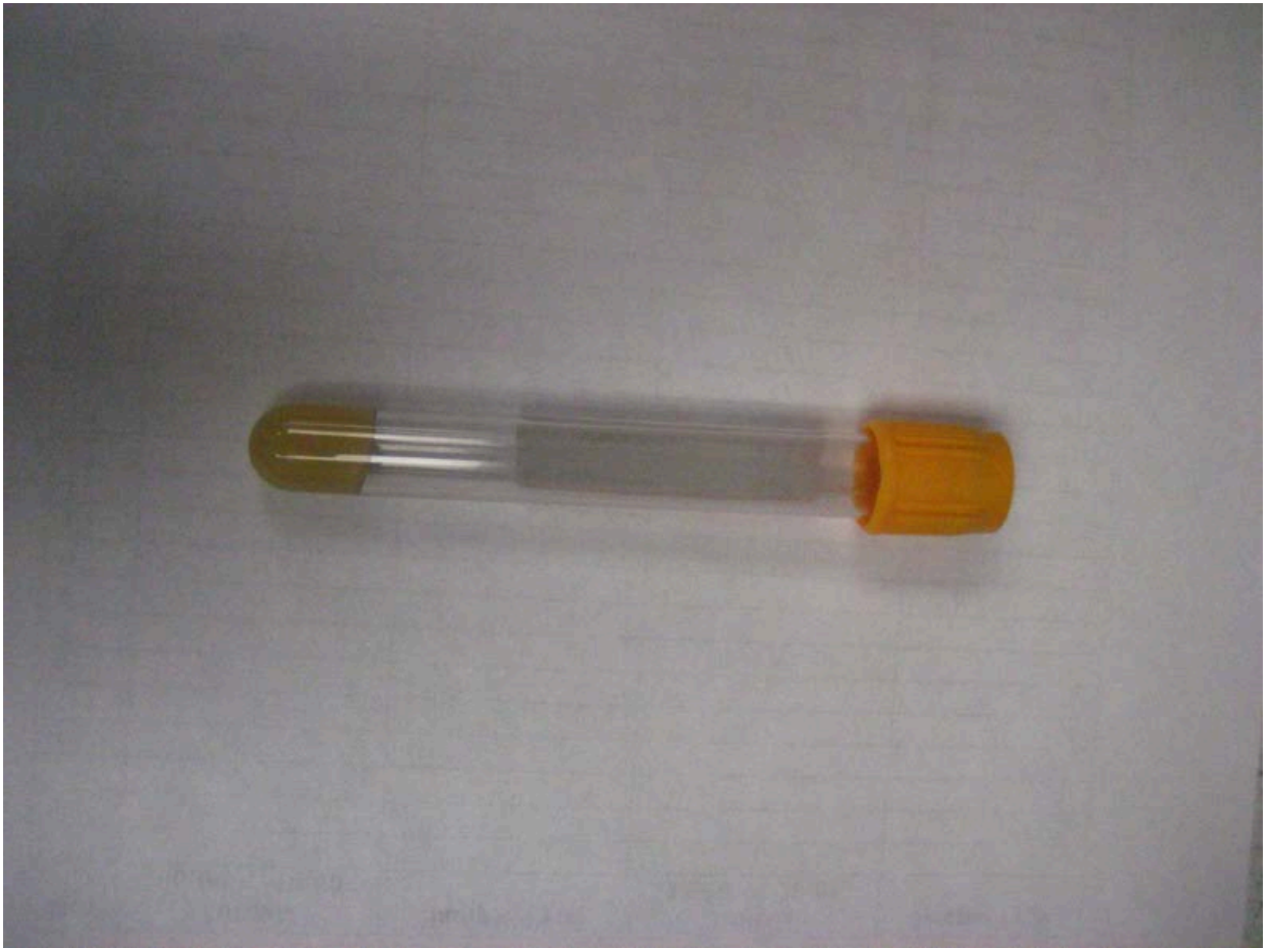
TEST NAME:	Insulin Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	INSAB
CPT CODE:	86337-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 36178
POE DESCRIPTION:	INSULIN ANTIBODIES; INSULIN AB
LAST UPDATED:	10/15/2019

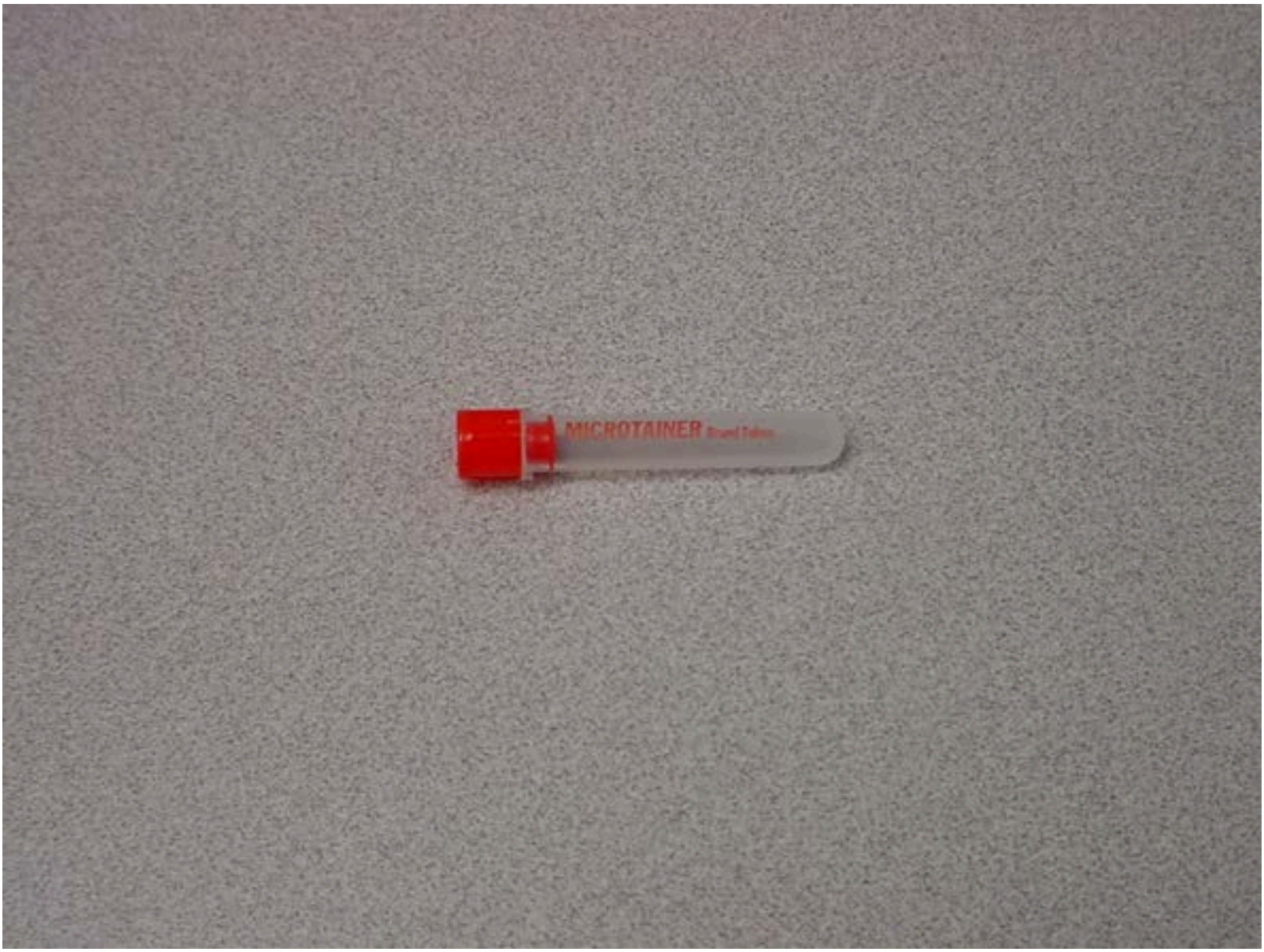

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Insulin GF Binding Protein 3 PEDS
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IGF3P
CPT CODE:	83519-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL, SST tube, microtainer (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.3 mL blood (0.1 mL serum)
REFERENCE RANGE:	See Esoterix Labs - Search Test Code 500281
LAST UPDATED:	10/15/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

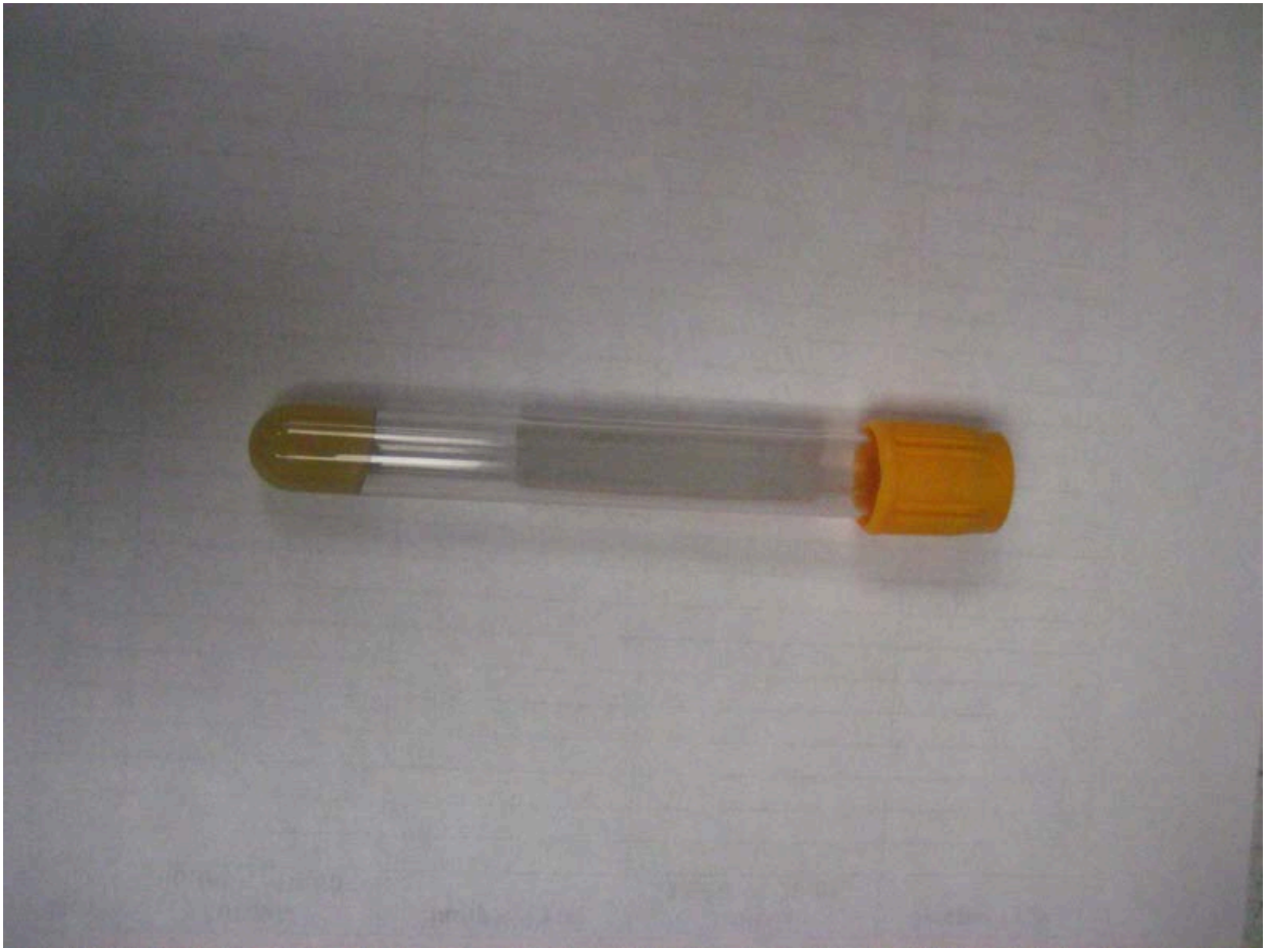


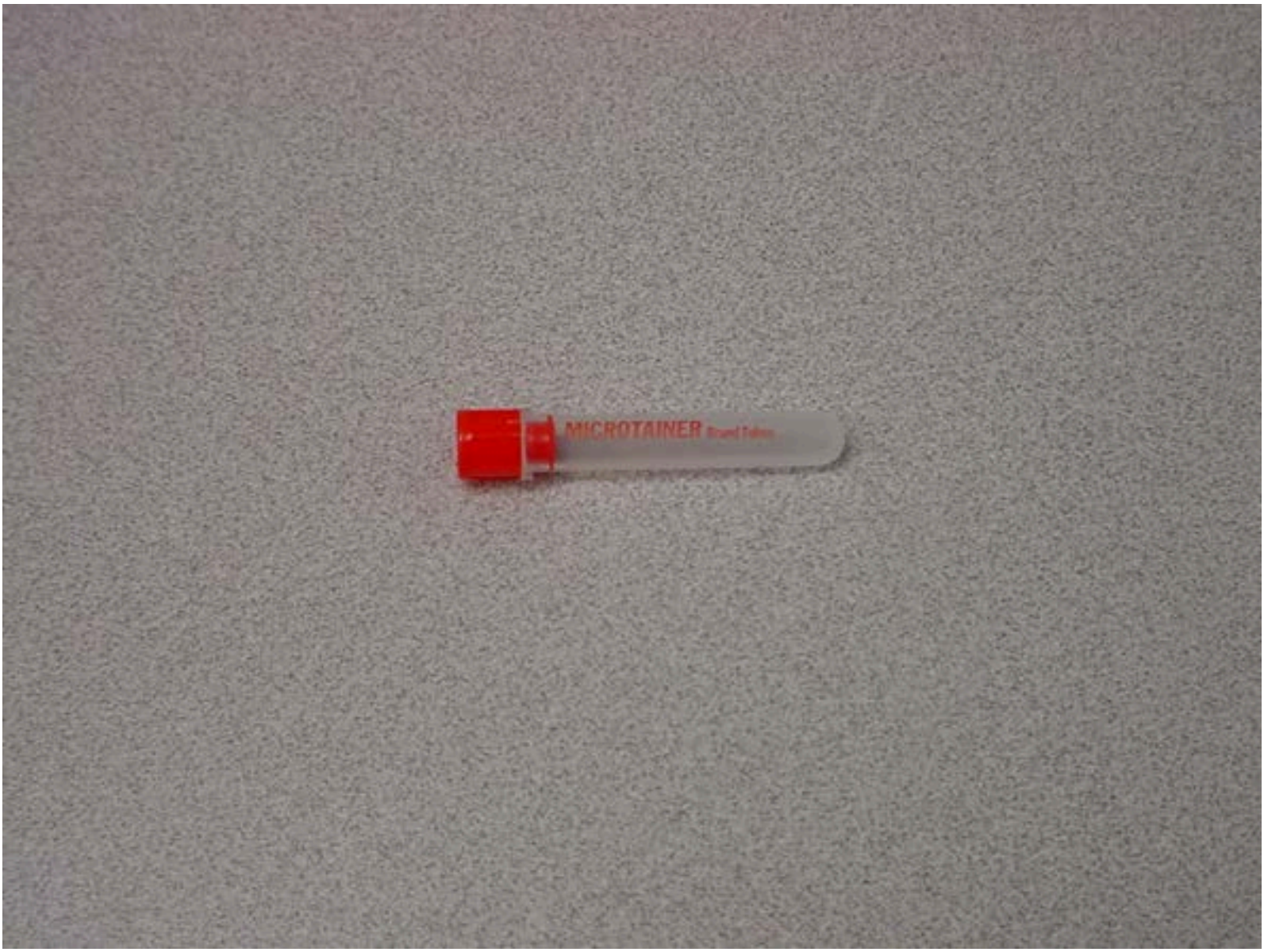

MICROTAINER

Rush Medical Labs

TEST NAME:	Insulin Growth Factor 1 PEDS
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IGF1P
CPT CODE:	84305-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL, SST tube, microtainer (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.3 mL blood (0.1 mL serum)
REFERENCE RANGE:	See Esoterix Labs - Search Test Code 803660
LAST UPDATED:	10/15/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

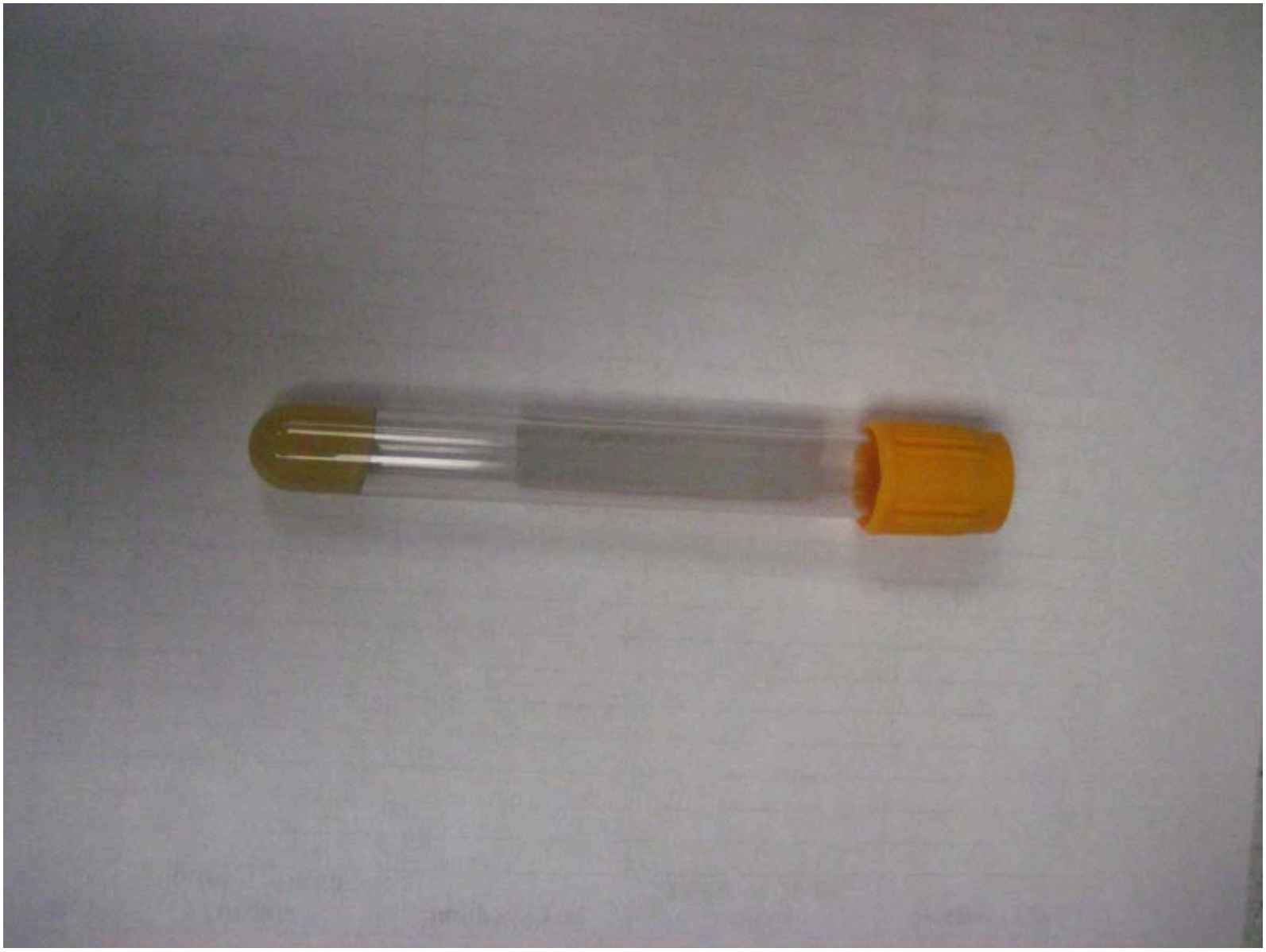



MICROTAINER

Rush Medical Labs

TEST NAME:	Insulin Stimulation Test
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	INSULIN
CPT CODE:	83525-90
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Requisition must specify if baseline or timed specimen. Must specify time of the draw.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 3192
POE DESCRIPTION:	INSULIN
TEST SYNONYM(S):	Glucagon Stimulation Test; Tolbutamide Stimulation Test
LAST UPDATED:	01/24/2012

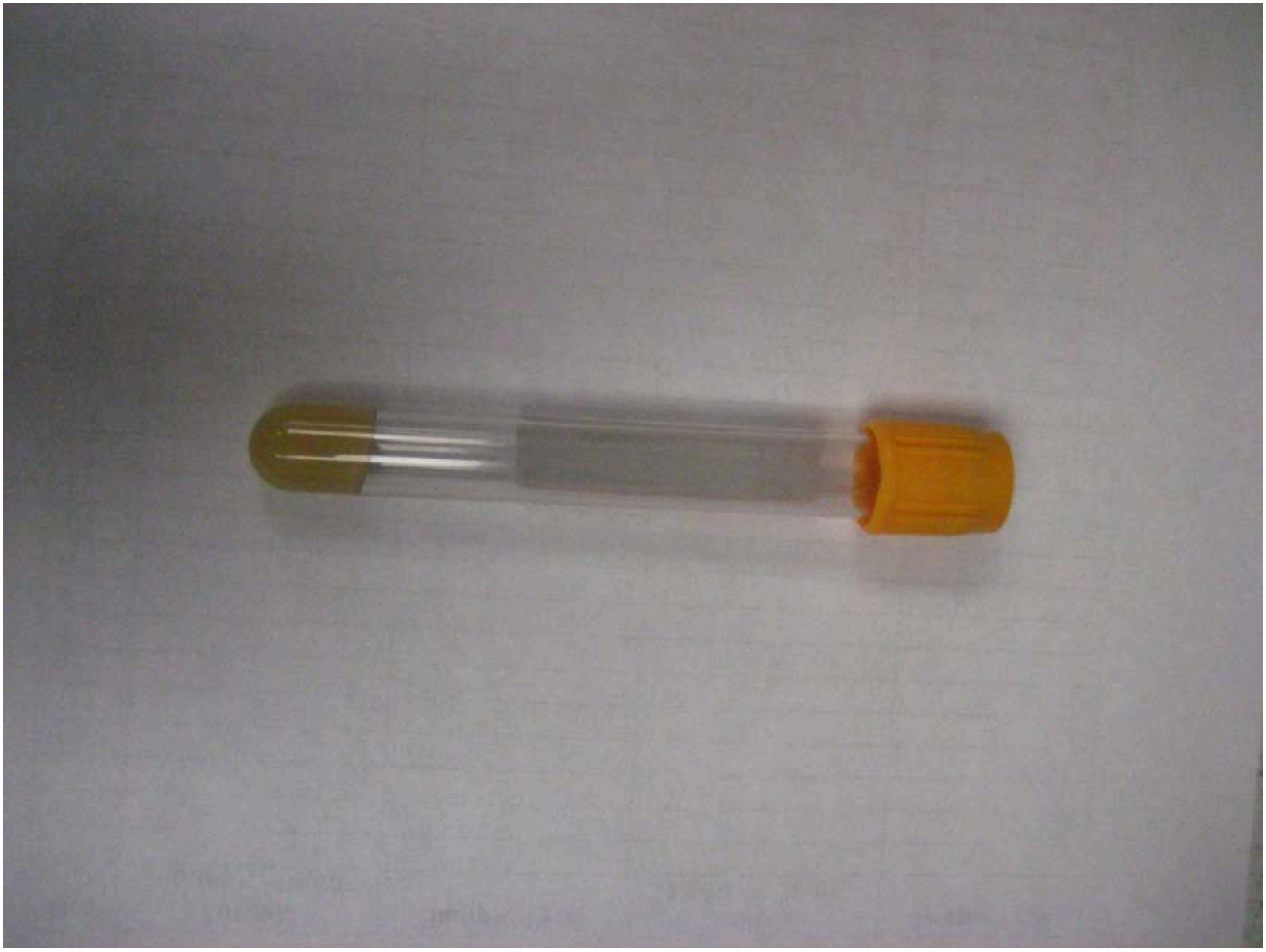

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Insulin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	INSU
CPT CODE:	83525-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Fasting specimen required
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Hemolysis, plasma, grossly icteric
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 561
POE DESCRIPTION:	INSULIN
TEST SYNONYM(S):	Immunoreactive Insulin
LAST UPDATED:	10/15/2019

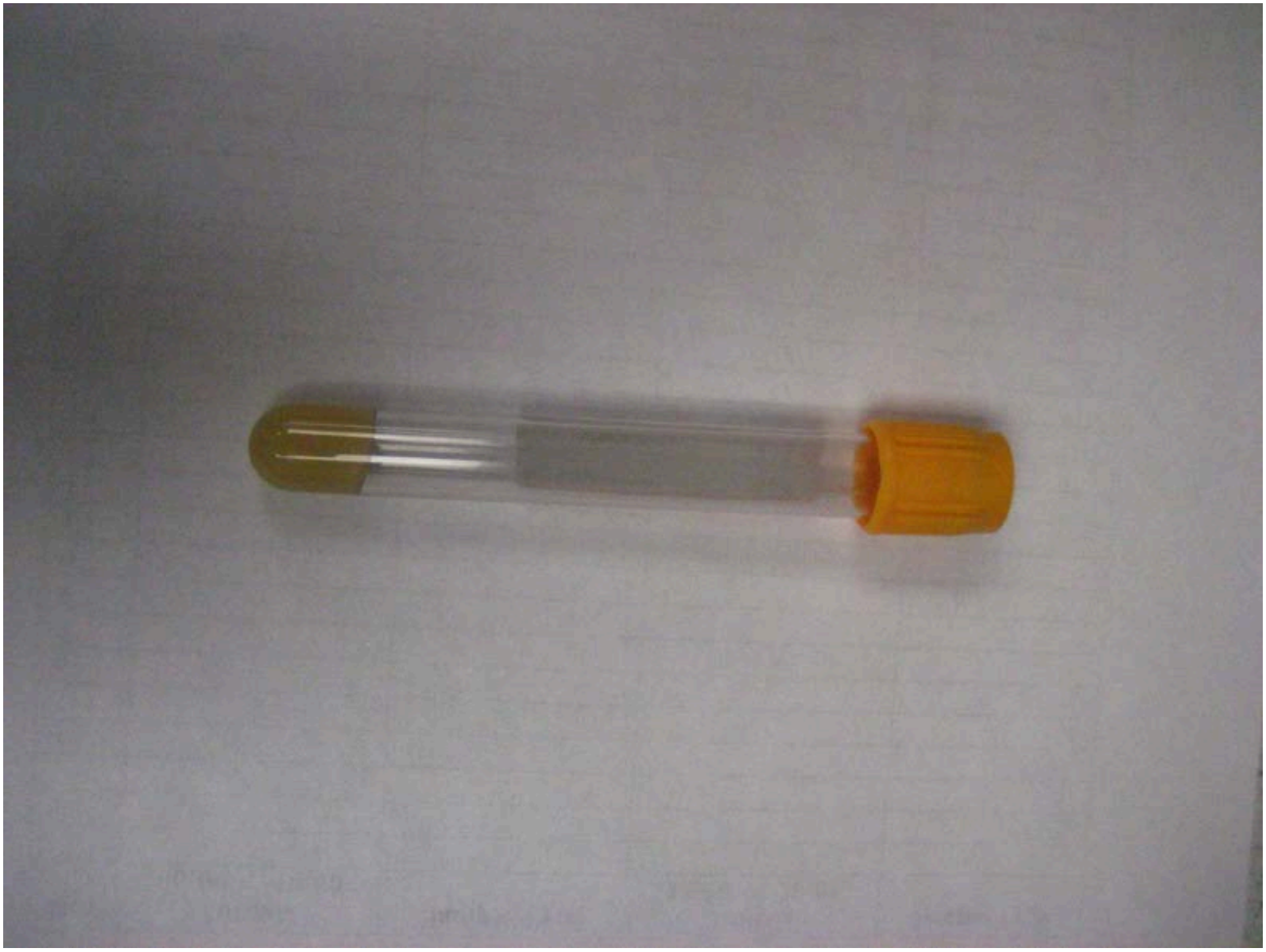

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Insulin-like Growth Factor Binding Protein-3
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IGF3
CPT CODE:	82397-90
CDM NUMBER:	3181388
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 34458
POE DESCRIPTION:	Insulin-like Growth Factor BP3
TEST SYNONYM(S):	IGF-BP3
LAST UPDATED:	10/15/2019

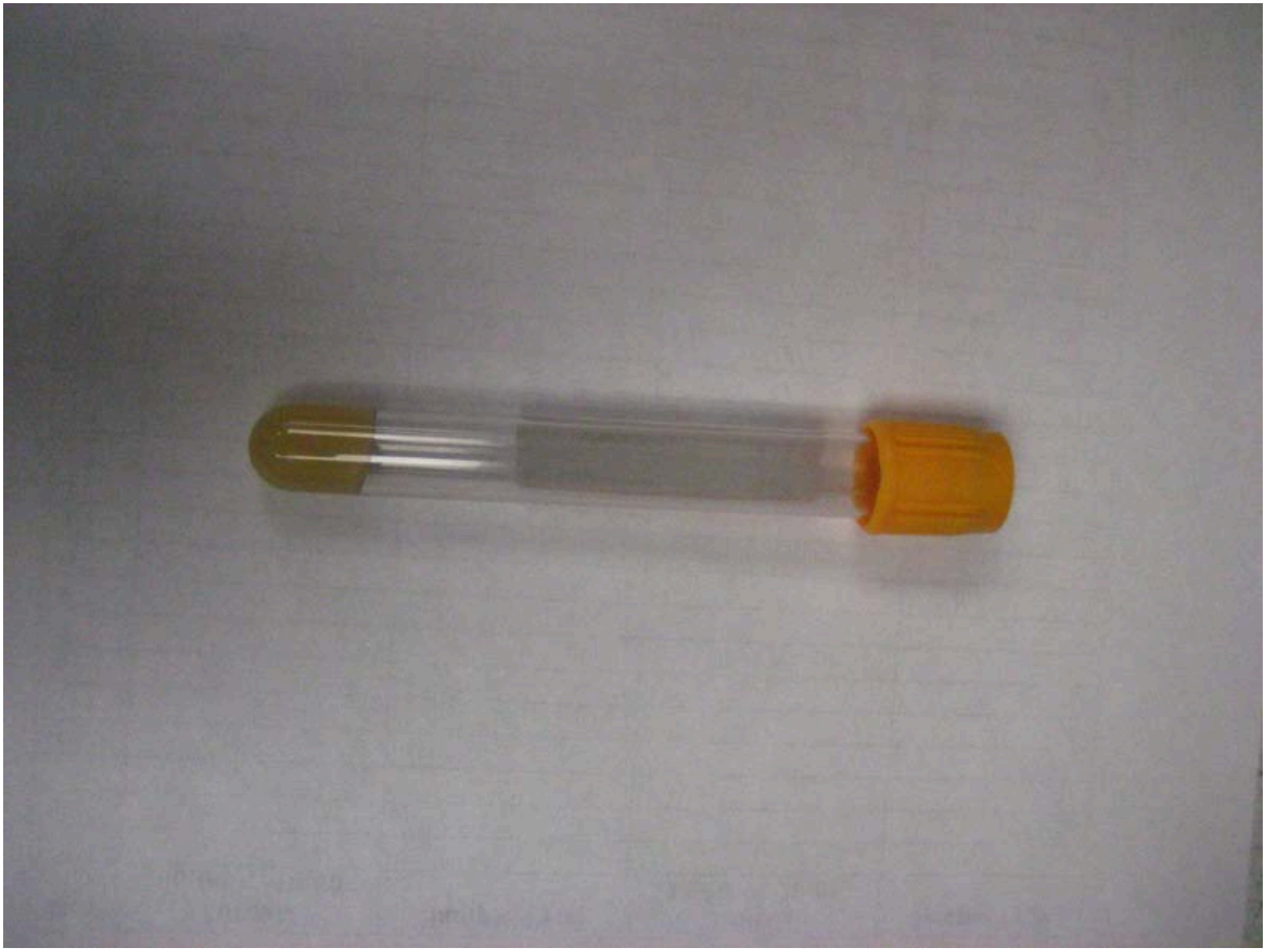

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

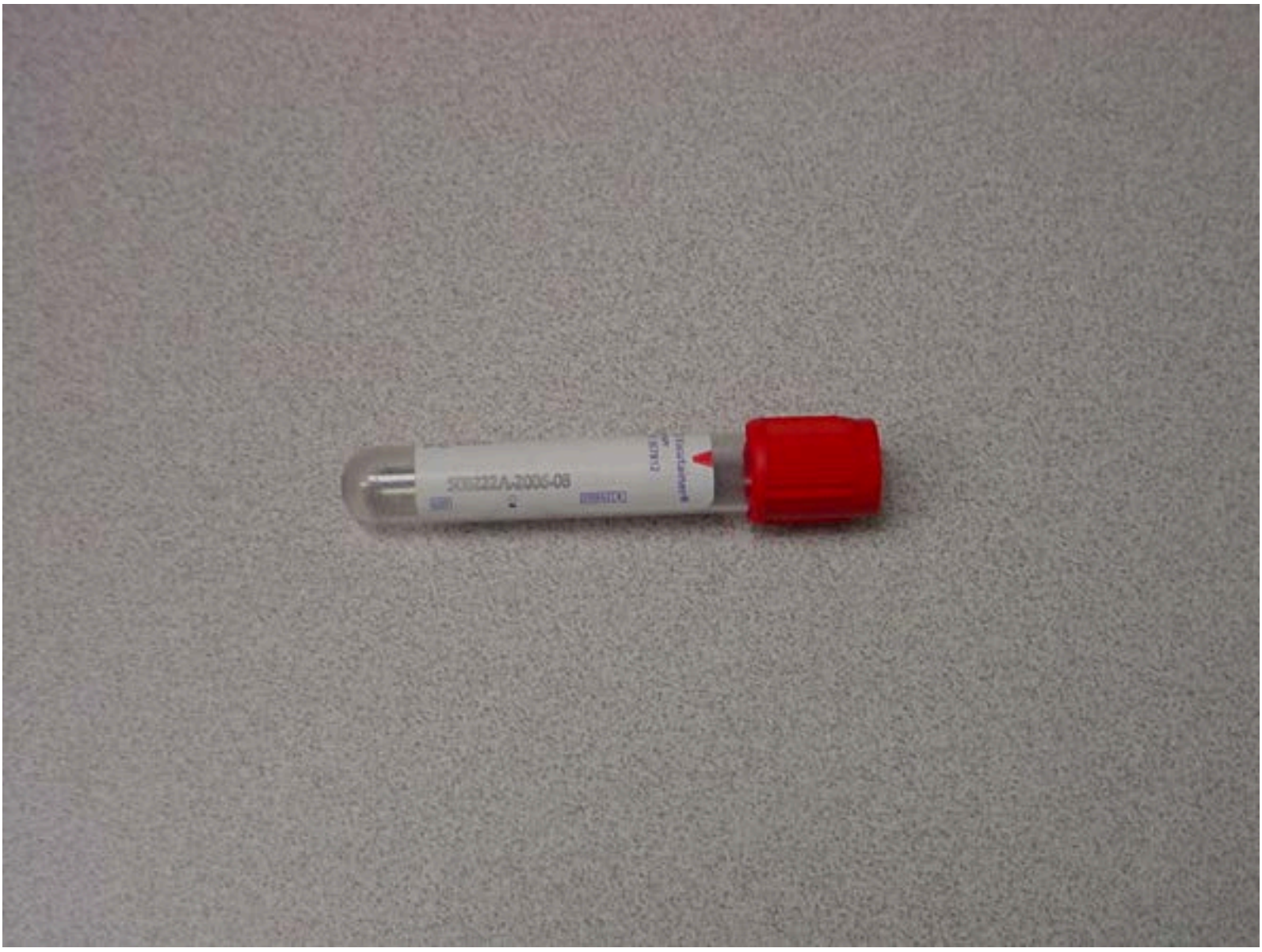
TEST NAME:	Insulin-like Growth Factor-1
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IGF1
CPT CODE:	84305-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	1mL blood (0.5 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code - 16293
POE DESCRIPTION:	INSULIN LIKE GROWTH FACTOR; SOMATOMEDIN C; SOMATO-C; IGF-1
TEST SYNONYM(S):	Somatomedin-C, Sulfation Factor; IGF-I
LAST UPDATED:	10/15/2019

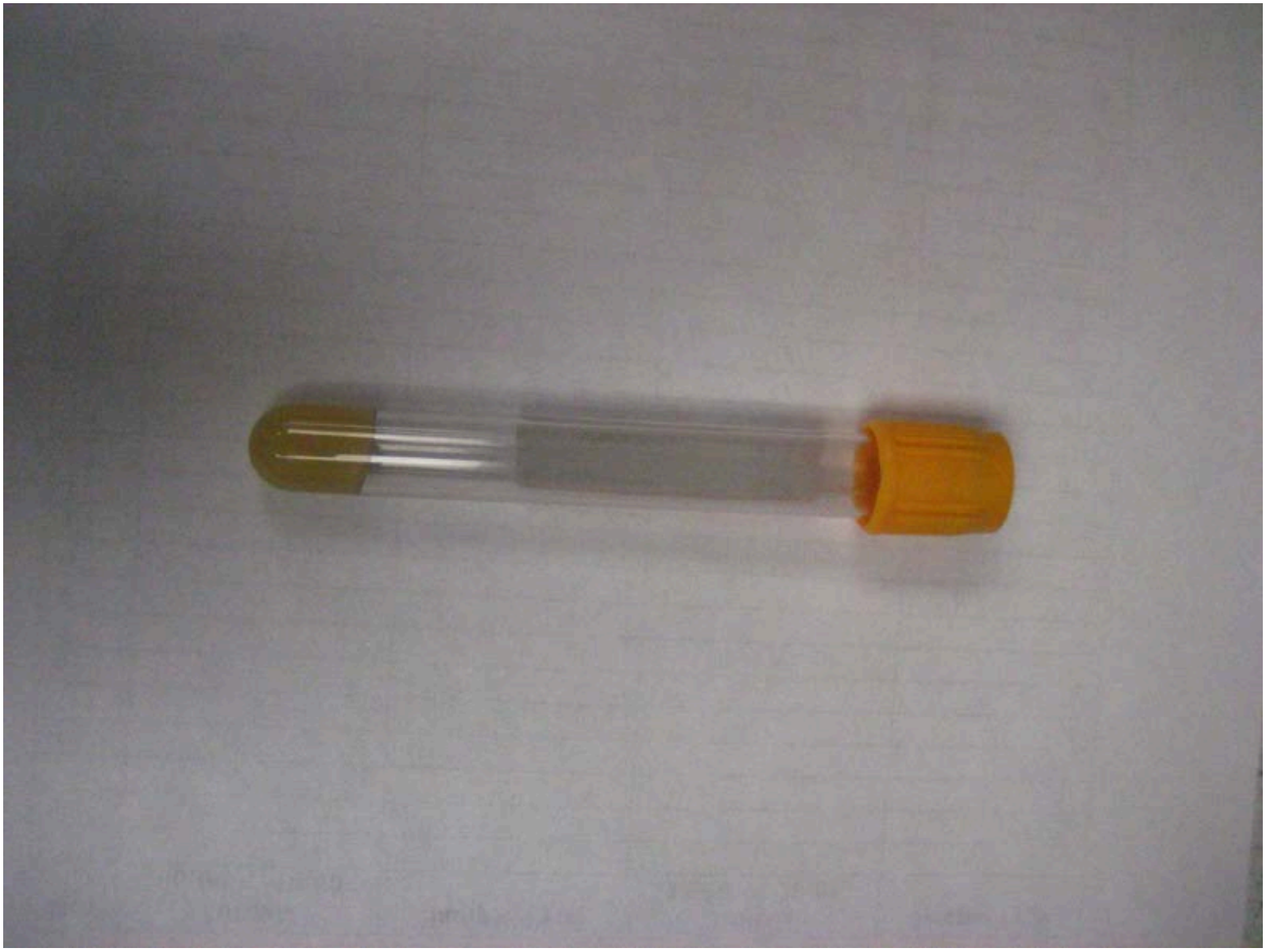

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Interferon-Beta IgG Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	83520
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Provide name of Interferon-Beta used for treatment.
CONTAINER TYPE:	Red top tube - 4 mL or SST tube (See Attached)
COLLECTION:	Collected at least eight hours after interferon injection
SPECIMEN REQUIREMENTS:	4 mL blood (1.5 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 20358
METHODOLOGY:	ELISA
ADDITIONAL INFORMATION:	Some multiple sclerosis patients receiving recombinant interferon-beta (IFNb) develop IFNb-specific antibodies that may block the therapeutic effect of the treatment. This assay screens for IgG antibodies capable of binding to IFNb; all samples with detectable IFNb binding antibodies are then tested for IFNb neutralizing antibodies using a bioassay. Approximately two weeks are required to perform the neutralization bioassay; those results will be reported separately when available.
POE DESCRIPTION:	Interferon Beta IgG Antibodies
TEST SYNONYM(S):	Beta Interferon IgG Antibodies
LAST UPDATED:	10/15/2019

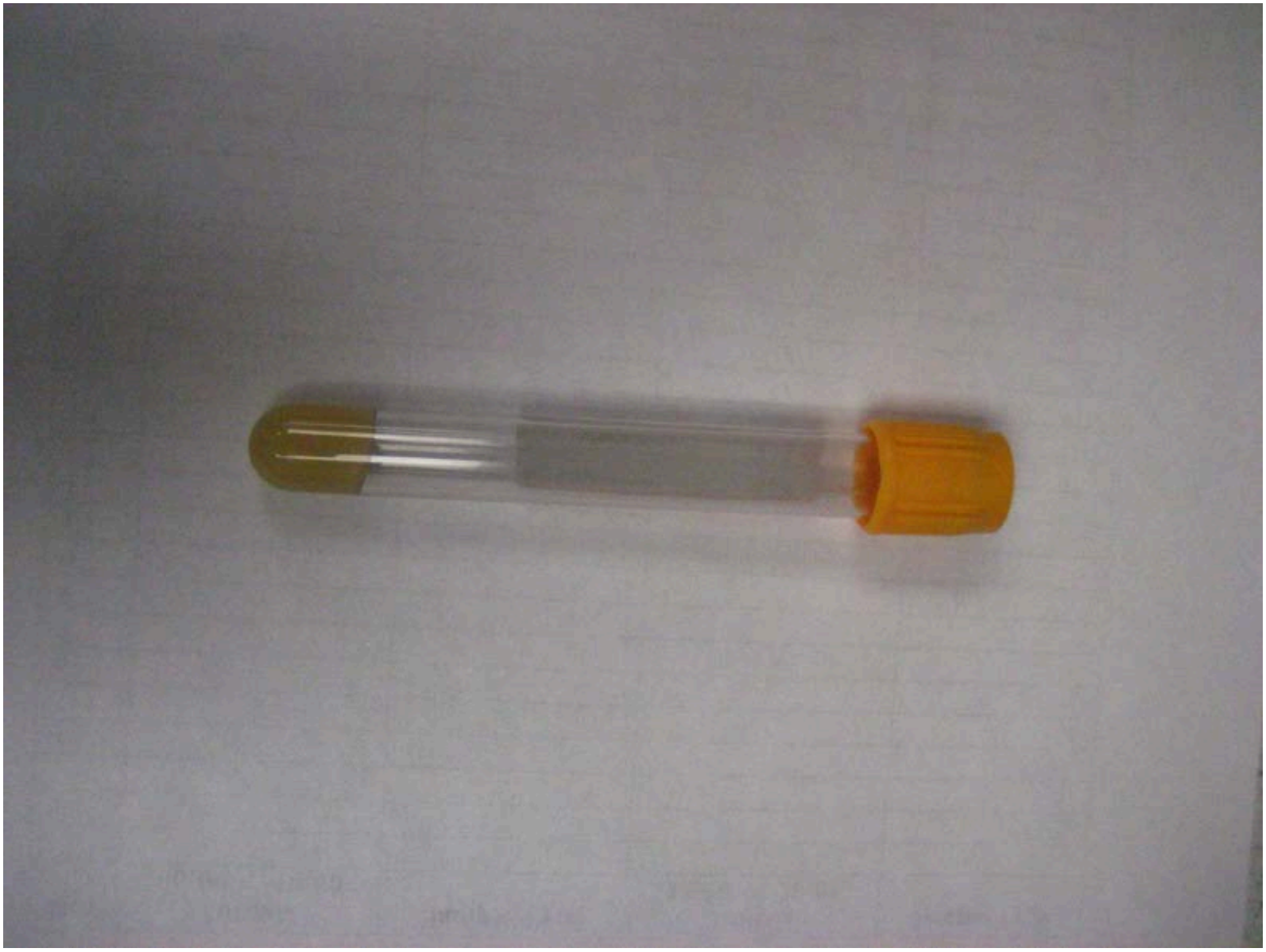




Rush Medical Labs

TEST NAME:	Intrinsic Factor Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	IFBA
CPT CODE:	86340-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code 568
POE DESCRIPTION:	INTRINSIC FACTOR ANTIBODY; INT FAC AB
LAST UPDATED:	10/15/2019

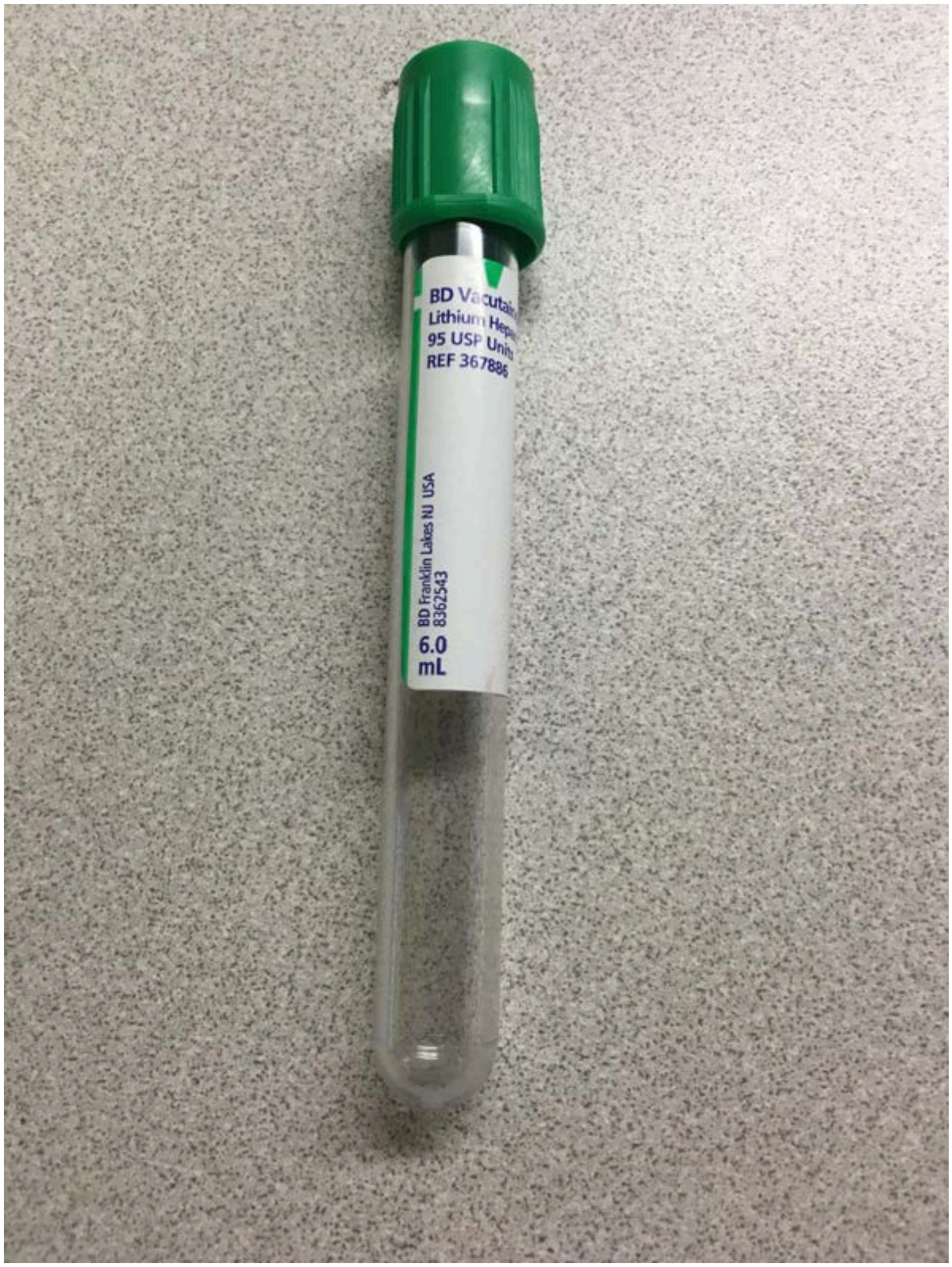

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Ionized Calcium, Arterial or Venous
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	ICALA or ICALV
CPT CODE:	82330
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Deliver specimen to the lab within 3 hours of collec on. If a sample will be greater than 3 hours old the sample will need to be placed on ice.
CONTAINER TYPE:	PICO syringe or Lithiuim Heparin tube (See Attached)
SPECIMEN REQUIREMENTS:	Heparinized whole blood
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, air bubbles in the sample and samples greater than 3 hours old not collected on ice”
MINIMUM VOLUME:	1 mL whole blood
HANDLING INSTRUCTIONS:	Deliver to the laboratory within 3 hours of collection.
REFERENCE RANGE:	0.95 - 1.32 mmol/L
POE DESCRIPTION:	CALCIUM IONIZED; IONIZED CALCIUM
TEST SYNONYM(S):	Ion Ca
LAST UPDATED:	10/15/2019

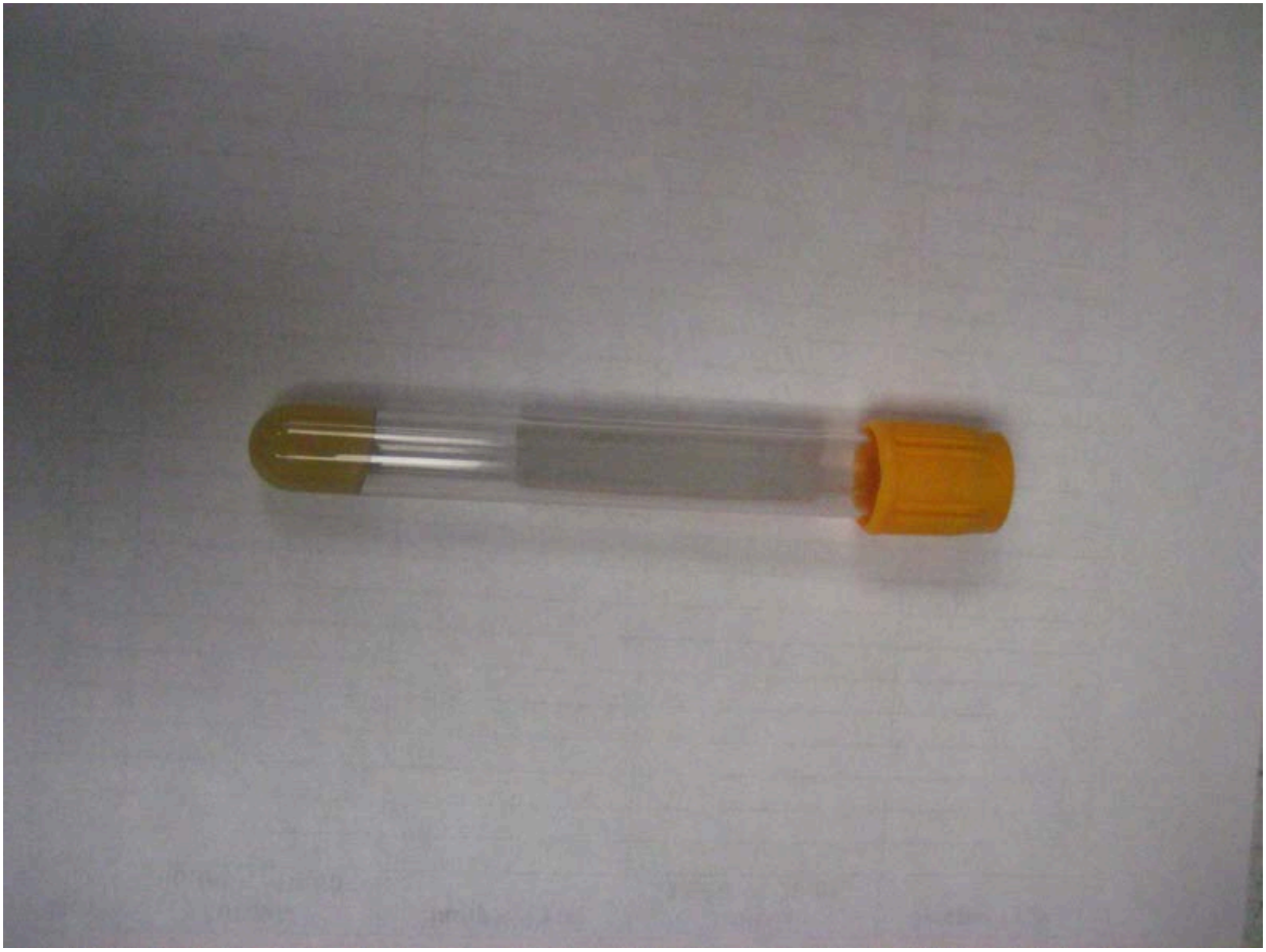

safePICO
Aspirator


BD Franklin Lakes NJ USA
8362543
6.0
mL
REF 367886

Rush Medical Labs

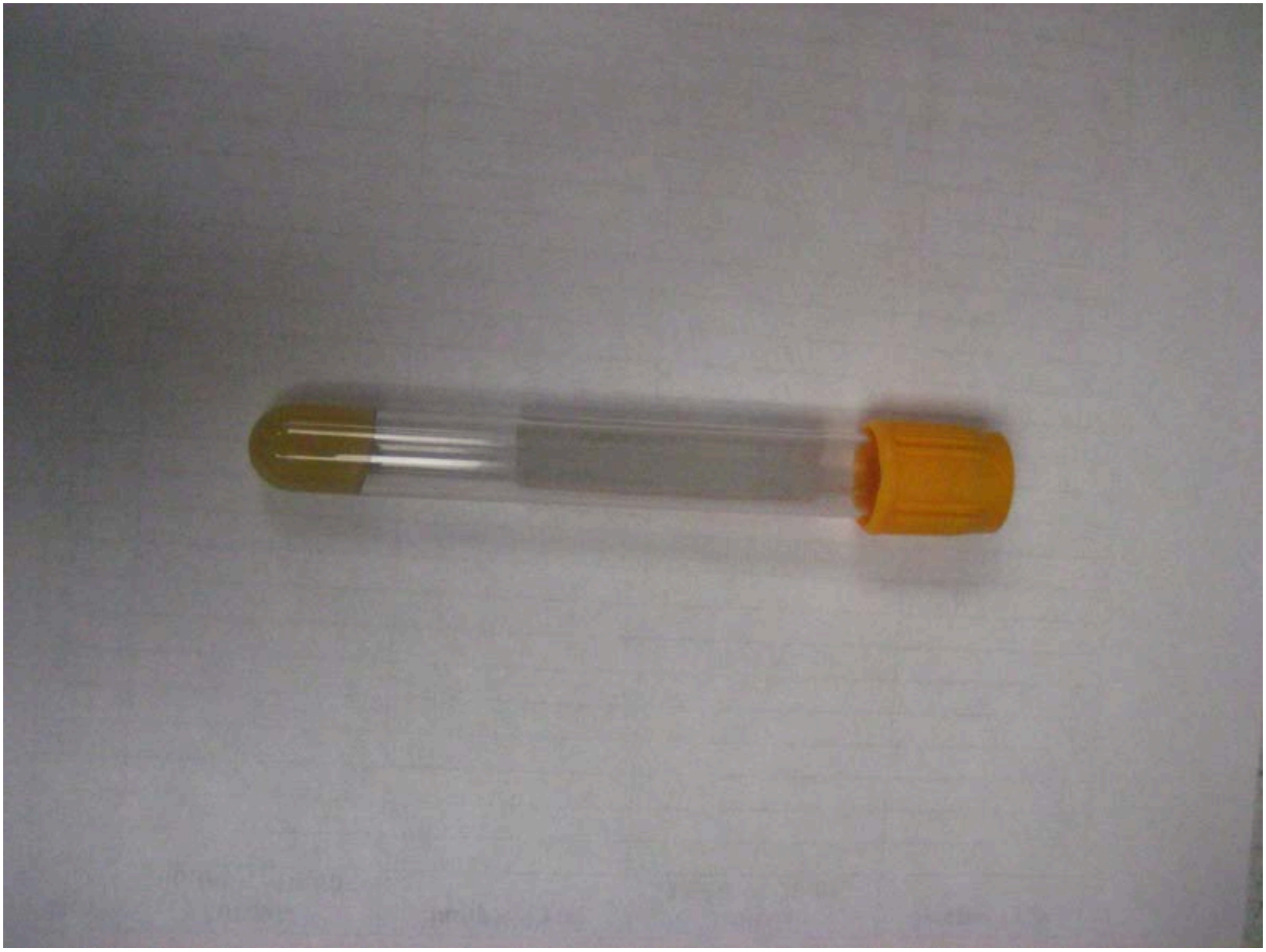
TEST NAME:	Iron and Total Iron Binding Capacity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	IRONP
CPT CODE:	83540; 83550
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube or SST (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma) or serum
REJECTION CRITERIA:	Any degree of hemolysis
MINIMUM VOLUME:	2 mL blood (1 mL serum)
REFERENCE RANGE:	Iron: male: 35-170 µg/dL, female: 25-170 µg/dL; TIBC: 196-364 µg/dL
POE DESCRIPTION:	IRON & TOTAL IRON BINDING CAP; FE/TIBC
TEST SYNONYM(S):	Fe and TIBC; Iron Indices; Iron Profile; TIBC; TIBC and Iron; Total Iron Binding Capacity
LAST UPDATED:	03/12/2019


BD Franklin Lakes NJ USA
8362534
4.5 mL
BD Vacutainer
Gel and
Lithium Heparin
Units
REF 367962
4094372 2015-04



Rush Medical Labs

TEST NAME:	Islet Cell Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ISAB
CPT CODE:	86341-90 (x2)
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
MINIMUM VOLUME:	2 mL blood (1 mL serum)
REFERENCE RANGE:	Search Test Code 36741
ADDITIONAL INFORMATION:	Multiple antibodies are detected in the Islet cell IgG antibodies including GAD autoantibodies
POE DESCRIPTION:	Islet Cell Antibodies
LAST UPDATED:	10/15/2019



Rush Medical Labs

TEST NAME:	Isoagglutinin Titer, Anti-A and/or Anti-B
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	ISO TITER
CPT CODE:	86940
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours
CONTAINER TYPE:	Pink top tube (See Attached)
COLLECTION:	**Special Labeling Requirements**: The initials of the person who collected the specimen and the date and time of collection MUST be noted on the specimen label. MR# if available, if not SS# or DOB for additional patient ID purposes.
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	7 mL
REFERENCE RANGE:	Depends on clinical setting
TEST SYNONYM(S):	Isohemagglutinins; Quantitation of A and B Blood Group Antibody Titer; ABO Titer; Anti-A Titer; Anti-B Titer


BD VACUTAINER
EDTA
WARD
TIME
AM PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417
HAEMATOLOGY

Rush Medical Labs

TEST NAME:	Isopropanol, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VOL
CPT CODE:	83540
TURNAROUND TIME:	6-8 hours
CONTAINER TYPE:	Gray top (sodium fluoride) tube (See Attached)
SPECIMEN REQUIREMENTS:	5mL oxalated whole blood
REFERENCE RANGE:	None detected
TEST SYNONYM(S):	Isopropyl Alcohol; 2-Propanol



Rush Medical Labs

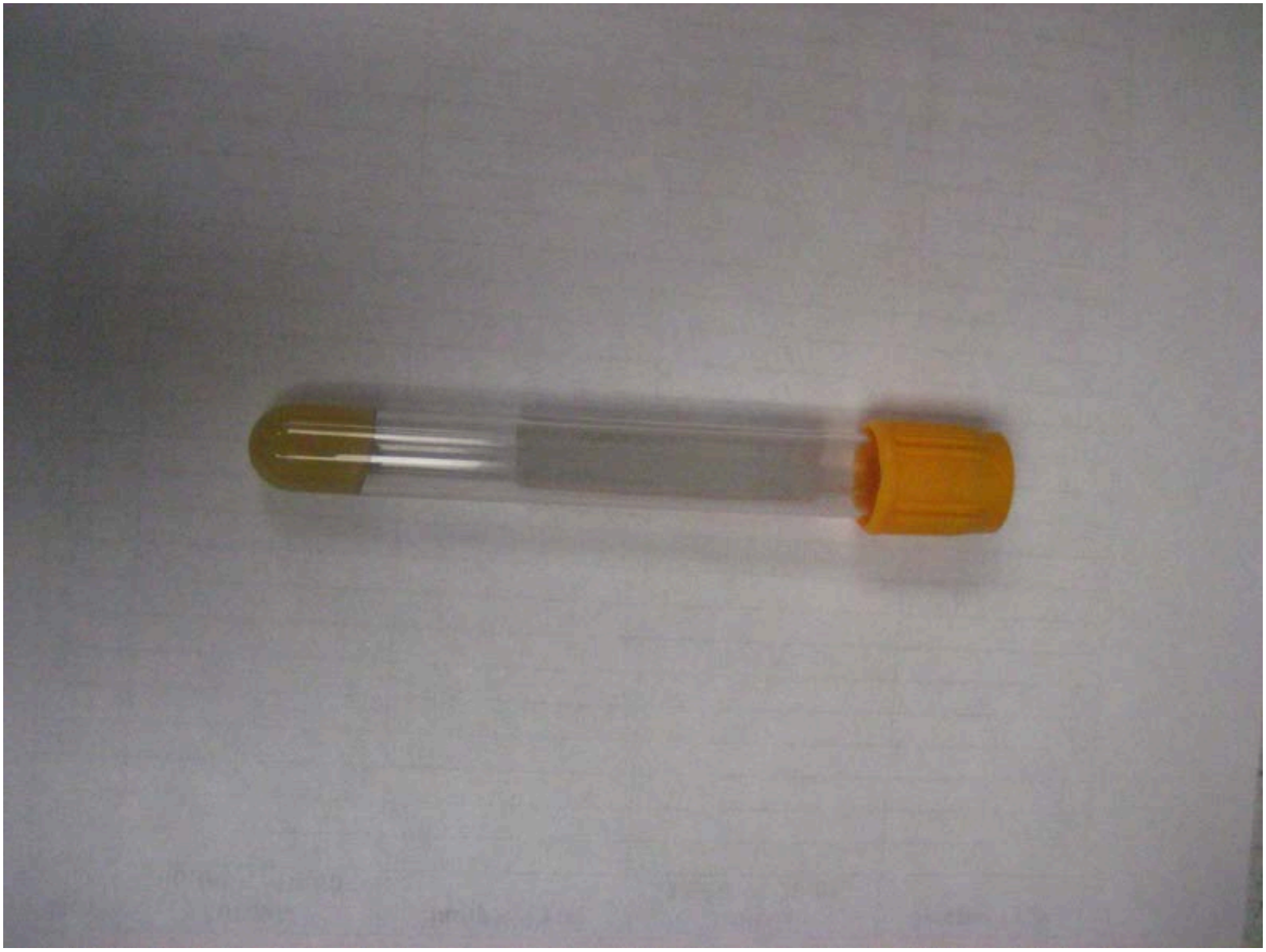
TEST NAME:	Isospora Diagnostic Procedure, Stool
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	SM OOCYST
CPT CODE:	87207; 87015
TEST INFORMATION:	Test includes examination of the stool for the presence of *Cryptosporidium, Isospora*, and *Cyclospora* by a modified acid-fast stain.
DAYS PERFORMED:	Monday-Saturday, 0700-1400
TURNAROUND TIME:	1-2 days
CONTAINER TYPE:	Plastic feces specimen container, no preservative; sealed container or nonsterile clean container; Total Fix (Blacktop) - call Microbiology, 312-942-5452
COLLECTION:	The specimen should be collected directly into the plastic feces specimen container (no preservative) or into a bedpan, avoiding contamination with urine or water. Transfer the feces from the bedpan into the plastic feces container or a sealed container.
SPECIMEN REQUIREMENTS:	Fresh stool
REJECTION CRITERIA:	Specimen on outside of container, insufficient quantity of specimen, rectal swab, inappropriate specimen, specimen submitted in a preservative, specimen contaminated with water and/or urine.
MINIMUM VOLUME:	1 mL or 1 gram
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No *Isospora, Cryptosporidium,* or *Cyclospora* detected
LIMITATIONS OF TEST:	Organisms are most readily demonstrated in diarrheal stools.
METHODOLOGY:	Modified acid-fast stain of a concentrated specimen on air-dried methanol fixed smears (decolorization with 1% sulfuric acid).
ADDITIONAL INFORMATION:	*Ifthis testprocedure isrequested on aspecimen otherthanstool, a consultation with the Director or a Supervisor is recommended Visit CDC website for information about Cryptosporidiasis, Isosporasis, and Cyclosporiasis*
POE DESCRIPTION:	SM CRYPTOSPORIDIUM
LAST UPDATED:	03/11/2015

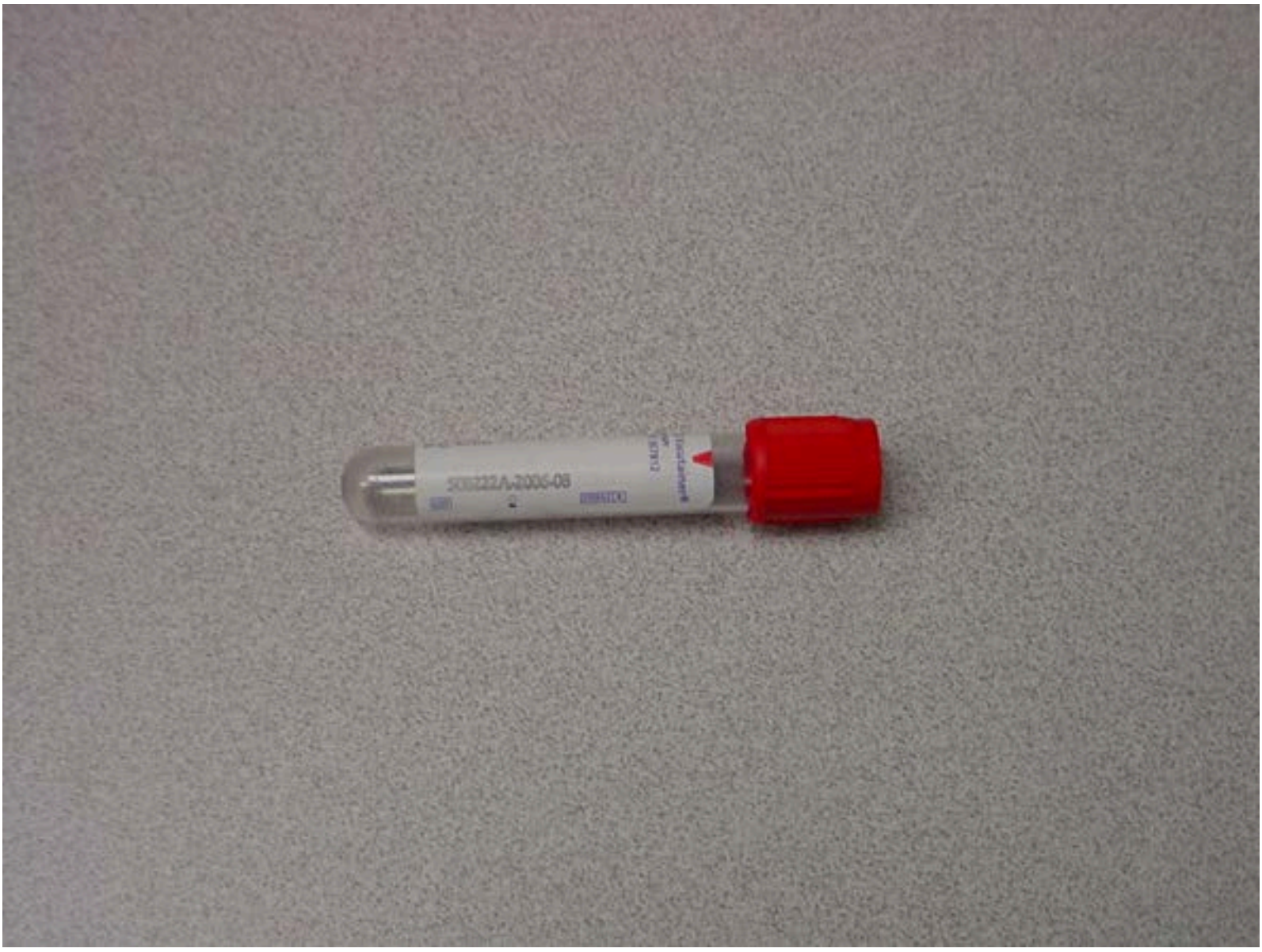
Rush Medical Labs

TEST NAME:	Jak2 V617F Mutation Detection by SSP-PCR
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	JAK2
CPT CODE:	83890, 83898, 83894, 83914, 83912
DAYS PERFORMED:	Monday-Thursday, 0900-1600; Fri., 0900-1200
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Specimens must be accompanied by a Specialty Tests requisition form.
CONTAINER TYPE:	ACD or EDTA
SPECIMEN REQUIREMENTS:	2-3 mL bone marrow, 3-5 mL peripheral blood
REJECTION CRITERIA:	Unlabeled or mixed specimens
MINIMUM VOLUME:	1 mL blood, 0.5 mL bone marrow
HANDLING INSTRUCTIONS:	Hold at room temperature, deliver to 1188 Jelke within 24 hours
REFERENCE RANGE:	Mutation detected/not detected
LIMITATIONS OF TEST:	Only detects the Jak2 V617F mutation
METHODOLOGY:	Sequence specific PCR

Rush Medical Labs

TEST NAME:	Jo-1 Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	JO1AB / J01
CPT CODE:	86235
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube 4 mL (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	NEGATIVE: <1.0 AI (antibody index)
POE DESCRIPTION:	ANTI JO1 ANTIBODY; JO1
LAST UPDATED:	08/03/2018

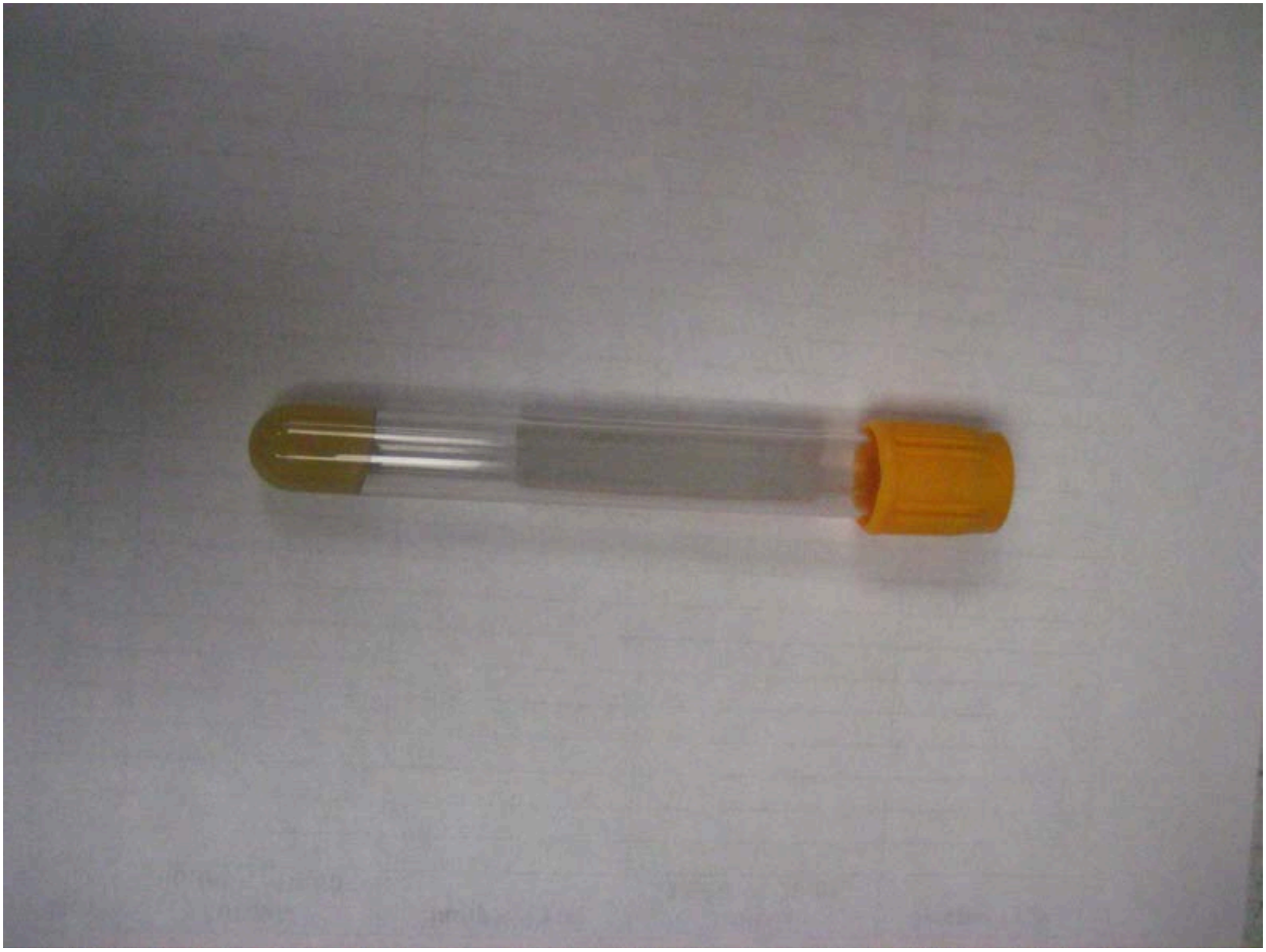




Rush Medical Labs

TEST NAME:	June-Kentucky blue grass (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	JUNEG
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code G8
POE DESCRIPTION:	June Grass Allergen
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Ketone Bodies
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BOHB
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	15 minutes
COLLECTION:	Green top (Sodium Heparin) or Green top (Lithium Heparin) (See Attached)
SPECIMEN REQUIREMENTS:	Whole Blood; Specimen more than 30 minutes in transit to the laboratory or hemolysis are causes for rejection. This test cannot be added to an existing specimen.
MINIMUM VOLUME:	0.4 mL blood
HANDLING INSTRUCTIONS:	Deliver tube to laboratory **immediately** following collection
REFERENCE RANGE:	Negative in normal nutritional states
POE DESCRIPTION:	Beta-Hydroxybutyrate
TEST SYNONYM(S):	Ketone Bodies; Beta Ketone; Ketones; Blood Acetone; Beta Hydroxybutyrate; Acetone, Quantitative Blood
LAST UPDATED:	02/04/2014




BD Vacutainer
Sodium Heparin
10 USP Units
REF 367874

Rush Medical Labs

TEST NAME:	Kidney Biopsy
TESTING LAB:	15;#Surgical Pathology
CPT CODE:	88307
TEST INFORMATION:	Test includes light microscopy, PAS stain, Jones stain, trichrome stain, immunofluorescent studies, and if indicated electron microscopy
DAYS PERFORMED:	Mon-Fri, 0800-1640
TURNAROUND TIME:	Routine: 24 hours; immunofluorescent studies: 48 hours; electron microscopy: 1 week
SPECIAL INSTRUCTIONS:	Outside institutions should contact Client Service Representative (312-942-5000 x27563) for submission and transport protocol.
COLLECTION:	Ideally three pieces of tissue are needed. One piece is placed in 10% buffered formalin for light microscopy; one is placed in cold glutaraldehyde fixative for electron microscopy; and one is placed in isopentane and immersed in liquid nitrogen for immunofluorescent studies.
SPECIMEN REQUIREMENTS:	Fresh kidney tissue with no added fixative
REJECTION CRITERIA:	Improper fixation
LIMITATIONS OF TEST:	Tissue fixed in formalin cannot be used for electron microscopy or immunofluorescent studies.
TEST SYNONYM(S):	Renal Biopsy

Rush Medical Labs

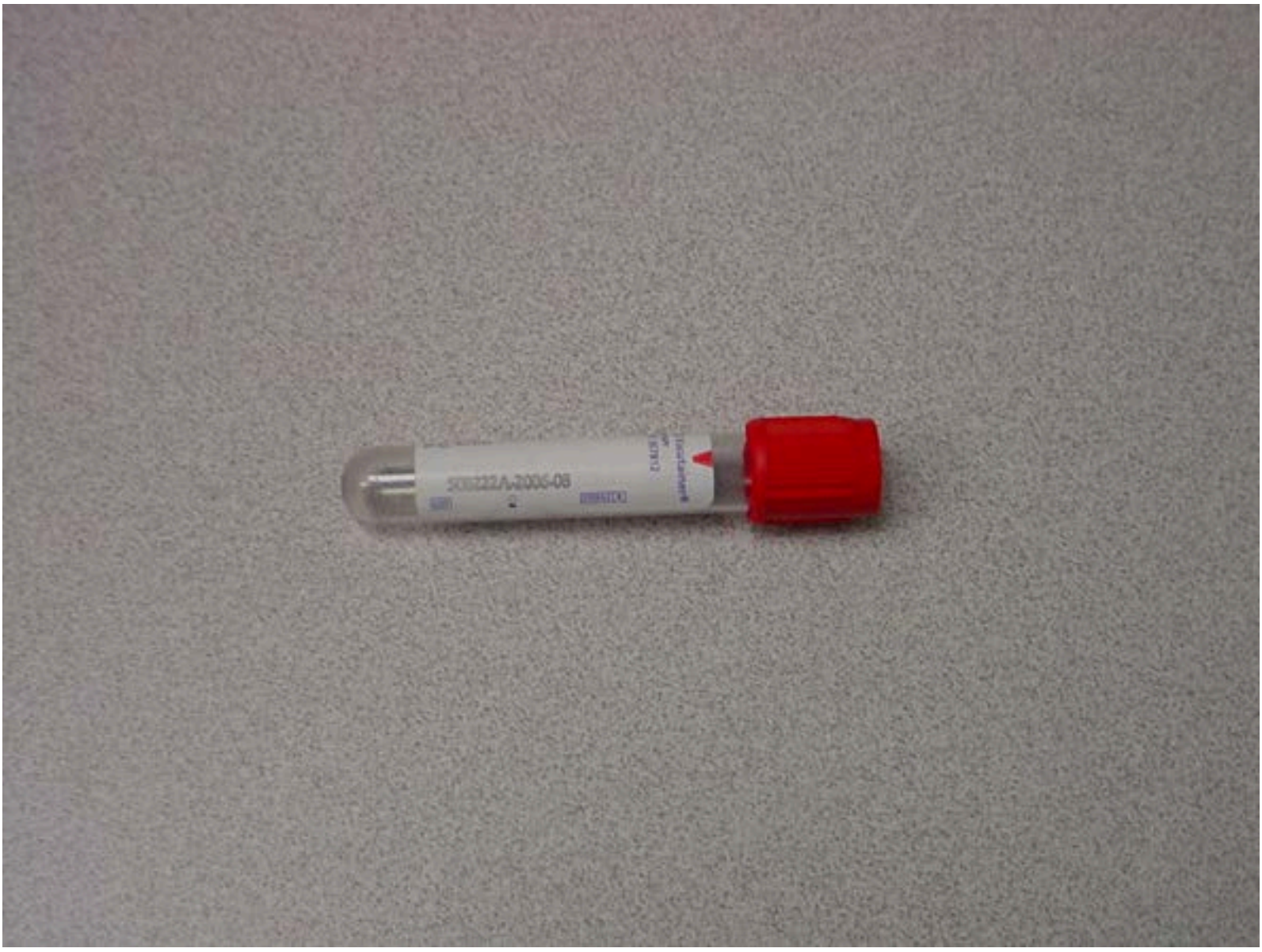
TEST NAME:	Lacosamide
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LACOS
CPT CODE:	83789-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Serum separator tubes are not acceptable.
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code - 16262
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Lactate Dehydrogenase, Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CLDH
CPT CODE:	83615
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Fluid type must be specified on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, CSF collection tubes (See Attached)
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid
MINIMUM VOLUME:	0.4 mL
REFERENCE RANGE:	Normal CSF value is approximately 10% of serum LDH value.
POE DESCRIPTION:	CSF LDH
TEST SYNONYM(S):	CSF LDH
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

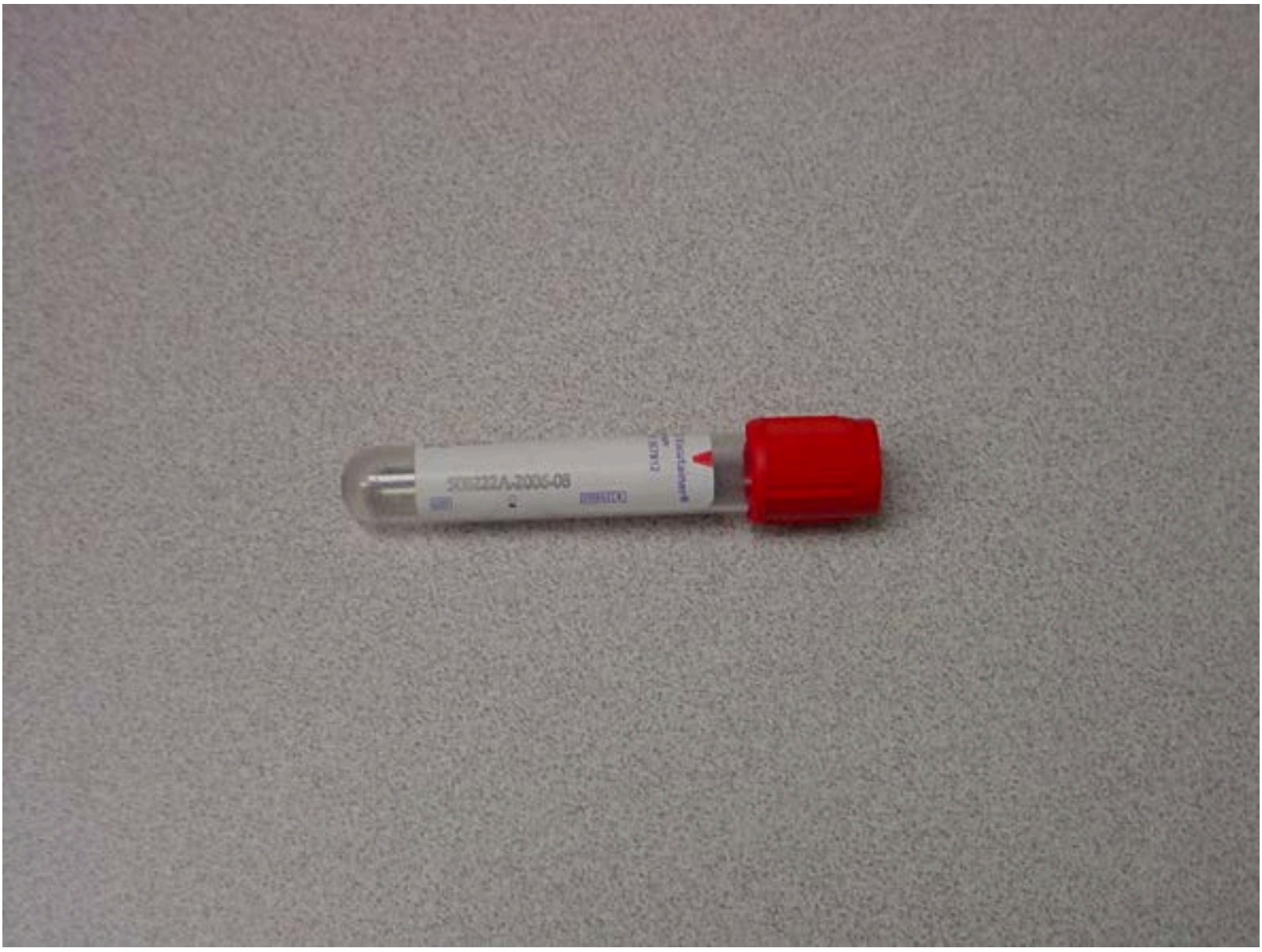


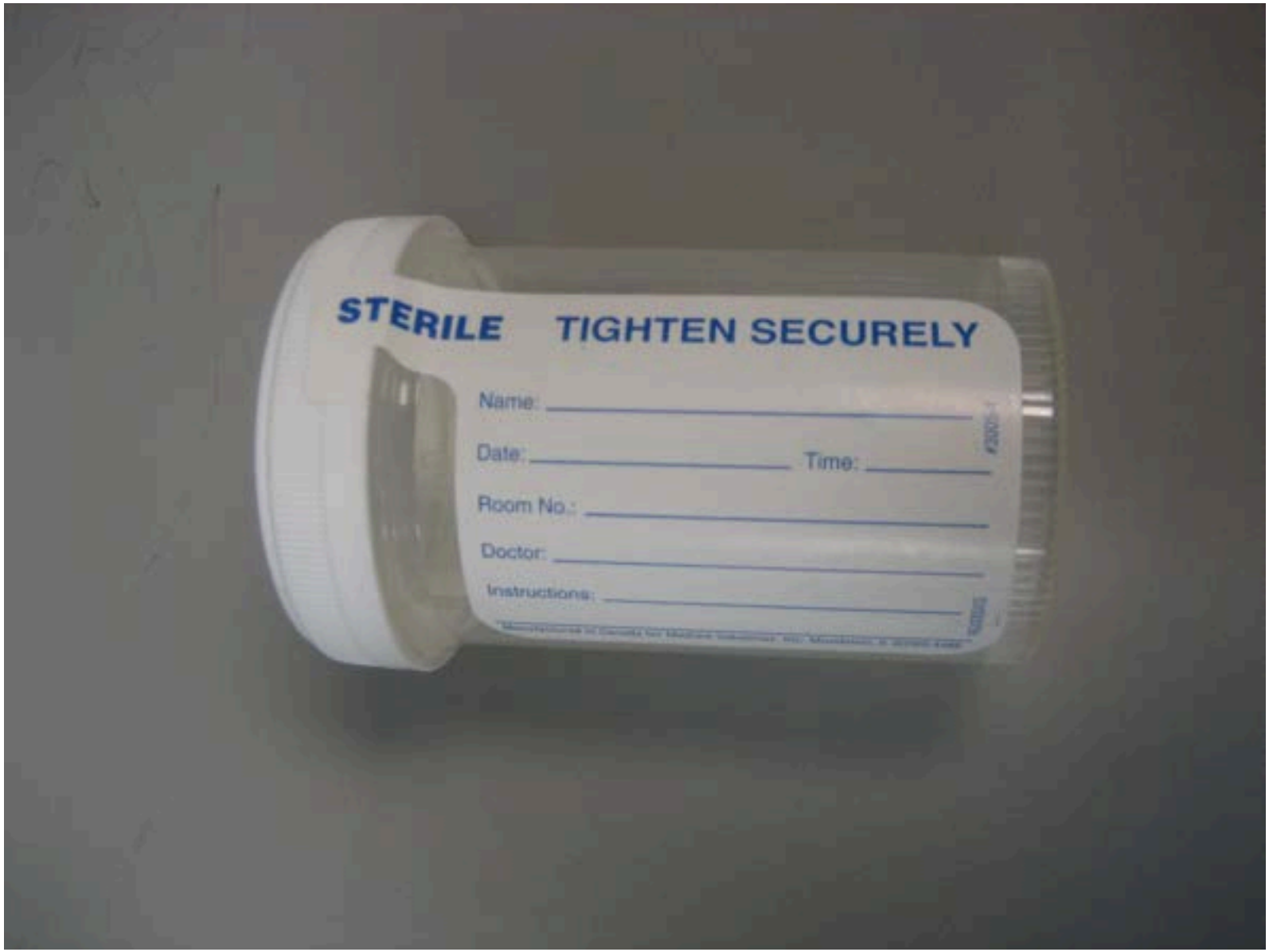


Rush Medical Labs

TEST NAME:	Lactate Dehydrogenase, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FLDH
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen *See Attached)
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID LDH
TEST SYNONYM(S):	Fluid, LDH
LAST UPDATED:	06/14/2017

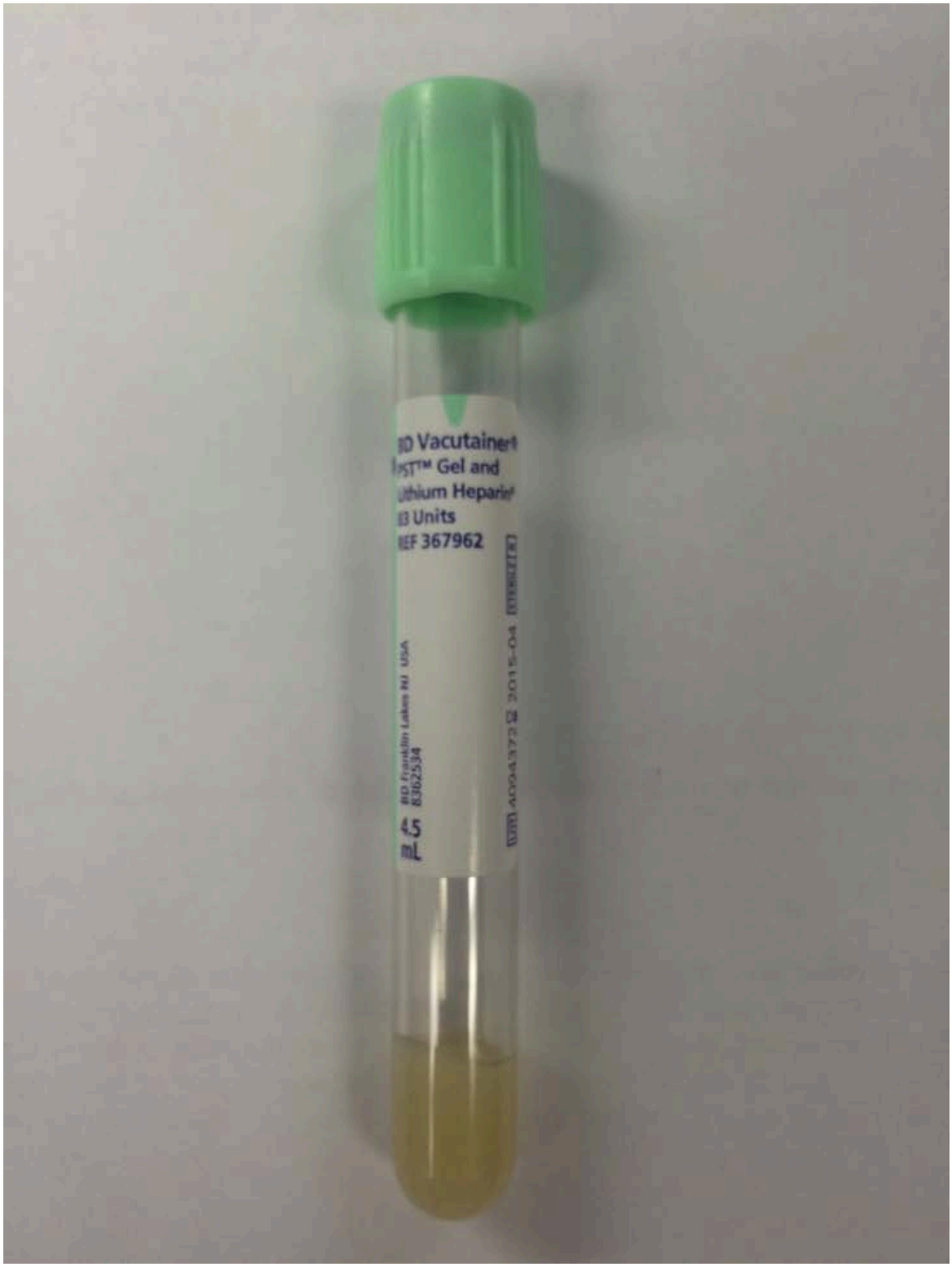

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

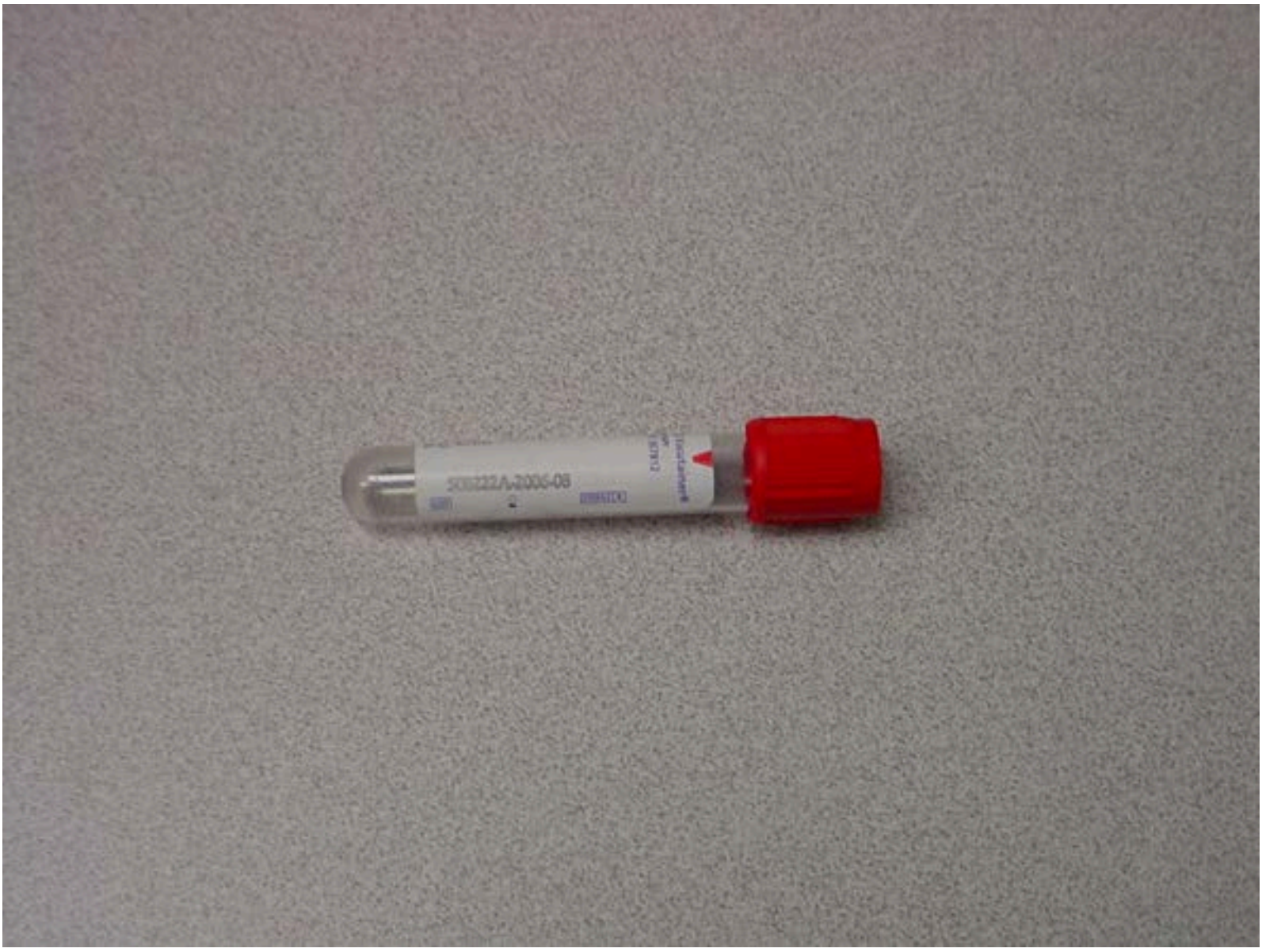
TEST NAME:	Lactate Dehydrogenase, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LDH
CPT CODE:	83615
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	110-240 u/L
POE DESCRIPTION:	LACTATE DEHYDROGENASE; LDH
TEST SYNONYM(S):	LDH; LD
LAST UPDATED:	01/27/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Lactate, Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	C/LACT
CPT CODE:	83605
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Place on ice and deliver to lab immediately.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, CSF collection tubes (See Attached)
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid
MINIMUM VOLUME:	0.4 mL
POE DESCRIPTION:	CSF LACTIC ACID
TEST SYNONYM(S):	CSF LACTIC ACID

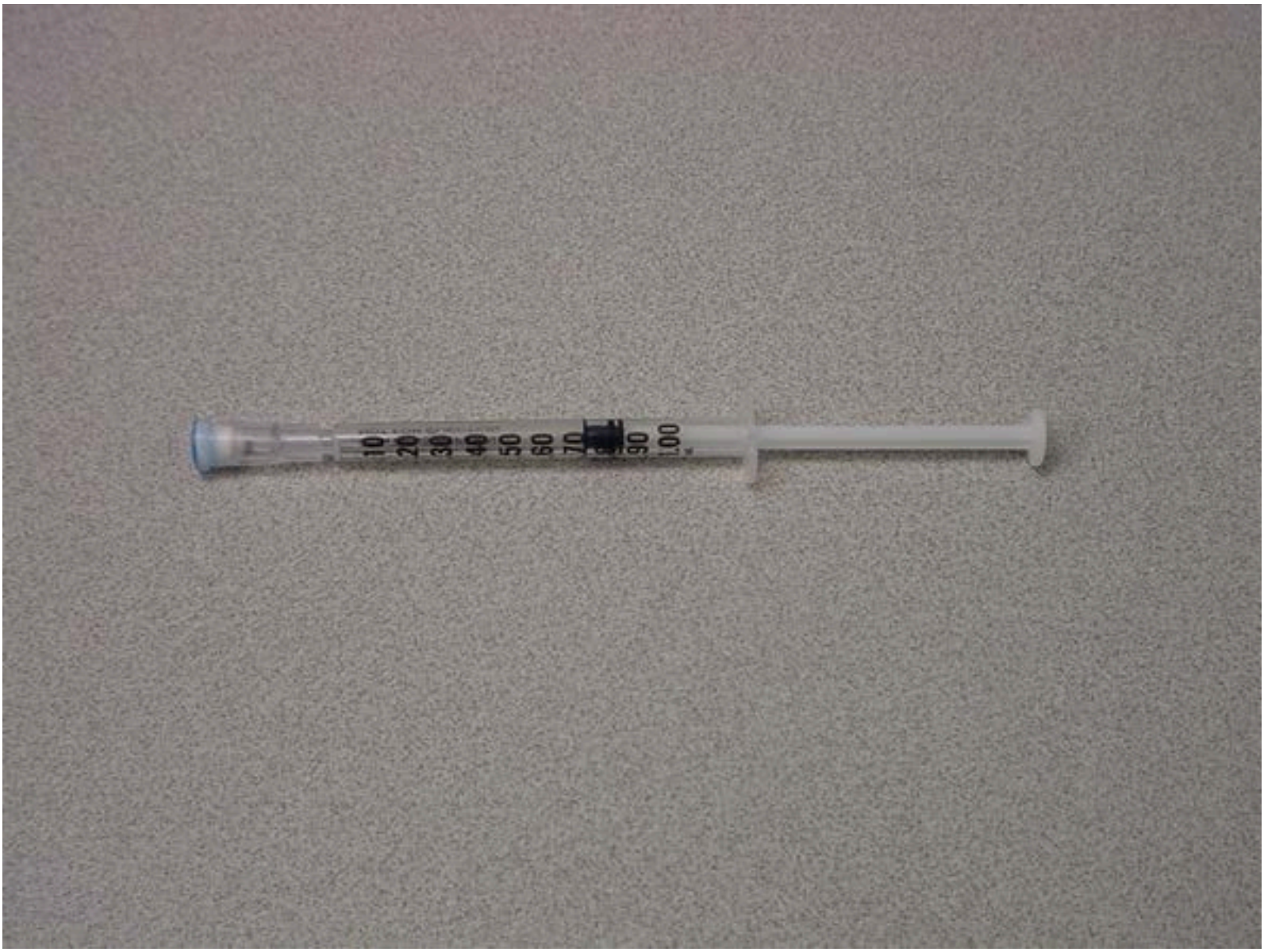

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

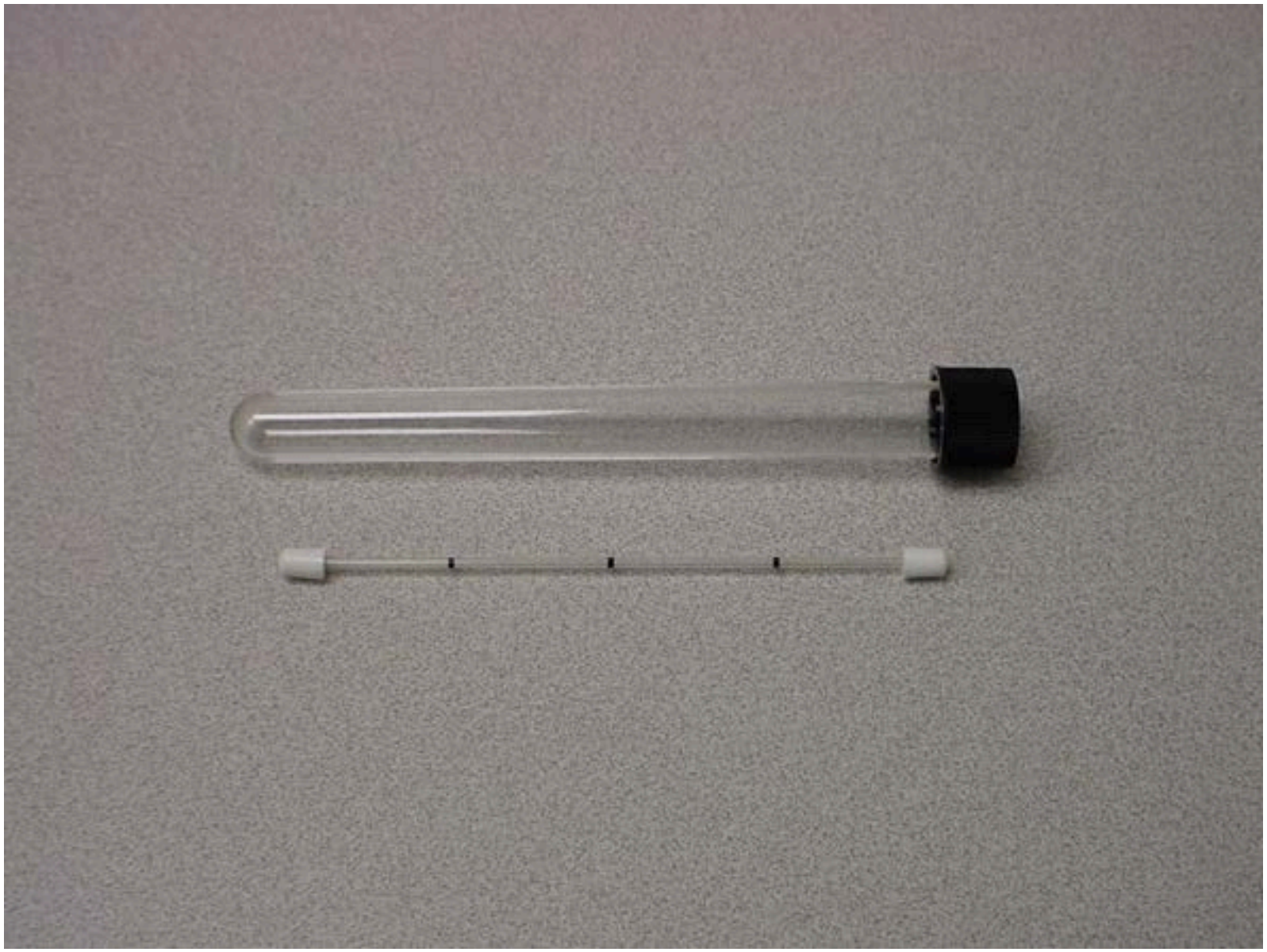


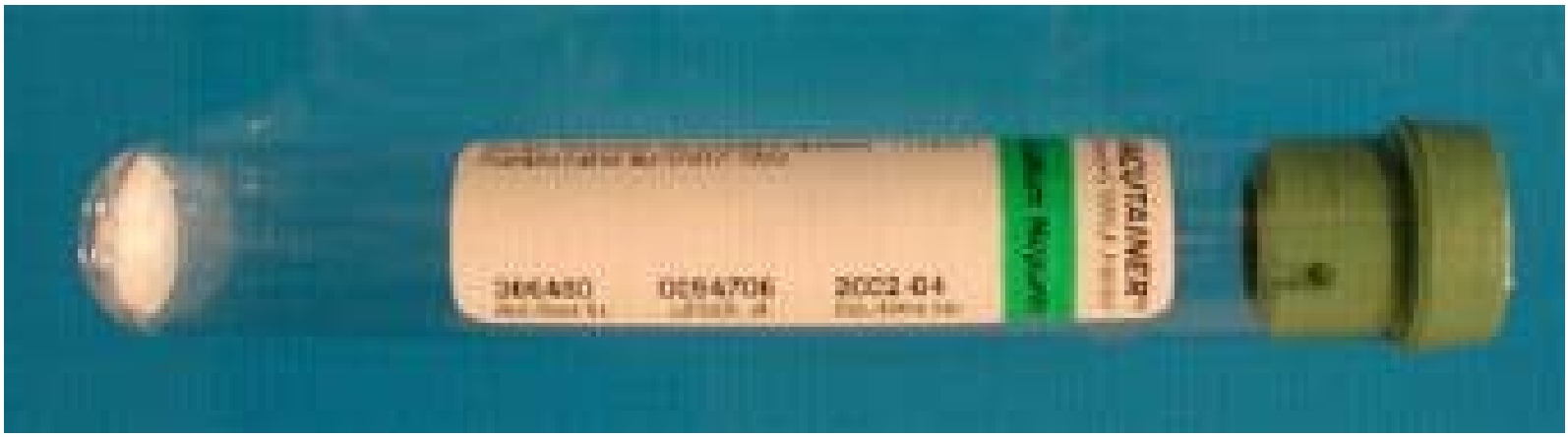


Rush Medical Labs

TEST NAME:	Lactate, Venous Blood or Arterial Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LACTV; LACTA
CPT CODE:	83605
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Deliver specimen immediately to the laboratory on ice. Requisition must indicate source (i.e. venous or arterial) and time specimen is drawn. This test cannot be added onto an existing sample.
CONTAINER TYPE:	Heparinized syringe, heparinized capillary tube, or Green top (heparin) - 10 mL tube (venous only). (See Attached)
SPECIMEN REQUIREMENTS:	Heparinized whole blood
REJECTION CRITERIA:	Needle attached to syringe, clotted sample, or air bubbles in sample.
MINIMUM VOLUME:	0.3 mL
REFERENCE RANGE:	Venous: 0.5-1.7 mmol/L; Arterial: 0.4-1.3 mmol/L
POE DESCRIPTION:	LACTATE, VENOUS BLOOD; LACTATE, ARTERIAL BLOOD; LACTIC ACID, VENOUS BLOOD; LACTIC ACID, ARTERIAL BLOOD
TEST SYNONYM(S):	Blood Lactate; Lactate; Lactic Acid
LAST UPDATED:	06/14/2017


10
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30
40
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60
70
80
90
100




396450
0254706
2022-04

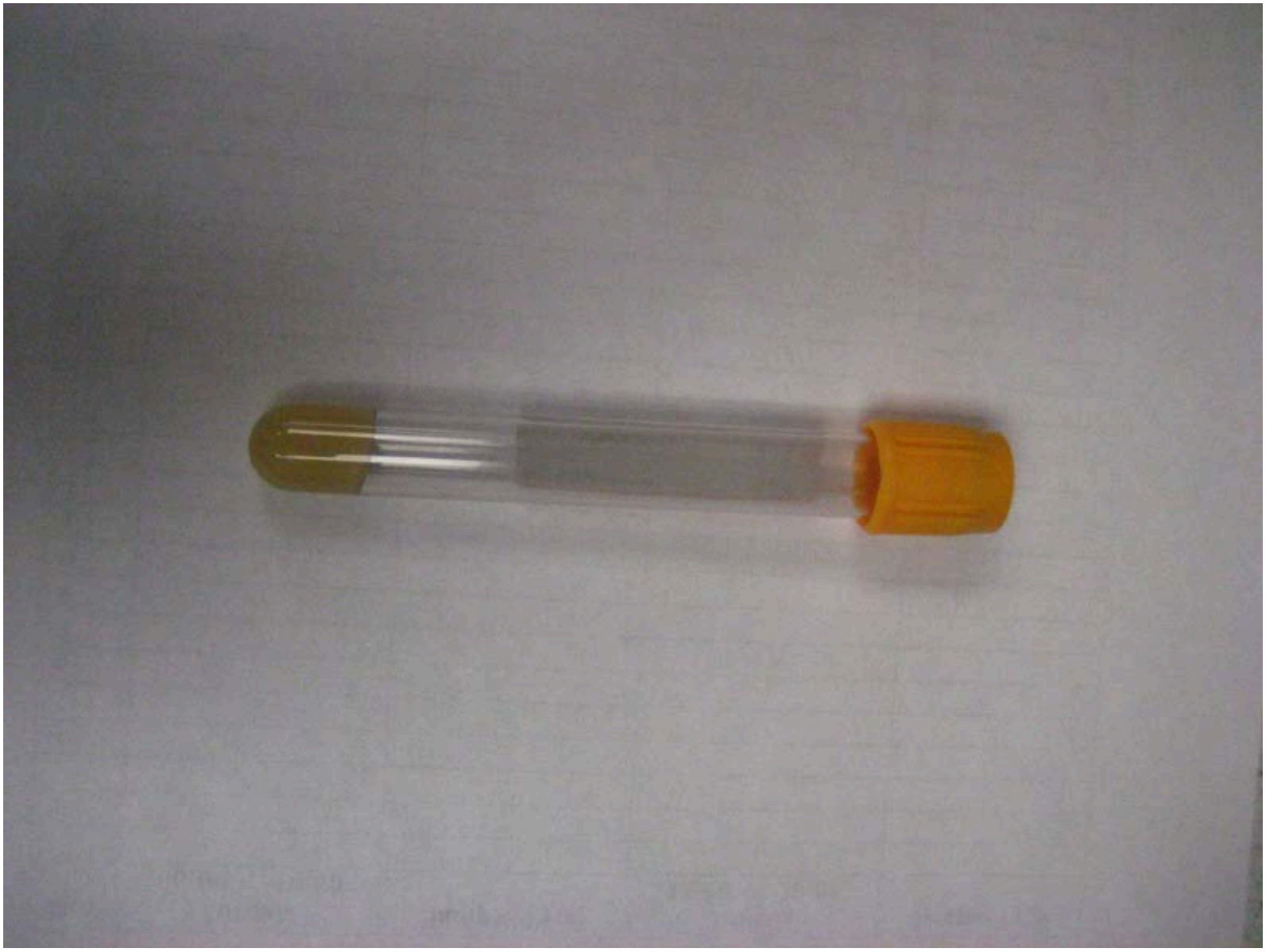
Rush Medical Labs

TEST NAME:	Lamotrigine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LAMTR
CPT CODE:	80175-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Draw 1/2 hour to 1 hour before next dose at steady state.
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 22060
POE DESCRIPTION:	LAMOTRIGINE; LAMOTRIG
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Latex (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LATEX RAST
CPT CODE:	86003-90
TEST INFORMATION:	Latex (Brazilian Rubber tree)
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code K82



Rush Medical Labs

TEST NAME:	Lead, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LEAD <16 years
CPT CODE:	83655-90
TURNAROUND TIME:	1-3 working days
CONTAINER TYPE:	Tan top (K2 EDTA) tube (Vacutainer #367855) - preferred or Lavender top (K2 EDTA) tube - 6 mL (See Attached)
COLLECTION:	Collection material such as alcohol swabs should be lead-free. Use powder-free gloves or rinse the powder off with tap water. For capillary collection, wash hands thoroughly with soap and dry with clean, low-lint towel. Once washed, fingers must not come into contact with any surface, including the other fingers. Clean skin prior to venipuncture with the lead-free alcohol swab. Avoid hemolysis. Avoid worksite collection.
SPECIMEN REQUIREMENTS:	3 mL whole blood
MINIMUM VOLUME:	0.5 mL whole blood
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code - 599 Laboratory is required by state law to report Lead levels of ≥10 µg/dL on pediatric patients ≥ 25 ug/dL to the Illinois Department of Public Health.
POE DESCRIPTION:	LEAD; PB
TEST SYNONYM(S):	Pb, Blood
LAST UPDATED:	04/13/2015


K2 EDTA
3mL


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Lecithin/Sphingomyelin Ratio, Amniotic Fluid
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	L/S
CPT CODE:	83661-90, 83516-90
TURNAROUND TIME:	4-6 hours
SPECIAL INSTRUCTIONS:	State gestational age on requisition.
CONTAINER TYPE:	Brown plastic tubes for amnios (See Attached)
SPECIMEN REQUIREMENTS:	Amniotic fluid, 10 mL
MINIMUM VOLUME:	Amniotic fluid, 5 mL
HANDLING INSTRUCTIONS:	Protect from light. Send sample on ice to the laboratory immediately after collection. Do not process specimen in any manner.

See Quest Diagnostics - Search Test Code 35057

REFERENCE RANGE:

Interpretation of the Lecithin/Sphingomyelin (L/S) Ratio is made as follows:

Immature <1.0
PG = Not Detected
Weeks Gestation 26 - 30

Premature 1.0 - 1.5
PG = Not Detected
Weeks Gestation 30 - 34

Transitional 1.5 - 1.9
PG = Not Detected
Weeks Gestation 35 - 36

Mature (Caution) 2.0 - 2.5
PG = Not Detected
Weeks Gestation 36 - 37

Mature >2.5
PG = Detected
Weeks Gestation 37 - 40

A Lecithin/Sphingomyelin Ratio of greater than 2.0 together with the presence of phosphatidylglycerol may suggest mature fetal lung development.

The designation 'Mature (Caution)' refers to patients other than those with diabetes. Phospholipid data in diabetic pregnancies do not necessarily follow the above classification.

POE DESCRIPTION:	L/S RATIO W PG; L/S
TEST SYNONYM(S):	Amniotic Fluid Phospholipids; L/S Ratio, Lung Maturity Profiles



Rush Medical Labs

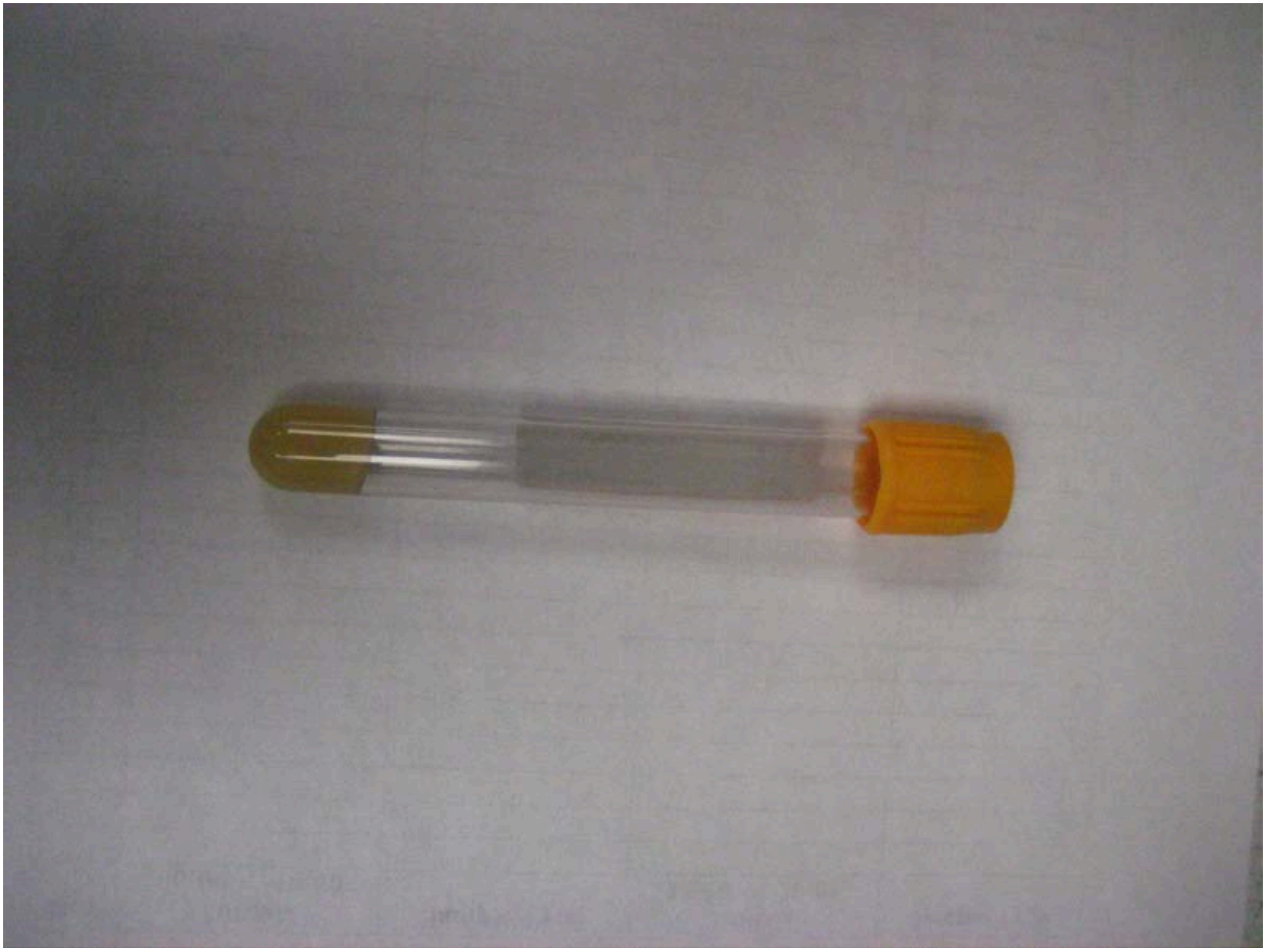
TEST NAME:	Leflunomide
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LEFL
CPT CODE:	80299-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 4191
METHODOLOGY:	LC/MS/MS
POE DESCRIPTION:	Leflunamide
TEST SYNONYM(S):	Arava
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Legionella pneumophila Antibody Level
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LGNAB
CPT CODE:	86713-90
TURNAROUND TIME:	2-7 working days
SPECIAL INSTRUCTIONS:	It is the responsibility of the ordering physician to see that both acute and convalescent specimens are obtained. The physician should arrange for the collection of the convalescent serum 14 days after the acute is collected.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 8246
LIMITATIONS OF TEST:	A negative antibody response does NOT rule out infection with *Legionella pneumophila* serogroups 1-6. False negative results may occur when samples are drawn too early after onset. It may take up to 9 weeks postinfection for seroconversion. False negative results may also occur due to the lack of antibody acquisition. Only 80% of *L. pneumophila* culture proven infections develop diagnostic changes in antibody titer. A positive antibody response may be due to cross reacting antibody found in patients with non-Legionella infections. Pneumonia and bacteremia caused by *Pseudomonas* species, *Haemophilus* species, *Enterobacteriaceae*, *Bordetella* species, *Chlamydia*, *Rickettsia*, *Bacteroides* species, *M. tuberculosis* and other mycobacteria, *Citrobacter* species, and Leptospirosis have been shown to cause false positive results in *Legionella* serology. Due to the background prevalence rate in some populations, a single positive serum titer cannot be construed to constitute a *L. pneumophila* infection. Therefore, paired sera analysis and Legionella culture or urinary antigen testing should be performed to aid with diagnosis. Cross reactivity may occur with sera with infections due to other *Legionella* species.
METHODOLOGY:	Enzyme immunoassay (EIA)
POE DESCRIPTION:	LEGIONELLA PNEUMOPHILA AB; LEGION AB
TEST SYNONYM(S):	Legionella Antibody; Legionnaires` Disease Serology
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Legionella Urinary Antigen
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	LEGAG
CPT CODE:	87449
TEST INFORMATION:	The Legionella Urinary Antigen test is an in vitro rapid immunochromatographic assay for the qualitative detection of Legionella pneumophila serogroup 1 antigen
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours
CONTAINER TYPE:	Sterile screw cap or boric acid tube
COLLECTION:	collect using aseptic technique
SPECIMEN REQUIREMENTS:	urine, first void preferred
REJECTION CRITERIA:	specimen received in a preservative other than boric acid, insufficient specimen volume
MINIMUM VOLUME:	2 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. Specimen may be stored at room temperature for 24 hours. If a longer delay is expected specimen may be refrigerated for up to 14 days.
REFERENCE RANGE:	Negative
LIMITATIONS OF TEST:	This test will not detect infections caused by other Legionella pneumophila serogroups and by other Legionella species. A negative antigen result does not exclude infection with Legionella pneumophila serogroup 1. Culture is recommended for suspected pneumonia to detect causative agents other than Legionella pneumophila serogroup 1 and to recover Legionella pneumophila serogroup 1 when antigen is not detected in urine.
METHODOLOGY:	Immunochromatographic Assay
ADDITIONAL INFORMATION:	The detection of Legionella pneumophila serogroup 1 antigenuria by EIA is highly sensitive and specific. Excretion of Legionella antigen in urine may vary depending on the individual patient. Antigen excretion may begin as early as 3 days after onset of symptons and persist for up to 1 year afterwards. A positive result can occur due to current or past infection and therefore is not definitive for infection without other supporting evidence.
POE DESCRIPTION:	LEGION AG
TEST SYNONYM(S):	Legionnaires Disease
LAST UPDATED:	06/14/2017

Rush Medical Labs

TEST NAME:	Leucine Aminopeptidase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LAP
CPT CODE:	83670-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code S41520 LEUCINE
POE DESCRIPTION:	AMINOPEPTIDASE; LAP
TEST SYNONYM(S):	Arylamidase; LAP; SLAP


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Leukemia Gene Translocation, bcr-abl by Reverse Transcriptase PCR and Quantitative PCR (qPCR)
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	BCRABL
CPT CODE:	83894; 83912; 83898 (x2); 83902; 83891
DAYS PERFORMED:	Mon-Thur, 0900-1600; Fri, 0900-1200
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Yellow top ACD tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood or bone marrow.
MINIMUM VOLUME:	1-2 mL bone marrow; refer to lymphoma and Leukemia Gene Rearrangement test for minimum blood volume required.
HANDLING INSTRUCTIONS:	Store ACD tubes at room temperature; deliver to the Cellular Laboratory within 24 hours.
REFERENCE RANGE:	No translocation observed; (BCRABL/ABL + BCRABL) x 100 = 0.01-100
LIMITATIONS OF TEST:	May not detect rare translocation breakpoints
POE DESCRIPTION:	BCR-ABL TRANSLOCATION
TEST SYNONYM(S):	bcr Gene Translocation; Breakpoint Cluster Region Translocation; Chronic Myelogenous Leukemia; Philadelphia Chromosome Translocation


VACUTAINER
ACD
Solution A
364606-9321945-EXP-2001-11

Rush Medical Labs

TEST NAME:	Leukemia Profile, Blood or Bone Marrow
TESTING LAB:	9;#Molecular Diagnostics/Cellular
LAB / EPIC MNEMONIC:	LEUKEMIA
CPT CODE:	88180 (x16)
TEST INFORMATION:	METHOD - Immunophenotyping REFLEX TESTING - Depending upon results, further cell surface markers may be analyzed. This could include up to six additional markers. Cases of B-cell leukemia may be followed up by JH PCR and/or light chain PCR. Cases of T- cell leukemia may be followed up by T-cell PCR.
DAYS PERFORMED:	Mon-Fri, 0800-1600; weekends and holidays 0800-1630 by on-call basis. 85-5329.
TURNAROUND TIME:	1-3 days
CONTAINER TYPE:	Yellow top ACD tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood, bone marrow
MINIMUM VOLUME:	10 mL ACD blood, at least 1 mL ACD bone marrow, hypocellular patients may require extra sample
HANDLING INSTRUCTIONS:	Do not refrigerate specimen. Tests require viable lymphocytes. Specimen must be in laboratory within 24 hours of collection. Specimen should be submitted with a completed Patient Information Form. Contact the Flow Cytometry Laboratory at 312-942-8393 to obtain a form.
REFERENCE RANGE:	Written interpretation is included with report.
POE DESCRIPTION:	LEUKEMIA PROFILE
TEST SYNONYM(S):	Immunophenotyping


VACUTAINER
ACD
Solution A
364606-9321945-EXP-2001-11

RUSH MEDICAL LABORATORIES
MOLECULAR DIAGNOSTICS LABORATORIES
FLOW CYTOMETRY LABORATORY
(312)942-8393

PATIENT INFORMATION FORM

Patient's Name: _____

DOB: _____ **Sex:** _____ **Medical Record #** _____

Physician's Name : _____

Hospital (if outside RPSLH): _____ **phone #** _____

SPECIMEN TYPE:

Bone Marrow Aspirate: ☐ **RPIC** ☐ ☐ **LPIC** ☐ **Peripheral Blood** ☐

Other (Specify): _____

Date & Time Collected: ____/___/____ _____**AM/PM**

SUSPECTED DIAGNOSIS: _____

REASON FOR EVALUATION:

☐ ☐ ☐ **Initial W/U** ☐ **Restage/Monitor** ☐ ☐ **Pre BMT eval** ☐

☐ ☐ ☐ **Suspect change in histology** ☐ ☐ **Other** ☐ _____

PREVIOUS TREATMENT: ☐

☐ ☐ ☐ **Systemic Chemotox** ☐ **Radiotx** ☐ **IFN** ☐ **BMT** ☐

Cytokine (IL'S) ☐ **Antibodies** ☐ **Other** ☐ _____

NAME OF PERSON FILLING OUT THIS FORM: _____ **PHONE #** _____

☐

Rush Medical Labs

TEST NAME:	Leukocyte Acid Phosphatase (TRAP Stain for Hairy Cell Leukemia)
TESTING LAB:	15;#Surgical Pathology
LAB / EPIC MNEMONIC:	DISCONTINUED

Rush Medical Labs

TEST NAME:	Leukocyte Adhesion Deficiency (CD 11a/18)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	88184-88185 x2
CDM NUMBER:	3181382, 3181383
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Draw Monday through Thursday only. Specimen must arrive at commercial laboratory within 24 hours of draw.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube (See Attached)
SPECIMEN REQUIREMENTS:	5.0 mL EDTA whole blood
MINIMUM VOLUME:	2 mL EDTA whole blood
HANDLING INSTRUCTIONS:	Specimen must remain at room temperature.
REFERENCE RANGE:	See Mayo Clinic - Search Test Code 81155
METHODOLOGY:	Flow Cytometry Immunophenotyping
POE DESCRIPTION:	CD 11/18 Leukocyte Adhesion Def
TEST SYNONYM(S):	CD11/18, LAD


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Levetiracetam (Keppra)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LEVTR
CPT CODE:	80177-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 4963
METHODOLOGY:	HPLC
POE DESCRIPTION:	Levetiracetam, Keppra
TEST SYNONYM(S):	Keppra
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

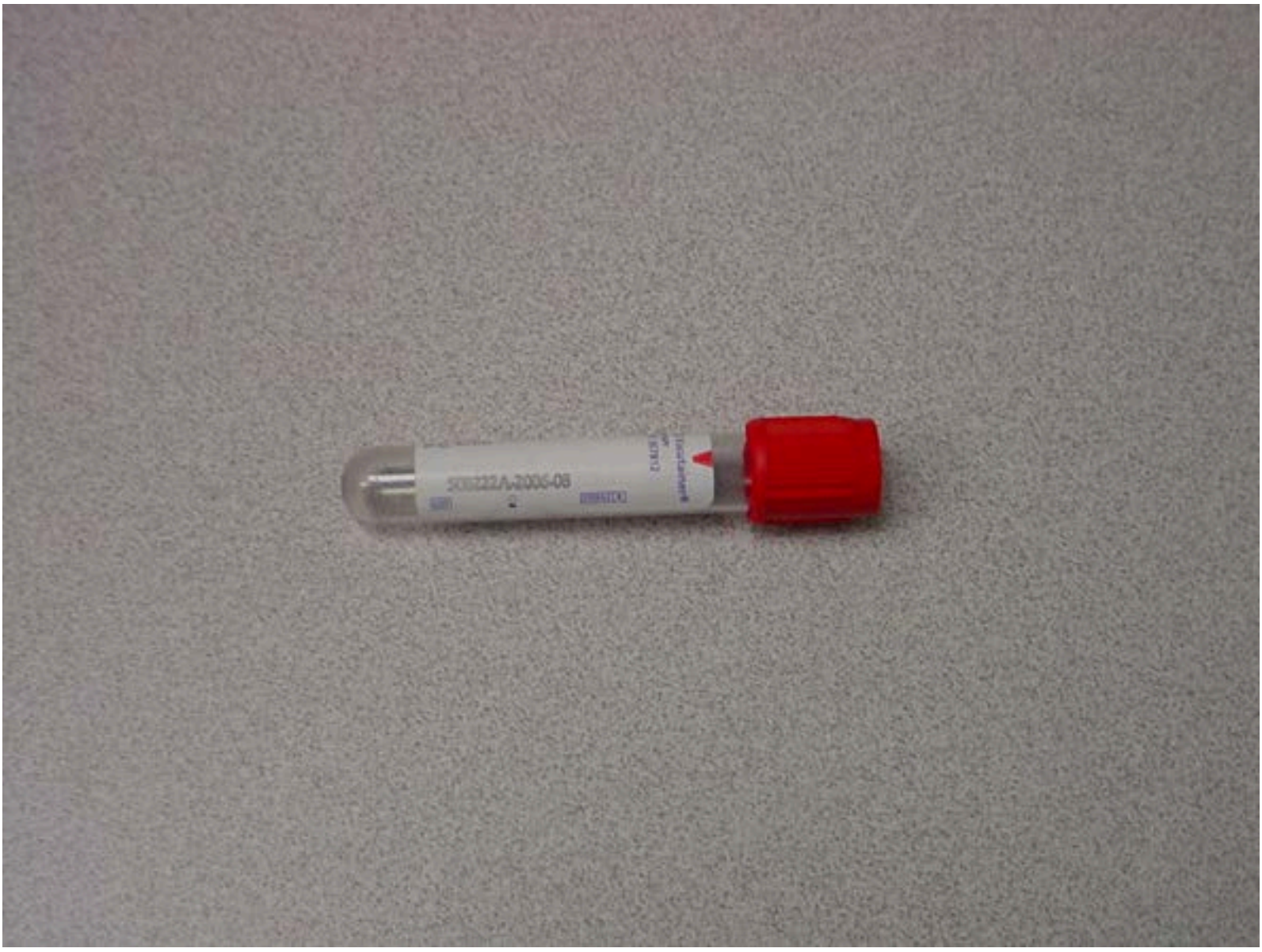
TEST NAME:	Lidocaine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LIDO
CPT CODE:	80176-90
TURNAROUND TIME:	4-6 hours
CONTAINER TYPE:	Red top tube - 10 mL (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 605
POE DESCRIPTION:	LIDOCAINE
TEST SYNONYM(S):	Xylocaine.
LAST UPDATED:	04/13/2015

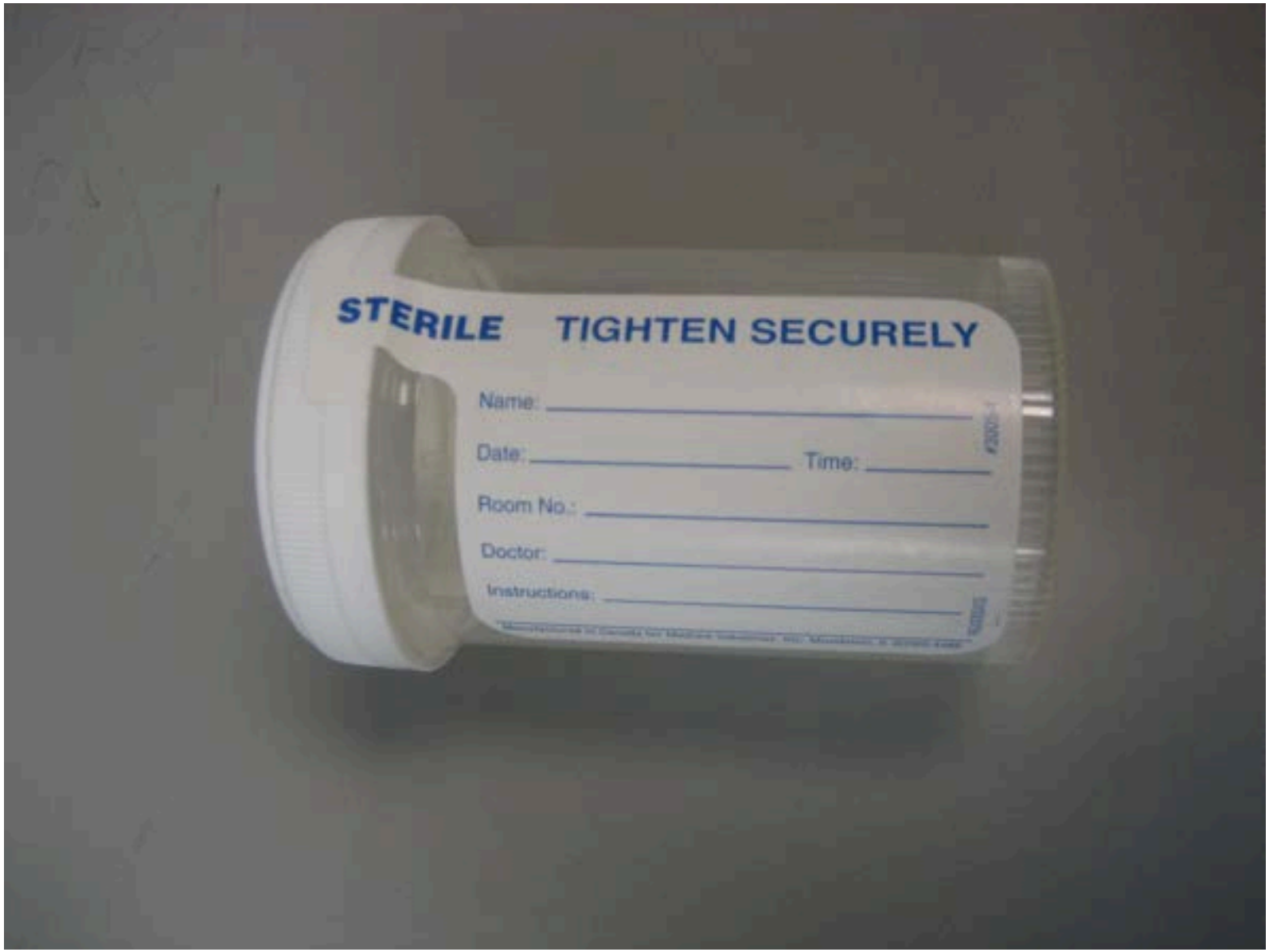

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Lipase, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/LIP
CPT CODE:	83690
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen Container (See Attached)
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID LIPASE
TEST SYNONYM(S):	Fluid Lipase

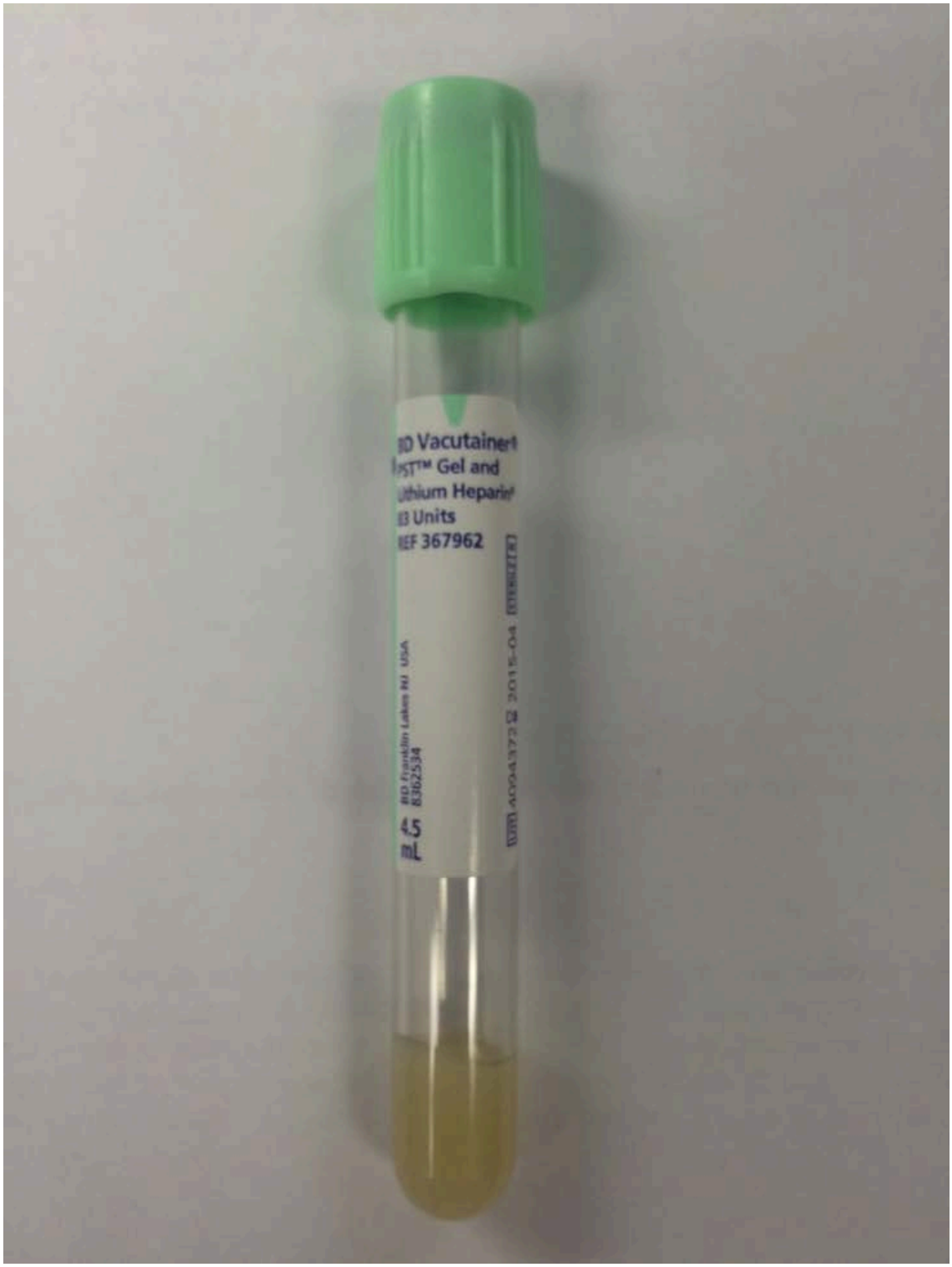

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

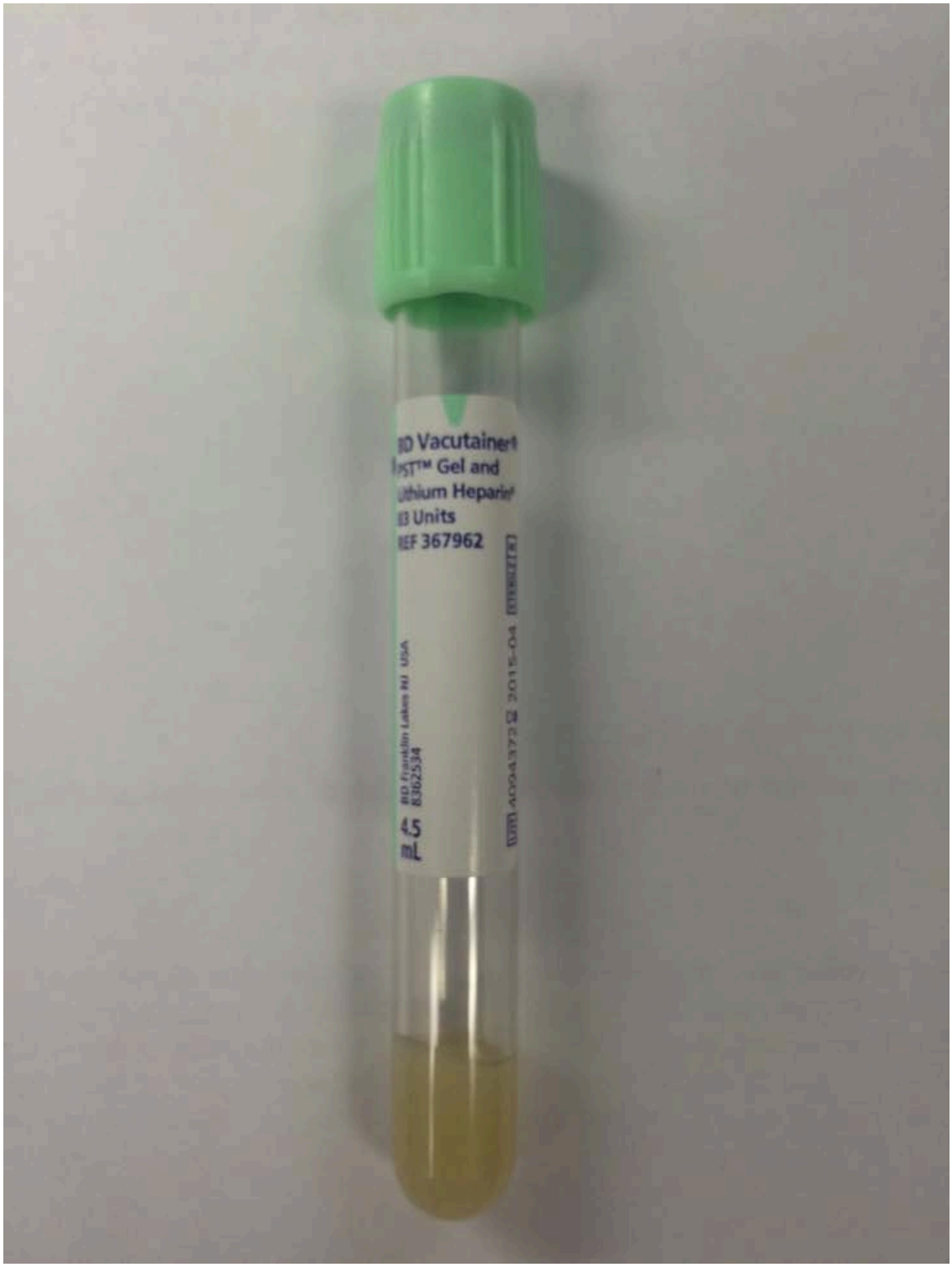
Rush Medical Labs

TEST NAME:	Lipase, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LIP
CPT CODE:	83690; 83690
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	10-52 units/L
ADDITIONAL INFORMATION:	Lipase is presently thought to be elevated in parallel with amylase in pancreatitis, not later.
POE DESCRIPTION:	LIPASE; LIP
LAST UPDATED:	01/27/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Lipid Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LIPID
CPT CODE:	80061
TEST INFORMATION:	Test includes total cholesterol, triglyceride, HDL cholesterol, and LDL cholesterol (calculated). This panel is commonly ordered to assist in assessing risk of coronary artery disease. Do not confuse with Lipoprotein Electrophoresis, Serum which provides different information (see listing) and is ordered much less frequently. In the Lipid Panel, LDL cholesterol is calculated when the triglyceride is 400 mg/dL. When triglyceride is >400 mg/dL, LDL cholesterol is not reported.
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Routine = 4 hours; Stat = 1 hour
SPECIAL INSTRUCTIONS:	Patient should fast for 12-14 hours prior to collection of specimen.
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Plasma
MINIMUM VOLUME:	2 mL blood (1 mL serum)
REFERENCE RANGE:	See Table
POE DESCRIPTION:	LIPID PANEL; LIPID PROFILE; COR SCREEN
LAST UPDATED:	06/14/2017


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Lipid Panel

Test	Male (mg/dL)	Female (mg/dL)
Cholesterol		
recommended	<199	<199
moderate risk	200 – 239	200 – 239
high risk	>240	>240
HDL cholesterol		
major risk factor	<40	<40
negative risk factor	>59	>59
LDL cholesterol		
recommended	<129	<129
moderate risk	130 – 159	130 – 159
high risk	>159	>159
Triglyceride		
recommended	30 – 149	30 - 149

Rush Medical Labs

TEST NAME:	Lipids, Total, Feces - timed samples only
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QTLIP
CPT CODE:	82710-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Only timed samples accepted
CONTAINER TYPE:	One or more stool collection (stool and stool-sidevw) containers. (See Attached) Containers available from Core Laboratory.
SPECIMEN REQUIREMENTS:	24- or 48-hour stool collection
MINIMUM VOLUME:	Submit entire collection to the laboratory.
HANDLING INSTRUCTIONS:	Keep refrigerated during collection. Please have patient label as a 24 or 48 hour collection.
REFERENCE RANGE:	See Quest Diagnostics Lab - Search Test Code 455
POE DESCRIPTION:	TOTAL LIPIDS FECES; FECES TOTAL LIPIDS; Q/TLIP
TEST SYNONYM(S):	Fecal Fat, Quantitative; Total Lipids, Feces; Feces, Unesterfied Fatty Acids
LAST UPDATED:	06/14/2017

LAB-CHOICE™

Commode Specimen Collector

For Collection and Transportation of Biological Samples.



Stool Specimen Urine Specimen

Kit Consists of: One 32 oz. Bowl (Graduated), One Specti-ring and One Lid.

100 Per Case
Reorder Number 02050

Directions for Use:
1. Lift toilet seat. 2. Place unit on toilet bowl. 3. Put toilet seat down. 4. After collection of samples, place unit on solid surface and snap lid on tightly. Specti-ring will disengage automatically from container.

Date _____ Room No. _____

Name _____

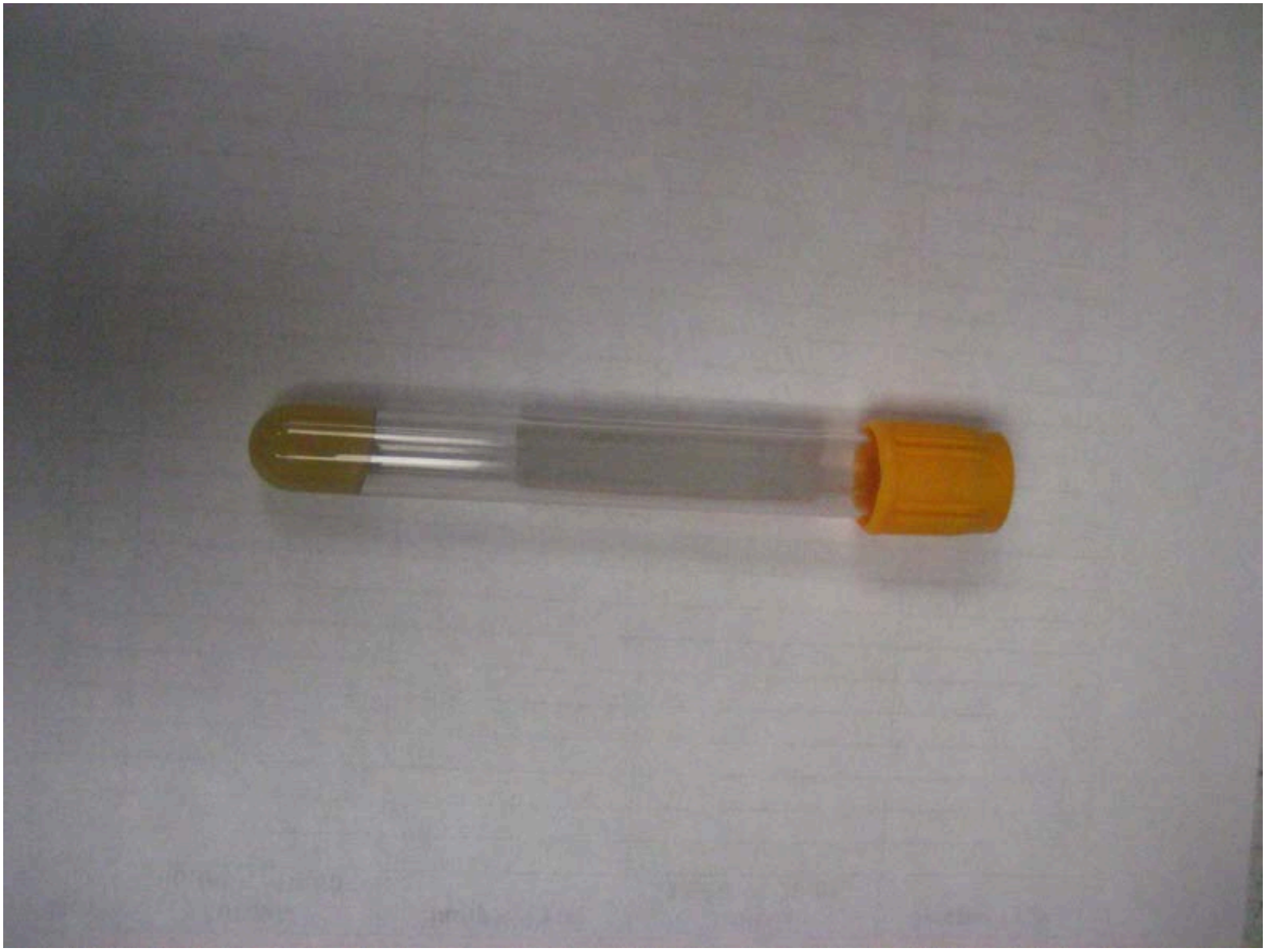
Doctor _____

McKesson®
Health Care
Division
Gallewey, TN 38036 U.S.A.


LAB-CHOICE
Commode Specimen Collector
Health Care
Division

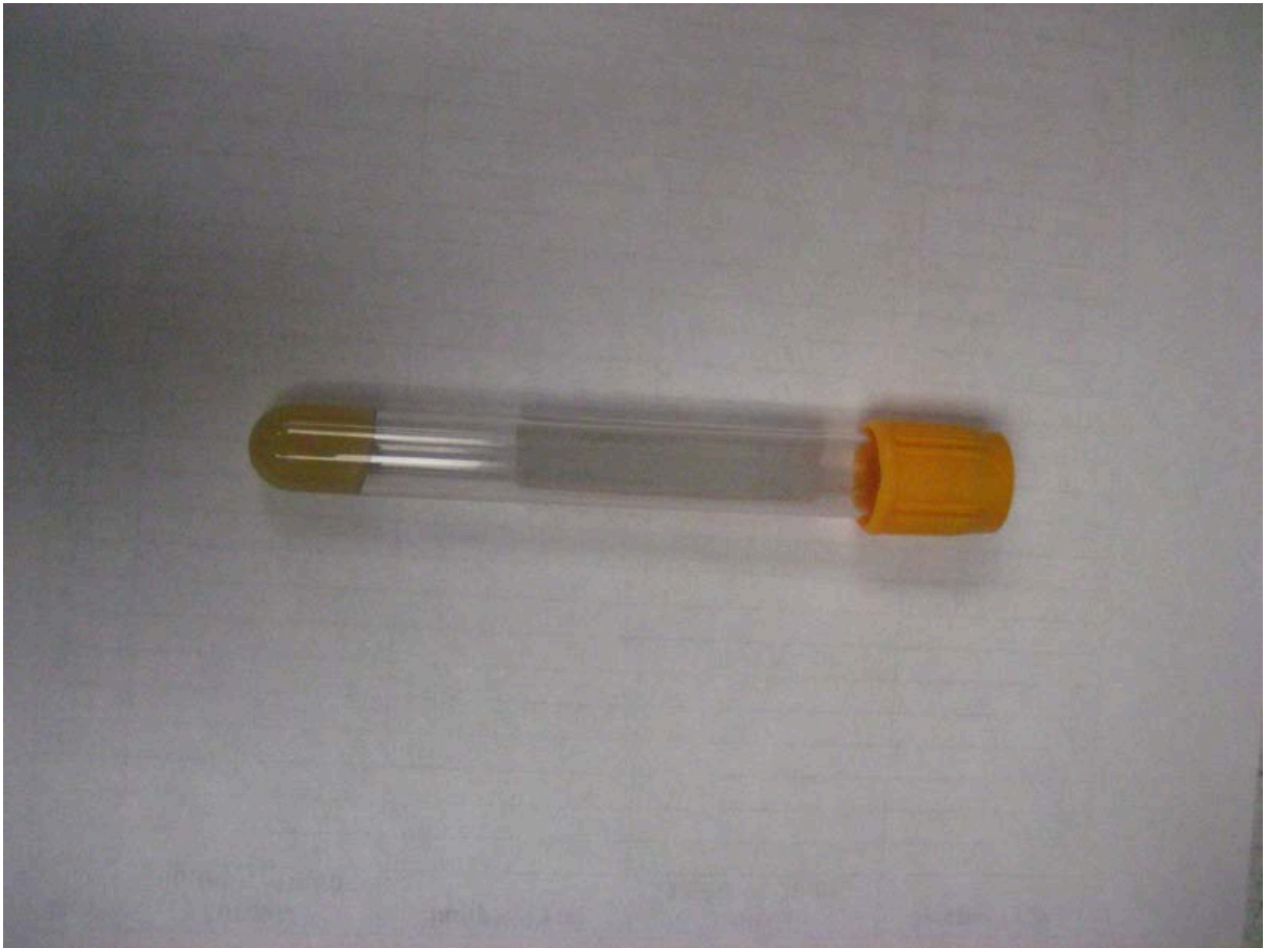
Rush Medical Labs

TEST NAME:	Lipoprotein (a)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LPA
CPT CODE:	83695-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 3446
POE DESCRIPTION:	LIPOPROTEIN (A)
TEST SYNONYM(S):	Lp(a)
LAST UPDATED:	04/13/2015



Rush Medical Labs

TEST NAME:	Lithium, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LITH
CPT CODE:	80178
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	SST tube; DO NOT USE GREEN TOP TUBE (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL serum)
REFERENCE RANGE:	0.4-1.3 mEq/L
CRITICAL VALUES:	≥1.50
POE DESCRIPTION:	LITHIUM; LI
TEST SYNONYM(S):	Li, Serum
LAST UPDATED:	06/14/2017



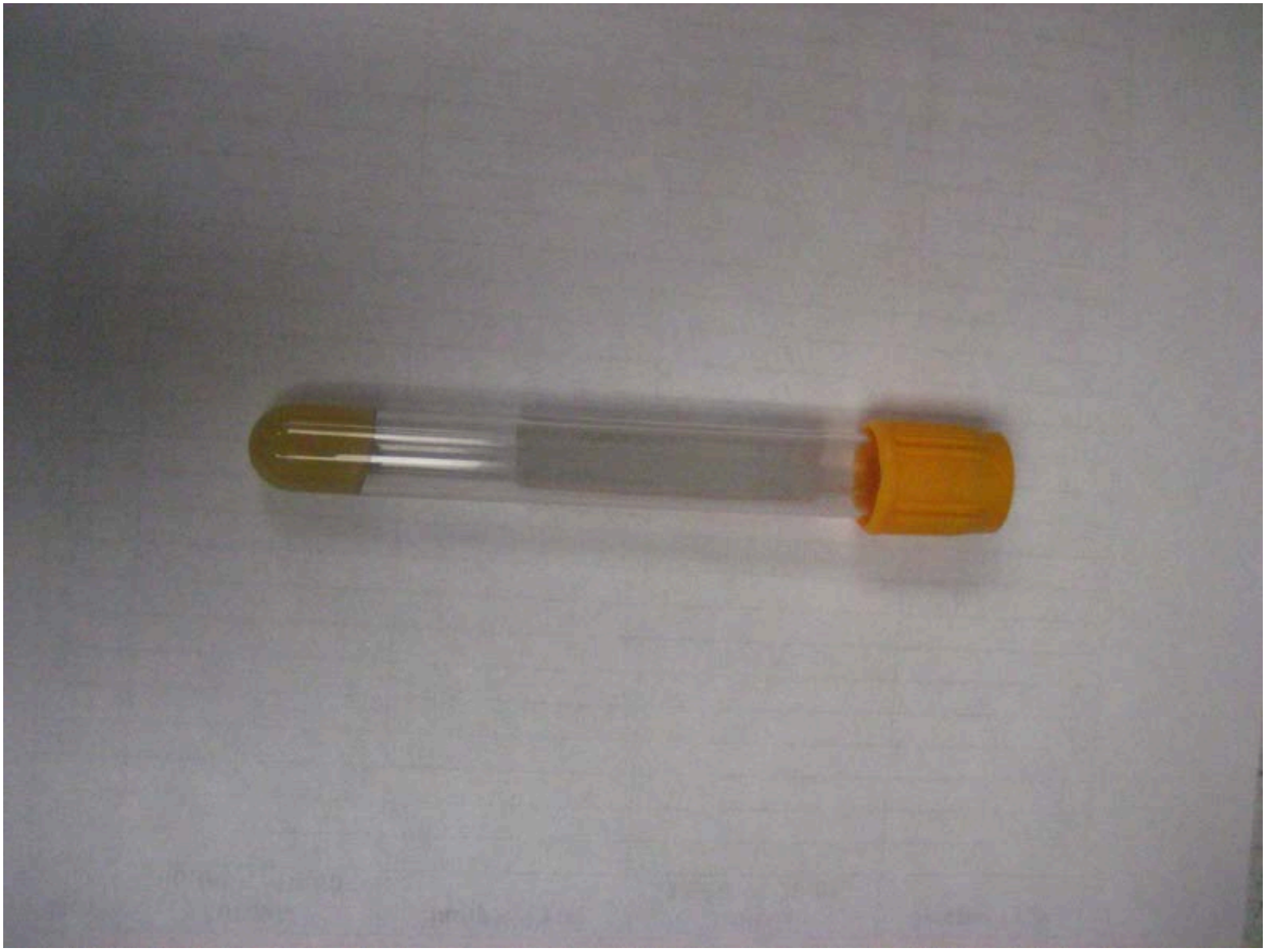
Rush Medical Labs

TEST NAME:	Liver/Kidney Microsomal Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LKM1
CPT CODE:	86376-90
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code - 1112
POE DESCRIPTION:	LIVER KIDNEY ANTIBODY; LIV/KID AB
LAST UPDATED:	06/14/2017

Rush Medical Labs

TEST NAME:	Lobster (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LBSTR
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code F80
POE DESCRIPTION:	Lobster Allergen
LAST UPDATED:	06/14/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

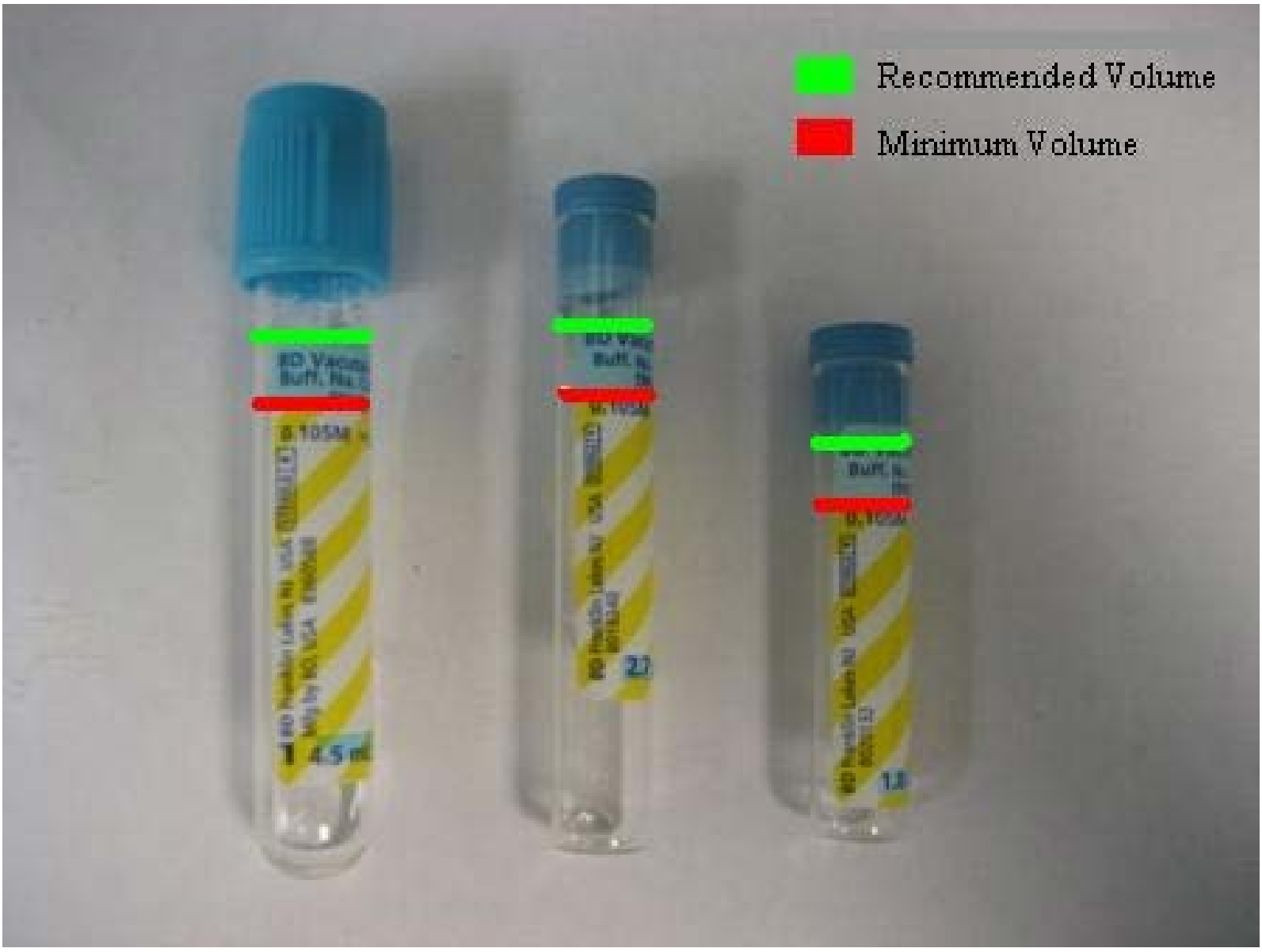
TEST NAME:	Low Density Lipoprotein Cholesterol, Calculated
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LDL CALCUL
CPT CODE:	None
DAYS PERFORMED:	Daily
TURNAROUND TIME:	1 day
SPECIAL INSTRUCTIONS:	In order to calculate the LDL, a total cholesterol, HDL cholesterol, and triglyceride must be ordered. LDL calculation is not reported when triglycerides are >250 mg/dL.
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	2 mL blood (1 mL serum)
REFERENCE RANGE:	See Table
TEST SYNONYM(S):	LDLC; LDL (Calculated)
LAST UPDATED:	06/06/2013

Low Density Lipoprotein Cholesterol, Calculated

	RECOMMENDED		MODERATE RISK	HIGH RISK		UNITS
TEST	MALE	FEMALE	MALE FEMALE	MALE	FEMALE	
CHOLESTEROL	<200	<200	200 – 239	>240	>240	MG/DL
HDL CHOL	29-72	35-80				MG/DL
LDL CHOL	<130	<130	139-159	>160	>160	MG/DL

Rush Medical Labs

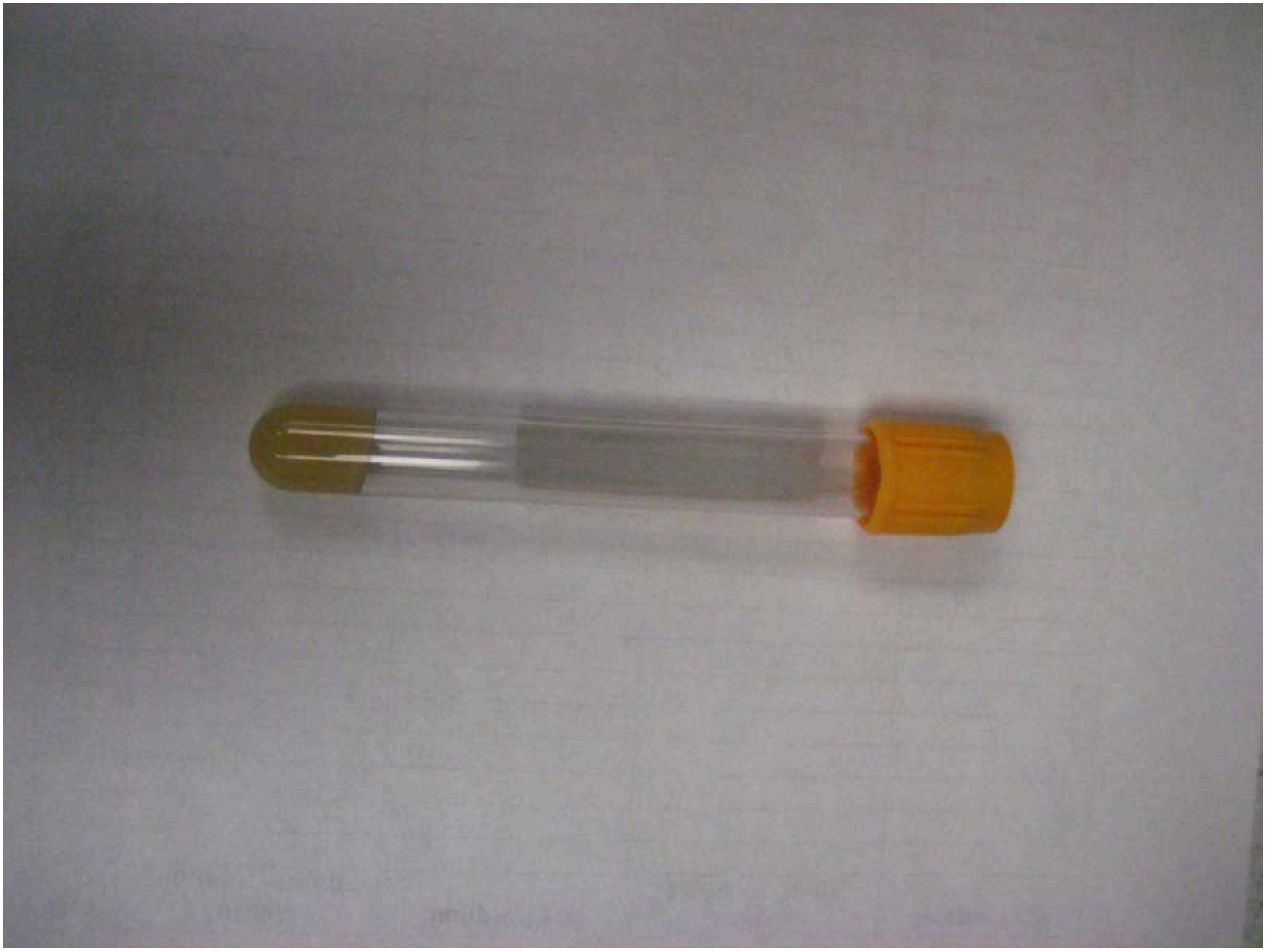
TEST NAME:	Low Molecular Weight Heparin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LMW
CPT CODE:	85130
DAYS PERFORMED:	Everyday on second shift
TURNAROUND TIME:	1 day
SPECIAL INSTRUCTIONS:	Deliver blue top (sodium citrate) tube immediately to the Core Laboratory
CONTAINER TYPE:	Blue top (sodium citrate) tube 3.2% (0.109M) citrate preferred; 3.8% (0.129m) citrate is acceptable (See Attached)
COLLECTION:	See Section - "Specimen Collection Guidelines" - Coagulation Specimens.
SPECIMEN REQUIREMENTS:	4.0 mL whole blood (0.5 mL citrated plasma) or pediatric 1.8 mL or 2.7 mL tubes
MINIMUM VOLUME:	3.5 mL blood (0.5 mL citrated plasma) or completely fill pediatric tubes.
REFERENCE RANGE:	0.6-1.0 IU/mL. Heparin Anti-Xa LMWH reference ranges are accepted therapeutic values.
POE DESCRIPTION:	LOW MOLE. WT. HEPARIN
TEST SYNONYM(S):	Anti-Xa activity; Lovenox; Anti-FXA
LAST UPDATED:	06/14/2017

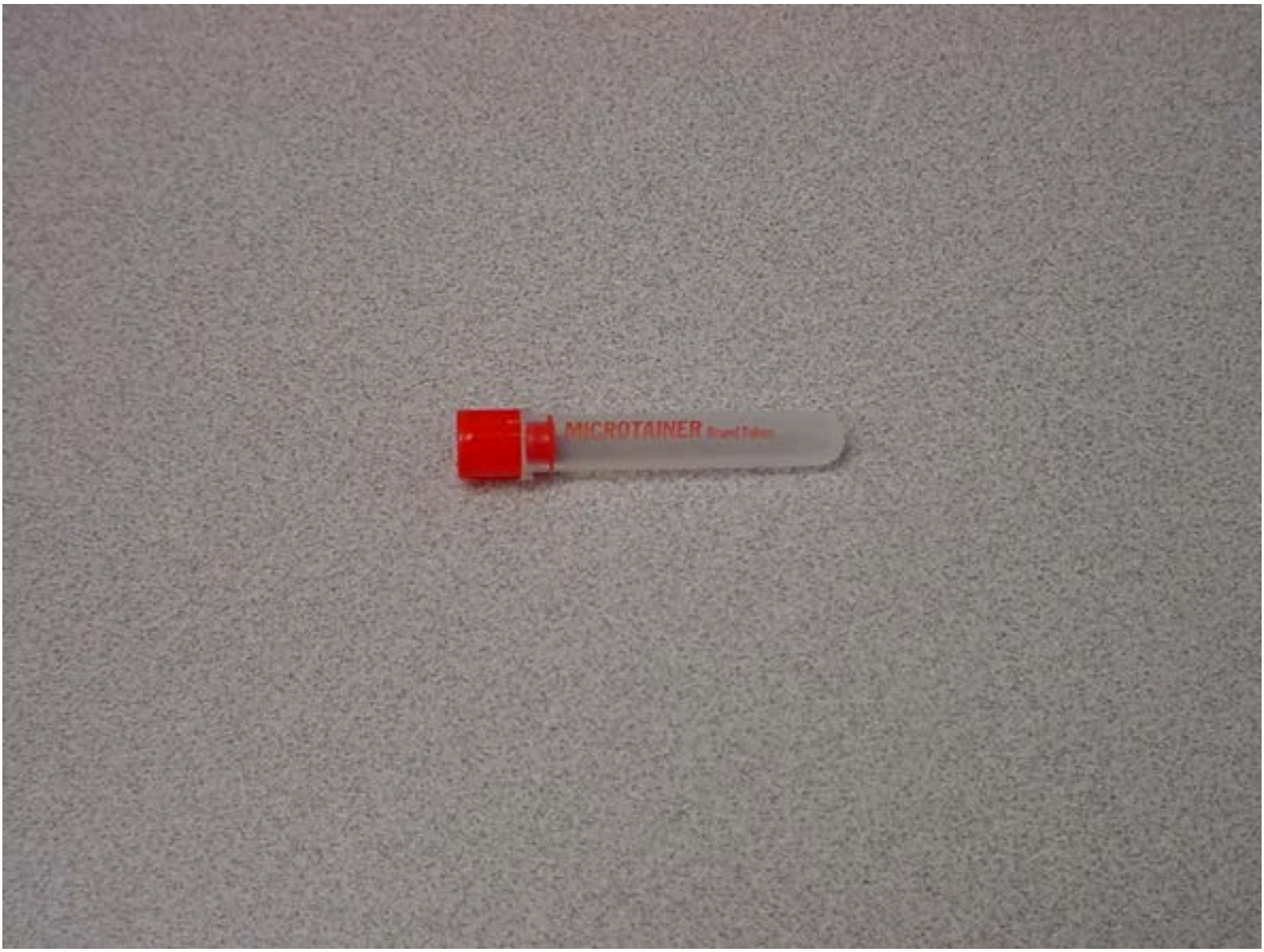

Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Luteinizing Hormone PEDS
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LH-PED
CPT CODE:	83002-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL, SST tube, microtainer (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	See Esoterix Labs - Search Test Code 500234
LAST UPDATED:	01/24/2014

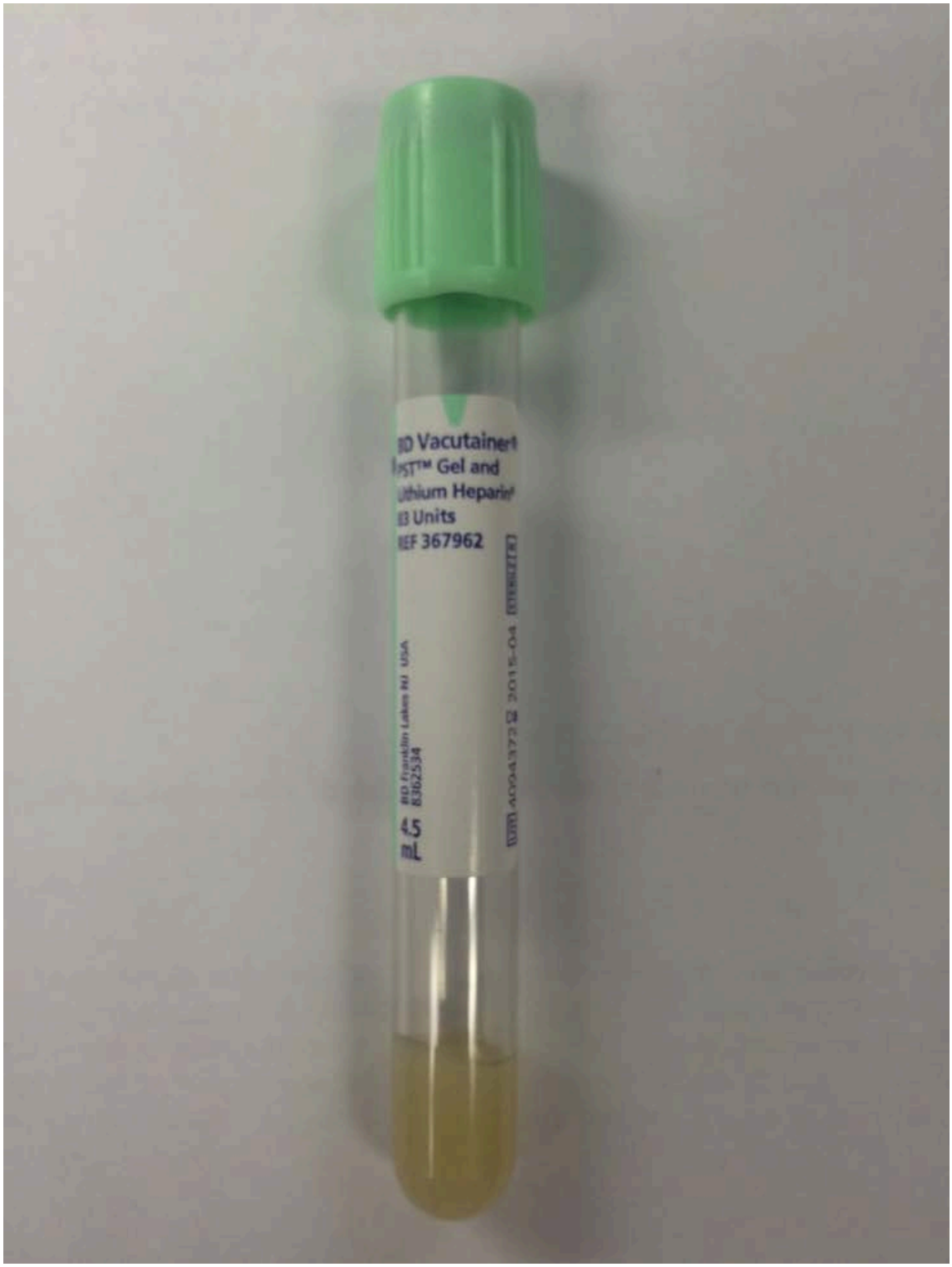

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




MICROTAINER

Rush Medical Labs

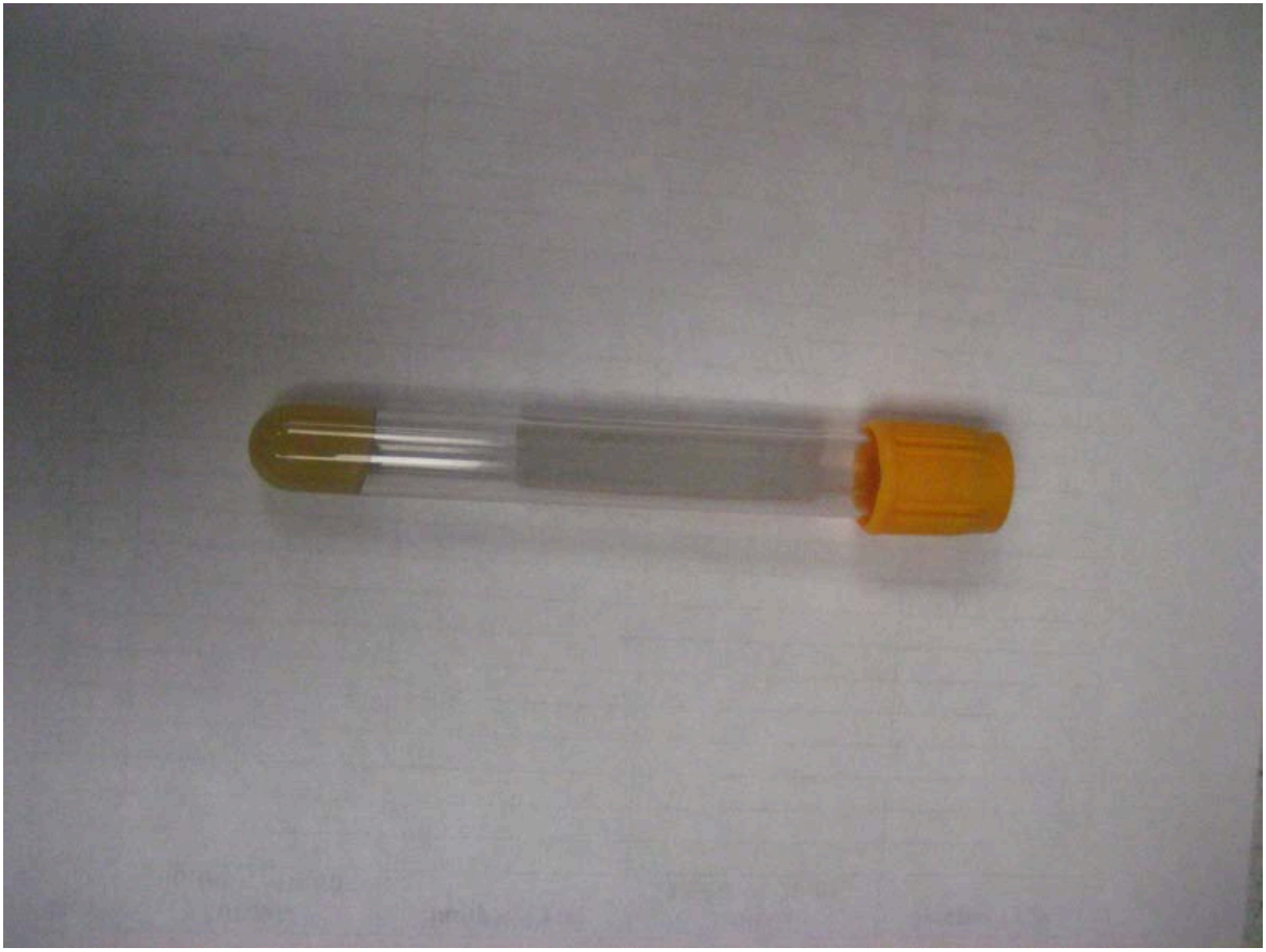
TEST NAME:	Luteinizing Hormone, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LH
CPT CODE:	83002
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	Male: 1-10 mIU/mL; female: follicular: 1-12 mIU/mL, peak of midcycle: 20-70 mIU/mL, luteal 1-12, post-menopausal: 15-70 mIU/mL
POE DESCRIPTION:	LUTEINZING HORMONE; LH
TEST SYNONYM(S):	ICSH; Interstitial Cell Stimulating Hormone; LH
LAST UPDATED:	01/28/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Lyme Disease Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LYME
TEST INFORMATION:	IgG and IgM antibodies to Borrelia burgdorferi with immunoblot.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 8593
POE DESCRIPTION:	LYME DISEASE ANTIBODIES; (IgG, IgM) IMMUNOBLOT
TEST SYNONYM(S):	Lyme Arthritis Serology
LAST UPDATED:	08/03/2018

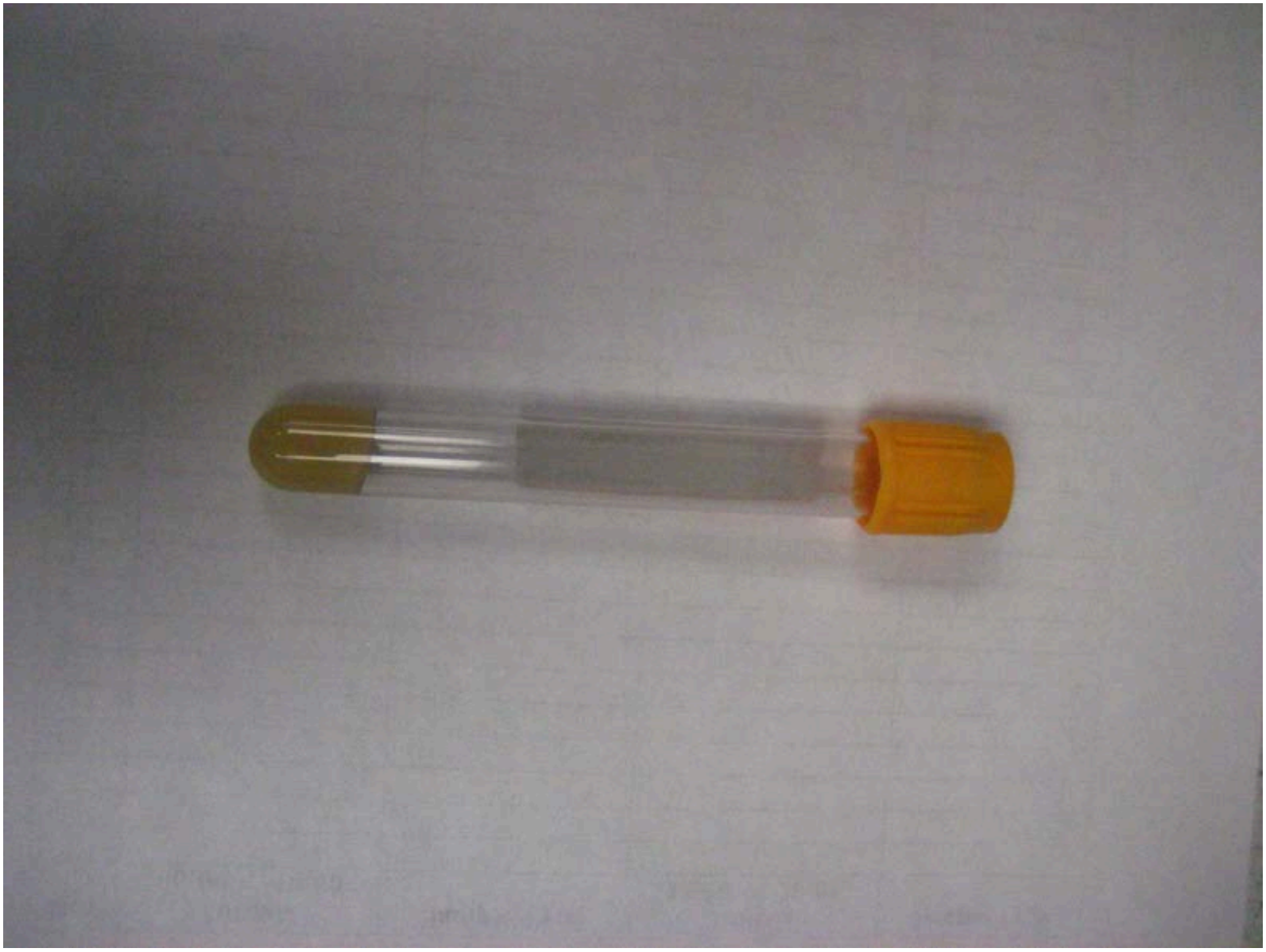

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

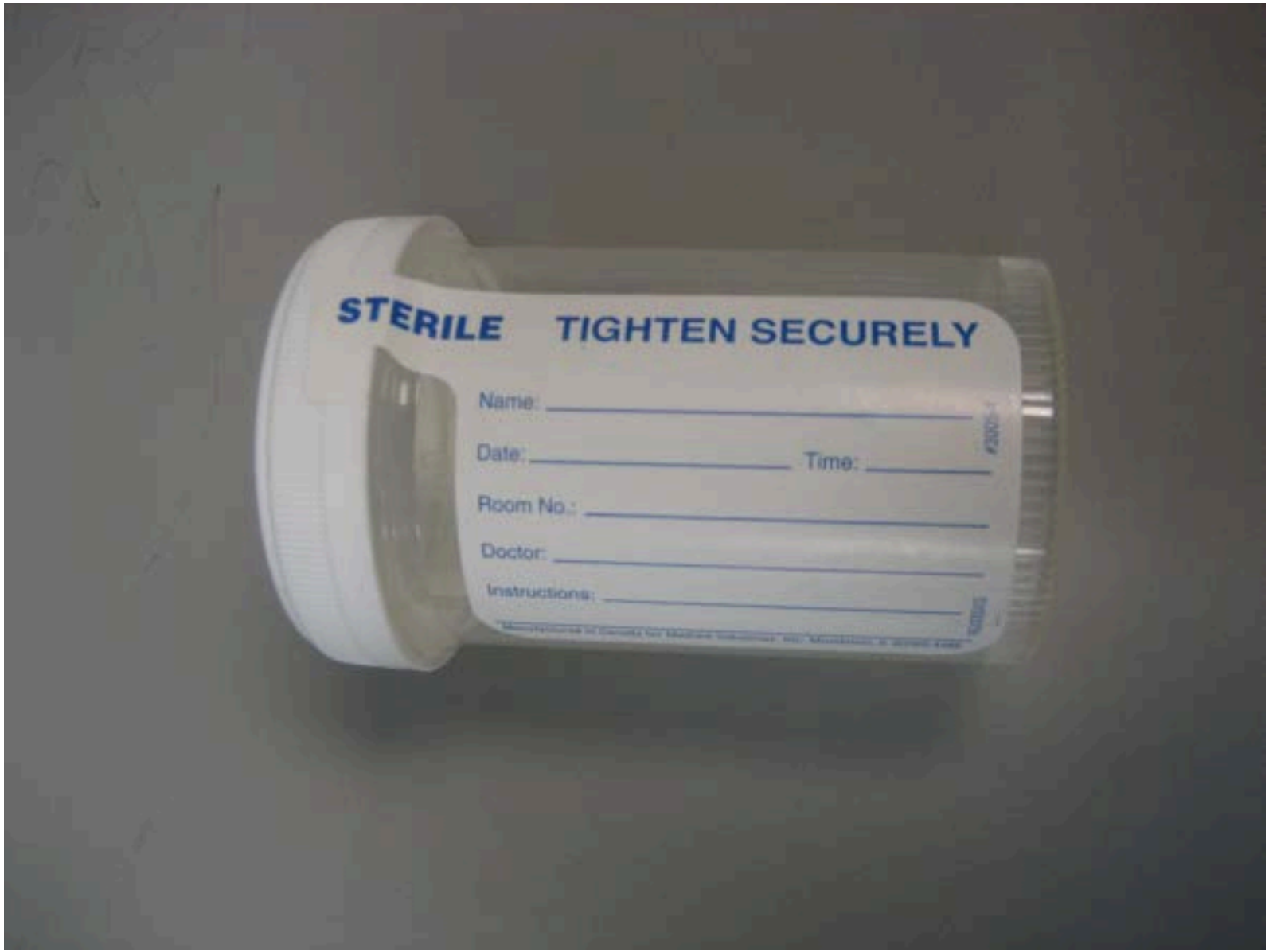


Rush Medical Labs

TEST NAME:	Lyme Disease Antibody Index
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MICRO REF
CPT CODE:	82040 (per source); 82784 (per globulin); 86618
DAYS PERFORMED:	Monday-Thursday, 0800-1430
TURNAROUND TIME:	1 week
SPECIAL INSTRUCTIONS:	It is the responsibility of the ordering physician to see that both acute and convalescent specimens are obtained, if desired.
CONTAINER TYPE:	Sealed sterile container for CSF; Red top tube - 10 mL or SST tube (See attached)
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid AND blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume, cerebrospinal fluid AND serum not available.
MINIMUM VOLUME:	1 ml CSF, 5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No Lyme antibody detected
LIMITATIONS OF TEST:	Cerebrospinal fluid specimens MUST be accompanied by a serum collected the SAME day for testing to be performed. The interpretation for cerebrospinal fluid (CSF) specimens has not been firmly established. Recent studies have shown that in cases of Lyme disease with CNS involvement, antibody may be produced intrathecally. These studies suggest that any detectable level of intrathecally produced CSF antibody may be significant. The importance of distinguishing between intrathecally produced antibody and serum antibody present in the CSF due to blood-cerebrospinal fluid barrier leakage must be emphasized. As is true with serum antibody titers, the most significant cross reaction is with specimens from patients with treponemal disease. These can be distinguished with a VDRL test.
METHODOLOGY:	Enzyme-linked immunosorbent assay (ELISA)
REFERRAL LABORATORY:	Commercial laboratory
ADDITIONAL INFORMATION:	The Lyme Disease Antibody Index on CSF is used as an aid for the diagnosis of neuroborreliosis. An increased Antibody Index (>1.2), accompanied by a Control Antibody Index of less than 1.0 and an Albumin Ratio of less than 0.0078 is strong evidence for intrathecal synthesis or organism-specific antibody, and thus CNS involvement by *B. burgdorferi*. Elevation of either the Control Antibody Index, the Albumin Ratio, or both may indicate leakage of antibody across the blood-brain barrier which may falsely elevate the *B. burgdorferi* Antibody Index.
POE DESCRIPTION:	MICROBIOLOGY REFERRAL


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Lymphoma and Leukemia Gene Rearrangement, Ig Light Chain Gene Rearrangement by PCR
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	LCPCR
CPT CODE:	83891, 83894, 83898, 83912, 83902, 83903 , 83898
CDM NUMBER:	3391014, 3391018, 3391013, 3391006, 3391021, 3391019
TEST INFORMATION:	Detects monoclonal B cell population by IgL kappa and IgL lambda gene rearrangement
DAYS PERFORMED:	Mon. - Thurs. 9:00-4:00; Fri. 9:00-12:00
TURNAROUND TIME:	14 days
SPECIAL INSTRUCTIONS:	Fresh blood or bone marrow
CONTAINER TYPE:	Yellow top (ACD) tube or EDTA tube (purple top)
COLLECTION:	Venipuncture
SPECIMEN REQUIREMENTS:	3-5 ml bone marrow; 5-10 ml blood
MINIMUM VOLUME:	2 ml bone marrow; 3 ml blood
HANDLING INSTRUCTIONS:	Deliver to Cellular Laboratory (1188 Jelke) within 48 hours, hold at room temperature
REFERENCE RANGE:	No rearrangement observed; rearrangement observed
LIMITATIONS OF TEST:	Detects 50% of possible IgL kappa and lambda gene rearrangements
METHODOLOGY:	Reverse transcriptase polymerase chain reaction (RT-PCR) and detection by heteroduplex analysis
POE DESCRIPTION:	LCPCR

Rush Medical Labs

TEST NAME:	Lymphoma and Leukemia Gene Rearrangement, T cell Receptor Gamma Gene Rearrangement by PCR
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	TCPCR
CPT CODE:	83894 x2, 83898, 83912, 83903, 83891
DAYS PERFORMED:	Mon-Thurs, 0900-1600; Fri, 0900-1200
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Yellow top (ACD) tube for blood and bone marrow
SPECIMEN REQUIREMENTS:	Bone marrow/ 2-3 mL, blood/ 3-5 mL, fixed tissue. Leftover material submitted to Pathology for morphology or flow cytometry will be used whenever possible.
REFERENCE RANGE:	No rearrangement observed
LIMITATIONS OF TEST:	Detects 75-80% of T cell receptor gamma gene rearrangements.
POE DESCRIPTION:	TCR GENE REARRANGEMENT BY PCR, TCPCR

Rush Medical Labs

TEST NAME:	Lymphoma and Leukemia Gene Rearrangment, Immunoglobulin Heavy Chain (IgH) Gene Rearrangement by PCR
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	JHPCR
CPT CODE:	83894 x2; 83898 x2; 83912; 83891
DAYS PERFORMED:	Mon-Thur, 0900-1600; Fri, 0900-1200
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Yellow top (ACD) tube for blood and bone marrow (See Attached)
SPECIMEN REQUIREMENTS:	Biopsy, bone marrow, blood, body fluid. Note: Leftover tissue submitted to Pathology for morphology will be used whenever possible.
MINIMUM VOLUME:	The IgH gene rearrangement test by PCR may be ordered alone, in this case the sample quantity required is 2-3 mL of blood and 1-2 mL of bone marrow.
HANDLING INSTRUCTIONS:	Store yellow top (ACD) tubes at room temperature; deliver to the Cellular Laboratory within 48 hours.
REFERENCE RANGE:	No rearrangement observed
LIMITATIONS OF TEST:	Will not detect all gene rearrangements.
POE DESCRIPTION:	JH GENE REARRANGEMENT BY PCR; JHPCR


VACUTAINER
ACD
Solution A
364606-9321945-EXP-2001-11

Rush Medical Labs

TEST NAME:	Lymphoma Gene Translocation, bc1-2 by Polymerase Chain Reaction (PCR)
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	BCL2PCR
CPT CODE:	83898; 83898; 83912; 83894; 83891
DAYS PERFORMED:	Mon-Thur, 0900-1600; Fri, 0900-1200
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Yellow top (ACD) tube for blood and bone marrow (See Attached)
SPECIMEN REQUIREMENTS:	Biopsy, bone marrow, blood, body fluid. Note: Leftover specimen submitted to Pathology or Cellular Laboratory will be used whenever possible. Specimens submitted for the Lymphoma and Leukemia Gene Rearrangement test will be used to determine the presence of an amplifiable bc1-2 translocation.
MINIMUM VOLUME:	The bcl-2 translocation test by PCR may be ordered alone; in this case the sample quantity required is 2-3 mL of blood and 1-2 mL of bone marrow.
HANDLING INSTRUCTIONS:	Store yellow top (ACD) tubes at room temperature; deliver to the Cellular Laboratory within 48 hours; 24 hours for quantitative PCR
REFERENCE RANGE:	No translocation observed; 0.01-100% of cells in specimen.
LIMITATIONS OF TEST:	Will detect 80% of translocation breakpoints
POE DESCRIPTION:	BCL 2 GENE; BCL2
TEST SYNONYM(S):	bc1-2 Translocation; Major Breakpopint Region (MBR) Translocation; Minor Cluster Region (MCR)


VACUTAINER
ACD
Solution A
364606-9321945-EXP-2001-11

Rush Medical Labs

TEST NAME:	Lymphoma Profile, Bone Marrow, or Tissue
TESTING LAB:	9;#Molecular Diagnostics/Cellular
LAB / EPIC MNEMONIC:	LYMPHOMA
CPT CODE:	88180 (x16)
DAYS PERFORMED:	Mon-Fri, 0800-1600; weekends and holidays 0800-1630 by on-call basis. 85-5329.
TURNAROUND TIME:	5 days
SPECIAL INSTRUCTIONS:	Specimen must be received in laboratory within 24 hours of collection. All tissue specimens from Surgery must first be processed by Surgical Pathology. Specimen should be submitted with a completed Patient Information Form. Contact the Flow Cytometry Laboratory at 312-942-8393 to obtain a form.
CONTAINER TYPE:	Yellow top (ACD) tube for blood and bone marrow (See Attached) place tissue in sample container and cover with salt solution (ie, RPMI, PBS, or saline).
SPECIMEN REQUIREMENTS:	Blood, bone marrow, or tissue
MINIMUM VOLUME:	10 mL ACD whole blood or 1 mL ACD bone marrow
HANDLING INSTRUCTIONS:	Do not refrigerate specimens and/or do not store tissue in formalin or any other fixative.
REFERENCE RANGE:	Written interpretation is included with report.
CRITICAL VALUES:	test
POE DESCRIPTION:	LYMPHOMA BONE MARROW/TISSUE


VACUTAINER
ACD
Solution A
364606-9321945-EXP-2001-11

RUSH MEDICAL LABORATORIES
MOLECULAR DIAGNOSTICS LABORATORIES
FLOW CYTOMETRY LABORATORY
(312)942-8393

PATIENT INFORMATION FORM

Patient's Name: _____

DOB: _____ **Sex:** _____ **Medical Record #** _____

Physician's Name : _____

Hospital (if outside RPSLH): _____ **phone #** _____

SPECIMEN TYPE:

Bone Marrow Aspirate: ☐ **RPIC** ☐ ☐ **LPIC** ☐ **Peripheral Blood** ☐

Other (Specify): _____

Date & Time Collected: ____/___/____ _____**AM/PM**

SUSPECTED DIAGNOSIS: _____

REASON FOR EVALUATION:

☐ **Initial W/U** ☐ **Restage/Monitor** ☐ ☐ **Pre BMT eval** ☐

☐ **Suspect change in histology** ☐ ☐ **Other** ☐ _____

PREVIOUS TREATMENT: ☐

☐ **Systemic Chemotox** ☐ **Radiotx** ☐ **IFN** ☐ **BMT** ☐

Cytokine (IL'S) ☐ **Antibodies** ☐ **Other** ☐ _____

NAME OF PERSON FILLING OUT THIS FORM: _____ **PHONE #** _____

☐

Rush Medical Labs

TEST NAME:	Lymphoma Protocol
TESTING LAB:	15;#Surgical Pathology
CPT CODE:	88307
TEST INFORMATION:	Test includes tissue for histologic diagnosis; touch preparations; tissue snap-frozen for immunophenotyping; gene rearrangement, and other molecular diagnosis studies; flow cytometric phenotyping.
DAYS PERFORMED:	Mon-Fri, 0800-1700
SPECIAL INSTRUCTIONS:	Indicate if previous lymphoma diagnosis is documented. Indicate relevant clinical history for requesting that these special studies be performed. Indicate HIV status. Indicate if microbial cultures were separately submitted. If available, indicate referring hematologist and/or oncologist. If microbial cultures are desired, they should be taken in O.R. suite and submitted separately.
CONTAINER TYPE:	Sterile specimen container without fixative
SPECIMEN REQUIREMENTS:	Fresh tissue
REJECTION CRITERIA:	Formalin fixed tissue improper or discrepant labeling
MINIMUM VOLUME:	2 g with flow phenotyping, 1 g without flow phenotyping
HANDLING INSTRUCTIONS:	Deliver specimen to the laboratory immediately after removal. Do not refrigerate specimen.
ADDITIONAL INFORMATION:	Contact pathologist on service for additional information or to consult on special studies for a given patient.

Rush Medical Labs

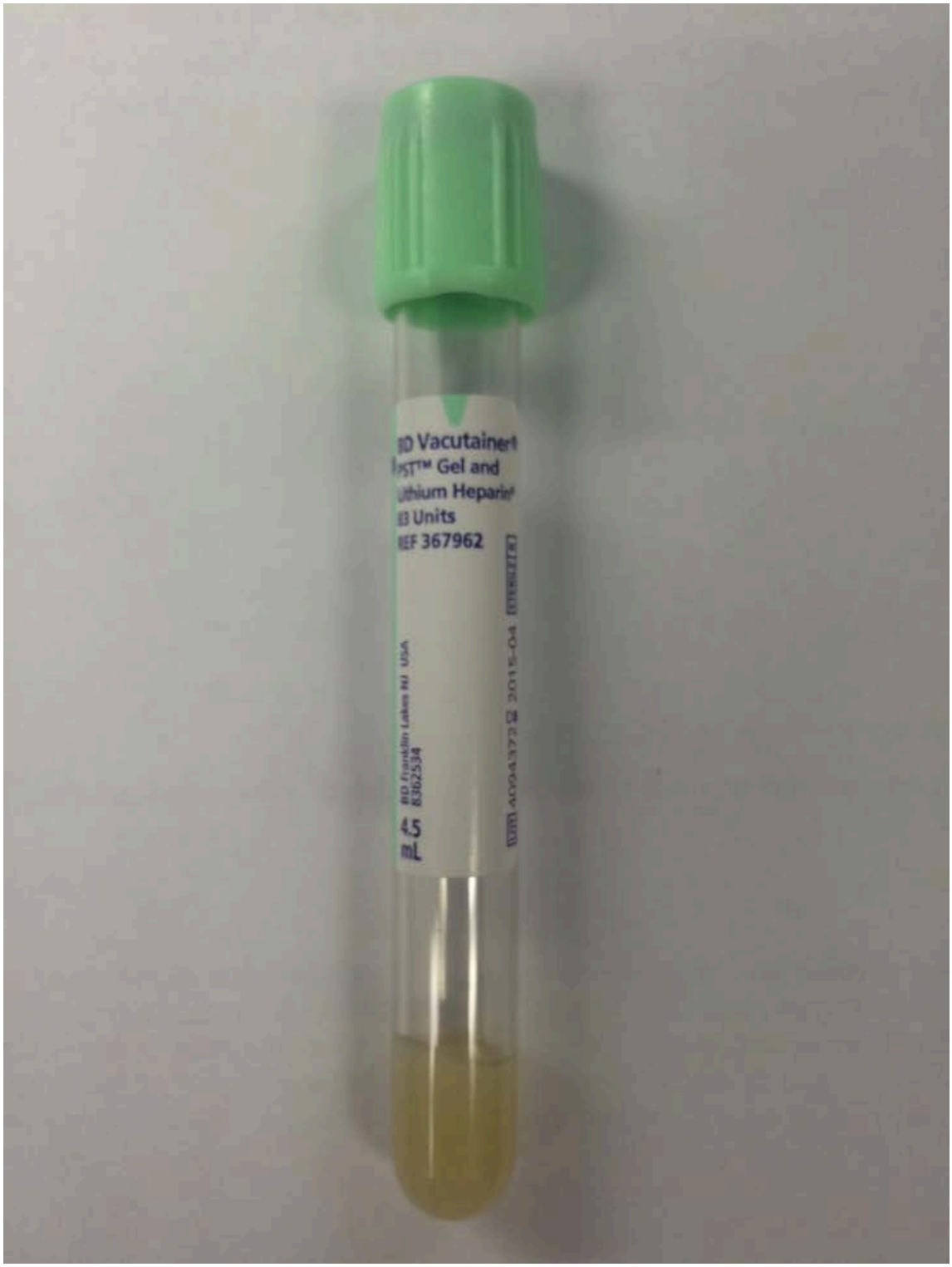
TEST NAME:	Lysosomal Acid Lipase, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	LALB
CPT CODE:	82657
DAYS PERFORMED:	Varies
TURNAROUND TIME:	Maximum 15 days
CONTAINER TYPE:	Preferred: Lavender top (EDTA); Acceptable: Yellow top (ACD) or green top (sodium heparin)
SPECIMEN REQUIREMENTS:	2 mL whole blood
MINIMUM VOLUME:	0.5 mL
REFERENCE RANGE:	See Mayo Medical Labs - Search Test Code LALB
METHODOLOGY:	Fluorometric Enzyme Assay
ADDITIONAL INFORMATION:	
TEST SYNONYM(S):	Cholesterol Ester Storage Disease; CESD; Wolman Disease; Acid lipase deficiency; LAL deficiency; LIPA deficiency; Lysosomal acid lipase deficiency; LALD; LAL; LAL-D
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Lysozyme, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	85549-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	See Attached
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 619
TEST SYNONYM(S):	Muramidase
LAST UPDATED:	08/03/2018

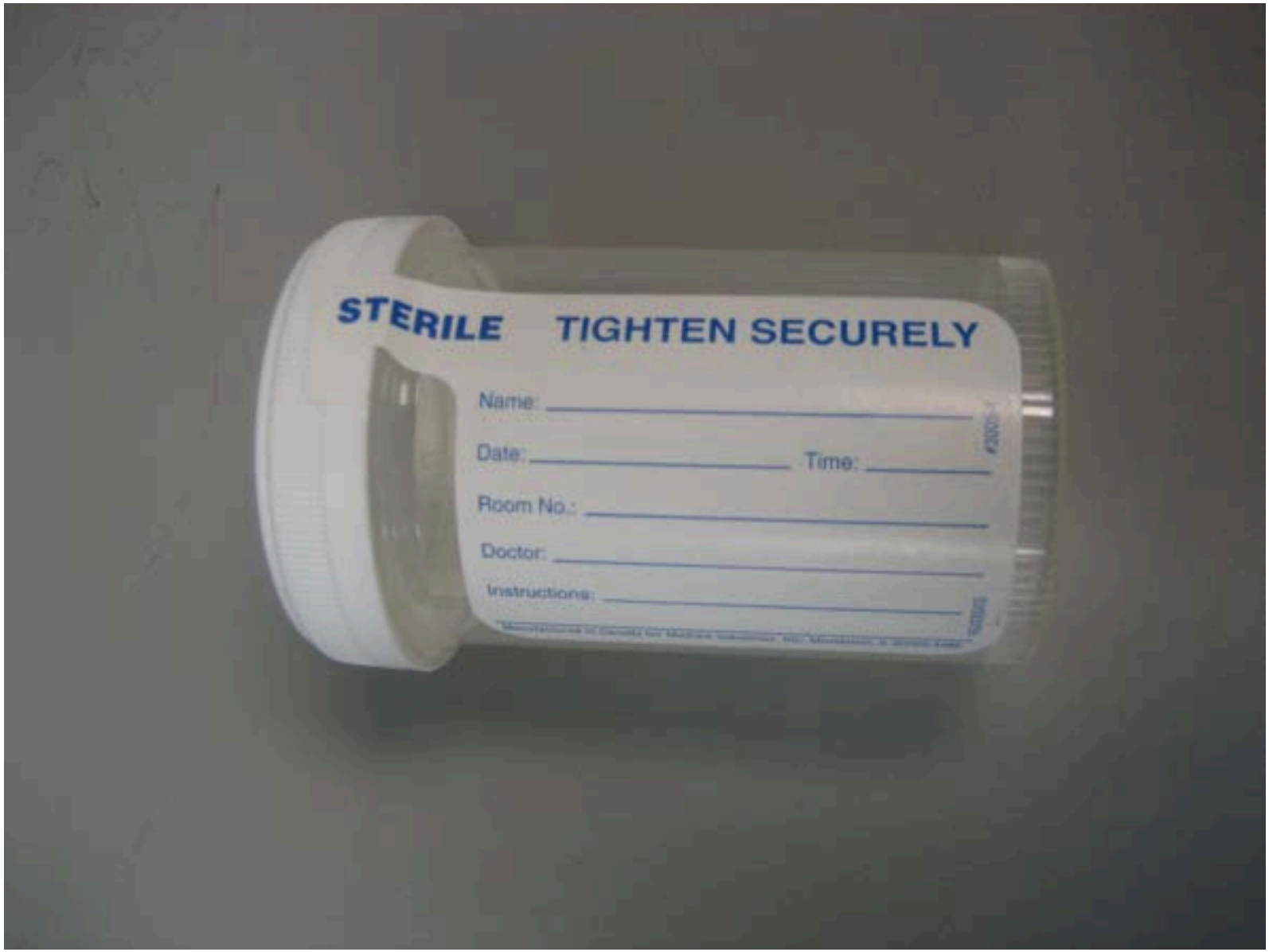
Rush Medical Labs

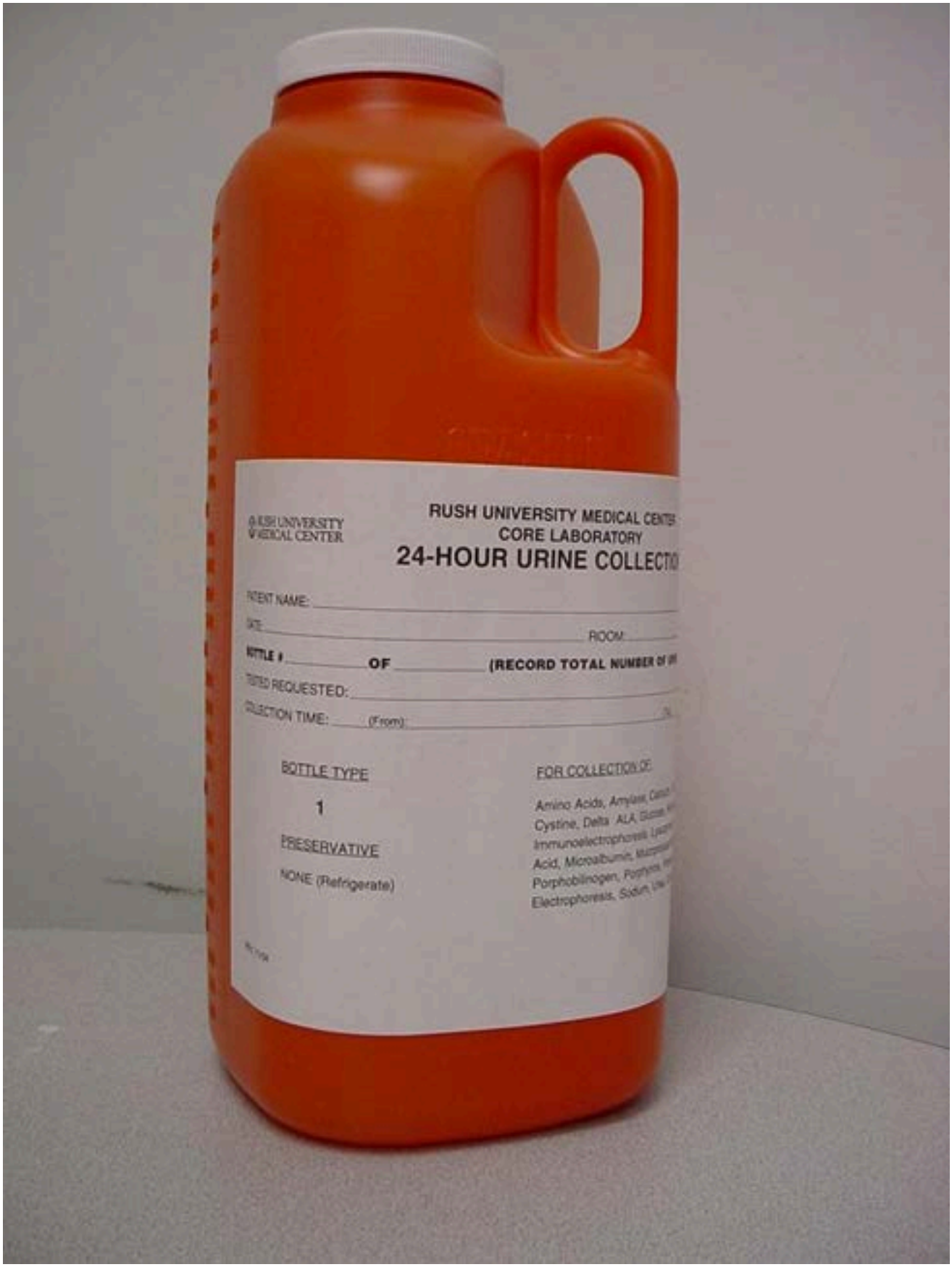
TEST NAME:	Magnesium, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MG
CPT CODE:	83735; 83735
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	1.6-2.7 mg/dL
POE DESCRIPTION:	MAGNESIUM; MG; MG
TEST SYNONYM(S):	Mg
LAST UPDATED:	01/27/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Magnesium, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UMGR (random urine); UMG (24-hour urine)
CPT CODE:	Random = 83735, Timed = 83735, 81050
TEST INFORMATION:	To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative) or 24-hour urine bottle - Chemistry bottle #4 (with 10 mL 6 N HCl (See Attached)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL; Timed urine: Submit entire collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random: None established; Timed urine: 75-150 mg/24 hours
POE DESCRIPTION:	Urine Magnesium Random; Urine Magnesium Timed
TEST SYNONYM(S):	Mg, Urine; Urine Magnesium
LAST UPDATED:	08/03/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase, Calcu
Cystine, Delta ALA, Globin,
Immunoelectrophoresis, Lipo
Acid, Microalbumin, Mucopo
Porphobilinogen, Porphyrin, P
Electrophoresis, Sodium, Uric


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE #
OF
(RECORD TOTAL NUMBER OF
TESTED REQUESTED:
COLLECTION TIME:
(From):
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION
Arsenic, Calcium,
Histamine, Hydroxy
Oxalate, Phosphorus
** CORROSIVE **

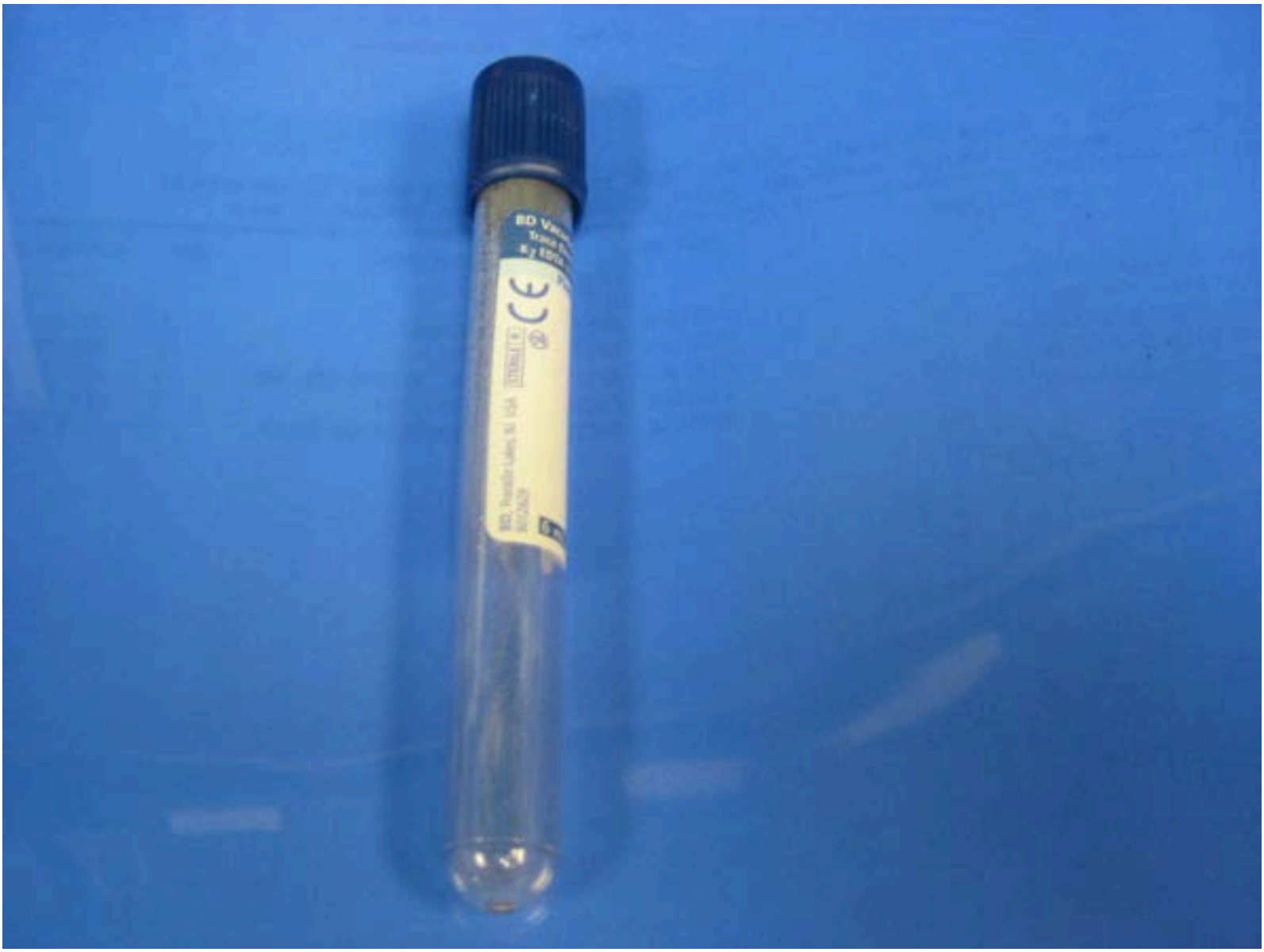
Rush Medical Labs

TEST NAME:	Malaria Smear
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MALARIA
CPT CODE:	87207
TEST INFORMATION:	Test includes: thick and thin smears
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	If the patient has traveled to a malaria endemic area the date and area traveled should be specified on the requistion.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	1.5 mL whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible but not longer than 2 hours after collection.
REFERENCE RANGE:	Normal: no organisms identified
POE DESCRIPTION:	MALARIA; SM MALARIA
TEST SYNONYM(S):	Blood Smear for Malarial Parasites; Malarial Parasites


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

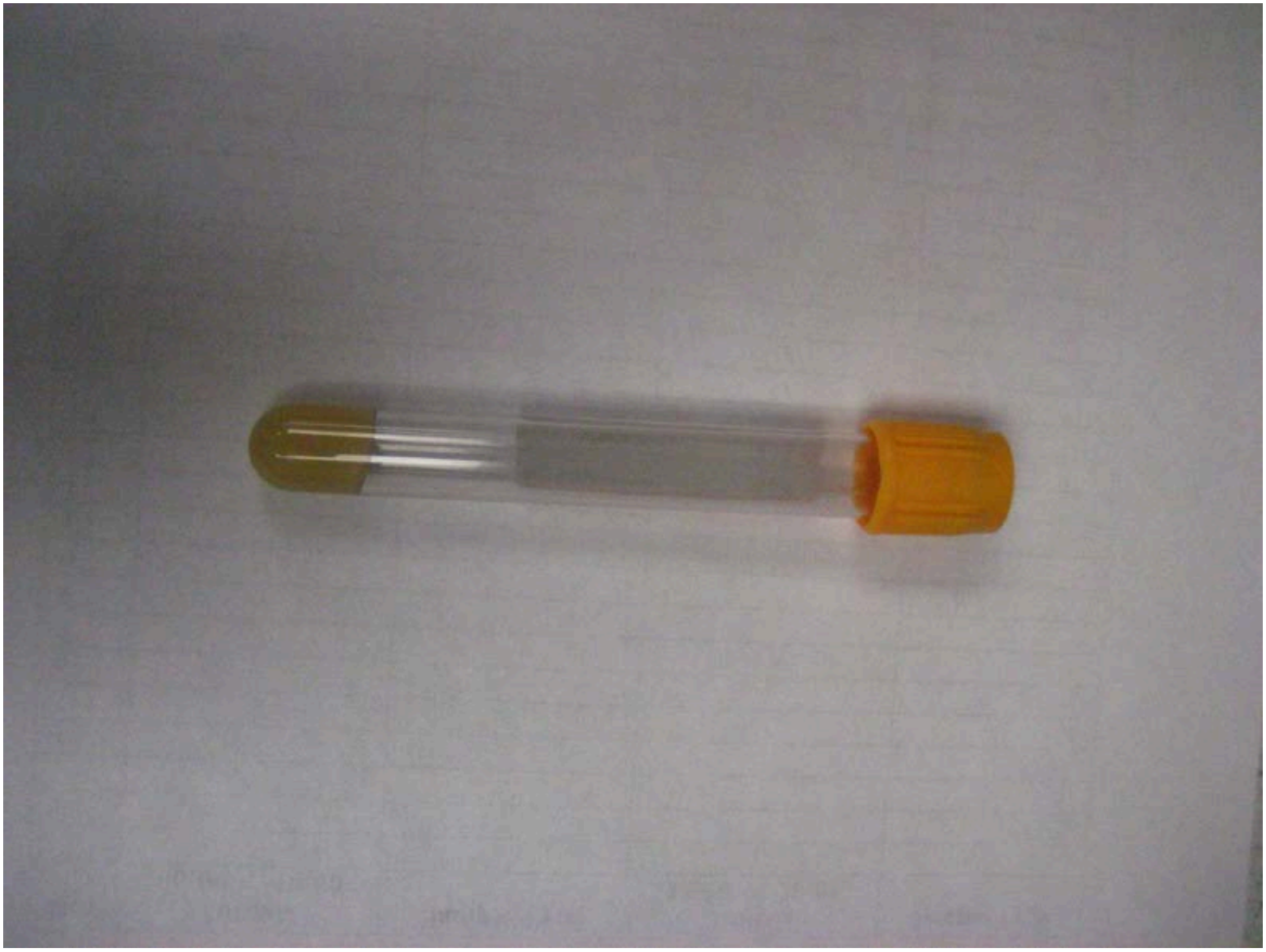
TEST NAME:	Manganese,Whole Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MN
CPT CODE:	83785-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Dark blue top (EDTA) tube (Vacutainer #369736) - or Dark blue top (heparin) tube (Vacutainer #369735) (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL EDTA whole blood
MINIMUM VOLUME:	1.0 mL EDTA whole blood
REFERENCE RANGE:	Search Test Code 4872W
POE DESCRIPTION:	MANGANESE; MN
TEST SYNONYM(S):	Mn, Blood



Rush Medical Labs

TEST NAME:	Maple tree (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MAPLT
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code S51920
POE DESCRIPTION:	Maple (Box Elder) Allergen
TEST SYNONYM(S):	Box elder allergen
LAST UPDATED:	08/03/2018

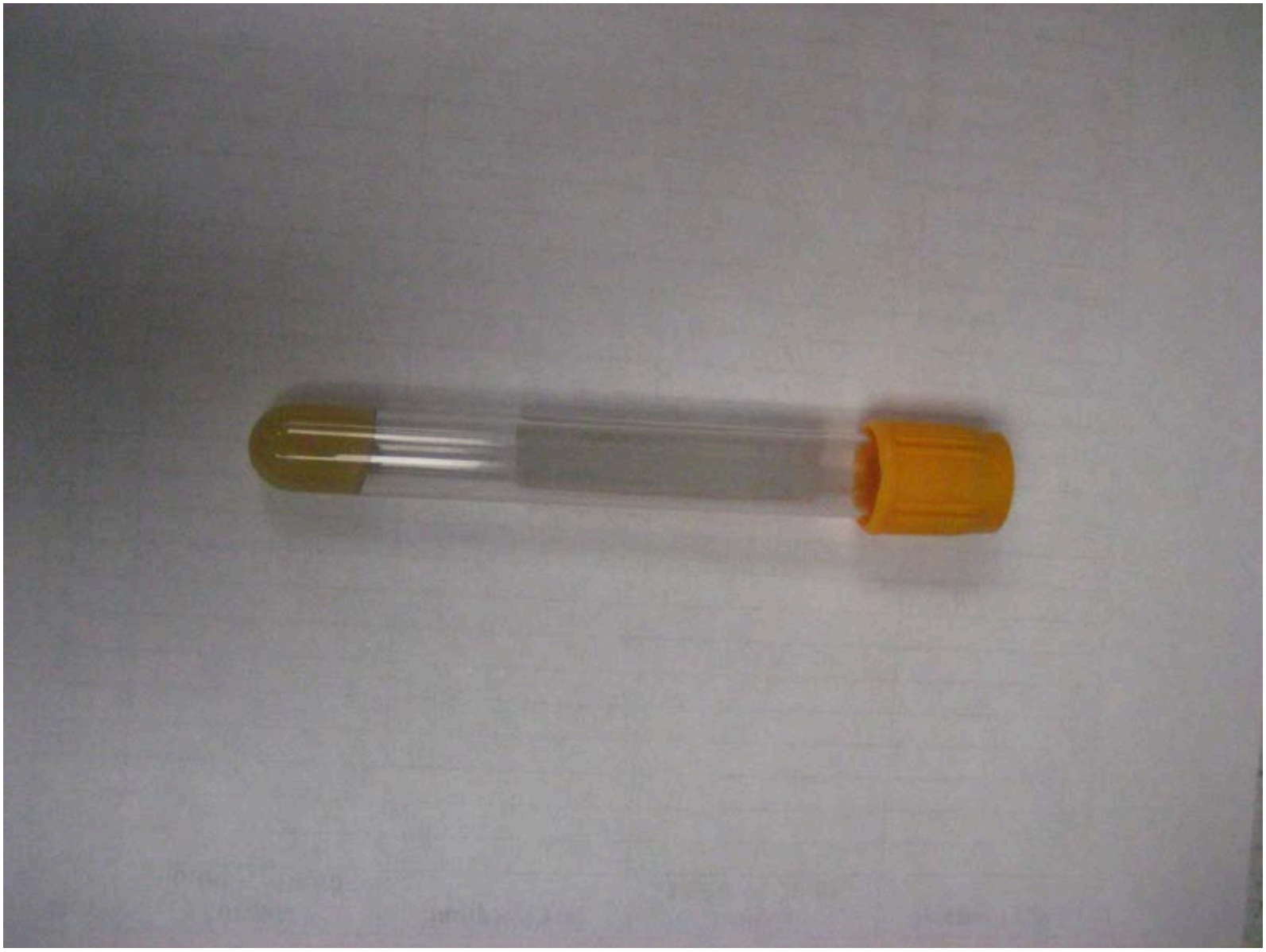

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Meadow fescue grass (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MFESC
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code G4
POE DESCRIPTION:	Meadow fescue allergen
LAST UPDATED:	08/03/2018

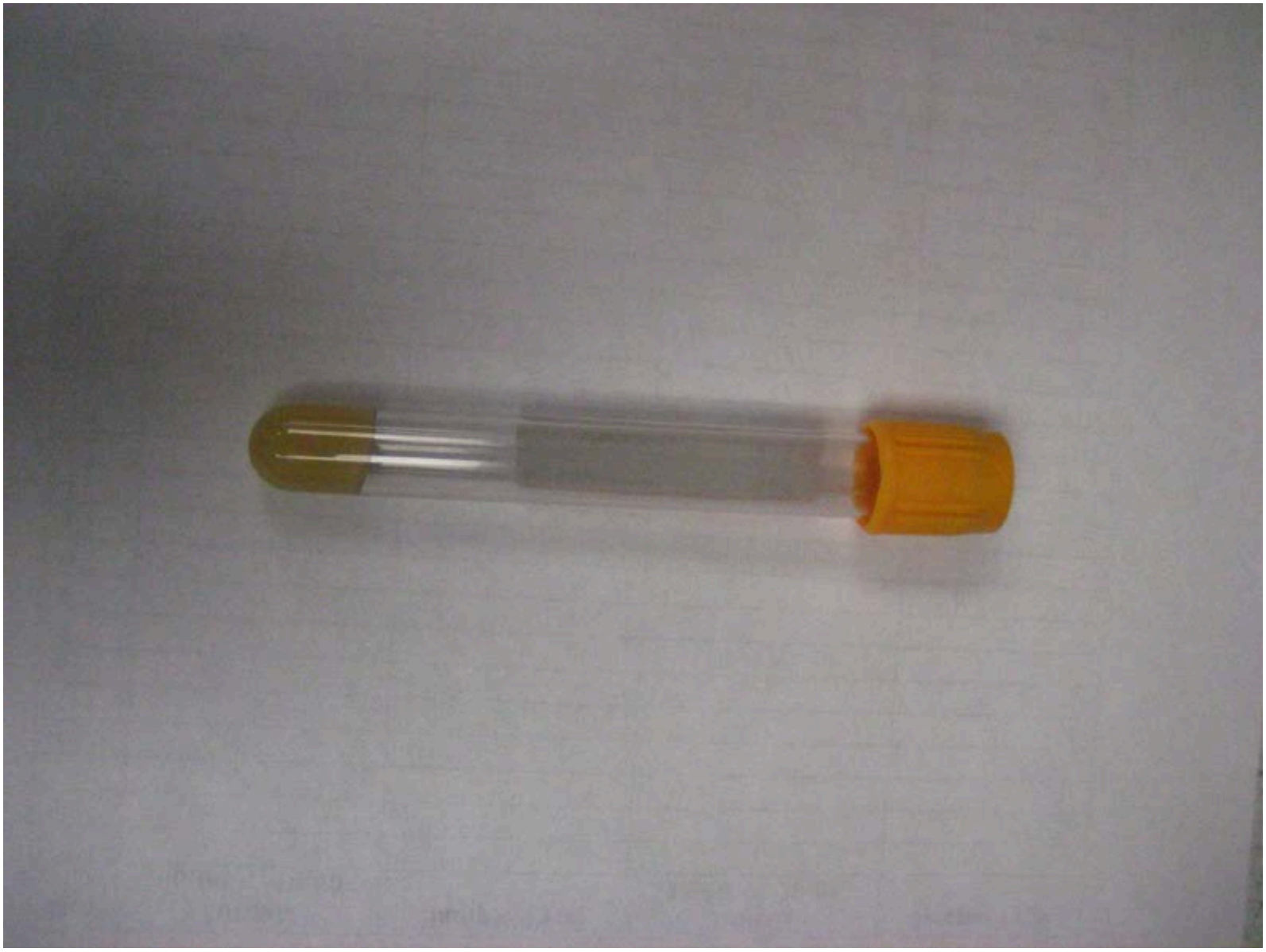

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Measles (Rubeola) Virus IgG Antibody Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MEAS IGG
CPT CODE:	86765-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Atatched)
SPECIMEN REQUIREMENTS:	2 mL blood (1 mL serum)
REJECTION CRITERIA:	Gross hemolysis, microbial contamination of specimen, hyperlipemia.
MINIMUM VOLUME:	1 mL blood (0.1 mL serum)
REFERENCE RANGE:	Search Test Code 964
POE DESCRIPTION:	MEASLES VIRUS IGG AB TITER; MEAS IGG
TEST SYNONYM(S):	Rubeola Titer
LAST UPDATED:	07/08/2015

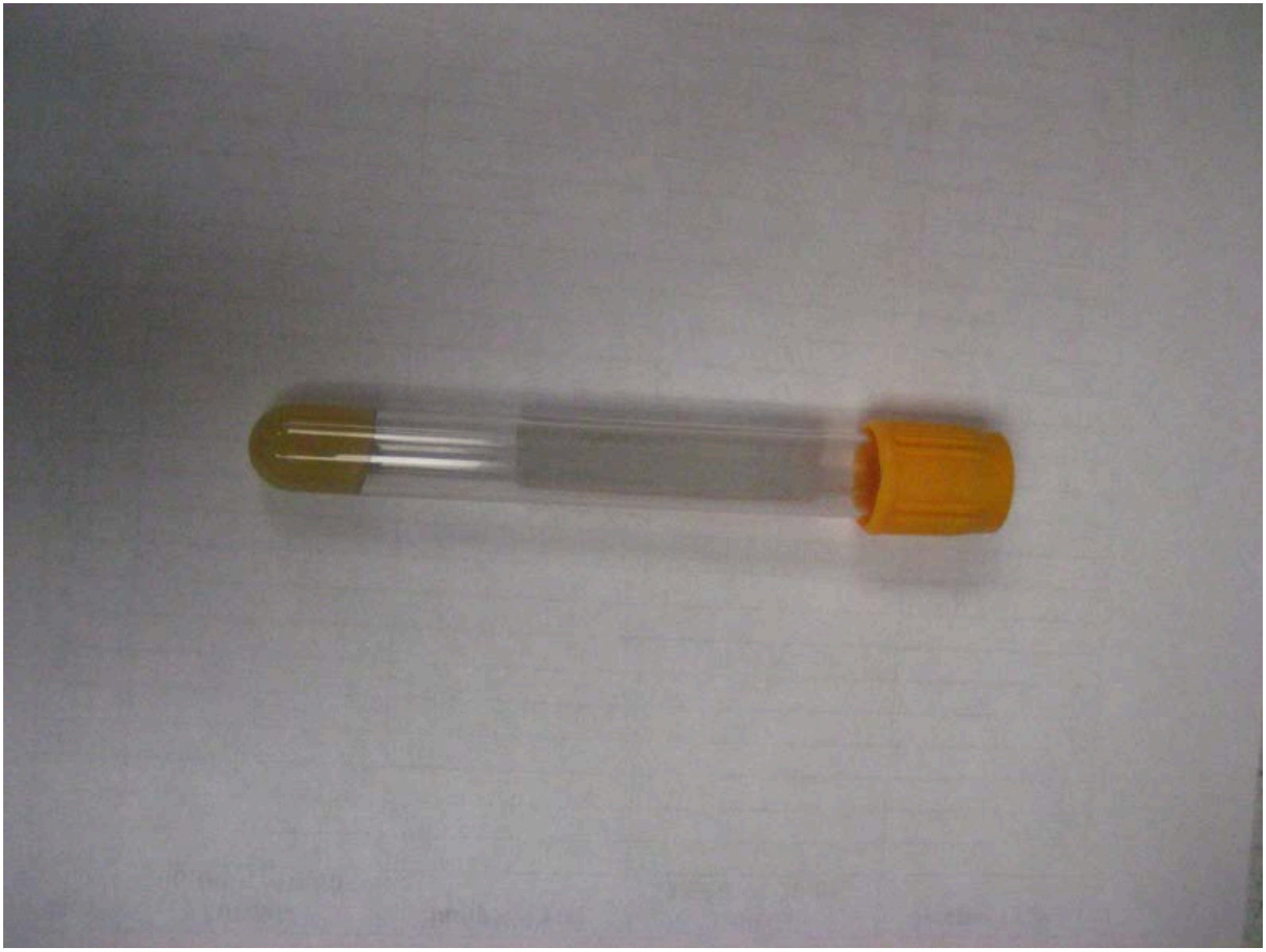

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

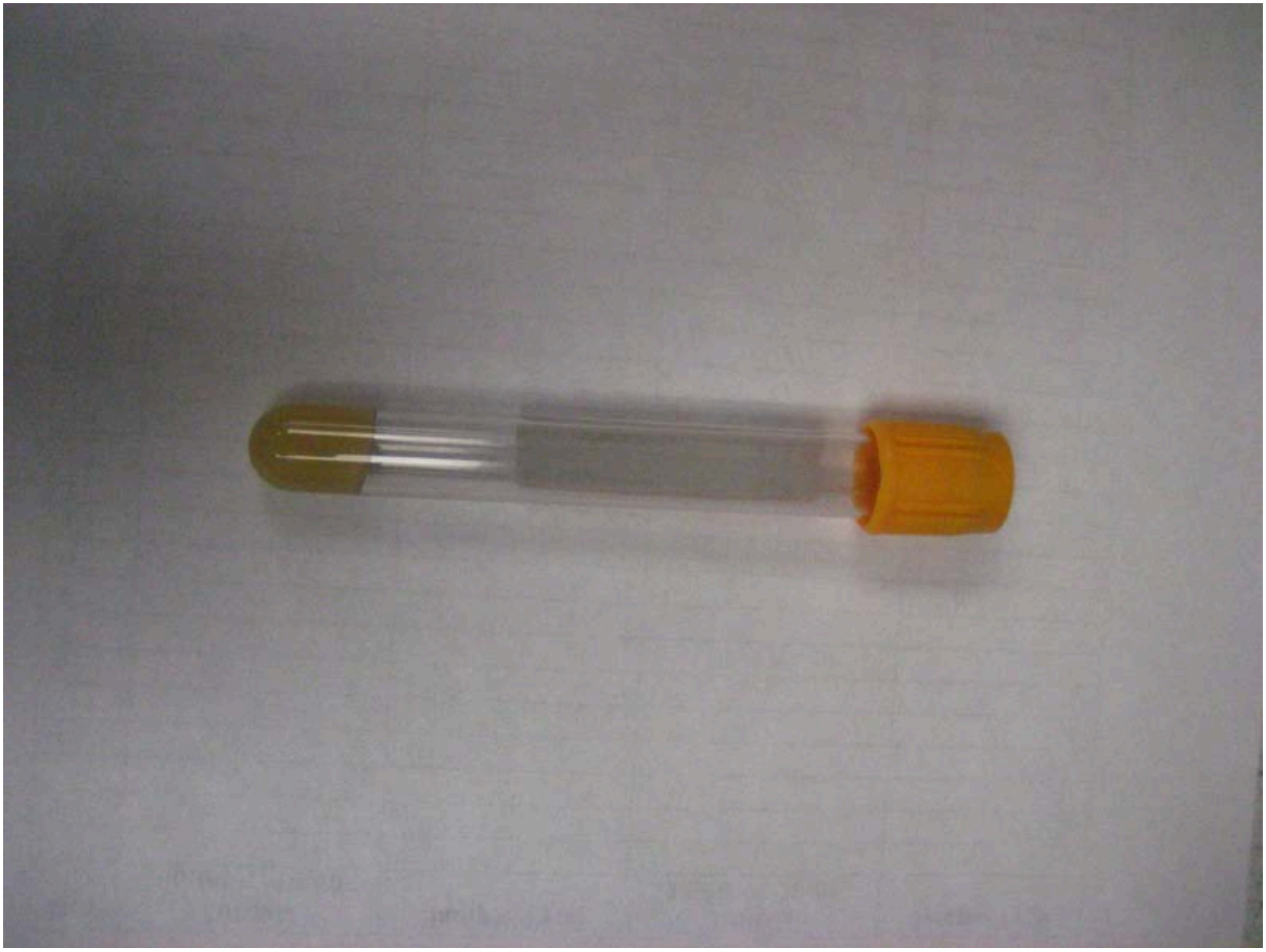
TEST NAME:	Measles (Rubeola) Virus IgM Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	86765-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 34256
METHODOLOGY:	Enzyme immunoassay (EIA)
POE DESCRIPTION:	MEASLES VIRUS IGM AB TITER; MEAS IGM
TEST SYNONYM(S):	Rubeola IgM Titer
LAST UPDATED:	07/08/2015


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Measles IgG Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MEASG
CPT CODE:	86765
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube (See Attached)
SPECIMEN REQUIREMENTS:	4 ml blood (2 ml serum)
REJECTION CRITERIA:	Gross hemolysis, gross lipemia, grossly icteric
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Nega ve; ≤ 0.8 AI (An body Index)
METHODOLOGY:	Multiplex flow immunoassay
POE DESCRIPTION:	MEASLES IGG ANTIBODY; MEAS IGG; MMR (IgG) Panel (Measles, Mumps, Rubella)
TEST SYNONYM(S):	Rubeola IgG
LAST UPDATED:	03/17/2023




BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

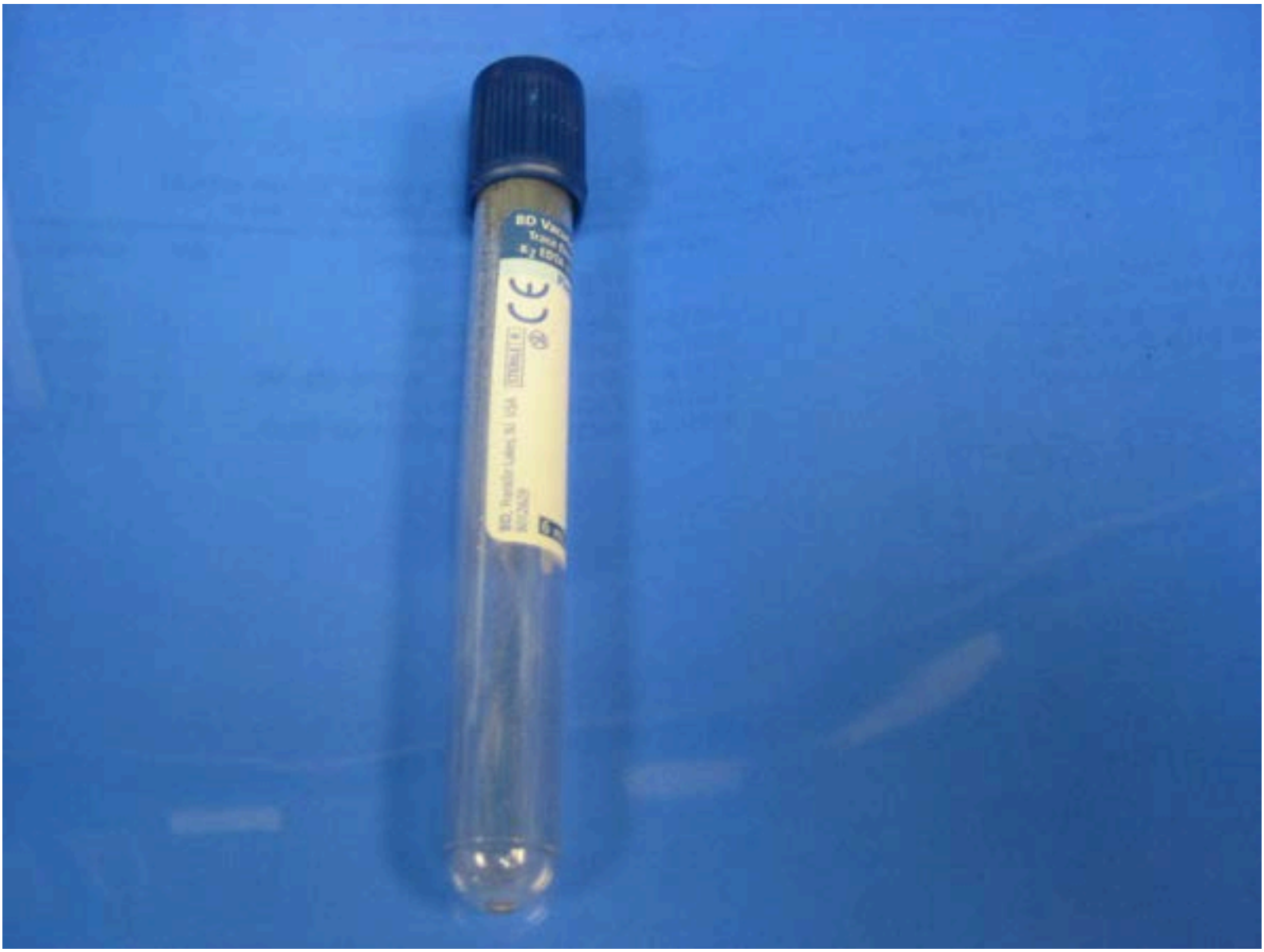
TEST NAME:	Meconium (Stool) Drug Screen, Neonatal
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QDS
CPT CODE:	80301-90
TEST INFORMATION:	Includes testing for PCP, cocaine, opiates, marijuana, amphetamines and metamphetamines.
TURNAROUND TIME:	3-5 days
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Meconium from neonate. See attached instructions to collect, sample must be received from chain of custody form.
MINIMUM VOLUME:	2 grams
REFERENCE RANGE:	None detected
POE DESCRIPTION:	DRUG SCREEN STOOL; STOOL DRUG SCREEN; FEC DRUG SCREEN; Q/DS
TEST SYNONYM(S):	Drug Screen (Stool) Meconium, Neonatal
LAST UPDATED:	09/06/2017

Meconium Drug Screening

1. Order placed in EPIC for Meconium Drug Screening.
2. "Newborn Drug Screening Chain of Custody and Control Form" obtained from clerk desk. Stamp requisition form with addressograph plate.
3. In the column marked "MecStat Collections", put a check in the box labeled "MecStat 5".
4. Obtain collection kit from grey cabinet in 640 (by X-ray viewer.
    - ¨ Specimen shipping container (cardboard box) you must keep box! Do not discard!
    - ¨ Specimen bag (this specimen bag cannot be re-opened once sealed)
    - ¨ Specimen container
    - ¨ Diaper inserts (to assist with meconium retrieval)
    - ¨ Wooden sticks (to assist with meconium retrieval)
5. Put one pink lab label on specimen collection cup, this has the infant's name and medical record number.
6. Place another pink lab label on the second page of the requisition form (yellow). Place the sticker at the bottom of the page where it is blank.
7. Place another pink lab label on the outside of the shipping container (cardboard box).
8. Collect specimen and place in specimen container. Sign and date form once you have placed the meconium in the container.
    - ¨ **Very Important!** In order to be as accurate as possible the sample must be as large as possible. Meconium is formed over the course of fetal life, therefore the larger the specimen the better. Minimum sample size is 5grams – approximately a teaspoonful, but again more is better.
9. The specimen collection cup is to be kept at the beside until collection is complete. There is no time limit for the collection of meconium; it can be collected for analysis as long as it is coming out of the infant. Remember, **the larger the sample the better**.
10. Each person who adds meconium to the specimen container must sign and date the requisition. The signature area is on the right side of the form under "Mec Stat" Collections.
11. Once the sample is complete, the top of the specimen cup should be tightly secured to the container. The cup is sealed with the "Specimen Seal" from the Newborn Drug Screening Chain of custody and Control Form. Date and initial the seal.
12. Place the labeled specimen cup in the ziplock bag that comes with the kit. Zip the bag closed.
13. Place the specimen bag into the labeled cardboard box that comes with the collection kit.
14. Place first copy (white) of requisition in the box with the sample.
15. Place the second seal from the requisition on the box, sealing the box. Date and initial the specimen seal. Sign the requisition in the section marked on Collector Certification.
16. Attach the requisition to the box with a rubber band and place the box and requisition in the specimen refrigerator in the dirty utility room.
17. Specimens will be collected by LLT Monday through Friday between 7 and 7:30 AM. For specimens collected over the weekend, specimens can be kept in the refrigerator in the dirty utility room. Before placing in the refrigerator the specimen must be completely sealed.

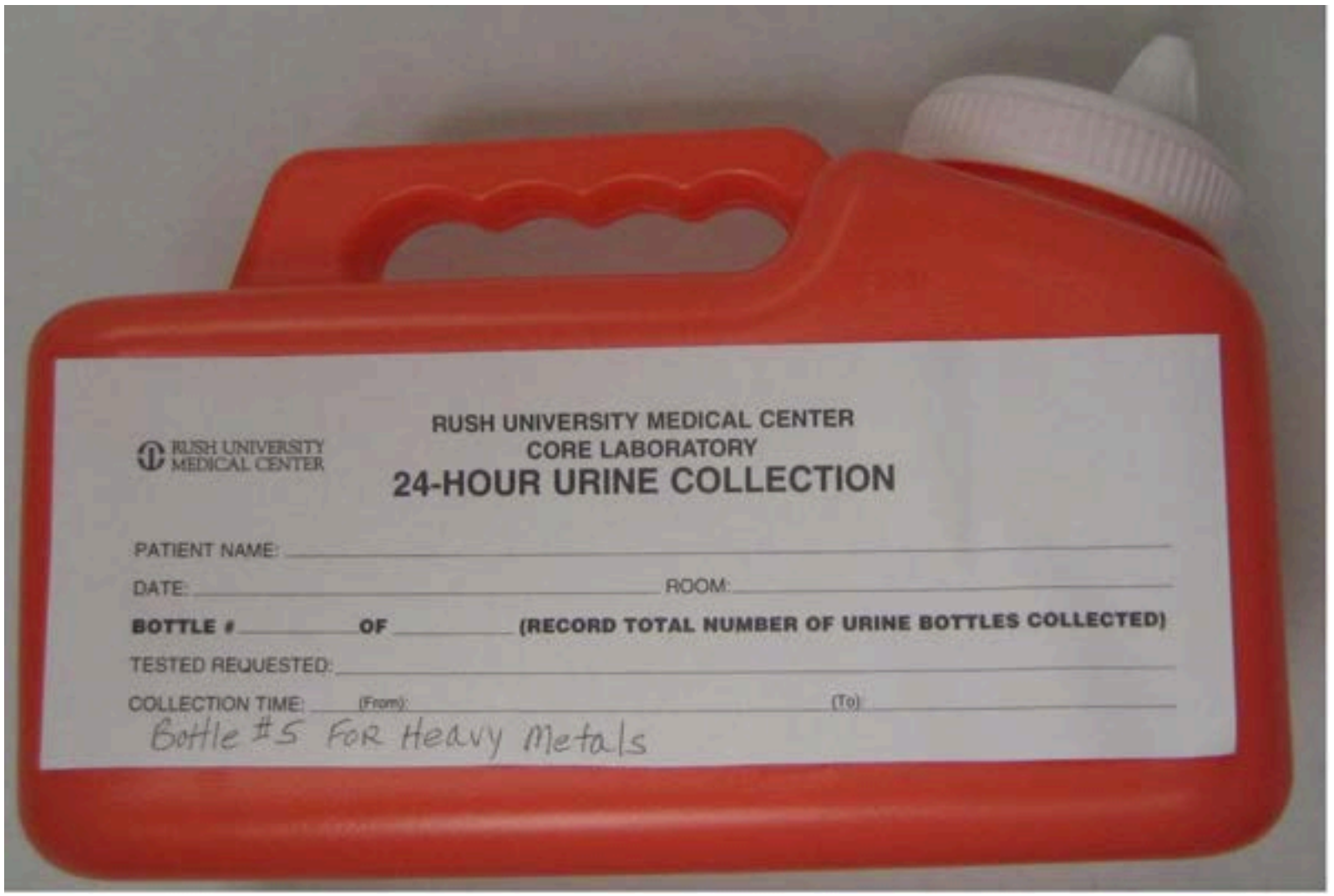
Rush Medical Labs

TEST NAME:	Mercury, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HG
CPT CODE:	83825-90
TURNAROUND TIME:	5-9 working days
SPECIAL INSTRUCTIONS:	Avoid seafood consumption 1 week prior to blood collection.
CONTAINER TYPE:	Dark blue top (EDTA) tube (Vacutainer #369736) - or Dark blue top (heparin) tube (Vacutainer #369735) (See Attached)
SPECIMEN REQUIREMENTS:	2.0 ml EDTA whole blood
MINIMUM VOLUME:	0.5 mL EDTA whole blood
REFERENCE RANGE:	Search Test Code 4873W
POE DESCRIPTION:	MERCURY; HG
TEST SYNONYM(S):	Hg, Blood



Rush Medical Labs

TEST NAME:	Mercury, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UHG
CPT CODE:	83825-90, 81050
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Avoid seafood consumption for 48 hours prior to sample collection.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #5 - Heavy Metals(Acid-washed) (See Attached)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection
REFERENCE RANGE:	Search Test Code 4873U
POE DESCRIPTION:	URT HG; U/MERCURY/24 HOUR; U/HG
TEST SYNONYM(S):	Hg, Urine; Urine Mercury
LAST UPDATED:	08/03/2018


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTION
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF URINE BOTTLES COLLECTED)
TESTED REQUESTED:
COLLECTION TIME: (From) (To)
Bottle #5 FOR Heavy Metals

Rush Medical Labs

TEST NAME:	Metanephrines, Fractionated, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UMETN
CPT CODE:	82570-90, 83835-90
TEST INFORMATION:	Test includes urine total metanephrines, normetanephrines, metanephrines, creatinine and metanephrine/creatinine ratio.
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	If possible, patient should discontinue all drugs at least one week prior to collection. Medications known to interfere with this assay include: Alpha-methyldopa (Aldomet), Isoproterenol, Labetalol, Mandelamine, Metaclopramide, Acetaminophen (high concentrations only), Cimetidine, and Catecholamine-containing drugs, MAO inhibitors, diuretics, vasodilators. Other interfering substances include smoking and drinking tea and coffee within four hours of collecting specimen.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (See Attached)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection
REFERENCE RANGE:	Search Test Code 3315U
POE DESCRIPTION:	U/MET
TEST SYNONYM(S):	urine normetanephrines; Urine Metanephrines
LAST UPDATED:	08/03/2018


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DOB:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TEST REQUESTED:
COLLECTION TIME: (Time)
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION
Arsenic, Calcium,
Histamine, Hydrogen
Oxalate, Phosphorus
** CORROSIVE **

Rush Medical Labs

TEST NAME:	Metanephrines, Plasma
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MTNPN
CPT CODE:	83835-90
TEST INFORMATION:	Includes metanephrines and normetanephrines
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should discontinue epinephrine and epinephrine-like drugs at least one week before obtaining the specimen.¿ The patient must refrain from using caffeine, medications, and tobacco, and from drinking coffee, tea, or alcoholic beverages for at least four hours before the specimen is drawn.
CONTAINER TYPE:	Two Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	8 mL EDTA whole blood (2.5 mL EDTA plasma)
REJECTION CRITERIA:	Specimen not delivered on ice immediately after collection.
MINIMUM VOLUME:	3.0 mL EDTA whole blood (1.5 mL EDTA plasma)
HANDLING INSTRUCTIONS:	Specimen must be placed on ice and transported to the laboratory immediately after collection.
REFERENCE RANGE:	Search Test Code S51767
METHODOLOGY:	HPLC
POE DESCRIPTION:	METANEP
TEST SYNONYM(S):	Normetanephrines
LAST UPDATED:	08/03/2018


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

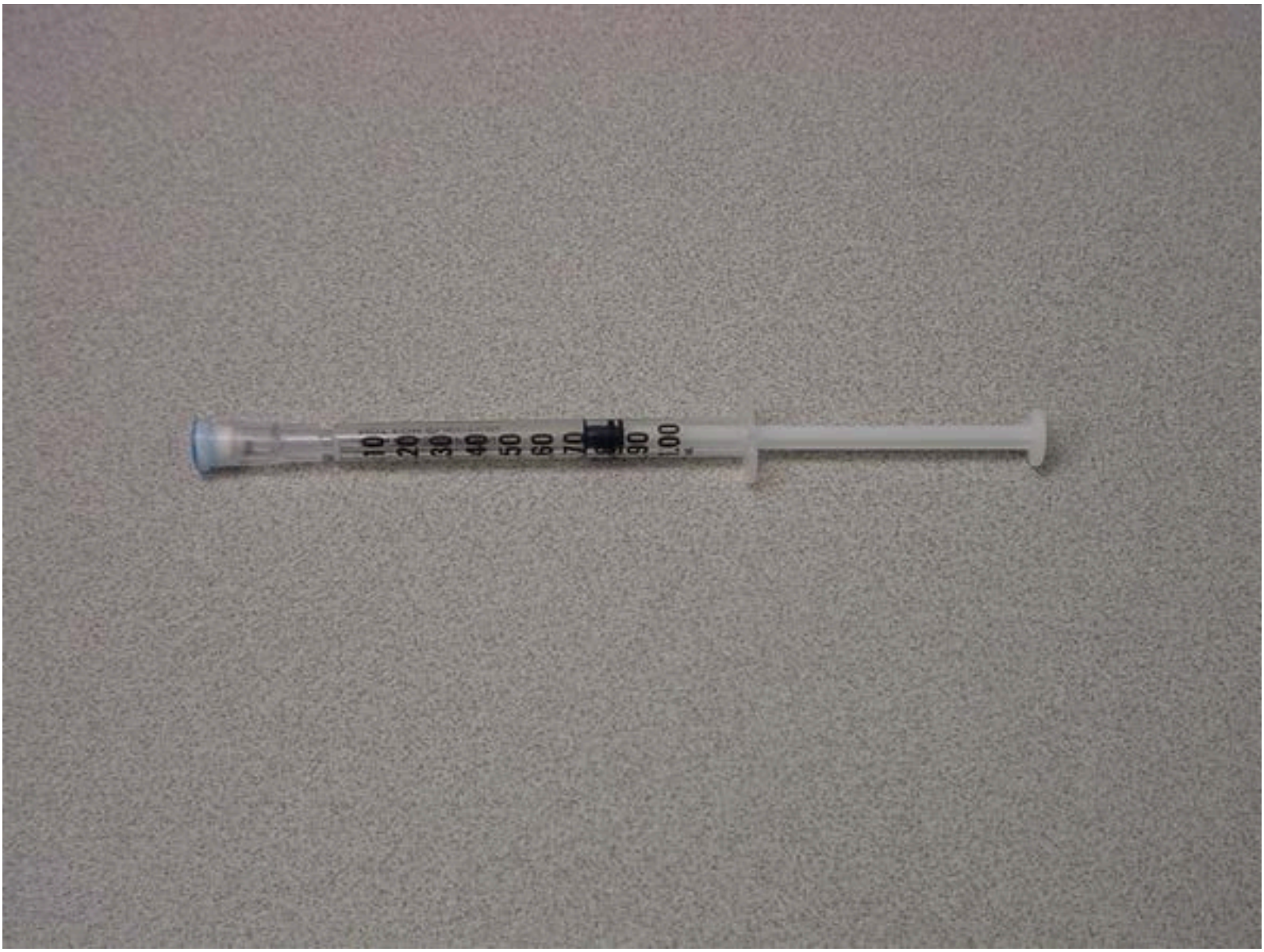
Rush Medical Labs

TEST NAME:	Methanol, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VOL
CPT CODE:	84600-90
TURNAROUND TIME:	6-8 hours
SPECIAL INSTRUCTIONS:	Do not use alcohol solutions as a skin preparaton for collecting specimens.
CONTAINER TYPE:	Gray top (sodium fluoride) tube (See Attached)
SPECIMEN REQUIREMENTS:	5 mL fluoridated whole blood
MINIMUM VOLUME:	0.5 mL fluoridated whole blood
REFERENCE RANGE:	See Quest Diagnostics Lab - Search Test Code 7240
TEST SYNONYM(S):	Methyl Alcohol; Wood Alcohol



Rush Medical Labs

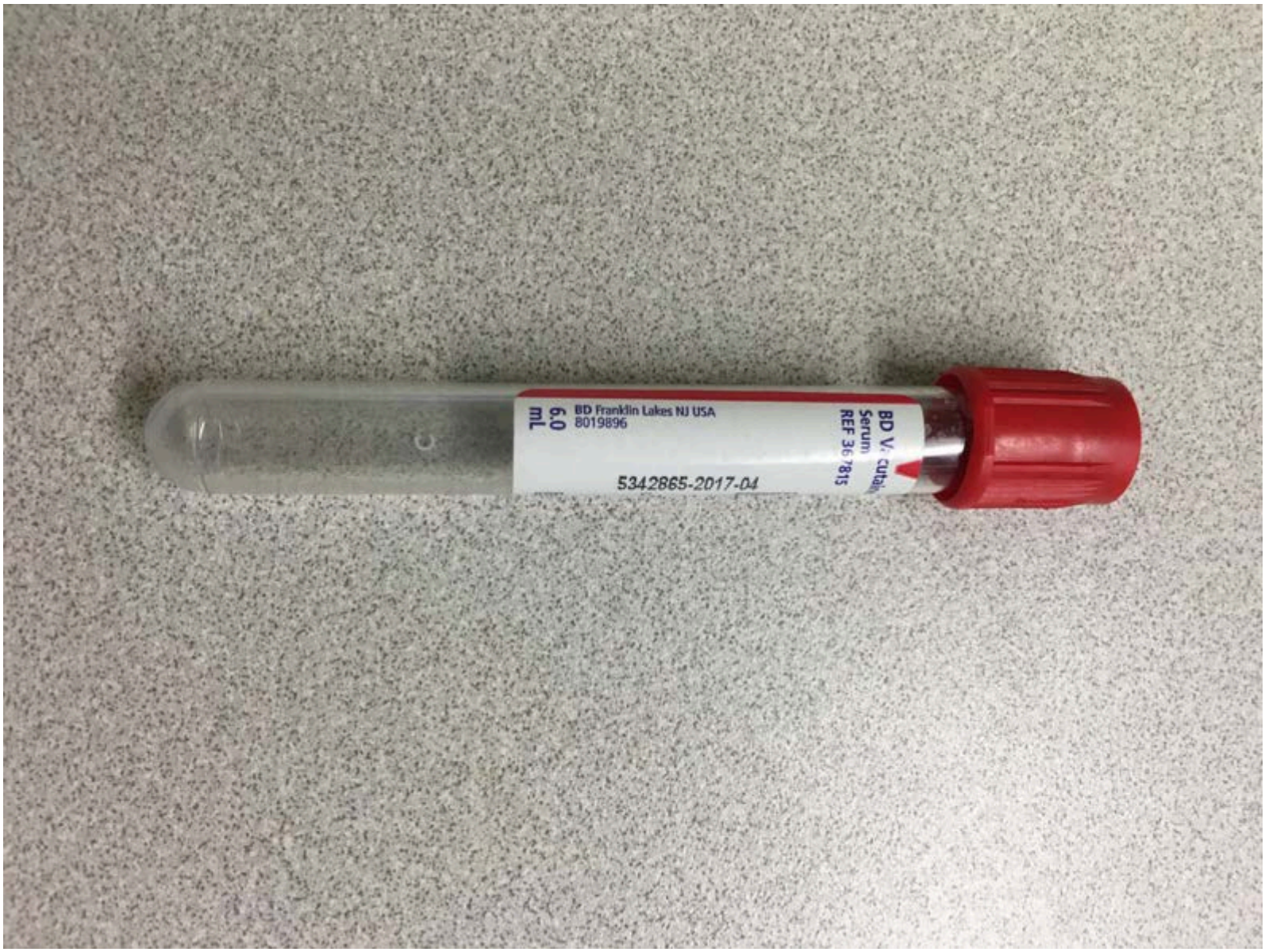
TEST NAME:	Methemoglobin, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	METH/HB
CPT CODE:	83050
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Deliver specimen immediately to the lab on ice.
CONTAINER TYPE:	Heparinized syringe or Green top (heparin) - 10 mL tube (See Attached)
SPECIMEN REQUIREMENTS:	Heparinized whole blood
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL whole blood
HANDLING INSTRUCTIONS:	Keep on ice.
REFERENCE RANGE:	0.4% to 1.5%
POE DESCRIPTION:	METHHEMOGLOBIN
TEST SYNONYM(S):	Ferric-Hemoglobin; Met Hgb; Oxidized Hemoglobin

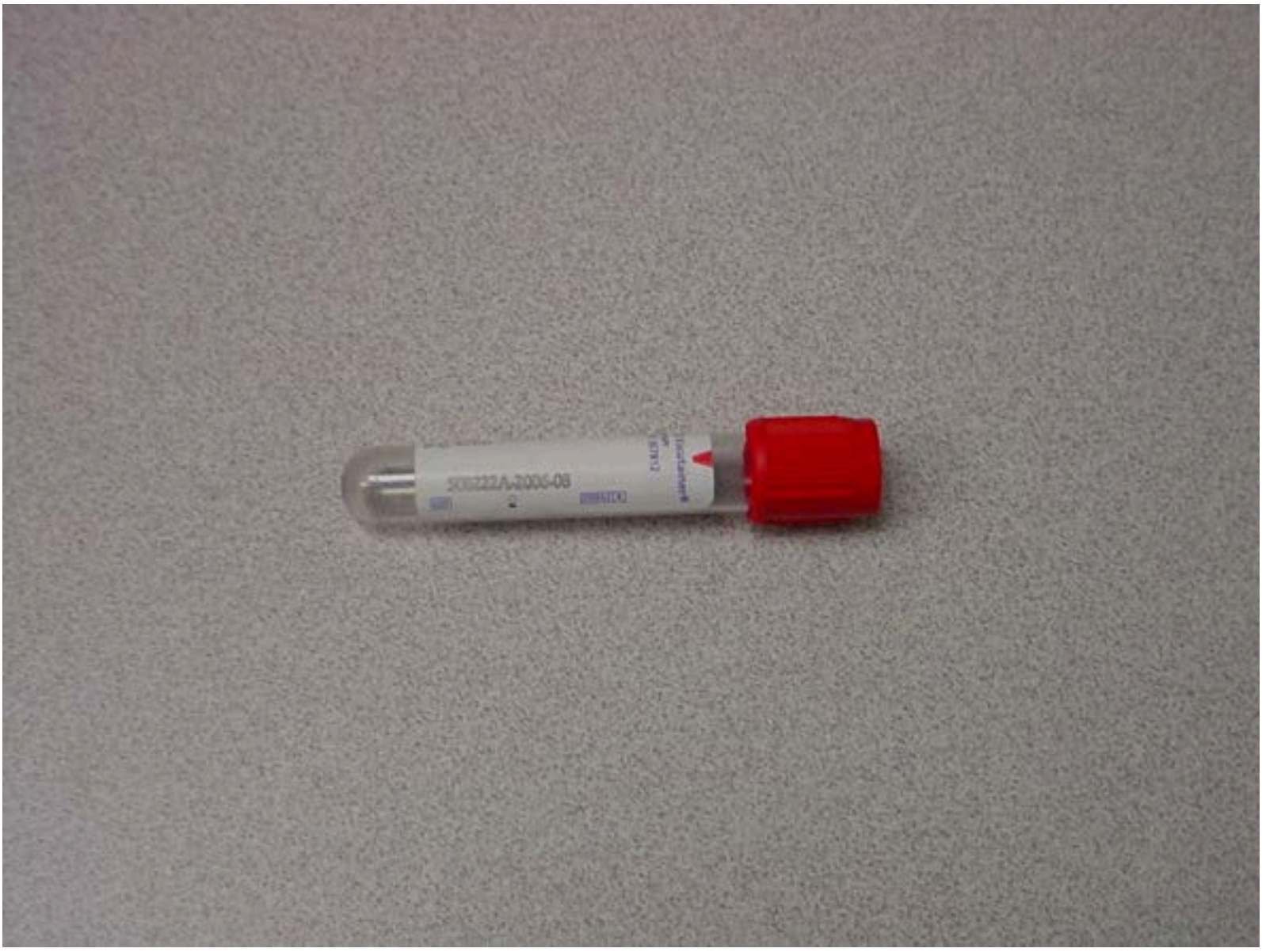

10
20
30
40
50
60
70
80
90
100


VACUTAINER

Rush Medical Labs

TEST NAME:	Methotrexate
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MTRX
DAYS PERFORMED:	Daily - 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Draw time must be recorded on requisition.
CONTAINER TYPE:	Red top tube - 6 mL or Red top tube - 4 mL (See Attached)
SPECIMEN REQUIREMENTS:	6 mL blood (3.0 mL serum) or 4 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Questions regarding methotrexate dosing should be referred to Pharmacy.
METHODOLOGY:	Fluorescent polarization Immunoassay (FPIA)
POE DESCRIPTION:	METHOTREXATE
LAST UPDATED:	01/11/2017


6.0 mL
BD Franklin Lakes NJ USA
8019896
5342865-2017-04
Serum



Rush Medical Labs

TEST NAME:	Methylene Tetrahydrofolate Reductase Enzyme Analysis
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MTHF RED
CPT CODE:	83519
TEST INFORMATION:	
DAYS PERFORMED:	Arrange with Genetics laboratory in advance.
TURNAROUND TIME:	3 weeks
SPECIAL INSTRUCTIONS:	Always include a control blood.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	10 mL
HANDLING INSTRUCTIONS:	Maintain at 4°C (wet ice) for transport to the laboratory. Specimen must reach laboratory within 1 hour after draw.
REFERENCE RANGE:	Range will be included in report.
POE DESCRIPTION:	MTHF REDUCTASE


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Methylenetetrahydrofolate Reductase A1298C Mutation
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	M1298
CPT CODE:	83890, 83892 (x2), 83896 (x4), 83903, 83912
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube (See Attached)
SPECIMEN REQUIREMENTS:	7 mL EDTA whole blood
HANDLING INSTRUCTIONS:	Sample must remain at room temperature.
REFERENCE CHART:	Normal
METHODOLOGY:	FRET
ADDITIONAL INFORMATION:	The combination of a heterozygous MTHFR A1298C with a heterozygous MTHFR C677T mutation confers an increase in plasma homocyteine which is an independent risk factor for arterial and venous thrombosis.
POE DESCRIPTION:	MTHFR A1298C Mutation
TEST SYNONYM(S):	MTHFR A1298C; MTH A1298C
LAST UPDATED:	08/03/2018


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Methylenetetrahydrofolate Reductase C677T Mutation Analysis
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	M677
CPT CODE:	83891, 83892, 83896 (x2), 83903 (x2), 83912
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Sample must be less than seven days old when received by commercial laboratory.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube (See Attached)
SPECIMEN REQUIREMENTS:	2 mL EDTA whole blood
MINIMUM VOLUME:	1 mL whole blood
HANDLING INSTRUCTIONS:	Sample should remain at room temperature.
REFERENCE RANGE:	Normal
ADDITIONAL INFORMATION:	Included as part of a Hypercoagulability Genetic Panel
POE DESCRIPTION:	MTHFR C677T Gene Mutation
TEST SYNONYM(S):	MTH C677T; MTHFR C677T
LAST UPDATED:	08/03/2018


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

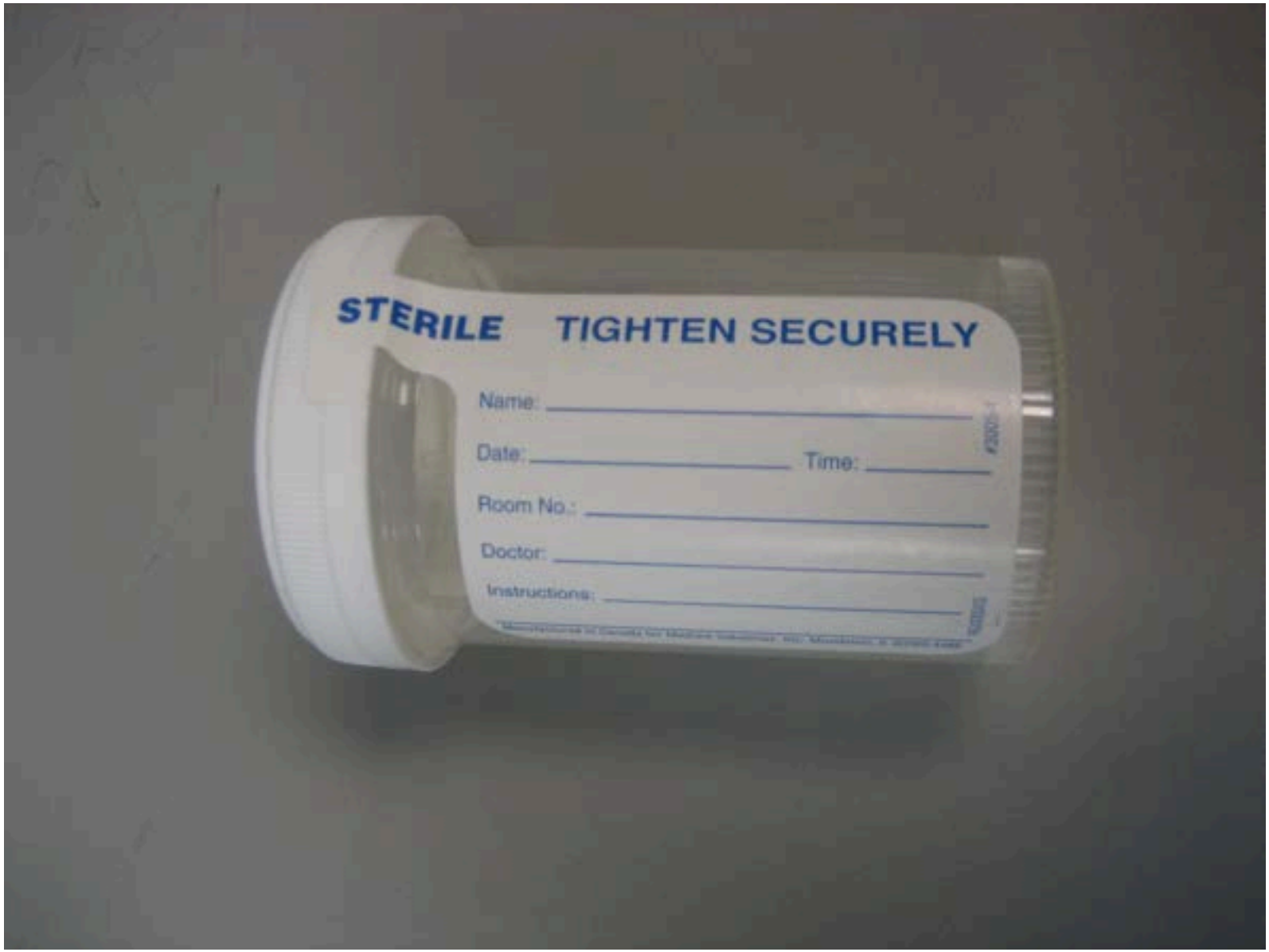
Rush Medical Labs

TEST NAME:	Methylmalonic Acid, blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MALOS
CPT CODE:	83921-90
CDM NUMBER:	3181387
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL (See Attached)
SPECIMEN REQUIREMENTS:	6.0 mL blood (3.0 mL serum)
MINIMUM VOLUME:	4.0 mL blood (2.0 mL serum)
REFERENCE RANGE:	Search Test Code 3496
METHODOLOGY:	Tandem mass spectrometry
POE DESCRIPTION:	METHYLMALONIC ACID
LAST UPDATED:	08/03/2018


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Methylmalonic Acid, Urine
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	UMALO
CPT CODE:	83921-90
TURNAROUND TIME:	1 week
CONTAINER TYPE:	Sterile 80 mL specimen container, no preservative or 24-h Bottle #1
SPECIMEN REQUIREMENTS:	(See Attached)
MINIMUM VOLUME:	24-hour or random urine
HANDLING INSTRUCTIONS:	15 mL aliquot; indicate total volume.
REFERENCE RANGE:	Refrigerate until sent to the laboratory.
POE DESCRIPTION:	Search Test Code 3496U
TEST SYNONYM(S):	METHYLMALONIC ACID, URINE
LAST UPDATED:	MMA, Urine; Urine Methylmalonic Acid 08/03/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

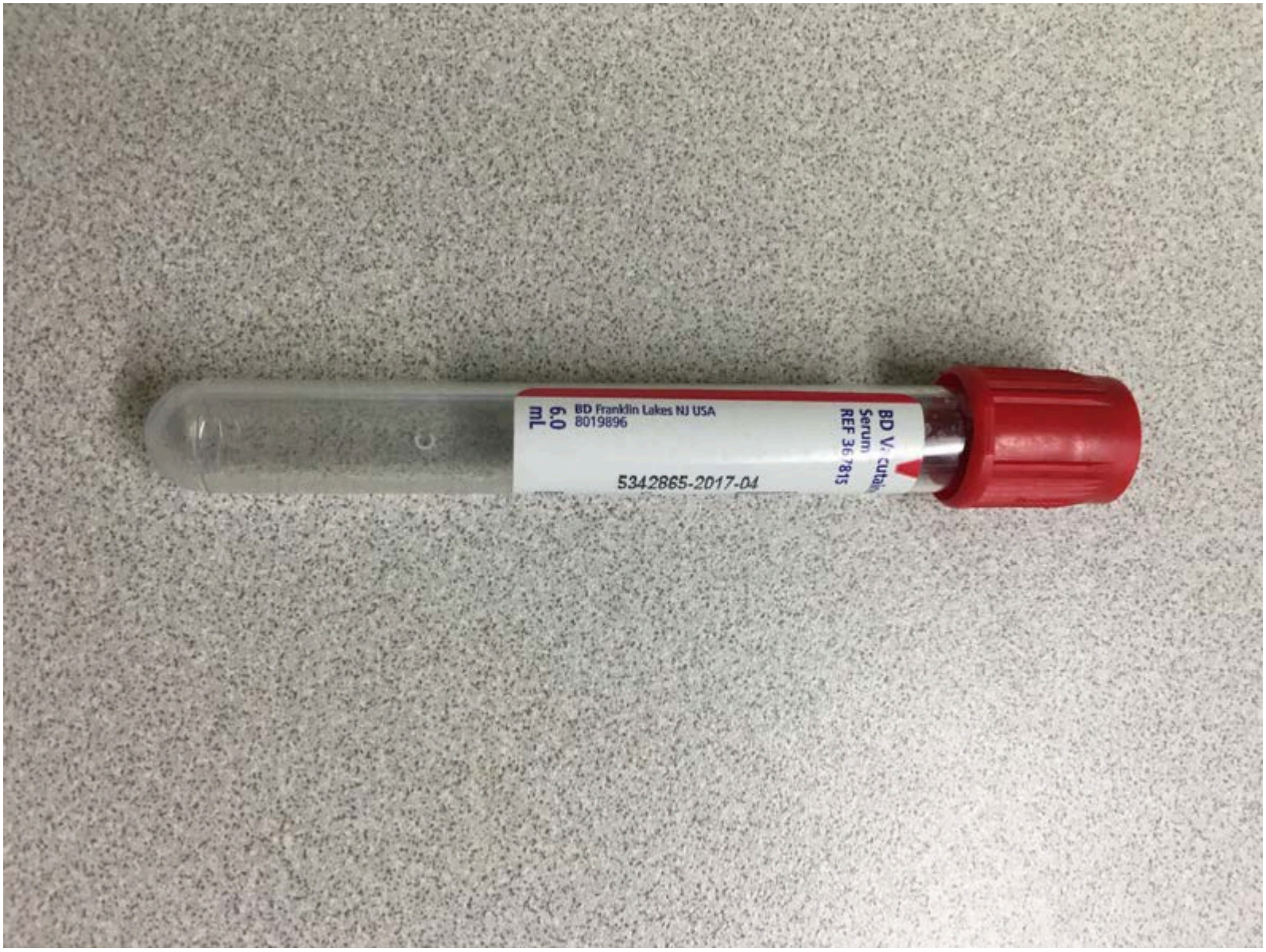

RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

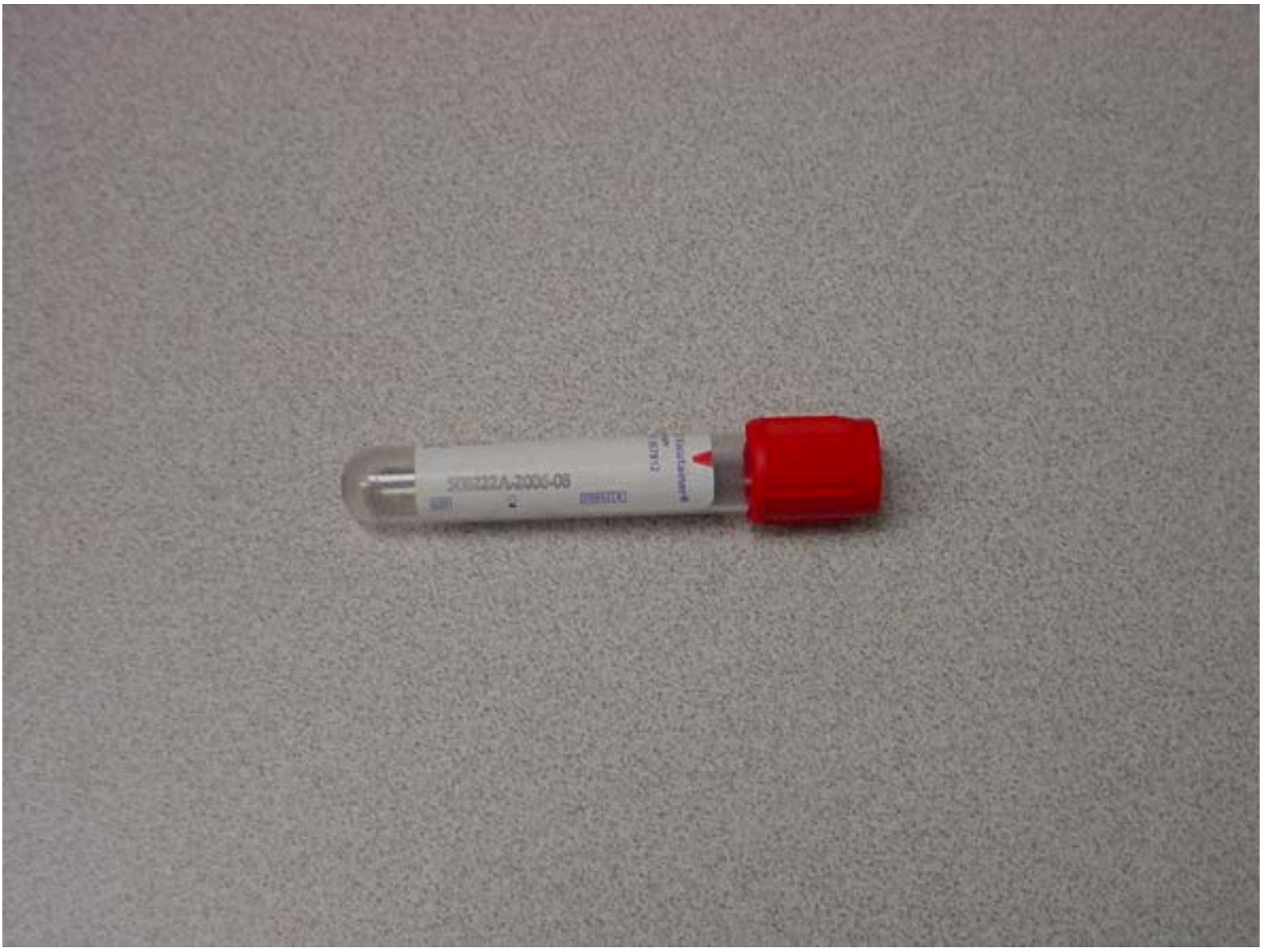
Rush Medical Labs

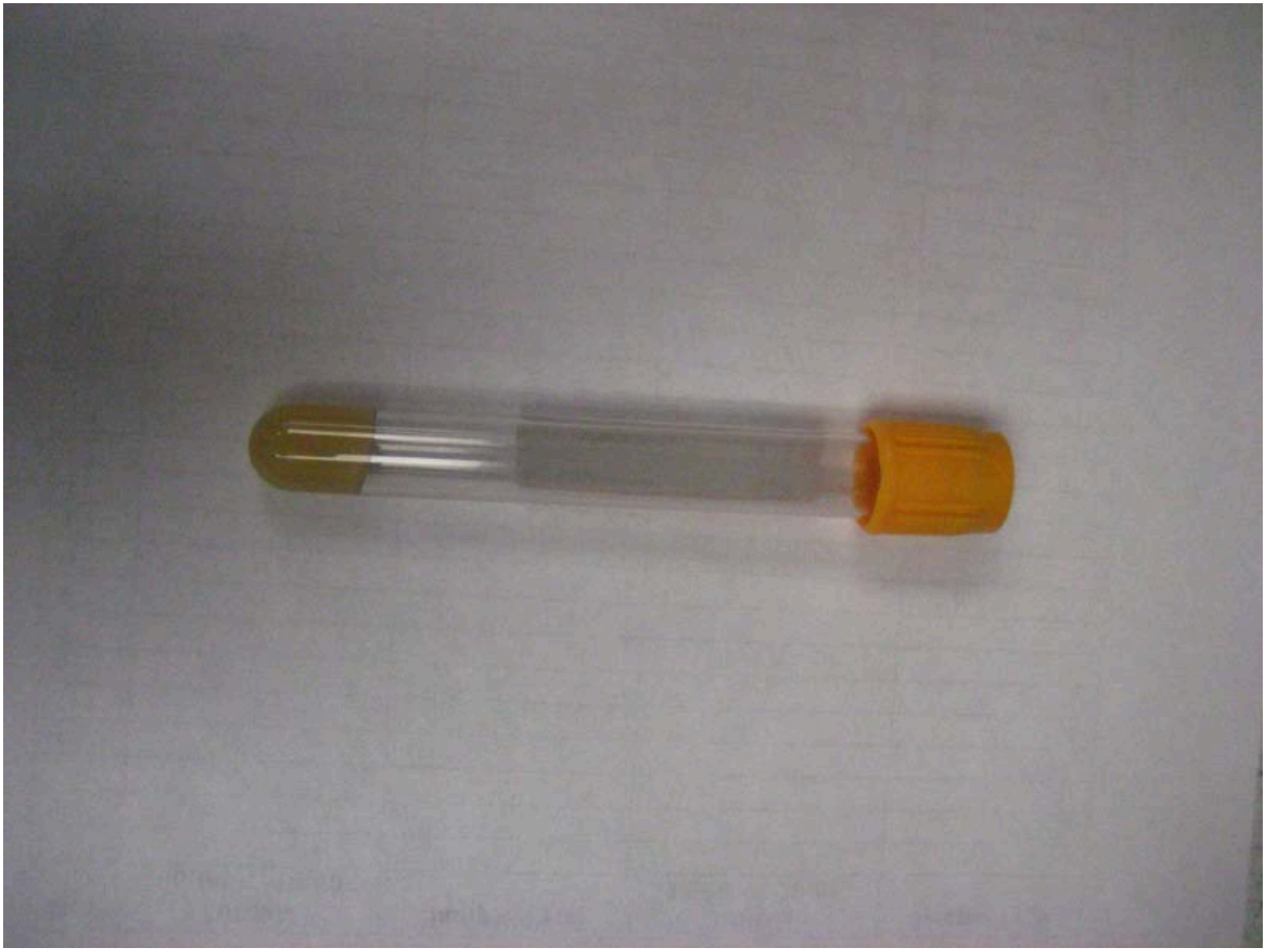
TEST NAME:	Methyltetrahydrofolate Homocysteine Methyltransferase
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MTHF HOMOC
CPT CODE:	83519
TEST INFORMATION:	
DAYS PERFORMED:	Arrange with laboratory in advance.
TURNAROUND TIME:	4-6 weeks
CONTAINER TYPE:	Sterile container with sterile normal saline or sterile fibroblast media
SPECIMEN REQUIREMENTS:	Skin biopsy
MINIMUM VOLUME:	3 mm^3
HANDLING INSTRUCTIONS:	Transport to the laboratory immediately.
REFERENCE RANGE:	Will be stated in report
TEST SYNONYM(S):	Methionine Synthase

Rush Medical Labs

TEST NAME:	MHA-TP, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MHATP
CPT CODE:	86781
DAYS PERFORMED:	Monday, first shift
TURNAROUND TIME:	1 week
CONTAINER TYPE:	Red top tube - 6 mL or 4 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Nonreactive
LIMITATIONS OF TEST:	
METHODOLOGY:	Gelatin particle agglutination
ADDITIONAL INFORMATION:	
TEST SYNONYM(S):	HATTS.; TPHA; Treponemal Antibody Test; MHA-TP
LAST UPDATED:	08/03/2018

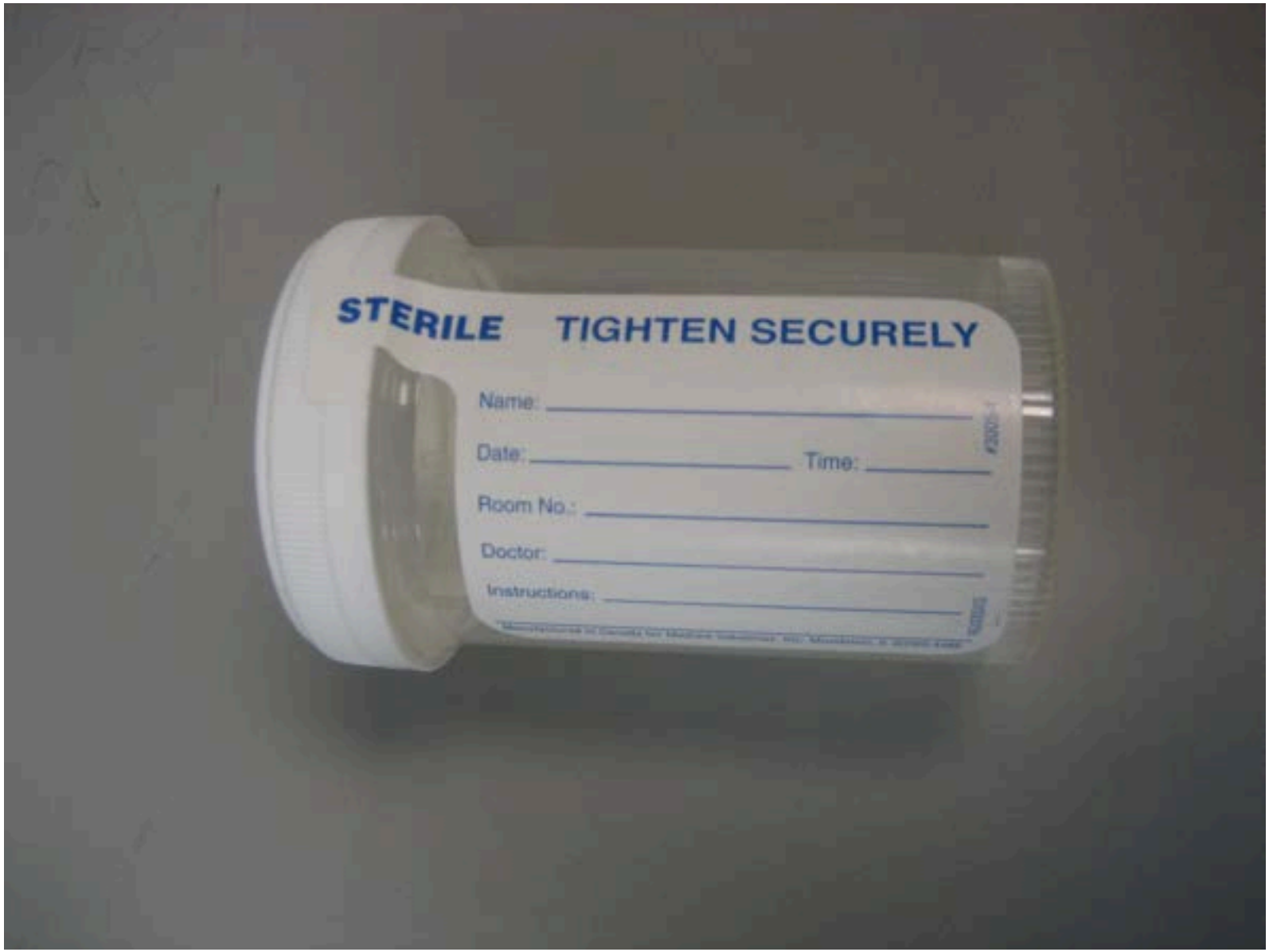

6.0 mL
BD Franklin Lakes NJ USA
8019896
5342865-2017-04
Serum





Rush Medical Labs

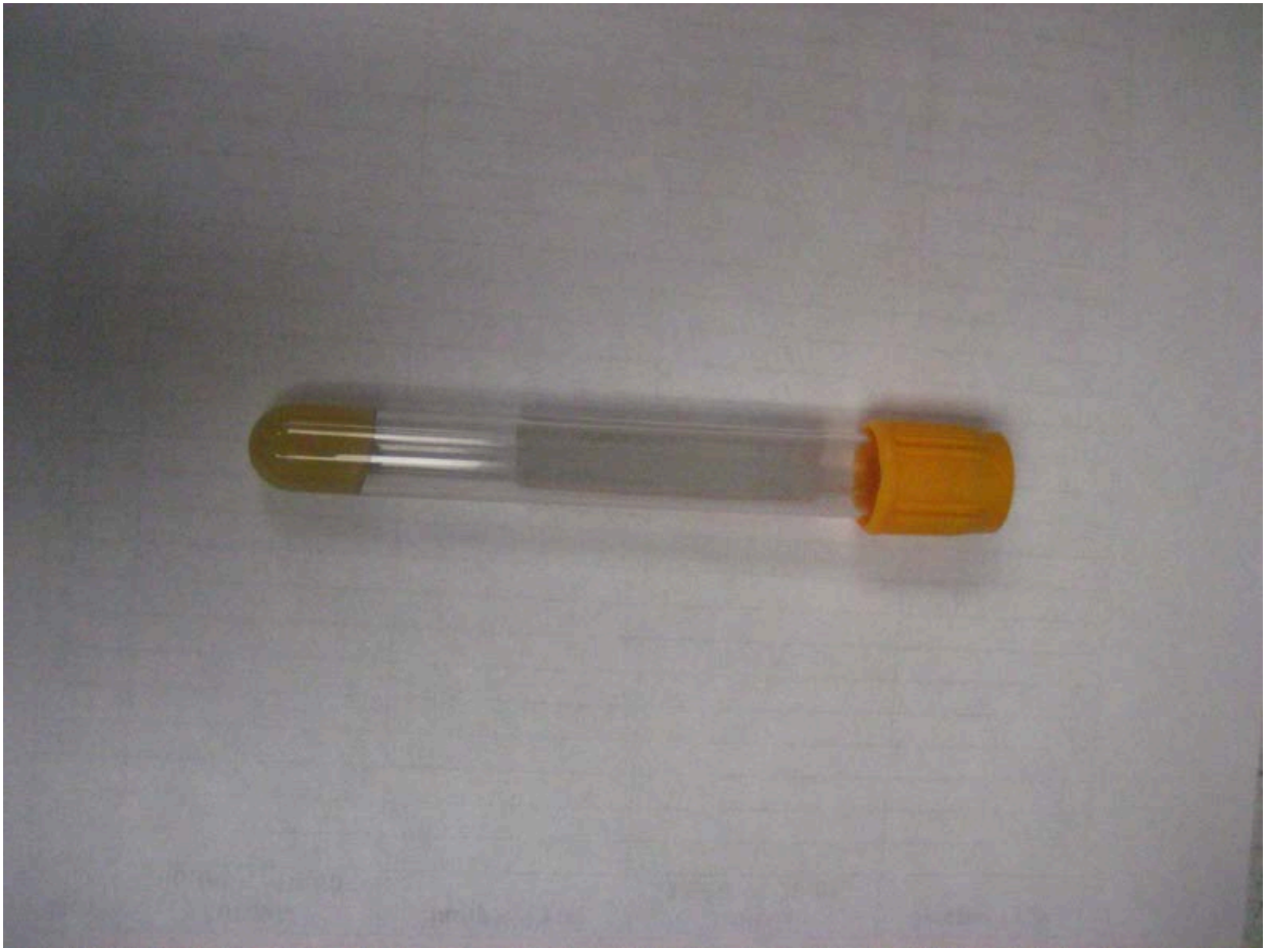
TEST NAME:	Microalbumin, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UMALR (Random Urine); UMCAL (24 hour urine)
CPT CODE:	Random = 82043, 82570; Timed = 82043, 81050
TEST INFORMATION:	Random urine microalbumin includes a random urine creatinine and a microalbumin/creatinine ratio. To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collectionn period. Containers ~~must~~ be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	Random urine: 1 mL; Timed urine: Submit entire urine collection to the laboratory.
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random urine: No reference range for random urine microalbumin and creatinine. Reference range for microalbumin/creatinine ratio 0-25 mcg/mg. Timed urine: 0-25 mg/24 hours
POE DESCRIPTION:	Urine Microalbumin Random; Urine Microalbumin Timed
TEST SYNONYM(S):	Urine Albumin, Microalb; Urine Microalbumin
LAST UPDATED:	08/03/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

Rush Medical Labs

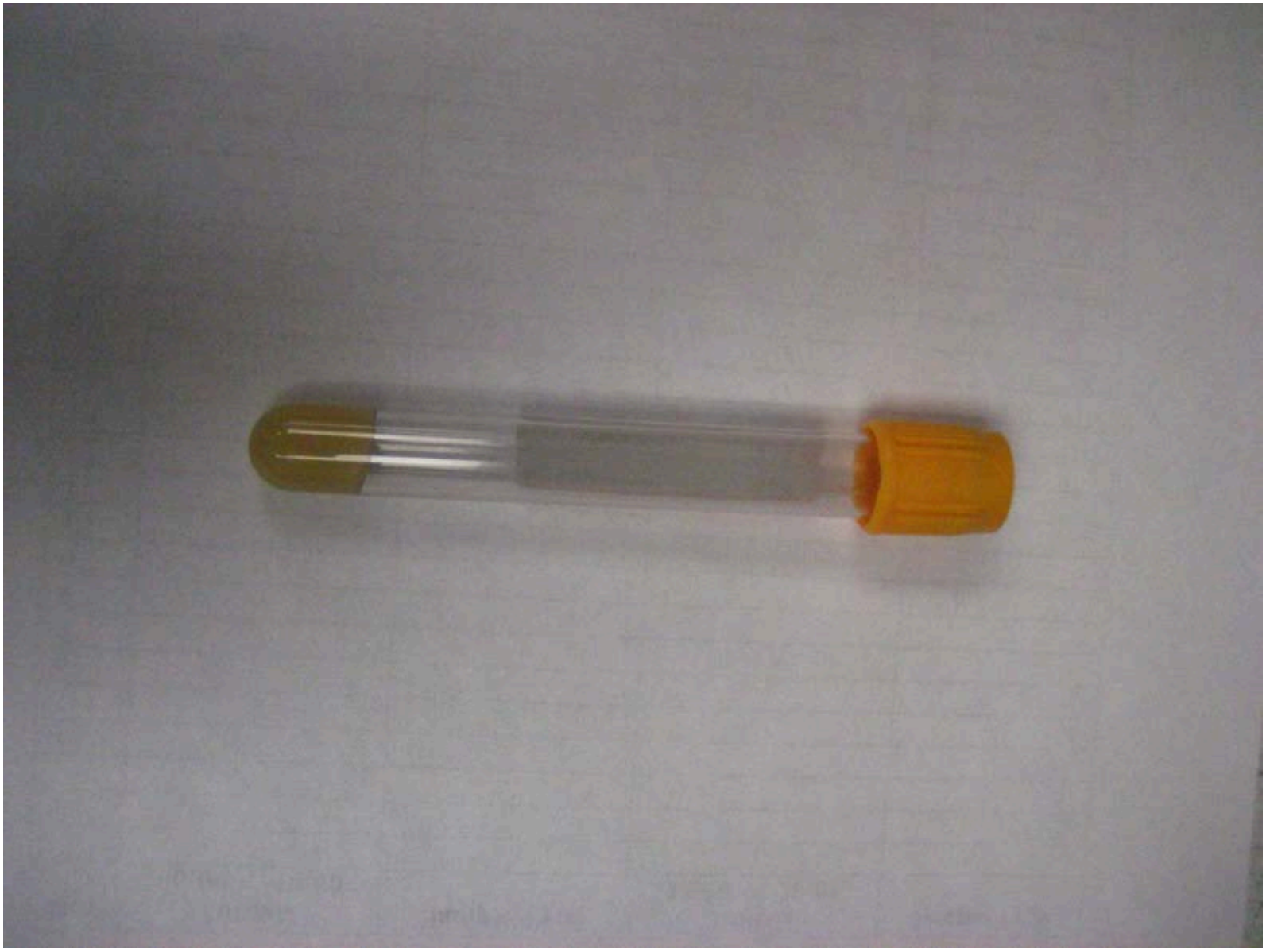
TEST NAME:	Microsatellite Instability Analysis by PCR
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	MSI
CPT CODE:	83890, 83898, 83894, 83903, 83912
CDM NUMBER:	3391008, 3391006, 3391013, 3391021
DAYS PERFORMED:	Mon-Thur. 0900-1600; Fri. 0900-12:00
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Must be accompanied by Specialty Tests (green) Requisition
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	fixed embedded tumor and associated normal tissue
REJECTION CRITERIA:	tumor mass or normal tissue <4 sq. mm
MINIMUM VOLUME:	4-5 unstained thin sections of tumor and normal tissue; one H & E stained slide for tumor and for normal tissue
HANDLING INSTRUCTIONS:	Store slides at room temperature. Deliver to 240 B Rawson or order in SIS for pickup in Surgical Pathology
REFERENCE RANGE:	Instability in 1-5 markers
LIMITATIONS OF TEST:	Some fixing reagents may inhibit PCR amplification; small sample size <4 sq. mm may not be sufficient for analysis
METHODOLOGY:	Polymerase chain reaction; capillary electrophoresis with fluorescent detection
POE DESCRIPTION:	MSI



Rush Medical Labs

TEST NAME:	Milk (cow"s) (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MILK
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code F2
POE DESCRIPTION:	Milk allergen (Cow)

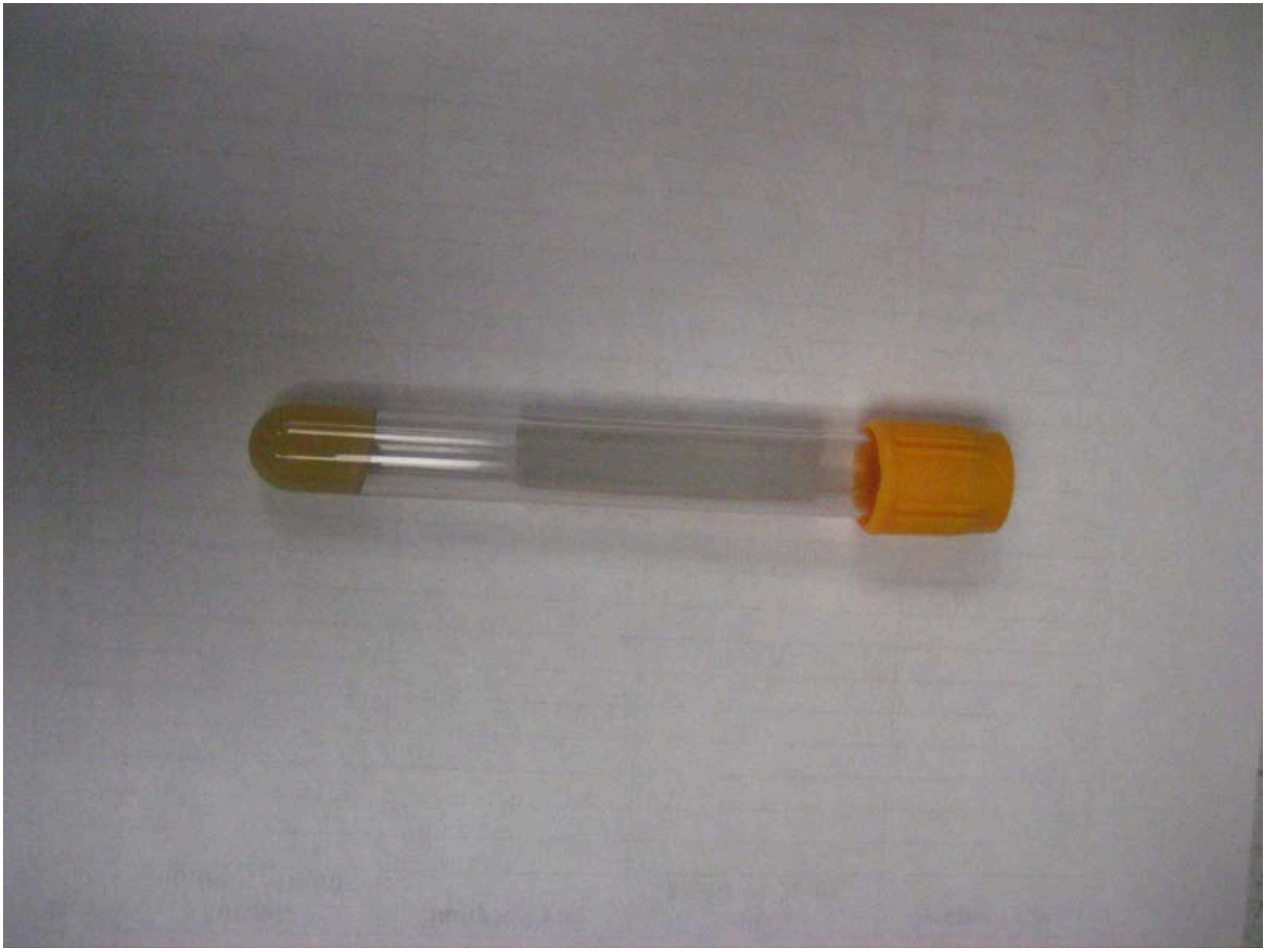

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Mitochondrial Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	AMA
CPT CODE:	83516-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 1101
POE DESCRIPTION:	MITOCHONDRIAL AB; AMA
TEST SYNONYM(S):	Antimitochondrial Antibodies; AMA


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Mitochondrial DNA Analysis
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MELAS; MERRF; NARP; KSS
CPT CODE:	83896; 83898; 83898; 83898
DAYS PERFORMED:	Mon-Fri, 0800-1500
TURNAROUND TIME:	2-3 weeks
SPECIAL INSTRUCTIONS:	Before collecting specimen, contact Genetics Lab (312-942-6298) for required patient history form.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	3 mL
HANDLING INSTRUCTIONS:	Leave specimen at room temperature and deliver to the laboratory as soon as possible.


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Mitogen Stimulation of Lymphocytes: Specify Phytohemagglutinin (PHA), Concanavalin A (Con A) or Pokeweed Mitogen (PWM)
TESTING LAB:	10;#Molecular Diagnostics/Cellular referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MTGN
CPT CODE:	86353 for each
DAYS PERFORMED:	Mon-Thurs.
TURNAROUND TIME:	2 weeks
SPECIAL INSTRUCTIONS:	Blood must be in laboratory by 1300 and within 3 hours of drawing. Test requires viable lymphocytes. Specimens accepted Monday through Thursday Only.
CONTAINER TYPE:	Green top (sodium heparin) - 10 mL tube (See Attached)
SPECIMEN REQUIREMENTS:	10 mL heparinized whole blood
REJECTION CRITERIA:	Lithium Heparin tubes are not acceptable.
MINIMUM VOLUME:	1 mL heparinized whole blood
HANDLING INSTRUCTIONS:	Do not refrigerate. Specimen must arrive at Mayo Clinic within 24 hours of draw, and by 10 am on Friday.
REFERENCE RANGE:	Reference ranges are included with report.
REFERRAL LABORATORY:	See Mayo Clinic - Search Test Code 60591
POE DESCRIPTION:	PHYTOHEMAGLUTININ STIMULATION; PHA
TEST SYNONYM(S):	T-Cell or B-Cell Functional Assay
LAST UPDATED:	08/03/2018


VACUTAINER

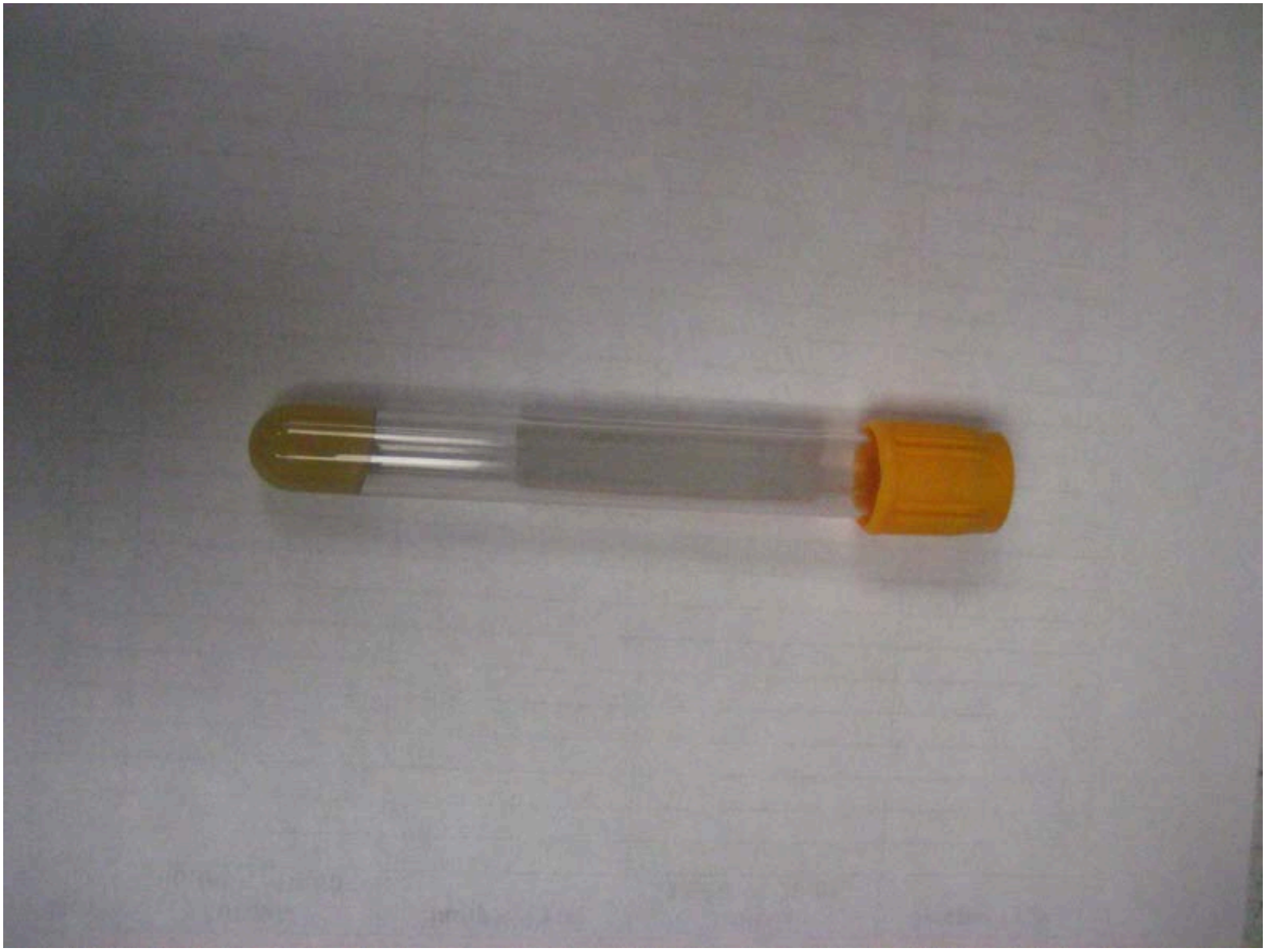
Rush Medical Labs

TEST NAME:	Mixing Studies - PT Inhibitor
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PTINH
CPT CODE:	85610
DAYS PERFORMED:	Daily, second shift
TURNAROUND TIME:	24-72 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 12 hours old.
CONTAINER TYPE:	Two Blue top (sodium citrate) tubes (See Attached)
COLLECTION:	See Section - 'Specimen Collection Guidelines' - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Two 2.7 mL draw light blue tops
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled tube (QNS); clotted specimen; normal protime result
MINIMUM VOLUME:	Two 2.7 mL draw blue tops (2 mL plasma)
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	Normal: negative.
POE DESCRIPTION:	QUICK DILUTION, PT INHIBITOR, MIXING STUDIES
TEST SYNONYM(S):	PT Inhibitor Mixing Study; Extrinsic Inhibitor; Mixing Studies - PT; Prothrombin Time Mixing Studies
LAST UPDATED:	08/03/2018


BD Franklin Lakes NJ USA
8019827
2.7 mL
BD Vacutainer
Buff. Na Citrate
0.109M, 3.2%
REF 363083

Rush Medical Labs

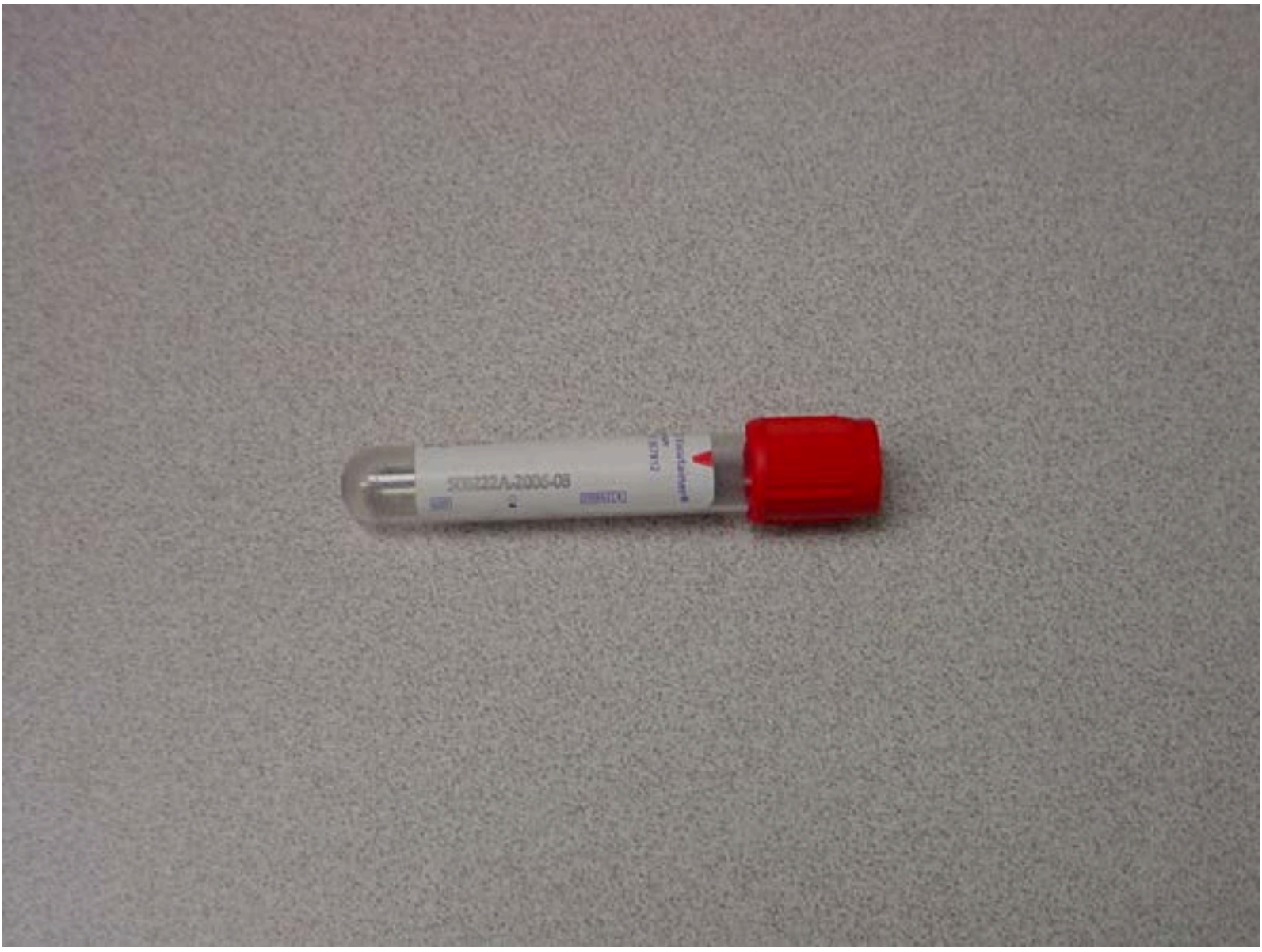
TEST NAME:	MMR (IgG) Panel (Measles, Mumps, Rubella)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	LMMRI
CPT CODE:	86765 (MEAS IGG), 86735 (MUMPS IGG), 86762 (RUB IGG
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube (See Attached)
SPECIMEN REQUIREMENTS:	4 ml blood (2 ml serum)
REJECTION CRITERIA:	Gross hemolysis, gross lipemia, grossly icteric
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Nega ve; ≤ 0.7 AI (An body Index)
METHODOLOGY:	Multiplex flow immunoassay
POE DESCRIPTION:	MMR (IgG) Panel (Measles, Mumps, Rubella); MMR
LAST UPDATED:	03/17/2023

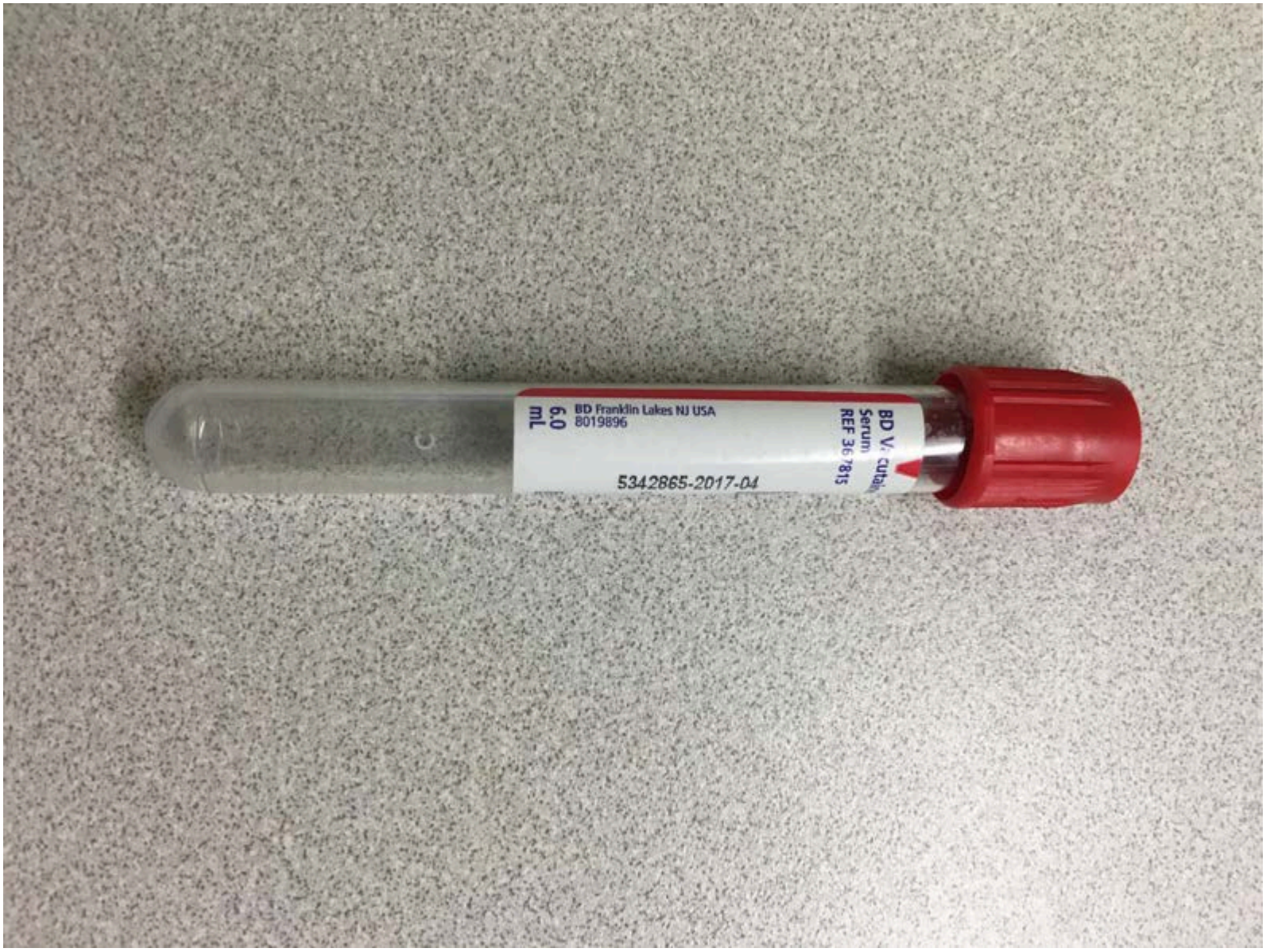


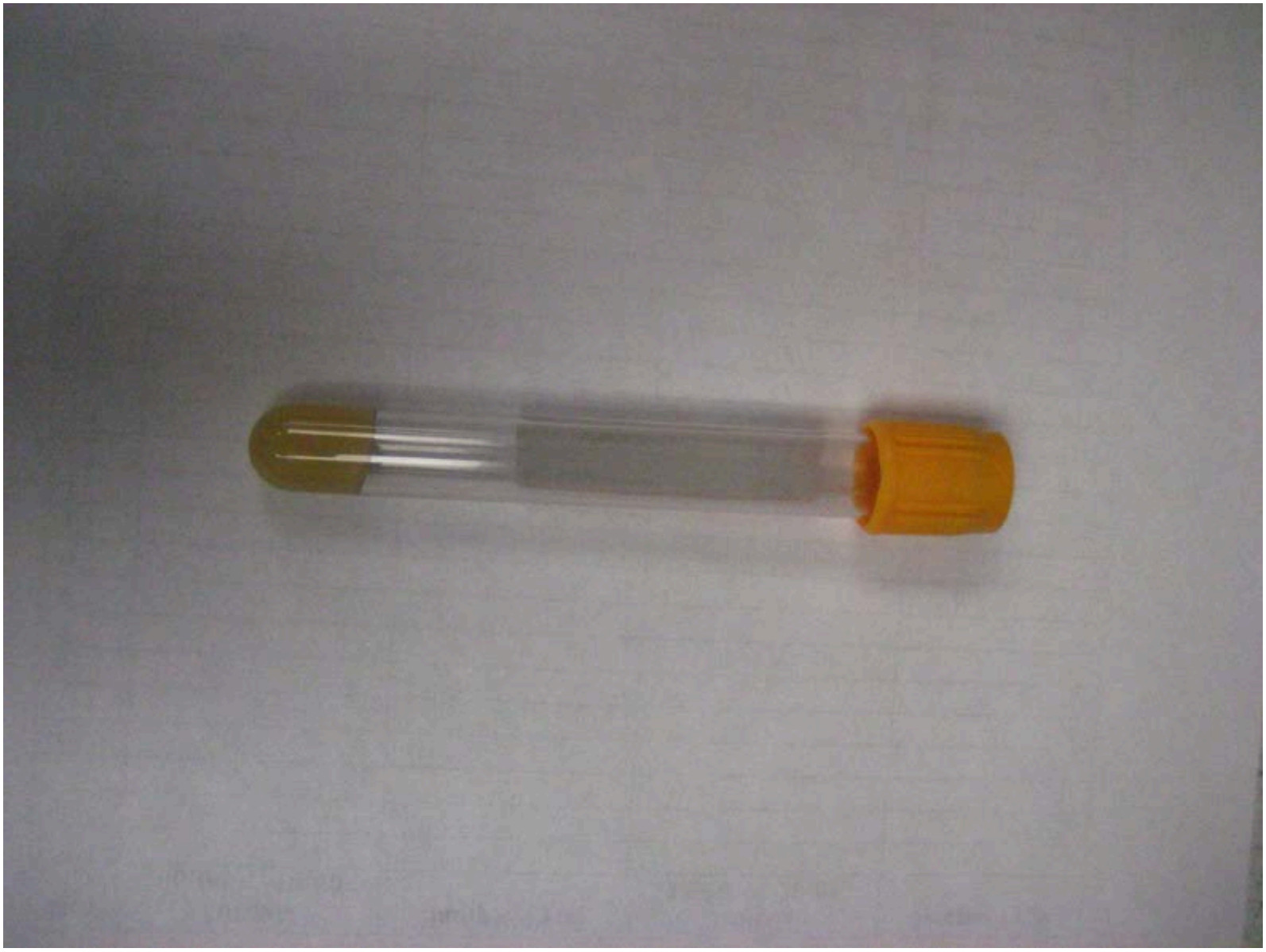

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Monotest
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MONO
DAYS PERFORMED:	Routine: Performed once daily on first and second shifts. STATS: Daily - 24 hours
TURNAROUND TIME:	Routine: 1 day STATS: 1 hour after receipt of the specimen in the laboratory
CONTAINER TYPE:	Red top tube - 4 mL or Red top tube - 6 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum) or 6 mL blood (3 mL serum)
REJECTION CRITERIA:	Any hemolysis, chylous serum.
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Negative
LIMITATIONS OF TEST:	
METHODOLOGY:	Rapid latex particle agglutination.
ADDITIONAL INFORMATION:	
POE DESCRIPTION:	MONOTEST
TEST SYNONYM(S):	Heterophile Agglutinins; Monospot
LAST UPDATED:	08/03/2018

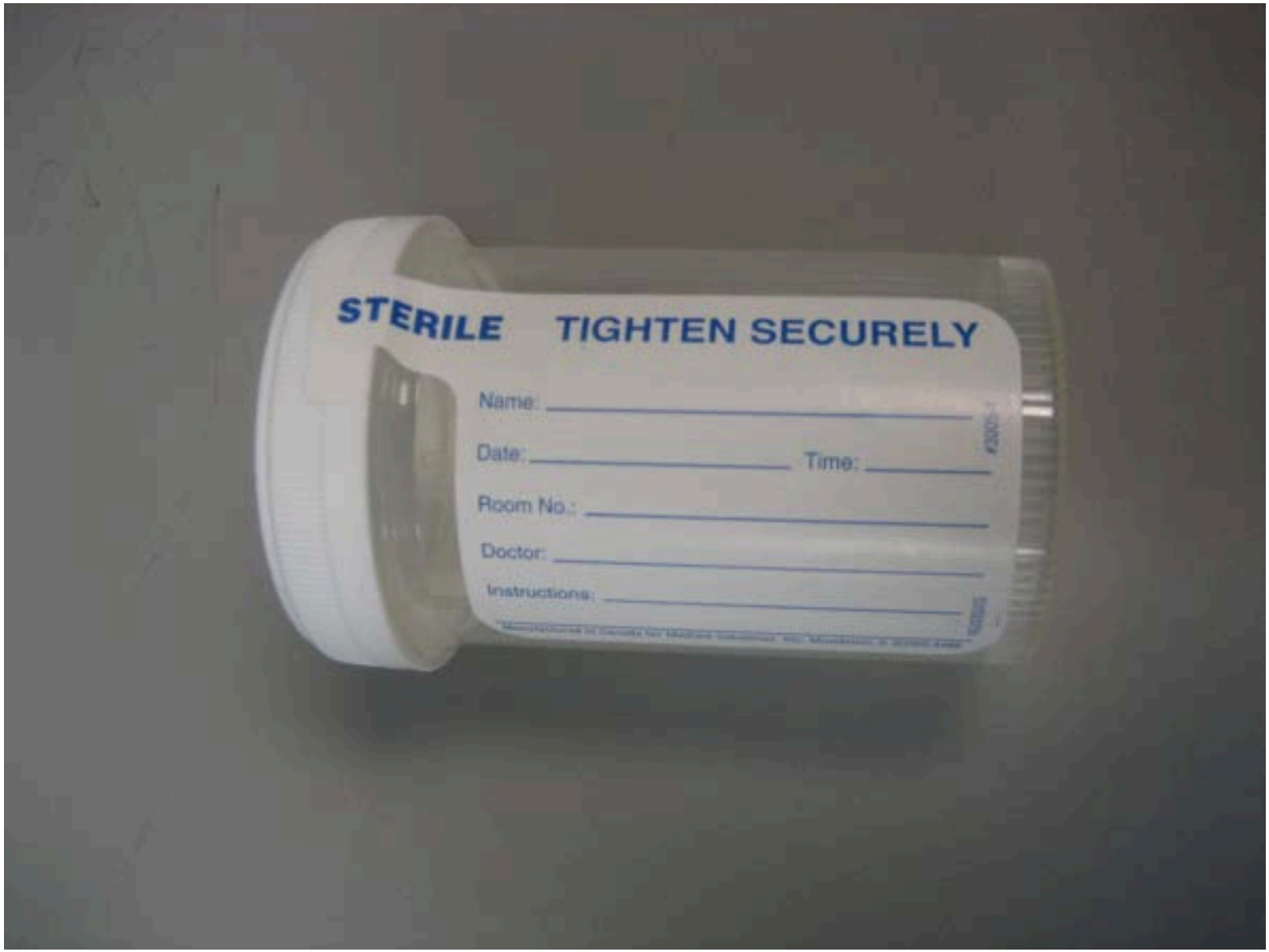



6.0 mL
BD Franklin Lakes NJ USA
8019896
5342865-2017-04
Serum



Rush Medical Labs

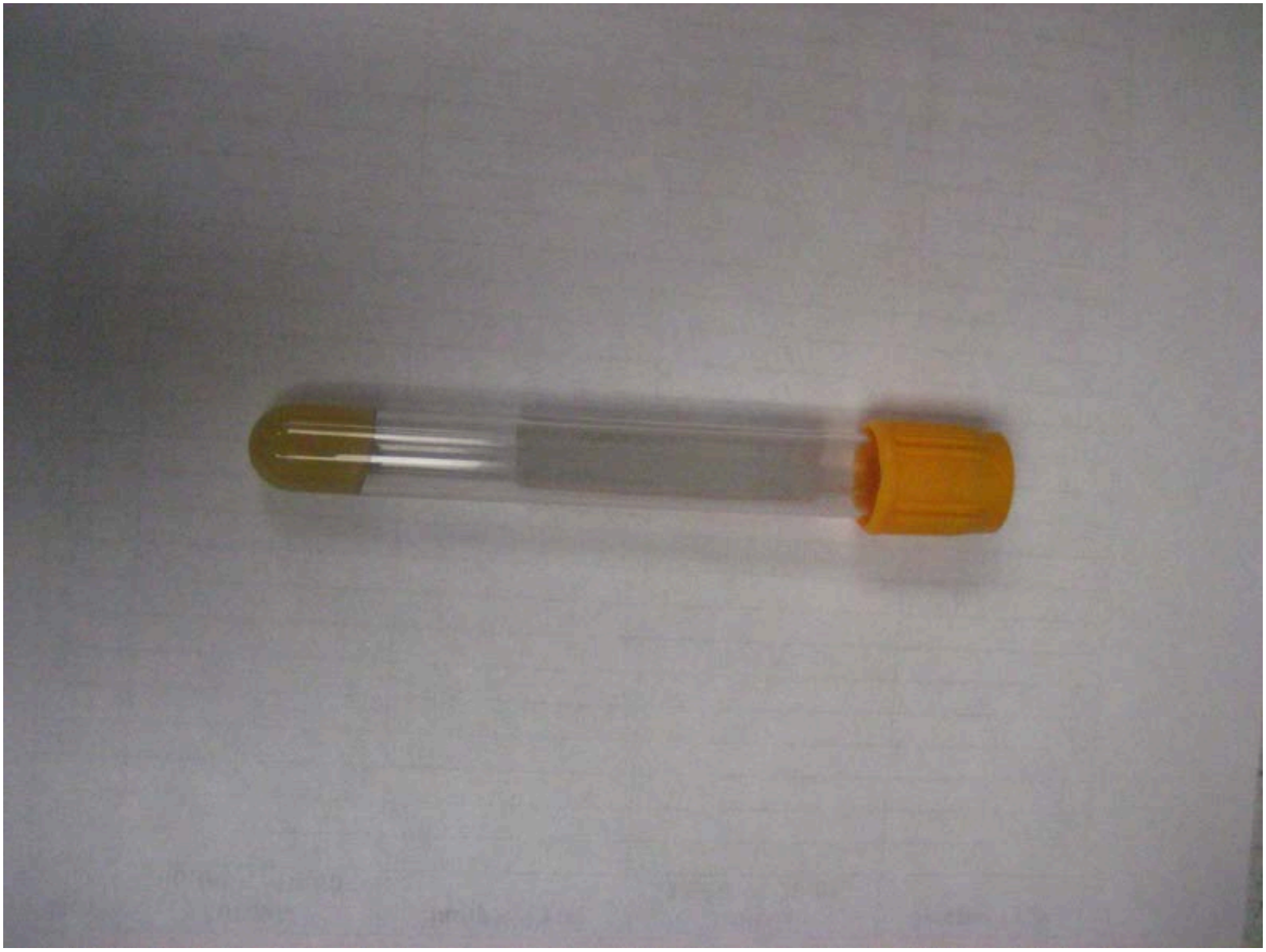
TEST NAME:	Mucopolysaccharides (Screening), Urine
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	UMPSR
CPT CODE:	83864-90
TEST INFORMATION:	Must provide date of birth
TURNAROUND TIME:	2 weeks
CONTAINER TYPE:	Sterile 80 mL specimen container, no preservative (See Attached)
SPECIMEN REQUIREMENTS:	Random urine, 15.0 mL
MINIMUM VOLUME:	7.0 mL
REFERENCE RANGE:	Search Test Code S42770
POE DESCRIPTION:	URT MUCOPOLYSACCHARIDE SCREEN; U/MPS Urine
TEST SYNONYM(S):	Mucopolysaccharides, Screen
LAST UPDATED:	08/03/2018


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

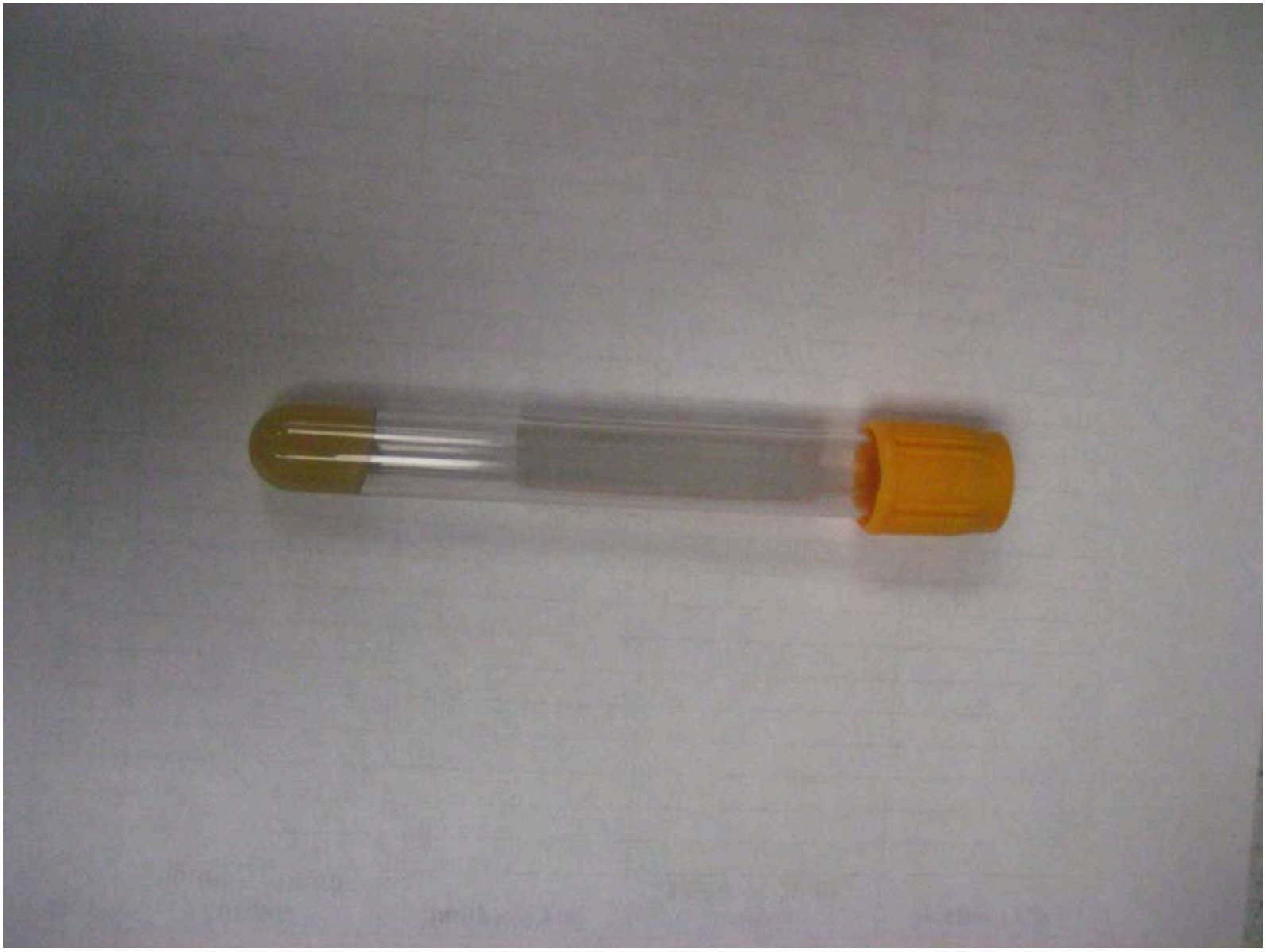
TEST NAME:	Mumps IgG Antibody Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MUMPS
CPT CODE:	86735-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1 mL serum)
REJECTION CRITERIA:	Gross hemolysis, hyperlipemia
MINIMUM VOLUME:	1 mL blood (0.1 mL serum)
REFERENCE RANGE:	Search Test Code 8624
POE DESCRIPTION:	MUMPS IGG ANTIBODY TITER; MUMPS IGG
TEST SYNONYM(S):	Mumps Titer
LAST UPDATED:	08/03/2018


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Mumps IgG Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MUMGA
CPT CODE:	86735
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube (See Attached)
SPECIMEN REQUIREMENTS:	4 ml blood (2 ml serum)
REJECTION CRITERIA:	Gross hemolysis, gross lipemia, grossly icteric
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Nega ve; ≤ 0.8 AI (An body Index)
METHODOLOGY:	Multiplex flow immunoassay
POE DESCRIPTION:	MUMPS IGG ANTIBODY; MUMPS IGG; MMR (IgG) Panel (Measles, Mumps, Rubella)
LAST UPDATED:	03/17/2023

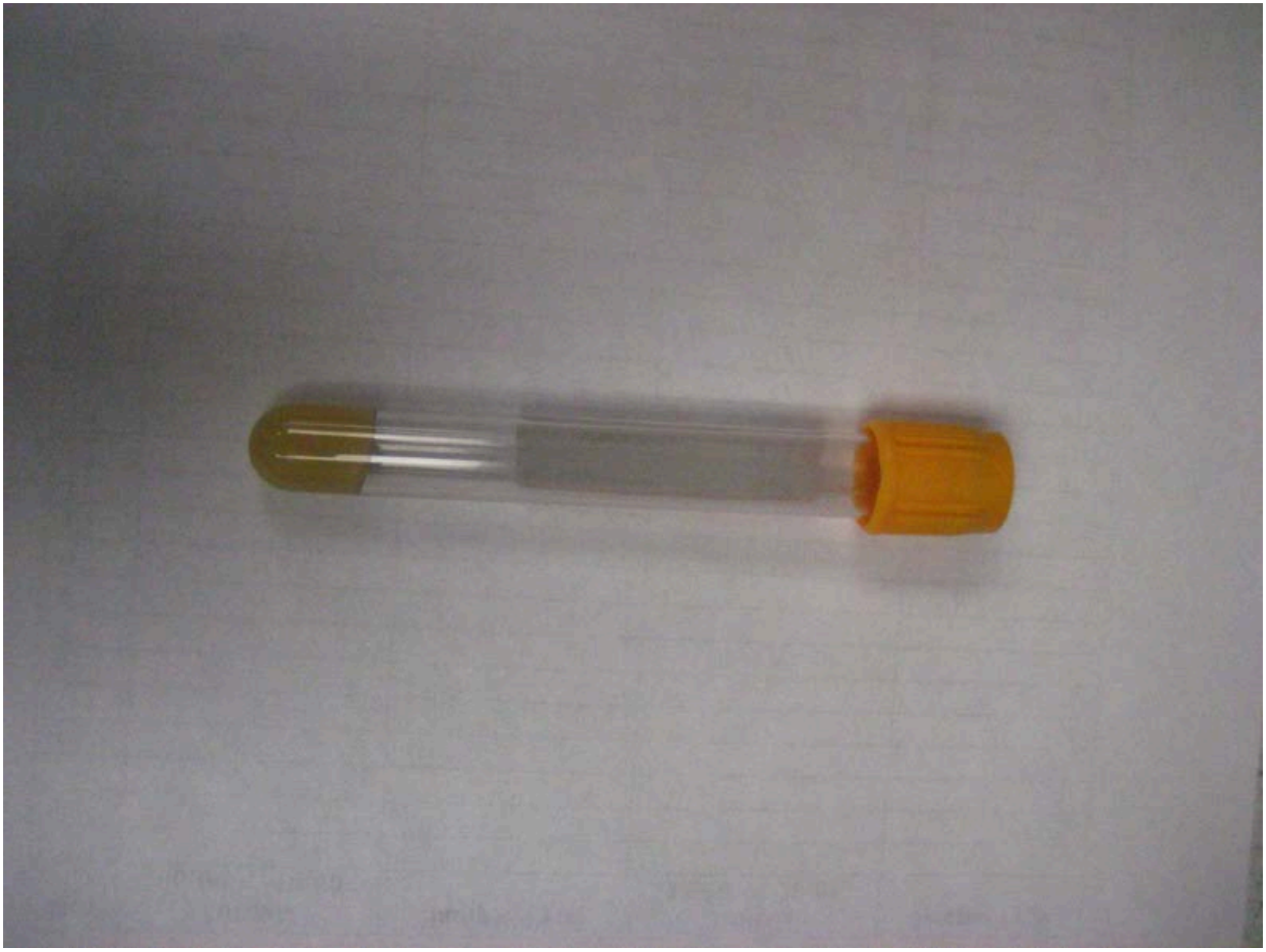



BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Mumps IgM Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	86735-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 36565
METHODOLOGY:	Enzyme immunoassay (EIA)
ADDITIONAL INFORMATION:	The test is used to aid in the diagnosis of acute Mumps virus infection.
POE DESCRIPTION:	MUMPS IGM ANTIBODY TITER; MUMPS IGM
TEST SYNONYM(S):	Parotitis Epidemica Antibodies
LAST UPDATED:	08/03/2018


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



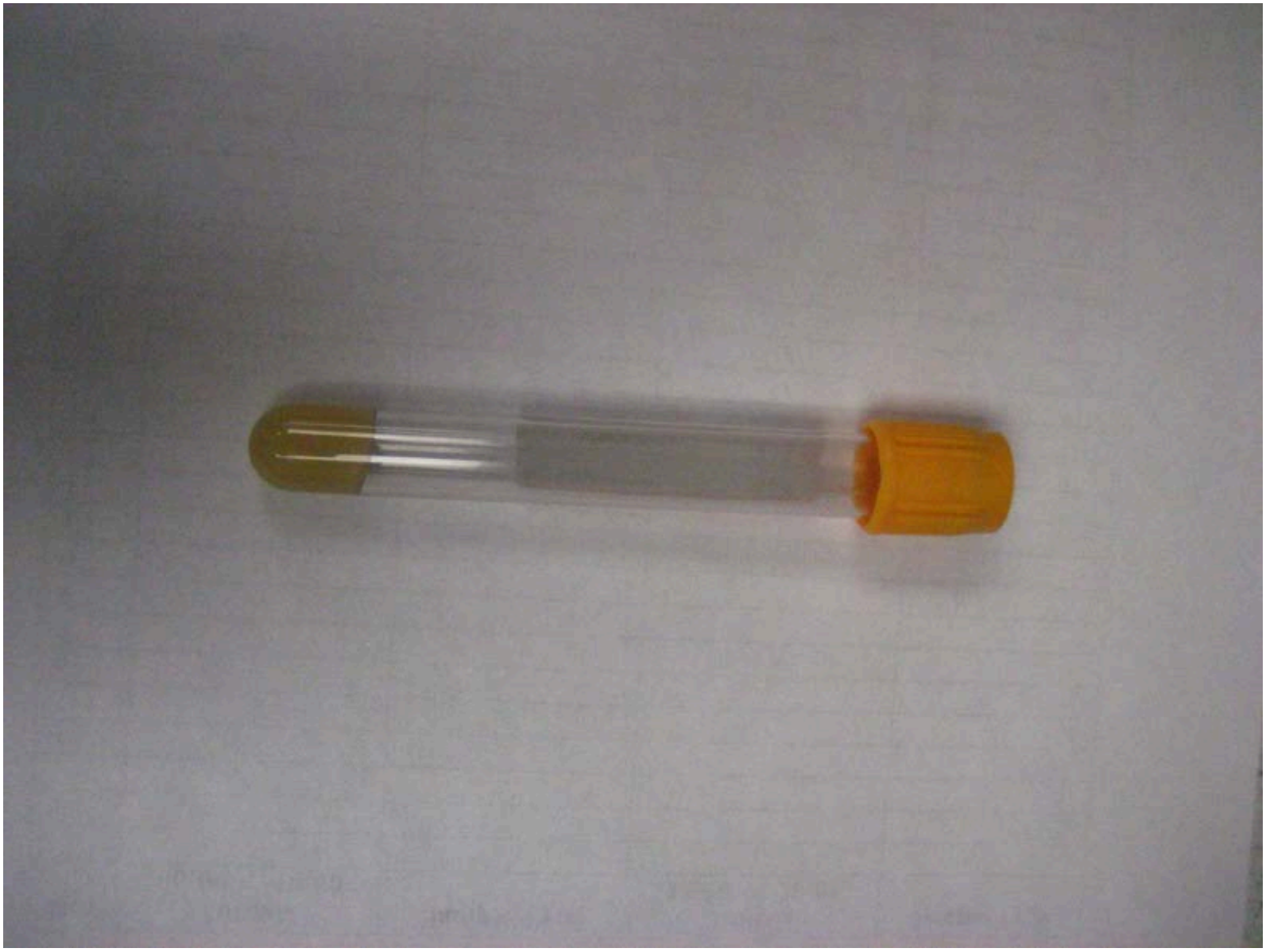
Rush Medical Labs

TEST NAME:	Muscle Biopsy
TESTING LAB:	15;#Surgical Pathology
CPT CODE:	88307
TEST INFORMATION:	Test includes routine morphologic diagnosis. Special tests as requested by physician.
DAYS PERFORMED:	Mon-Fri, 0800-1400
TURNAROUND TIME:	48 hours to 7 days
SPECIAL INSTRUCTIONS:	All biopsies must be scheduled 24 hours in advance with specialty pathologist. Pertinent clinical history and laboratory data must accompany specimens, as well as specific muscle site biopsied. Outside institutions should contact Client Serivce Representative (312-942-7958) for submission and transport protocol.
CONTAINER TYPE:	Sterile specimen container
COLLECTION:	Routine histology, histochemistry, and electron microscopy: Submit specimen fresh in saline-moistened gauze. Deliver to Laboratory Receiving Station, Rm 508 Jelke immediately after tissue is removed.
SPECIMEN REQUIREMENTS:	Skeletal muscle
REJECTION CRITERIA:	Improper fixation, improper or discrepant labeling, O.R. specimens with invalid "barcode" ID label
MINIMUM VOLUME:	10 mm x 10 mm x 10 mm segment of muscle
HANDLING INSTRUCTIONS:	Deliver specimen to the laboratory immediately after removal. Special studies (histochemistry and/or electron microscopy) are required for most other muscle diseases (mitochondrial, lipid, glycogen myopathies). In certain diseases, an additional sample for enzyme assay or genetic analysis may be indicated; in this case, additional muscle should be snap frozen in the operating room. Liquid nitrogen for freezing may be obtained in Rm 508 Jelke.
ADDITIONAL INFORMATION:	All muscle biopsies are sent to Dr. R. Wollman at U of C (773-702-6166)

Rush Medical Labs

TEST NAME:	Mussel (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	BLMSL
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code F37
POE DESCRIPTION:	Mussel allergen
LAST UPDATED:	08/03/2018


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Mycobacterium Tuberculosis Direct Test
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	AFB MTD
CPT CODE:	87556
CDM NUMBER:	3421131
TEST INFORMATION:	Detection of presence (positive) or lack of presence (negative) of Mycobacterium tuberculosis complex rRNA. [Note: The Gen-Probe¿ amplification system (MTD) is specific for, but does not differentiate among, members of the M. tuberculosis complex.]
DAYS PERFORMED:	Daily. Sent to IDPH if AFB Smear is positive.
TURNAROUND TIME:	3-5 days
SPECIAL INSTRUCTIONS:	Transport specimen to laboratory immediately. If delay, store specimen at 2°-8°C.
CONTAINER TYPE:	Sealed sterile container, no preservative
SPECIMEN REQUIREMENTS:	Undigested sputum (induced or expectorated), Bronchial specimens (bronchoalveolar lavage or bronchial aspirate), tracheal aspirate, pleural fluids.
REJECTION CRITERIA:	1. Specimen other than sputum (induced or expectorated), bronchial specimens (bronchoalveolar lavages or bronchial aspirates), tracheal aspirates or pleural fluids. 2. Specimen from previous MTD test 'positive' (without written justification from physician). 3. Patient specimens with a "negative" MTD result will only be tested three times in a 90-day period. 4. Specimens not stored at 2° to 8°C before transport. 5. Specimens older than 7 days. 6. Specimen not labeled. 7. Grossly bloody specimen.
MINIMUM VOLUME:	0.5 mL
REFERENCE RANGE:	Not detected.
METHODOLOGY:	The Gen-Probe¿ amplification system amplifies a specific ribosomal RNA (rRNA) target via DNA intermediates.¿ Detection of the amplified rRNA sequence (amplicon) is achieved using nucleic acid hybridization.¿ The chemiluminescent single-stranded DNA probe is complementary to the amplicon.¿ The labeled DNA probe combines with the amplified ribosomal RNA to form a stable RNA:DNA hybrid.¿ The selection reagent differentiates hybridized from non-hybridized probe.¿ The labeled RNA:DNA hybrids are measured in a luminometer.
REFERRAL LABORATORY:	Commercial Laboratory
ADDITIONAL INFORMATION:	Patients with respiratory specimens that test AFB smear positive will require on AFB MTD test.
POE DESCRIPTION:	AFB MTD

TEST SYNONYM(S):	Mybacterium Tuberculosis Direct Test, Amplified (MTD
LAST UPDATED:	05/27/2014

Rush Medical Labs

TEST NAME:	Mycophenolate Mofetil
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MYCO
CPT CODE:	80180-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL tube or Green top (lithium heparin) - 10 mL tube (See Attached)
SPECIMEN REQUIREMENTS:	6 mL blood (4 mL plasma)
MINIMUM VOLUME:	4 mL blood (2 mL plasma)
REFERENCE RANGE:	Search Test Code 4910
METHODOLOGY:	HPLC
POE DESCRIPTION:	MYCOPHENOL
TEST SYNONYM(S):	Mycophenolic Acid; Mofetil; Cellcept
LAST UPDATED:	08/03/2018

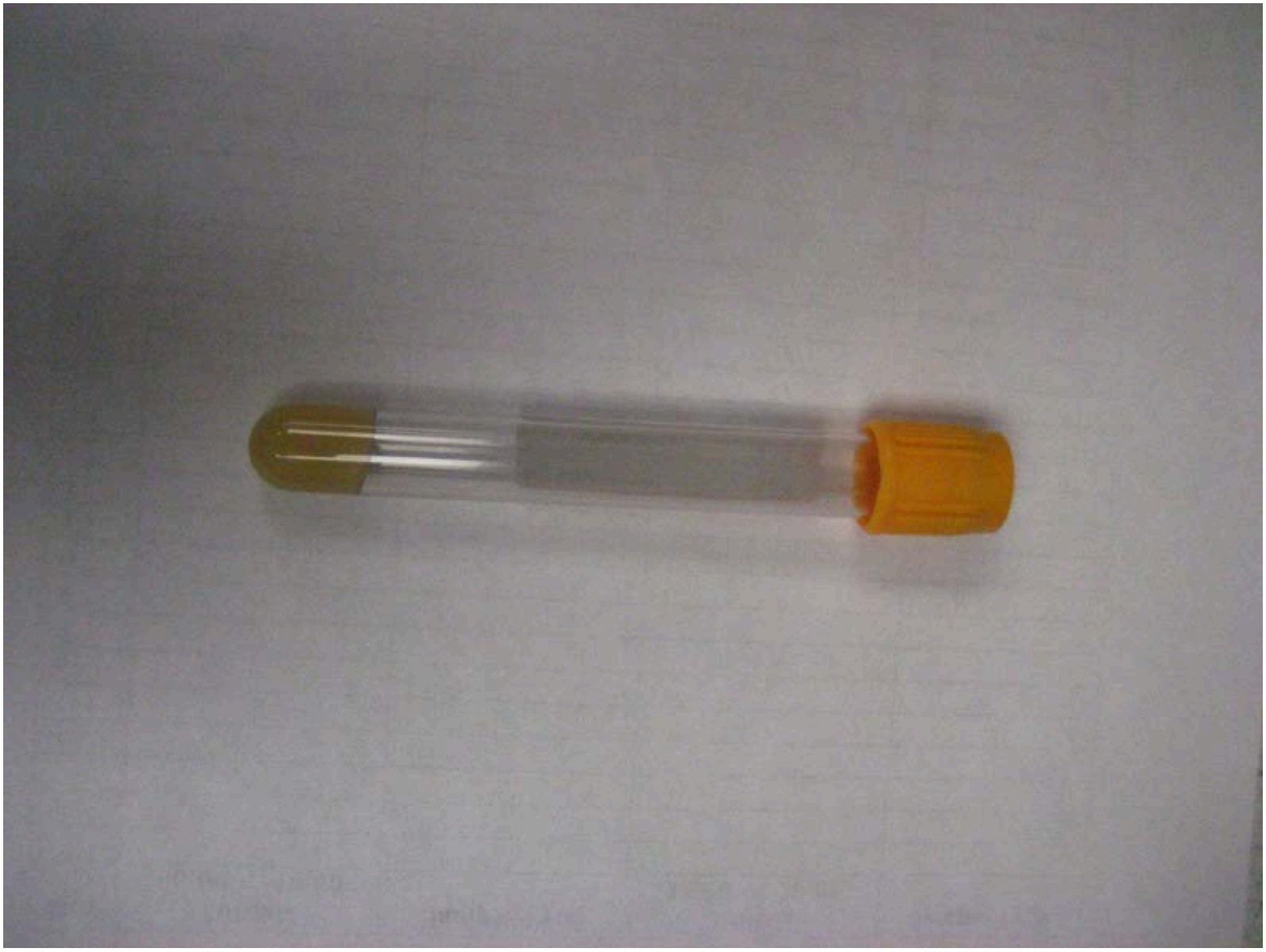

BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL


BD Vacutainer
Sodium Heparin
10 USP Units
REF 367874

Rush Medical Labs

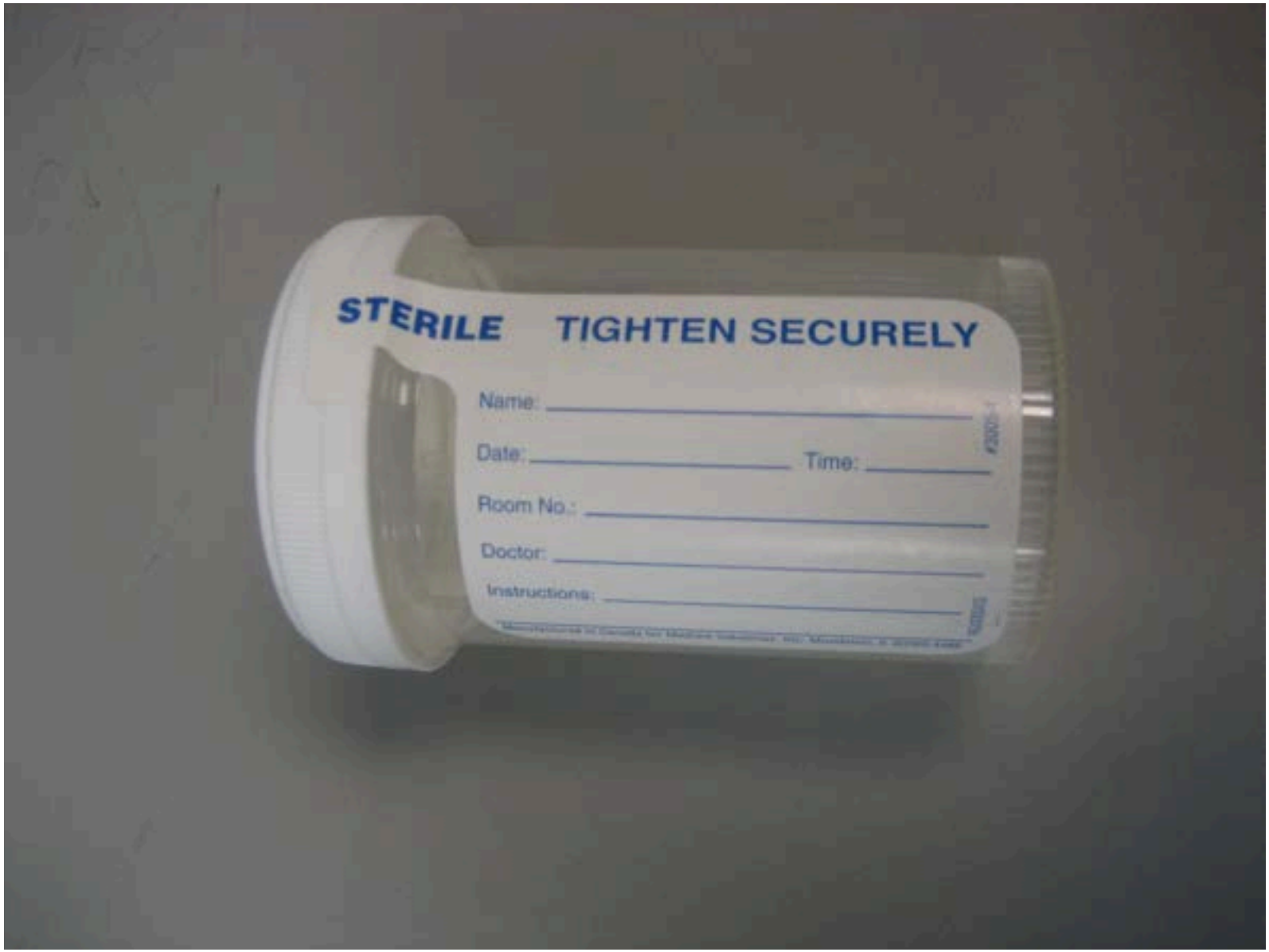
TEST NAME:	Mycoplasma pneumoniae Antibody Titer (Total)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MPNEUMO AB
CPT CODE:	86738 x2
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	1-3 days
SPECIAL INSTRUCTIONS:	Specimen must be received by the laboratory no later than 0800 on the day the test is to be performed. It is the responsibility of the ordering physician to see that both acute and convalescent specimens are obtained. The physician should arrange for the collection of the convalescent serum 10-14 days after the acute is collected.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	IgG <0.91 U/mL negative IgM <770 U/mL negative
METHODOLOGY:	EIA
REFERRAL LABORATORY:	Commercial
ADDITIONAL INFORMATION:	The test is used to aid in the diagnosis of *Mycoplasma pneumoniae* infection, primarily atypical pneumonia.
POE DESCRIPTION:	MPNEUMO AB TITER MICRO REF
TEST SYNONYM(S):	M. pneumoniae Titer; Mycoplasma Complement Fixation
LAST UPDATED:	03/11/2015


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Mycoplasma pneumoniae Culture (Respiratory)
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C MYCOPLAS
CPT CODE:	87109
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	2-3 weeks
CONTAINER TYPE:	NON-wooden swab placed in *Mycoplasma* transport medium; sealed sterile container (See Attached)
SPECIMEN REQUIREMENTS:	Throat swabs, gargles, sputum, bronchial washings, tracheal aspiration
REJECTION CRITERIA:	Inappropriate specimen container, inappropriate transport medium, improper collection of specimen, specimen heavily contaminated with bacteria, wooden swab used in obtaining specimen.
MINIMUM VOLUME:	1 mL or one swab in M4
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No *Mycoplasma* isolated
LIMITATIONS OF TEST:	Culture may be negative even with Mycoplasma infection
METHODOLOGY:	Broth and agar cultures with media specific for isolation of Mycoplasma.
REFERRAL LABORATORY:	Commercial laboratory
POE DESCRIPTION:	CU MYCOPLASMA; C MYCOPLAS MICRO REF
TEST SYNONYM(S):	M. pneumoniae Culture
LAST UPDATED:	05/27/2014


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Mycoplasma/Ureaplasma urealyticum Culture (Genital)
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MICRO REF
CPT CODE:	87109
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	10 days
CONTAINER TYPE:	Sealed sterile container
SPECIMEN REQUIREMENTS:	Urethral swab, cervical swab, endocervical swab, expressed prostatic fluid, semen, endometrial tissue, urine.
REJECTION CRITERIA:	Inappropriate specimen container, inappropriate transport medium, improper collection of specimen, specimen heavily contaminated with bacteria, wooden swab used in obtaining specimen.
MINIMUM VOLUME:	10-20 mL, 1 swab in M4 TM
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No *Mycoplasma* isolated No *Ureaplasma* urealyticum isolated
LIMITATIONS OF TEST:	The culture may be negative in the presence of *Mycoplasma* T-strain infection. The presence of *Mycoplasma* does NOT always indicate infection.
METHODOLOGY:	Broth and agar cultures with media specific for isolation of Mycoplasma and/or Ureaplasma.
REFERRAL LABORATORY:	Commercial laboratory
ADDITIONAL INFORMATION:	The test is used to support the diagnosis of *Mycoplasma* or *Ureaplasma urealyticum* infection in suspected cases of urethritis and cervicitis.
POE DESCRIPTION:	MICRO REF
TEST SYNONYM(S):	Genital Culture for Ureaplasma urealyticum; Mycoplasma hominis Culture, Genital; Ureaplasma urealyticum Culture, Genital
LAST UPDATED:	05/27/2014

Rush Medical Labs

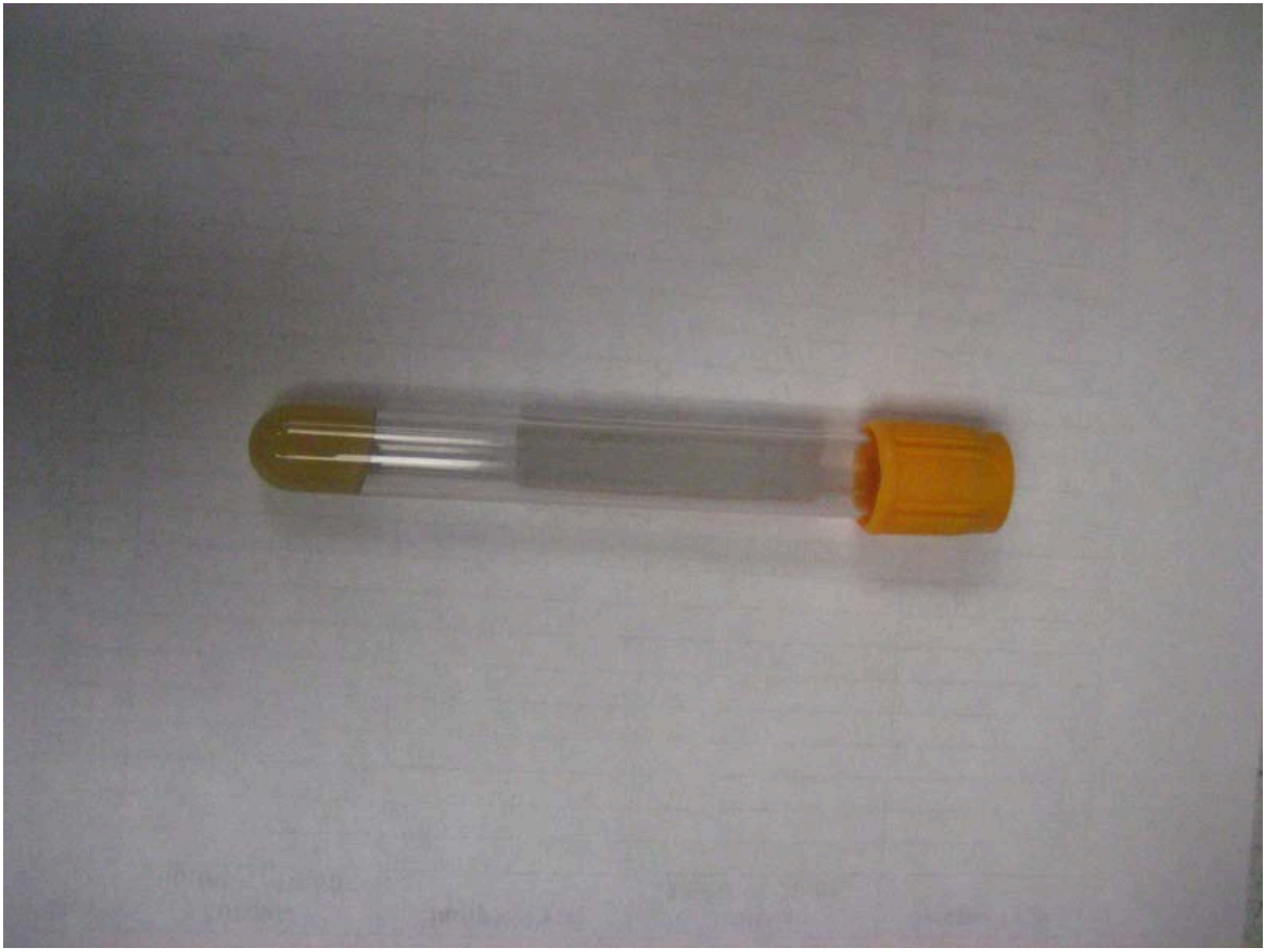
TEST NAME:	Myelin Basic Protein, CSF
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MBP
CPT CODE:	83873-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Clear, sterile container (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL cerebrospinal fluid
MINIMUM VOLUME:	0.8 mL cerebrospinal fluid
REFERENCE RANGE:	Search Test Code 3900
POE DESCRIPTION:	MYELIN BASIC PROTEIN; MB/PRO
LAST UPDATED:	08/03/2018



Rush Medical Labs

TEST NAME:	Myeloma Profile (25)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	Order individually
CPT CODE:	82232; 84165; 86334; 82784 (x3); 84165; 86334; 81050
TEST INFORMATION:	Test includes B2 MICRO, IEP, QT IGS, U/IEP
DAYS PERFORMED:	Varies by test.
TURNAROUND TIME:	Varies by test.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube AND 24-hour urine bottle - Chemistry bottle #1 (no preservative). (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum) and urine.
MINIMUM VOLUME:	1.0 mL serum.
REFERENCE RANGE:	Search Test Code 661
POE DESCRIPTION:	MYELOMA PROFILE (25)
TEST SYNONYM(S):	Myeloma Panel
LAST UPDATED:	04/13/2015


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

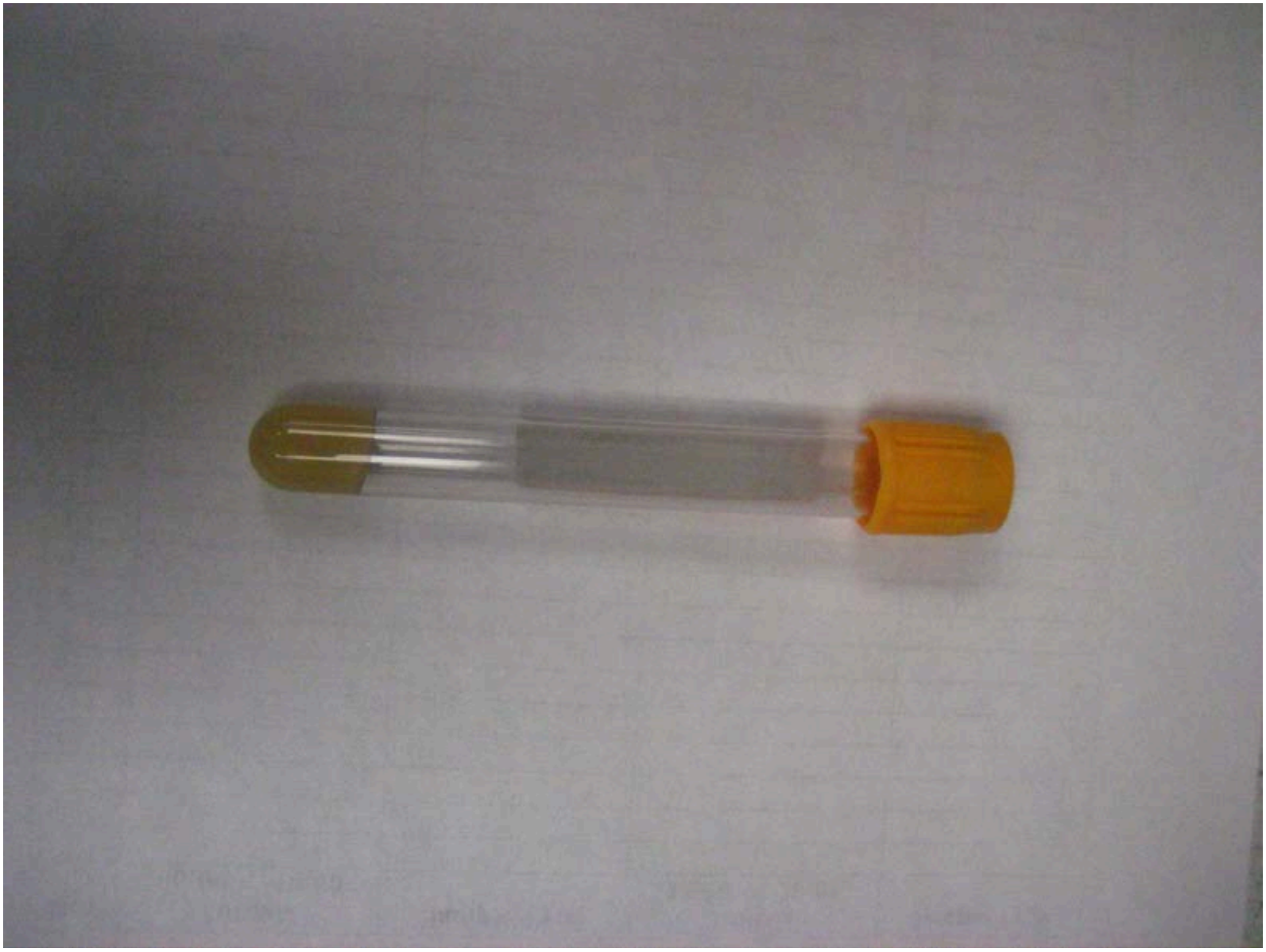




Rush Medical Labs

TEST NAME:	Myocardial Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	86255-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood 2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 1103
POE DESCRIPTION:	MYOCARDIAL AB SCREEN
TEST SYNONYM(S):	Antimyocardial Antibodies; Heart Antibodies; Anti-myofibrillar Antibody; Anti-sarcolemma Antibody
LAST UPDATED:	08/03/2018


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

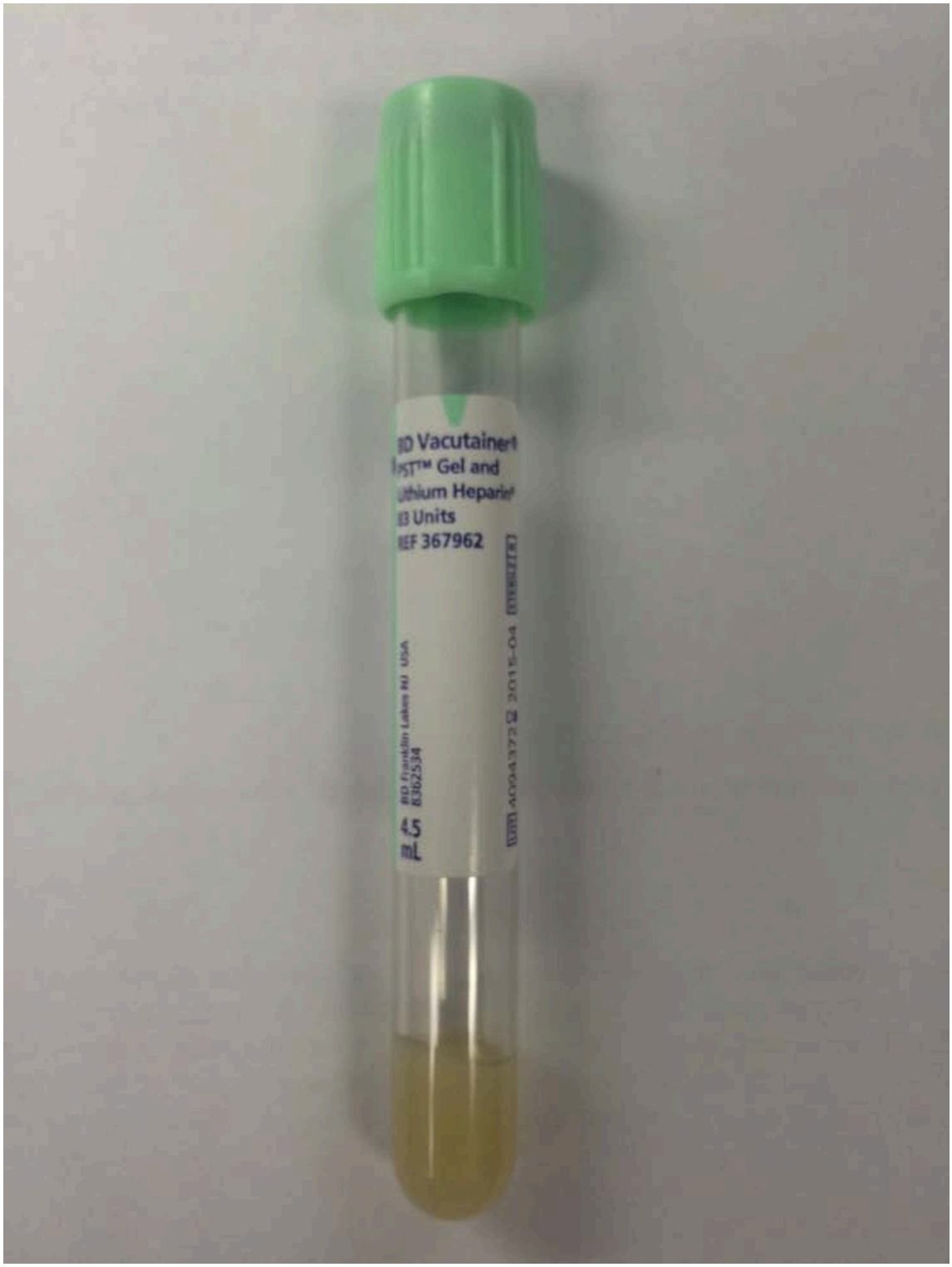


Rush Medical Labs

TEST NAME:	Myoglobin, Quantitative, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UMYOR
CPT CODE:	83874-90
TEST INFORMATION:	Myoglobin is unstable in urine.
DAYS PERFORMED:	Test sent out Monday-Thursday only, first shift
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Call Core Lab (x25002) for Myoglobin Transport Tube
CONTAINER TYPE:	Myoglobin Transport Tube
SPECIMEN REQUIREMENTS:	Random urine, 4 mL
REJECTION CRITERIA:	Urine not received in the Myoglobin Transport Tube from Specialty; Specimen received past stability; pH <8.0; more than 4 mL urine in Myoglobin transport tube; timed urine; Specimens collected from Friday-Sunday.
MINIMUM VOLUME:	4.0 mL
REFERENCE RANGE:	Search Test Code 661
POE DESCRIPTION:	URR MYOGLOBIN; RU/MYO
TEST SYNONYM(S):	Urine Myoglobin
LAST UPDATED:	08/03/2018

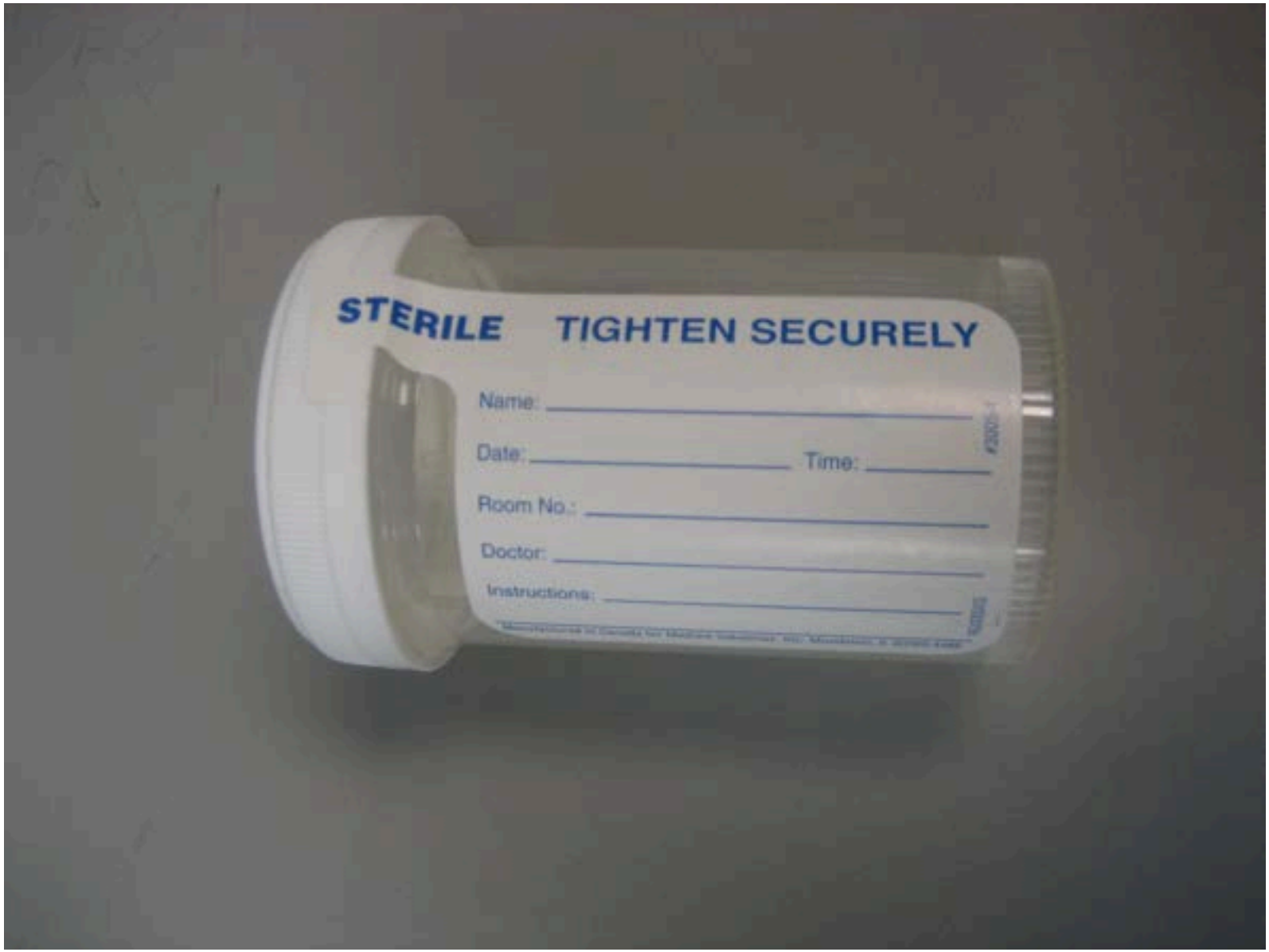
Rush Medical Labs

TEST NAME:	Myoglobin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MYO
CPT CODE:	83874
CDM NUMBER:	3181140
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; STAT: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL plasma)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL plasma)
REFERENCE RANGE:	0 - 110 ng/mL
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
ADDITIONAL INFORMATION:	Myoglobin is present in both cardiac and skeletal muscle. Any damage to either of these muscle types results in myoglobulin released into the blood stream.
POE DESCRIPTION:	Myoglobin
LAST UPDATED:	01/28/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Naegleria Culture
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MICRO REF
CPT CODE:	87081
DAYS PERFORMED:	Monday-Friday Sendout
TURNAROUND TIME:	8-10 days
CONTAINER TYPE:	Sealed Sterile 80 mL specimen container, no preservative (See Attached)
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface organisms. Ideally, material obtained by needle aspiration through intact surface, which has been cleaned with antiseptic, is injected into a sterile container.
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid, tissue from brain, lung, cornea or lesions; corneal scrapings, contact lens or lens care solution from an open container already used by patient.
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, inappropriate temperature.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No parasites found
METHODOLOGY:	Culture
REFERRAL LABORATORY:	Commercial
ADDITIONAL INFORMATION:	Use to detect African trypanosomiasis; detect primary amebic meningoencephalitis.
TEST SYNONYM(S):	Parasites in Spinal Fluid; Naegleria; Acanthamoeba
LAST UPDATED:	06/03/2014


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Neonatal Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	NEO RC
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Group O RBCs are available for neonates. All neonates in NICU are to receive leukocyte-depleted blood products. Birth weight is required on the transfusion requisition. Platelet concentrates are released as individual units (5.5×10^{10} platelets each); mark requisition for 'Pediatric Platelets.' Once ABO, Rh, and antibody screening have been completed for the infant, they need not be repeated for the remainder of the neonatal period (0-4 months) pending that no unexpected antibodies are present. ABO and Rh typing and antibody screening must be done on readmissions.
CONTAINER TYPE:	Microtainer
COLLECTION:	**Special Labeling Requirements**: The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for non-LLT draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. NOTE: LLT phlebotomists should write 'LLT' for the second set of initials.
SPECIMEN REQUIREMENTS:	Blood; cord blood is not acceptable.
MINIMUM VOLUME:	Four Microtainers
REFERENCE RANGE:	Compatible
TEST SYNONYM(S):	Pediatric Transfusion

Rush Medical Labs

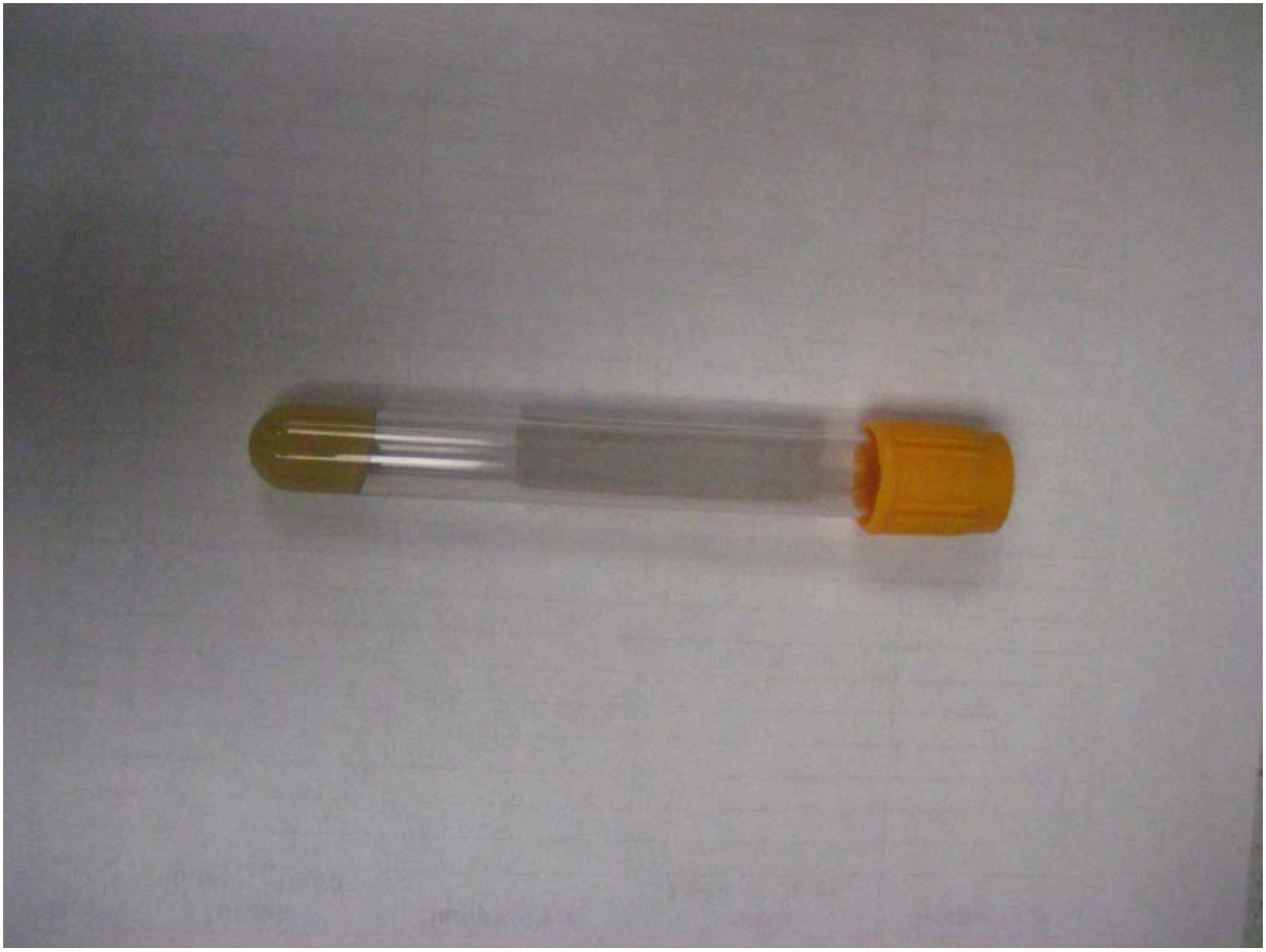
TEST NAME:	Neuron Specific Enolase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	NSE
CPT CODE:	86316-90
CDM NUMBER:	3181374
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	Hemolysis
MINIMUM VOLUME:	1.5 mL blood (0.7 mL serum)
REFERENCE RANGE:	Search Test Code 3860
METHODOLOGY:	Enzyme Immunoassay
POE DESCRIPTION:	Neuron Specific Enolase
TEST SYNONYM(S):	NSE


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Neuronal Nuclear IgG Autoantibodies (HU)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	HUAB
CPT CODE:	84181-90
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code - 37053
POE DESCRIPTION:	HU ABS
TEST SYNONYM(S):	HU, Neuronal Nuclear IgG Autoantibodies; HU Antibodies
LAST UPDATED:	10/15/2019

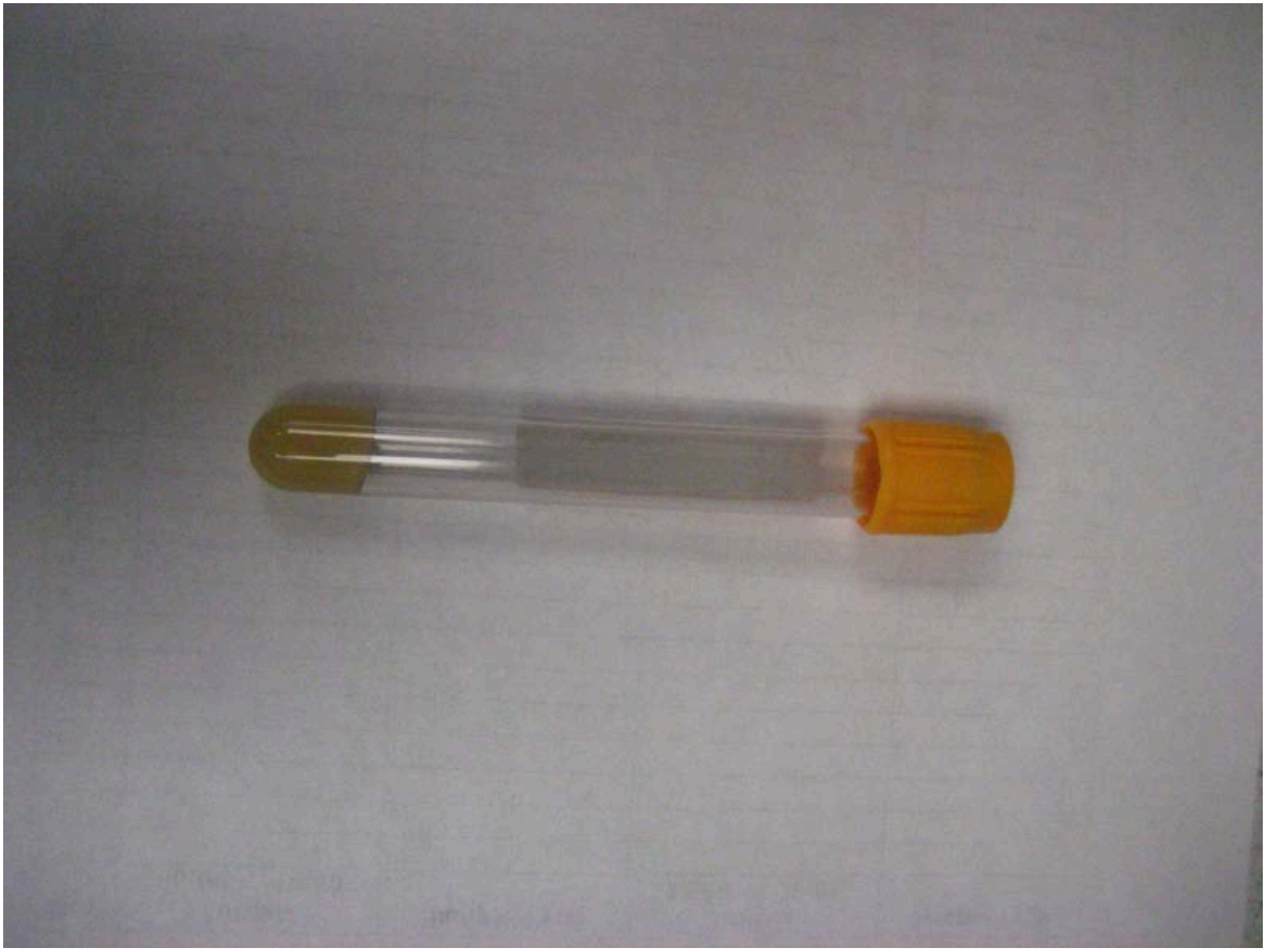

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	NMO-IGG Autoantibody Test
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	NMO-IGG AB
CPT CODE:	83520-90
TURNAROUND TIME:	8 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code S52438 NMO-IGG Antibodies;
TEST SYNONYM(S):	Neuromyelitis Optica Antibody 07/28/2014
LAST UPDATED:	

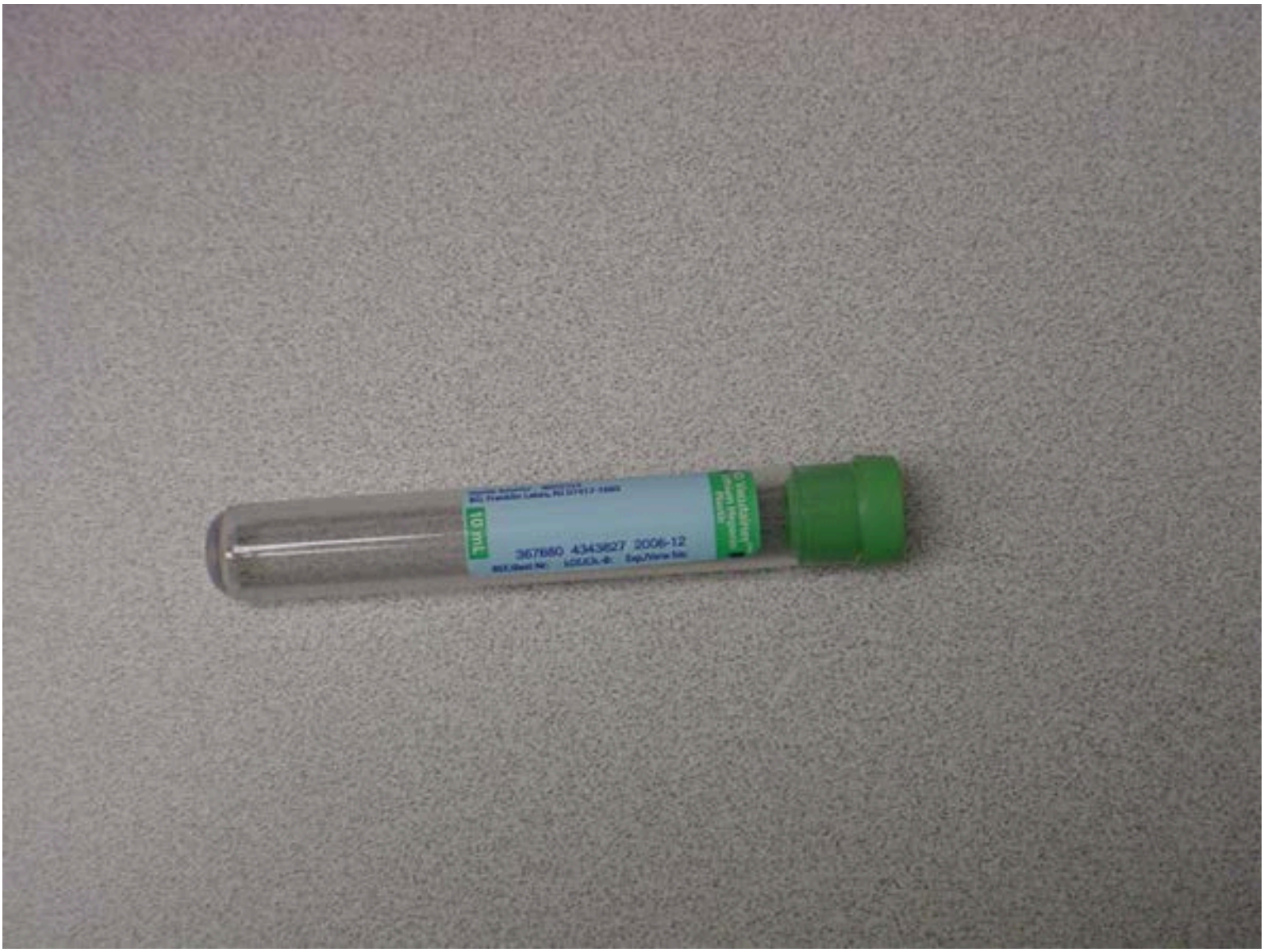

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Norclazapine and Clozapine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	CLOZAPINE
CPT CODE:	80299-90
TEST INFORMATION:	see Clozapine and Norclazapine
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Red top tube - 10 mL or Heparinized Plasma (Green Top) (See Attache)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code 4964
POE DESCRIPTION:	CLOZAPINE
LAST UPDATED:	08/14/2015


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05


10 mL
367680 4343827 2006-12

Rush Medical Labs

TEST NAME:	Nortriptyline
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	NORTRIP
CPT CODE:	80335-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Collect at trough or at least 12 hours after last dose.
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	6.0 blood (3.0 mL serum)
REFERENCE RANGE:	Search Test Code 4930
POE DESCRIPTION:	NORTRIPTYLINE
TEST SYNONYM(S):	Aventyl; Pamelor.
LAST UPDATED:	12/09/2014


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Nose Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM
CPT CODE:	87102; 87206
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified. Other isolated organisms (i.e. aerobes, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when a fungal isolate is detected. Cultures will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or the requisition.
CONTAINER TYPE:	Copan® II swab, nasopharyngeal swab in sterile container (See Attached)
SPECIMEN REQUIREMENTS:	Nose, throat, nasopharyngeal
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	One swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No fungi observed/isolated
METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
POE DESCRIPTION:	CU FUNGUS W SMEAR (NON-SKIN); C FUNGUSSM (NON- SKIN)
TEST SYNONYM(S):	Fungus Culture, Nose


COPAN

Rush Medical Labs

TEST NAME:	N-Telopeptide, blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	NTX
CPT CODE:	82523-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 4266
METHODOLOGY:	Enzyme immunoassay
POE DESCRIPTION:	N-Telopeptide (NTX) serum
TEST SYNONYM(S):	NTX


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

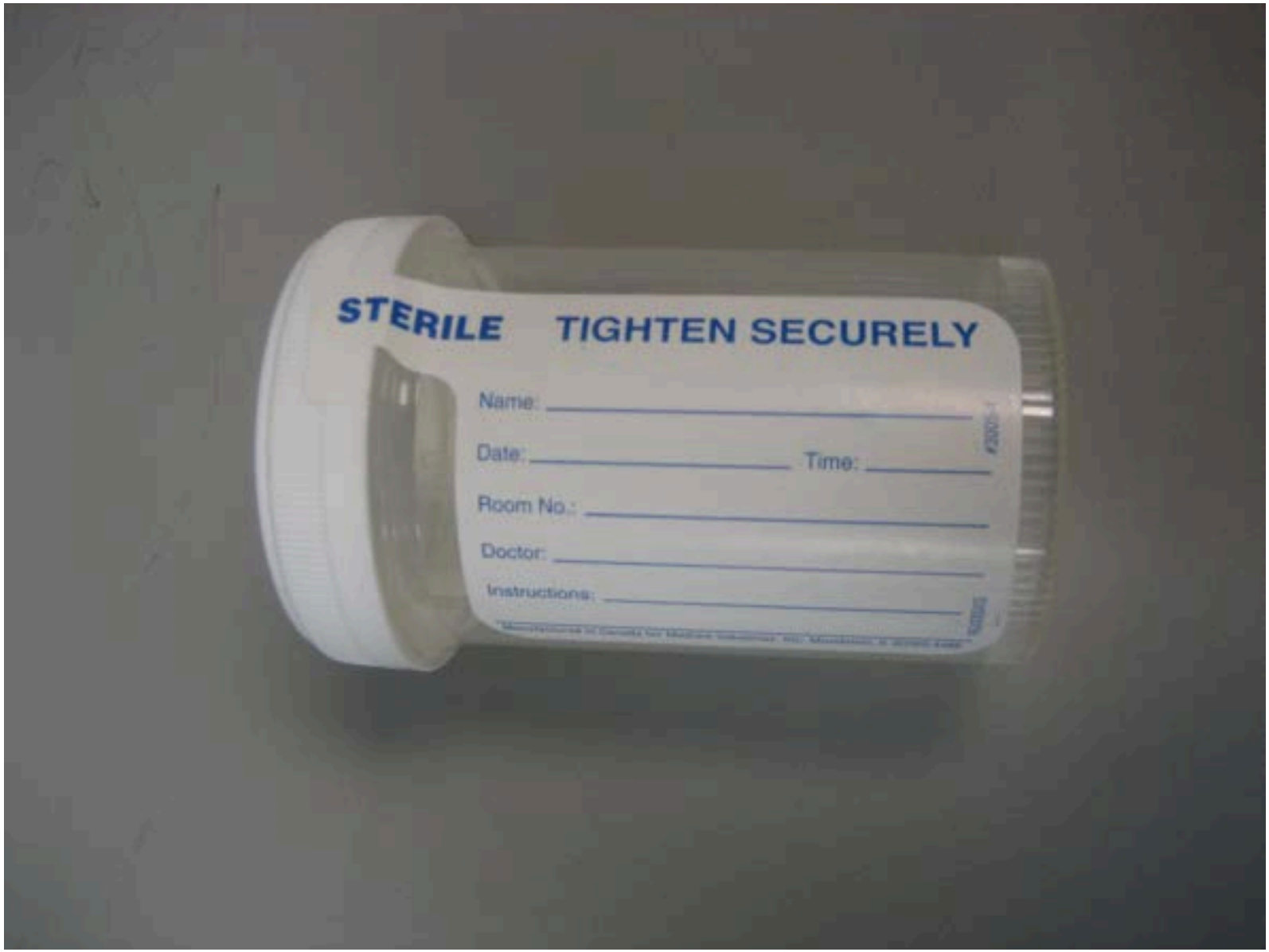
Rush Medical Labs

TEST NAME:	NT-Pro B-Type Natriuretic Peptide (BNP)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MPBNP
CPT CODE:	83880
DAYS PERFORMED:	Monday through Sunday
TURNAROUND TIME:	1 Day
SPECIAL INSTRUCTIONS:	Patient Preparation: For 12 hours before this test do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.
CONTAINER TYPE:	Serum Separator Tube, Acceptable: Red top (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL Blood, 0.5 mL serum
MINIMUM VOLUME:	1.0 mL Blood, 0.3 mL serum
HANDLING INSTRUCTIONS:	1. Serum gel tubes should be centrifuged within 2 hours of collection. 2. Red-top tubes should be centrifuged and aliquoted within 2 hours of collection.
REFERENCE RANGE:	See Mayo Clinic Laboratories (note this is a hyperlink) – search test code PBNP
REFERRAL LABORATORY:	Mayo Clinic Laboratories (note this is a hyperlink)
TEST SYNONYM(S):	N Terminal proBNP, NT Pro BNP, ProBNP (B-Type Natriuretic Peptide)
LAST UPDATED:	05/29/2019


3.5 ml
REF 366510
LOT 5181228 EXP 2006-07

Rush Medical Labs

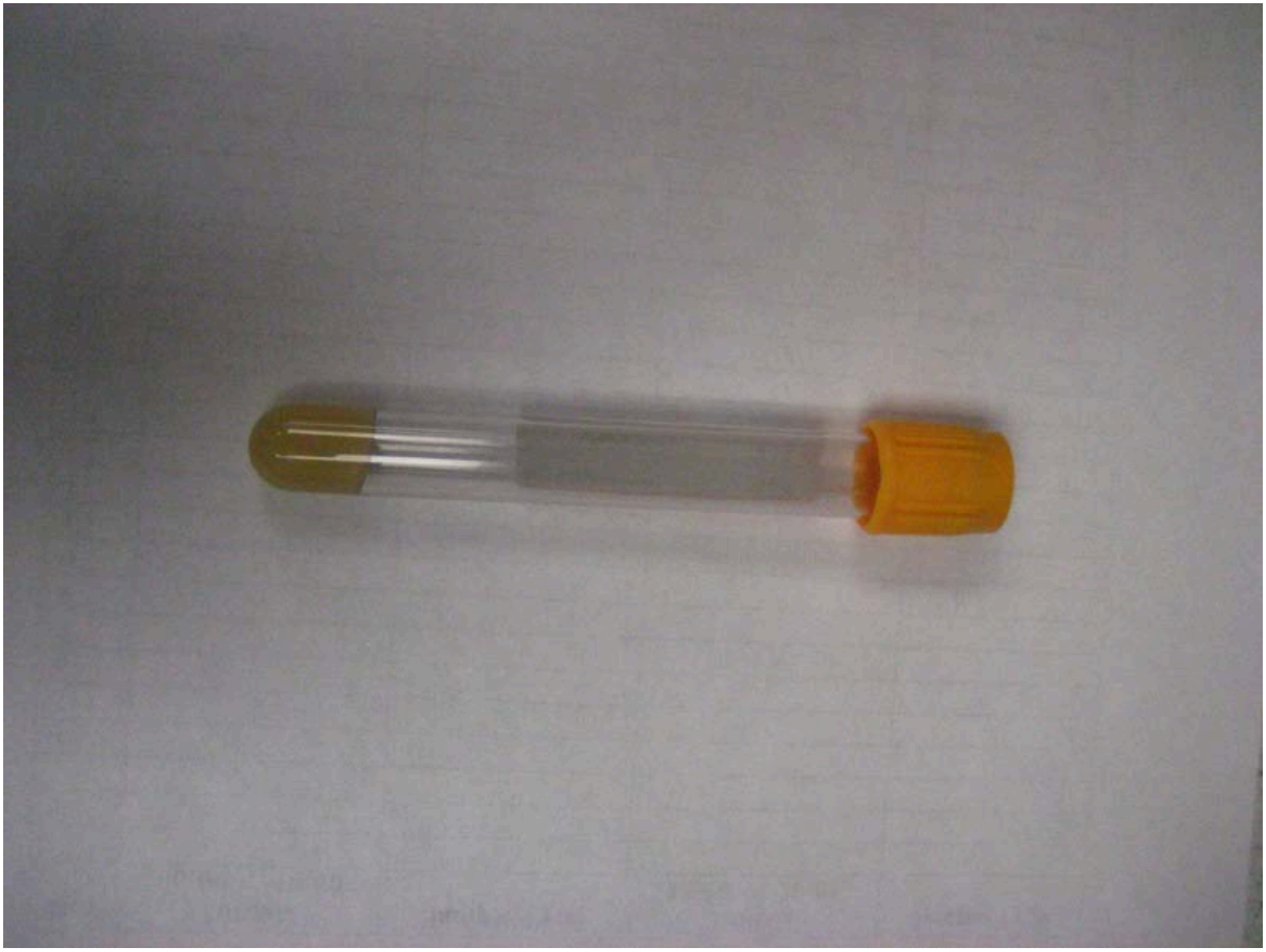
TEST NAME:	NTX-N-Telopeptide (Osteomark), urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RU/NTX
CPT CODE:	82523-90 and 82570-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Random Sterile 80 mL specimen container - Second void of the day preferred.
SPECIMEN REQUIREMENTS:	2.0 mL urine
MINIMUM VOLUME:	1.0 mL urine
REFERENCE RANGE:	Search Test Code 4266UR
POE DESCRIPTION:	N-TELOPEPTIDE; OSTEOMARK (includes random urine creatinine also)
TEST SYNONYM(S):	NTx-telopeptide, (Osteomark); N-telopeptide, urine; Urine N-telopeptide; Collagen Cross-Linked N-telopeptide
LAST UPDATED:	09/17/2012


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Nucleosomal (Chromatin) Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	86235-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code S51571
TEST SYNONYM(S):	Nucleosomal antibodies; Chromatin antibodies

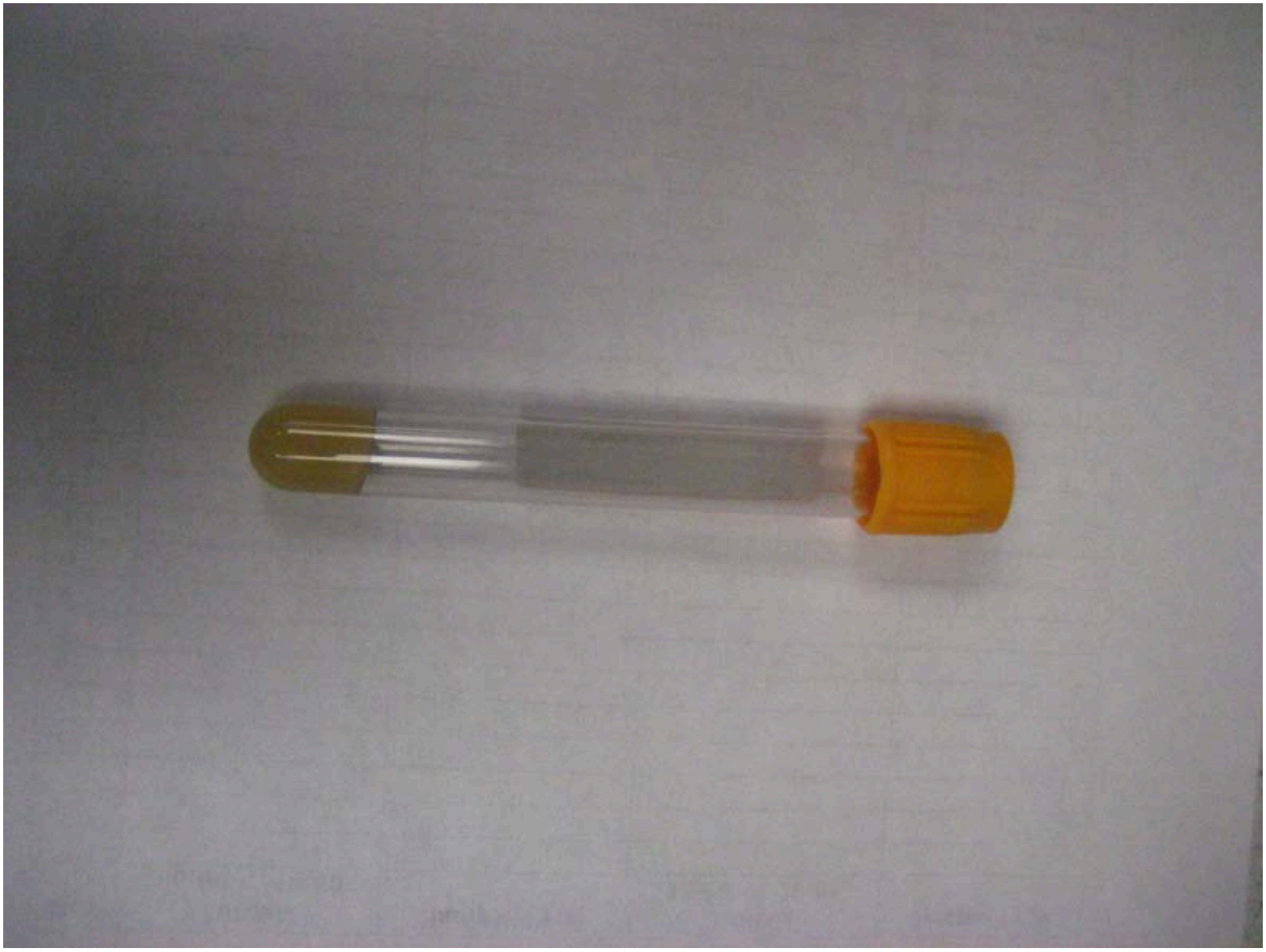

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Oak tree (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	OAK
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code T7
POE DESCRIPTION:	Oak Allergen

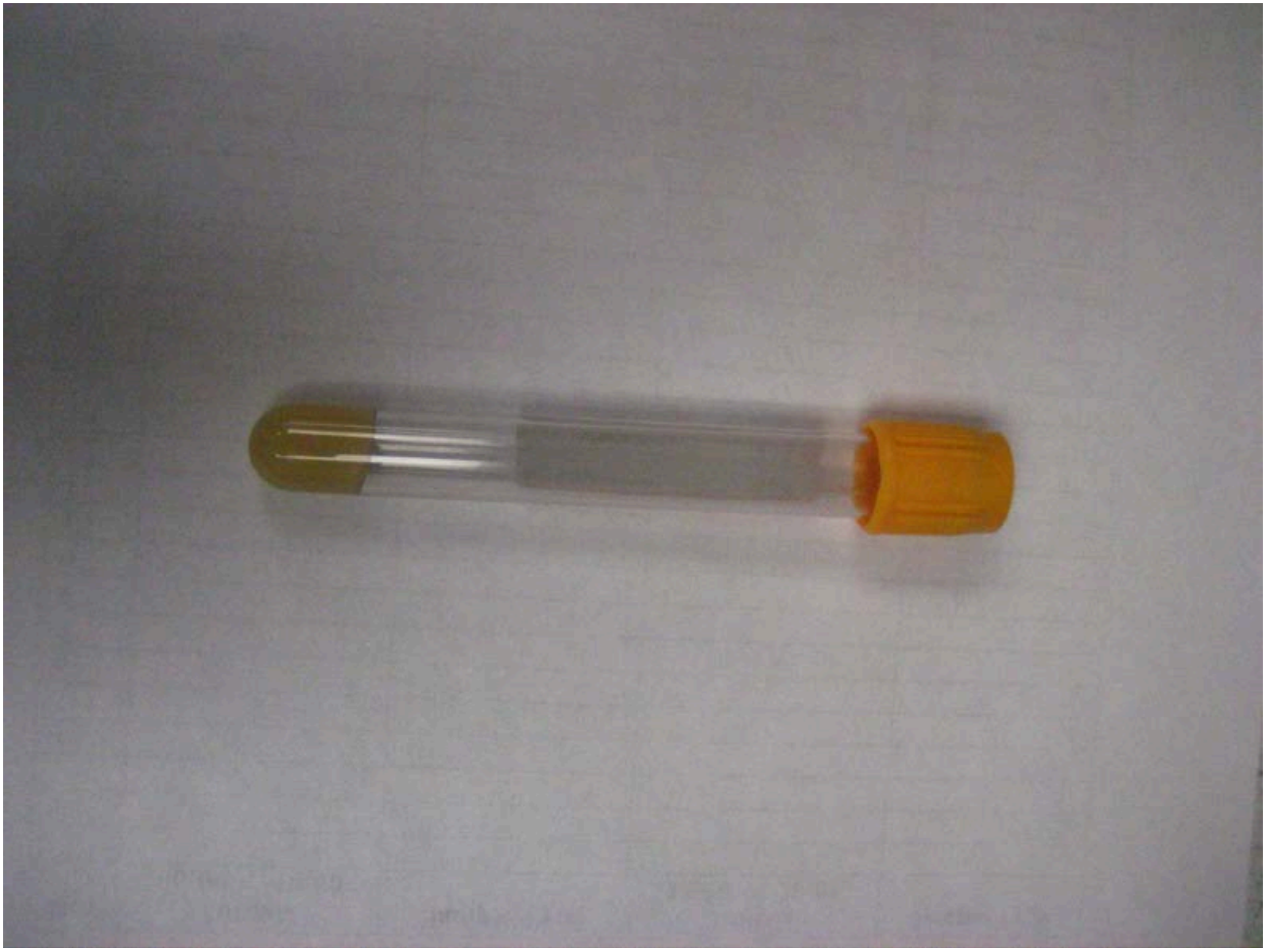

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Obstetric (Prenatal) Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PRENATAL
CPT CODE:	80055
TEST INFORMATION:	Test includes RPR, Rubella IgG, CBC Type/Screen, Hepatitis B Surface Antigen.
DAYS PERFORMED:	Varies by test.
TURNAROUND TIME:	Varies by test.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube AND 2 Lavender top (K2 EDTA) tubes. (See Attached) **Special Labeling Requirements**: For blood bank specimen, the initials of the person who collected the specimen and the date and time of collection MUST be noted on the specimen label.
SPECIMEN REQUIREMENTS:	Blood (serum and plasma)
MINIMUM VOLUME:	1.0 mL serum, 1.5 mL whole blood for CBC 1.5 mL whole blood for T/S
POE DESCRIPTION:	OBSTETRIC (PRENATAL) PANEL
TEST SYNONYM(S):	Prenatal profile; Obstetric profile


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



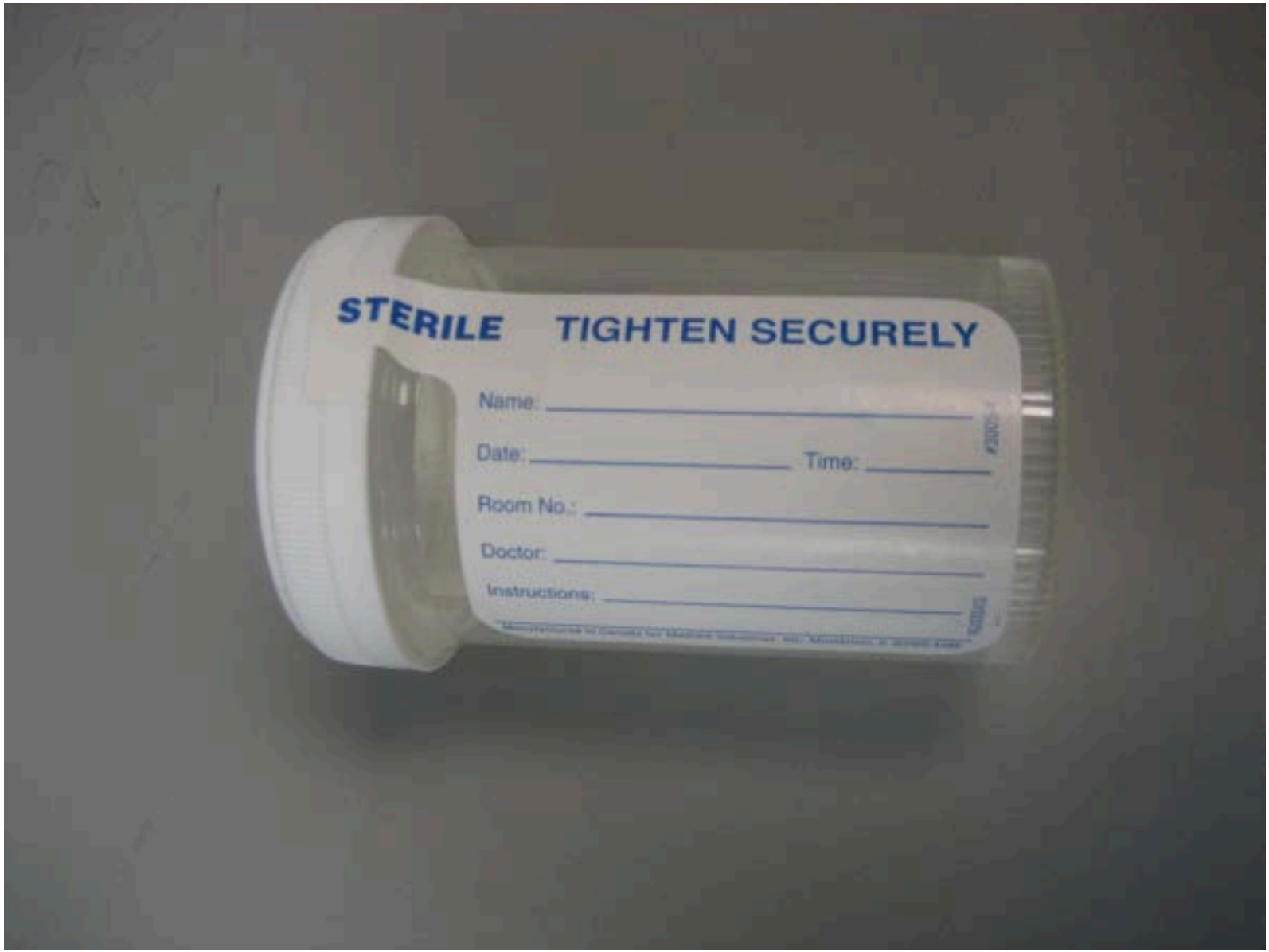

BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Oncotech
TESTING LAB:	15;#Surgical Pathology
TEST INFORMATION:	Test includes chemosensitivity assay of tumor cells against known chemotherapeutic agents
DAYS PERFORMED:	Mon-Fri, 0830-1700
TURNAROUND TIME:	As per Oncotech
SPECIAL INSTRUCTIONS:	Specimen must be kept sterile and delivered fresh immediately after removal to Laboratory Receiving Station, Rm 508 Jelke.
COLLECTION:	Specimen obtained must include sufficient tissue for routine light microscopy as well as tissue requirements outlined in Oncotech protocol.
SPECIMEN REQUIREMENTS:	Fresh unfixed tissue
REJECTION CRITERIA:	Formalin fixed tissue, insufficient tissue or viable tumor cells, tissue not sterile
REFERENCE RANGE:	Results to be interpreted by Oncotech
LIMITATIONS OF TEST:	Sampling error
ADDITIONAL INFORMATION:	This report will be issued separately by Oncotech.
TEST SYNONYM(S):	Chemotherapeutic Assay

Rush Medical Labs

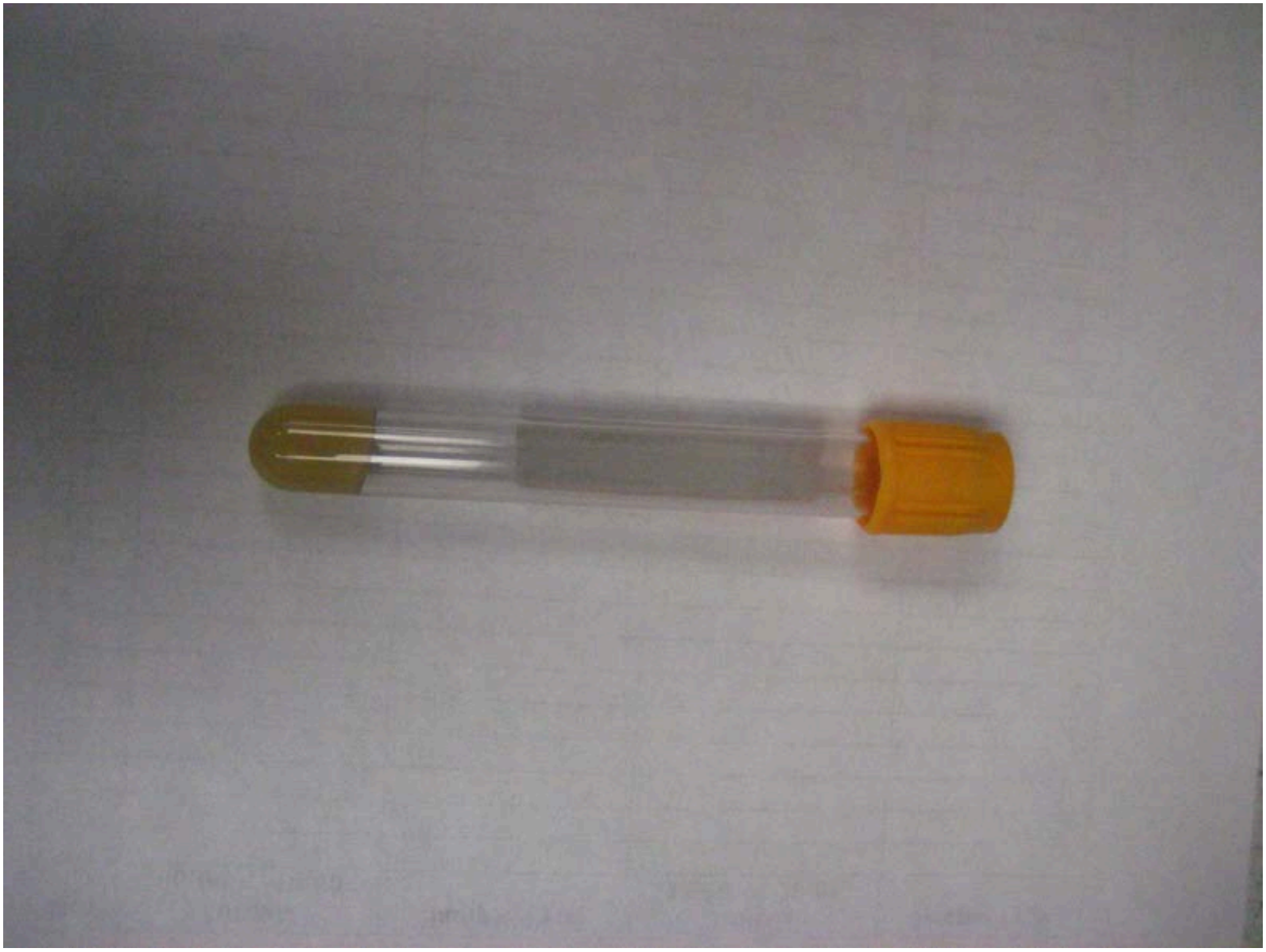
TEST NAME:	Opiates, Qualitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/DS
CPT CODE:	80100 (x7)
TEST INFORMATION:	Test includes: Codeine, Demerol®, heroin, hydromorphone (dilaudid®), morphine and morphine glucuronide. Not orderable as separate test. Order Drug Screen, Urine. Refer to: Drug Screen Urine.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Not orderable as separate test. Order Drug Screen, Urine. Do not use for medicolegal purposes. For medicolegal purposes, specimens should be collected using chain-of-custody precautions and screening results should be confirmed using gas chromatography/mass spectrometry. Chain-of-custody and confirmation are not part of the urine drug screen and are not provided by this laboratory.
CONTAINER TYPE:	Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	Random urine
MINIMUM VOLUME:	0.5 mL
REFERENCE RANGE:	None detected
POE DESCRIPTION:	URINE DRUG SCREEN; U/DS
TEST SYNONYM(S):	Heroin Metabolite, Urine


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

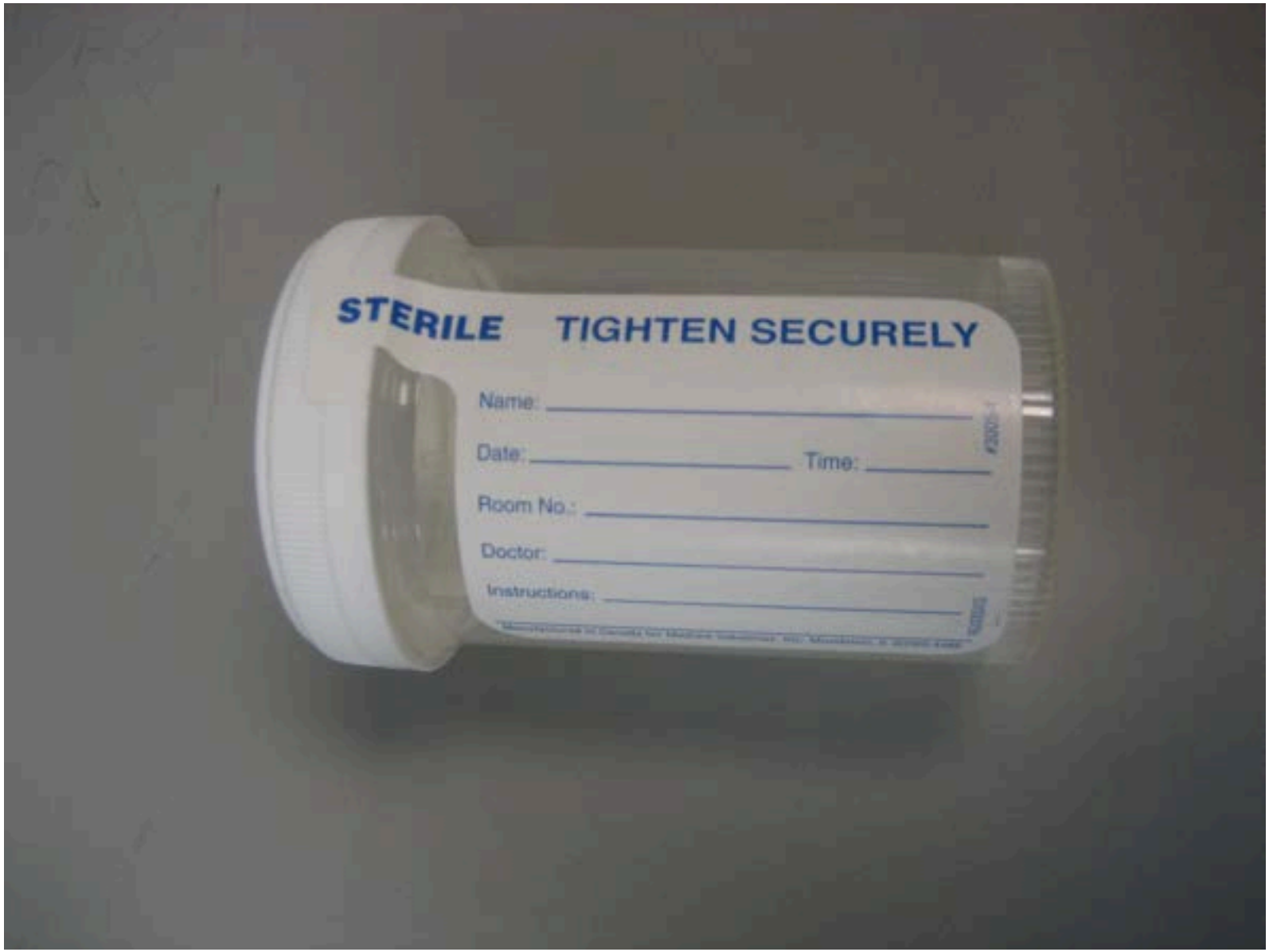
TEST NAME:	Orange (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ORANGE
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code F33
POE DESCRIPTION:	Orange allergen


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



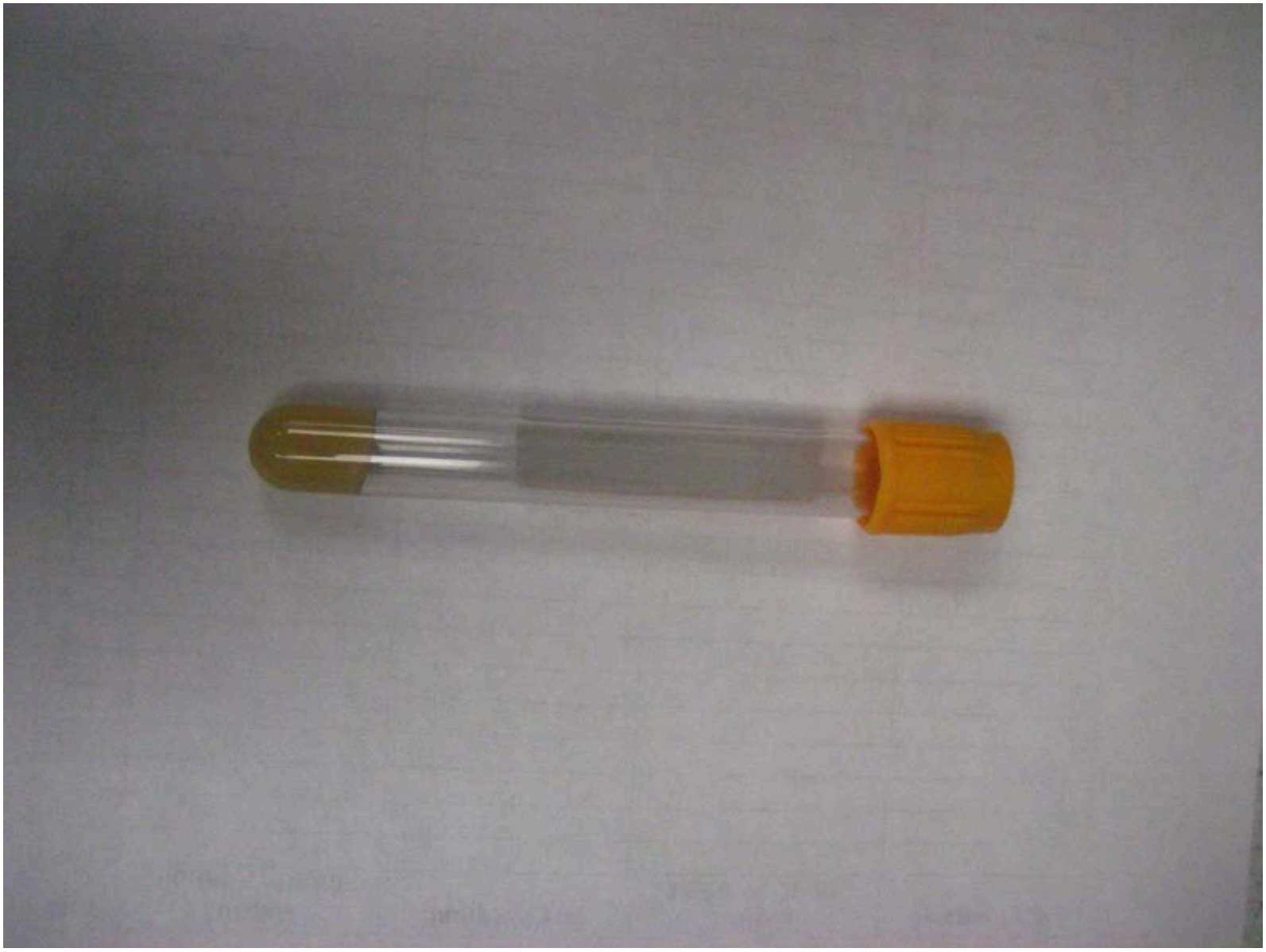
Rush Medical Labs

TEST NAME:	Orotic Acid, Urine
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	83921-90
DAYS PERFORMED:	Arrange with laboratory in advance, referred to reference lab.
TURNAROUND TIME:	3 weeks
SPECIAL INSTRUCTIONS:	Contact Genetics Lab before collecting specimen (312) 942-6298.
CONTAINER TYPE:	Sterile 80 mL specimen container, chemically clean (See Attached)
SPECIMEN REQUIREMENTS:	10 mL (Random early morning urine)
MINIMUM VOLUME:	3 mL
HANDLING INSTRUCTIONS:	Deliver to Genetics Laboratory as soon as possible.
	Will be stated on report
REFERENCE RANGE:	
	Search Test Code S40515
POE DESCRIPTION:	UR OROTIC ACID; U/OROTIC
TEST SYNONYM(S):	Orotic Acid, Quantitative, Urine; Urine Orotic Acid
LAST UPDATED:	09/17/2012


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

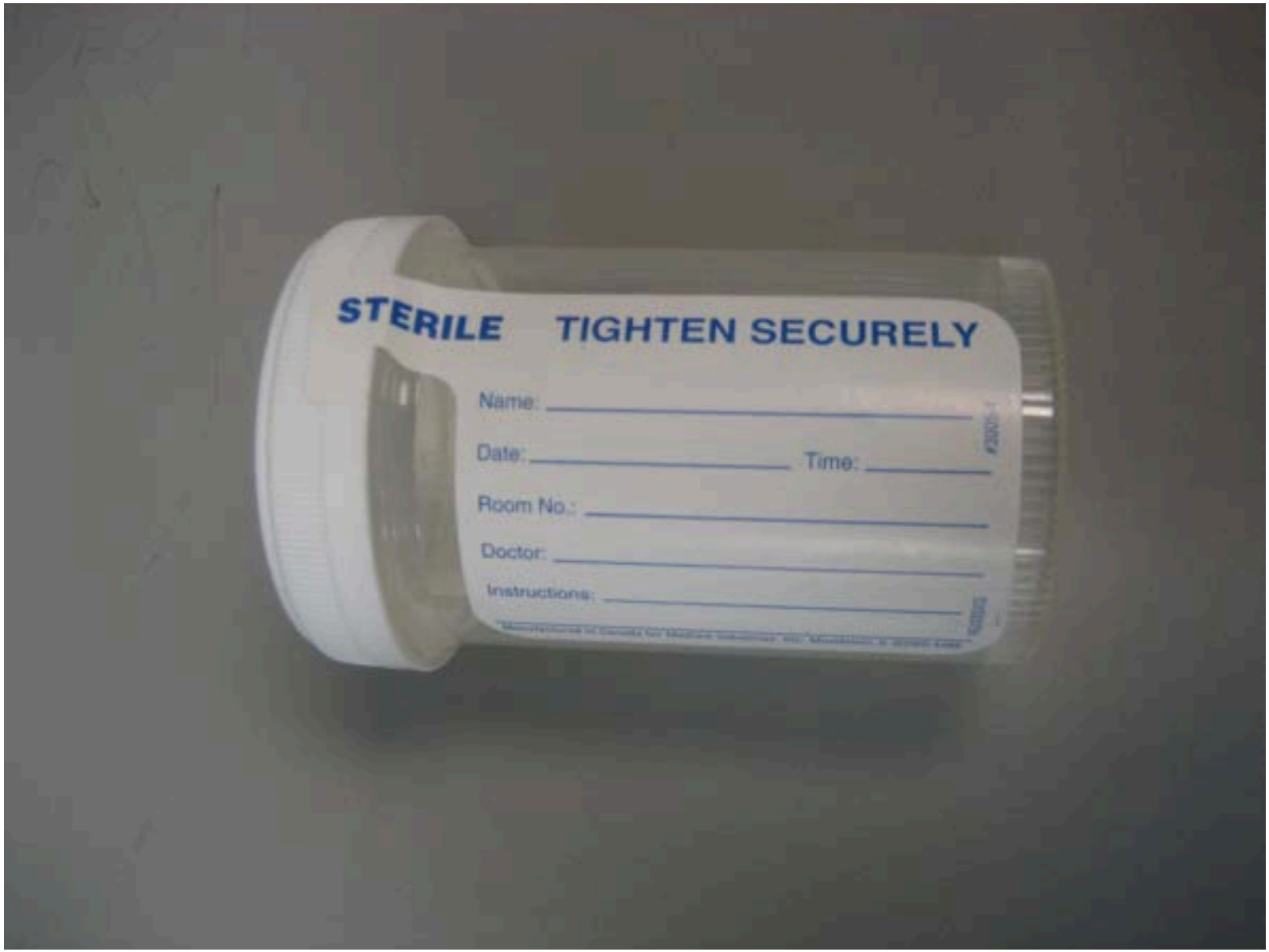
Rush Medical Labs

TEST NAME:	Osmolality, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	OSMO
CPT CODE:	83930
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	0.2 mL blood (0.1 mL serum)
REFERENCE RANGE:	278-305 mOsm/kg
POE DESCRIPTION:	OSMOLALITY



Rush Medical Labs

TEST NAME:	Osmolality, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RU/OSMO
CPT CODE:	83935
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	Random urine
MINIMUM VOLUME:	1 mL
REFERENCE RANGE:	50-1200 mOsm/kg for random specimens
POE DESCRIPTION:	Urine Osmolality Random
TEST SYNONYM(S):	Urine Osmolality


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Osmotic Fragility
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	OSMO FRAG
CPT CODE:	85557-90
CDM NUMBER:	3181475
DAYS PERFORMED:	Blood must be drawn Monday through Thursday only.
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Procedure must be scheduled in advance with the laboratory at 942-5002. Deliver immediately after collection. Laboratory must include a control specimen drawn at the same time from a normal, unrelated individual.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 4 mL (See Attached)
SPECIMEN REQUIREMENTS:	4mL EDTA whole blood
REJECTION CRITERIA:	Not scheduled ahead with the laboratory.
MINIMUM VOLUME:	2 mL EDTA whole blood
HANDLING INSTRUCTIONS:	Specimen must be fresh. Specimen must be delivered immediately to the laboratory after collection and shipped within 72 hours of draw.
REFERENCE RANGE:	See Mayo Clinic - Search Test Code FRAGO
POE DESCRIPTION:	OSMOTIC FRAGILITY
TEST SYNONYM(S):	Fragility, Osmotic; Red Cell Fragility; RBC Fragility
LAST UPDATED:	04/13/2015


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

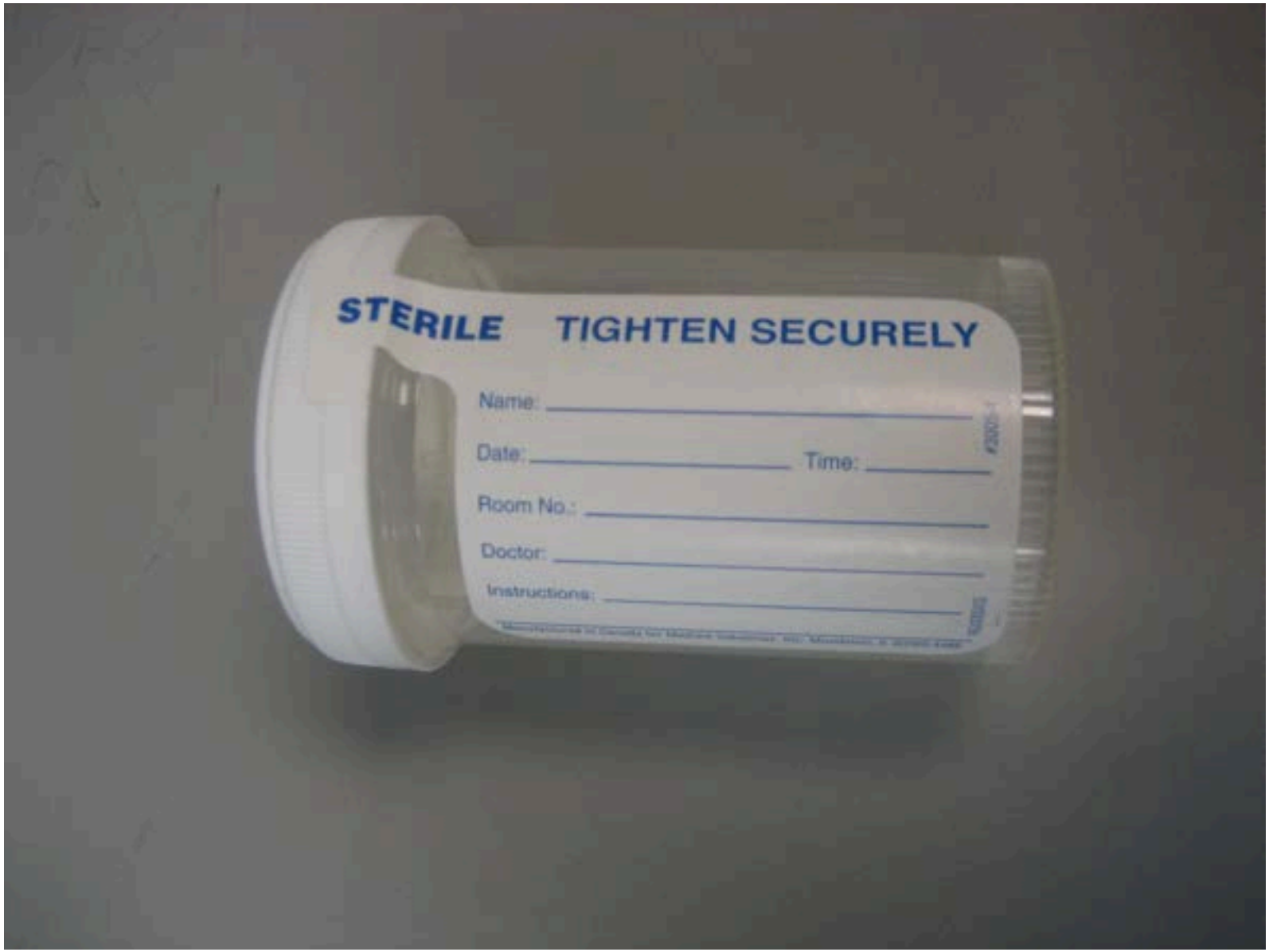
Rush Medical Labs

TEST NAME:	Osteocalcin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	OSTEOCAL
CPT CODE:	83937-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patients should fast 12 hours prior to collection.
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 16322
METHODOLOGY:	Immunoradiometric Assay
POE DESCRIPTION:	Osteocalcin
TEST SYNONYM(S):	BGP; Bone Gla Protein
LAST UPDATED:	08/15/2014


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Ova and Parasites, Aspirated Specimen
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	OP
CPT CODE:	87177; 88313
TEST INFORMATION:	The test includes wet preparation (saline and iodine), concentration procedure, and Trichrome stain.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Variable - depending upon procedure required, usually within 3 days
SPECIAL INSTRUCTIONS:	The requisition or order MUST specify if the specimen is to be examined for *Cryptosporidium*, *Isospora*, and/or *Cyclospora*. The specific anatomic site of the specimen MUST be specified on the order or the requisition.
CONTAINER TYPE:	Sealed sterile container (See Attached)
SPECIMEN REQUIREMENTS:	Sputum, aspirate, biopsy, body fluid, duodenal fluid
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, swab specimen submitted, specimen consisting entirely of saliva, specimen contaminated with urine and/or water, specimen containing interfering substances (i.e. castor oil, bismuth, Metamucil®, barium), specimen contaminating outside of transport container, specimen in a preservative. Only one specimen will be accepted per day.
MINIMUM VOLUME:	3-4 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No parasites
METHODOLOGY:	Wet preparation (saline and iodine), concentration, Trichrome stain.
REFERRAL LABORATORY:	Commercial
POE DESCRIPTION:	OVA AND PARASITES EXAM; O & P; OP
TEST SYNONYM(S):	Aspirate for Ova and Parasites; Parasitology Examination, Aspirate
LAST UPDATED:	05/22/2014


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Ova and Parasites, Stool
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	OP
CPT CODE:	87177; 87207
TEST INFORMATION:	The test includes a wet preparation (saline and iodine), concentration procedure, and Trichrome stain.
DAYS PERFORMED:	Monday - Friday
TURNAROUND TIME:	Complete reports may require 2-4 days after receipt of the specimen based upon the findings.
SPECIAL INSTRUCTIONS:	The requisition or order MUST specify if the specimen is to be examined for *Cryptosporidium*, *Isospora*, and/or *Cyclospora*.
CONTAINER TYPE:	Sealedplas cfecescontainer,no preserva ve;sealedsterileor nonsterilecleancontainer;clients: TotalFix
COLLECTION:	Specimens obtained with a warm saline enema or Fleet® Phospho®-Soda are acceptable. Specimens obtained with mineral oil, bismuth, iron, or magnesium compounds are unsatisfactory. Wait 10 days to 2 weeks after barium procedures or barium laxatives before collecting stools for examination. The specimen should be collected directly into the plastic feces specimen container (no preservative) or into a bedpan, avoiding contamination with urine or water. Transfer the feces from the bedpan into the plastic feces container or a sealed container.
SPECIMEN REQUIREMENTS:	Fresh stool
REJECTION CRITERIA:	Specimen on outside of container, insufficient quantity of specimen, inappropriate specimen, specimen submitted in a preservative, specimen contaminated with water and/or urine, inappropriate specimen container, specimen submitted on a diaper or tissue paper, insufficient specimen volume, specimen containing interfering substances (i.e. castor oil, bismuth, Metamucil®, barium), rectal swab. Only one specimen will be accepted per day unless purged samples are required to be submitted.
MINIMUM VOLUME:	1 mL or 1 gram, or up to the fill-line for TotalFix
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate, unless submitted in Para-Pak vials which should be left at room temperature.
REFERENCE RANGE:	No parasites found
METHODOLOGY:	Wet preparation (saline and iodine) on concentration, Trichrome stain.
ADDITIONAL INFORMATION:	The recommended screening procedure is three random stool specimens over a 5-7 day period. Amebas and certain other parasites cannot be observed in stools containing barium. Formed stools are more suitable for amebic cyst and helminth egg recovery. Soft or liquid stools (either normally passed or obtained by purgation) are more suitable for protozoan trophozoites. Specimens that do NOT arrive within 1 hour should be preserved so as to maintain the integrity of the parasites. Warning: Any stool collected by or from the patient may harbor pathogens which are IMMEDIATELY infective. Use extreme caution when *Entamoeba histolytica*, *Hymenolepis*

	nana, *Strongyloides* species, and *Taenia* species are suspected/reported.
POE DESCRIPTION:	OVA AND PARASITES EXAM; O & P; OP
TEST SYNONYM(S):	O and P; Ova and Parasites; Parasites, Stool; Parasitology Examination; Stool for Ova and Parasites
LAST UPDATED:	05/22/2014

Rush Medical Labs

TEST NAME:	Oxalate, Quantitative, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/OXAL
CPT CODE:	83945-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #4(containing 10 mL 6N HCl) (See Attached) Caution: 6n HCl is caustic.
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection
REFERENCE RANGE:	Search Test Code 4332U
POE DESCRIPTION:	URT OXALATE; U/OXAL
TEST SYNONYM(S):	Urine Oxalate


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DOB:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TEST REQUESTED:
COLLECTION TIME: (Time)
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION
Arsenic, Calcium,
Histamine, Hydrogen
Oxalate, Phosphorus
** CORROSIVE **

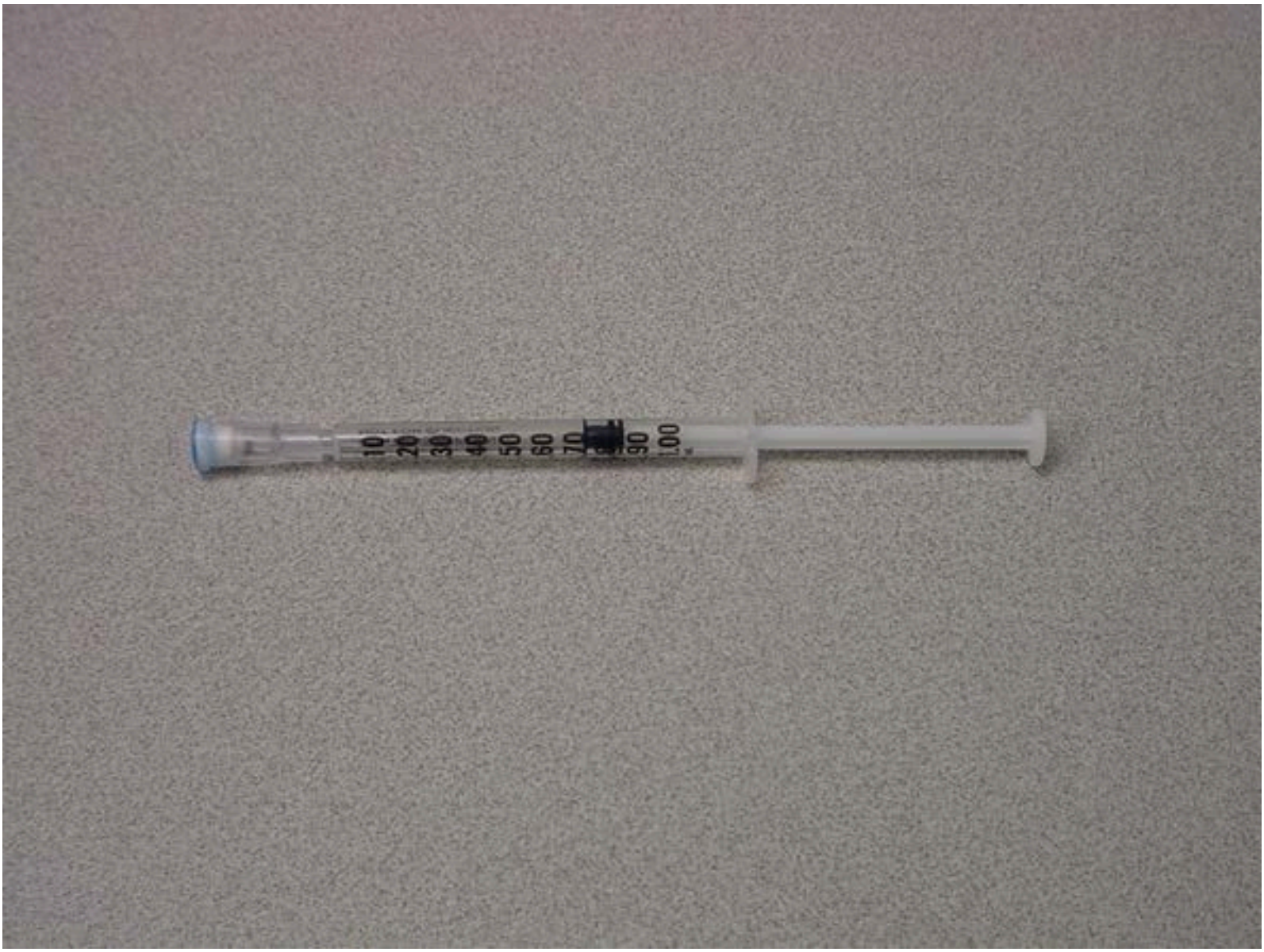
Rush Medical Labs

TEST NAME:	Oxcarbazepine (Trileptal)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	OXCAR
CPT CODE:	80183-90
CDM NUMBER:	3181370
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	3.0mL blood(1.0 mL serum)
REFERENCE RANGE:	Search Test Code 4937
METHODOLOGY:	HPLC
POE DESCRIPTION:	Oxcarbazepine and Trileptal
TEST SYNONYM(S):	Trileptal
LAST UPDATED:	06/14/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Oxygen Saturation, Blood (Measured)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MO2/SAT
CPT CODE:	82810
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Specimen must be delivered immediately to the laboratory. Keep on ice. Indicate source on requisition (ie, arterial).
CONTAINER TYPE:	Heparinized syringe or Green top (heparin) - 10 mL tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood, arterial or venous
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL
HANDLING INSTRUCTIONS:	Keep specimen on ice.
REFERENCE RANGE:	Arterial: 95% to 99%; venous: 60% to 85%
POE DESCRIPTION:	MEASURED O2 SATURATION
TEST SYNONYM(S):	O2SAT; SO2


10
20
30
40
50
60
70
80
90
100


VACUTAINER

Rush Medical Labs

TEST NAME:	P53 Gene Mutation Analysis
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	P53PCR
CPT CODE:	83890; 83894 (x2); 83898; 83912
DAYS PERFORMED:	Mon-Thur, 0900-1600
TURNAROUND TIME:	10-14 days
SPECIAL INSTRUCTIONS:	Cellular material must be >/= 40% tumor.
SPECIMEN REQUIREMENTS:	Frozen tissue, cells in medium, fixed tissue
REFERENCE RANGE:	Normal gene sequence
POE DESCRIPTION:	P53 GENE MUTATION ANALYSIS; P53PCR
TEST SYNONYM(S):	Gene Mutation Analysis

Rush Medical Labs

TEST NAME:	Pancreatic Elastase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	Q/PANC ELA
CPT CODE:	82656-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Clean, leak proof plastic container
SPECIMEN REQUIREMENTS:	1 gram of stool
MINIMUM VOLUME:	0.3 grams of stool
REFERENCE RANGE:	Search Test Code 14693
TEST SYNONYM(S):	Fecal Elastase; Fecal Pancreatic Elastase-1
LAST UPDATED:	04/13/2015

Rush Medical Labs

TEST NAME:	Pancreatic Polypeptide
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PANC-POLY
CPT CODE:	83519-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL plasma)
MINIMUM VOLUME:	2.0 mL blood (0.6 mL plasma)
REFERENCE RANGE:	Search Test Code S51632 PANCREATIC
POE DESCRIPTION:	POLYPEPTIDE; PANC-POLY


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

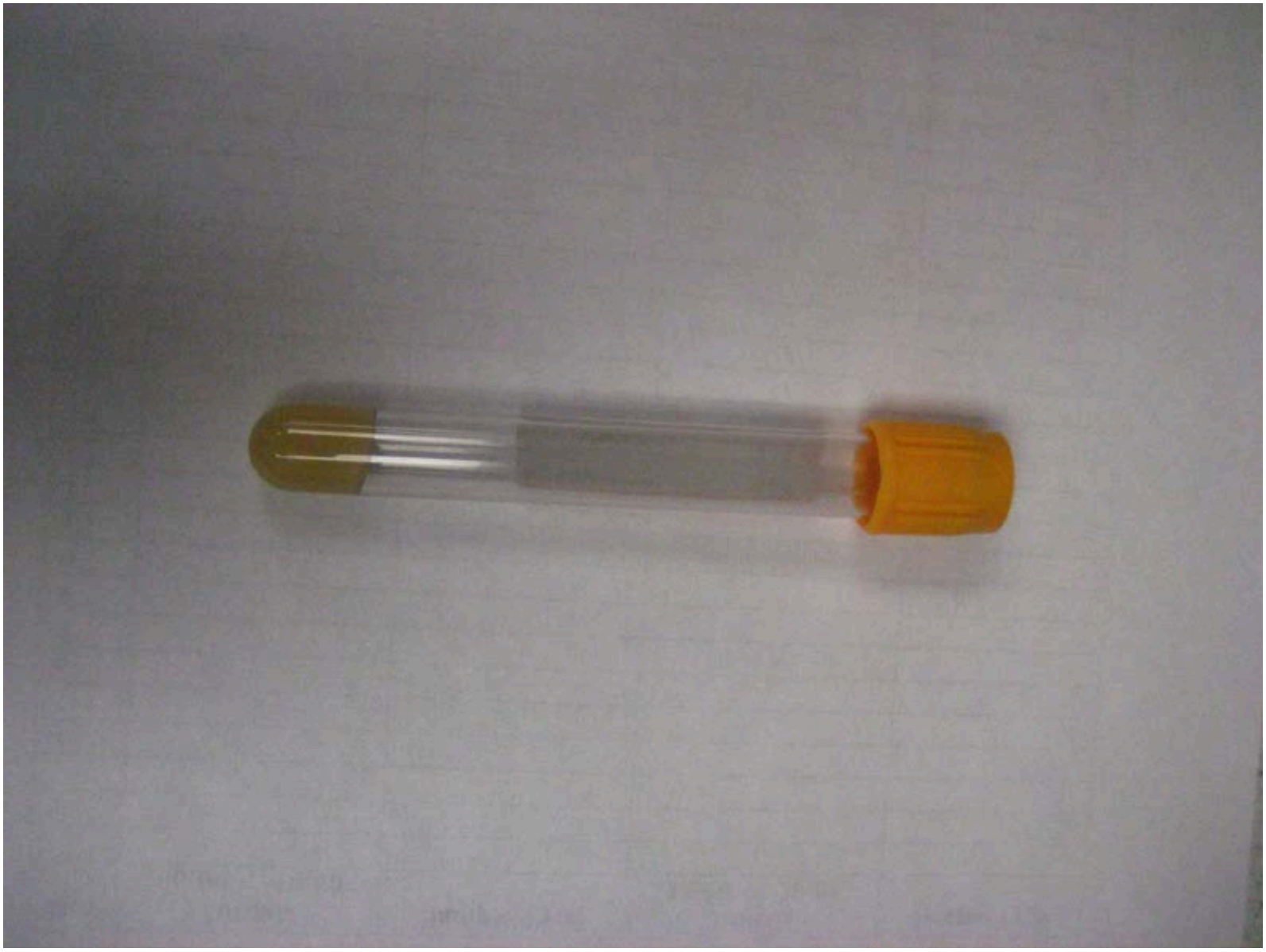
Rush Medical Labs

TEST NAME:	Pap Smear Thin Prep Pap Test
TESTING LAB:	6;#Cytology
LAB / EPIC MNEMONIC:	PAP SMEAR
CPT CODE:	88150
DAYS PERFORMED:	Mon-Fri, 0730-1700
TURNAROUND TIME:	3-7 days
SPECIAL INSTRUCTIONS:	Slides must be labeled with the patient`s last name. Last menstrual period (LMP), previous Pap smear date, and previous Pap smear diagnosis are required information. Pertinent clinical information including exogenous hormone therapy, chemotherapy, radiation, prior gynecologic surgery, and pregnancy should also be indicated.
CONTAINER TYPE:	Pap smear collection kit
COLLECTION:	**VCE (vaginal, cervical, endocervical Pap smear):** Scrape the midlateral wall of the vagina very lightly with a spatula and keep the sample on the spatula. Scrape lightly the entire ectocervix with another spatula and keep this sample on the spatula. Sample the endocervix with an endocervical brush. Rinse the spatulas in the PreservCyt Solution for Thin Prep Pap Test by swirling the spatulas 10 times in the vial. Discard the spatula. Rinse the brush in the Presevacyt Solution by rotating the device in the solution 10 times while pushing against the Preservacyt vial wall. Swirl the brush vigorously to release further material. Discard the brush. Tighten the cap so the torque line on the cap passes the torque line on the vial. Record the patient's name and ID number on the vial. Submit the vial along with an appropriate cytology requisition with the patients clinical information to the laboratory.
SPECIMEN REQUIREMENTS:	Vaginal, cervical, endocervical scraping
REJECTION CRITERIA:	No patient name on slide, discrepancy between specimen labeling and requisition.
ADDITIONAL INFORMATION:	The Bethesda System is used for reporting cervical Pap smear specimens. The reporting system includes a statement of Adequacy in one of the following categories; Satisfactory, Satisfactory but limited by, Unsatisfactory or Unacceptable. Each Satisfactory or Satisfactory but limited by sample is classified by one of the following general categories. Negative for Intraepithelial malignancy, Epithelial abnormality or Malignancy other. Each general category is then characterized by a standardized set of descriptors.

Rush Medical Labs

TEST NAME:	Paraneoplastic Autoab Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PAVAL
TEST INFORMATION:	Restricted test for Neurology only
TURNAROUND TIME:	5-7 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	6.0 mL blood (4.0 mL serum)
MINIMUM VOLUME:	4.0 mL blood (2.0 mL serum)
REFERENCE RANGE:	See Mayo Labs - Search Test Code PAVAL
TEST SYNONYM(S):	Paraneoplastic Neurological Autoimmunity; Paraneoplastic Autoantibody Evaluation
LAST UPDATED:	11/21/2013


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



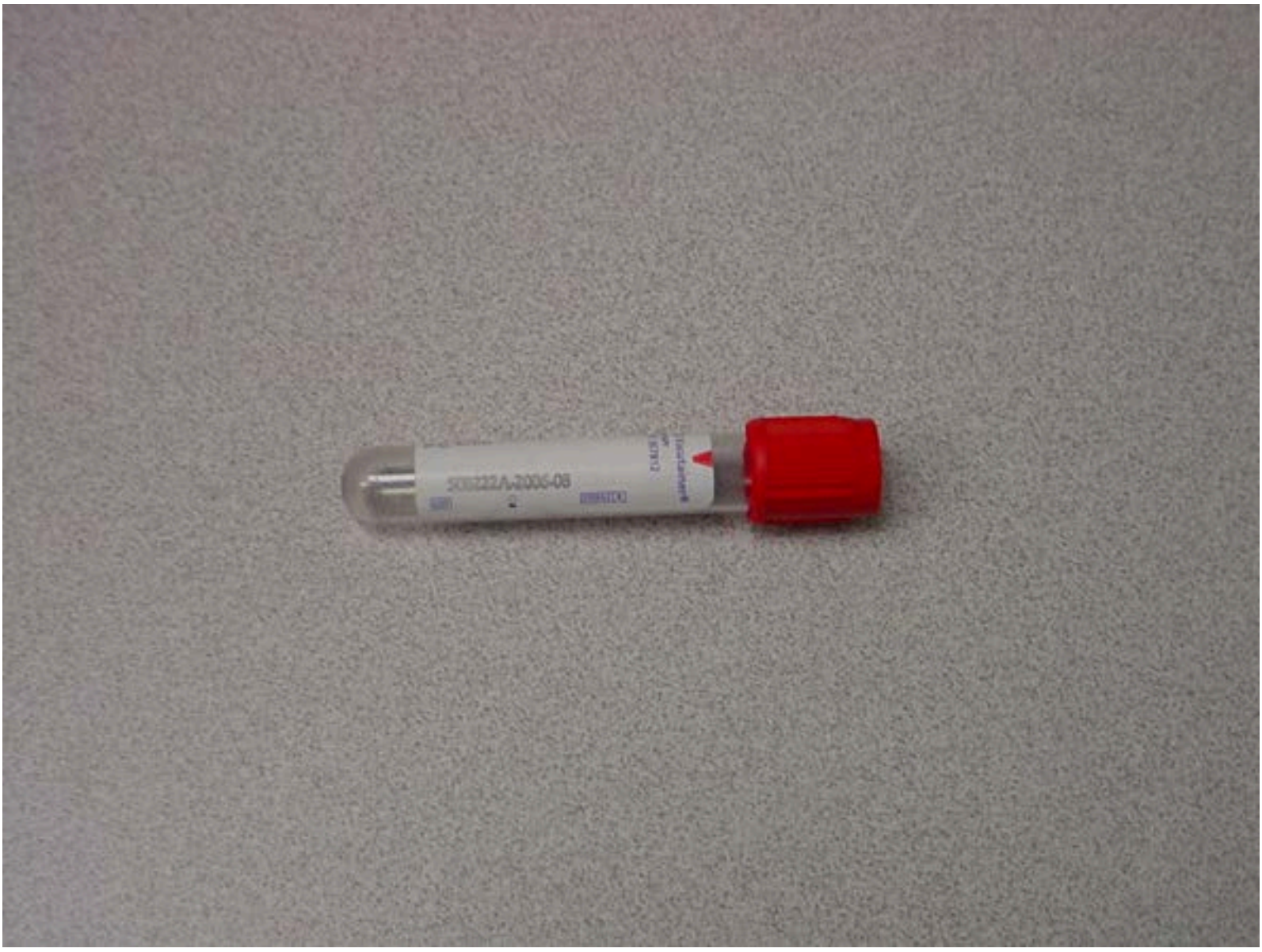
Rush Medical Labs

TEST NAME:	Parathyroid Hormone (PTH) - Intraoperative
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	IOPTH
CPT CODE:	83970
TEST INFORMATION:	Plasma intact PTH determinations are performed immediately prior to the neck incision (baseline), following neck exploration (manipulation) and at 5, 10 and 20 minutes after beginning parathyroid resection. Frozen sections are performed on tissue per surgeon"""""""""""s request based on clinical indication. The generally accepted guideline that a 50% or greater decrease from baseline PTH value is considered indication of successful removal of the hyperfunctioning parathyroid tissue. When used intraoperatively to verify a decline in PTH production after resection, it is recommended that two or more samples be collected at least 5-10 minutes apart.
DAYS PERFORMED:	Daily
TURNAROUND TIME:	30 minutes
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 4 mL (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL whole blood (2.0 mL EDTA plasma)
REJECTION CRITERIA:	Grossly hemolyzed, grossly lipemic, grossly icteric
MINIMUM VOLUME:	2.0 mL whole blood (1.0 mL EDTA plasma)
REFERENCE RANGE:	A 50% or greater decrease from baseline is considered indication of successful removal of the hyperfunctioning parathyroid tissue.
METHODOLOGY:	Chemiluminescent
POE DESCRIPTION:	Intraoperative Parathyroid Hormone
TEST SYNONYM(S):	PTH - Intraoperative; Parathyroid Hormone, Intraoperative; IOPTH; Intraoperative PTH
LAST UPDATED:	03/24/2014


BD Franklin Lakes NJ USA
4.0 mL

Rush Medical Labs

TEST NAME:	Parathyroid Hormone, Intact
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	IPTH
CPT CODE:	83970, 82310
TEST INFORMATION:	Test includes: Ca and Intact Parathyroid Hormone
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto a serum separator tube (SST)
CONTAINER TYPE:	Red top tube - 4 mL (red top) only (See Attached)
SPECIMEN REQUIREMENTS:	2 mL blood (1 mL serum)
REJECTION CRITERIA:	Hemolysis, bilirubin, chylous serum, serum from an SST collection tube
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Intact PTH:8.5-72.5 pg/mL Calcium:Newborn to 1 month: 7.3-11.9 mg/dL 1month to adult: 8.7-10.7 mg/dL
METHODOLOGY:	Chemiluminescent
CRITICAL VALUES:	Calcium: <5.0 mg/dL and <13.0 mg/dL
POE DESCRIPTION:	INTACT PARATHYROID HORMONE; INTACT PTH
TEST SYNONYM(S):	Intact PTH; PTH-Intact
LAST UPDATED:	10/15/2019



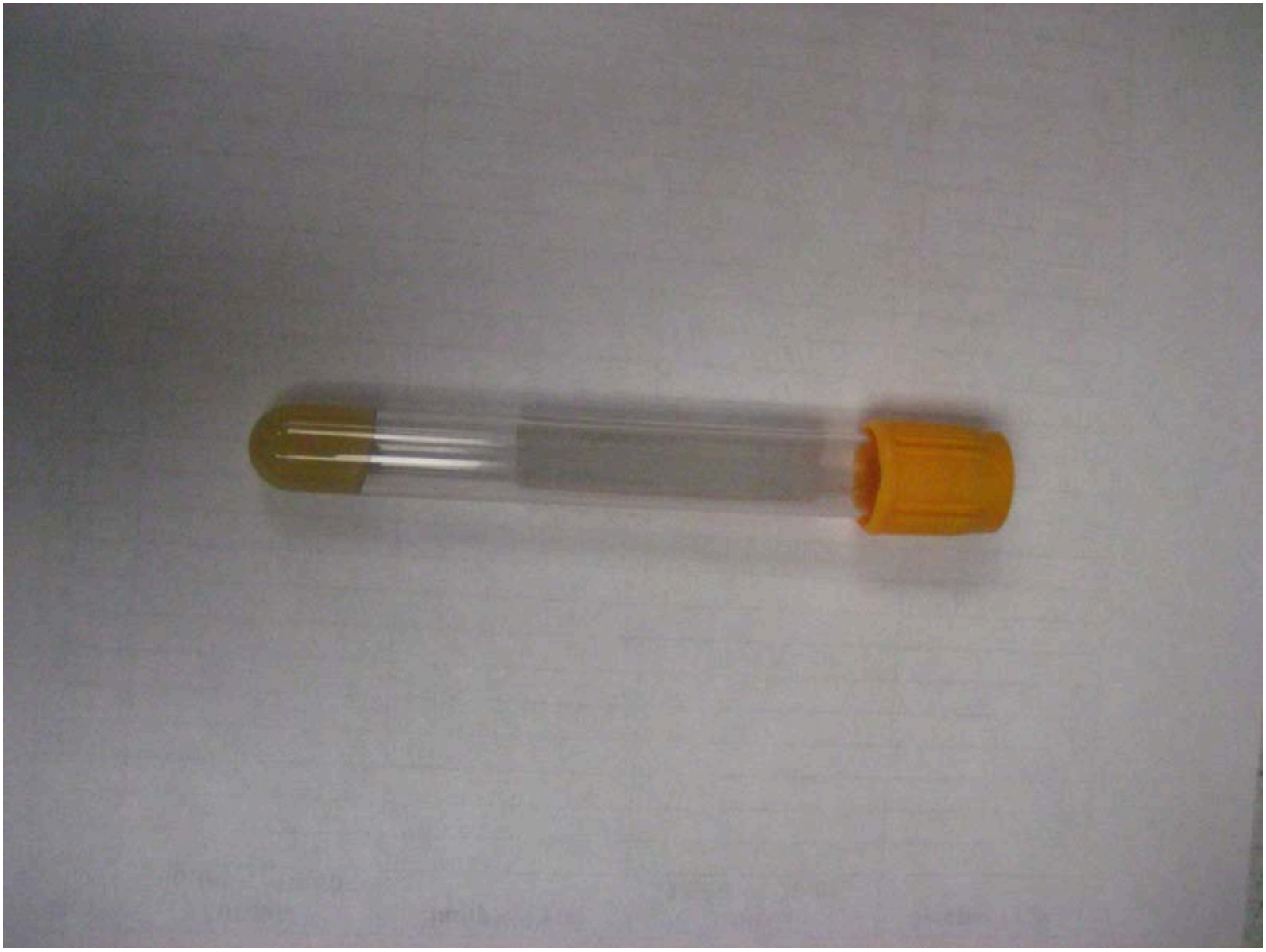
Rush Medical Labs

TEST NAME:	Parathyroid Related Protein
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PTHRP
CPT CODE:	83519-90
CDM NUMBER:	3181389
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Green top (sodium heparin) - 4 mL tube
COLLECTION:	(See Attached)
SPECIMEN REQUIREMENTS:	Collect in sodium heparin tube only. Centrifuge to separate plasma as soon as possible.
MINIMUM VOLUME:	1.0 mL plasma
REFERENCE RANGE:	0.3 mL plasma
POE DESCRIPTION:	Search Test Code S51608
TEST SYNONYM(S):	PTH Related Protein
LAST UPDATED:	PTH-RP
	06/19/2019



Rush Medical Labs

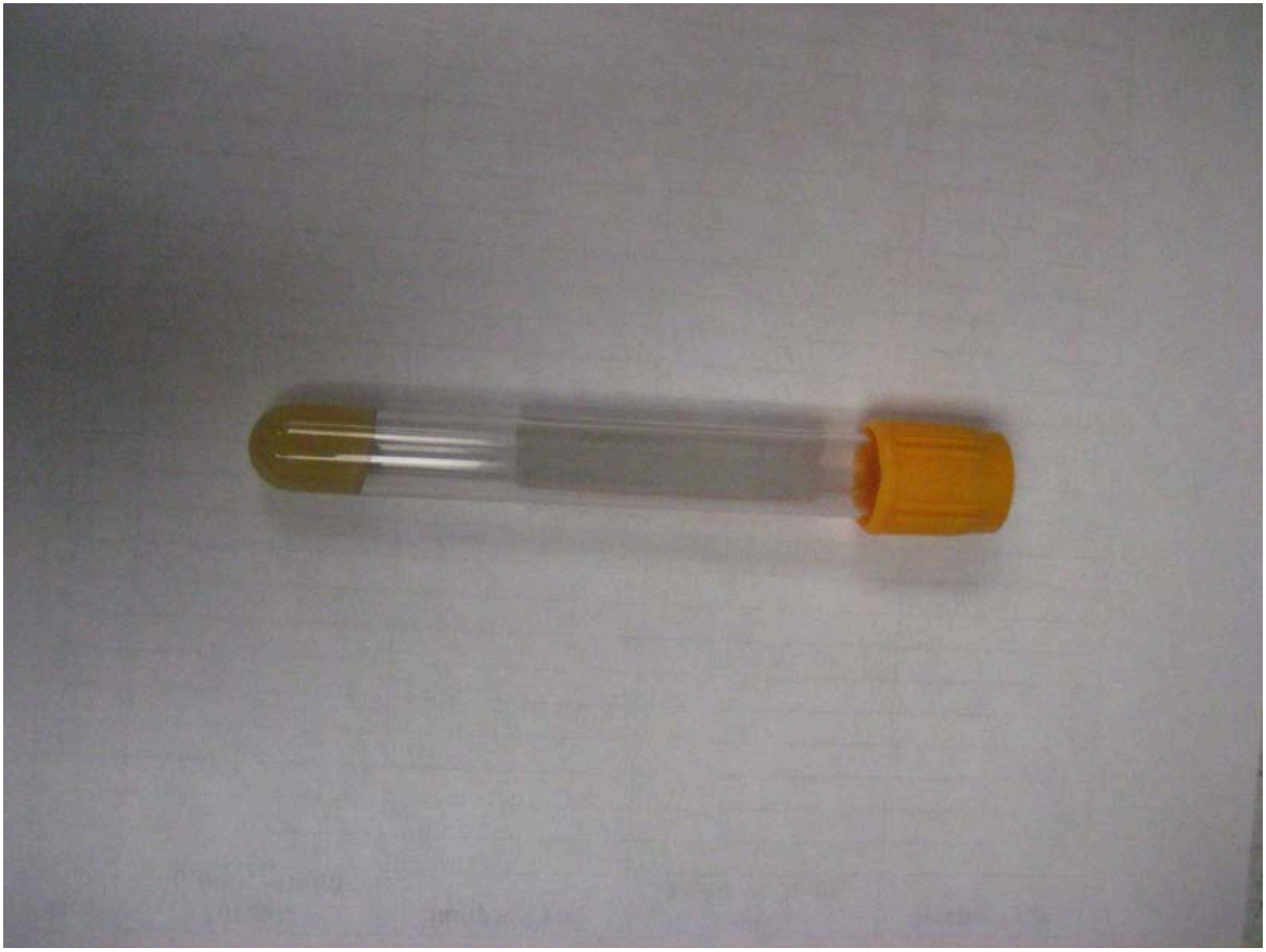
TEST NAME:	Parietal Cell Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	APCA
CPT CODE:	86255-90 if negative, 86256-90 if positive
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST Tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code 1104
POE DESCRIPTION:	PARIETAL CELL AB; APCA
TEST SYNONYM(S):	Antiparietal Cell Antibody; APCA



Rush Medical Labs

TEST NAME:	Parvovirus B19 Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	Parvo B19
CPT CODE:	86747X2
TEST INFORMATION:	This test includes testing for IgG and IgM antibodies to Parvovirus B19
DAYS PERFORMED:	Monday - Friday
TURNAROUND TIME:	3 - 7 days
SPECIAL INSTRUCTIONS:	It is the responsibility of the requesting physician to see that both acute and convalescent specimens are obtained. The physician should arrange for the collection of the convalescent serum 14- 28 days after the acute is collected. Paired testing of acute and convalescent phase sera is recommended, if clinically indicated.
CONTAINER TYPE:	Red top tube or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Parvovirus B19 AB IgG = <0.9, Parvovirus B19 AB IgM = <0.9
METHODOLOGY:	Refer to Quest Test Code 8946.
REFERRAL LABORATORY:	Enzyme Immunoassay (EIA)
ADDITIONAL INFORMATION:	Quest Diagnostics This test determines the presence of Parvovirus B19 infection which can cause Fifth disease in children, aplastic anemia in immunocompromised individuals, aplastic crisis in chronic hemolytic anemia patients, and "Lyme-like" arthritis in the absence of serological evidence of B. burgdorferi infection. Specific IgG antibodies are usually detected in 2-3 weeks after exposure, reach peak concentrations, and then decline, but remain detectable for years. Specific IgM antibodies are detected 1-2 weeks after exposure, reach peak concentrations and then decline to undetectable concentrations within 2-3 months after exposure.
TEST SYNONYM(S):	Human Parvovirus Antibody; Fifth's Disease; Human Parvovirus B19 IgG
LAST UPDATED:	09/11/2013


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

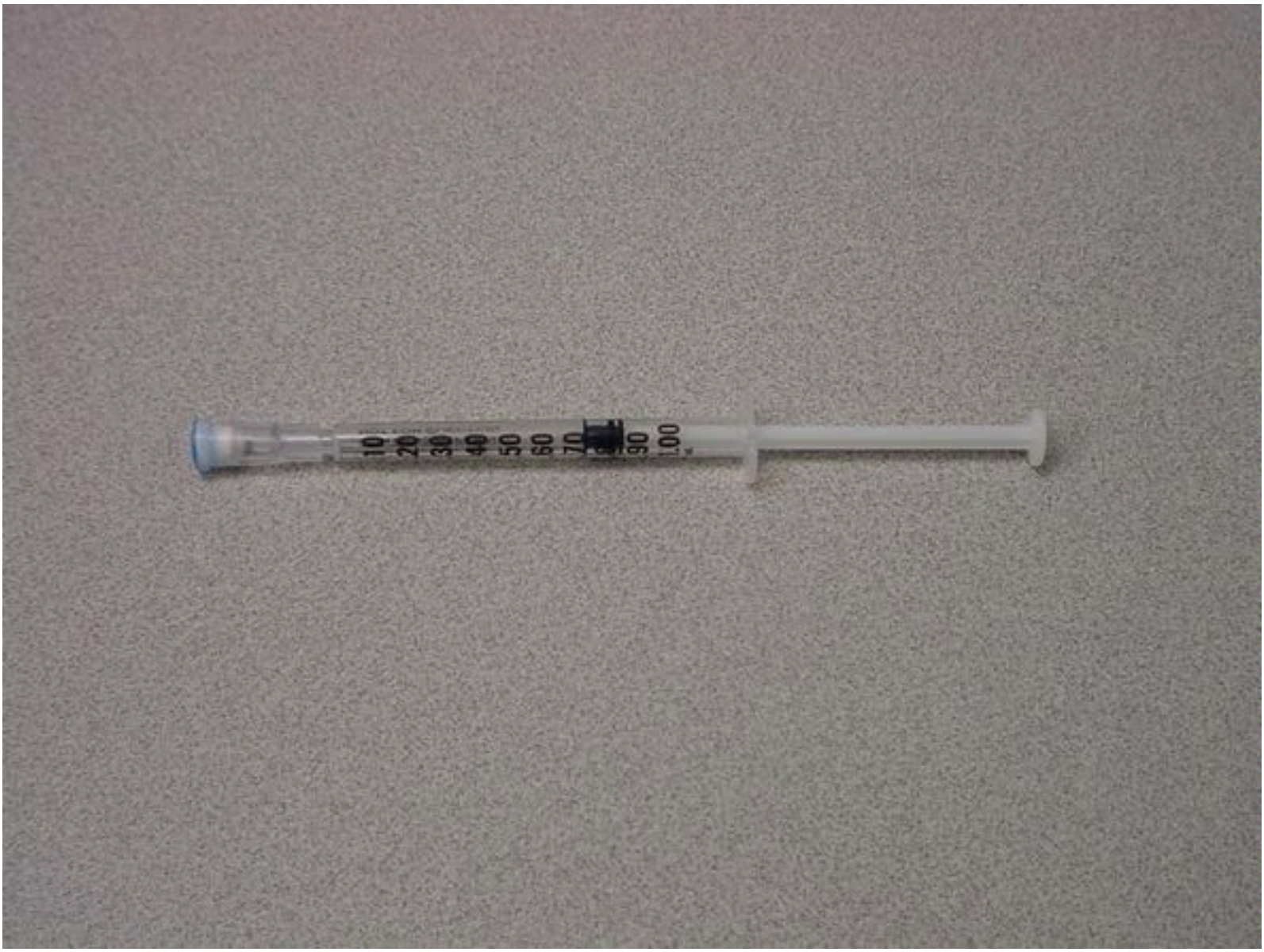


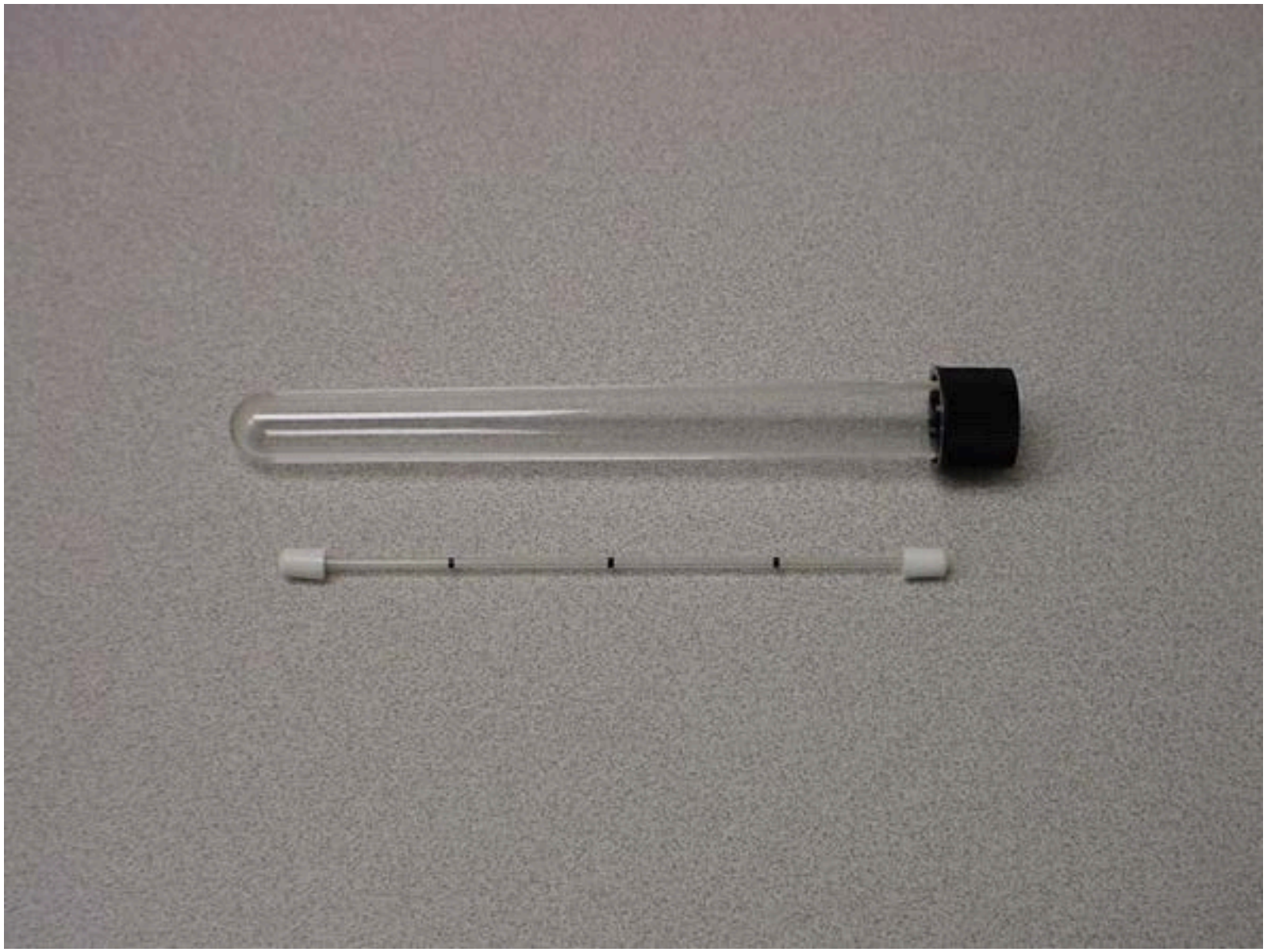
Rush Medical Labs

TEST NAME:	Parvovirus B19 PCR
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PARVO DNA
CPT CODE:	87798
TEST INFORMATION:	DNA testing in conjunction with B19 specific serology provides the most reliable evidence of a recent infection.
DAYS PERFORMED:	Monday - Sunday
TURNAROUND TIME:	2-4 days
CONTAINER TYPE:	Collect plasma in sterile tube containing EDTA or ACD as anticoagulant. Whole Blood or bone marrow in sterile tubes containing EDTA or ACD as anticoagulant. Collect amniotic fluid and tissue in sterile container. Collect serum in SST
SPECIMEN REQUIREMENTS:	1 mL plasma, sera, amniotic fluid, whole blood or bone marrow
REJECTION CRITERIA:	CSF or Synovial fluid
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Plasma, sera, whole blood, bone marrow, and amniotic fluid store and transport refrigerated. Store and ship tissue frozen.
REFERENCE RANGE:	Not detected
METHODOLOGY:	Real-Time Polymerase Chain Reaction (RT-PCR)
REFERRAL LABORATORY:	Quest, Focus Diagnostics
ADDITIONAL INFORMATION:	Parvovirus B19 infection causes "Fifth Disease," a rash illness of childhood characterized by a bright red "slapped cheek" rash and a lacy rash on the trunk and limbs. Joint pain and swelling is more common in adults. Individuals with chronic hemolytic anemia such as sickle cell anemia may develop transient aplastic crisis with severe anemia. Immunocompromised individuals may develop chronic or recurrent bone marrow suppression. Infection during pregnancy can lead to fetal hydrops and spontaneous abortion.
LAST UPDATED:	09/11/2013

Rush Medical Labs

TEST NAME:	pCO2, Arterial Blood or Venous Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PCO2/A; PCO2/V
CPT CODE:	82805
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Requisition must indicate source (ie, arterial). Deliver specimen immediately to the lab on ice.
CONTAINER TYPE:	Heparinized syringe, heparinized capillary tube (See Attached)
SPECIMEN REQUIREMENTS:	Whole blood, arterial or venous
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL whole blood
HANDLING INSTRUCTIONS:	Keep specimen on ice.
REFERENCE RANGE:	Venous: 1 day to 1 month: none established, 1 month to adult: male: 41-54 mm Hg, female: 38-51 mm Hg; arterial: 1 day to 1 month: none established, 1 month to adult: male: 35-48 mm Hg, female: 32-45 mm Hg

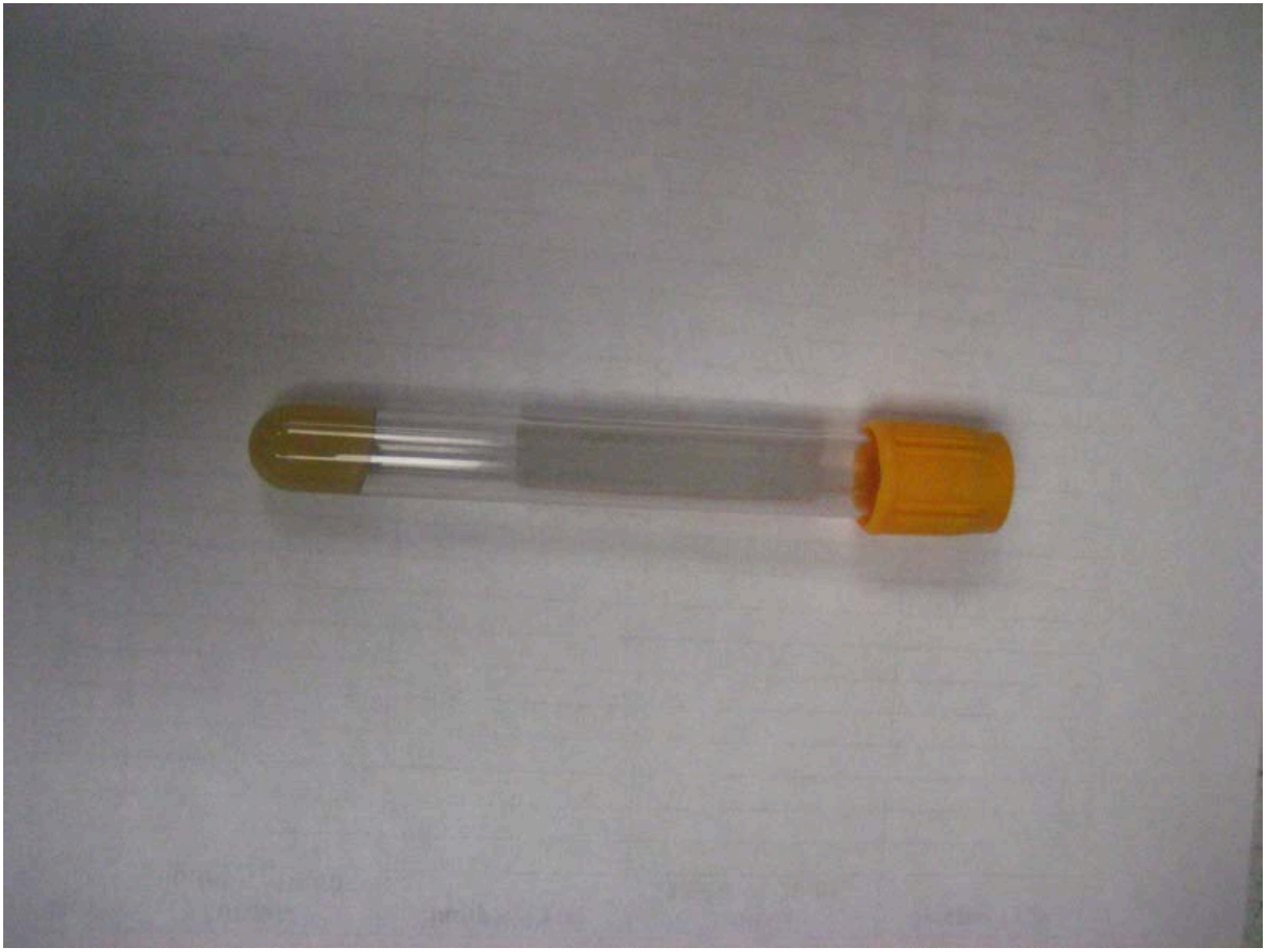

10
20
30
40
50
60
70
80
90
100



Rush Medical Labs

TEST NAME:	Peach (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PEACH/PEACH Allergen
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code F95
LAST UPDATED:	04/16/2013

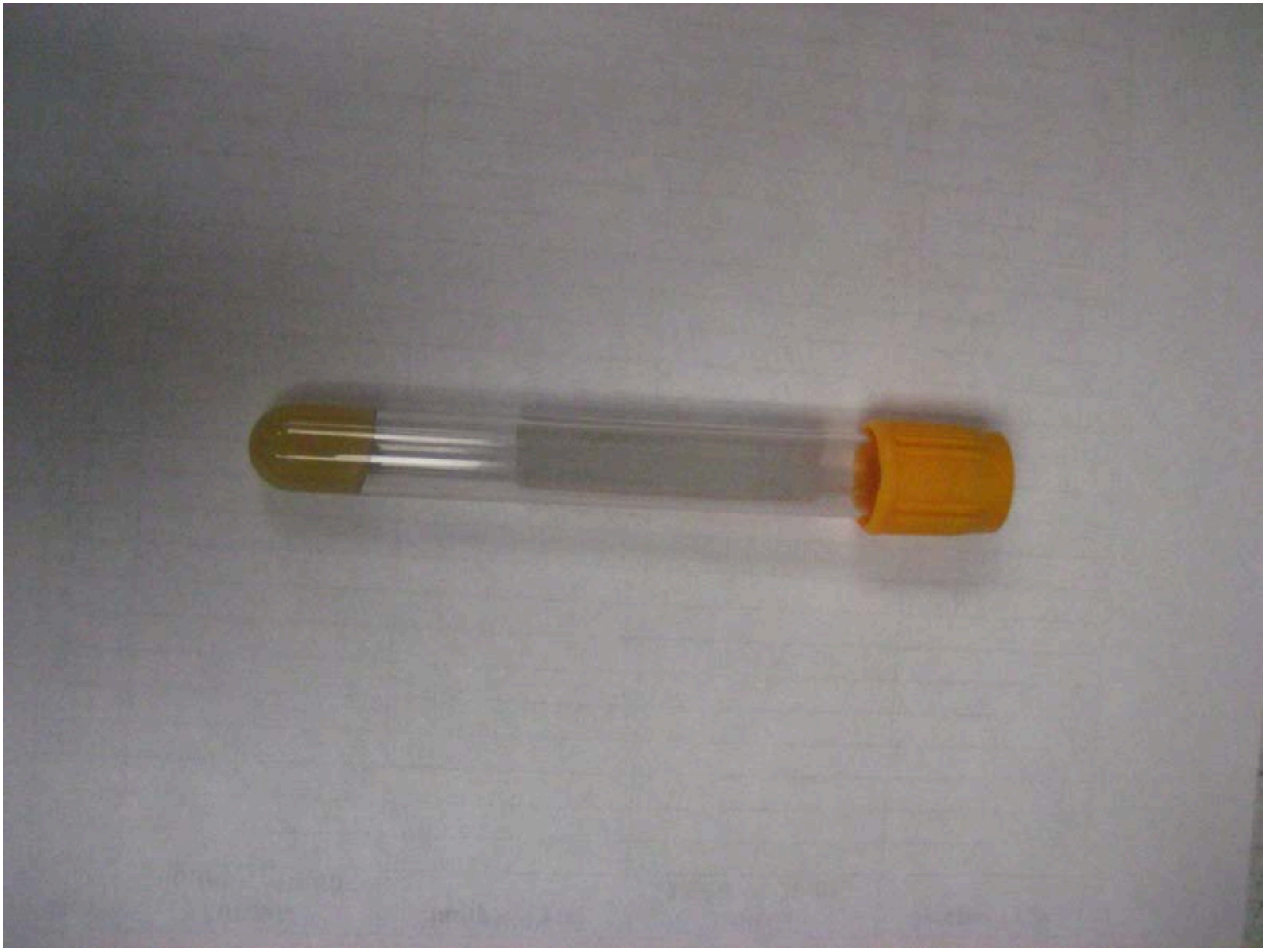

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Peanut (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PEANUT
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube See Attached
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL serum (0.3 mL serum)
REFERENCE RANGE:	Search Test Code F13
POE DESCRIPTION:	Peanut Allergen

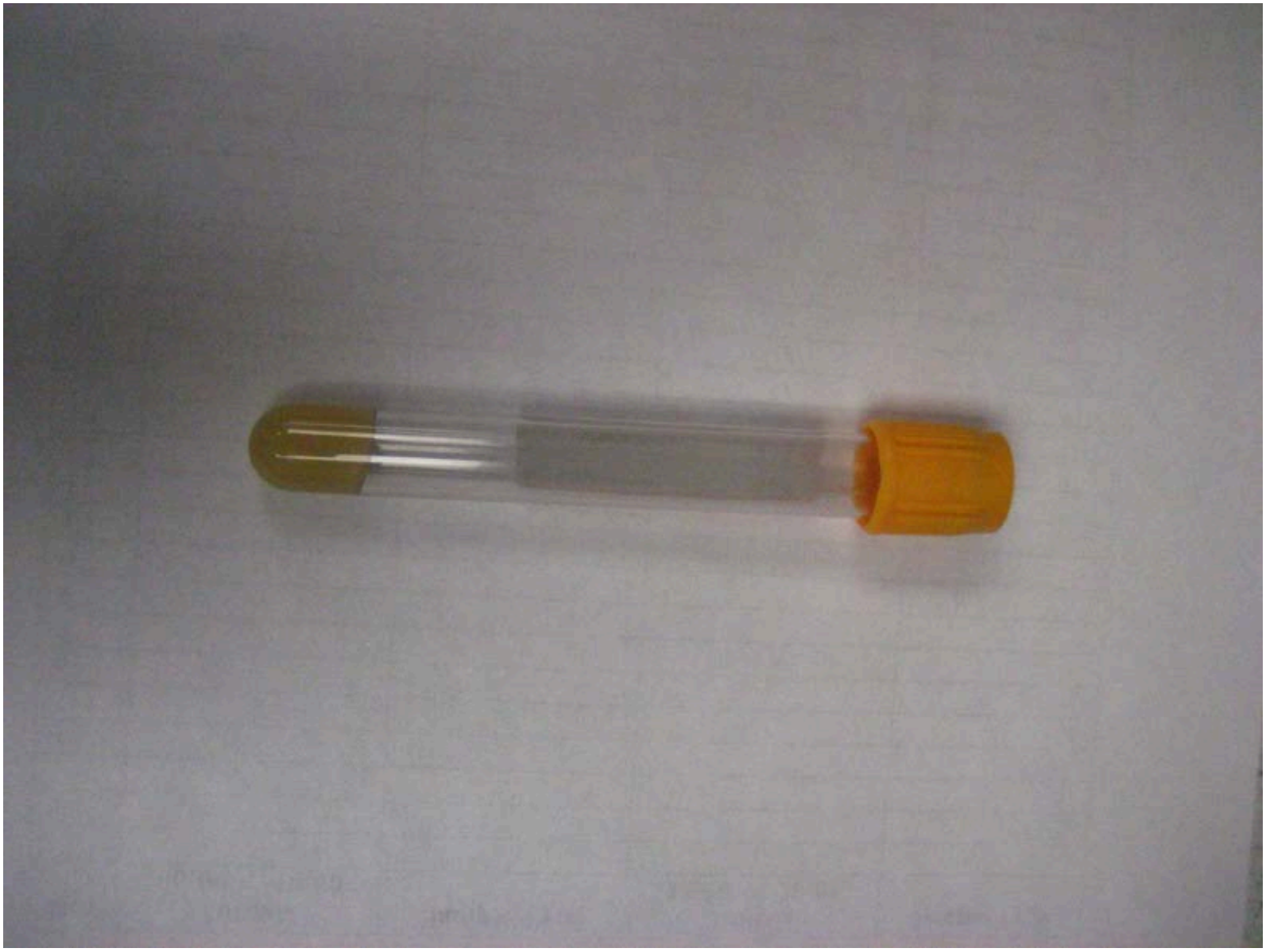




Rush Medical Labs

TEST NAME:	Pecan Nut (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PECAN
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code
POE DESCRIPTION:	Pecan allergen

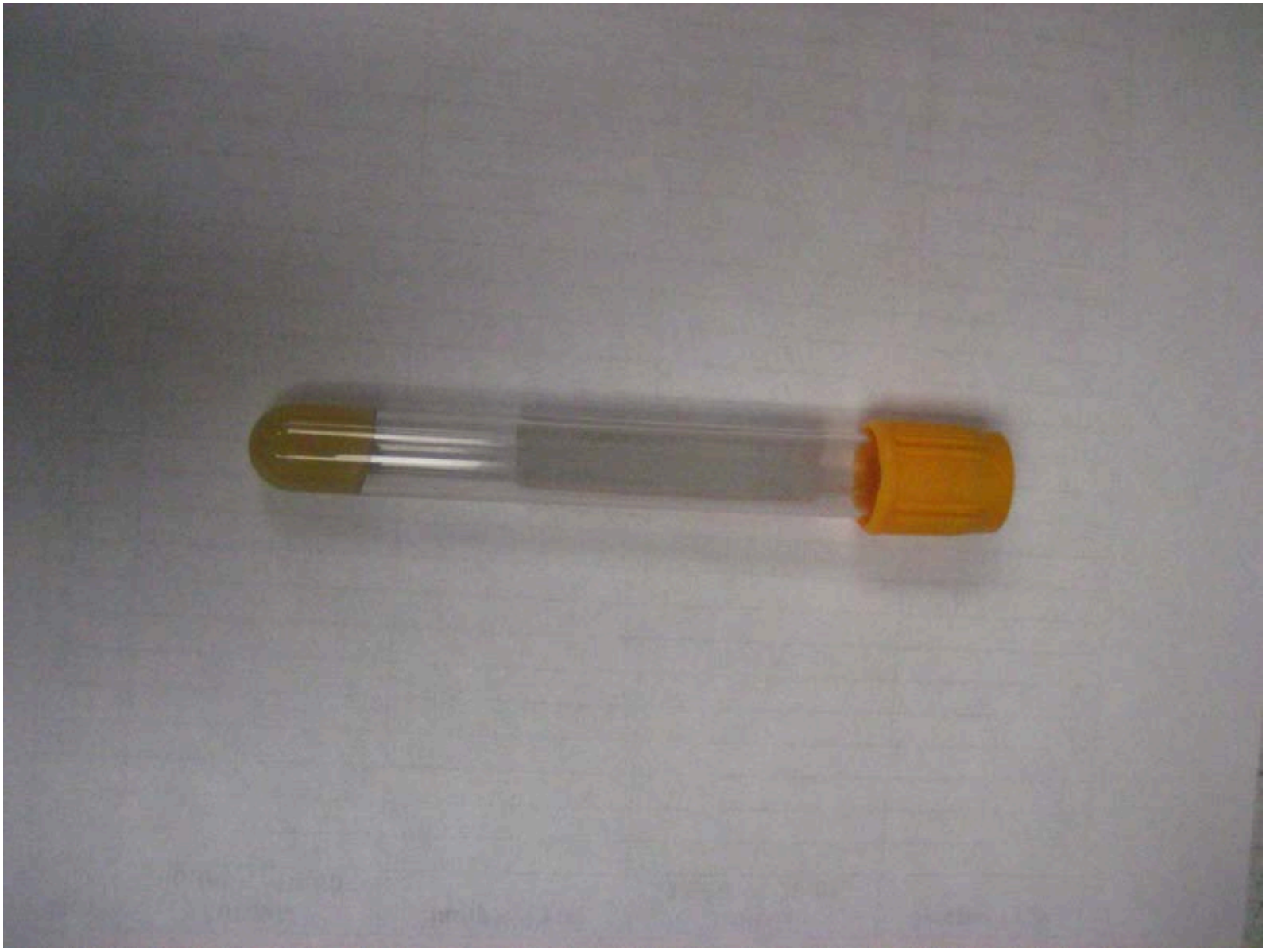

BD Vacutainer
Serum
10 mL
ref 366430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Penicillium notatum (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	P. NOTATUM
CPT CODE:	86003-90
TEST INFORMATION:	Mold Allergen. Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code M1
POE DESCRIPTION:	Penicillium notatum allergen


10 ml
Vacutainer
Serum
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

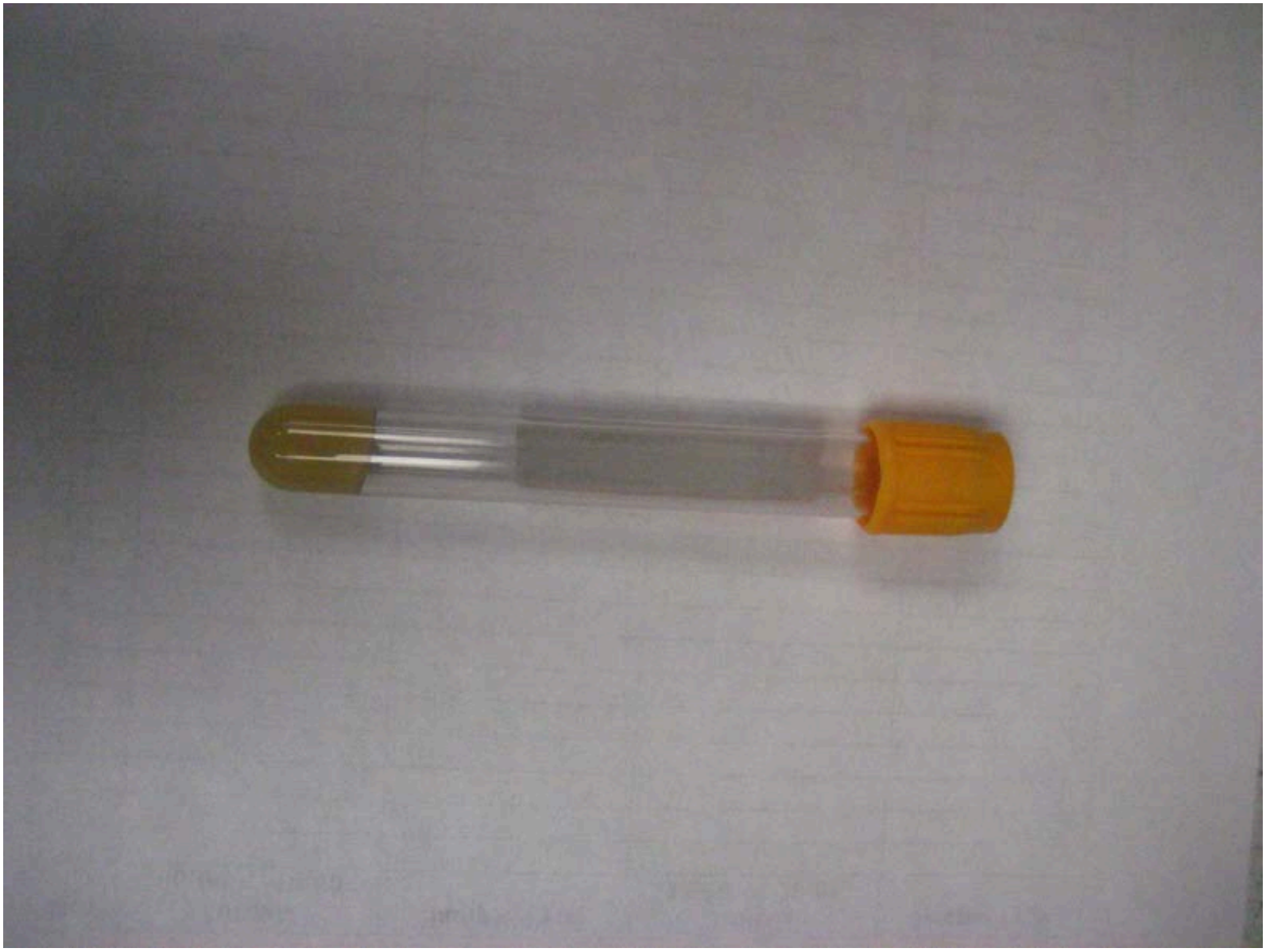
TEST NAME:	Pentobarbital
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PENTO
CPT CODE:	82205-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	6.0 mL blood (3.0 mL serum)
REJECTION CRITERIA:	SST tubes not acceptable
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code S51464
POE DESCRIPTION:	PENTOBARB; PENTO
TEST SYNONYM(S):	Nembutal.
LAST UPDATED:	09/17/2012


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Perch (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PERCH
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code S51298
POE DESCRIPTION:	Perch allergen

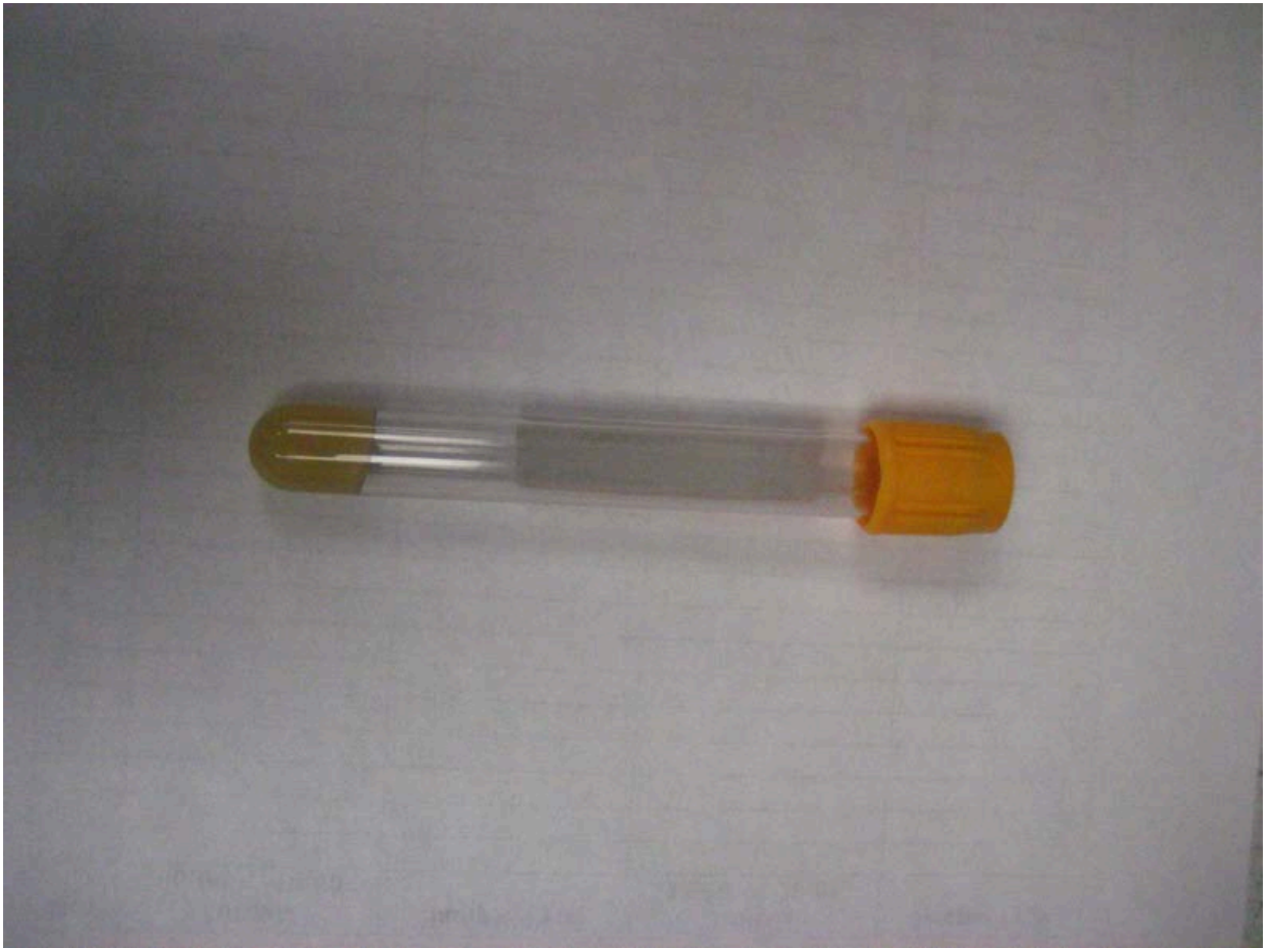

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Perennial rye grass (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PERENNIAL
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Search Test Code - G5
POE DESCRIPTION:	Perennial rye grass allergen


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

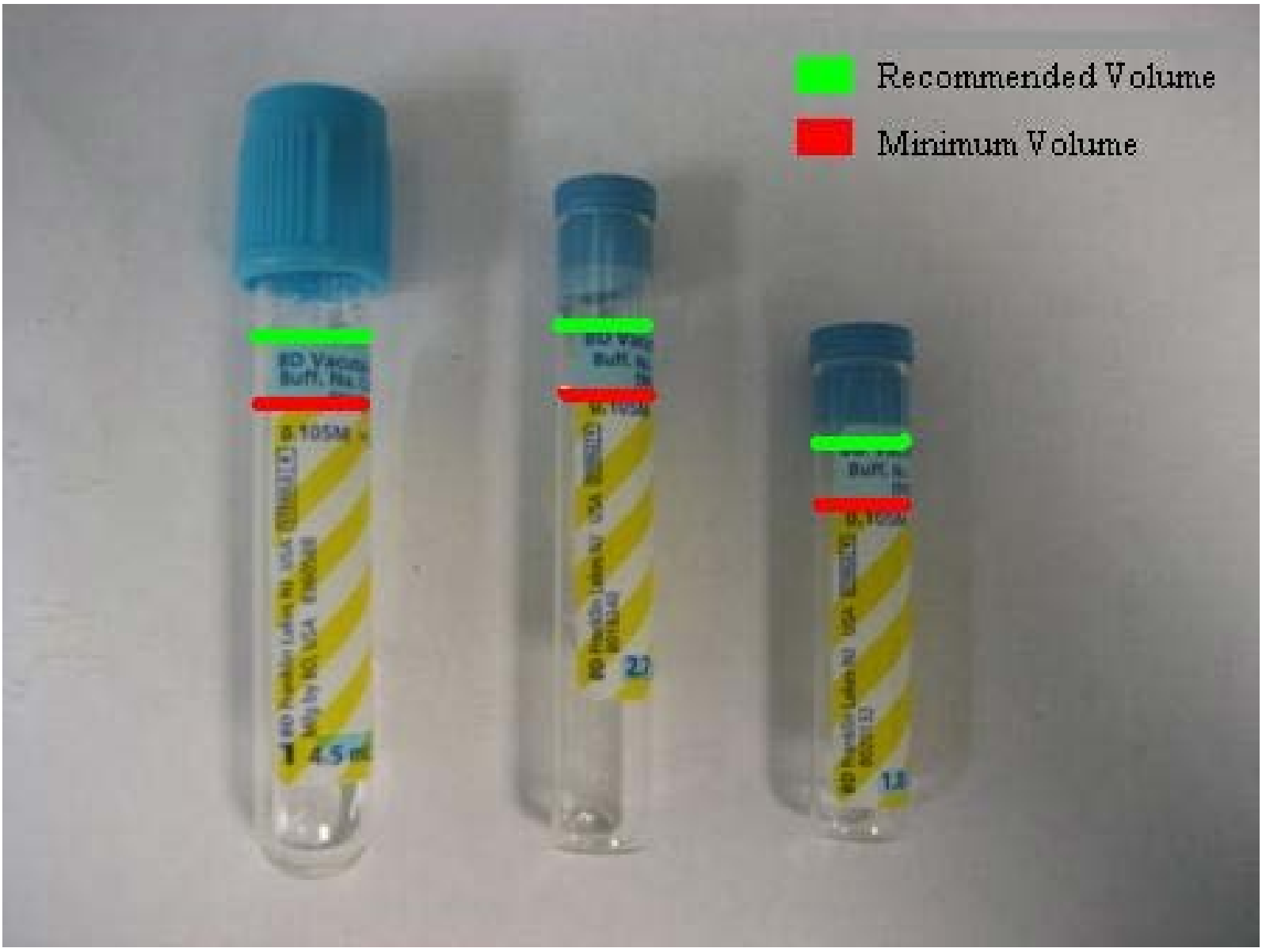


Rush Medical Labs

TEST NAME:	Peripheral nerve biopsy
TESTING LAB:	15;#Surgical Pathology
LAB / EPIC MNEMONIC:	88307
TEST INFORMATION:	Test includes routine morphologic diagnosis. Special tests as requested by physician.
DAYS PERFORMED:	Mon-Fri 0800-1400
TURNAROUND TIME:	48 hours to 7 days
SPECIAL INSTRUCTIONS:	All biopsies must be scheduled 24 hours in advance with specialty pathologist. Pertinent clinical history and laboratory data must accompany specimens, as well as specific muscle site biopsied. Outside institutions should contact Client Service Representative (312-942-7958) for submission and transport protocol.
CONTAINER TYPE:	Sterile specimen container
COLLECTION:	Routine histology and electron microscopy (including teased nerve fiber preparation): Submit specimen fresh in saline-moistened gauze. Deliver to Laboratory Receiving Station, Rm 508 Jelke, immediately after tissue is removed.
ADDITIONAL INFORMATION:	Routine microscopic evaluation is usually sufficient to diagnose or rule out inflammatory processes. Electron microscopy is necessary for evaluation for most neuropathic processes. Teased nerve fiber examination is necessary to identify primary demyelinating diseases.

Rush Medical Labs

TEST NAME:	PFA-100 – Platelet Function Analysis Profile
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PFA
CPT CODE:	85576 x2
TEST INFORMATION:	Platelet closure me (CT) measured in seconds in response to collagen/epinephrine, reflexed to collagen/ADP if abnormal. Hematocrit and platelet count included in profile.
DAYS PERFORMED:	Monday through Friday, 9 am to 4 pm
TURNAROUND TIME:	1to 4 hours
SPECIAL INSTRUCTIONS:	Use 21G needle or larger with discard tube. Hand-deliver only. Do not centrifuge, vigorously mix, or refrigerate.
CONTAINER TYPE:	2 Blue 3.2% sodium citrate tubes (2.7ml) and 1 EDTA Lavender tube (See Attached)
SPECIMEN REQUIREMENTS:	Whole blood in 3.2% sodium citrate
REJECTION CRITERIA:	Past 4-hour stability, low volume, delivered via tube system, refrigerated, centrifuged, clo ed, vigorously mixed, grossly hemolyzed.
HANDLING INSTRUCTIONS:	Hand-deliver only, call opera onal supervisor in core lab to request pick-up (x25088)
REFERENCE RANGE:	COL/EPI: </= 179; COL/ADP: </= 125
LIMITATIONS OF TEST:	Reduced platelet func on (prolonged closure me) can be seen in pa ents with low hematocrit levels (<35%) or platelet counts (<150,000/ML)
TEST SYNONYM(S):	collagen/epinephrine, collagen/ADP
LAST UPDATED:	10/05/2023


Recommended Volume
Minimum Volume



Rush Medical Labs

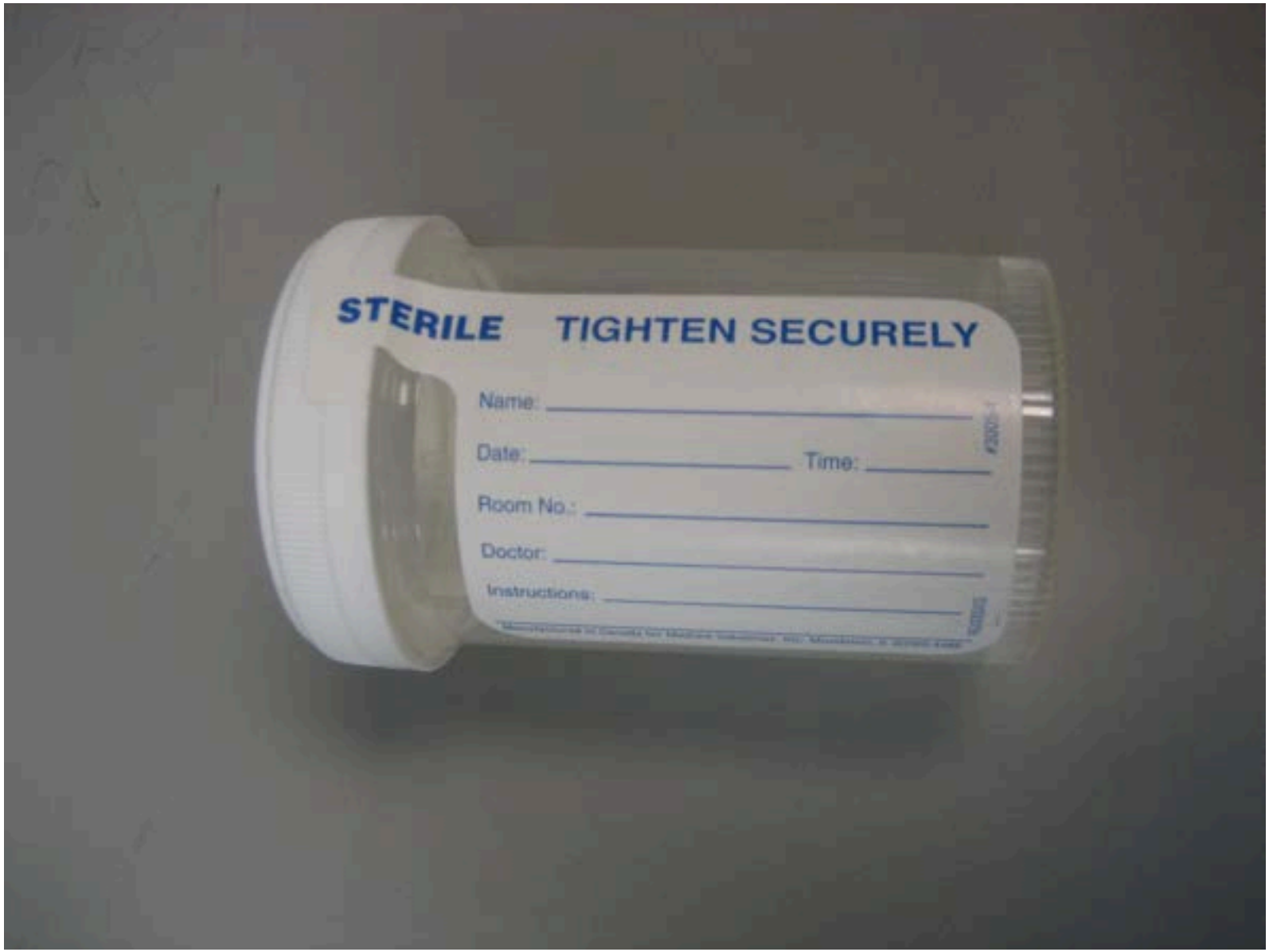
TEST NAME:	pH, Blood, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PH/A; F/PH
CPT CODE:	82800
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Blood Gas Laboratory: 15 minutes; stat fluid: 1 hour
SPECIAL INSTRUCTIONS:	Requisition must indicate source (ie, arterial, fluid type). Deliver specimen immediately to the lab on ice.
CONTAINER TYPE:	Heparinized syringe, heparinized capillary tube; fluid: random urine container or Red Top Tube - 10mL (See Attached)
SPECIMEN REQUIREMENTS:	Whole blood, arterial or venous; fluid
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.3 ml, 2 mL fluid
REFERENCE RANGE:	Arterial: 1 day to 1 month: none established, 1 month to adult: 7.35-7.45; venous: 1 day to 1 month: none established, 1 month to adult: 7.33-7.43; fluid: none established; must be interpreted with clinical findings
CRITICAL VALUES:	See Table
TEST SYNONYM(S):	Blood pH; Fluid pH


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

	Arterial	Venous
Critical: 0-1 mo	≤7.20; ≥7.45	≤7.25
1 mo-adult	≤7.20; ≥7.55	≤7.25

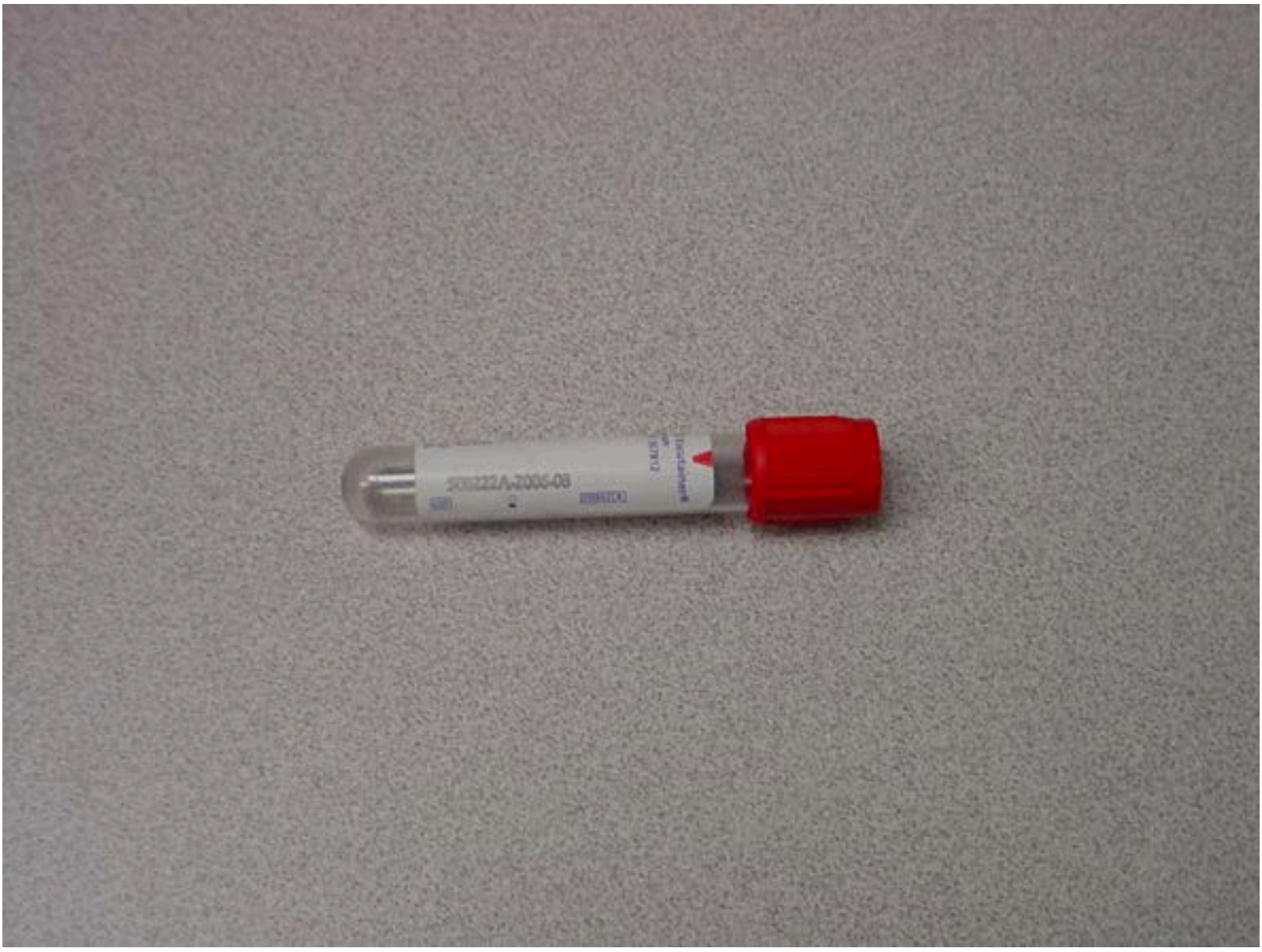
Rush Medical Labs

TEST NAME:	Phencyclidine, Qualitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/DS
CPT CODE:	80100 (x7)
TEST INFORMATION:	Not orderable as separate test. Order Drug Screen, Urine
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Do not use results for medicolegal purposes. For medicolegal purposes, specimens should be collected using chain-of-custody precautions and screening results should be confirmed using gas chromatography/mass spectrometry. Chain-of-custody and confirmation are not part of the urine drug screen and are not provided by this laboratory.
CONTAINER TYPE:	Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL random urine
MINIMUM VOLUME:	0.5 mL random urine
REFERENCE RANGE:	None detected
METHODOLOGY:	FPIA (Fluorescence Polarization Immuoassay)
POE DESCRIPTION:	URINE DRUG SCREEN; U/DS
TEST SYNONYM(S):	PCP


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Phenobarbital, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PHEN
CPT CODE:	80184
TEST INFORMATION:	Optimal sampling time is at trough, just before the next dose. Use with primidone levels to monitor therapeutic drug levels of primidone.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Level may increase when phenytoin is given.
CONTAINER TYPE:	Red top tube - 4 mL (red top) only (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Therapeutic: 15-40 µg/mL
METHODOLOGY:	Enzyme Immunoassay
CRITICAL VALUES:	≥50 µg/mL
POE DESCRIPTION:	PHENOBARBITAL; PHENOBARB
TEST SYNONYM(S):	Luminal.; Phenobarb; Phenobarbital Level, Blood



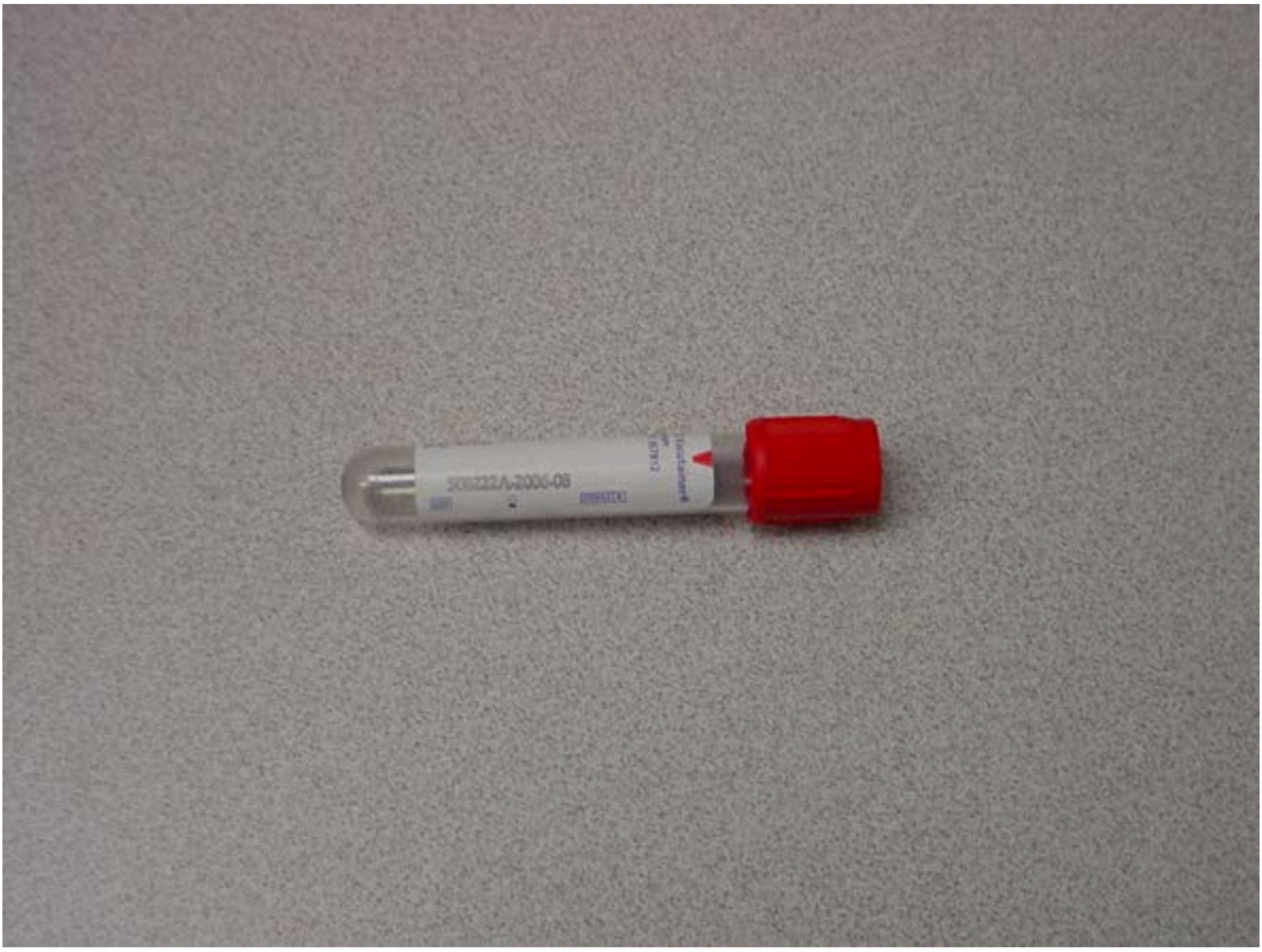
Rush Medical Labs

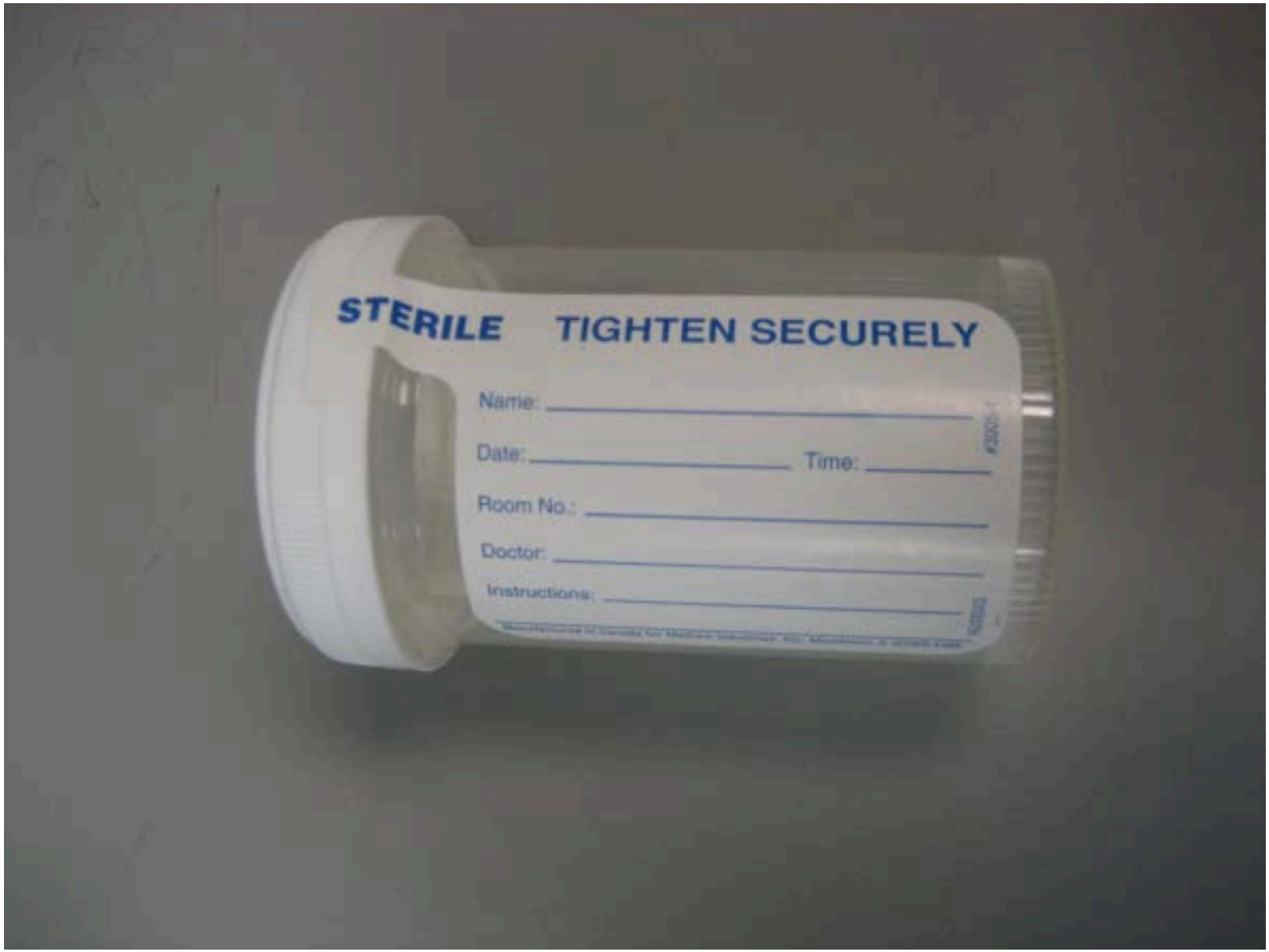
TEST NAME:	Phlebotomy, Therapeutic
TESTING LAB:	17;#Blood Center (Donors area)
LAB / EPIC MNEMONIC:	PHLEB PROC
CPT CODE:	99195
DAYS PERFORMED:	This service is available from 0800-1900, Monday through Friday (by advance appointment with the Blood Center)
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Special written instructions, including signature of the physician and amount of blood to be drawn, must be indicated on form #5710.

Rush Medical Labs

TEST NAME:	Phosphorus, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/PO4
CPT CODE:	84100
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID PHOSPHOROUS
TEST SYNONYM(S):	Fluid Phosphorus

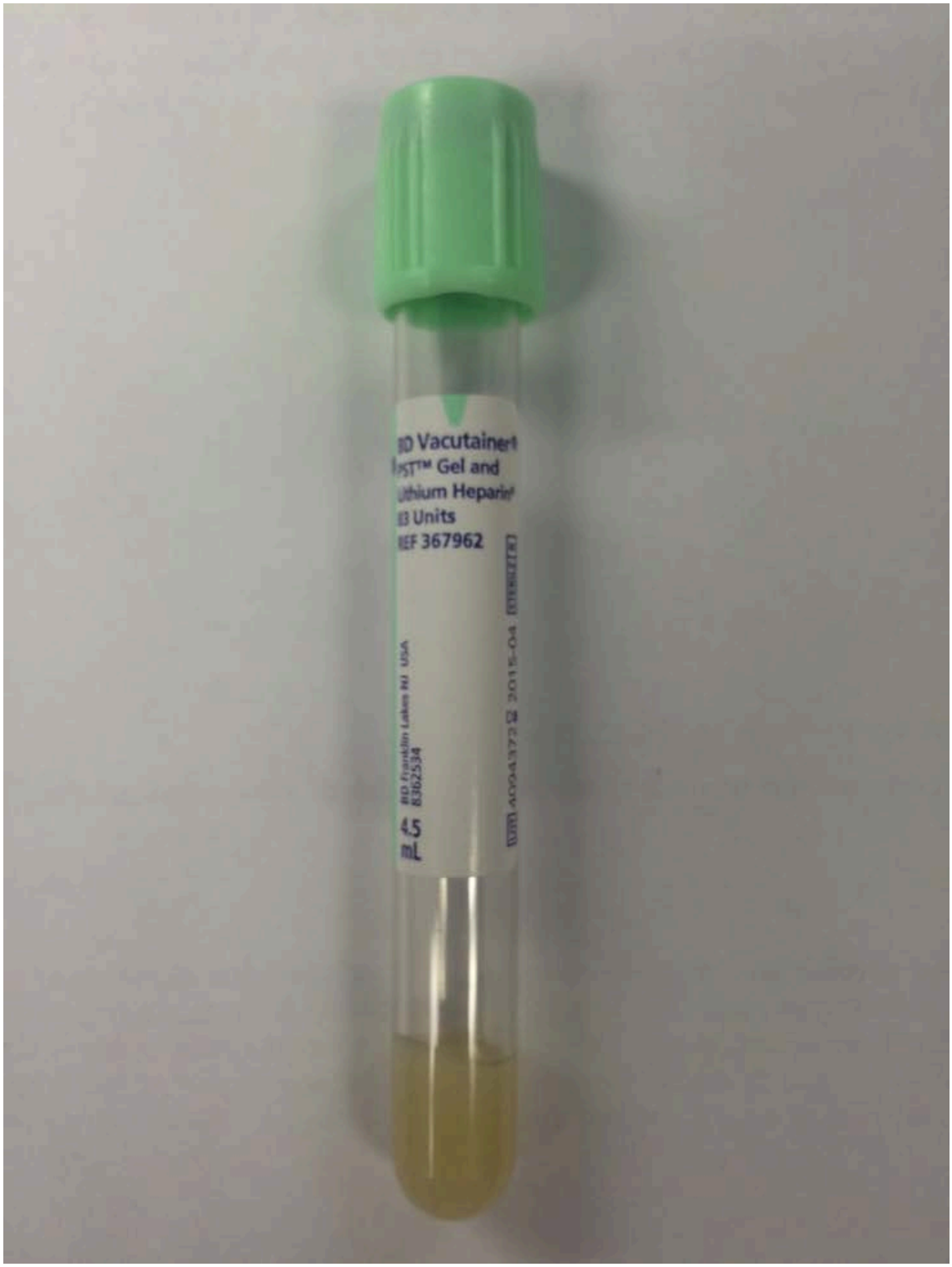

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

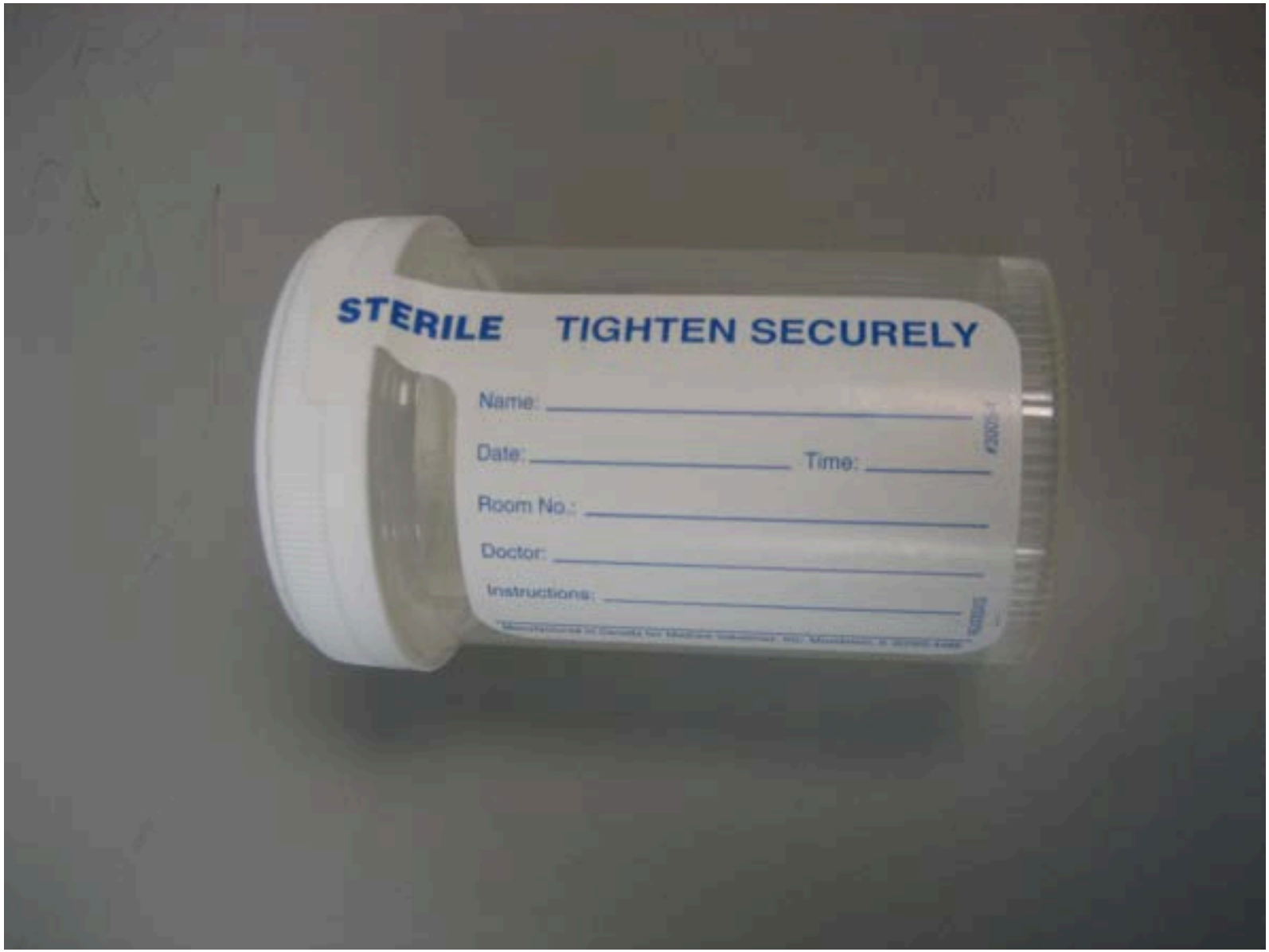
Rush Medical Labs

TEST NAME:	Phosphorus, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PO4
CPT CODE:	84100; 84100
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	0-1 month: 4.0-7.0 mg/dL; 1 month to 15 years: 4.5-6.5 mg/dL; 15 years to adult: 2.5-4.6 mg/dL
POE DESCRIPTION:	PHOSPHOROUS; PO4
TEST SYNONYM(S):	Inorganic Phosphate, Plasma; Phos
LAST UPDATED:	01/27/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Phosphorus, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UPHOR (random urine); UPO4 (24-hour urine)
CPT CODE:	Random = 84105; Timed = 84105, 81050
TEST INFORMATION:	Results are reported as mg of phosphorus per total volume of urine submitted. Normal range is based on 24-hour collection. To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers ~~must~~ be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL; Timed urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random urine: None established; Timed urine: 400-1300 mg/24 hours
POE DESCRIPTION:	Urine Phosphorus Random; Urine Phosphorus Timed
TEST SYNONYM(S):	Urine Phosphorus; Urine PO4
LAST UPDATED:	06/19/2019


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

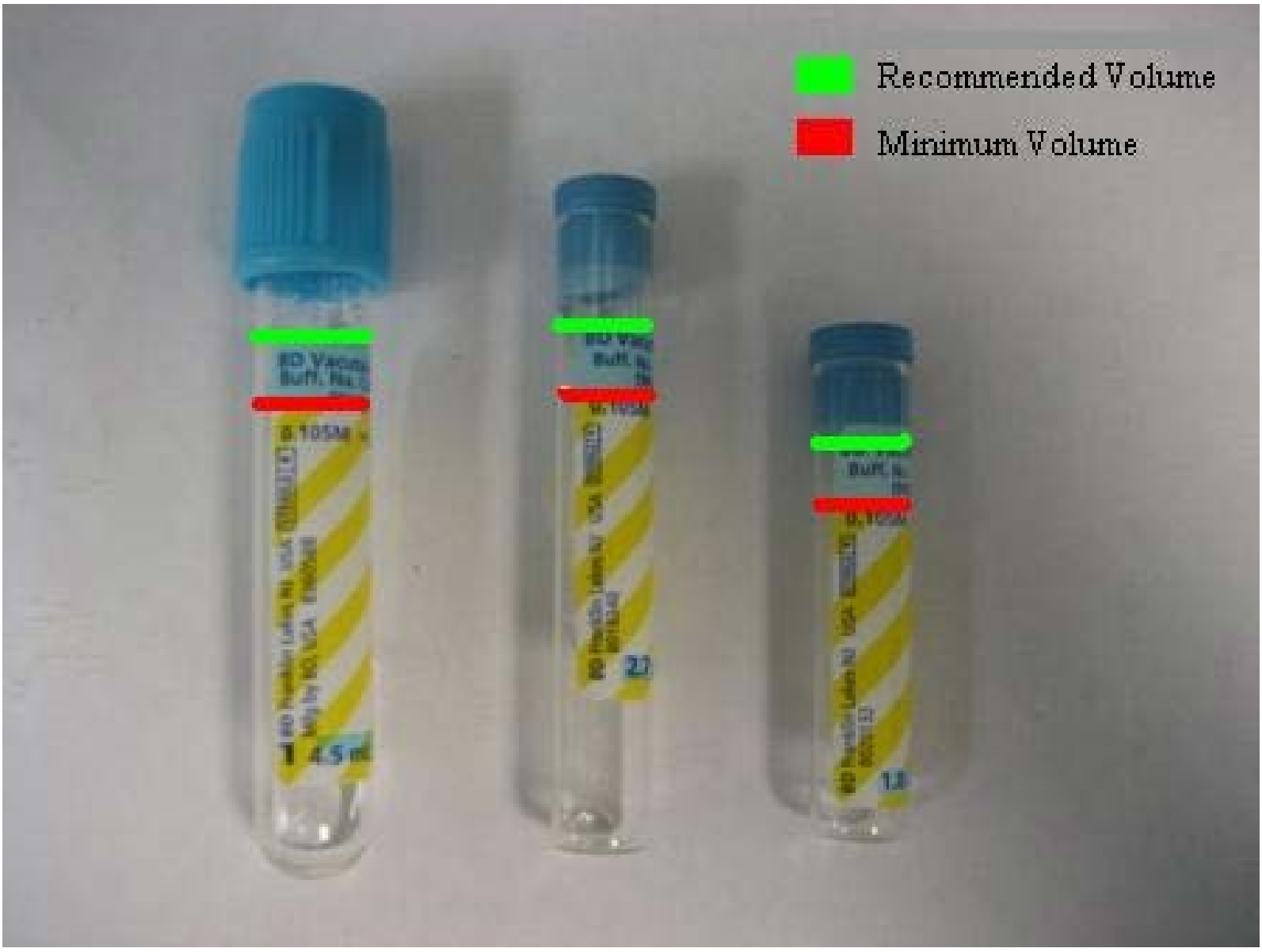

RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

Rush Medical Labs

TEST NAME:	Pinworm Preparation
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	PINWORM
CPT CODE:	87208
TEST INFORMATION:	The test is performed for pinworm examination ONLY. Monday-Friday, 0700-1400
DAYS PERFORMED:	
TURNAROUND TIME:	1-2 days
CONTAINER TYPE:	Scotch® Tape slide MUST be submitted in a sealed, covered container or a SWUBE® tube.
COLLECTION:	The specimen is best obtained a few hours after the patient has retired (i.e. 2200 or 2300), or the first thing in the morning before a bowel movement or bath. The collection procedure is essential if valid results are expected. Clear Scotch® Tape MUST be used. The non-transparent type is unsatisfactory. Specimen of choice is a SWUBE® tube.
SPECIMEN REQUIREMENTS:	Scotch® Tape slide preparation of perianal region, SWUBE® tube
REJECTION CRITERIA:	Use of non-transparent Scotch® Tape, Scotch® Tape on BOTH sides of the microscope slide, use of a frosted microscope slide, Scotch® Tape submitted sticky side up. Stool specimens are NOT satisfactory for pinworm examination.
MINIMUM VOLUME:	One slide
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. NOTE: Pinworm eggs are very infectious.
REFERENCE RANGE:	No pinworm (*Enterobius vermicularis*) eggs identified.
LIMITATIONS OF TEST:	A single negative result does not rule out the possibility of parasitic infection.
METHODOLOGY:	Microscopic examination of preparation.
ADDITIONAL INFORMATION:	The most satisfactory means of diagnosing pinworm infection is by the recovery of eggs or female worms from the perianal region, as only 5-10% of infected persons have demonstrable eggs in the stool.
POE DESCRIPTION:	PINWORM PREPARATION
TEST SYNONYM(S):	Scotch. Tape Test; Enterobius vermicularis Preparation; Ova and Parasite, Pinworm Preparation
LAST UPDATED:	05/22/2014

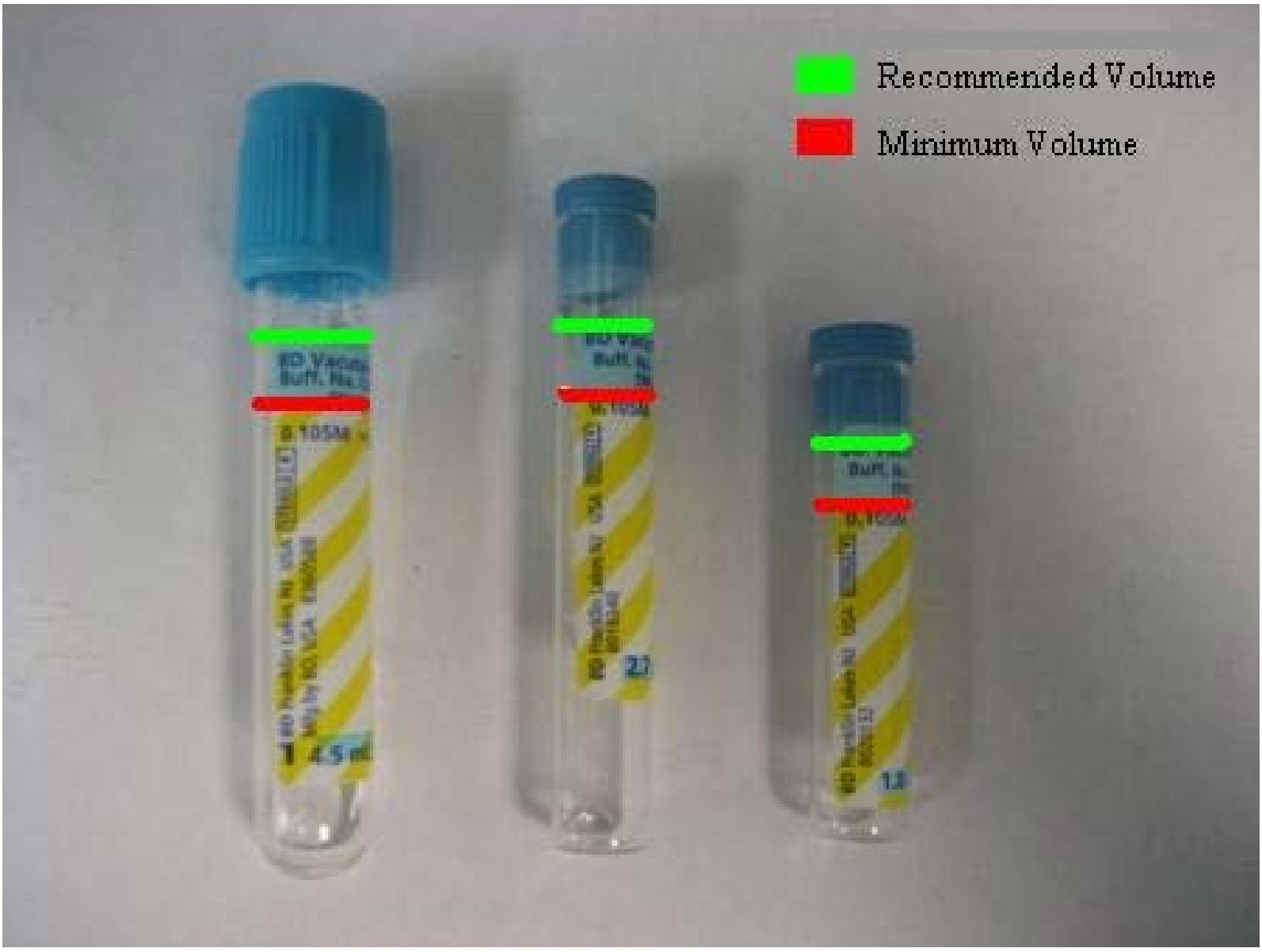
Rush Medical Labs

TEST NAME:	Plasminogen Activator Inhibitor (PAI-1) Antigen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PAI1
CPT CODE:	85415-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.5 mL blood (1.0 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled (QNS)
MINIMUM VOLUME:	3.5 mL blood (0.5 mL citrated platelet poor plasma)
REFERENCE RANGE:	Search Test Code (S52559)
POE DESCRIPTION:	PAI (Plasminogen Activator In)
TEST SYNONYM(S):	PAI Activity
LAST UPDATED:	06/19/2019


Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Plasminogen Activity
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PLSMN
CPT CODE:	85420-90
CDM NUMBER:	3181293
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.0 mL whole blood (2.0 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed, Hct >55%
MINIMUM VOLUME:	3.5 mL blood (1.0 mL citrated platelet poor plasma). Fill pediatric tube (1.8 mL) fully.
REFERENCE RANGE:	Search Test Code 4458
POE DESCRIPTION:	PLASMINOGEN
TEST SYNONYM(S):	Plasminogen, Functional; Quantitative Plasminogen
LAST UPDATED:	06/19/2019


Recommended Volume
Minimum Volume

Rush Medical Labs

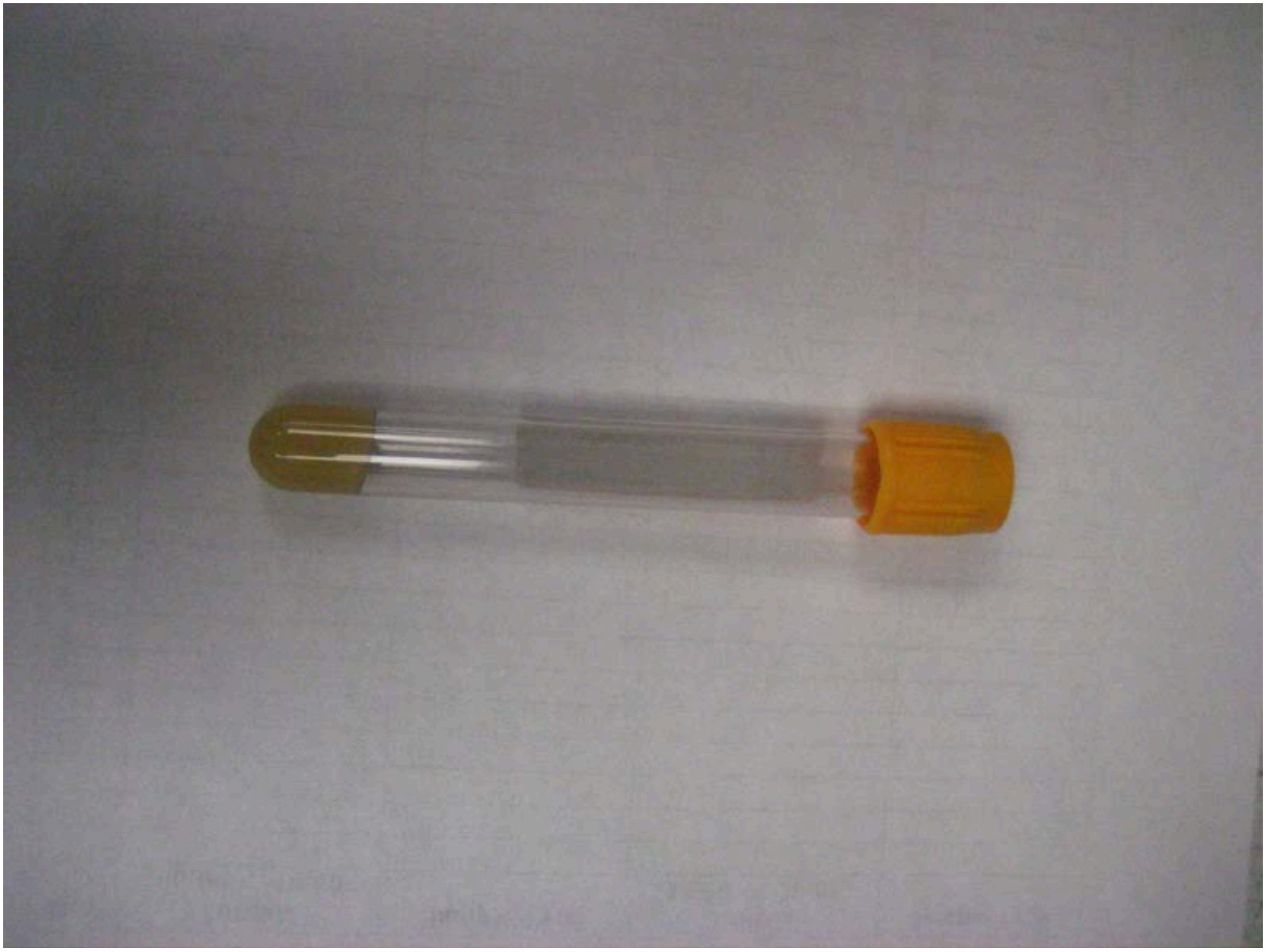
TEST NAME:	Platelet Antibodies - Direct
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PABD
CPT CODE:	86022
TEST INFORMATION:	Antibodies to Glycoprotein IIB/IIIA, IB/IX and Ia/IIa
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Sample must remain at room temperature. Draw Monday through Thursday only; only 72 hours stability for sample.
CONTAINER TYPE:	4 Lavender top (K2 EDTA) tubes (See Attached)
SPECIMEN REQUIREMENTS:	7 mL whole blood
REJECTION CRITERIA:	Sample greater than 72 hours old.
MINIMUM VOLUME:	5 mL whole blood
REFERENCE RANGE:	Search Test Code 10678
POE DESCRIPTION:	Platelet Antibodies Direct
TEST SYNONYM(S):	Platelet Glycoprotein Antibody; Direct Platelet Antibodies
LAST UPDATED:	06/19/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Platelet Antibodies - Indirect
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PABIN
CPT CODE:	86022 x90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (1.5 mL serum)
MINIMUM VOLUME:	2 mL blood (0.8 mL serum)
REFERENCE RANGE:	Search Test Code 5341
TEST SYNONYM(S):	Indirect Platelet Antibodies; IGG
LAST UPDATED:	06/19/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Platelet Count on Citrate Specimen
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PLT CIT
DAYS PERFORMED:	24 hours
TURNAROUND TIME:	4 hours
SPECIAL INSTRUCTIONS:	Collect 1-Blue top tube and 1-Lavender top tube for testing.
CONTAINER TYPE:	Blue top (sodium citrate) tube and Lavender top (K2 EDTA) tube - 3 mL or Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Specimen clotted, tube not filled
MINIMUM VOLUME:	4.5 mL whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible.
REFERENCE RANGE:	Normal: 150-399 x $10^3/mm^3$
TEST SYNONYM(S):	Citrate Platelet Count


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL




BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Platelet Count
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PLT ONLY
CPT CODE:	85595
DAYS PERFORMED:	Daily, 24 hours; available stat
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Specimen clotted
MINIMUM VOLUME:	1.5 mL venous, 250 µL capillary whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible.
REFERENCE RANGE:	150,000 - 399,000/µL
POE DESCRIPTION:	PLATELET COUNT ONLY; PLT ONLY
TEST SYNONYM(S):	Platelets; Thrombocyte Count


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Platelet Function Profile
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PLTFP
CPT CODE:	85002; 85595; 85730; 85576 (x5); 85575
TEST INFORMATION:	Includes APTT, Platelet count, Spontaneous Aggregation and Aggregation with ADP, arachadonic acid, Epinepherine, Ristocetin and Collagen.
DAYS PERFORMED:	**TESTMUSTBE SCHEDULEDINADVANCEWITHTHE LABORATORY AT312-942-5002.**
TURNAROUND TIME:	1-2 days from testing date
CONTAINER TYPE:	11 Blue top 1 Lavender top (See Attached)
COLLECTION:	Test is scheduled by Core Laboratory. Specimens are drawn by RML staff only and delivered to the Core Laboratory for transport to UIC for testing.
REJECTION CRITERIA:	Specimen hemolyzed or clotted
REFERENCE RANGE:	Written interpretation by professional staff
POE DESCRIPTION:	PLATELET FUNCTION PROFILE; PLT FUNC
TEST SYNONYM(S):	PFS; Platelet Aggregation Study; Platelet Function Studies
LAST UPDATED:	03/16/2020


BD Franklin Lakes NJ USA
8019827
2.7 mL
BD Vacutainer
Buff. Na Citrate
0.109M, 3.2%
REF 363083


BD V
K2 E TA
REF
BD Franklin Lakes NJ USA
3.0
mL

Rush Medical Labs

TEST NAME:	Platelet Panel
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PLTP
CPT CODE:	85049
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 Hours
SPECIAL INSTRUCTIONS:	NA
CONTAINER TYPE:	Lavender top (K2EDTA) tube – 6 mL
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Clotted or hemolyzed blood, >24 hrs. old, over-filled (>500 µL) microtainer
MINIMUM VOLUME:	1.5 mL, 250 µL capillary whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible.

REFERENCE RANGE:

Parameter	Reference Range
PLT ($x10^3/mm^3$)	150-399
MPV (fL)	8.3-12.3
IPF (%)	1.0-7.5

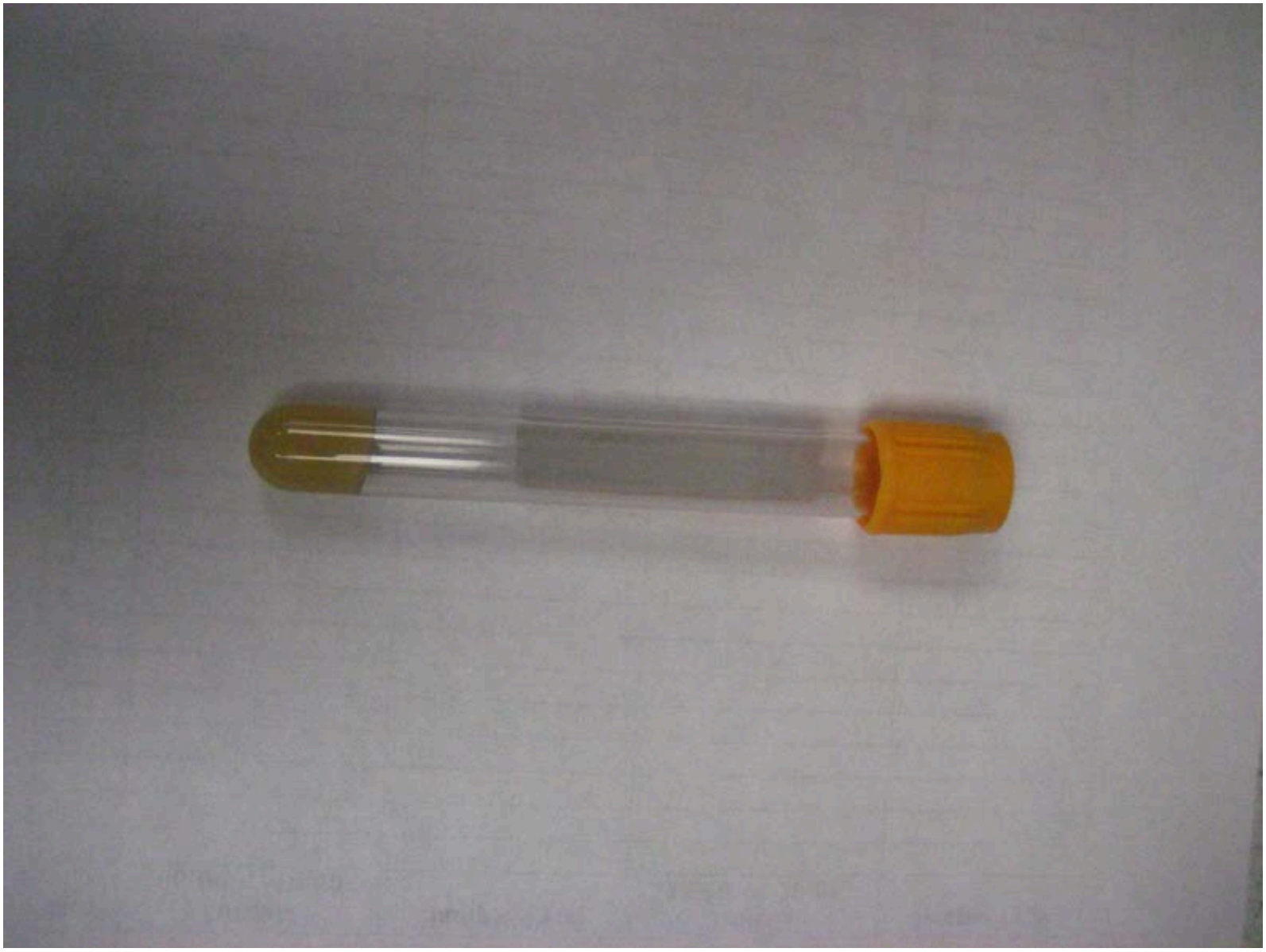
REFERENCE CHART:

CRITICAL VALUES:	Platelets: 0 to 6 months and all outpatients < 20,000/mcL, 6 months to adult < 10,0000/mcL
LAST UPDATED:	10/19/2017

Rush Medical Labs

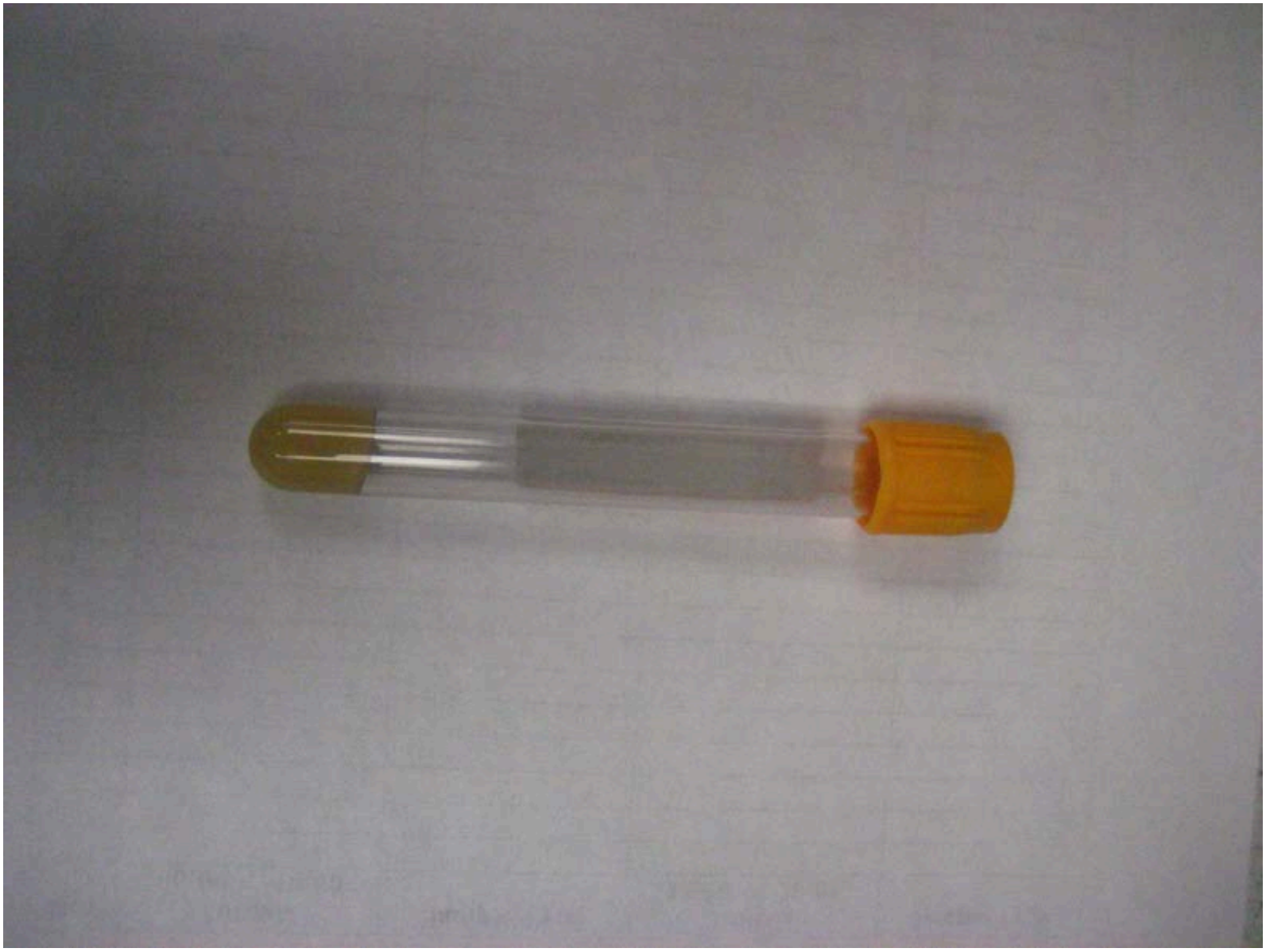
TEST NAME:	PM-SCL Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PM-SCL
CPT CODE:	86235-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	Search Test Code S50110 POLYMYOSITIS ANTIBODY; PM1
POE DESCRIPTION:	Polymyositis Associated Antibody; PM1
TEST SYNONYM(S):	


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Pneumococcal Antibody Panel
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PNEUM PROF
CPT CODE:	86317 x14
TEST INFORMATION:	Test includes 14 antibody levels for Streptococcus Pneumoniae types 1, 3, 4, 5, 8, 9 (9N),12 (12F),14,19 (19F), 23 (23F), 26 (6B), 51 (7F), 56 (18C), 68 (9V)
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST tube (See Attached)
SPECIMEN REQUIREMENTS:	1 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.25 mL serum)
REFERENCE RANGE:	Search Test Code - 19564
TEST SYNONYM(S):	Strep Pneumo 14 Antibody Profile
LAST UPDATED:	09/08/2014



Rush Medical Labs

TEST NAME:	Pneumocystis jiroveci (carinii) Direct Immunofluorescent Stain
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	SM PCP
CPT CODE:	87299, 88108
TEST INFORMATION:	The test is used to establish the presence of *Pneumocystis carinii* infection.
DAYS PERFORMED:	Daily
TURNAROUND TIME:	1 day
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or requisition.
CONTAINER TYPE:	Sterile sputum container; sterile Leuken`s tube; sealed sterile container, no preservative
COLLECTION:	Nonbacteriostatic saline should be used when irrigation is utilized.
SPECIMEN REQUIREMENTS:	Bronchial washing or lavage
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, inppropriate specimen (i.e. sputum, Leuken`s), specimen received in a preservative.
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No *Pneumocystis jiroveci (carinii)* seen
LIMITATIONS OF TEST:	A report of no *Pneumocystis jiroveci (carinii)* seen does not exclude the possibility of infection. The quality of the specimen directly affects the test results.
METHODOLOGY:	Direct immunofluorescent stain
POE DESCRIPTION:	P. CARINII CONCENTRATION
TEST SYNONYM(S):	PCP Stain; PCP DFA; PCP

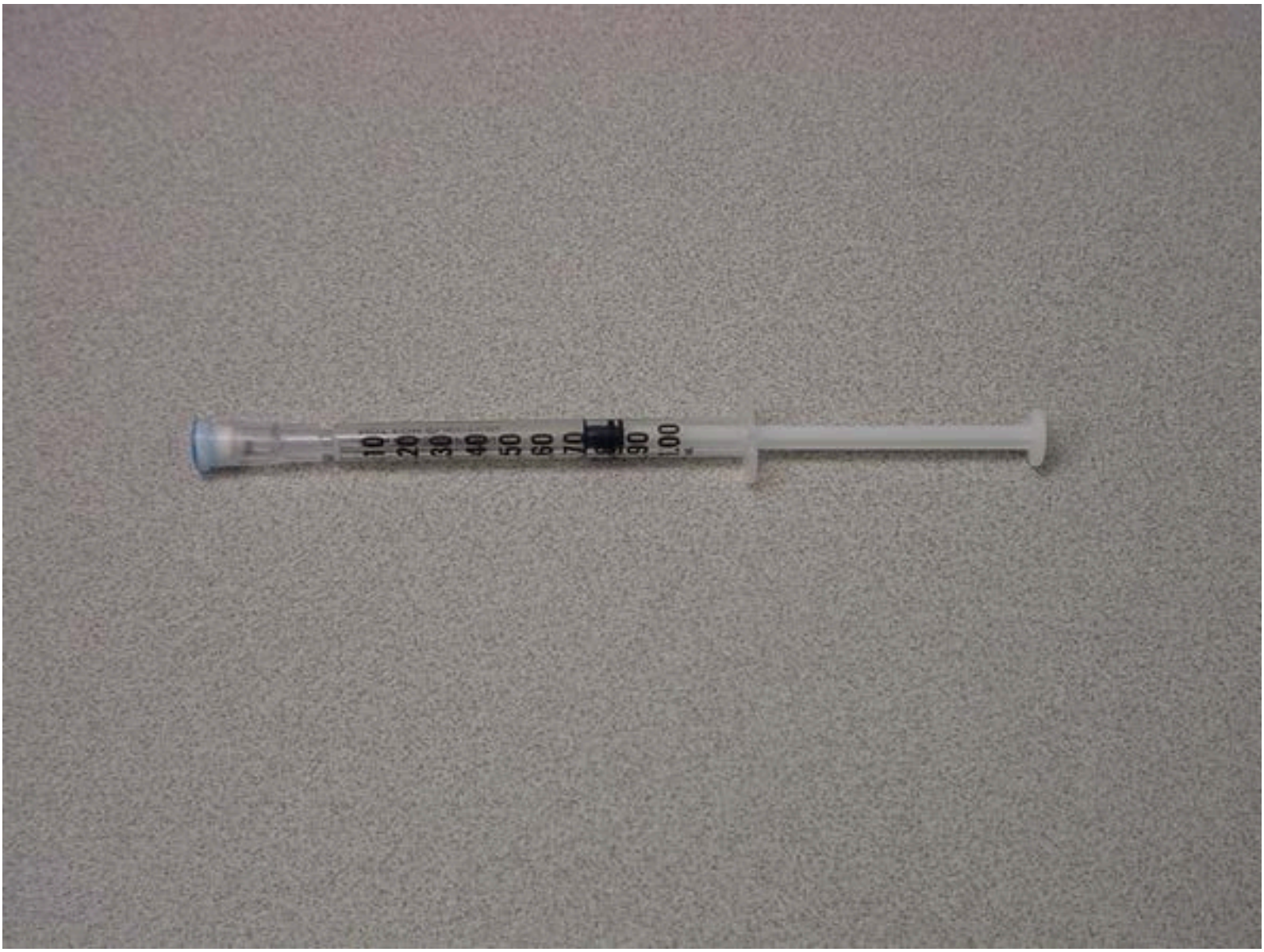
Rush Medical Labs

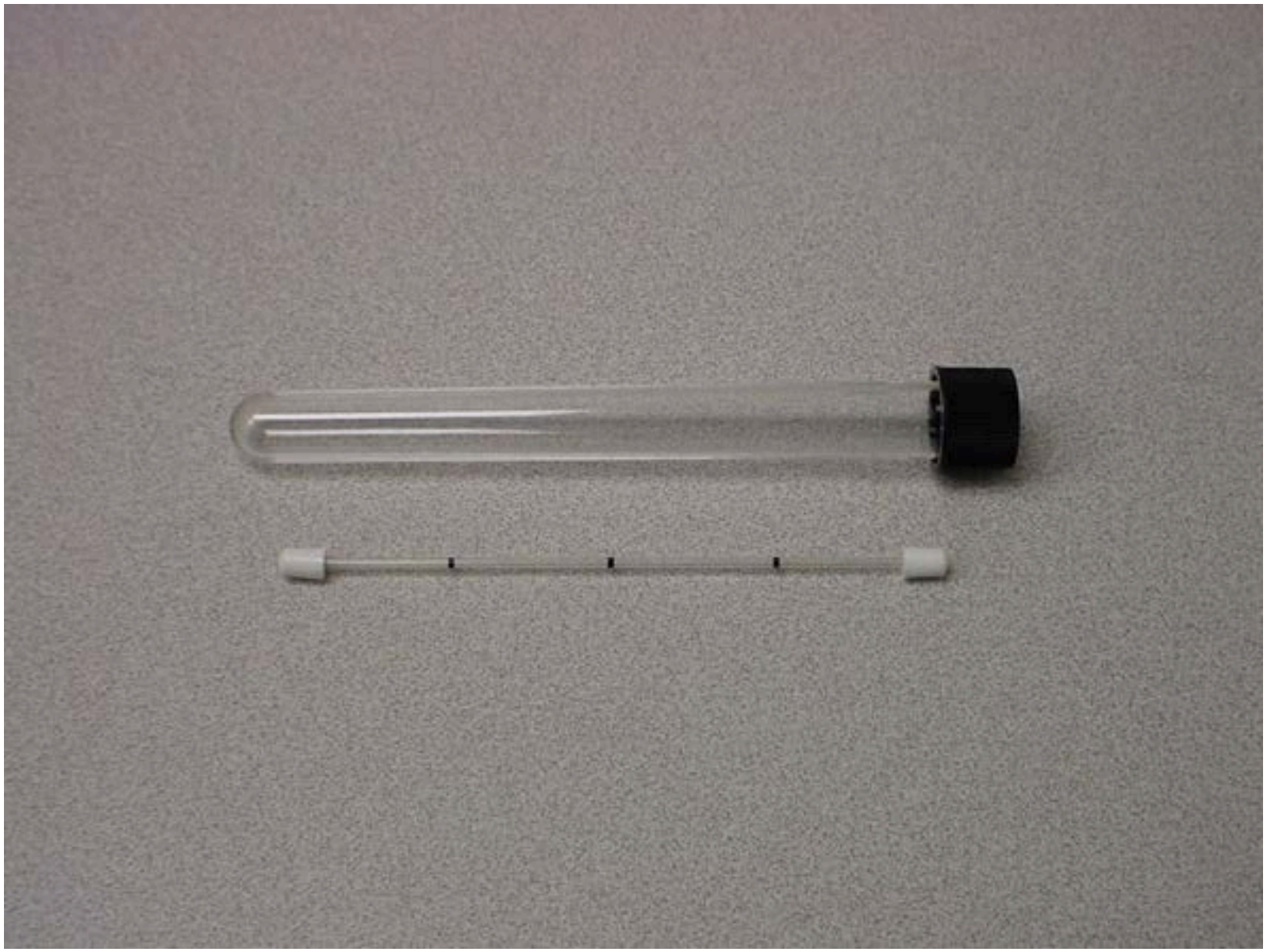
TEST NAME:	PNH FLAER
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PNHFL
CPT CODE:	88184-90, 88185 x8-90, 88188-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Draw Monday through Thursday only.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Atached)
SPECIMEN REQUIREMENTS:	5 mL whole blood
MINIMUM VOLUME:	3 mL whole blood
HANDLING INSTRUCTIONS:	Draw Monday through Thursday ONLY. Specimen must be received at the reference lab within 72 hours.
REFERENCE RANGE:	Search Test Code S52351
POE DESCRIPTION:	Paroxysmal Nocturnal Hemoglobinurea with FLAER
TEST SYNONYM(S):	Pi-Linked Antigen; Paroxysmal nocturnal hemoglobinuria (PNH); CD55/59
LAST UPDATED:	06/19/2019


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	PO2, Arterial Blood or Venous Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PO2/A; PO2/V
CPT CODE:	86256; 86256
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	15 minutes
SPECIAL INSTRUCTIONS:	Keep on ice. Requisition must indicate source (ie, arterial) and whether the patient is breathing room air or receiving oxygen.
CONTAINER TYPE:	Heparinized syringe, heparinized capillary tube (See Attached)
SPECIMEN REQUIREMENTS:	Whole blood, arterial or venous
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	0.3 mL
HANDLING INSTRUCTIONS:	Keep specimen on ice. Specimen must be delivered immediately to the laboratory. Keep on ice.
REFERENCE RANGE:	Arterial: 1 day to 1 month: none established; 1 month to adult: 83-108 mm Hg; venous: 1 day to 1 month: none established, 1 month to adult: 25-29 mm Hg


10
20
30
40
50
60
70
80
90
100



Rush Medical Labs

TEST NAME:	Porcine Factor VIII Inhibitor, Bethesda Unit Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PVIII BETH
CPT CODE:	85335
DAYS PERFORMED:	Mon-Fri, 0730-1600
TURNAROUND TIME:	7-10 working days
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens.
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or 2 pediatric 1.6 mL or 2.7 mL tubes
REJECTION CRITERIA:	Specimen hemolyzed >65% Hct
MINIMUM VOLUME:	3.5 mL blood (1.5 mL plasma); pediatric tubes must be fully drawn.
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
POE DESCRIPTION:	PROCINE FVIII INHIBITOR


VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL

Rush Medical Labs

TEST NAME:	Porphobilinogen Deaminase, Whole Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MPBGD
CPT CODE:	82657-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should abstain from alcohol for 24 hours
CONTAINER TYPE:	Green top (sodium heparin) - 10 mL tube (See Attached)
SPECIMEN REQUIREMENTS:	6.0 mL whole blood
HANDLING INSTRUCTIONS:	3.0 mL whole blood
REFERENCE RANGE:	See Quest Labs - Search Test Code 19940
LAST UPDATED:	06/19/2019


VACUTAINER

Rush Medical Labs

TEST NAME:	Porphobilinogen, Quantitative, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UPRFB
CPT CODE:	84110-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection. Protect specimen from light.
REFERENCE RANGE:	Search Test Code S51657
POE DESCRIPTION:	URINE PORPHOBILINOGEN
TEST SYNONYM(S):	Urine Porphobilinogen, Quantitative; Quantitative Porphobilinogen, Urine
LAST UPDATED:	06/19/2019


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

Rush Medical Labs

TEST NAME:	Porphyrins, Quantitative, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/PORPH
CPT CODE:	84120-90
TEST INFORMATION:	Test includes uroporphyrin I and III, heptacarboxyporphyrin, hexacarboxyporphyrin, pentacarboxyporphyrin, coproporphyrin I and III and porphobilinogen.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection. Protect specimen from light.
REFERENCE RANGE:	Search Test Code 17198
POE DESCRIPTION:	URT PORPH; U/PORPH
TEST SYNONYM(S):	Coproporphyrins (Tetracarboxyporphyrin), Quantitative, Urine; Protoporphyrins, Quantitative Urine; Heptaporphyrins, Quantitative Urine; Hexaporphyrins, Quantitative Urine; Pentaporphyrins, Quantitative Urine; Urine Porphyrins, Quantitative
LAST UPDATED:	12/17/2013

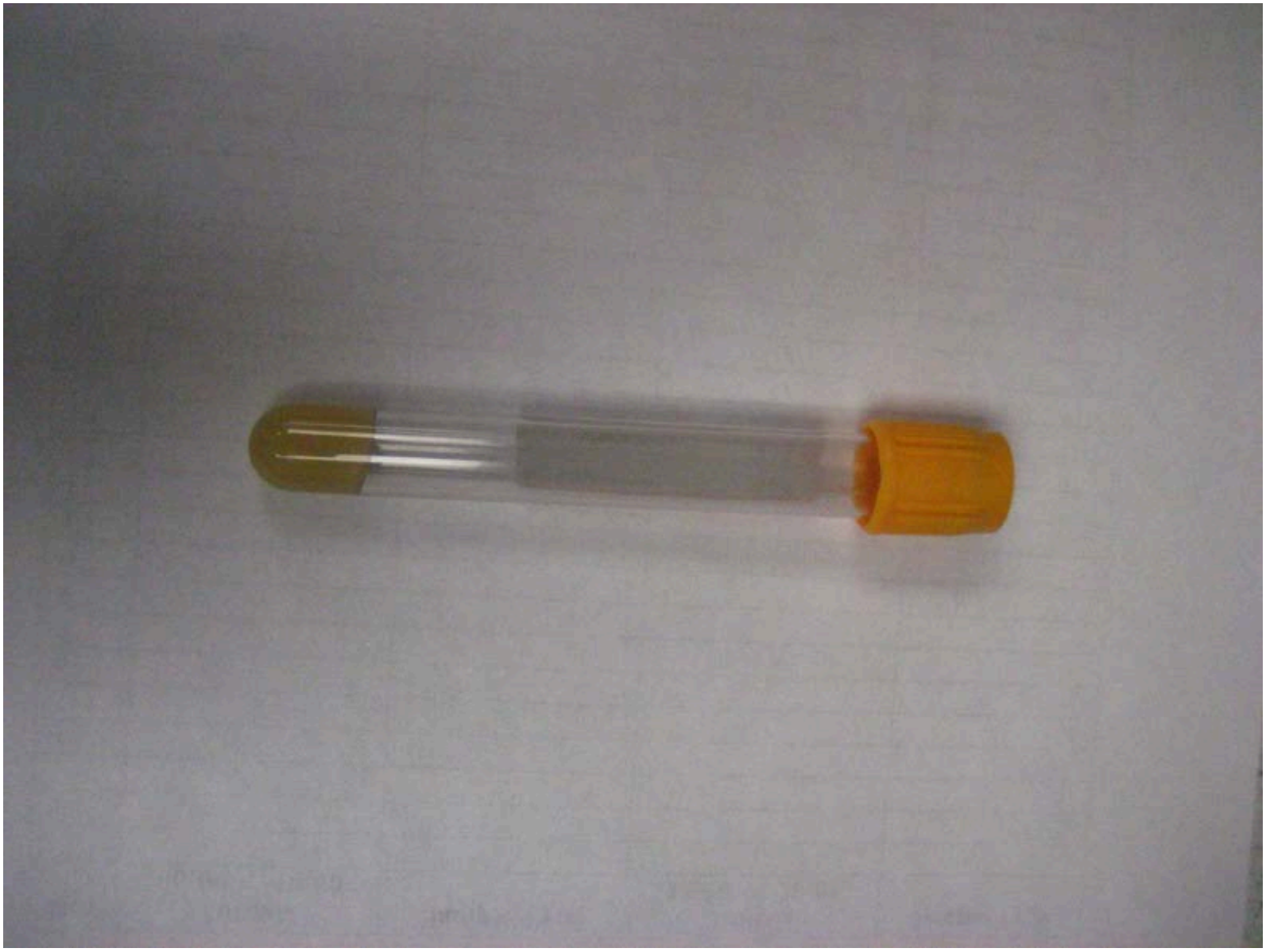

RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

Rush Medical Labs

TEST NAME:	Porphyrins, Total (Plasma/Serum)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	82491-90
DAYS PERFORMED:	Tuesday, Thursday
SPECIAL INSTRUCTIONS:	Protect from light
CONTAINER TYPE:	Green top (sodium heparin) - 10 mL tube; Lavender top (K2 EDTA); SST tube - Foil Wrap (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL plasma/serum)
MINIMUM VOLUME:	2 mL blood (0.4 mL plasma/serum)
REFERENCE RANGE:	Search Test Code - S51406


BD Vacutainer
Sodium Heparin
10 USP Units
REF 367874


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

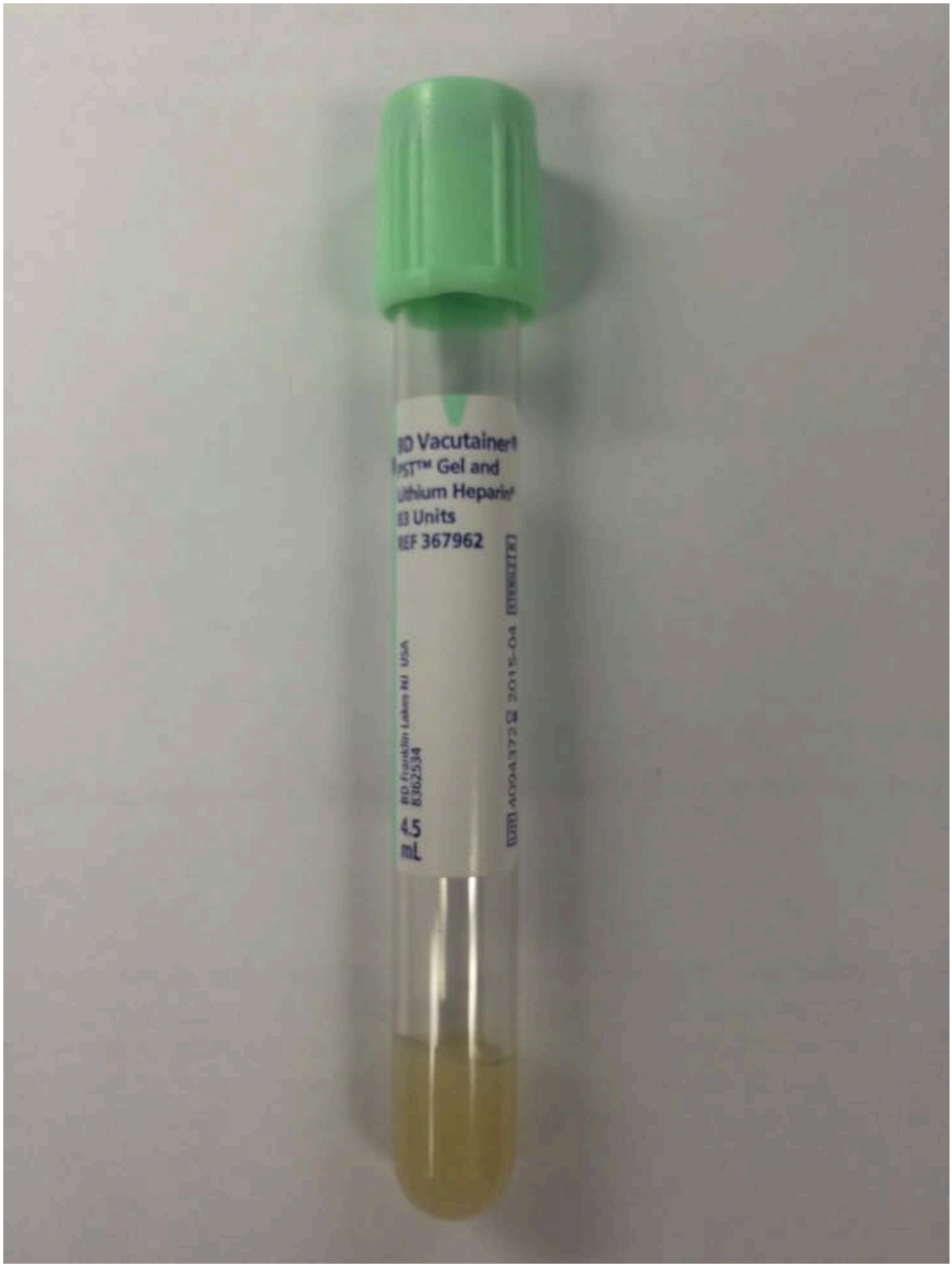


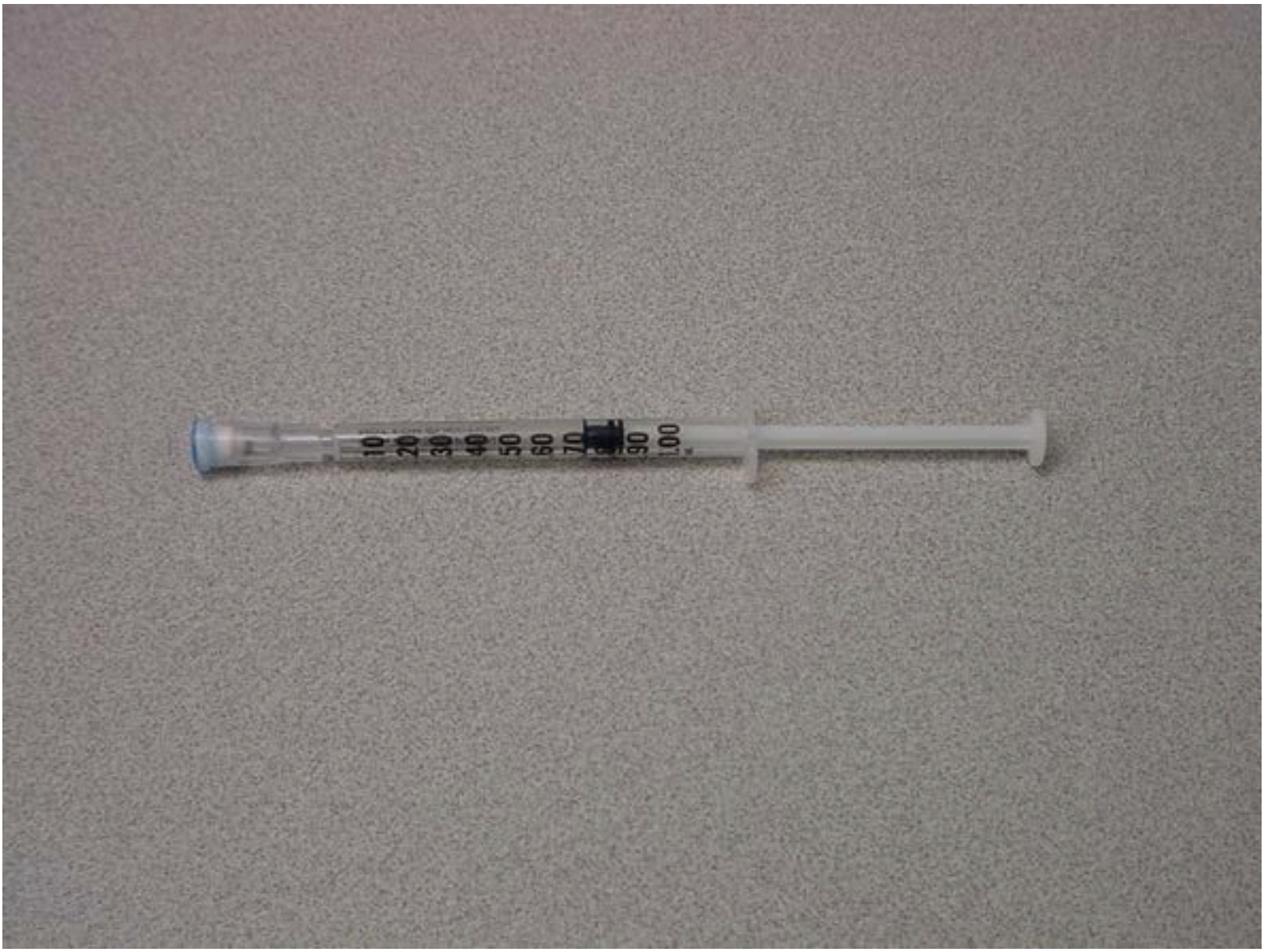
Rush Medical Labs

TEST NAME:	Post Vasectomy Evaluation
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	POST VASEC
CPT CODE:	89321
DAYS PERFORMED:	Monday-Friday, 0700 am - 1100 am with appointment
TURNAROUND TIME:	12 hours
SPECIAL INSTRUCTIONS:	Call Andrology office at x34024 to schedule appointments. Appointment should be scheduled at least 3 days in advance. You must receive a Medical Record Number in Room 439 Pro Bldg II prior to producing semen specimen. Semen specimens are produced in the Andrololgy Lab, Suite 119 Pro Bldg I. Please allow 2-3 days of sexual abstinence prior to specimen collection.
CONTAINER TYPE:	Sterile specimen container (provided by lab)
SPECIMEN REQUIREMENTS:	Semen
REJECTION CRITERIA:	Improper collection, incomplete requisition information
MINIMUM VOLUME:	1.0
HANDLING INSTRUCTIONS:	Specimen should ideally be produced in lab.
REFERENCE RANGE:	On form
POE DESCRIPTION:	POST VASECTOMY EVALUATION
LAST UPDATED:	04/14/2015

Rush Medical Labs

TEST NAME:	Potassium, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BGK
CPT CODE:	84132; 84132; 84132
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; Blood Gas Laboratory: 15 minutes; stat: 1 hour
SPECIAL INSTRUCTIONS:	Must be kept on ice if ABG is ordered. Results will be affected by hemolysis.
CONTAINER TYPE:	PST tube, heparinized syringe (Blood Gas Laboratory) (See (Attached
SPECIMEN REQUIREMENTS:	Blood (plasma)
REJECTION CRITERIA:	Clotted syringe, needle attached to the syringe, and air bubbles in the sample.
MINIMUM VOLUME:	(0.2 mL plasma, 0.3 mL whole blood)
REFERENCE RANGE:	Younger than 1 month: 4.0-6.0 mmol/L, 1 month to adult: 3.4-5.3 mmol/L
CRITICAL VALUES:	< 2.5; > 6.5
POE DESCRIPTION:	POTASSIUM; K
TEST SYNONYM(S):	Plasma Potassium; K+, Blood
LAST UPDATED:	06/19/2019


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04


10
20
30
40
50
60
70
80
90
100

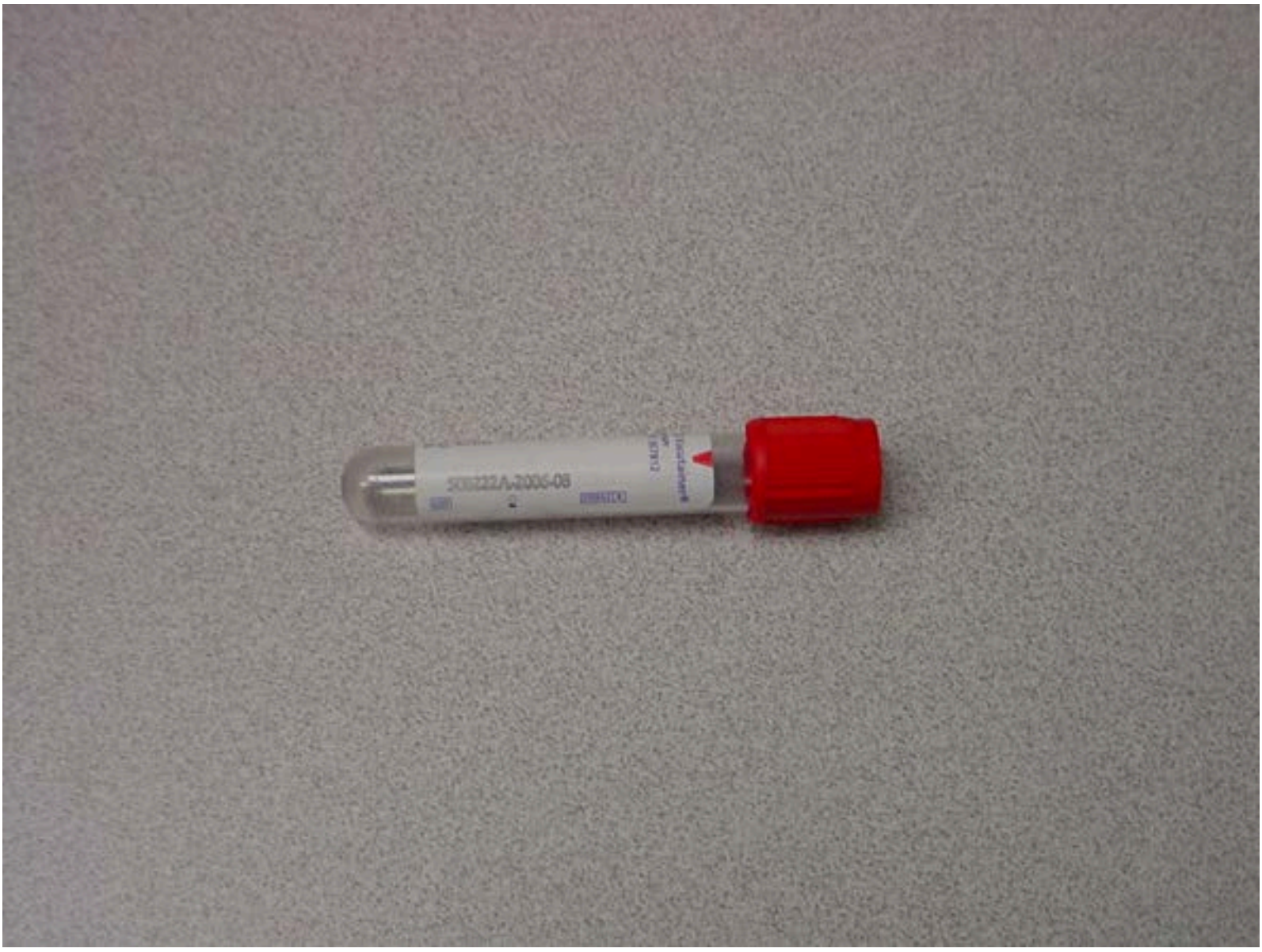
Rush Medical Labs

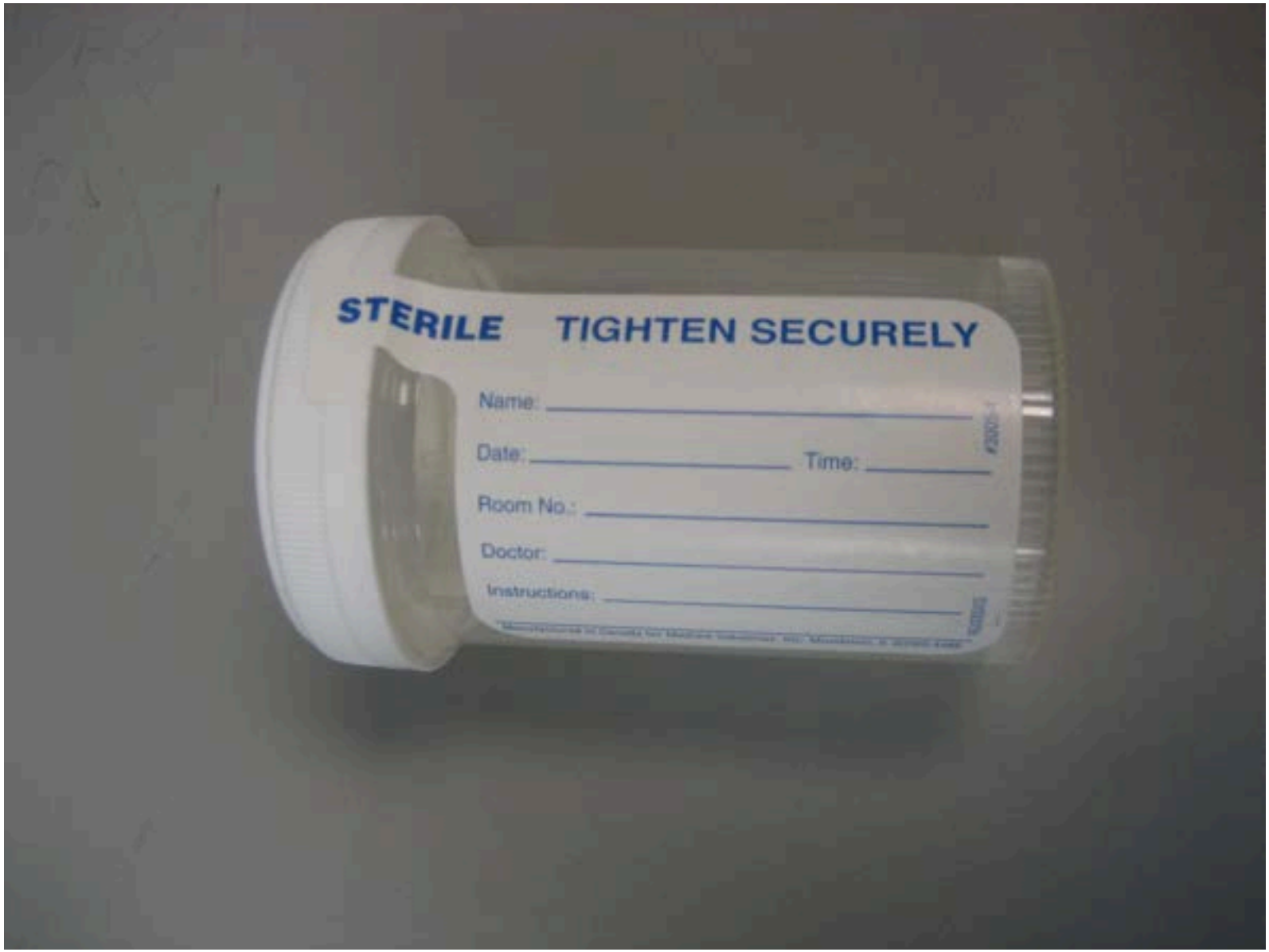
TEST NAME:	Potassium, Feces 24, 48 OR 72 hrs.
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QK
CPT CODE:	84311-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	One or more stool containers available from the Core Laboratory
SPECIMEN REQUIREMENTS:	24-, 48-, or 72-hour stool collection. Submit entire collection to the laboratory. Specimen must be liquid.
MINIMUM VOLUME:	Entire collection
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	See Quest Diagnostic Lab - Search Test Code - 8832
POE DESCRIPTION:	FEC K; FEC POTASSIUM; FEC POTASSIUM (RANDOM SPECIMEN); K; Q/K
TEST SYNONYM(S):	Fecal Potassium; Potassium, Stool
LAST UPDATED:	06/19/2019

Rush Medical Labs

TEST NAME:	Potassium, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FK or FLDK
CPT CODE:	84132
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL fluid
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID POTASSIUM
TEST SYNONYM(S):	Fluid Potassium
LAST UPDATED:	06/19/2019

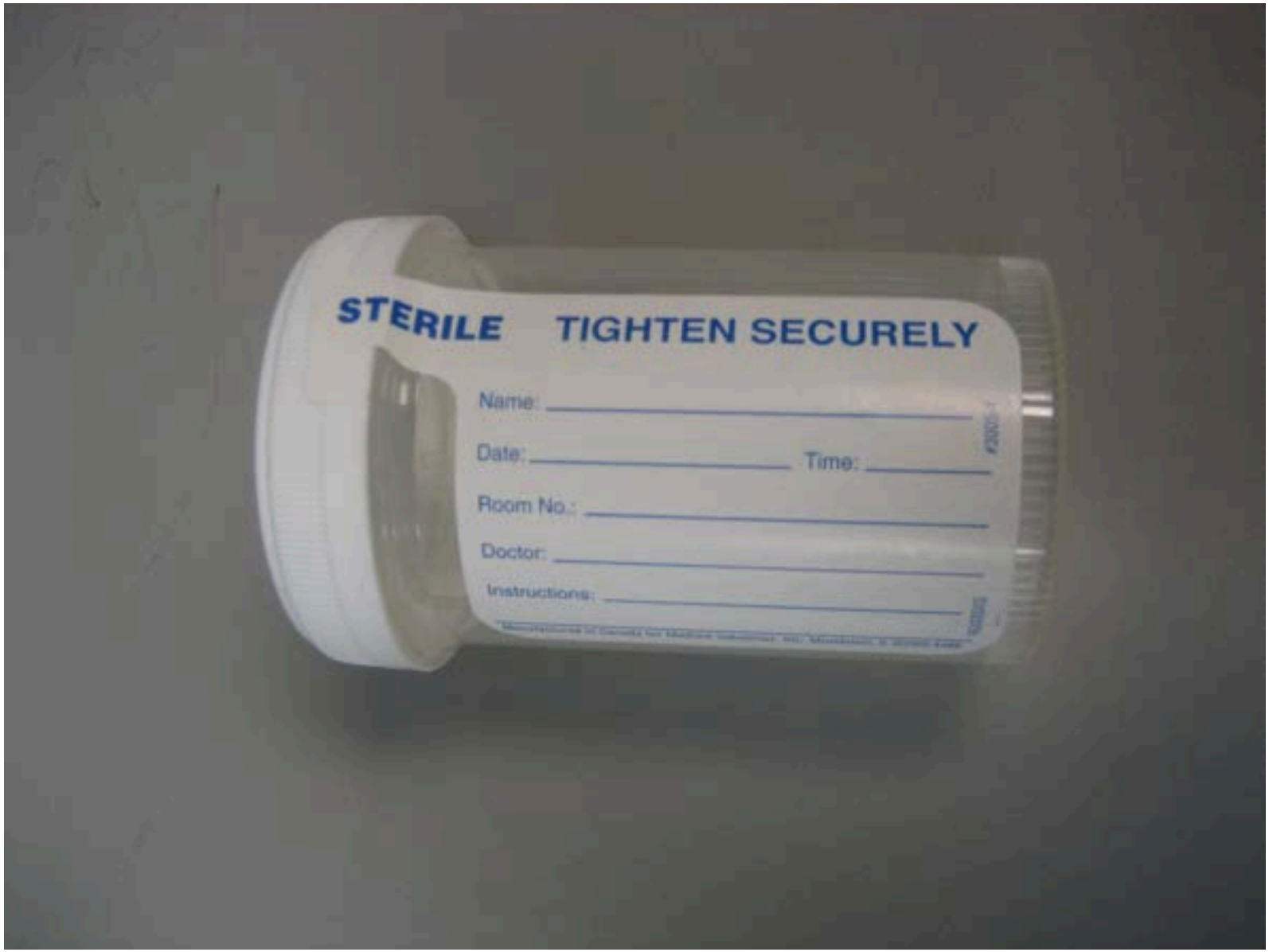

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Potassium, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UKR (random urine); UK (24-hour urine)
CPT CODE:	Random = 84133; Timed = 84133; 81050
TEST INFORMATION:	Results are reported as mmol of potassium per total volume of urine submitted. Normal range is based on 24-hour collection. To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Stat: 1 hour (random urine only); Routine: 8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers ~~must~~ be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	Random or 24 hour urine
MINIMUM VOLUME:	Random urine: 1 mL; Timed urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random urine: None established; Timed urine: 25-120 mmol/24 hours (varies with diet)
POE DESCRIPTION:	Urine Potassium Random; Urine Potassium Timed
TEST SYNONYM(S):	K, Urine; Urine K; Urine Potassium
LAST UPDATED:	06/19/2019


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

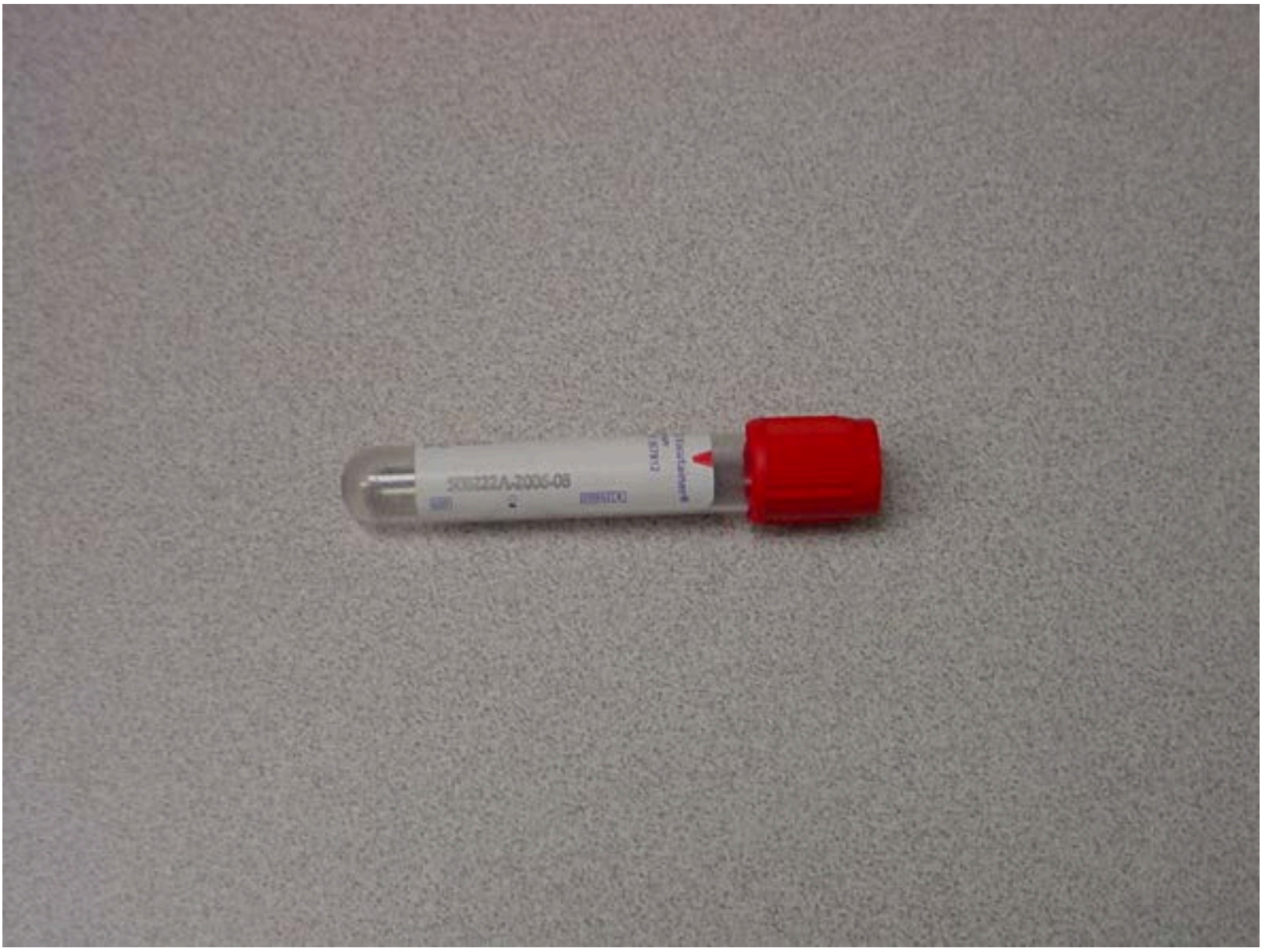

RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

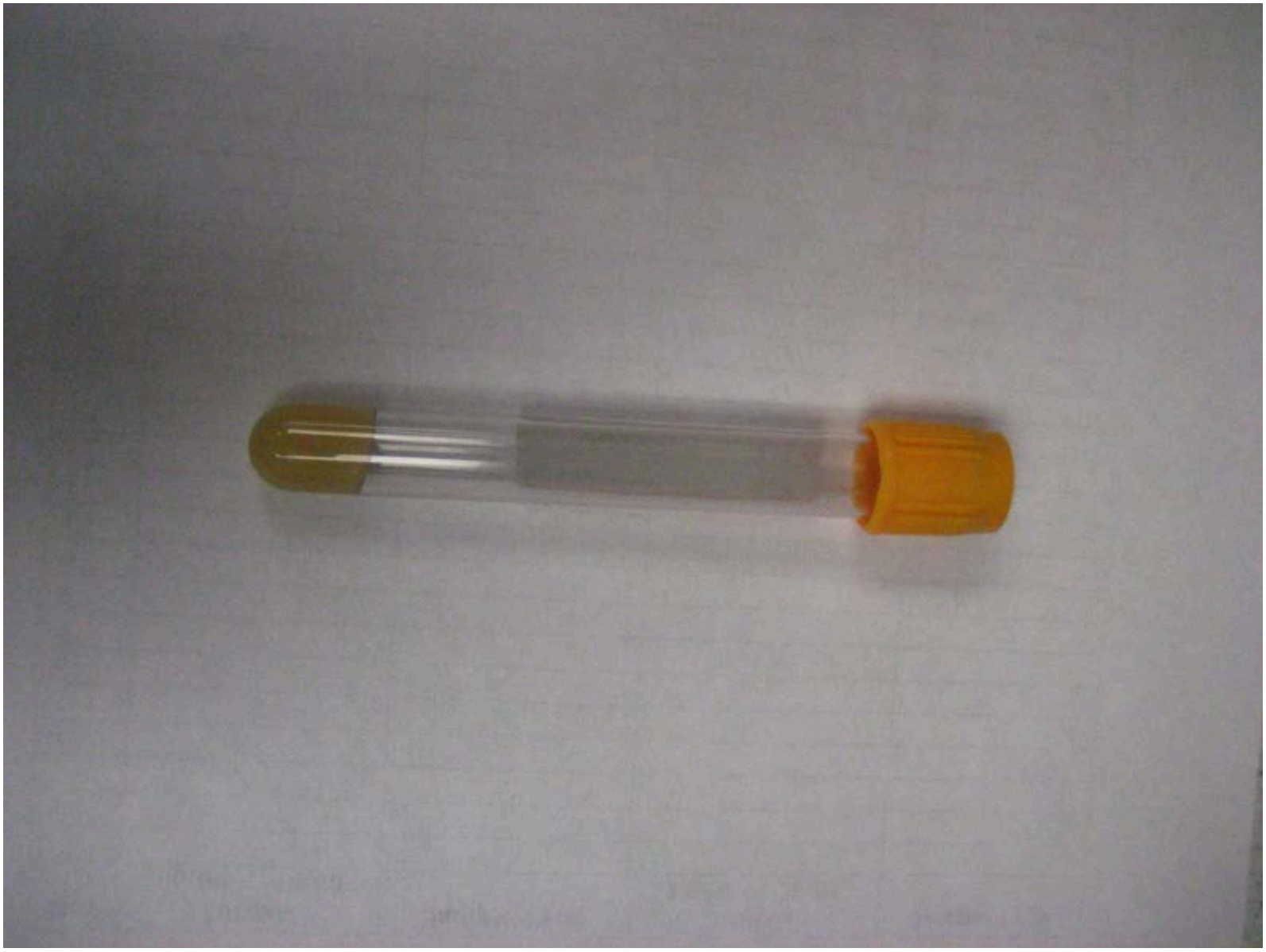
Rush Medical Labs

TEST NAME:	Prader - Willi/Angelman Syndrome DNA Methylation
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	81331
DAYS PERFORMED:	Tuesday
TURNAROUND TIME:	8 days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube
SPECIMEN REQUIREMENTS:	5 mL whole blood
MINIMUM VOLUME:	3 mL whole blood
REFERENCE RANGE:	- Test Code S51349
METHODOLOGY:	Gel Electrophoresis, PCR
ADDITIONAL INFORMATION:	Laboratory: Specialty
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Prealbumin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PAIB
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 4 mL and SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL serum)
REJECTION CRITERIA:	Gross Hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	18-45 mg/dL
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	PREALBUMIN; PREALB
LAST UPDATED:	06/24/2019





Rush Medical Labs

TEST NAME:	Pre-BMT Profile (51)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	Order individually
CPT CODE:	85730; 85025; 82465; 80053; 82977; 84702; 86694; 83615; 83735; 84100; 85610; 82784 (x3); 84478; 82575; 81051; 84550; 86787; 86787
TEST INFORMATION:	Test includes APTT, CBC, CHOL, CMP, GGT, HCG QT (Females only), HSV IGG, LDH, MG, PO4, PT, QT IGS, TRIG, U/CRCL, URIC, VZ IGG, and VZ IGM.
DAYS PERFORMED:	Varies by test.
TURNAROUND TIME:	Varies by test.
CONTAINER TYPE:	2 Red top tubes - 10 mL or SST tubes AND Blue top (sodium citrate) tube, AND Lavender top (K2 EDTA) tube , AND Plastic 24-hour urine container with no preservative (Chemistry bottle #1). (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum and plasma), urine
MINIMUM VOLUME:	6 mL serum, 1.5 mL plasma
POE DESCRIPTION:	PRE-BONE MARROW TRANSPLANT PROFILE (51)
TEST SYNONYM(S):	Pre-BMT Panel


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

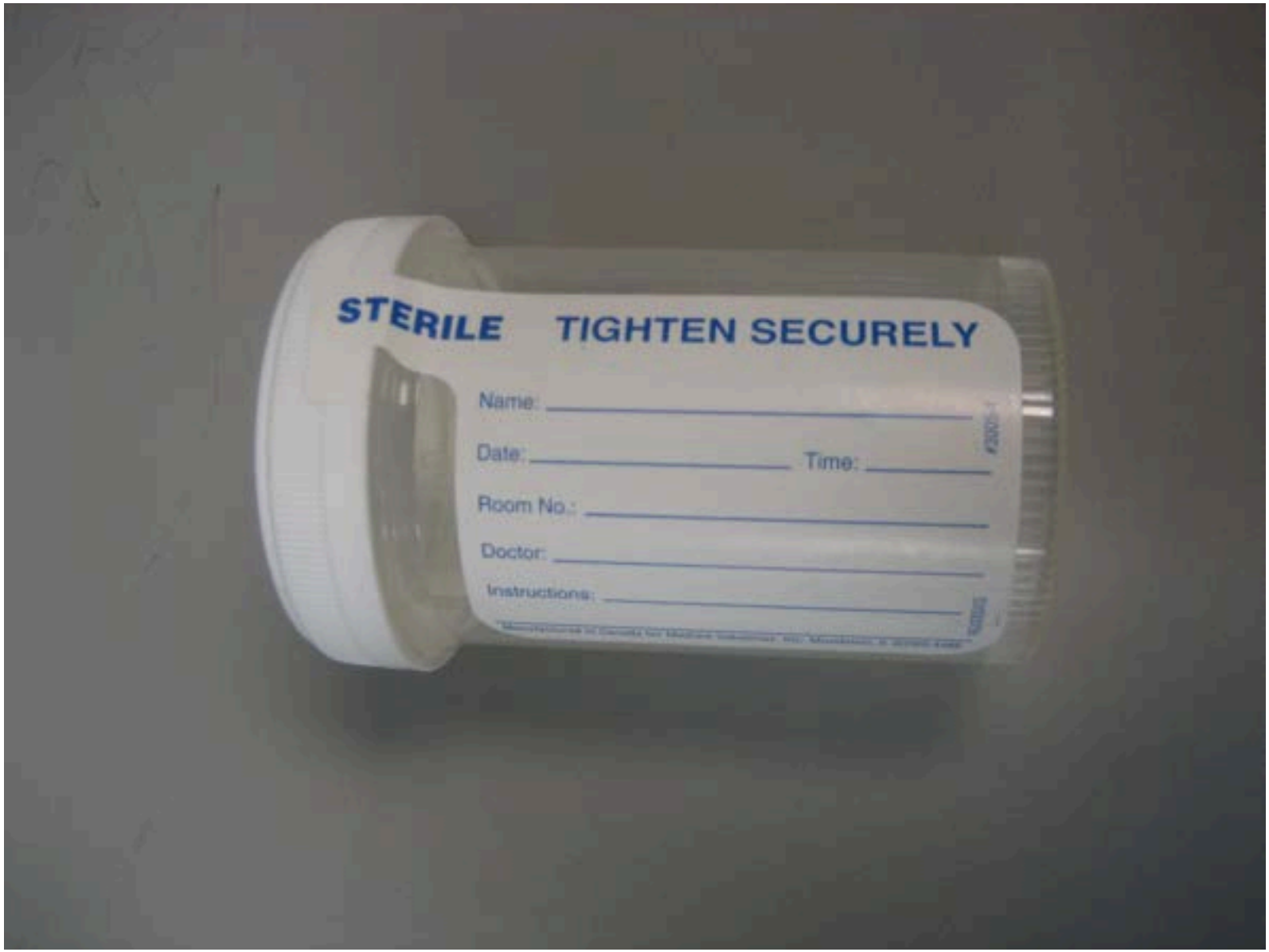

VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL



Rush Medical Labs

TEST NAME:	Pregnancy, Qualitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UHCG
CPT CODE:	83518
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	4 hours
CONTAINER TYPE:	Sterile 80 mL specimen container (See Attached)
SPECIMEN REQUIREMENTS:	First morning urine
MINIMUM VOLUME:	0.1 mL
	Negative
REFERENCE RANGE:	A positive result indicates hCG level >20 mIU/mL.
POE DESCRIPTION:	URR PREGNANCY TEST; U/PREG
TEST SYNONYM(S):	hCG, Urine; Human Chorionic Gonadotropin, Urine; Qualitative Pregnancy Test, Urine; Urine Pregnancy
LAST UPDATED:	06/24/2019


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Primidone, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PRIM
CPT CODE:	80188-90, 80184-90
TEST INFORMATION:	Test includes: Primidone and Phenobarbital
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 1-3 working days; stat: 4 hours
CONTAINER TYPE:	Red top tube - 10 mL (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 751
POE DESCRIPTION:	PRIMIDONE
TEST SYNONYM(S):	Mysoline
LAST UPDATED:	04/13/2015


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Procainamide, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PROC
CPT CODE:	80192-90
TEST INFORMATION:	Test includes: procainamide, N-acetyl procainamide (metabolite) and combined totals.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 743
POE DESCRIPTION:	PROCAINAMIDE
TEST SYNONYM(S):	Pronestyl.
LAST UPDATED:	04/13/2015


BD Vacutainer
Serum
REF 366430 LOT 5126463 EXP 2007-05

Rush Medical Labs

TEST NAME:	Procalcitonin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PCAL
CPT CODE:	84145
DAYS PERFORMED:	Daily, 24 Hours
TURNAROUND TIME:	2 Hours
CONTAINER TYPE:	SST (Serum Separator Tube) (See Attached)
SPECIMEN REQUIREMENTS:	Blood (Serum)
MINIMUM VOLUME:	1 mL (0.5 mL serum)
REFERENCE RANGE:	<0.07
REFERENCE CHART:	**Interpretation guideline** **Risk assessment for progression to severe sepsis and septic shock** **< 0.50 ng/mL**: Lowrisk forprogressionto severesepsis and/orseptic shock.Does not exclude localizedbacterial infectionor earlysystemic infection (< 6 hours). **≥ 0.5 ng/mL to ≤ 2.0 ng/mL**: Bacterial sepsis or other conditions possible. Interpret with caution and clinical context. Retest within 6-24 hours recommended for any concentration < 2.0 ng/mL. **> 2.0 ng/mL**: High risk for progression to severe sepsis and/or septic shock.
LIMITATIONS OF TEST:	The procalcitonin (PCT) assay is not indicated to be used as a stand-alone diagnos c assay and procalcitonin concentra ons must always be interpreted in the context of other laboratory findings and clinical evalua ons. For a further guided interpreta on of the procalcitonin results, please refer to the ARCHITECT B·R·A·H·M·S PCT reagent package insert.
ADDITIONAL INFORMATION:	Package Insert
TEST SYNONYM(S):	PCT
LAST UPDATED:	04/14/2020

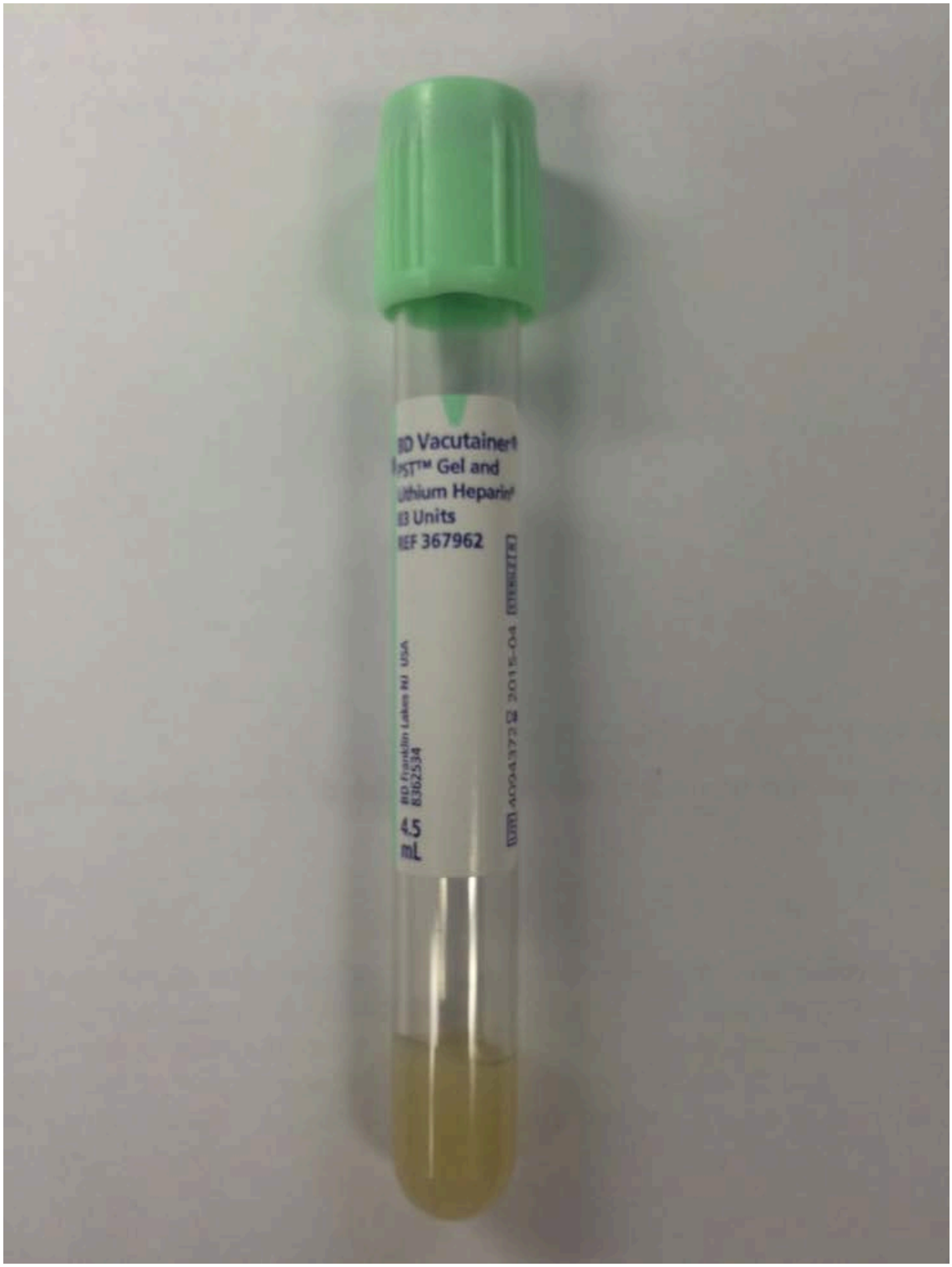


Rush Medical Labs

TEST NAME:	Progenitor Cell Collection
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	LEUK PROC; BM CRYO
CPT CODE:	36520; 86999
DAYS PERFORMED:	Mon-Fri
TURNAROUND TIME:	5-7 hours
SPECIAL INSTRUCTIONS:	Must be arranged in advance
CONTAINER TYPE:	300 mL transfer pack
SPECIMEN REQUIREMENTS:	Peripheral progenitor cells
MINIMUM VOLUME:	60 mL
HANDLING INSTRUCTIONS:	Maintain specimen at room temperature
TEST SYNONYM(S):	Progenitor Blood Stem Cell; Stem Cell Collection; Stem Cell Freezing

Rush Medical Labs

TEST NAME:	Progesterone, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PROG
CPT CODE:	84144
DAYS PERFORMED:	24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Discontinue estrogen and progesterone therapy. Requisition must be completed with patient`s sex, LMP, and trimester of pregnancy.
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
POE DESCRIPTION:	PROGESTERONE
TEST SYNONYM(S):	Cyclic Pergonal. Monitoring
LAST UPDATED:	01/28/2015


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Proinsulin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PROIN
CPT CODE:	84206-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.5 mL blood (0.8 mL serum)
REFERENCE RANGE:	Search Test Code S51596 PROINSULIN
POE DESCRIPTION:	06/19/2019
LAST UPDATED:	


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Prolactin Stimulation Test, Thorazine.
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PROLACTIN
CPT CODE:	84146
DAYS PERFORMED:	24 hours
TURNAROUND TIME:	1 day
SPECIAL INSTRUCTIONS:	Specify on requisition baseline or 90-minute specimen..
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Baseline: male: <15 ng/mL; female: <20 ng/mL. Results interpreted by the physician.
POE DESCRIPTION:	PROLACTIN
TEST SYNONYM(S):	Thorazine? Stimulation Test.



Rush

Rush Medical Labs

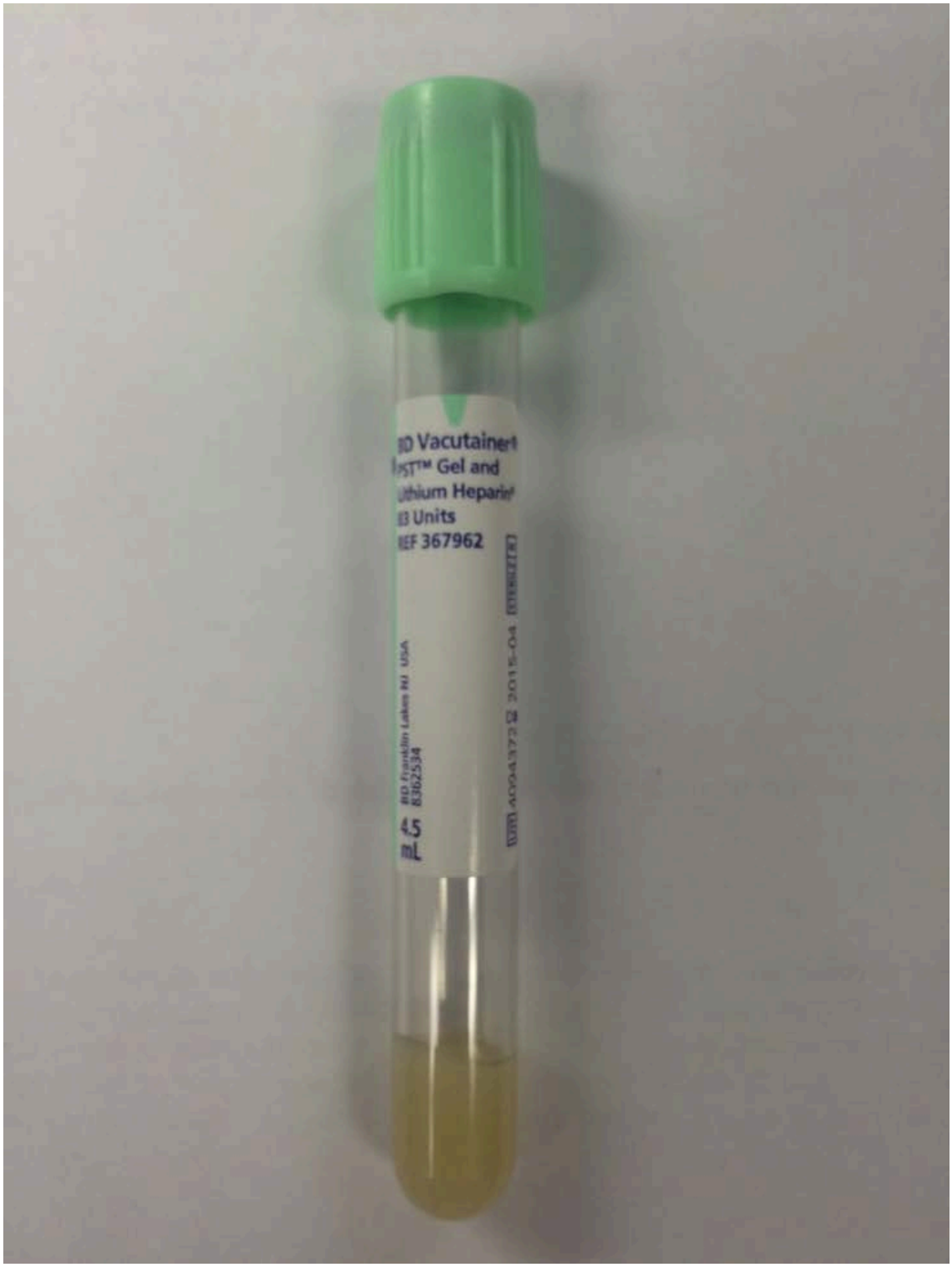
TEST NAME:	Prolactin Suppression Test, Levodopa
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PROLACTIN
CPT CODE:	84146
DAYS PERFORMED:	24 hours
TURNAROUND TIME:	1 day
SPECIAL INSTRUCTIONS:	Specify on requisition baseline, 1- or 2-hour specimen.
CONTAINER TYPE:	~~SST tube~~ (See Attached)
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Baseline: male: <15 ng/mL; female: <20 ng/mL. Results interpreted by the physician.
POE DESCRIPTION:	PROLACTIN
TEST SYNONYM(S):	Dopa Suppression Test; Levodopa Suppression Test



Rush

Rush Medical Labs

TEST NAME:	Prolactin, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PROLA
CPT CODE:	84146
DAYS PERFORMED:	24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1mL blood (0.5 mL plasma)
REFERENCE RANGE:	Adults: male:¿3-16 ng/mL; female:¿3-21 ng/mL
POE DESCRIPTION:	PROLACTIN
LAST UPDATED:	06/19/2019


BD Vacutainer
PST™ Gel and
Lithium Heparin
13 Units
REF 367962
BD Franklin Lakes NJ USA
8362534
5
2015-04

Rush Medical Labs

TEST NAME:	Prophase Chromosome
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	CHROM-PRO
CPT CODE:	88230, 88262, 88289, 88291
DAYS PERFORMED:	Mon and Fri, 0800-1530
TURNAROUND TIME:	12-14 days
SPECIAL INSTRUCTIONS:	Completed patient history form MUST be submitted with specimen. Contact the Genetics Laboratory (312-942-6298) for required form and additional information.
CONTAINER TYPE:	Sterile Green top (heparin) - 10 mL tube (See Attached)
SPECIMEN REQUIREMENTS:	Sterile blood
MINIMUM VOLUME:	3 mL
HANDLING INSTRUCTIONS:	If not sent to the laboratory immediately, refrigerate specimen (4°C) and deliver to Genetics Laboratory as soon as possible.
POE DESCRIPTION:	CHROMOSOME PROPHASE; CHROM-PRO
TEST SYNONYM(S):	Chromosome, Lymphocytes, High Resolution


VACUTAINER

Rush Medical Labs

TEST NAME:	Propoxyphene
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	83925-90, 82003-90
TEST INFORMATION:	Includes norpropoxyphene
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only (See Attached)
SPECIMEN REQUIREMENTS:	8.0 mL blood (4.0 mL serum)
MINIMUM VOLUME:	6.0 mL blood (3.0 mL serum)
REFERENCE RANGE:	Search Test Code S51423
TEST SYNONYM(S):	Darvocet; Darvon
LAST UPDATED:	05/16/2017


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05

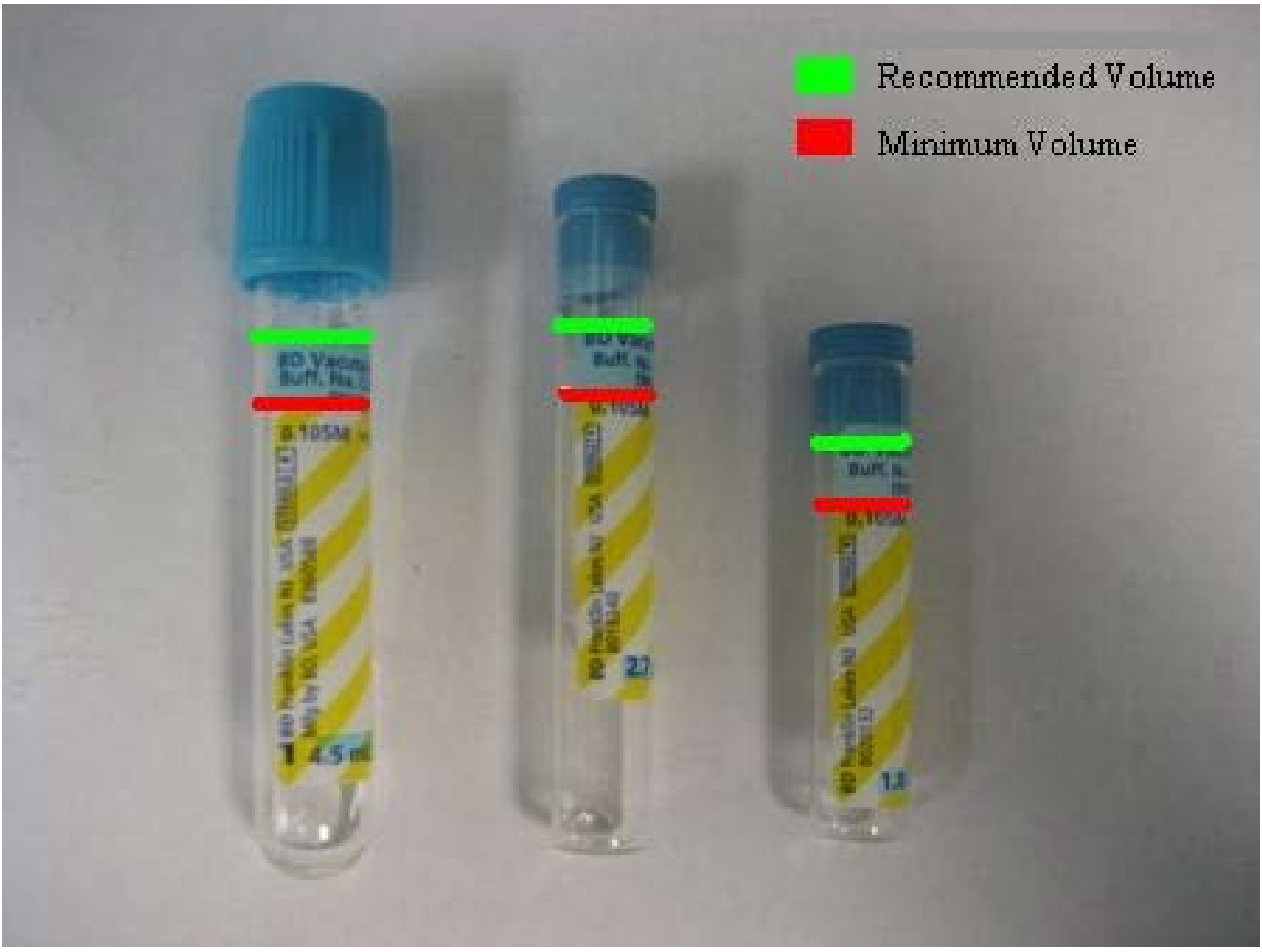
Rush Medical Labs

TEST NAME:	Prostate-Specific Antigen, Screening
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PSA SCR
CPT CODE:	G0103
CDM NUMBER:	3061307
TEST INFORMATION:	For annual screening. Also see PSA (which is intended for patients tested more frequently than annually).
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
REJECTION CRITERIA:	Excessive hemolysis, chylous serum
MINIMUM VOLUME:	1.0 mL blood, 0.5 mL serum
REFERENCE RANGE:	_<4.0 ng/mL
METHODOLOGY:	Chemiluminescent Microparticle Immunoassay (CMIA)
ADDITIONAL INFORMATION:	Test intended for annual screening. Should be ordered for Medicare patients only if ~~all~~ of the following apply: (1) the test is for screening purposes only, (2) the patient has attained age 50, and (3) the patient has not had a PSA Screening test in the last 11 months. Can be orderd for non-Medicare patients without consideration of age or previous testing.
POE DESCRIPTION:	PSA Screening
TEST SYNONYM(S):	PSA screen



Rush Medical Labs

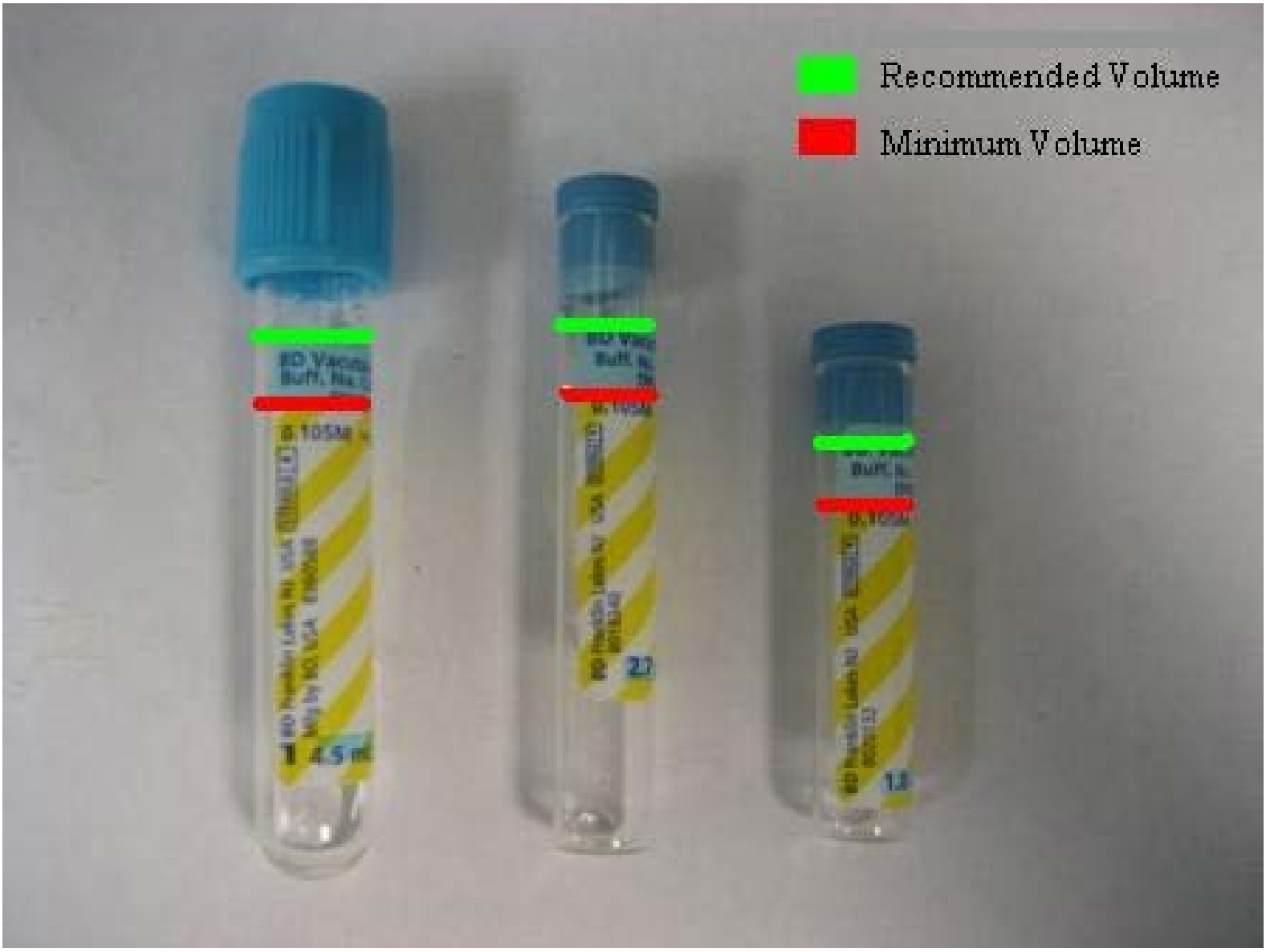
TEST NAME:	Protein C Activity
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PCACT
CPT CODE:	85303
DAYS PERFORMED:	Daily 2nd shift
TURNAROUND TIME:	1 day
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - 'Specimen Collection Guidelines' - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	1 mL plasma from properly filled tube
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	72-140%
POE DESCRIPTION:	PROTEIN C ACTIVITY; PRO CACT
TEST SYNONYM(S):	Protein C Functional
LAST UPDATED:	06/19/2019


Recommended Volume
Minimum Volume

Rush

Rush Medical Labs

TEST NAME:	Protein C Antigen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PCANT
CPT CODE:	85302-90
CDM NUMBER:	3181298
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.0 mL blood (1.0 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed Hct > 65%
MINIMUM VOLUME:	3.5 mL blood (0.5 mL citrated platelet poor plasma). Fill pediatric tube (1.8 mL) fully.
REFERENCE RANGE:	Search Test Code 5932
POE DESCRIPTION:	PROTEIN C ANTIGEN
LAST UPDATED:	06/19/2019


Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Protein Electrophoresis, 24-hour Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UPE
CPT CODE:	84156, 84166
TEST INFORMATION:	Test includes albumin, alpha1 and alpha2, beta gamma globulin percentages by urine protein electrophoresis (UPE), and total protein
DAYS PERFORMED:	Monday-Friday, first shift
TURNAROUND TIME:	2-6 days
CONTAINER TYPE:	~~24-hour urine bottle - Chemistry bottle #1~~ (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	Urine
MINIMUM VOLUME:	Entire collection
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Interpretation provided with results.
LIMITATIONS OF TEST:	Urine stored more than seven days before being assayed may give unreliable results.
METHODOLOGY:	Immunofixation
POE DESCRIPTION:	URINE PROTEIN ELECTROPHORESIS TIMED
TEST SYNONYM(S):	24-Hour Urine Protein Electrophoresis
LAST UPDATED:	08/03/2018


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

Rush Medical Labs

TEST NAME:	Protein Electrophoresis, Cerebrospinal Fluid
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	OLIO
CPT CODE:	83916-90
TEST INFORMATION:	Both CSF and serum required for testing, but results are reported for CSF only.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	CSF collection tubes and SST tube (See Attached)
SPECIMEN REQUIREMENTS:	1.0 mL cerebrospinal fluid and 1.0 mL serum
MINIMUM VOLUME:	0.5 mL cerebrospinal fluid and 0.5 mL serum
REFERENCE RANGE:	Search Test Code - 1557
POE DESCRIPTION:	CSF/SERUM OLIGOCLONAL BANDS
TEST SYNONYM(S):	Oligoclonal Banding; CSF
LAST UPDATED:	06/19/2019





Rush Medical Labs

TEST NAME:	Protein Electrophoresis, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SPE
CPT CODE:	84155, 84165, 83883 x2
TEST INFORMATION:	Test includes albumin, alpha1, alpha2, beta and gamma globulins by SPE (serum protein electrophoresis), Total Protein measurement and free light chains
DAYS PERFORMED:	Monday-Friday, first shift
TURNAROUND TIME:	2-6 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	10 mL blood (5 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Adults: albumin: 3.5-5.0 g/dL; alpha 1: 0.1-0.4 g/dL; alpha 2: 0.5-1.0 g/dL; beta: 0.5-1.2 g/dL; gamma: 0.5-1.5 g/dL; total protein: 6.0-8.2 g/dL; free Kappa: 0.33-1.94 mg/dL; free Lambda: 0.57-2.63 mg/dL; Kappa/Lambda ratio: 0.26-1.65. Interpretation provided with results.
METHODOLOGY:	Capillary electrophoresis; Nephelometry
POE DESCRIPTION:	PROTEIN ELECTROPHORESIS SERUM; SERUM PROTEIN ELECTROPHORESIS; SPE
TEST SYNONYM(S):	Electrophoresis, Serum Protein; Serum Protein Electrophoresis


10mL
BD Vacutainer
Serum



Rush Medical Labs

TEST NAME:	Protein Electrophoresis, Urine (random)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UPER/UPEP
CPT CODE:	84166
TEST INFORMATION:	Test includes albumin, alpha1 and alpha2, beta gamma globulin percentages by urine protein electophoresis (UPE), and total protein
DAYS PERFORMED:	Monday-Friday, first shift
TURNAROUND TIME:	2-6 days
CONTAINER TYPE:	Sterile 80 mL speciman container (random urine)
SPECIMEN REQUIREMENTS:	Urine
MINIMUM VOLUME:	25 mL
HANDLING INSTRUCTIONS:	Refrigerate during collection
REFERENCE RANGE:	Interpretation provided with results
LIMITATIONS OF TEST:	Urine stored more than seven days before being assayed may give unreliable results.
METHODOLOGY:	Immunofixation
TEST SYNONYM(S):	Random Urine Protein Electrophoresis; Electrophoresis, Random Urine Protein
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Protein S Antigen, Total and Free
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PSAG
CPT CODE:	85305-90; 85306-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 12 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed; Hct > 55%
MINIMUM VOLUME:	3.5 mL blood (1.0 mL citrated platelet poor plasma)
REFERENCE RANGE:	Rush Custom Panel #P6126I See separate laboratory report.
POE DESCRIPTION:	PROTEIN S ANTIGEN; PROTEIN S AG; PRO S AG
LAST UPDATED:	06/19/2019

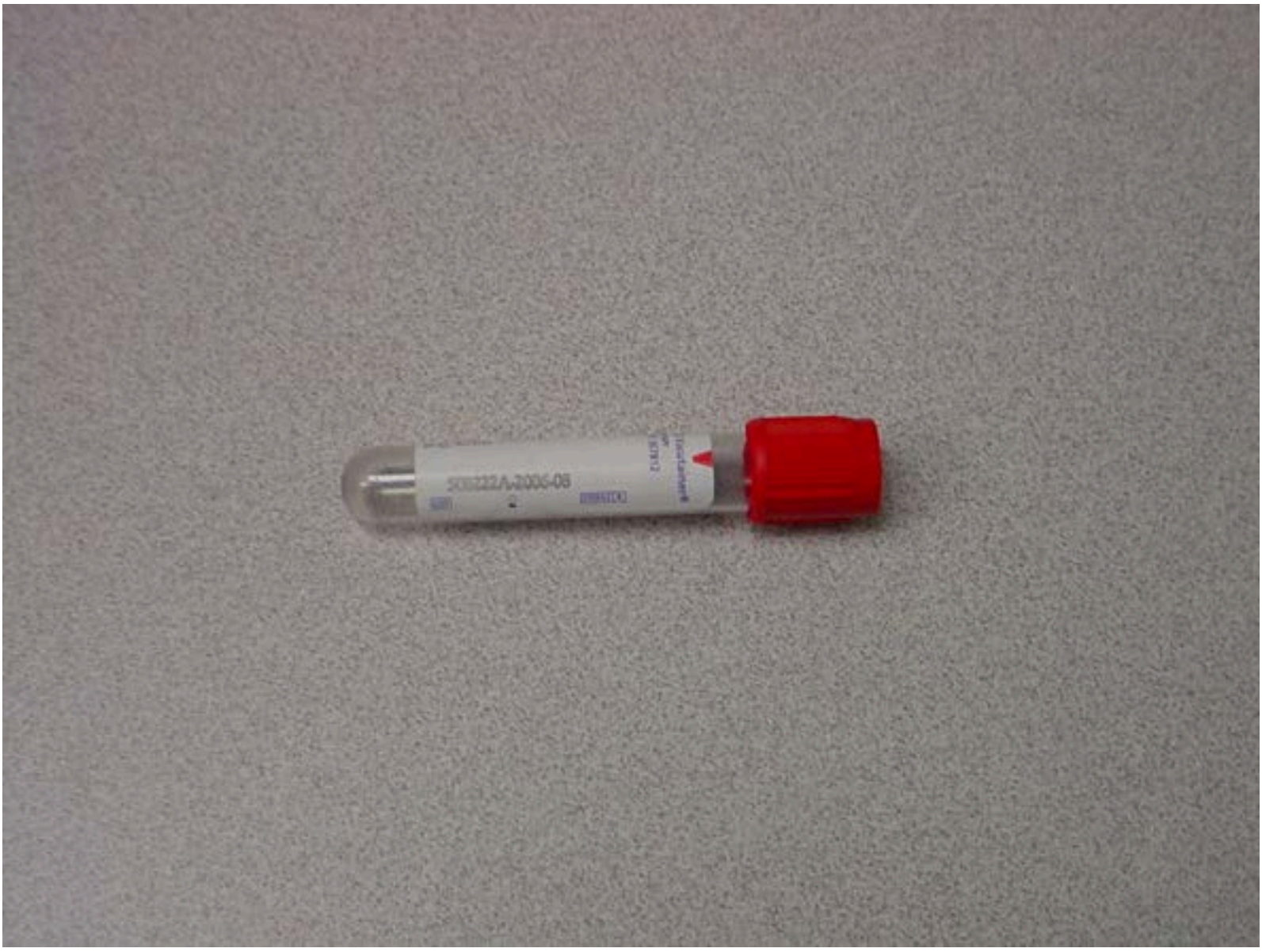

VACUTAINER
Buffered Cit
(1:10)
0.105M
=3.2%
4.5mL



Rush Medical Labs

TEST NAME:	Protein, Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CPRO
CPT CODE:	84157
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, CSF collection tubes
SPECIMEN REQUIREMENTS:	Cerebrospinal fluid
MINIMUM VOLUME:	0.2 mL
POE DESCRIPTION:	CSF PROTEIN
TEST SYNONYM(S):	Cerebrospinal Fluid Protein; CSF Prot; CSF Protein; Protein, CSF
LAST UPDATED:	06/19/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



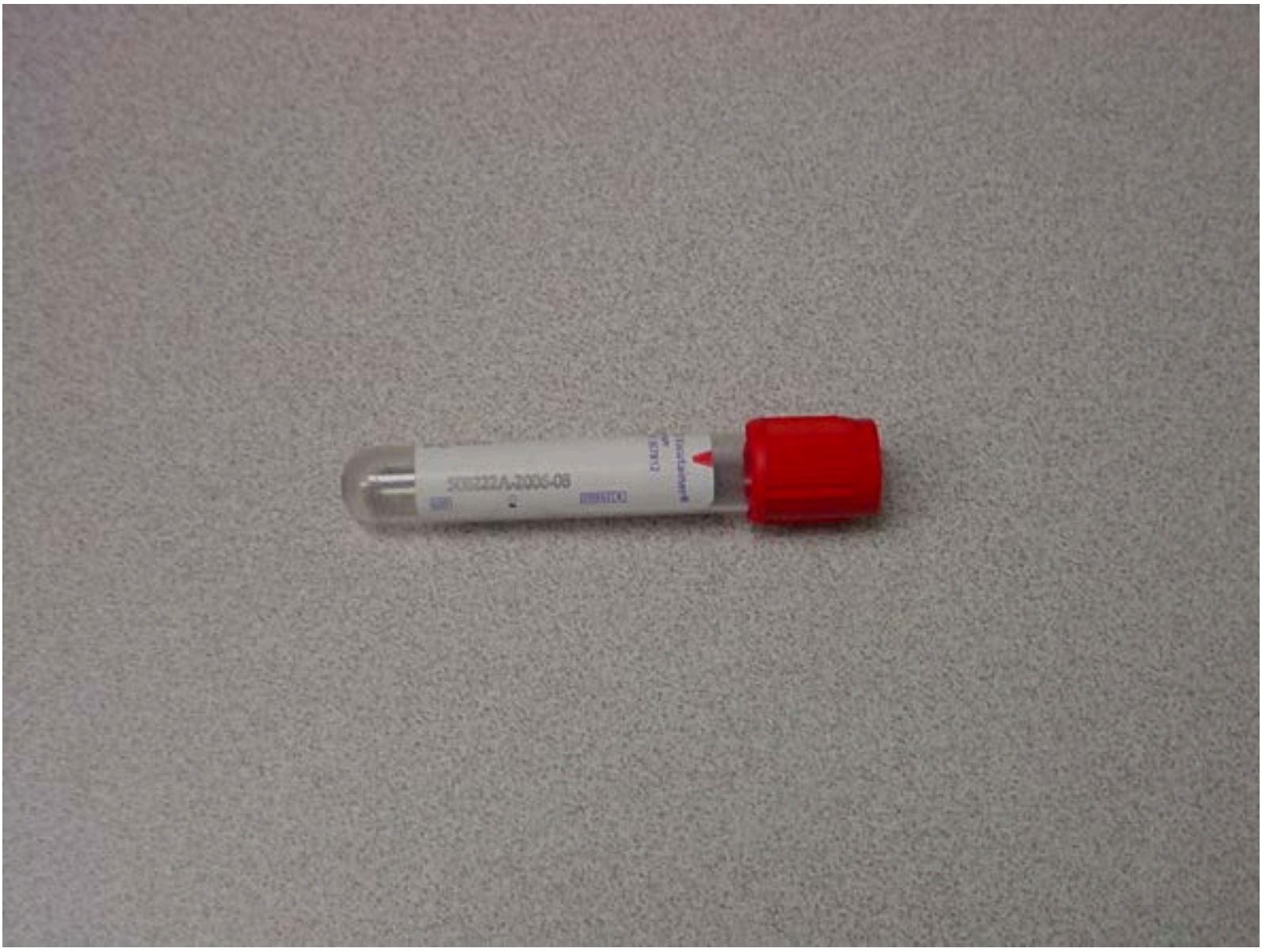


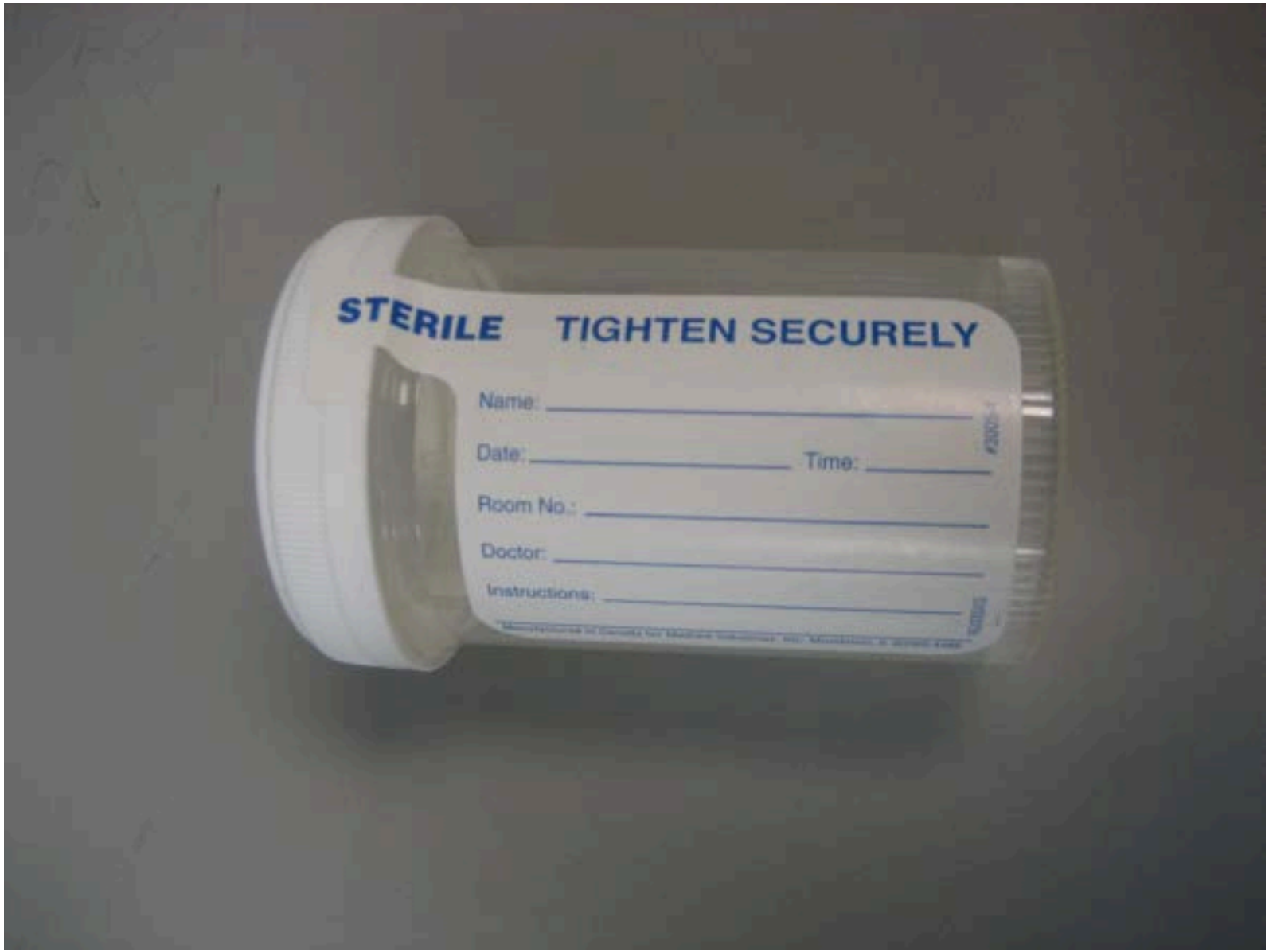


Rush Medical Labs

TEST NAME:	Protein, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FPRO
CPT CODE:	84157
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	~~Red top tube - 10 mL~~, ~~Red top tube - 4 mL~~, ~~Sterile 80 mL~~ ~~specimen container~~ (See Attached)
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID PROTEIN
TEST SYNONYM(S):	Fluid Protein
LAST UPDATED:	06/19/2019

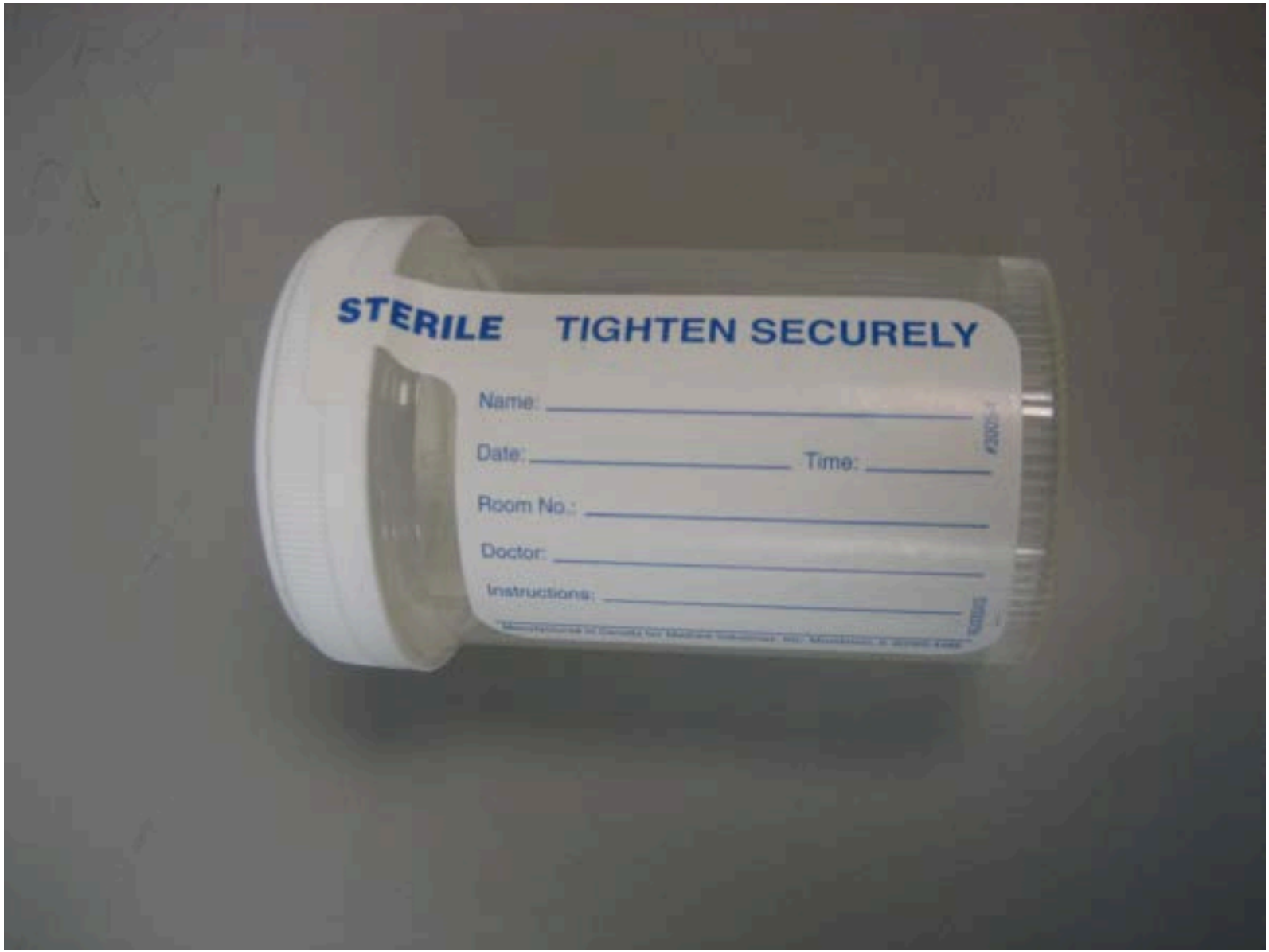

BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05




STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Protein, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UTPR (random urine); UTP (24-hour urine)
CPT CODE:	Random = 84156; Timed = 84156, 81050
TEST INFORMATION:	Results are reported as mg of protein in total volume of urine submitted. Normal range is based on 24-hour collection. To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Stat: 1 hour (random urine only) Routine: 8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers ~~must~~ be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative) (See Attached)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL; Timed urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random urine: None established; Timed urine: 0-185 mg/24 hours
POE DESCRIPTION:	Urine Protein Random; Urine Protein Timed
TEST SYNONYM(S):	Albumin, Quantitative, Urine; Quantitative Urine Protein; Total Protein, Urine; Urine Protein
LAST UPDATED:	06/15/2019


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
ROOM
OF
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

Rush Medical Labs

TEST NAME:	Protein, Total, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TP
CPT CODE:	84155
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube (See Attached)
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	Protein: 0-1 months: 5.3-8.9 g/dL; 1 month to 8 years: 5.6-8.5 g/dL; older than 8 years: 6.0-8.2 g/dL
POE DESCRIPTION:	PROTEIN TOTAL
TEST SYNONYM(S):	Total Protein, Blood; TP; T Prot; T Protein
LAST UPDATED:	06/19/2019

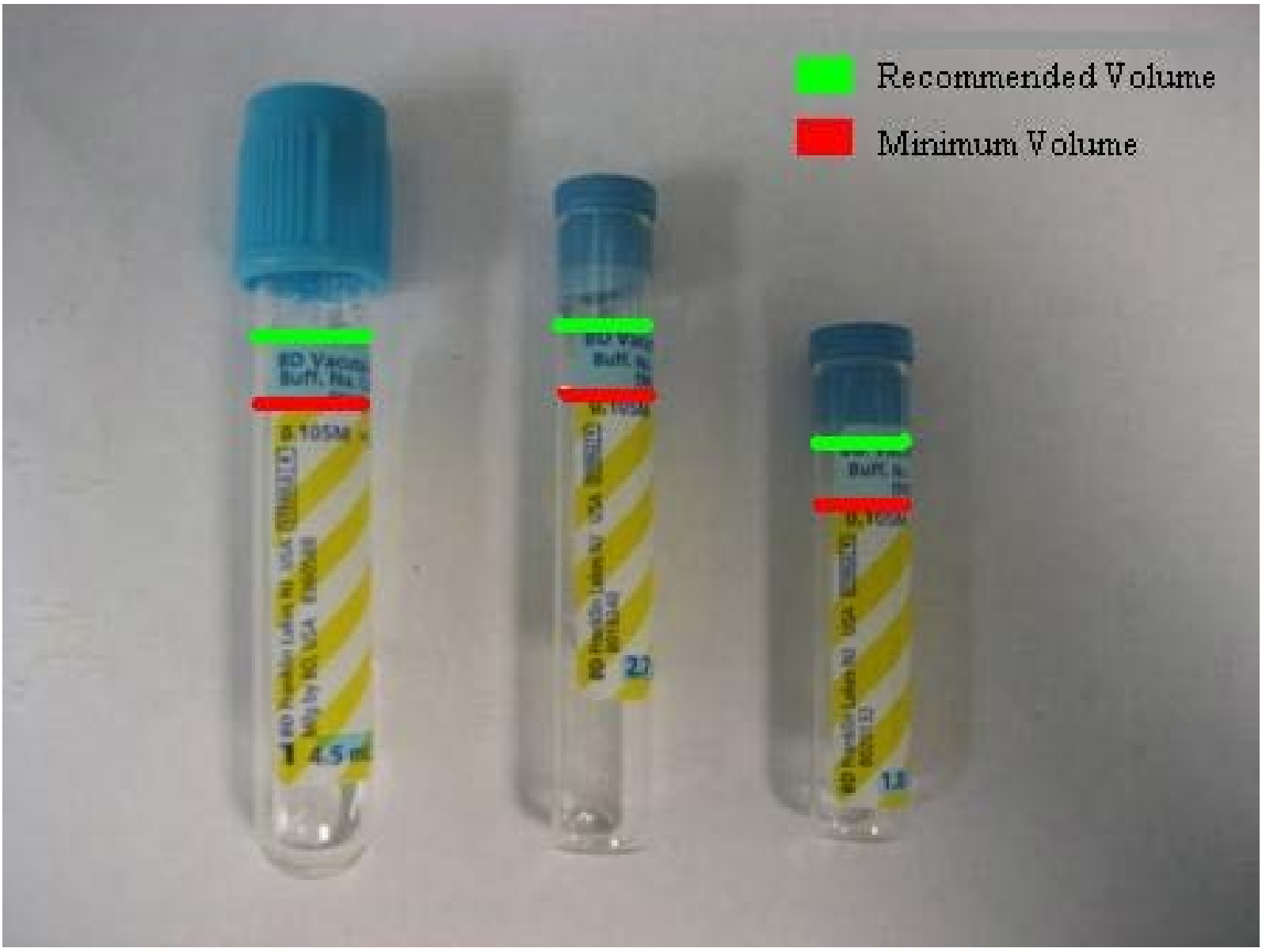
Rush Medical Labs

TEST NAME:	Prothrombin Gene Mutation
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	PROGENE MU
CPT CODE:	83891, 83892, 83896 (x2), 83912, 83903 (x2)
TEST INFORMATION:	Special coagulation test
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL whole blood
MINIMUM VOLUME:	1.0 mL whole blood
HANDLING INSTRUCTIONS:	Sample should remain at room temperature.
REFERENCE RANGE:	Normal (no mutations)
ADDITIONAL INFORMATION:	Included as part of a Hypercoagulability Genetic Panel
POE DESCRIPTION:	PROTHROMBIN GENE MUTATION
LAST UPDATED:	08/14/2015


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Prothrombin Time
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	PT
CPT CODE:	85610
TEST INFORMATION:	Test includes: patient`s seconds and INR
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours. Stat: 1 hour
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 12 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube (See Attached)
COLLECTION:	See Section - Specimen Collection Guide - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.8 mL or 2.7 mL tubes
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	3.5 mL blood (1.0 mL plasma); pediatric tubes must be fully drawn.
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be received within 4 hours after collection.
REFERENCE RANGE:	9.5-13.2 seconds
CRITICAL VALUES:	INR >7.0
POE DESCRIPTION:	PROTHROMBIN TIME; PROX; PT
TEST SYNONYM(S):	Protime; PT; Quick One-Stage Prothrombin Time


Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Pseudocholinesterase, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PSEUDO
CPT CODE:	82480-90 and 82638-90
TEST INFORMATION:	Includes dibucaine number.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Search Test Code S43130
POE DESCRIPTION:	PSEUDOCHOLINESTERASE; PSEUDOCHOL; PSEUDO
TEST SYNONYM(S):	Serum Cholinesterase; Dibucaine number


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	PTH Ratio
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	PTH RATIO
CPT CODE:	83970-90 (x2)
TEST INFORMATION:	Test includes PTH-Total, PTH-CAP, CIP value, CAP/CIP Ratio
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Lavender top (K2 EDTA) tube (See Attached)
COLLECTION:	Fasting. For dialysis patients, before dialysis preferred.
SPECIMEN REQUIREMENTS:	4.0 mL EDTA whole blood (2.0 mL EDTA plasma)
REFERENCE RANGE:	PTH, Total: 14.0-66.0 pg/ml PTH, CAP: 5.0-39.0 pg/ml CIP Value: 2.5-29.0 pg/ml CAP/CIP Ratio: 1.1-6.9
METHODOLOGY:	Immunoradiometric assay (IRMA)
REFERRAL LABORATORY:	Scantibodies Clinical Laboratory
ADDITIONAL INFORMATION:	Total Intact PTH is the sum of CAP PTH and N-truncated PTH fragment (likely 7-84).¿ CAP PTH is a true biologically active PTH (1-84).¿ Whole PTH is cyclase activating PTH.¿ CIP is the N-truncated PTH fragment, likely PTH (7-84).¿ The CIP value is obtained by calculation only.


BD Vacutainer
K2 EDTA 10.8
REF 367863
6.0 mL

Rush Medical Labs

TEST NAME:	Purkinje Cell Cytoplasmic IgG Antibodies Type I (YO)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	YOAB
CPT CODE:	84181-90
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube (See Attached)
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2 mL blood (1.0 mL serum)
REFERENCE RANGE:	Search Test Code 1187
POE DESCRIPTION:	PURKINJE CELL (YO) ABS
TEST SYNONYM(S):	YO (Purkinje) Antibodies
LAST UPDATED:	06/11/2019


BD Vacutainer
Serum
10 mL
REF 364430 LOT 5126463 EXP 2007-05



Rush Medical Labs

TEST NAME:	Pyruvate Carboxylase
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MISC GEN
CPT CODE:	84999
TEST INFORMATION:	See OMIM information
DAYS PERFORMED:	Arrange with laboratory in advance, referred to reference lab.
TURNAROUND TIME:	Results reported when received.
CONTAINER TYPE:	Sterile container with sterile saline or media; obtain from the laboratory.
SPECIMEN REQUIREMENTS:	Skin biopsy
MINIMUM VOLUME:	2 mm
HANDLING INSTRUCTIONS:	Do not freeze. Deliver to the laboratory as soon as possible.

Rush Medical Labs

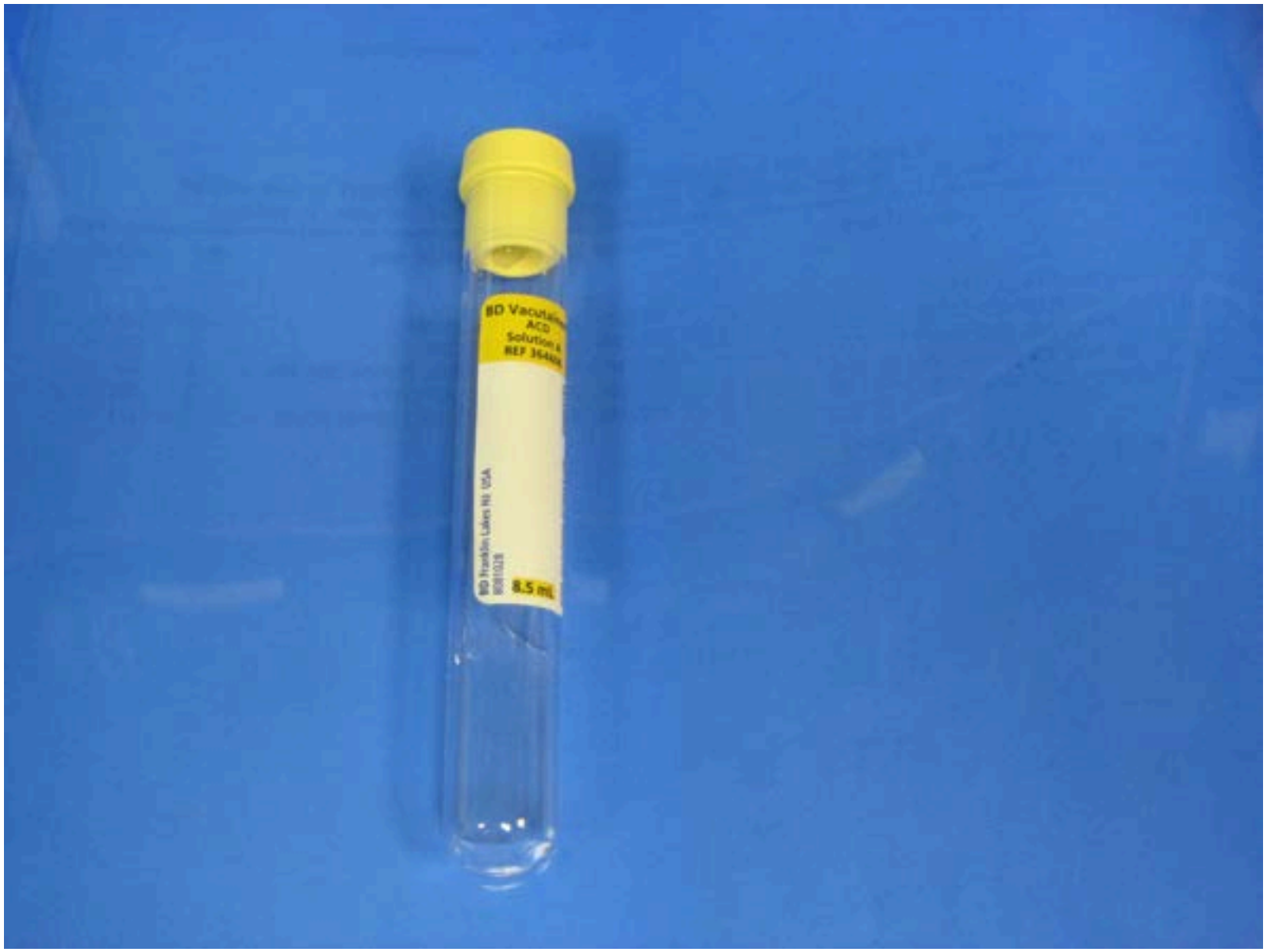
TEST NAME:	Pyruvate Decarboxylase
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MISC GEN
CPT CODE:	84999
TEST INFORMATION:	See OMIM information
DAYS PERFORMED:	Arrange with laboratory in advance, referred to reference lab.
TURNAROUND TIME:	Results reported when received.
CONTAINER TYPE:	Sterile container with sterile saline or media; obtain from the laboratory.
SPECIMEN REQUIREMENTS:	Skin biopsy
MINIMUM VOLUME:	2 mm
HANDLING INSTRUCTIONS:	Do not freeze. Deliver to the laboratory as soon as possible.
TEST SYNONYM(S):	Pyruvate Dehydrogenase (E1 in PDH Complex)

Rush Medical Labs

TEST NAME:	Pyruvate Dehydrogenase Complex
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	MISC GEN
CPT CODE:	84999
TEST INFORMATION:	See OMIM information
DAYS PERFORMED:	Arrange with laboratory in advance, referred to reference lab.
TURNAROUND TIME:	Results reported when received.
CONTAINER TYPE:	Sterile container with sterile saline or media; obtain from the laboratory.
SPECIMEN REQUIREMENTS:	Skin biopsy
MINIMUM VOLUME:	2 mm
HANDLING INSTRUCTIONS:	Do not freeze. Deliver to the laboratory as soon as possible.

Rush Medical Labs

TEST NAME:	Pyruvate Kinase Assay, Red Blood Cell
TESTING LAB:	20;#Blood Genetics, Jelke 396
LAB / EPIC MNEMONIC:	PK ASSAY
CPT CODE:	84220-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Yellow top (ACD) tube(Sol. B) (See Attached)
SPECIMEN REQUIREMENTS:	5.0 mL ACD whole blood
MINIMUM VOLUME:	1.0 mL ACD whole blood
REFERENCE RANGE:	Search Test Code S43035
POE DESCRIPTION:	RBC PYRUVATE KINASE ASSAY; PK
TEST SYNONYM(S):	ASSAY PK, Blood


ACD
Solution A
8.5 mL

Rush Medical Labs

TEST NAME:	Pyruvate, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MPYR
CPT CODE:	84210-90
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Call Core Lab (25002)
CONTAINER TYPE:	Special collection kit available from the Core Lab (extension 25002).
SPECIMEN REQUIREMENTS:	Call Core Lab (25002)
HANDLING INSTRUCTIONS:	Specimen must be delivered to the laboratory immediately.
POE DESCRIPTION:	PYRUVATE
TEST SYNONYM(S):	Pyruvic Acid, Blood
LAST UPDATED:	06/18/2019



Rush Medical Labs

TEST NAME:	Q/Fat Qualitative Exam
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QFAT
CPT CODE:	82705-90
TEST INFORMATION:	Patient should be on a diet containing at least 60 grams of fat daily.
TURNAROUND TIME:	5-7 working days
SPECIMEN REQUIREMENTS:	2 grams stool
MINIMUM VOLUME:	1 gram stool
HANDLING INSTRUCTIONS:	Keep refrigerated
REFERENCE RANGE:	See Quest Labs - Search Test Code 3967
TEST SYNONYM(S):	Fecal, Fat Qualitative; Lipids, Stool Qualitative
LAST UPDATED:	06/18/2019



Rush Medical Labs

TEST NAME:	Q/PH Exam
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QPH
CPT CODE:	83986-90
TURNAROUND TIME:	5-7 working days
SPECIMEN REQUIREMENTS:	5 grams liquid stool; random-formed stool
MINIMUM VOLUME:	1 gram liquid stool
HANDLING INSTRUCTIONS:	Keep refrigerated
REFERENCE RANGE:	See Quest Labs - Search Test Code 1304
TEST SYNONYM(S):	Fecal PH
LAST UPDATED:	06/18/2019



Rush Medical Labs

TEST NAME:	Q/Reducing Substances Exam
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QRD
CPT CODE:	84376-90
TURNAROUND TIME:	5-7 working days
SPECIMEN REQUIREMENTS:	10 grams random stool
MINIMUM VOLUME:	3 grams random stool
HANDLING INSTRUCTIONS:	Keep refrigerated
REFERENCE RANGE:	See Quest Labs - Search Test Code 5022
TEST SYNONYM(S):	Fecal Reducing Substances
LAST UPDATED:	06/18/2019

Rush

Rush Medical Labs

TEST NAME:	Quadruple Screen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QUAD
CPT CODE:	82105-90, 84702-90, 82677-90, 86336-90
TEST INFORMATION:	Test includes AFP, HCG, unconjugated estriol and Inhibin-A
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Collect specimen between 14-22 weeks gestation. A legible history must accompany physician order and must include: • Method of Estimation • Number of Fetuses • Weeks Gestation • Race • Weight • Insulin Dependent Diabetes • Date of Ultrasound • Date of LMP • Date of Birth
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	10.0 mL blood (5.0 mL serum)
MINIMUM VOLUME:	6.0 mL blood (3.0 mL serum)
REFERENCE RANGE:	Test Code 3092
POE DESCRIPTION:	QUAD SCREEN
LAST UPDATED:	06/18/2019





Rush Medical Labs

TEST NAME:	Quantiferon-TB Gold Blood Test
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	RFQNT
CPT CODE:	86480
CDM NUMBER:	3481116
TEST INFORMATION:	The Quantiferon-TB Gold (QFTB-G) is a test recommended for detection of the cellular immune response to infection with Mycobacterium tuberculosis, the agent that causes tuberculosis (TB). This test performed on whole blood, detects active/latent tuberculosis and is more sensitive and specific than the tuberculin (PPD) skin test. QFTB-G ordinarily provides a positive or negative result. QFTB-G detects the release of interferon from memory lymphocytes in response to incubation with two mycobacterial proteins, ESAT-6 and CFP-10. These antigens are not found in BCG vaccine or in most species of non-tuberculous and environmental mycobacteria. Positive QFTB-G results may be observed in patients infected with Mycobacterium kansasii, Mycobacterium szulgai, and Mycobacterium marinum. However, infections with these agents is uncommon.
DAYS PERFORMED:	Seven days a week
TURNAROUND TIME:	72 HOURS
SPECIAL INSTRUCTIONS:	Please call laboratory (ext. 25452) on Saturday or Sunday before drawing patient.
CONTAINER TYPE:	6 mL whole blood collected in a no gel lithium heparin (green-top) tube
COLLECTION:	Collect 6 mL of blood by venipuncture into a lithium heparin (green-top) tube. Hold tube at room temperature (17-25°C) for between 15 minutes and 3 hours after blood collection. Refrigerate at 2-8°C sodium heparin (green top) tubes.
REJECTION CRITERIA:	Sodium heparin (green-top) tubes • Quantiferon®-TB Gold Plus, 4 tube collection kit • Incubated specimens • Gel barrier lithium heparin (green-top) tubes
MINIMUM VOLUME:	The tube must be full up to 6mL. Specimens that are less than 6.0 ml will be rejected.
HANDLING INSTRUCTIONS:	Transport the specimen in a cold pack (refrigerated) to Core Laboratory
REFERENCE RANGE:	Negative
REFERENCE CHART:	DETECTED: Infection with Mycobacterium tuberculosis likely NOT DETECTED: Infection with Mycobacterium tuberculosis is unlikely but cannot be excluded, especially when illness is consistent with TB and the likelihood of progression to TB disease is increased. INDETERMINATE: QFTB-G results cannot be interpreted as a result of low mitogen response or high background response.
LIMITATIONS OF TEST:	A negative result indicates that infection with Mycobacterium tuberculosis is unlikely but cannot be excluded, especially when illness is consistent with TB and the likelihood of progression to TB disease is increased. A disclaimer will be attached for patients less than

	17 years of age. The test has not been validated for patients less than 17 years of age.
METHODOLOGY:	QFTB-G is a biologic assay that depends on the generation of interferon by memory lymphocytes that are exposed to Mycobacterium tuberculosis antigens. Test results are determined by a mathematical algorithm and are reported as DETECTED, NOT DETECTED, OR INDETERMINATE. Immunoassay (IA)
REFERRAL LABORATORY:	Quest Diagnostics Incorporated, Wood Dale 60191
TEST SYNONYM(S):	TB blood test; Mycobacterium tuberculosis blood test
LAST UPDATED:	07/17/2019

Rush Medical Labs

TEST NAME:	Quantitative Immunoglobulins
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	QTIGS
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Gross hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.4 mL plasma)
REFERENCE RANGE:	See table
METHODOLOGY:	Nephelometry
POE DESCRIPTION:	QUANTITATIVE IMMUNOGLOBULINS; QUANTS; QT IGS
TEST SYNONYM(S):	IgG, A,M; Immunoglobulins G,A,M; QT IGS; Globulins, Plasma
LAST UPDATED:	10/15/2019

Immunoglobulin G (mg/dL)

FROM	AGE TO	REF – LOW	REF – HIGH
000 MIN	001 MOS	621	1569
001 MOS	002 MOS	245	885
002 MOS	003 MOS	201	587
003 MOS	004 MOS	172	567
004 MOS	005 MOS	191	545
005 MOS	006 MOS	168	795
006 MOS	007 MOS	210	688
007 MOS	010 MOS	212	883
010 M9S	012 MOS	287	1044
012 MOS	002 YRS	337	1185
002 YRS	004 YRS	414	1027
004 YRS	006 YRS	452	1207
006 YRS	009 YRS	618	1250
009 YRS	011 YRS	594	1535
011 YRS	150 YRS	596	1584

Immunoglobulin A (mg/dL)

AGE FROM	AGE TO	REF – LOW	REF – HIGH
000 MIN	001 MOS	1	4
001 MOS	002 MOS	1	44
002 MOS	003 MOS	3	39
003 MOS	004 MOS	4	38
004 MOS	005 MOS	3	61
005 MOS	006 MOS	7	70
006 MOS	007 MOS	7	57
007 MOS	010 MOS	9	75
010 MOS	012 MOS	13	70
012 MOS	002 YRS	12	88
002 YRS	004 YRS	12	102
004 YRS	006 YRS	21	128
006 YRS	009 YRS	27	168
009 YRS	011 YRS	37	197
011 YRS	150 YRS	59	292

Immunoglobulin M (mg/dL)

AGE FROM	AGE TO	REF – LOW	REF – HIGH
000 MIN	001 MOS	6	25
001 MOS	002 MOS	20	87
002 MOS	003 MOS	17	105
003 MOS	004 MOS	24	89
004 MOS	005 MOS	27	101
005 MOS	006 MOS	33	108
006 MOS	007 MOS	33	102
007 MOS	010 MOS	34	126
010 MOS	012 MOS	41	149
012 MOS	002 YRS	43	173
002 YRS	004 YRS	48	168
004 YRS	006 YRS	43	173
006 YRS	009 YRS	48	207
009 YRS	011 YRS	52	242
011 YRS	150 YRS	35	213

Rush

Rush Medical Labs

TEST NAME:	Quinidine, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QUIN
CPT CODE:	80194-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	2 mL blood (1 mL serum)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 766
POE DESCRIPTION:	QUINIDINE
TEST SYNONYM(S):	Cardioquin; Quinidex
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Ragweed (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RAGWD
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code W1
POE DESCRIPTION:	Common ragweed allergen (short)
LAST UPDATED:	06/18/2019







Rush Medical Labs

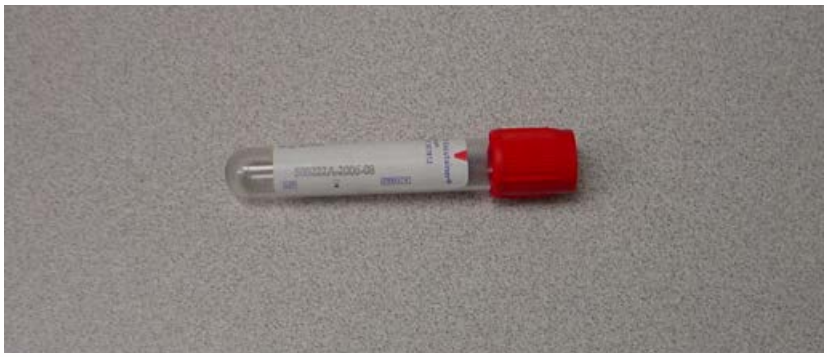
TEST NAME:	Rapid Helicobacter pylori Urease Test
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C HPYLORI
CPT CODE:	87081
TEST INFORMATION:	The test detects urease enzyme activity in gastric mucosal biopsy specimens which is usually indicative of the presence of *Helicobacter pylori*.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours, if test is positive at the time of receipt in the laboratory. Final reports will be issued 24 hours after receipt of the specimen in the laboratory.
CONTAINER TYPE:	Selective Rapid Urea medium (available from the Clinical Microbiology Laboratory); sealed sterile container.
SPECIMEN REQUIREMENTS:	Gastric mucosal biopsies either inserted in the Selective Rapid Urea medium or transported in sterile saline.
REJECTION CRITERIA:	Inappropriate specimen container, expired Selective Rapid Urea medium, mislabeled/unlabeled specimen.
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No *Helicobacter pylori* detected
LIMITATIONS OF TEST:	An improperly transported specimen may not yield an accurate result. A false positive reaction could result should the medium become contaminated with an alternative urease-producing microorganism. A false negative reaction could result from an insufficient number of microorganisms present in the biopsy material.
METHODOLOGY:	Urease reaction in conventional culture medium.
POE DESCRIPTION:	CU HELICOBACTER PYLORI UREASE
TEST SYNONYM(S):	CLOtest
LAST UPDATED:	05/19/2014



Rush Medical Labs

TEST NAME:	Rapid Plasma Reagin with Reflex to Titer
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RPR
CPT CODE:	86592
DAYS PERFORMED:	Daily on first and second shift
TURNAROUND TIME:	1 day
CONTAINER TYPE:	Red top tube - 4 mL or Red top tube - 6 mL or SST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum) or 6 mL blood (3 mL serum)
REJECTION CRITERIA:	Contaminated, icteric, lipemic, hemolyzed or heat inactivated sera may cause erroneous results and should be avoided
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Nonreactive
LIMITATIONS OF TEST:	
METHODOLOGY:	The BioPlex 2200 Syphilis Total & RPR kit is a multiplex flow immunoassay intended for the qualitative detection of total (IgG/IgM) antibodies to Treponema pallidum and the qualitative detection and/or titer determination of non-treponemal reagin antibodies in human serum or plasma.
ADDITIONAL INFORMATION:	Syphilis Reverse Algorithm
POE DESCRIPTION:	RPR
TEST SYNONYM(S):	RPR
LAST UPDATED:	09/25/2019







Rush

Rush Medical Labs

TEST NAME:	Raspberry (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RASBY
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code RF343
LAST UPDATED:	06/18/2019





Rush

Rush Medical Labs

TEST NAME:	Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RAST OTHER
CPT CODE:	86003-90
TEST INFORMATION:	Specifically list allergens to be tested.
TURNAROUND TIME:	7-10 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Per allergen: 2 mL blood (1 mL serum)
MINIMUM VOLUME:	Per allergen: 1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	See separate laboratory report.
POE DESCRIPTION:	RAST OTHER





Rush Medical Labs

TEST NAME:	Rast Food Profile (IgE)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RAST FOOD
CPT CODE:	86003-90 (x10)
TEST INFORMATION:	Includes egg white, cow"""""s milk, codfish, wheat, corn (maize), peanuts, soybean, shrimp, tomato, orange
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	10.0 mL blood (5.0 mL serum)
MINIMUM VOLUME:	6.0 mL blood (3.0 mL serum)
REFERENCE RANGE:	See separate laboratory report. Rush Test Code #P6126F
POE DESCRIPTION:	ALLERGEN SPECIFIC FOOD IGE AB; RAST FOOD
TEST SYNONYM(S):	Rast Food Profile; Allergen Food Profile





Rush

Rush Medical Labs

TEST NAME:	Rast Inhalant Profile (IgE)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RAST INHAL
CPT CODE:	86003-90 (x18)
TEST INFORMATION:	Includes Atternaria tenius, Aspergillus fumigatus, Cladosporium herbarum, Penicillium notatum, June-Kentucky Blue Grass, Meadow Fescue Grass, Perennial Rye Grass, Sweet Vernal Grass, Timothy Grass, Short Common Ragweed, English Plantain (RIBWORT), Cottonwood, Box Elder (MAPLE), Oak (White), Cat Epithelium, Dog Epithelium, Dermatophagoides farinal, Cockroach (American)
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	18 mL blood (9.0 mL serum)
MINIMUM VOLUME:	11 mL blood (5.5 mL serum)
REFERENCE RANGE:	See separate laboratory report. - Rush Test Code P6126D
POE DESCRIPTION:	ALLERGEN SPECIFIC INHAL IGE AB; RAST INHALANT PANEL
TEST SYNONYM(S):	Rast Inhalant Profile; Allergen Inhalant Profile





Rush

Rush Medical Labs

TEST NAME:	RCI Profile (12)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	Order individually
CPT CODE:	82465; 80053; 82977; 83615; 83735; 84100; 84550
TEST INFORMATION:	Test includes CHOL, CMP, GGT, LDH, MG, PO4, URIC
DAYS PERFORMED:	Daily, 24 hours.
TURNAROUND TIME:	Routine: 8 hours; Stat 1 hour
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	1.0 mL serum
POE DESCRIPTION:	RUSH CANCER INSTITUTE PROFILE (12)
TEST SYNONYM(S):	RCI Panel





Rush Medical Labs

TEST NAME:	Red Blood Cells, Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Held until the expiration of the sample used for crossmatch.
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements**: The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for non-LLT draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. NOTE: LLT phlebotomists should write 'LLT' for the second set of initials.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
REFERENCE RANGE:	Compatible
POE DESCRIPTION:	Packed RBC
TEST SYNONYM(S):	Red Blood Cells, Human; Packed Cells

Rush

Rush Medical Labs

TEST NAME:	Red Snapper (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	- Search Test Code S51922
POE DESCRIPTION:	Snapper, red allergen
LAST UPDATED:	06/18/2019





Rush

Rush Medical Labs

TEST NAME:	Renal Function Panel, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RFP
CPT CODE:	80069
TEST INFORMATION:	Test includes albumin, calcium, carbon dioxide, chloride, creatinine, glucose, alkaline phosphatase, phosphorus, potassium, sodium, and urea nitrogen
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube or Green top (Heparin) microtainer for neonates
SPECIMEN REQUIREMENTS:	Blood (plasma), plasma
MINIMUM VOLUME:	4 mL blood (2 mL plasma)
REFERENCE RANGE:	See Table
CRITICAL VALUES:	Sodium: ≤ 120 mmol/L, ≥ 160 mmol/L; potassium: < 2.5 mmol/L, > 6.5 mmol/L; calcium < 5 mg/dL, > 13 mg/dL; glucose: <= 50 mg/dL, >=500 mg/dL
POE DESCRIPTION:	RENAL FUNCTION PANEL, RFP
TEST SYNONYM(S):	RFP
LAST UPDATED:	06/18/2019





RENAL FUNCTION PANEL (RFP)

TEST	RANGE	TEST	RANGE
Albumin		**Glucose**	
1 d - 3 y	2.9 - 5.5 g/dL	fasting	60 - 109 mg/dL
3 y - adult	3.5 - 5.0 g/dL	nonfasting	60 - 200 mg/dL
Alkaline Phosphatase		**Potassium**	
1 d - 15 y	80 - 250 units/L	1 d - 1 mo	4.0 - 6.0 mmol/L
15 y - adult	30 - 125 units/L	1 mo - adult	3.4 - 5.3 mmol/L
Calcium		**Phosphorus**	
1 d - 1 mo	8.7 - 13.0 mg/dL	1 d - 1 mo	4.0 - 7.0 mg/dL
1 mo - adult	8.7 - 10.7 mg/dL	1 mo - 15 y	4.5 - 6.5 mg/dL
		15 - adult	2.5 - 4.6 mg/dL
Carbon Dioxide		**Sodium**	137 - 147 mmol/L
1 d - 1 y	13 - 22 mmol/L		
1 y - 15 y	20 - 28 mmol/ L		
15 y - adult	22 - 29 mmol/L		
Chloride		**Urea Nitrogen**	
1 d - 1 mo	91 - 118 mmol/L	1 d - 1 mo	4 - 12 mg/dL
1 mo - adult	99 - 108 mmol/L	1 mo - 15 y	5 - 18 mg/dL
		15 y - adult	8 - 21 mg/dL
Creatinine			
male	0.6 - 1.3 mg/dL		
female	0.5 - 1.1 mg/dL		

Rush

Rush Medical Labs

TEST NAME:	Renin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RENIN
CPT CODE:	84244-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL EDTA plasma)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL EDTA plasma)
REFERENCE RANGE:	Test Code S52046
POE DESCRIPTION:	RENIN
TEST SYNONYM(S):	Renin Activity
LAST UPDATED:	06/22/2026





Rush Medical Labs

TEST NAME:	Respiratory Syncytial Virus Antigen
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	RSV AG
CPT CODE:	87420; 87252
TEST INFORMATION:	The test includes a direct screening test for RSV antigen.
DAYS PERFORMED:	Daily; RSV Ag performed during respiratory viral season
TURNAROUND TIME:	1 day
CONTAINER TYPE:	Viral transport medium
COLLECTION:	Introduce 3-7 cc sterile saline into the patient""s posterior nasal cavity and immediately aspirate the fluid via vacuum suction and Leuken""s trap. Specimens must then be placed into the viral transport medium (available from the Clinical Microbiology Laboratory).
SPECIMEN REQUIREMENTS:	Nasopharyngeal washes and secretions
REJECTION CRITERIA:	Inappropriate specimen container, specimen NOT submitted in viral transport medium, specimen NOT refrigerated during transport, excessive delay in transport.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate. Keep specimen cold and moist. Do NOT freeze specimen.
REFERENCE RANGE:	No RSV antigen detected
LIMITATIONS OF TEST:	Respiratory syncytial virus is extremely labile.
METHODOLOGY:	Direct antigen detection: chromatographic immunoassay
POE DESCRIPTION:	RSV ANTIGEN DETECTION
TEST SYNONYM(S):	Rapid RSV Ag; Respiratory Synctial Virus Antigen
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

TEST NAME:	Respiratory Virus PCR
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	RESPN
CPT CODE:	87632
TEST INFORMATION:	This test is used to detect the presence of RNA from Influenza A, Influenza B, Respiratory Syncytial Virus, Parainfluenza viruses 1, 2, 3 and 4, Adenovirus, Entero/Rhino Virus and Human Metapneumo Virus.
DAYS PERFORMED:	Monday through Saturday during respiratory virus infection season
TURNAROUND TIME:	2-4 hours
SPECIAL INSTRUCTIONS:	Specimen must be received by the Clinical Microbiology Laboratory on the day of collection for same day result.
CONTAINER TYPE:	Nasopharyngeal swabs should be placed in M4 viral transport media. Nasopharyngeal aspirates, nasopharyngeal washes, or bronchoalveolar lavage should be placed in a sterile container.
SPECIMEN REQUIREMENTS:	Nasopharyngeal swab, nasopharyngeal aspirate, nasopharyngeal washes
REJECTION CRITERIA:	Inappropriate specimen, improper collection, inappropriate specimen container, improper storage, unlabeled specimen, mislabeled specimen.
MINIMUM VOLUME:	1 ml
HANDLING INSTRUCTIONS:	Specimens should be transported to the laboratory as soon as possible. When transportation is delayed, refrigerate the specimen
REFERENCE RANGE:	This assay will be reported as 'RNA detected', 'No RNA detected' for each viral target.
LIMITATIONS OF TEST:	A negative result does not exlude the possibility of respiratory virus infection since very low levels of infection or sampling error may cause a false negative result. The assay does not detect respiratory viruses other than those listed above.
METHODOLOGY:	Polymerase Chain Reaction with detection by BioFire Film Array
LAST UPDATED:	10/19/2017

Rush

Rush Medical Labs

TEST NAME:	Reticulated Hemoglobin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RETIC
CPT CODE:	85045
TEST INFORMATION:	This test is included when a reticulocyte test is ordered.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	4.0 hours
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL
COLLECTION:	Peripheral blood
SPECIMEN REQUIREMENTS:	1.5 ml venous, 250 uL capillary whole blood
REJECTION CRITERIA:	Clotted specimen, specimen older than 16 hours
MINIMUM VOLUME:	1.0 ml venous, 250 uL capillary whole blood
REFERENCE RANGE:	30 - 35 pg
METHODOLOGY:	Fluorescent flow cytometry



Rush

Rush Medical Labs

TEST NAME:	Reticulin IgA Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RIGA
CPT CODE:	86255-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	1.0 mL blood (0.5 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.1 mL serum)
REFERENCE RANGE:	Test Code 1162 RETICULIN AB-IGA &
POE DESCRIPTION:	IGG
LAST UPDATED:	06/18/2019



Rush

Rush Medical Labs

TEST NAME:	Reticulocyte Count
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RETIC
CPT CODE:	85045
TEST INFORMATION:	Test includes reticulocyte %; absolute reticulocyte #; immature reticulocyte fraction; reticulated hemoglobin
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Available stat only by special request.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL or Lavender top (EDTA) Microtainer
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Specimen clotted, >24 hours old
MINIMUM VOLUME:	1.5 mL venous, 250 µL capillary whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible.
REFERENCE RANGE:	Reticulocyte %: 0.4-1.8%; Absolute Reticulocyte #: 0.026-0.100 x 106 µL; Immature Reticulocyte fraction (IRF): 4.0 - 17.0%. Normal values at birth: 2.5% to 6.5%, falling to normal adult level by the end of the second week.
POE DESCRIPTION:	RETICULOCYTE COUNT
TEST SYNONYM(S):	Retic Count





Rush

Rush Medical Labs

TEST NAME:	Reverse T3
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	T3R
CPT CODE:	84482-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	0.5 mL blood (0.2 mL serum)
REFERENCE RANGE:	Test Code 3236
POE DESCRIPTION:	REVERSE T3
TEST SYNONYM(S):	Reverse Tri-iodothyronine; RT3; T3, Reverse; Tri-iodothyronine, Reserve
LAST UPDATED:	06/18/2019





Rush

Rush Medical Labs

TEST NAME:	Rh Phenotype
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	RH PHENO
CPT CODE:	86906
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
LAST UPDATED:	08/19/2021



Rush

Rush Medical Labs

TEST NAME:	Rheumatoid Factor
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RF
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Gross Hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	<30 IU/mL/>
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	RHEUMATOID FACTOR RF
TEST SYNONYM(S):	RF Scat; RF; Rheumatoid Arthritis
LAST UPDATED:	06/11/2019



Rush

Rush Medical Labs

TEST NAME:	Rheumatology Profile
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RMPRF
TEST INFORMATION:	Profile includes C3, C4, RF, ANA. Tests available individually.
DAYS PERFORMED:	C3, C4, RF - Daily, 24 hours ANASC - Monday, Tuesday, Thursday, Friday
TURNAROUND TIME:	1-3 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	10 mL blood (5 mL serum)
REJECTION CRITERIA:	Hemolysis
MINIMUM VOLUME:	5 mL blood (2.5 mL serum)
REFERENCE RANGE:	See Table
ADDITIONAL INFORMATION:	Positive ANA Screens by EIA are reflexed to ANA titer, DNA, ENA, SSAB

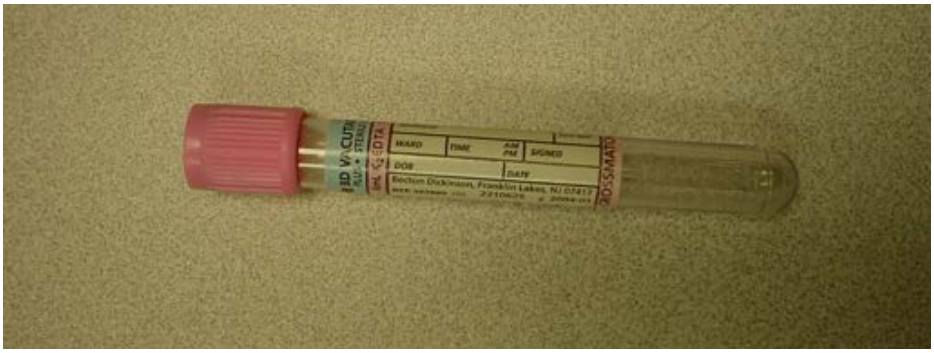




Test	Reference Range
C3	Adults: 88-203 mg/dL
C4	Adults: 13-49 mg/dL
ANA EIA	Negative
RF	<28 IU/mL

Rush Medical Labs

TEST NAME:	RHo(D) Immune Globulin, Standard
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	SAMPLE; FETAL BLD; T/S
CPT CODE:	86900; 86901
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1-2 hour(s)
SPECIAL INSTRUCTIONS:	RHo(D) immune globulin may be administered up to 72 hours postpartum. Available stat for outpatients only. Given antepartum to Rh-negative mothers at 28 weeks gestation, prophylactically.
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Venous blood collected postpartum
MINIMUM VOLUME:	7 mL
REFERENCE RANGE:	300 µg. Sufficient for up to 15 mL packed red cell fetal-maternal bleed.
POE DESCRIPTION:	Rh Immune globulin
TEST SYNONYM(S):	RHoGAM(tm)
LAST UPDATED:	08/19/2021



Rush Medical Labs

TEST NAME:	Rubella IgG Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	RUBEG
CPT CODE:	86762
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST or Red top tube
SPECIMEN REQUIREMENTS:	4 ml blood (2 ml serum)
REJECTION CRITERIA:	Gross hemolysis, gross lipemia, grossly icteric
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Negative; ≤ 0.7 AI (Antibody Index)
METHODOLOGY:	Multiplex flow immunoassay
POE DESCRIPTION:	RUBELLA IGG ANTIBODY; RUB IGG; MMR (IgG) Panel (Measles, Mumps, Rubella)
LAST UPDATED:	03/17/2023







Rush Medical Labs

TEST NAME:	Rubella Virus IgG Antibody Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RUB
CPT CODE:	86762-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 4 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Grossly hemolyzed, grossly lipemia
MINIMUM VOLUME:	0.5 mL blood (0.1 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 802
POE DESCRIPTION:	RUBELLA VIRUS IGG AB TITER; RUBELLA IGG; RUB IGG
TEST SYNONYM(S):	Rubella Antibody Screen
LAST UPDATED:	06/18/2019





Rush Medical Labs

TEST NAME:	Rubella Virus IgM Antibody Titer
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RUB IGM
CPT CODE:	86762
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	1-7 days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Test Code 34256
METHODOLOGY:	Enzyme-linked immunosorbant assay (ELISA)
REFERRAL LABORATORY:	
ADDITIONAL INFORMATION:	This test is used as an aid in the diagnosis of acute Rubella infection in all patients including neonates. Confirmation of primary Rubella virus infection can be made from a single serum specimen. IgM antibody is present in neonatal serum following congenital infection and increases during the period from birth to 6 months of age. Detection of Rubella specific IgM indicates active infection or recent exposure. Active or recent infection is also demonstrated by a four-fold or greater increase in IgG titer between acute and convalescent sera.
POE DESCRIPTION:	RUBELLA VIRUS IGM AB TITER; RUBELLA IGM; RUB IGM
LAST UPDATED:	06/22/2026





Rush

Rush Medical Labs

TEST NAME:	Rufinamide (Banzel)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	82491-90
DAYS PERFORMED:	Wednesday
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2 mL serm)
MINIMUM VOLUME:	2.0 mL blood (1 mL serum)
REFERENCE RANGE:	Test Code S52172
TEST SYNONYM(S):	Banzel



Rush

Rush Medical Labs

TEST NAME:	Saccharomyces Cerevisiae IgG & IgA Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SCER
CPT CODE:	86671-90 (x2)
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (1 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 1445
METHODOLOGY:	EIA
LAST UPDATED:	06/18/2019



Rush

Rush Medical Labs

TEST NAME:	Salicylate, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SAL
CPT CODE:	80329
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour Red
CONTAINER TYPE:	top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL serum)
REFERENCE RANGE:	Therapeutic: 10-20 mg/dL
CRITICAL VALUES:	≥40 mg/dL
POE DESCRIPTION:	SALICYLATE; ASPIRIN
TEST SYNONYM(S):	Acetysalicylic Acid, Blood; ASA, Blood; Aspirin, Blood; Salicylic Acid, Blood
LAST UPDATED:	06/22/2026





Rush

Rush Medical Labs

TEST NAME:	Salmon (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SALMN
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	est Code F41
POE DESCRIPTION:	Salmon allergen
LAST UPDATED:	06/18/2019





Rush Medical Labs

TEST NAME:	SARS-CoV-2 IgG
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CVIGG
CPT CODE:	86769
DAYS PERFORMED:	Batched, weekdays between 9 AM and 5 PM
TURNAROUND TIME:	24 Hours
CONTAINER TYPE:	EDTA Lavender top
REJECTION CRITERIA:	Clotted specimen, insufficient volume, gross hemolysis.
MINIMUM VOLUME:	1 mL
REFERENCE RANGE:	Absent
LIMITATIONS OF TEST:	The absence of IgG antibody does not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Consider SARS-CoV-2 PCR testing to rule out infection. The presence of IgG antibodies may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E. It is currently unknown whether the presence of IgG antibodies correlates with immunity to SARS CoV-2 infection. Results should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status. The result should be used in conjunction with information available from clinical evaluation and other diagnostic procedures.
METHODOLOGY:	The SARS-CoV-2 IgG (CoV-2 IgG) assay is a chemiluminescent microparticle immunoassay (CMIA) used for the qualitative detection of IgG antibodies to the nucleocapsid protein of SARS-CoV-2 in human serum and plasma on the Abbott ARCHITECT i System.
ADDITIONAL INFORMATION:	For more information regarding Rush employee antibody screening, please refer to the link:
TEST SYNONYM(S):	CoV-2
LAST UPDATED:	05/07/2020



Rush Medical Labs

TEST NAME:	SARS-CoV-2 RNA Detection by Real-Time PCR
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MCOV
CPT CODE:	87635
CDM NUMBER:	3481083
TEST INFORMATION:	This test detects SARS-CoV-2 RNA from upper respiratory tract specimens
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Maximum 72 hours
SPECIAL INSTRUCTIONS:	Specimens must be hand delivered to the clinical microbiology laboratory – 1133 Jelke
CONTAINER TYPE:	Remel M4-RT viral transport medium
COLLECTION:	Dacron, foam-tipped or polyester nasopharyngeal swab
REJECTION CRITERIA:	Viral transport medium received without swab; Use of a cotton tipped swab; use of a swab on a wooden shaft; use of calcium alginate swab; Specimen not received in a sterile sealed container; specimen not closed properly and leaked into transport container; inappropriate specimen container; specimen unlabeled or mislabeled.
HANDLING INSTRUCTIONS:	The specimen should be transported to the laboratory as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	SARS-CoV-2 RNA not detected
LIMITATIONS OF TEST:	Reliable results are dependent on appropriate specimen collection, transport, storage, and processing procedures. No detection limits have been established for other specimen types or transport media.
METHODOLOGY:	Real-time reverse transcriptase polymerase chain reaction (rRT-PCR)
ADDITIONAL INFORMATION:	In-house studies have shown that the analytical sensitivity of this assay is 50 copies/PCR reaction and 50 copies/patient specimen. This assay targets two regions of the nucleocapsid gene of SARS-CoV-2. RNA is reverse transcribed into cDNA which serves as the template. The detection of SARS-CoV-2 RNA is based on the real-time amplification and detection of specific nucleic acid sequences extracted from the specimen. Probes specific to SARS-CoV-2 are used to identify the products of the PCR reaction.

SARS-CoV-2 RNA is generally detectable in respiratory specimens during the acute phase of infection. Positive results are indicative of active infection. Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Performance characteristics for the 2019 novel coronavirus (2019-nCoV) real-time RT-PCR diagnostic test have been determined by Rush Medical Laboratories as part of the Emergency Use Authorization. Provider and patient fact sheets are available at: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#coronavirus2019

CRITICAL VALUES:	SARS-CoV-2 RNA Detected
TEST SYNONYM(S):	Novel coronavirus, SARS-CoV-2, 2019-nCoV
LAST UPDATED:	03/23/2020

Rush

Rush Medical Labs

TEST NAME:	Scallop (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SCALP
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code RF338
POE DESCRIPTION:	Scallop allergen
LAST UPDATED:	06/18/2019





Rush

Rush Medical Labs

TEST NAME:	Scleroderma Antibody
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SCLAB
CPT CODE:	86235
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	NEGATIVE: <1.0 AI (antibody index)
POE DESCRIPTION:	SCLERODERMA ANTIBODY; SCLERODERM
TEST SYNONYM(S):	Progressive Systemic Sclerosis Antibody; SCL-70
LAST UPDATED:	11/30/2017





Rush

Rush Medical Labs

TEST NAME:	Selenium, blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SE
CPT CODE:	84255-90
CDM NUMBER:	3181391
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Dark blue top (EDTA) tube (Vacutainer #369736) - or Dark blue top (heparin) tube (Vacutainer #369735)
SPECIMEN REQUIREMENTS:	2.0 mL EDTA whole blood
MINIMUM VOLUME:	1.0 mL EDTA whole blood
REFERENCE RANGE:	S Test Code 4875W
METHODOLOGY:	Atomic absorption
POE DESCRIPTION:	Selenium
TEST SYNONYM(S):	SE
LAST UPDATED:	06/18/2019



Rush Medical Labs

TEST NAME:	Semen Analysis Without Morphology
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SEMEN ONLY
CPT CODE:	89321
DAYS PERFORMED:	Monday-Friday, 0700 am - 1100 am with appointment
SPECIAL INSTRUCTIONS:	Call Andrology office at x34024 to schedule appointments. Appointment should be scheduled at least 3 days in advance. You must receive a Medical Record Number in Room 439 Pro Bldg II prior to producing semen specimen. Semen specimens are produced in the Andrololgy Lab, Suite 119 Pro Bldg I. Please allow 2-3 days of sexual abstinence prior to specimen collection.
CONTAINER TYPE:	Sterile specimen container (provided by lab)
SPECIMEN REQUIREMENTS:	Semen
REJECTION CRITERIA:	Improper collection, incomplete requisition information
MINIMUM VOLUME:	1.0
HANDLING INSTRUCTIONS:	Specimen should ideally be produced in lab
REFERENCE RANGE:	On form
POE DESCRIPTION:	SEMEN ANALYSIS W/O MORPHOLOGY (Count and Motility only)
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

TEST NAME:	Semen Analysis
TESTING LAB:	22;#Andrology Laboratory
LAB / EPIC MNEMONIC:	SAM
CPT CODE:	89320
DAYS PERFORMED:	Monday-Friday, 0700 am - 1100 am with appointment
TURNAROUND TIME:	3-5 business days
SPECIAL INSTRUCTIONS:	Call Andrology office at x34024 to schedule appointments. Appointment should be scheduled at least 3 days in advance. You must receive a Medical Record Number in Room 439 Pro Bldg II prior to producing semen specimen. Semen specimens are produced in the Andrololgy Lab, Suite 119 Pro Bldg I. Please allow 2-3 days of sexual abstinence prior to specimen collection.
CONTAINER TYPE:	Sterile specimen container (provided by lab)
SPECIMEN REQUIREMENTS:	Semen
REJECTION CRITERIA:	Improper collection, incomplete requisition information
MINIMUM VOLUME:	1.0
HANDLING INSTRUCTIONS:	Specimen should ideally be produced in lab.
REFERENCE RANGE:	On form
POE DESCRIPTION:	SEMEN ANALYSIS WITH MORPHOLOGY
LAST UPDATED:	06/18/2019

Rush

Rush Medical Labs

TEST NAME:	Semen Cryopreservation
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	CRYOPRES
CPT CODE:	89259
DAYS PERFORMED:	Monday-Friday, 0700 am - 1100 am with appointment
TURNAROUND TIME:	3-5 business days
SPECIAL INSTRUCTIONS:	Call Andrology office at x34024 to schedule appointments. Appointment should be scheduled at least 3 days in advance. You must receive a Medical Record Number in Room 439 Pro Bldg II prior to producing semen specimen. Semen specimens are produced in the Andrololgy Lab, Suite 119 Pro Bldg I. Please allow 2-3 days of sexual abstinence prior to specimen collection.
CONTAINER TYPE:	Sterile specimen container (provided by lab)
SPECIMEN REQUIREMENTS:	Semen
REJECTION CRITERIA:	Improper collection, incomplete requisition information
MINIMUM VOLUME:	1.0
HANDLING INSTRUCTIONS:	Specimen should ideally be produced in lab.
REFERENCE RANGE:	On form
POE DESCRIPTION:	SEMEN CRYOPRESERVATION
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

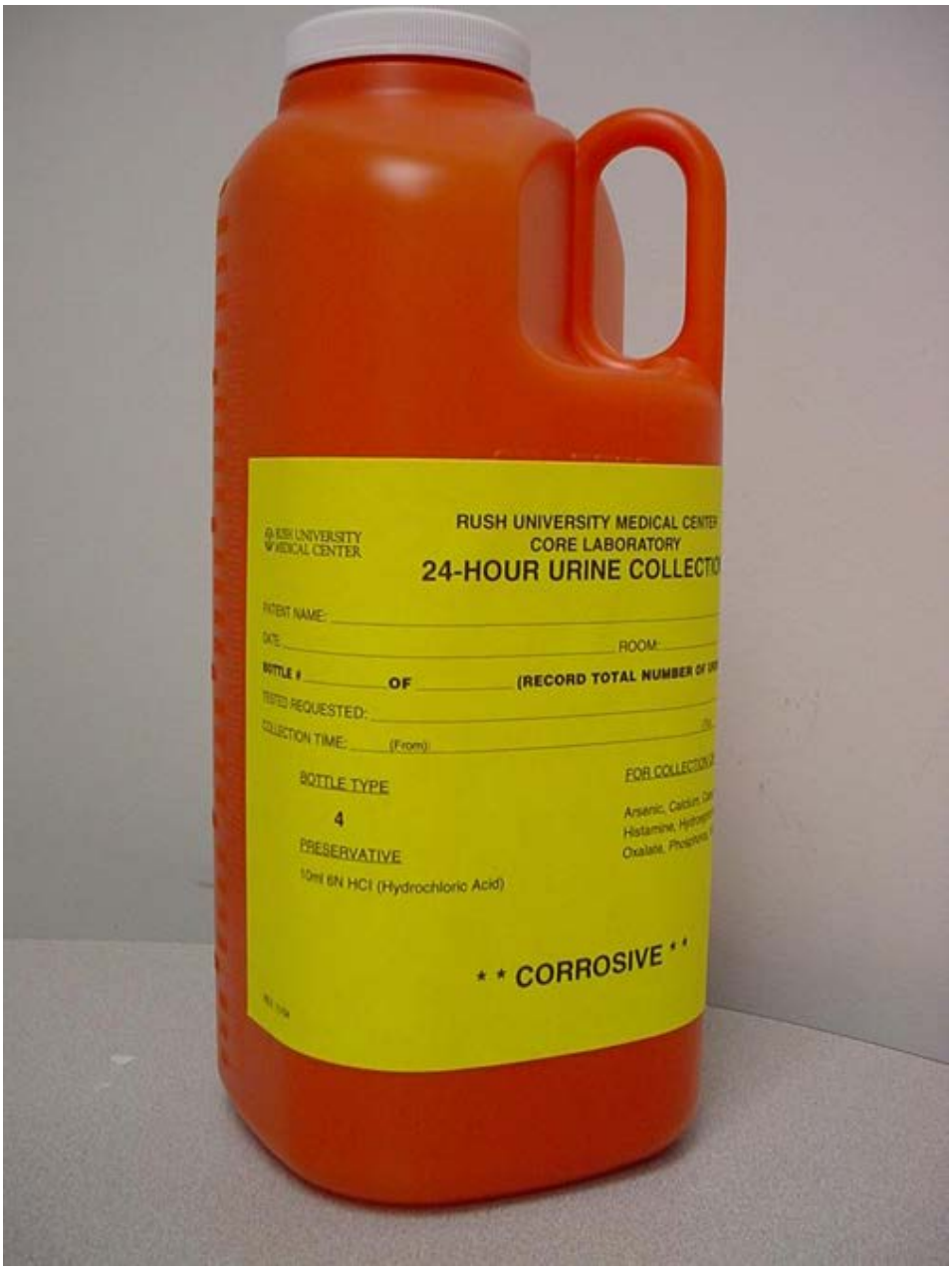
TEST NAME:	Serotonin, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SEROT
CPT CODE:	84260-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should avoid food avocados, bananas, eggplant, pineapples, plums, tomatoes, or walnuts, for a 48-hour period prior to start of collection. This test cannot be added onto an existing sample.
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	2.0 mL whole blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL whole blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 3286
POE DESCRIPTION:	SEROTONIN
TEST SYNONYM(S):	5-Hydroxytryptamine, Blood
LAST UPDATED:	06/18/2019



Rush

Rush Medical Labs

TEST NAME:	Serotonin, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U5HIA
CPT CODE:	83497-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should abstain, if possible, from medications, over-the-counter drugs and herbal remedies for at least 72 hours prior to collection. Patients should not eat avocados, bananas, eggplant, pineapple, plums, tomatoes or walnuts for a 48-hour period prior to start of urine collection.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #4(containing 10 mL 6N HCl). Caution: 6N HC1 is caustic. or 24-hour urine bottle - Chemistry bottle #1, if kept refrigerated.
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection
REFERENCE RANGE:	- Search Test Code 39625
POE DESCRIPTION:	URT HYDROXYINDOLEACETIC ACID; URT 5HIAA
TEST SYNONYM(S):	5-Hydroxyindoleacetic Acid, Quantitative, Urine; 5-HIAA, Quantitative, Urine; Serotonin Metabolite; Urine 5-HIAA
LAST UPDATED:	06/14/2017


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From)
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION
Arsenic, Calcium,
Histamine, Hydrox
Oxalate, Phosphorus
* * CORROSIVE * *


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTI
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase, Calcu
Cystine, Delta ALA, Glucose,
Immunoelectrophoresis, Lipo
Acid, Microalbumin, Mucopro
Porphobilinogen, Porphyrins,
Electrophoresis, Sodium, Urea

Rush

Rush Medical Labs

TEST NAME:	Serum Viscosity
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VISC
CPT CODE:	85810-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
REJECTION CRITERIA:	Plasma
MINIMUM VOLUME:	2 mL blood, (1 mL serum)
REFERENCE RANGE:	Test Code 1240
LIMITATIONS OF TEST:	Marked lipemia or marked hemolysis may cause falsely increased results.
METHODOLOGY:	Viscometry
TEST SYNONYM(S):	Viscosity, serum
LAST UPDATED:	06/11/2019



Rush

Rush Medical Labs

TEST NAME:	Sex Hormone Binding Globulin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SHBGL
CPT CODE:	84270-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0¿mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.4 mL serum)
REFERENCE RANGE:	Test Code 3218
POE DESCRIPTION:	SHBG
TEST SYNONYM(S):	SHBG; Testosterone Binding Globulin
LAST UPDATED:	06/18/2019





Rush

Rush Medical Labs

TEST NAME:	Sezary Cell Smear
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	Sezary SM
TEST INFORMATION:	A physician, usually a Dermatologist, may ask that a smear be reviewed for sezary cells, associated with the disease, mycosis fungoides (a peripheral T-cell lymphoma).
DAYS PERFORMED:	Monday-Friday
TURNAROUND TIME:	48 hours
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL
COLLECTION:	VENI
MINIMUM VOLUME:	1.5 mL (EDTA Whole Blood)
METHODOLOGY:	Microscopy
POE DESCRIPTION:	Sezary Cell Smear



Rush

Rush Medical Labs

TEST NAME:	Shrimp (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SHRMP
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F24
POE DESCRIPTION:	Shrimp allergen
LAST UPDATED:	06/18/2019

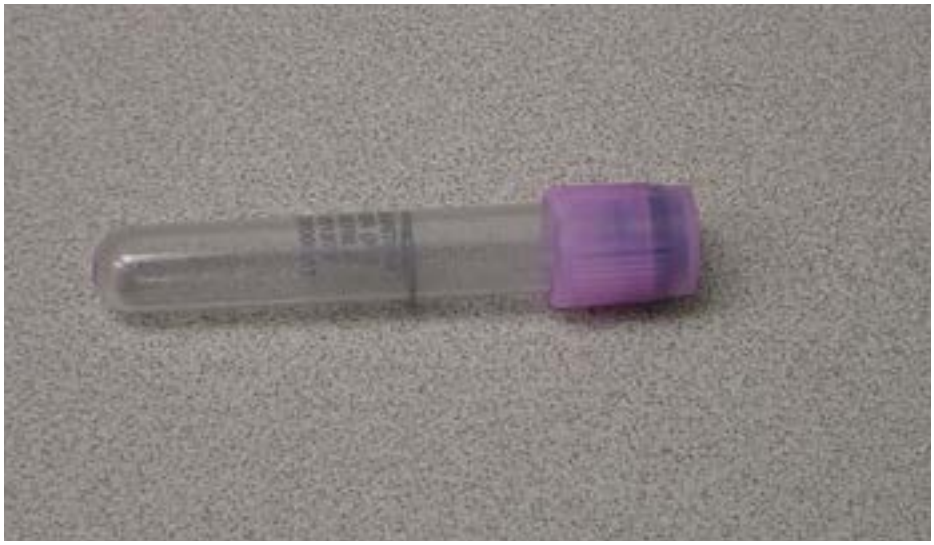




Rush

Rush Medical Labs

TEST NAME:	Sickle Cell Test
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SICKLE SOL
CPT CODE:	85660
DAYS PERFORMED:	Daily, 24 hours, available stat
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	1.5 mL venous, 250 µL capillary whole blood
REFERENCE RANGE:	Negative
POE DESCRIPTION:	SICKLE CELL SOLUBILITY TEST; SICKLE SOL
TEST SYNONYM(S):	Sickle Cell Screen; Sickle Prep



Rush

Rush Medical Labs

TEST NAME:	Single Donor Platelet, Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	PLPH
TURNAROUND TIME:	20 minutes (if product is in-house)
SPECIAL INSTRUCTIONS:	HLA matched platelets require 2 days advance notice and special arrangements with an outside center.
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements**: The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for non-LLT draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. NOTE: LLT phlebotomists should write 'LLT' for the second set of initials.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
HANDLING INSTRUCTIONS:	Special arrangements and sample requirements for HLA matched platelets.
REFERENCE RANGE:	Each unit contains at least 3 x 10^{11} platelets.
POE DESCRIPTION:	PLTS (Pheresis/donor ~ 250 mL)
TEST SYNONYM(S):	Plateletpheresis; HLA Matched Platelets


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Becton Dickinson, Franklin Lakes, NJ 07417
BD5SMATO

Rush

Rush Medical Labs

TEST NAME:	Sirolimus
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SIRO
CPT CODE:	80299
DAYS PERFORMED:	Test is performed Monday-Sunday.
TURNAROUND TIME:	Up to 18 hours.
SPECIAL INSTRUCTIONS:	Draw time must be indicated on requisition
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL, Lavender top (K2 EDTA) tube - 6 mL, Microtainer (K2 EDTA), Pink top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	1.0 mL EDTA whole blood
MINIMUM VOLUME:	0.5 mL EDTA whole blood
REFERENCE RANGE:	The effective therapeutic range for Sirolimus is based upon clinical evaluation of the individual patient, because optimal levels depend upon multiple factors, including patient variation, type of transplant, time post-transplant, co-administration of other immunosuppressants, and method used.
POE DESCRIPTION:	SIROLIMUS; RAPAMYCIN (SIROLIMUS); RAPAMUNE (SIROLIMUS)
TEST SYNONYM(S):	Rapamune; Rapamycin
LAST UPDATED:	06/19/2019








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Rush

Rush Medical Labs

TEST NAME:	Sjogren`s Antibodies (Anti-SSA/B)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SSAB
CPT CODE:	86235 (x2)
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube 4 mL
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
REJECTION CRITERIA:	Hemolysis, gross contamination, icteria, lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	SSA: NEGATIVE: <1.0 AI (antibody index) SSB: NEGATIVE <1.0 AI
POE DESCRIPTION:	SJOGRENS ANTIBODIES; SSA/B
TEST SYNONYM(S):	SS-A and SS-B Antibodies; RO AB; LA AB; SJOG AB; ANTI-LA; ANTI-RO
LAST UPDATED:	11/30/2017





Rush Medical Labs

TEST NAME:	Skin Biopsy, Immunofluorescence
TESTING LAB:	15;#Surgical Pathology
CPT CODE:	88307; 88346
TEST INFORMATION:	Test includes anti-IgG, anti-IgA, anti-IgM, anti-C3, anti-Clq, antifibrinogen immunofluorescence
DAYS PERFORMED:	Mon-Fri, 0730-1700
TURNAROUND TIME:	1 week
SPECIAL INSTRUCTIONS:	Outside institutions should contact Client Service Representative (312-942-7958) for submission and transport protocol.
CONTAINER TYPE:	Weighted polypropylene vial, isopentane, liquid nitrogen filled thermos, obtain from Laboratory Receiving Station, Rm 508 Jelke.
COLLECTION:	Take biopsies from the following sites: If pemphigus or bullous pemphigoid is suspected and fresh lesions are present, take a 3 mm biopsy at the edge of the bulla. If only old lesions are available, biopsy adjacent area. If dermatitis herpetiformis is suspected, biopsy lesion and uninvolved area around lesions. If systemic lupus erythematosus is suspected, biopsy sun-exposed normal skin, preferably the wrist or deltoid area.
SPECIMEN REQUIREMENTS:	3 mm skin punch biopsy or mucous membrane biopsy
REJECTION CRITERIA:	Formalin-fixed tissue, improper or discrepant labeling.
HANDLING INSTRUCTIONS:	Specimen submitted fresh or in saline-moistened gauze should be placed into the vial with isopentane after the isopentane has been precooled in liquid nitrogen. The vial with the specimens should then be immersed in the liquid nitrogen and transported immediately.

Rush Medical Labs

TEST NAME:	Skin Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	CXFH (culture) CXFHS (cult with smear)
CPT CODE:	87101; 87206
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified. Other isolated organisms (i.e. aerobes, mycobacteria, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when a fungal isolate is detected. Cultures will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the requisition or order with surface and/or deep or surgical biopsies delineated.
CONTAINER TYPE:	Sealed sterile container, no preservative; sterile Petri dish (available from Clinical Microbiology Laboratory)
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface organisms. Infected hair should be cut with sterile scissors or plucked with sterile forceps and placed in a sealed, sterile container. A Wood`s lamp is useful in the collection of specimens in tinea capitis infections, since hairs infected by most members of the genus *Microsporum* exhibit fluorescence under a Wood`s lamp. If diseased hair stubs or fluorescent hairs are not apparent, scrape the edge of a scalp lesion with a sterile scalpel. Infected nails should be sampled from beneath the nail to obtain softened material from the nail bed. If unable to obtain adequate material from the nail bed, a scalpel should be utilized to scrape the superficial portions of the nail obtaining subsurface material. Nail clippings are unacceptable. When obtaining a cutaneous specimen, the area to be sampled should first be cleansed with 70% alcohol to remove bacterial contaminants. Typical "ringworm" lesions should be sampled from the erythematous, peripheral growing margin.
SPECIMEN REQUIREMENTS:	Hair, nail scrapings, skin scrapings
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen, specimen received in a preservative, nail clippings.
MINIMUM VOLUME:	As much as possible
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No fungi observed/isolated
LIMITATIONS OF TEST:	The Calcofluor white stain demonstrates yeast forms, spores, and the hyphae of fungi. The filaments of *Nocardia* species, *Streptomyces* species, and *Actinomyces* species, as well as, the capsule of Cryptococcus species are NOT satisfactorily demonstrated with this methodology.

METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
POE DESCRIPTION:	CU FUNGUS SMEAR (SKIN ONLY); C SFUNSM
TEST SYNONYM(S):	Fungus Culture, Skin
LAST UPDATED:	08/03/2018

Rush Medical Labs

TEST NAME:	Skin Culture, Mycobacterium
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AFBSM
CPT CODE:	87117; 87206
TEST INFORMATION:	Test includes culture and acid-fast stain (if specimen volume is adequate). Culture includes decontamination and concentration. If a mycobacterial species is isolated, the organism will be definitely identified. Susceptibility testing will be performed depending upon the isolate identification. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Smear results: 24 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 1 week or when a mycobacterial isolate is detected. Negative cultures with negative smears will be finalized after 8 weeks. Negative cultures with positive smears will be finalized after 12 weeks. Completion of culture reports may require additional time when mycobacteria are isolated and/or susceptibility testing is performed.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the order or the requisition.
CONTAINER TYPE:	Sealed Sterile 80 mL specimen container, no preservative
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. The area to be sampled should first be cleansed with 70% alcohol to remove bacterial contaminants.
SPECIMEN REQUIREMENTS:	Skin biopsy, subcutaneous material, surgical tissue
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative. Only three specimens per body site with negative acid-fast smears will be processed. Subsequent specimens will be rejected. Specimens from known positive patients will be accepted only once a week for culture and smear per body site.
MINIMUM VOLUME:	As much as possible
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate specimen.
REFERENCE RANGE:	No acid-fast bacilli observed on smear or isolated in culture
LIMITATIONS OF TEST:	*Mycobacterium leprae* CANNOT be grown in culture. A single negative smear does not rule out the presence of mycobacterial infection.
METHODOLOGY:	Acid-fast smear: fluorochrome stain. Culture: inoculation of conventional culture media at two temperatures and a rapid medium for automated continuous analysis.
ADDITIONAL INFORMATION:	*Mycobacterium marinum* is frequently responsible for granulomatous cutaneous lesions acquired from heated swimming pools and fish tanks. Lesions similar to those seen with sporotrichosis follow lymphatics. *M. fortuitum* and *M. chelonae* complex organisms are saprophytic mycobacteria which can cause cutaneous abscesses and osteomyelitis in traumatic injury. *M. ulcerans* causes a chronic granulomatous skin lesion called Buruli ulcer. *M. ulcerans* may also

	be saprophytic, colonizing cutaneous ulcers associated with circulatory insufficiency and diabetes. *M. ulcerans* is uncommon in North America; it is most frequently isolated in Australia and Africa. *M. avium* complex (MAC) and *M. tuberculosis* may also be isolated from skin lesions. DNA probes may be incorporated to aid with more rapid identification of mycobacterial isolates. This will generate an additional charge(s). Susceptibility testing will be performed only on the first *Mycobacterium* isolate from each specimen type per patient. Additional susceptibilities may be performed after a period of 4 weeks for patients with suspected treatment failure. Susceptibility testing is performed routinely only for *M. tuberculosis*. Susceptibility testing for other *Mycobacterium* species is performed by special request only. The battery of drugs routinely tested will vary by isolate and/or physician request. Patients from whom *M. tuberculosis* is isolated in culture are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CU MYCOBACTERIUM W SMEAR; CU AFB AND SMEAR; C AFBSM
TEST SYNONYM(S):	AFB Culture, Cutaneous; AFB Culture, Skin; Mycobacterium Culture; TB Culture
LAST UPDATED:	06/22/2026


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Skin Total Autoantibodies, inter-Epithelial & Dermal-Epidermal
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	86255x2
TEST INFORMATION:	Test Code 1114
TURNAROUND TIME:	3-5 days
CONTAINER TYPE:	SST
SPECIMEN REQUIREMENTS:	1 mL serum
MINIMUM VOLUME:	0.4 mL serum
LAST UPDATED:	08/06/2019

Rush

Rush Medical Labs

TEST NAME:	Smear for Morphology
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	MORPH SM
CPT CODE:	85007
DAYS PERFORMED:	Daily, 24 hours; available stat
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Same specimen must have a CBC request also.¿ Not for general morphology but for specific morphological abnormality (i.e. spherocytes or cell inclusions).
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Specimen clotted, >24 hours old
MINIMUM VOLUME:	1.5 mL venous, 250 µL capillary whole blood
HANDLING INSTRUCTIONS:	Specimen should be sent to the laboratory as soon as possible.
REFERENCE RANGE:	None seen
POE DESCRIPTION:	MORPHOLOGY SMEAR FOR HEMATOLOGY
TEST SYNONYM(S):	Morphology Smear


BD Vacutainer
EDTA 10.8
367863

Rush

Rush Medical Labs

TEST NAME:	Smooth Muscle Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ASMA
CPT CODE:	86255-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	est Code 1106 S
POE DESCRIPTION:	MOOTH MUSCLE AB; ASMA
TEST SYNONYM(S):	Antismooth Muscle Antibody; ASMA





Rush Medical Labs

TEST NAME:	Sodium, Blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	NA; BG/NA
CPT CODE:	84295
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Routine: 8 hours; Blood Gas Laboratory: 15 minutes; stat: 1 hour
SPECIAL INSTRUCTIONS:	Deliver immediately on ice if ordered with blood gases or ionized Ca++
CONTAINER TYPE:	PST tube, heparinized syringe (Blood Gas Laboratory)
SPECIMEN REQUIREMENTS:	Blood (serum, plasma)
MINIMUM VOLUME:	(0.2 mL plasma, 1 mL plasma)
REFERENCE RANGE:	137-147 mmol/L
CRITICAL VALUES:	≤120 ≥160
POE DESCRIPTION:	SODIUM; NA
TEST SYNONYM(S):	Na
LAST UPDATED:	06/22/2026


BD Vacutainer
SST™ Gel and
Lithium Heparin
8 Units
REF 367962
4.5
mL


10
20
30
40
50
60
70
80
90
100



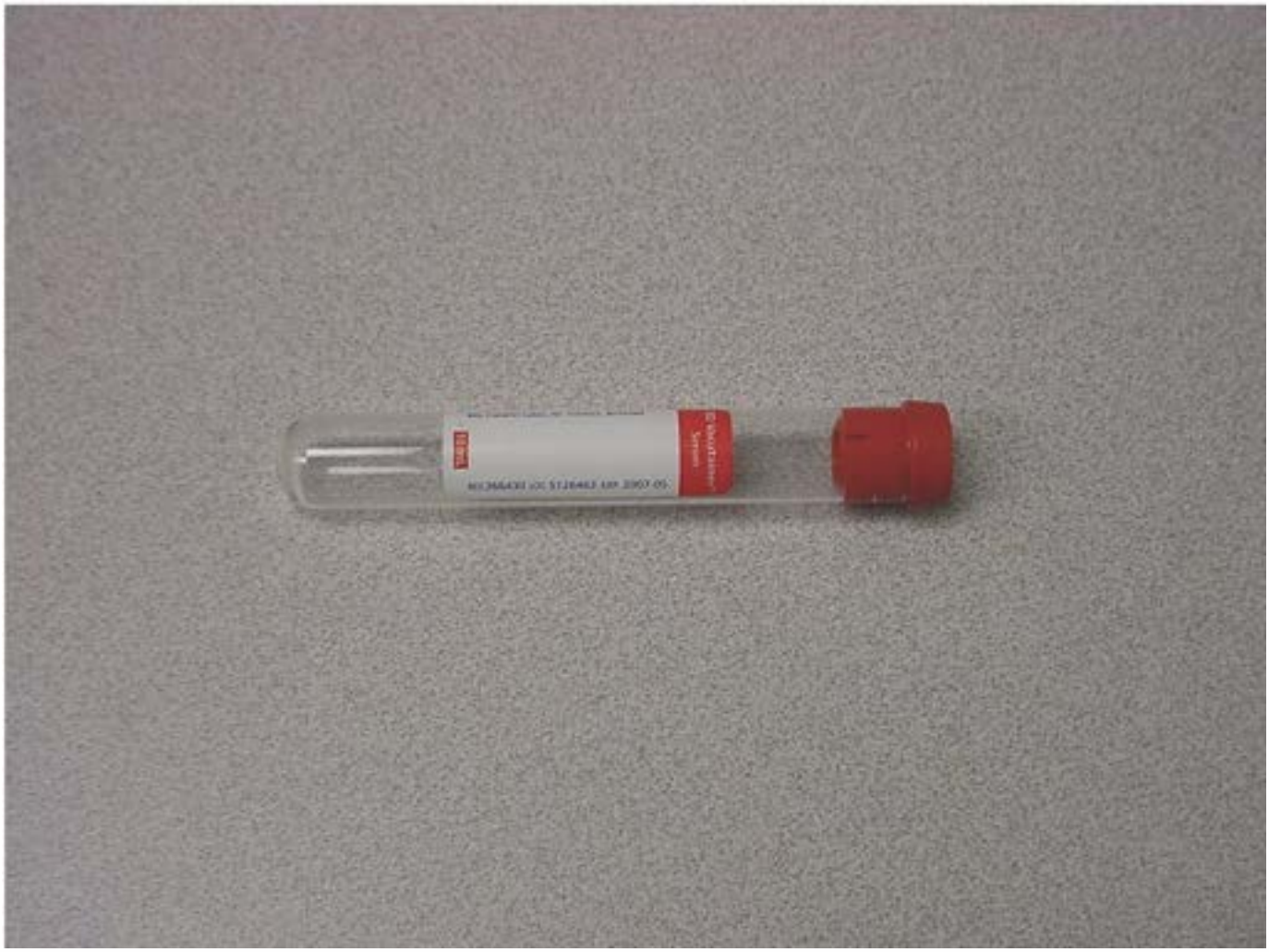
Rush Medical Labs

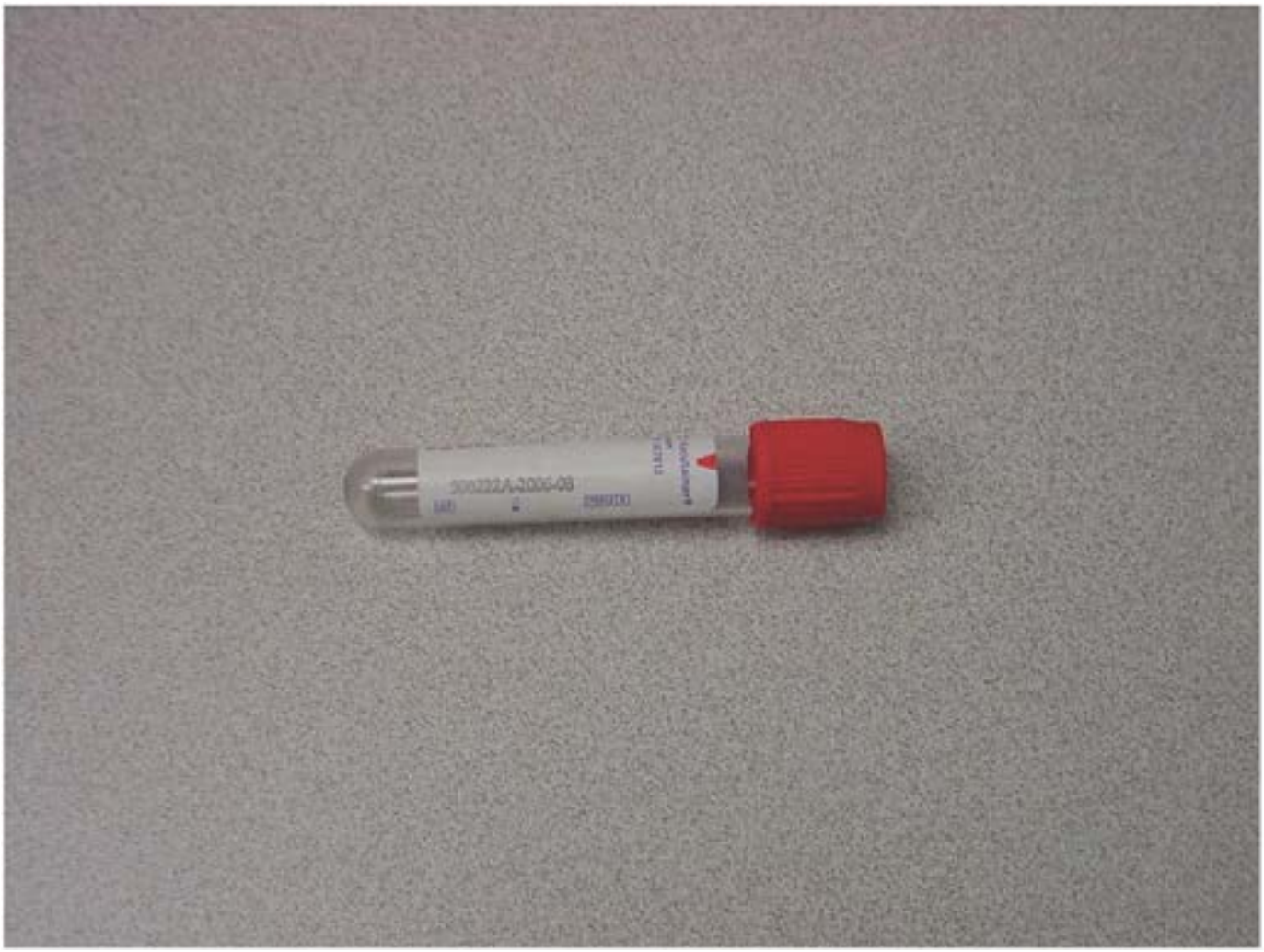
TEST NAME:	Sodium, Feces: 24, 48 or 72 hrs
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	Q/NA
CPT CODE:	84302-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	One or more stool containers from Core Laboratory
SPECIMEN REQUIREMENTS:	24, 48, or 72-hour stool collection. Submit entire collection to the laboratory. Specimen must be liquid.
MINIMUM VOLUME:	Entire collection
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	See Quest Diagnostics Lab - Search Test Code - 8833
POE DESCRIPTION:	FEC NA; FEC SODIUM; FEC SODIUM (RANDOM SPECIMEN); Q/NA; RQ/SODIUM
TEST SYNONYM(S):	Sodium, Stool; Fecal Sodium



Rush Medical Labs

TEST NAME:	Sodium, Fluid or Cerebrospinal Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/NA
CPT CODE:	84302
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID SODIUM
TEST SYNONYM(S):	Fluid Sodium






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Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Sodium, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UNAR (random urine); UNA (24-hour urine)
CPT CODE:	Random = 84300; Timed = 84300, 81050
TEST INFORMATION:	To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Stat: 1 hour (random urine only); Routine: 8 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Container must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL; Timed urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random urine: None established; Timed urine: Newborn to 1 year: 0-4 mmol/24 hours; 1-15 years: 40-180 mmol/24 hours; 15 years to adult: 80-200 mmol/24 hours
POE DESCRIPTION:	Urine Sodium Random; Urine Sodium Timed
TEST SYNONYM(S):	Na, Urine; Urine Na; Urine Sodium
LAST UPDATED:	06/18/2019


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Room No.:
Doctor:


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTI
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase, Calcium
Cystine, Delta ALA, Glucose
Immunoelectrophoresis, Lactose
Acid, Microalbumin, Mucoprotein
Porphobilinogen, Porphyrins
Electrophoresis, Sodium, Urea

Rush

Rush Medical Labs

TEST NAME:	Soybean (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SYBN
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F14
POE DESCRIPTION:	Soybean allergen
LAST UPDATED:	06/18/2019





Rush Medical Labs

TEST NAME:	Special Antigen Typing
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	AG
CPT CODE:	86903
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	2 hours
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
LAST UPDATED:	08/19/2021


WARD
TIME
AM PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417

Rush

Rush Medical Labs

TEST NAME:	Special Stain Profile
TESTING LAB:	15;#Surgical Pathology
LAB / EPIC MNEMONIC:	SPEC STAIN
CPT CODE:	88319; 88313 (x4)
TEST INFORMATION:	Test includes Alpha-Naphthyl-Acetate Esterase Stain With and Without Fluoride; Naphthol ASD Chloroacetate Esterase Stain; PAS Stain; Peroxidase Stain; Sudan Black B Stain
DAYS PERFORMED:	Mon-Fri ,0800-1600
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	Test performed automatically on newly diagnosed cases of acute leukemia. Call 942-5260 to speak to a hematopathologist for all other cases.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube
COLLECTION:	Specimen obtained by Bone Marrow Laboratory technologist.
SPECIMEN REQUIREMENTS:	Blood or bone marrow smears prepared by laboratory technologists; imprints or smears of cell suspension
REJECTION CRITERIA:	Air-dried slides >7 days old.
MINIMUM VOLUME:	7 mL
HANDLING INSTRUCTIONS:	Deliver to the laboratory immediately.
REFERENCE RANGE:	Interpreted by the hematopathologist. Phone Surgical Pathology, 942-5260 for results.
TEST SYNONYM(S):	Cytochemistry, Leukocyte; Leukocyte Cytochemistry

Rush

Rush Medical Labs

TEST NAME:	Specific Gravity, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/SPGR
CPT CODE:	84315
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Fluid type must be specified on the requisition.
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established; must be interpreted with clinical findings.
POE DESCRIPTION:	FL SPECIFIC GRAVITY
TEST SYNONYM(S):	Fluid Specific Gravity


STERILE
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Name:
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Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Spinal Fluid Cytology
TESTING LAB:	6;#Cytology
LAB / EPIC MNEMONIC:	(call Pathology)
CPT CODE:	88104
DAYS PERFORMED:	Mon-Fri, 0730-1700
TURNAROUND TIME:	Immediate evaluation available; 24 hours for routine evaluation
SPECIAL INSTRUCTIONS:	Specify specimen origin. Clinical diagnosis and clinical history must be indicated on requisition.
CONTAINER TYPE:	Sterile tube from lumbar puncture tray or sterile disposable container
SPECIMEN REQUIREMENTS:	Fresh fluid
MINIMUM VOLUME:	1-2 mL
HANDLING INSTRUCTIONS:	Specimens should be transported to Rm 470 Jelke after collection.
TEST SYNONYM(S):	Cerebrospinal Fluid Cytology

Rush

Rush Medical Labs

TEST NAME:	Sputum Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM
CPT CODE:	87102; 87206
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified except for yeast that have the morphologic appearance of Candida Spp. and that have been shown not to be Cryptococcus spp. Such yeast will be identified only as, "Candida species, not cryptoccus." Other isolated organisms (i.e. aerobes, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when a fungal isolate is detected. Culture reports will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the requisition or order.
CONTAINER TYPE:	Sterile sputum container; sterile Leuken`s tube; sealed, sterile container, no preservative
COLLECTION:	The sputum and Leuken`s specimens should be first morning specimens. Nonbacteriostatic saline should be used when irrigation is necessary. The gastric aspirate is to be collected utilizing aseptic technique. The patient should NOT have eaten within the previous 5 hours when obtaining a gastric aspirate.
SPECIMEN REQUIREMENTS:	First morning sputum, induced sputum, aspirated sputum, tracheal aspirate, bronchial, Leuken`s, gastric aspirate
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative.
MINIMUM VOLUME:	2 mL
HANDLING INSTRUCTIONS:	Gastric aspirates should be transported immediately. Specimens should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No fungi observed/isolated
LIMITATIONS OF TEST:	The Calcofluor white stain demonstrates yeast forms, spores, and the hyphae of fungi. The filaments of *Nocardia* species, *Streptomyces* species, and *Actinomyces* species, as well as, the capsule of *Cryptococcus* species are NOT satisfactorily demonstrated with this methodology.
METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
ADDITIONAL INFORMATION:	Gastric aspirates are frequently diluted with saline. Please notify the Clinical Microbiology Laboratory (312-942-5452) if *Histoplasma capsulatum, Blastomyces dermatitidis*, or *Coccidioides immitis* is suspected. These pathogens are highly infectious when propagated in vitro and have been associated with serious infections in exposed laboratory workers.

POE DESCRIPTION:	CU FUNGUS W SMEAR(NON-SKIN); C FUNGUSSM (NON-SKIN)
TEST SYNONYM(S):	Gastric Aspirate Fungus Culture
LAST UPDATED:	06/22/2026


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Room No.:
Doctor:

Rush Medical Labs

TEST NAME:	Sputum Culture, Mycobacterium
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AFBSM
CPT CODE:	87117; 87206
TEST INFORMATION:	Test includes culture and acid-fast stain (if specimen volume is adequate). Culture includes decontamination and concentration. If a mycobacterial species is isolated, the organism will be definitely identified. Susceptibility testing will be performed depending upon the isolate identification. Other isolated organisms (i.e. yeast, etc.) may be referred for identification if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Smear results: 24 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 1 week or when a mycobacterial isolate is detected. Negative cultures with negative smears will be finalized after 8 weeks. Negative cultures with positive smears will be finalized after 12 weeks. Completion of culture reports may require additional time when mycobacteria are isolated and/or susceptibility testing is performed.
CONTAINER TYPE:	Sterile sputum container; sterile Leuken`s tube; sealed, sterile container, no preservative
COLLECTION:	The sputum and Leuken`s specimens should be first morning specimens. Nonbacteriostatic saline should be used when irrigation is necessary. The gastric aspirate is to be collected utilizing aseptic technique. The patient should NOT have eaten within the previous 5 hours when obtaining a gastric aspirate.
SPECIMEN REQUIREMENTS:	First morning sputum, induced sputum, aspirated sputum, tracheal aspirate, bronchial, Leuken`s, gastric aspirate
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative. Only one sputum specimen per 8 hours - with one sputum first morning collection. Subsequent specimens will be rejected. Specimens from known positive patients will be accepted only once a week for culture and smear per body site.
MINIMUM VOLUME:	3 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No acid-fast bacilli observed on smear or isolated in culture
LIMITATIONS OF TEST:	A single negative smear does not rule out the presence of mycobacterial infection. Gastric aspirates are frequently diluted with saline.
METHODOLOGY:	Acid-fast smear: fluorochrome stain. Culture: inoculation of conventional culture media and a rapid medium for automated continuous analysis.
ADDITIONAL INFORMATION:	The recommended screening procedure is three first morning specimens on three consecutive days or 1 first morning specimen and 2 additional specimens each at least 8 hours apart. DNA probes may be incorporated to aid with more rapid identification of mycobacterial isolates. This will generate an additional charge(s). Susceptibility testing will be performed only on the first *Mycobacterium* isolate

	from each specimen type per patient. Additional susceptibilities may be performed after a period of 4 weeks for patients with suspected treatment failure. Susceptibility testing is performed routinely only for *M. tuberculosis* complex. Susceptibility testing for other *Mycobacterium* species is performed by special request only. The battery of drugs routinely tested will vary by isolate and/or physician request. Patients from whom *M. tuberculosis* is isolated in culture are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CU MYCOBACTERIUM W SMEAR; CU AFB AND SMEAR; C AFBSM
TEST SYNONYM(S):	Mycobacterium Culture, Sputum; Sputum, AFB Culture; Sputum, TB Culture; TB Culture, Sputum; AFB Culture, Sputum
LAST UPDATED:	06/22/2026


STERILE
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Name:
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Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Sputum Culture, Routine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C SPUTUMGS
CPT CODE:	87070 (culture); 87205 (sceen); 87205 (Gram stain)
CDM NUMBER:	3421053; 3421059; 3421033
TEST INFORMATION:	The test includes a screen for specimen acceptability with few exceptions. The exceptions include: bronchial specimens, specimens obtained from patients less than 6 years of age, and specimens (swab specimens) from patients reported to the laboratory as having a diagnosis of cystic fibrosis. The test also includes a direct Gram stain, isolation and identification of microorganisms, and susceptibility testing, if appropriate.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Gram stain: 2 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 24 hours. Cultures with no growth or normal flora only will be finalized after 3 days. Cultures from patients reported to the laboratory as having a diagnosis of cystic fibrosis will be finalized after 5 days. Complete reports of cultures from which pathogens are isolated may take 3-10 days after receipt of the culture depending upon the nature of the microorganisms detected.
SPECIAL INSTRUCTIONS:	The requisition MUST state if the patient has been diagnosed with cystic fibrosis. Patients known to be leukopenic should have this indicated on the requisition.
CONTAINER TYPE:	Sterile sputum container; sterile Leuken`s tube; sealed, sterile container, no preservative.
COLLECTION:	The sputum and Leuken`s specimens should be first morning specimens. Nonbacteriostatic saline should be used when irrigation is necessary.
SPECIMEN REQUIREMENTS:	First morning sputum, induced sputum, aspirated sputum, tracheal aspirate, bronchial, Leuken`s, gastric aspirate
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative, specimen consisting of excessive oropharyngeal contamination as determined by sputum screen, specimen containing food particles. If the specimen is microscopically consistent with saliva, it will be rejected. Only one specimen will be accepted per day.
MINIMUM VOLUME:	2 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Normal upper respiratory flora
METHODOLOGY:	Inoculation of conventional culture media.
ADDITIONAL INFORMATION:	The quantity and presence of normal upper respiratory flora will be reported. Normal flora includes alpha and nonhemolytic streptococci, saprophytic *Neisseria* species, cogulase-negative *Staphylococcus, Micrococcus* species, and diphtheroids, *Haemophilus* spp. not influenzae, *Candida* spp. not cryptococcus. Potential pathogens will be isolated, identified, and susceptibility testing performed, if appropriate. *Burkholderia* cepacia is identified in the Clinical Microbiology Laboratory. The isolate will be forwarded to the CF

	Foundation reference laboratory for confirmation and genotyping. The culture report will not be finalized until the reference laboratory confirmation is complete.
LAST UPDATED:	06/22/2026

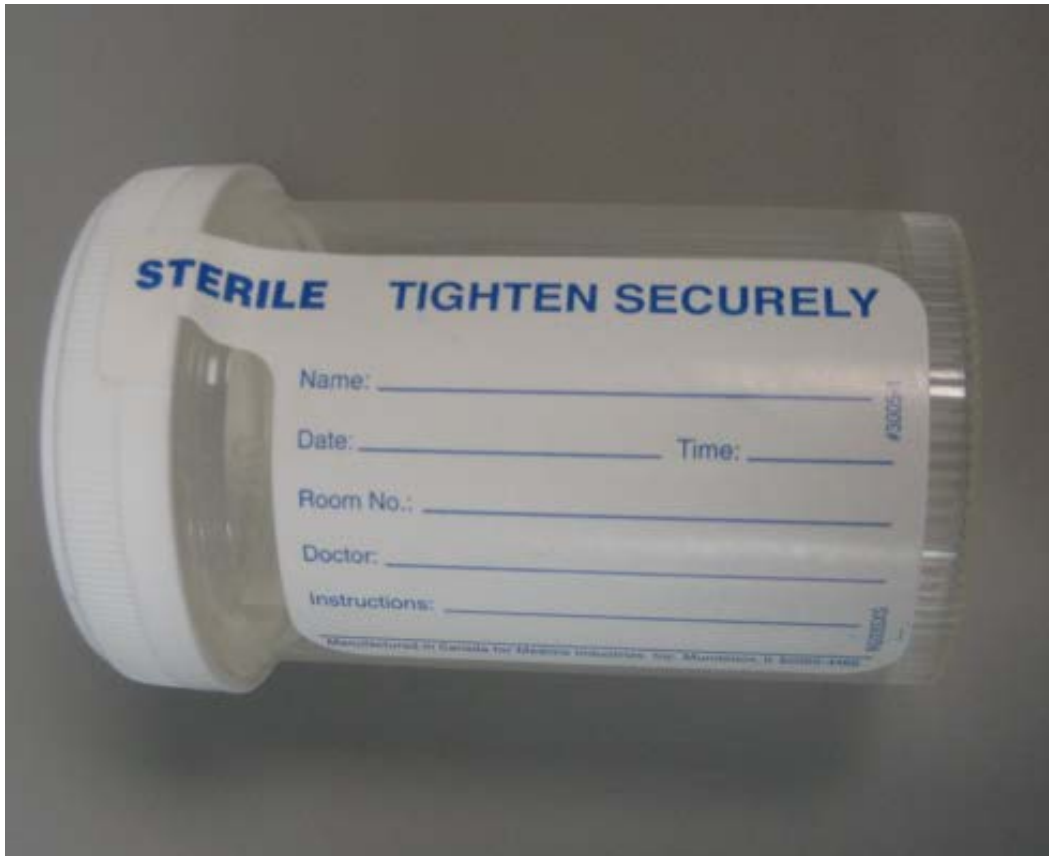
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Rush Medical Labs

TEST NAME:	Sputum Cytology
TESTING LAB:	6;#Cytology
LAB / EPIC MNEMONIC:	(call Pathology)
CPT CODE:	88104
DAYS PERFORMED:	Mon-Fri, 0730-1700
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	Clinical diagnosis and clinical history must be indicated on requisition.
CONTAINER TYPE:	Sterile specimen container
SPECIMEN REQUIREMENTS:	Expectorated sputum, not saliva or nasal aspirates
MINIMUM VOLUME:	3 mL (1 tablespoon)
HANDLING INSTRUCTIONS:	Refrigerate specimens until transported to the laboratory.

Rush Medical Labs

TEST NAME:	Sterility Culture
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C STERILE; C OSTERILE (RML Laboratories ONLY)
CPT CODE:	87071
CDM NUMBER:	3422003
TEST INFORMATION:	The test includes isolation and identification of microorganisms. Susceptibility testing is NOT performed. Quantitation of microorganisms may be provided.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports are available after 24 hours. Cultures with no growth will be finalized after 72 hours. Completion of culture reports may take 3-5 days after receipt of the culture when multiple isolates are found and identifications are requested.
SPECIAL INSTRUCTIONS:	Specify source of the specimen and whether quantitation and/or identification of microorganisms is required. The following information must be specified: client number, name of a contact person, and the laboratory submitting the specimen.
CONTAINER TYPE:	Sealed Sterile 80 mL specimen container, no preservative
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No growth
METHODOLOGY:	Conventional culture media; quantitation may be provided for fluid specimens.
ADDITIONAL INFORMATION:	This test should be used to assess the sterility or determine the pathogen-free status of materials or equipment utilized in patient care and/or non-patient care areas. Susceptibility testing is NOT performed. Identification may consist of an isolate Gram stain description or an isolate genus name only based upon the type of specimen submitted. Quantitation may NOT be provided based upon the type of specimen submitted.
POE DESCRIPTION:	CU ENVIROMENTAL


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Rush

Rush Medical Labs

TEST NAME:	Stool Culture, Routine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C STOOL
CPT CODE:	87045
CDM NUMBER:	3421023; 3421001; 3451021; 3421081
TEST INFORMATION:	The test includes the isolation and identification of *Salmonella* species, *Shigella* species, *Aeromonas* species, *Plesiomonas shigelloides and/or E. coli 0157:H7d*; susceptibility testing, if appropriate. The test also includes an assay for the presence of *Campylobacter* species. *Yersinia* species and *Vibrio* species cultures will be performed ONLY if specifically requested.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Campylobacter screening results are available within 1-2 days. Preliminary negative culture reports are available after 48 hours. Culture reports of no enteric pathogens will be issued after 3 days. Isolates presumptively identified as either Salmonella species, Shigella species, or E. coli 0157:H7 must be referred to the Illinois Department of Public Health for confirmation and serogrouping. Isolation of Vibrio species and/or Yersinia species may require an additional 1-2 days for completion.
SPECIAL INSTRUCTIONS:	The request for isolation of *Vibrio* species and *Yersinia*species MUST be specified on the requisition.
CONTAINER TYPE:	Sealed plastic feces container, no preservative; sealed sterile or nonsterile clean container; Copan® II swab, *Para-Pak Carey-Blair* transport vial
COLLECTION:	The specimen should be collected directly into the plastic feces specimen container (no preservative) or into a bedpan, avoiding contamination with urine or water. Transfer the feces from the bedpan into the plastic feces container or a sealed container.
SPECIMEN REQUIREMENTS:	Fresh stool, rectal swab. However, swabs are unacceptable for *Campylobacter* screening. A culture for *Campylobacter spp*. will be performed.
REJECTION CRITERIA:	Specimens more than 2 hours old, unless preserved in Carey-Blair transport medium, inappropriate specimen container, insufficient specimen volume, specimen contaminated with urine and/or water, more than one specimen submitted to the laboratory per day, specimen submitted more than 3 days after hospitalization, specimen not submitted in a sealed container. Diapers and specimens on tissue paper are NOT acceptable.
MINIMUM VOLUME:	1-2 gram (for stool) or swab showing fecal material
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	Negative for *Salmonella spp*., *Shigella spp*., *Campylobacter spp*., *Aeromonas spp*., *Plesiomonas spp*. and E. coli 0157.
LIMITATIONS OF TEST:	Specimens will routinely be screened for *Salmonella* species, *Shigella* species, *Campylobacter* species, *Aeromonas* species, E. coli 0157d, and *Plesiomonas* species only. A *Campylobacter* screen CANNOT be performed on a rectal swab.

METHODOLOGY:	Culture: Conventional culture utilizing media specifically formulated for enteric pathogen isolation.Campylobacter screen: Enzyme immunoassay (EIA).
ADDITIONAL INFORMATION:	Organisms other than *Salmonella* species, *Shigella* species, and *Campylobacter* species, *Aeromonas spp*., *Plesiomonas spp*. and *E. coli 0157* may not be isolated unless specifically indicated on the requisition that other specific isolates are potential etiologic agents, resulting in inoculation of specific media for isolation of alternative pathogens. In enteric fever caused by *Salmonella*, blood cultures may be positive before stool cultures; therefore, blood cultures are indicated early. Diagnosis of amebic dysentery requires a test request for ova and parasite examination. Patients who develop diarrhea after more than 3 days of hospitalization rarely are infected with enteric pathogens. A test for *Clostridium difficile* toxin is most appropriate in those cases.
TEST SYNONYM(S):	Enteric Pathogens Culture, Routine; Rectal Swab for Routine Culture; Stool for Routine Culture
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

TEST NAME:	STR Chimerism/Engraftment Analysis by PCR
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	ENG
CPT CODE:	83891, 83898, 83909, 83912, 83903 With T Cell Extraction (ENG T) - 83891 x2, 83898 x2, 83909 x2, 83903, 83912
DAYS PERFORMED:	Mon - Thurs, 0900-1600; Fri, 0900-1200
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Must be accompanied by patient information sheet. STRI results for donor and pre-transplant recipient are required.
CONTAINER TYPE:	Yellow top (ACD) or Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	Bone marrow/ 2-3 ml, blood/ 5-10 ml, depending on WBC count
MINIMUM VOLUME:	Bone marrow/ 1-2 ml, blood/ 2-3 ml, if WBC count ≥3,000/microliter
HANDLING INSTRUCTIONS:	Store tubes at room temperature; deliver to the Cellular Laboratory (1188 Jelke) or the Molecular Laboratory (240B Rawson) or tube to Microbiology #309 within 24 hours.
REFERENCE RANGE:	less than 1 - more than 99% engraftment
POE DESCRIPTION:	CHIMERISM, BONE MARROW ENGRAFTMENT


VACUTAINER
ACD
Solution A


BD Vacutainer



Rush Medical Labs

TEST NAME:	STR Informative Analysis by PCR
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	STRI
CPT CODE:	83891, 83900, 83909, 83903, 83912
DAYS PERFORMED:	Mon - Thurs, 0900-1600; Fri, 0900-1200
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Donor and pre-transplant recipient specimens must be accompanied by patient information sheet.
CONTAINER TYPE:	Yellow top (ACD) or Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	Bone marrow/ 2-3 ml, blood/ 3-5 ml, depending on WBC count, 6 buccal swabs
MINIMUM VOLUME:	Bone marrow/ 1-2 ml, blood/2-3 ml, 2 buccal swabs
HANDLING INSTRUCTIONS:	Store tubes at room temperature; deliver to the Cellular Laboratory (1188 Jelke) or the Molecular Laboratory (240B Rawson) or tube to Microbiology #309 within 24 hours.
REFERENCE RANGE:	D5S818, D7S820, D13S317, D16S539, TH01, vWA, F13A01, FESFPS, F13B, TPOX, CSF1PO, LPL, and amelogenin loci screened


VACUTAINER
ACD
Solution A
364906-9321945-EXP-2001-11


BD
BD Vacutainer
EDTA



Rush Medical Labs

TEST NAME:	Strawberry IgE Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	STRBY
CPT CODE:	86003-9
TURNAROUND TIME:	5-7 working days
	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code F44
LAST UPDATED:	06/18/2019





Rush

Rush Medical Labs

TEST NAME:	Strep Pneumo 23 Valent Panel
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	STR23
CPT CODE:	86317 X23
TEST INFORMATION:	Test includes antibody levels for Streptococcus pneumoniae types 1,2,3,4,5,8,9(9N),12(12F),17(17F),14,19(19F),20,22(22F),23 (23F),26(6B) 34(10A),43(11A),51(7F),54(15B),56(18C),57(19A),68(9V),70(33F)
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	1.5 mL blood (0.5 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.25 mL serum)
REFERENCE RANGE:	Test Code 16963
TEST SYNONYM(S):	Strep Pneumo Antibody Screen
LAST UPDATED:	06/18/2019



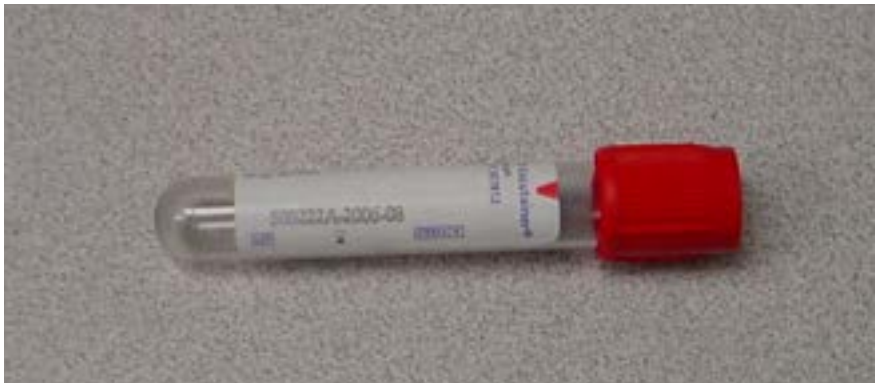


Rush

Rush Medical Labs

TEST NAME:	Striated Muscle Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	STMAB
CPT CODE:	86255-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, SST Tube, Microtainer(SST), Microtainer(Red)
SPECIMEN REQUIREMENTS:	2 ml blood (1 mL serum)
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 1107
METHODOLOGY:	IFA
POE DESCRIPTION:	Striated Muscle Antibodies
LAST UPDATED:	06/18/2019






MICROTAINER





Rush Medical Labs

TEST NAME:	Strongyloides IgG Antibody, ELISA
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	STRAB
CPT CODE:	86682
TEST INFORMATION:	Strongyloides stercoralis is a parasitic nematode found in tropical and subtropical regions. Because of low larval densities in feces, stool examination is a relatively insensitive diagnostic test; serodiagnosis by ELISA offers increased sensitivity. Antibody titers decrease in many patients following treatment. Patients with latent infections who are immunosuppressed or receiving immunosuppressive therapy are at risk life-threatening hyperinfection. The assay shows 90% sensitivity and 90% specificity.
DAYS PERFORMED:	Monday, Wednesday, Friday
TURNAROUND TIME:	1 - 4 Days
CONTAINER TYPE:	Red top tube - 10 mL
COLLECTION:	1 mL Serum
REJECTION CRITERIA:	Insufficient quantity of specimen, inappropriate specimen collection tube
MINIMUM VOLUME:	0.5 mL
HANDLING INSTRUCTIONS:	Specimen stability: Room temperature 7 days, Refrigerated 14 days, Frozen 30 days
REFERENCE RANGE:	See Quest Test Code 34309
LIMITATIONS OF TEST:	Significant crossreactivity may be observed with filarial and other nematode infections.
METHODOLOGY:	Immunoassay
REFERRAL LABORATORY:	QUEST DIAGNOSTICS
POE DESCRIPTION:	STRONGYLOIDES IGG AB
TEST SYNONYM(S):	Strongyloides serology
LAST UPDATED:	06/18/2019



Rush

Rush Medical Labs

TEST NAME:	Suprapubic Puncture Anaerobic Culture, Urine
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C ANAEROBE
CPT CODE:	87075
CDM NUMBER:	3451003
TEST INFORMATION:	Test includes culture for anaerobic organisms. Other isolated organisms (i.e. aerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Cultures are examined every 48 hours. Preliminary culture reports are available after 48 hours. Culture reports of no growth will be issued after 5 days. Completion of culture reports may take 7-10 days after receipt of the specimen, depending upon the nature of the microorganisms isolated.
SPECIAL INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimens should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate. The specific source of the urine specimen MUST be specified on the requisition.
CONTAINER TYPE:	BD ESWAB Collection Transport System; sealed sterile container
COLLECTION:	The specimen of choice is an aspirate, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) anaerobes. Ideally, material is obtained by needle aspiration through an intact surface, which has been cleaned with antiseptic, then placed directly into the BBL Port-A-Cul Transport System. When a syringe is used to obtain the specimen, ALL air should be expelled after which the specimen should be injected into a BBL Port-A-Cul Transport System. Contamination with normal flora from skin or other body sources MUST be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	Urine obtained by suprapubic puncture
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen. Specimens from sites which have anaerobic bacteria as normal flora will routinely be rejected (i.e. voided. catheterized urine specimens).
MINIMUM VOLUME:	1 mL
HANDLING INSTRUCTIONS:	Avoid exposure to atmospheric oxygen. Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature. Do NOT refrigerate.
REFERENCE RANGE:	No growth of anaerobic bacteria

LIMITATIONS OF TEST:	A specimen received in anaerobic transport devices is not suitable for routine fungal or mycobacterial cultures. If more than three anaerobic isolates are present, the *Bacteroides fragilis* group, and *Clostridium perfringens* will be the only isolates identified. Anaerobic susceptibility testing is NOT performed routinely. Should susceptibility testing be required, call the laboratory.
METHODOLOGY:	Conventional culture utilizing media specifically formulated for anaerobic isolation.
TEST SYNONYM(S):	Anaerobic Culture, Urine; Suprapubic Puncture; Urine, Suprapubic, Anaerobic Culture
LAST UPDATED:	03/11/2015

Rush

Rush Medical Labs

TEST NAME:	Sweet vernal grass (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	SVG
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code G1
POE DESCRIPTION:	Sweet vernal grass allergen
LAST UPDATED:	06/18/2019





Rush Medical Labs

TEST NAME:	Syphilis Total
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	SYPHT
CPT CODE:	86780
DAYS PERFORMED:	Daily on first and second shift
TURNAROUND TIME:	1 day
CONTAINER TYPE:	Red top tube - 4 mL or Red top tube - 6 mL or SST tube
SPECIMEN REQUIREMENTS:	Serum
REJECTION CRITERIA:	Contaminated, icteric, lipemic, hemolyzed or heat inactivated sera may cause erroneous results and should be avoided.
REFERENCE RANGE:	Nonreactive
METHODOLOGY:	The BioPlex 2200 Syphilis Total & RPR kit is a multiplex flow immunoassay intended for the qualitative detection of total (IgG/IgM) antibodies to Treponema pallidum and the qualitative detection and/or titer determination of non-treponemal reagin antibodies in human serum or plasma.
ADDITIONAL INFORMATION:	Syphilis Reverse Algorithm
TEST SYNONYM(S):	Syphilis Total Treponemal Ab Screen
LAST UPDATED:	09/26/2019







Rush

Rush Medical Labs

TEST NAME:	t(15;17) Translocation by qPCR
TESTING LAB:	13;#Molecular Diagnostics/Molecular Biology Diagnostics Laboratory
LAB / EPIC MNEMONIC:	PMLRARPCR
CPT CODE:	83890, 83898 X 2, 83902, 83912
CDM NUMBER:	3301008, 3301013 x 2, 3391018, 3391014
DAYS PERFORMED:	Mon-Thur., 0900-1600; Fri., 0900-1200
TURNAROUND TIME:	7-10 days
SPECIAL INSTRUCTIONS:	Specimens must be accompanied by a Specialty Tests requisition form
CONTAINER TYPE:	ACD
SPECIMEN REQUIREMENTS:	2-5 ml bone marrow, 5-10 ml peripheral blood; at least 10% tumor cells
REJECTION CRITERIA:	Unlabeled or mixed specimens
MINIMUM VOLUME:	5 ml blood, 2 ml bone marrow
HANDLING INSTRUCTIONS:	Hold at room temperature, deliver to 1188 Jelke within 24 hours
REFERENCE RANGE:	Translocation detected/not detected
LIMITATIONS OF TEST:	Does not detect all t(15;17) translocation breakpoints
METHODOLOGY:	qRT-PCR
TEST SYNONYM(S):	t(15;17), PML-RARA, PML


VACUTAINER
ACD
Solution A

Rush

Rush Medical Labs

TEST NAME:	T3, Free by Tracer Dialysis
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	84481-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	2.0 mL whole blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL whole blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 36598
REFERRAL LABORATORY:	See separate laboratory report
POE DESCRIPTION:	FT3/EQDIAL, FREE T3 BY EQULIB. DIALYSIS (includes a total T3)
TEST SYNONYM(S):	Free T3 by Tracer Dialysis
LAST UPDATED:	10/14/2019



Rush

Rush Medical Labs

TEST NAME:	T3, Free
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FT3
CPT CODE:	84481-90
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL plasma)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL plasma)
REFERENCE RANGE:	1.7-3.7 pg/mL
POE DESCRIPTION:	FREE T3
TEST SYNONYM(S):	Free Tri-iodothyronine; Unbound T3; Free T3
LAST UPDATED:	10/14/2019


BD Vacutainer
SST™ Gel and
Lithium Heparin
Units
REF 367962
4.5
mL



Rush Medical Labs

TEST NAME:	T3
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TOTAL T3
CPT CODE:	84480
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	0.6-1.6 ng/mL
POE DESCRIPTION:	TOTAL T3; T3
TEST SYNONYM(S):	Total T3; Tri-iodothyronine
LAST UPDATED:	016/22/2026


BD Vacutainer
PST™ Gel and
Lithium Heparin
8 Units
REF 367962

Rush Medical Labs

TEST NAME:	T4 Free, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FREE T4
CPT CODE:	84439
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	0.7-1.5 ng/dL
POE DESCRIPTION:	FREE THYROXINE; THYROXINE (FREE), T4; FREE T4
TEST SYNONYM(S):	Free Thyroxine; Unbound T4
LAST UPDATED:	06/22/2026


BD Vacutainer
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Lithium Heparin
Units
REF 367962

Rush

Rush Medical Labs

TEST NAME:	T4, Free by Direct Dialysis
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	84439-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL blood)
REFERENCE RANGE:	Test Code 35167
POE DESCRIPTION:	FREE T4/EQUILIBRIUM DIALYSIS
TEST SYNONYM(S):	Free T4 by Direct Dialysis
LAST UPDATED:	10/14/2019







Rush Medical Labs

TEST NAME:	T4
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	T4
CPT CODE:	84436
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	4.9-11.7 µg/dL
POE DESCRIPTION:	T4
TEST SYNONYM(S):	Tetraiodothyronine; Thyroxine
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Tacrolimus (FK506)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TACRO
CPT CODE:	80197
DAYS PERFORMED:	Test is performed Monday-Sunday.
TURNAROUND TIME:	Up to 18 hours.
SPECIAL INSTRUCTIONS:	Draw time must be indicated on requisition.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 3 mL, Lavender top (K2 EDTA) tube - 6 mL, Microtainer (K2 EDTA), Pink top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	1.0 mL EDTA whole blood
MINIMUM VOLUME:	0.5 mL EDTA whole blood
REFERENCE RANGE:	The effective therapeutic range for Tacrolimus is based upon clinical evaluation of the individual patient, because optimal levels depend upon multiple factors, including patient variation, type of transplant, time post-transplant, co-administration of other immunosuppressants, and method used.
POE DESCRIPTION:	FK506 (TACROLIMUS), PROGRAF (FK506), TACROLIMUS (FK506)
TEST SYNONYM(S):	Prograf; FK506
LAST UPDATED:	08/12/2019


BD Vacutainer
EDTA 10ml






WARD
TIME
AM PM
SIGNED
DOB
DATE
JOSSMATD

Rush

Rush Medical Labs

TEST NAME:	Terminal Deoxynucleotidyl Transferase
TESTING LAB:	10;#Molecular Diagnostics/Cellular referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TDT QL
CPT CODE:	88346
DAYS PERFORMED:	Mon-Thur, 0800-1600
TURNAROUND TIME:	2 weeks
CONTAINER TYPE:	Green top (sodium heparin) - 10 mL tube, heparinized bone marrow specimen
SPECIMEN REQUIREMENTS:	Blood or bone marrow
MINIMUM VOLUME:	10 mL blood, 1 mL bone marrow
HANDLING INSTRUCTIONS:	Do not refrigerate samples. Samples must be received in laboratory within 3 hours of drawing. Specimen should be submitted with a completed Patient Information Form. Contact the Cellular Laboratory at 312-942-2723 to obtain a form.
REFERENCE RANGE:	Negative
REFERRAL LABORATORY:	Commercial Laboratory
TEST SYNONYM(S):	TdT





Rush Medical Labs

TEST NAME:	Testosterone, Free and Total
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	FTEST
CPT CODE:	84403-90
TEST INFORMATION:	Includes total testosterone.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	2.0 mL serum (0.9 mL serum)
REJECTION CRITERIA:	SST (gel) tubes are not acceptable.
MINIMUM VOLUME:	1.0 mL serum (0.5 mL serum)
REFERENCE RANGE:	Test Code 3922
METHODOLOGY:	Chemiluminescence and RIA
POE DESCRIPTION:	FREE TESTOSTERONE ANALYSIS; FREE TEST
TEST SYNONYM(S):	Free Testosterone; Total Testosterone
LAST UPDATED:	06/12/2019



Rush

Rush Medical Labs

TEST NAME:	Testosterone, Total
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TESTOSTER
CPT CODE:	84403
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)

REFERENCE RANGE:

Males

21-49 yrs	220-890 ng/dL
50-150 yrs	205-730 ng/dL

Females

21-49 yrs	18-54 ng/dL
50-150 yrs	12-36 ng/dL

POE DESCRIPTION:	TESTOSTERONE
LAST UPDATED:	06/22/2026


Vacutainer
Gel and
Units
367962



Rush Medical Labs

TEST NAME:	Tetanus & Diphtheria Toxoid IgG Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TDIP
CPT CODE:	86648-90, 86774-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Test Code 1331
LAST UPDATED:	06/18/2019





Rush

Rush Medical Labs

TEST NAME:	Tetanus Toxoid Antibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TTOX
CPT CODE:	86774-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Test Code 1334
POE DESCRIPTION:	TETANUS TOXOID ANTIBODIES; TET TOX AB
LAST UPDATED:	06/14/2019





Rush

Rush Medical Labs

TEST NAME:	Theophylline, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	QTHEO
CPT CODE:	80198
TURNAROUND TIME:	STAT 4-6 hours, routine 5-6 working days
CONTAINER TYPE:	Red top tube - 4 mL only
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Serum Separator Tube (SST®)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 878
REFERRAL LABORATORY:	Quest Diagnostics
POE DESCRIPTION:	THEOPHYLLINE
TEST SYNONYM(S):	Quandrinal™, Quibron®, Marax®, Aminophylline
LAST UPDATED:	05/29/2019





Rush Medical Labs

TEST NAME:	Therapeutic Cytapheresis
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
CPT CODE:	36520
DAYS PERFORMED:	Weekdays, 0830-1500; nights and weekends for emergencies only
TURNAROUND TIME:	2-4 hours
SPECIAL INSTRUCTIONS:	Requires consultation from Apheresis Unit Director.
TEST SYNONYM(S):	Therapeutic Leukapheresis; Therapeutic Plateletpheresis



Rush Medical Labs

TEST NAME:	Therapeutic Plasmapheresis
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
CPT CODE:	36520
DAYS PERFORMED:	Weekdays, 0830-1500; nights and weekends for emergencies only
TURNAROUND TIME:	2-4 hours
SPECIAL INSTRUCTIONS:	Requires consultation from Apheresis Unit Director.
TEST SYNONYM(S):	Plasma Exchange

Rush

Rush Medical Labs

TEST NAME:	Therapeutic Red Cell Exchange
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
CPT CODE:	36520
DAYS PERFORMED:	Weekdays, 0830-1500; nights and weekends for emergencies only
TURNAROUND TIME:	2-4 hours
SPECIAL INSTRUCTIONS:	Requires consultation from Aphereis Unit Director

Rush

Rush Medical Labs

TEST NAME:	Thiocyanate, Serum
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	THIO
CPT CODE:	84430-90
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	6.0 mL blood (3.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
	See Quest Diagnostics - Search Test Code 879
REFERENCE RANGE:	Reference Ranges: Non-Smokers: <5 mg/L Smokers: 4-15 mg/L Potentially Toxic: >20 mg/L
POE DESCRIPTION:	THIOCYANATE
TEST SYNONYM(S):	KCN, Blood



Rush Medical Labs

TEST NAME:	Throat Culture, Complete
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C THROAT
CPT CODE:	87070; 86588
TEST INFORMATION:	The test includes culture for the following isolates only: Groups A, C, and G streptococci,*Arcanobacterium haemolyticum*, and*Pseudomonas aeruginosa* (children and young adults <18 years of age ONLY). The presence and quantity of normal flora will be reported.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Group A Streptococcal antigen screen STAT: 30 minutes after receipt of the specimen in the laboratory. Preliminary culture reports are available after 24 hours. Cultures with no growth or normal flora only will be issued after 48 hours. Completion of culture reports may take 3-4 days after receipt of the specimen when multiple isolates are found.
SPECIAL INSTRUCTIONS:	If *N. gonorrhoeae* is suspected, a separate request for culture for *N. gonorrhoeae* only should be ordered.
CONTAINER TYPE:	Copan® II swab
COLLECTION:	The tongue should be depressed while both tonsillar pillars and the oropharynx are swabbed. Exudates should be swabbed while avoiding the tongue and uvula.
SPECIMEN REQUIREMENTS:	Throat swabs
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	One swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	Negative for Group A *Streptococcus* by direct antigen screening; no Groups A, C, or G streptococci, *Arcanobacterium haemolyticum*, or*Pseudomonas aeruginosa* isolated.
METHODOLOGY:	Direct antigen screen: immunochromatographic assay. Culture: conventional culture on routine and selective media.
ADDITIONAL INFORMATION:	Susceptibility testing will be performed routinely for *P. aeruginosa* ONLY. If only isolation of*Neisseria gonorrhoeae* is required, request Culture for *N. gonorrhoeae* Only. If only isolation of Group A *Streptococcus* is required, request Throat Culture for Group A *Streptococcus* Only. A positive Group A Streptococcal antigen screen result can be relied upon as a rational basis to begin therapy. Group A *Streptococcus*, *S. pyogenes*, is universally susceptible to penicillin and its derivatives, therefore, susceptibility testing is NOT performed.
POE DESCRIPTION:	CU THROAT; C THROAT
TEST SYNONYM(S):	Routine Throat Culture


COPAN

Rush

Rush Medical Labs

TEST NAME:	Thrombin Time
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TT
CPT CODE:	85670
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 4 hours. Stat: 1 hour
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample more than 4 hours old.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	See Section - " Specimen Collection Guidelines" - Coagulation Specimens
SPECIMEN REQUIREMENTS:	Blood, 4.5 mL tube or pediatric 1.6 mL or 2.7 mL tube
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%
MINIMUM VOLUME:	3.5 mL blood (1 mL plasma)
HANDLING INSTRUCTIONS:	Transport the specimen to the laboratory as soon as possible. Specimen MUST be resulted within 4 hours after collection.
REFERENCE RANGE:	14.9-19.8 sec
POE DESCRIPTION:	THROMBIN TIME; TT
TEST SYNONYM(S):	Fibrin Time
LAST UPDATED:	12/23/2019


BD Franklin Lakes NJ USA
8019827
2.7 mL
REF 363083

Rush

Rush Medical Labs

TEST NAME:	Thrombosis B1 Panel
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TRMB1
CPT CODE:	85302-90; 85306-90; 85305-90; 83898-90; 85260-90; 85420-90; 85307-90; 85300-90; 83891-90; 83894-90; 83912-90
TEST INFORMATION:	Includes Protein C antigen (total), Protein S antigen (free and total), Factor X antigen, Antithrombin Activity, Plasminogen Activity, APC Resistance Assay
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Patient should be on a stable dose of Coumadin therapy for at least two weeks before sample is drawn and off heparin.
CONTAINER TYPE:	6 Blue top (sodium citrate) tubes (2.7 mL draw)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	12 mL whole blood (6.0 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Specimen hemolyzed Hct > 55%
MINIMUM VOLUME:	8 mL whole blood (4.0 mL citrated platelet poor plasma)
REFERENCE RANGE:	Interpretative report accompanies results
POE DESCRIPTION:	THROMBOSIS B1 PANEL
LAST UPDATED:	06/14/2019


BD Franklin Lakes NJ USA
8019827
2.7
mL
0.109M, 3.2%
REF 363083



Rush Medical Labs

TEST NAME:	Thyroglobulin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	THYR
CPT CODE:	84432-90, 86800-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2 mL blood (0.4 mL serum)
MINIMUM VOLUME:	2.0 mL blood (0.4 mL serum)
REFERENCE RANGE:	Test Code 30278
POE DESCRIPTION:	THYROGLOBULIN
LAST UPDATED:	06/22/2026





Rush

Rush Medical Labs

TEST NAME:	Thyroid Antibodies
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	THYR AB
TEST INFORMATION:	The test includes thyroglobulin antibody and thyroid peroxidase (microsomal) antibody.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL plasma)
REJECTION CRITERIA:	Excessive hemolysis
MINIMUM VOLUME:	2 mL blood (1.0 mL plasma)
REFERENCE RANGE:	Thyroglobulin antibody - 0.0 - 4.1 IU/mL Thyroid peroxidase antibody - 0.0 - 5.6 IU/mL
LIMITATIONS OF TEST:	Five to 10% of the normal population may exhibit low levels of thyroid antibodies with no symptoms of disease. The incidence is higher in women and increases with age. Other autoimmune disorders such as Sjogren`s syndrome, SLE, RA, and autoimmune hemolytic anemia may be positive for thyroid antibodies. Patients with myxederma, granulomatous thyroiditis, nontoxic nodular goiter, and thyroid carcinoma may occasionally produce thyroid antibodies.
METHODOLOGY:	Chemiluminescent
ADDITIONAL INFORMATION:	The frequency of elevated results is higher with the thyroid peroxidase antibody. However, an elevated antithyroglobulin can be obtained while the thyroid peroxidase antibody results are normal. The presence of thyroid antibody may also be indicative of previous autoimmune disorders. Patients with slightly elevated thyroid antibody should be tested periodically, as the presence of the antibody may be an early sign of autoimmune disease. In active cases of thyroid autoimmune disease, and in some cases of thyrotoxicosis, moderate¿to high¿thyroid peroxidase¿antibody levels may be observed. The detection of very high levels in an individual with a firm, hard, fast-growing symmetrical goiter strongly suggests Hashimoto`s goiter. Serum demonstrating¿an elevated¿result should be interpreted in accordance with clinical findings. Diagnosis of thyroid autoimmune disease should not be made on the basis of the Thyroid Antibodies Test alone, but in conjunction with other immunological tests, thyroid function tests, physical examination, familial studies, and if necessary, biopsy.
POE DESCRIPTION:	THYROID ANTIBODIES; THYROID ABS
TEST SYNONYM(S):	Antithyroid Microsomal and Antithyroglobulin Antibody; Microsomal and Thyroglobulin Antibody; Thyroid Autoantibodies; Thyroid Peroxidase Antibodies; Anti-TPO; TPO Antibodies
LAST UPDATED:	06/22/2026


Vacutainer
Gel and
Units
367962

Rush Medical Labs

TEST NAME:	Thyroid Stimulating Hormone
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TSH
CPT CODE:	84443
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	0.35-4.940 uIU/mL
POE DESCRIPTION:	THYROID STIMULATING HORMONE; TSH
TEST SYNONYM(S):	Thyrotropin Hormone; Thyrotropin Stimulating Hormone; TSH
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Thyroid Stimulating Immunoglobulin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TSIG
CPT CODE:	84445-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Test Code 30551
POE DESCRIPTION:	THYROID STIM IMMUNOGLOBULIN; TSIG
TEST SYNONYM(S):	Long-Acting Thyroid Stimulating Hormone (LATS); TSI; TSIG
LAST UPDATED:	06/22/2026







Rush Medical Labs

TEST NAME:	Thyroid/TSH Profile
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	THYR PRO
CPT CODE:	80092
TEST INFORMATION:	Test includes TSH, Free T4
DAYS PERFORMED:	Daily
TURNAROUND TIME:	8 hours
CONTAINER TYPE:	Red top tube - 10 mL or PST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	1.0 mL serum
POE DESCRIPTION:	Thyroid Profile
LAST UPDATED:	06/22/2026




BD Vacutainer
FAST™ Gel and
Lithium Heparin
8 Units
REF 367962



Rush Medical Labs

TEST NAME:	Thyroxine Binding Globulin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TBG
CPT CODE:	84442-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 3238 THYROXINE BINDING GLOBULIN;
POE DESCRIPTION:	TBG
TEST SYNONYM(S):	TBG
LAST UPDATED:	06/22/2026





Rush

Rush Medical Labs

TEST NAME:	Timothy grass (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TIMOG
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Inhalant panel.
TURNAROUND TIME:	5-7 working days.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code G6
POE DESCRIPTION:	Timothy grass allergen
LAST UPDATED:	06/14/2019

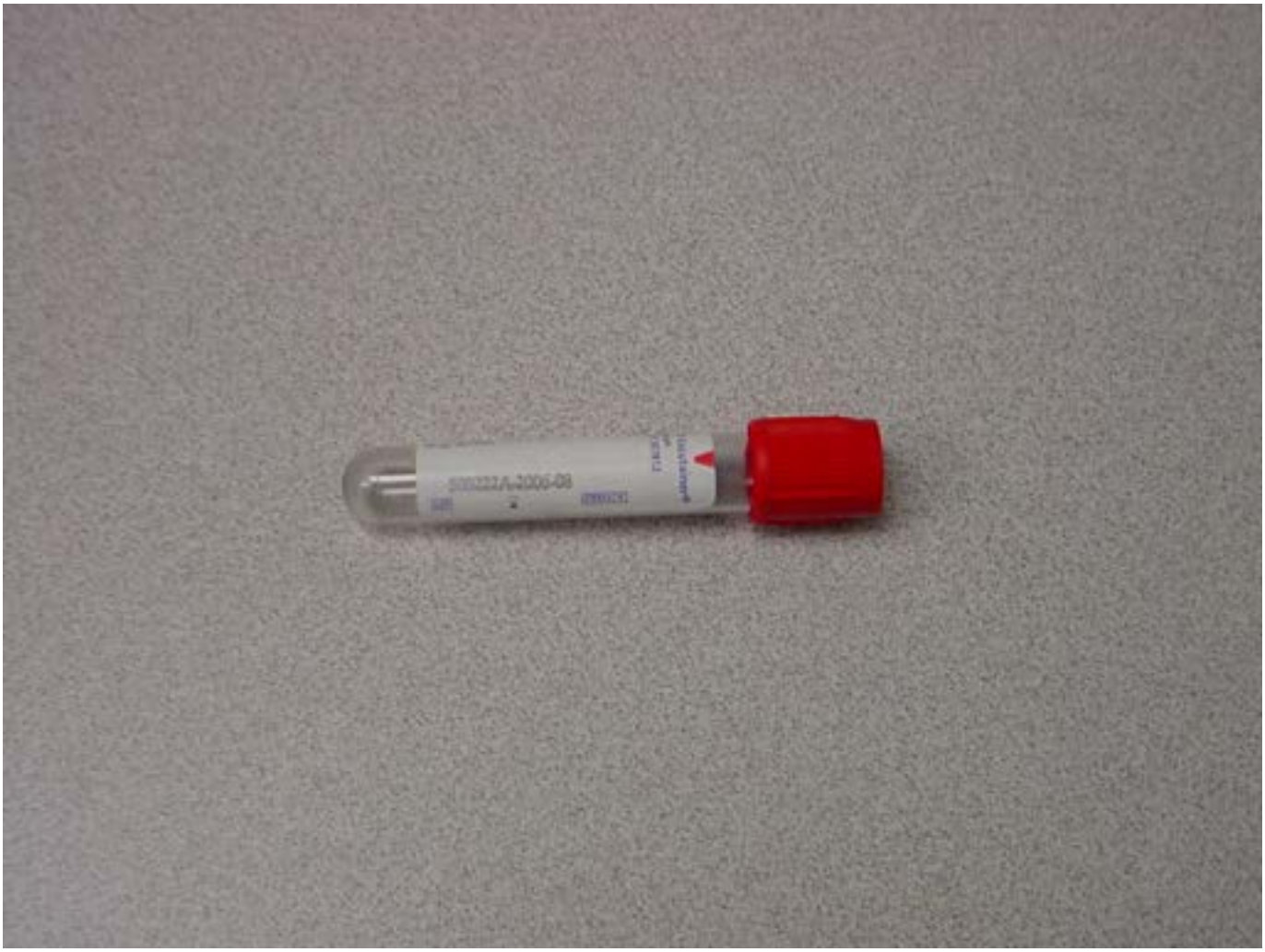




Rush

Rush Medical Labs

TEST NAME:	Tobramycin (Pre, Post, Random)
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TOBRA PRE; TOBRA POST; TOBRA RND
CPT CODE:	80200
TEST INFORMATION:	Draw peak: 30 minutes after 30-minute infusion; trough: <30 minutes before next dose.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine 8 hours; Stat 4-6 hours
SPECIAL INSTRUCTIONS:	Requisition must be marked random, pre-, or post dose; include date and time specimen drawn.
CONTAINER TYPE:	Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Therapeutic: Trough (pre): 0-2 µg/mL; Peak (post): 5-12 µg/mL
METHODOLOGY:	Enzyme Immunoassay
CRITICAL VALUES:	Pre: >2 µg/mL; Post/Rnd: >12 µg/mL
POE DESCRIPTION:	TOBRAMYCIN PRE DOSE; TOBRA PRE TOBRAMYCIN POST DOSE; TOBRA POST TOBRAMYCIN RANDOM LEVEL; TOBRA RND
TEST SYNONYM(S):	Nebcin.; Tobramycin, Post; Tobramycin, Pre; Tobramycin, Random
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Tomato (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TOMTO
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F25
POE DESCRIPTION:	Tomato allergen
LAST UPDATED:	06/14/2019

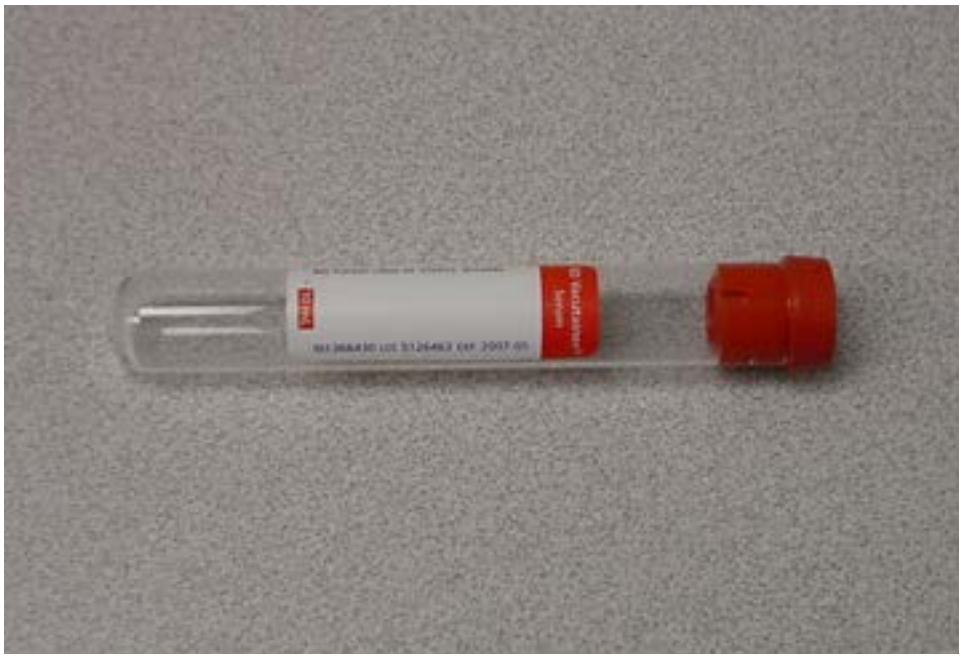




Rush

Rush Medical Labs

TEST NAME:	Topiramate
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TOPIR
CPT CODE:	80201-90
CDM NUMBER:	3181322
DAYS PERFORMED:	Monday - Saturday
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Drawn in SST tubes
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 4925
METHODOLOGY:	Immunoassay
ADDITIONAL INFORMATION:	Monitoring plasma Topiramate concentrations is useful for assessing patient compliance, poor seizure control, toxicity, and changes in metabolism or excretion of Topiramate due to the addition of other anticonvulsants to the therapeutic regimen.¿ In clinical trials, Topiramate concentrations have generally ranged from 2-25 mcg/ml.¿ Dose adjustment should be guided by clinical outcome.¿Circulating Topiramate levels have not been correlated to toxicity, adverse effects or clinical efficacy.¿ Results must be interpreted by the clinician with consideration of coadministered drugs and all other confounding factors.
POE DESCRIPTION:	Topiramate
TEST SYNONYM(S):	Topamax
LAST UPDATED:	06/14/2019



Rush

Rush Medical Labs

TEST NAME:	TORCH Immune Profile
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TORCH IGG
CPT CODE:	80090
TEST INFORMATION:	The test includes testing for Toxoplasma gondii IgG, Rubella IgG, Cytomegalovirus IgG, Herpes simplex type 1 IgG, and Herpes simplex virus type 2 virus IgG.
DAYS PERFORMED:	Tuesday, Friday: Toxoplasma gondii, Herpes simplex Monday-Friday: Rubella
TURNAROUND TIME:	1-4 days
SPECIAL INSTRUCTIONS:	Specimen must be received by the laboratory no later than 0800 on the day the test is to be performed.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	Blood (serum)
REJECTION CRITERIA:	Excessive hemolysis, gross contamination of specimen, chylous serum, improper storage of specimen, inappropriate specimen container, insufficient specimen volume.
MINIMUM VOLUME:	5 mL blood (1 mL serum)
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	Negative: Rubella, nonimmune; Toxoplasma gondii: not detected; CMV: not detected; Herpes simplex 1: not detected; Herpes simplex 2: not detected
METHODOLOGY:	Microparticle enzyme immunoassay (MEIA) and enzyme immunoassay (EIA)
ADDITIONAL INFORMATION:	The test is used to screen for IgG antibodies to Toxoplasma gondii, Rubella, Cytomegalovirus, and Herpes simplex viruses. The test is important in newborn infants, and is used to evaluate possible congenital infection. Repeat positive test in 10-14 days and monthly as indicated. If TORCH syndrome is suspected in newborns, individual IgM antibody tests for each of the above antigens should be evaluated and serial specimens tested for changing IgG titers. Toxoplasmosis is reported as IU/mL (International Units); Cytomegalovirus is reported as AU/mL (Antibody Units); Herpes 1 and 2 are reported as REV (Relative EIA values). The cut-off values for positive assays are as follows: Toxoplasma gondii IgG: >6 IU/mL; Cytomegalovirus IgG: >15 AU/mL; Herpes simplex 1: >1 REV; Herpes simplex 2: >1 REV
POE DESCRIPTION:	TORCH IGG; TORCH IMMUNE PROFILE; TORCH TITER
TEST SYNONYM(S):	TORCH Battery; TORCH Screen; TORCH Titer
LAST UPDATED:	06/22/2026





Rush

Rush Medical Labs

TEST NAME:	Toxoplasma gondii Antibody, IgG
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TOXOG
CPT CODE:	86777-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 9426
ADDITIONAL INFORMATION:	Individuals with *T. gondii* specific IgG values <5 IU/mL are presumed uninfected with T. gondii and susceptible to primary infection. *T. gondii* specific IgG values ≥6 IU/mL indicates past or current infection.
POE DESCRIPTION:	TOXOPLASMA GONDII IGG; TOXO IGG
TEST SYNONYM(S):	T. gondii Antibody; Toxoplasmosis Antibody, IgG
LAST UPDATED:	06/14/2019





Rush

Rush Medical Labs

TEST NAME:	Toxoplasma gondii Antibody, IgM
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TOXOM
CPT CODE:	86778-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 7675
LIMITATIONS OF TEST:	Negative results do NOT preclude recent primary*T. gondii* infection. If known exposure to *T. gondii*, the diagnosis should NOT be based solely on this test result, but should be confirmed by another method.
ADDITIONAL INFORMATION:	The presence of IgM antibodies to *T. gondii*indicates a primary, reactivation, or reinfection with *T. gondii*. It does not differentiate active from resolving or resolved infection. To differentiate these stages of infection, additional testing, including IgG avidity testing, antigen detection, or PCR needs to be done. Contact a Microbiology laboratory director or supervisor for guidance.
POE DESCRIPTION:	TOXOPLASMA GONDII AB IGM; TOXO IGM
TEST SYNONYM(S):	T. gondii Antibody, Acute Infection; Toxoplasmosis Antibody, IgM
LAST UPDATED:	06/14/2019





Rush

Rush Medical Labs

TEST NAME:	Transferrin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TRSF
DAYS PERFORMED:	Daily, 24 hours
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL plasma)
REJECTION CRITERIA:	Any degree of Hemolysis, Grossly lipemic
MINIMUM VOLUME:	1 mL blood (0.5 mL plasma)
REFERENCE RANGE:	200-375 mg/dL
METHODOLOGY:	Immunoturbidimetric
POE DESCRIPTION:	TRANSFERRIN; TRANSFER
LAST UPDATED:	06/18/2019


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SST™ Gel and
Lithium Heparin
Units
REF 367962
4.5
mL

Rush Medical Labs

TEST NAME:	Transfusion Reaction Work-up
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1-4 hours depending on complexity of work-up
SPECIAL INSTRUCTIONS:	Stop transfusion, physician must order investigation. Notify Blood Center immediately. Post-transfusion blood and urine samples, the transfusion administrative set and unused unit of blood must be sent to the Blood Center. Lower half of transfusion tag (#5715) must be filled out by physician and returned promptly to the Blood Center (blue copy). Label post-transfusion specimens with patient`s name, hospital number, date, and time.
CONTAINER TYPE:	Pink top tube, Sterile 80 mL specimen container
COLLECTION:	**Special Labeling Requirements**: The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for non-LLT draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. NOTE: LLT phlebotomists should write 'LLT' for the second set of initials.
SPECIMEN REQUIREMENTS:	Blood, urine, residual blood bag, all attached I.V. tubing and solutions, sample of first post-transfusion urine voided by patient and second urine 5-7 hours post-transfusion
MINIMUM VOLUME:	7 mL blood
TEST SYNONYM(S):	Hemolytic Transfusion Reaction Work-up


HARD
TIME
AM PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Transglutaminase IGA Autoantibody
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TRNSG
CPT CODE:	83516-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 1029
POE DESCRIPTION:	TRANSGLUTAMINASE IGA AB or TISSUE TRANSGLUTAMINASE AB, IGA
LAST UPDATED:	06/14/2019





Rush Medical Labs

TEST NAME:	Transplant Crossmatches
TESTING LAB:	12;#Molecular Diagnostics/Histocompatibility and Immunogenetics
LAB / EPIC MNEMONIC:	T CELL AHG; T CELL AMOS; B CELL AHG; B CELL AMOS; FLOW XM
CPT CODE:	86805
DAYS PERFORMED:	Mon - Fri, 0800 -1700; specimens not accepted after 1200 on Fri
TURNAROUND TIME:	8 hours verbal; 5-7 days written
SPECIAL INSTRUCTIONS:	Direct communication with HLA laboratory necessary to arrange testing.
CONTAINER TYPE:	Four Yellow ACD-A 10 mL tube, red top tube - recipient Four Yellow ACD-A 10 mL tube - donor
COLLECTION:	**Special Labeling Requirements**: Patient name, the initials of the phlebotomist and the date/time of collection MUST be noted clearly on the specimen label,
SPECIMEN REQUIREMENTS:	Blood, lymph node, spleen from donor; blood from recipient for kidney, liver or heart transplantation, potential platelet and white cell recipient
MINIMUM VOLUME:	20 ml, patients with extremely low white counts may require additional specimen.
HANDLING INSTRUCTIONS:	Deliver to lab ASAP or store at room temperature.
REFERENCE RANGE:	Crossmatch results are reported as positive or negative.
TEST SYNONYM(S):	Histocompatibility Testing; Lymphocyte Crossmatch; Organ Donor Tissue Typing; Tissue Typing, Donor; White Cell Crossmatch; Cadaver Crossmatch; Crossmatch
LAST UPDATED:	06/22/2026


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ACD
Solution A
364606-0321045-EXP-2001-11



Rush

Rush Medical Labs

TEST NAME:	TRH-TSH Stimulation Test
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TSH
CPT CODE:	84443
DAYS PERFORMED:	Specimens accepted daily
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	Note baseline or poststimulation and time of drawing on requisition.
CONTAINER TYPE:	Red top tube - 10 mL
SPECIMEN REQUIREMENTS:	Blood (serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Adults: baseline; 0.350-4.940 IU/mL; 30 minutes postinjection interpreted by physician
TEST SYNONYM(S):	Thyroid Releasing Hormone - Thyroid Stimulating Hormone Stimulation Test; TSH Stimulation Test



Rush Medical Labs

TEST NAME:	Trichomonas Antigen
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	TRIAG
CPT CODE:	87450
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1 hour after receipt of the specimen in the laboratory.
CONTAINER TYPE:	A sterile rayon swab placed in a dry container or a BBL Culture Swab.
SPECIMEN REQUIREMENTS:	Vaginal, cervical
REJECTION CRITERIA:	Inappropriate specimen container, specimen received in a preservative, insufficient specimen volume, urethral swabs
MINIMUM VOLUME:	One swab
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, specimen may be held at room temp for no longer than 24 hours or it may be stored at 4°C or -20°C for up to 36 hours.
REFERENCE RANGE:	No *Trichonomonas vaginalis Ag* observed.
LIMITATIONS OF TEST:	The specimen will be examined for *Trichomonas vaginalis* ONLY. One negative result does not rule out the possibility of *Trichomonas vaginalis* infection. The direct examination is negative in up to 30% of women with trichomoniasis. Samples contaminated with preparations containing iodine or by the immediate prior use of vaginal lubricants are not recommended.
METHODOLOGY:	Trichomonas vaginalis antigen detection.
ADDITIONAL INFORMATION:	The absence of the classical yellow, frothy vaginal discharge does NOT exclude the presence of *Trichomonas*.
TEST SYNONYM(S):	Trichomonas vaginalis Wet Preparation; Trich Prep
LAST UPDATED:	06/14/2019

Rush Medical Labs

TEST NAME:	Trichomonas Vaginalis, Culture
TESTING LAB:	10;#Molecular Diagnostics/Cellular referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	RFTCX
CPT CODE:	87081
TEST INFORMATION:	Trichomonas vaginalis is not part of the normal flora of the genital tract and is considered a pathogen when detected. Its identification is important for the control and treatment of trichomoniasis.
DAYS PERFORMED:	Mon - Sat.
TURNAROUND TIME:	3 - 5 days
CONTAINER TYPE:	urine collection cup
SPECIMEN REQUIREMENTS:	15 mL of urine
REJECTION CRITERIA:	Specimens received from females, leaking specimens, refrigerated specimens, specimens received greater than 48 hours from collection.
MINIMUM VOLUME:	15 mL
HANDLING INSTRUCTIONS:	Transport immediately to the laboratory at room temperature.
REFERENCE RANGE:	Not Isolated
METHODOLOGY:	Culture, using Trichomonas Inpouch method and Microscopic Exam
REFERRAL LABORATORY:	Quest Diagnostics
ADDITIONAL INFORMATION:	Refer to Trichomonas Antigen test for female specimen protocol.
TEST SYNONYM(S):	Trichomonas
LAST UPDATED:	06/14/2019

Rush

Rush Medical Labs

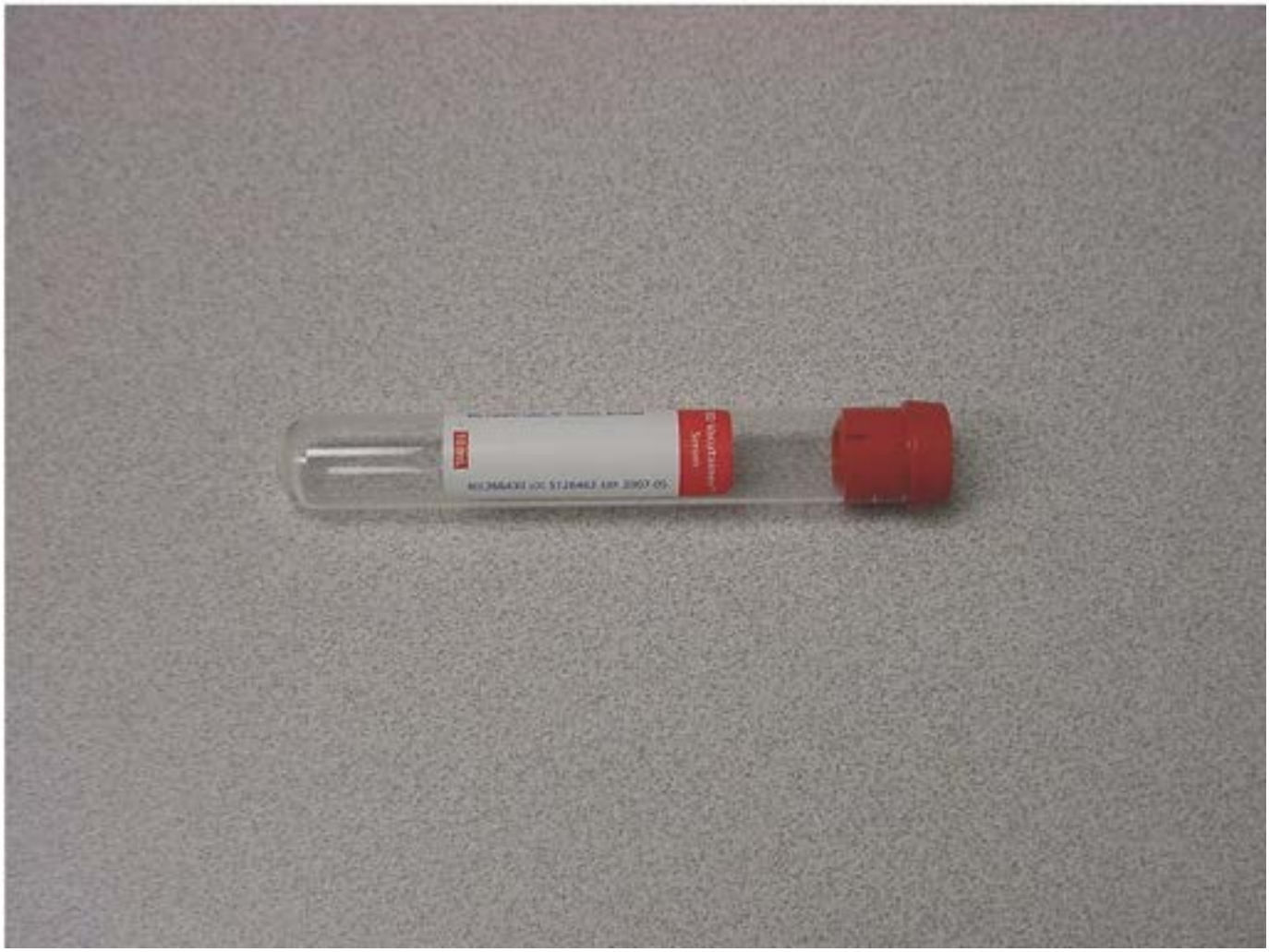
TEST NAME:	Triglycerides, blood
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TRIG
CPT CODE:	84478
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Patient should fast for 12-14 hours before specimen collection.
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	Adults: 30-149
POE DESCRIPTION:	TRIGLYCERIDES
TEST SYNONYM(S):	TGs; Trig
LAST UPDATED:	06/22/2026

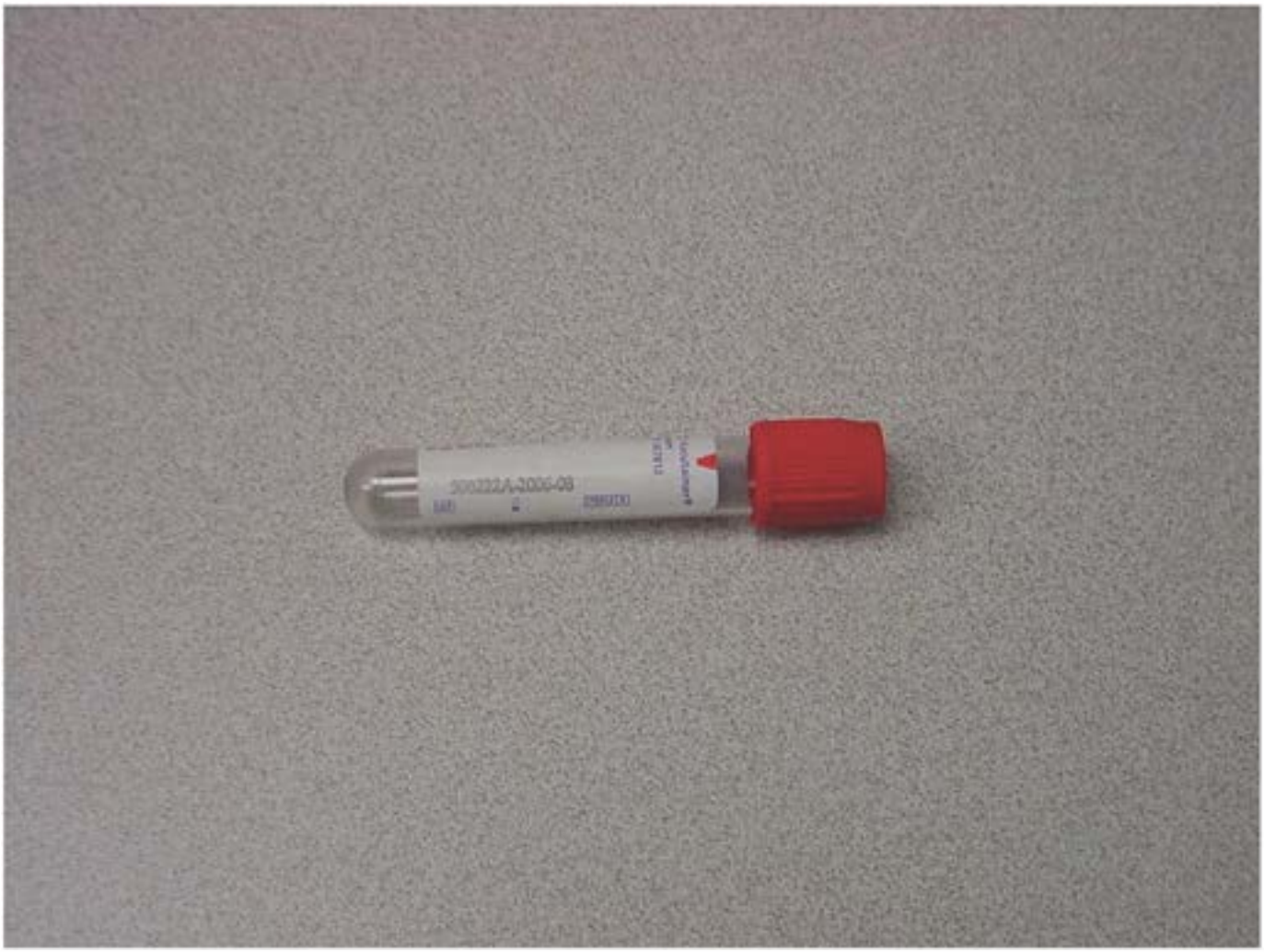

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PST™ Gel and
Lithium Heparin
Units
REF 367962
4.5
mL

Rush

Rush Medical Labs

TEST NAME:	Triglycerides, fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	F/TRIG
CPT CODE:	84478
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID TRIGLYCERIDES
TEST SYNONYM(S):	Fluid Triglycerides






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

TEST NAME:	Trypanasoma cruzi AB, TOTAL
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TRYP CRUZI
CPT CODE:	86753
TEST INFORMATION:	Antibodies are found in most patients with acute or chronic American Trypanosomiasis
DAYS PERFORMED:	Monday, Thursday
TURNAROUND TIME:	1 - 5 Days
CONTAINER TYPE:	RED TOP TUBE, NO GEL
SPECIMEN REQUIREMENTS:	0.5 mL serum
REJECTION CRITERIA:	Quantity insufficent; collection in the wrong vacutainer tube
MINIMUM VOLUME:	0.2 mL serum
HANDLING INSTRUCTIONS:	Room temperature: 7 Days, Refrigerated 14 Days: Frozen 30 Days
REFERENCE RANGE:	Nonreactive, See Quest test code 90827
METHODOLOGY:	EIA
REFERRAL LABORATORY:	Quest
TEST SYNONYM(S):	Trypanasoma serology
LAST UPDATED:	06/22/2026

Rush

Rush Medical Labs

TEST NAME:	Trypsin
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TRYPS
CPT CODE:	83519-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code S51306
POE DESCRIPTION:	TRYPSIN Trypsinogen;
TEST SYNONYM(S):	IRT; Immunoreactive trypsin
LAST UPDATED:	06/14/2019





Rush

Rush Medical Labs

TEST NAME:	Tryptase
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TRYPT
CPT CODE:	83520-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	Sanples should be obtained between 15 minutes and 3 hours after the event suspected of causing mast cell activation.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 3460
POE DESCRIPTION:	TRYPTASE
LAST UPDATED:	06/14/2019





Rush

Rush Medical Labs

TEST NAME:	Tubular Reabsorption of Phosphate
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	TRP
CPT CODE:	82565; 82570; 84100; 84105
TEST INFORMATION:	Test includes serum phosphorus, serum creatinine, urine phosphorus, urine creatinine.
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	For timed urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	SST tube for blood, 24-hour urine collection container, no preservative (Chemistry bottle #1)
SPECIMEN REQUIREMENTS:	Blood (serum) and timed urine collection (24-hour collection preferred)
MINIMUM VOLUME:	4 mL blood (2 mL serum); submit entire urine collection to the laboratory
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	85% to 95%
POE DESCRIPTION:	UR/TUBULAR REABSORBED PO4
TEST SYNONYM(S):	Phosphorus, Tubular Reabsorption; TRP




RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
SITE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase, Calcul
Cystine, Delta ALA, Glucose
Immunoelectrophoresis, Lysozy
Acid, Microalbumin, Mucopro
Porphobilinogen, Porphyrins,
Electrophoresis, Sodium, Urea

Rush

Rush Medical Labs

TEST NAME:	Tuna (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TUNA
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F40
POE DESCRIPTION:	Tuna allergen







Rush Medical Labs

TEST NAME:	Type and Screen
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	AT/S
CPT CODE:	86900; 86901; 86850
TEST INFORMATION:	Test includes ABO Typing, Rh typing, Antibody Screen.
DAYS PERFORMED:	Daily, 24 hours.
TURNAROUND TIME:	1 hour
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements:** The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for nurse draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. Samples collected by a phlebotomist using the Soft ID Patient Identification system does not require a second initial. Samples collected by anyone using a manual requisition will require two initials as described above.
SPECIMEN REQUIREMENTS:	Red blood cells and plasma
MINIMUM VOLUME:	7.0 mL whole blood
POE DESCRIPTION:	TYPE AND SCREEN
TEST SYNONYM(S):	Blood type and screen
LAST UPDATED:	08/19/2021


WARD
TIME
AM PM
SIGNED
DOB
DATE
Becton Dickinson, Franklin Lakes, NJ 07417

Rush

Rush Medical Labs

TEST NAME:	Tysabri Antibodies
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	TYSAB
CPT CODE:	83516-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	4 mL blood (2.0 mL serum)
MINIMUM VOLUME:	4 mL blood (2.0 mL serum)
REFERENCE RANGE:	Test Code 19215
LAST UPDATED:	06/14/2019





Rush

Rush Medical Labs

TEST NAME:	Uniparental Detection of Prader-Willi/Angelman Syndrome DNA Analysis
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	PWSAS
CPT CODE:	83894; 83896; 83912; 83891; 83892 (x2); 83897
TEST INFORMATION:	See OMIM information - PWS See OMIM information - AS
DAYS PERFORMED:	Mon-Fri, 0800-1500
TURNAROUND TIME:	3 weeks
SPECIAL INSTRUCTIONS:	Completed patient history form MUST be submitted with specimen. Before specimen collection, contact the Genetics Laboratory (312-942-6298) for required form and additional information.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	Blood or other tissue
MINIMUM VOLUME:	3 mL
HANDLING INSTRUCTIONS:	Leave specimen at room temperature and deliver to the laboratory as soon as possible.
POE DESCRIPTION:	PRADER WILLI/ANGLEMAN DIR DNA; PWS-AS
LAST UPDATED:	08/03/2018


BD Vacutainer



Rush Medical Labs

TEST NAME:	Unstable Hemoglobin Tests
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	HEAT STAB; ISOPRO PPT
CPT CODE:	85999
DAYS PERFORMED:	As scheduled with the laboratory
TURNAROUND TIME:	24 hours
SPECIAL INSTRUCTIONS:	Procedure must be scheduled in advance with the laboratory at 942-5002. Deliver immediately after collection. Specimen must be in laboratory before 1100 if test is to be done same day.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	Blood
REJECTION CRITERIA:	Not scheduled with the laboratory ahead of time, non-fresh sample
MINIMUM VOLUME:	1.5 mL whole blood. A minimum of one-half the capacity of the EDTA tube used for collection.
HANDLING INSTRUCTIONS:	Specimen must be fresh. Specimen must be delivered to the laboratory immediately after collection.
REFERENCE RANGE:	No precipitation
POE DESCRIPTION:	HEMOGLOBIN HEAT DENATURATION; HEMOGLOBIN ISOPROPANOL PRECIPITATION


BD Vacutainer



Rush Medical Labs

TEST NAME:	Urea Nitrogen Clearance
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/UREA CLR
CPT CODE:	84545
TEST INFORMATION:	Test includes blood urea nitrogen, urine urea nitrogen, urine urea clearance.
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	Blood urea should be ordered and sent to the laboratory during urine collection. This test is part of the Basic Metabolic Panel and the Comprehensive Metabolic Panel. For timed urine collection, instru t the patient to void at the beginning of the collection period and discard the specimen. Give patient two glasses of water. Give patient two more glasses of water one hour after test is started. After approximately 12 hours (midway in the collection), the blood specimen should be drawn. Collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and the date and time collection finished.
CONTAINER TYPE:	SST tube; plastic 24-hour urine container, no preservative (Chemistry bottle #1)
SPECIMEN REQUIREMENTS:	Blood (serum), 12- or 24-hour urine colleciton
MINIMUM VOLUME:	4 mL blood (2 mL serum); submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate urine during collection.
REFERENCE RANGE:	Maximum clearance: 62-95 mL/minute; standard clearance: 42-65 mL/minute (80% to 135% of normal)
POE DESCRIPTION:	URT UREA CLEARANCE; U/UREA CLR
TEST SYNONYM(S):	Urea Clearance; UUN Clearance

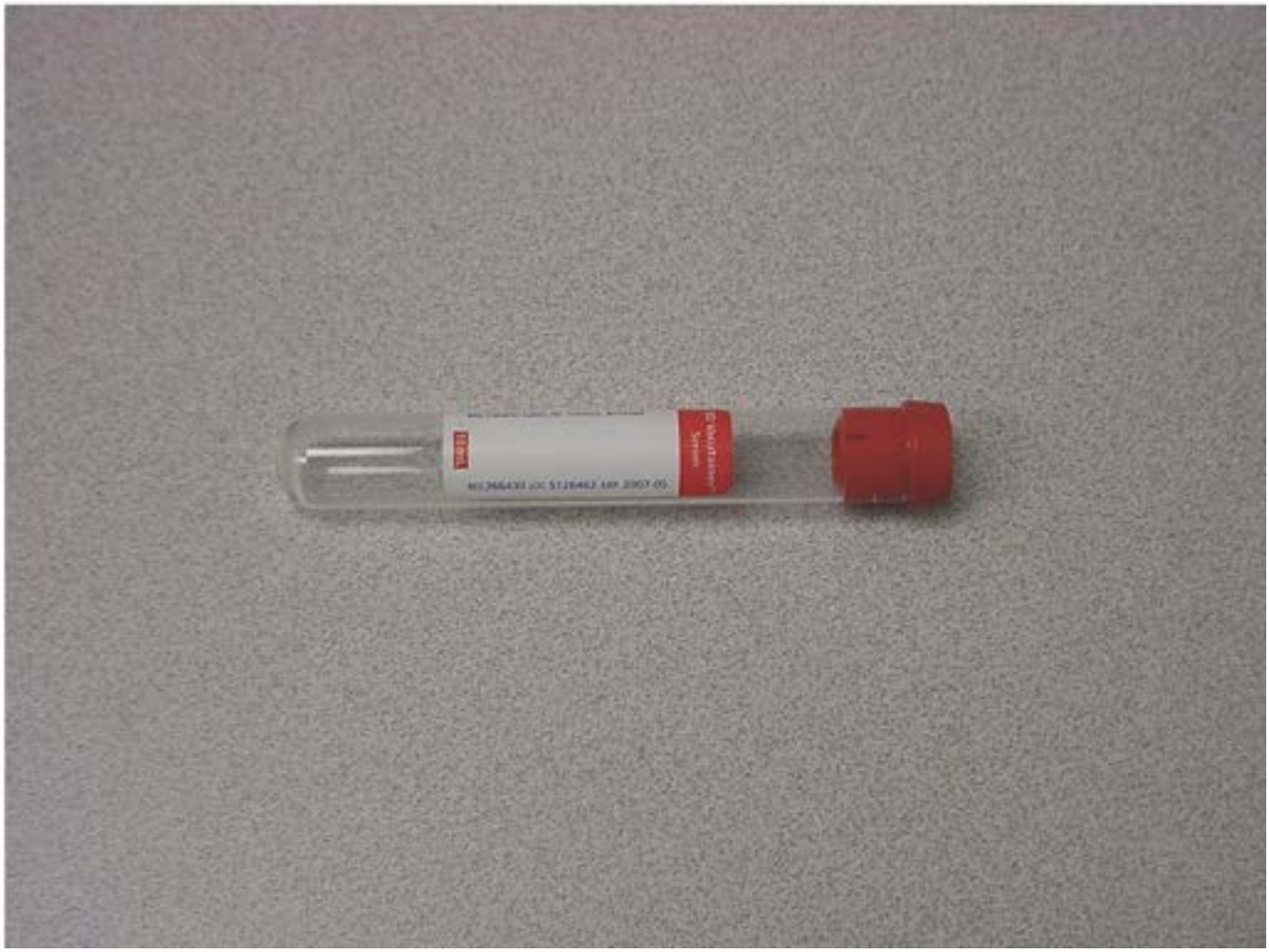


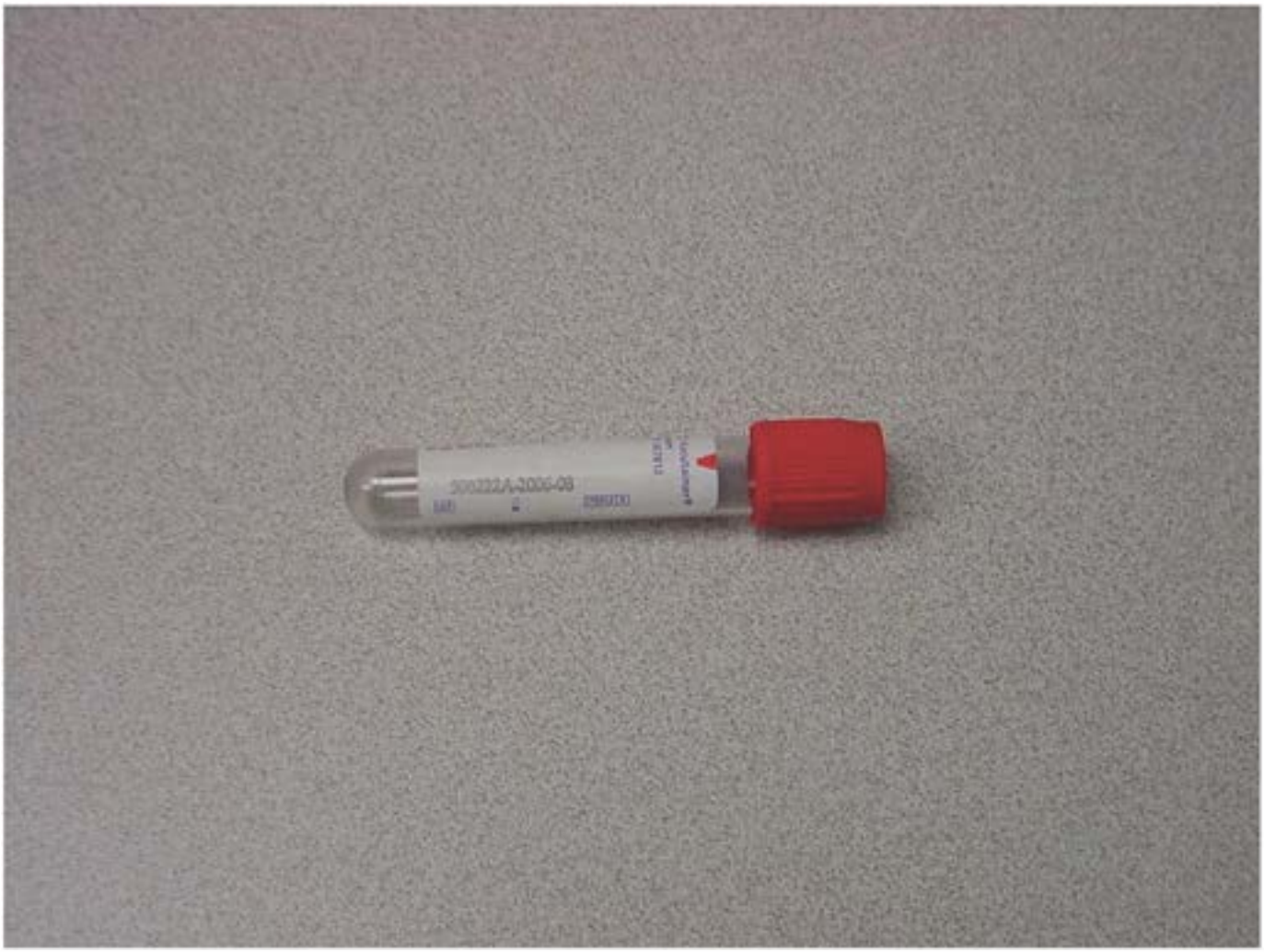

RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTED REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:



Rush Medical Labs

TEST NAME:	Urea Nitrogen, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FUN
CPT CODE:	84540
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID UREA NITROGEN
TEST SYNONYM(S):	Fluid Urea Nitrogen
LAST UPDATED:	06/14/2019






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Urea Nitrogen, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	BUN
CPT CODE:	84520
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	0-1 months: 4-12 mg/dL; 1 month to 15 years: 5-18 mg/dL; older than 15 years: 8-21 mg/dL
POE DESCRIPTION:	UREA NITROGEN BLOOD; BUN
TEST SYNONYM(S):	Blood Urea Nitrogen; BUN; Urea Nitrogen, Blood
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Urea Nitrogen, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UUNR (random urine); UUN (24-hour urine)
CPT CODE:	Random = 84540; Timed = 84540, 81050
TEST INFORMATION:	Results are reported as grams of urea nitrogen in total volume of urine submitted. Normal range is based on a 24-hour collection. To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	8 hours
SPECIAL INSTRUCTIONS:	For times urine collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	Random Sterile 80 mL specimen container, Timed 24-hour urine bottle - Chemistry bottle #1 (no preservative)
SPECIMEN REQUIREMENTS:	Random or 24-hour urine
MINIMUM VOLUME:	Random urine: 1 mL; Timed urine: Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Random: None established; Timed: 7-20 g/24 hours
POE DESCRIPTION:	Urine Urea Nitrogen Random; Urine Urea Nitrogen Timed
TEST SYNONYM(S):	Urine Urea Nitrogen; UUN
LAST UPDATED:	06/14/2019


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM
BOTTLE #
OF
(RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME:
(From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:

Rush Medical Labs

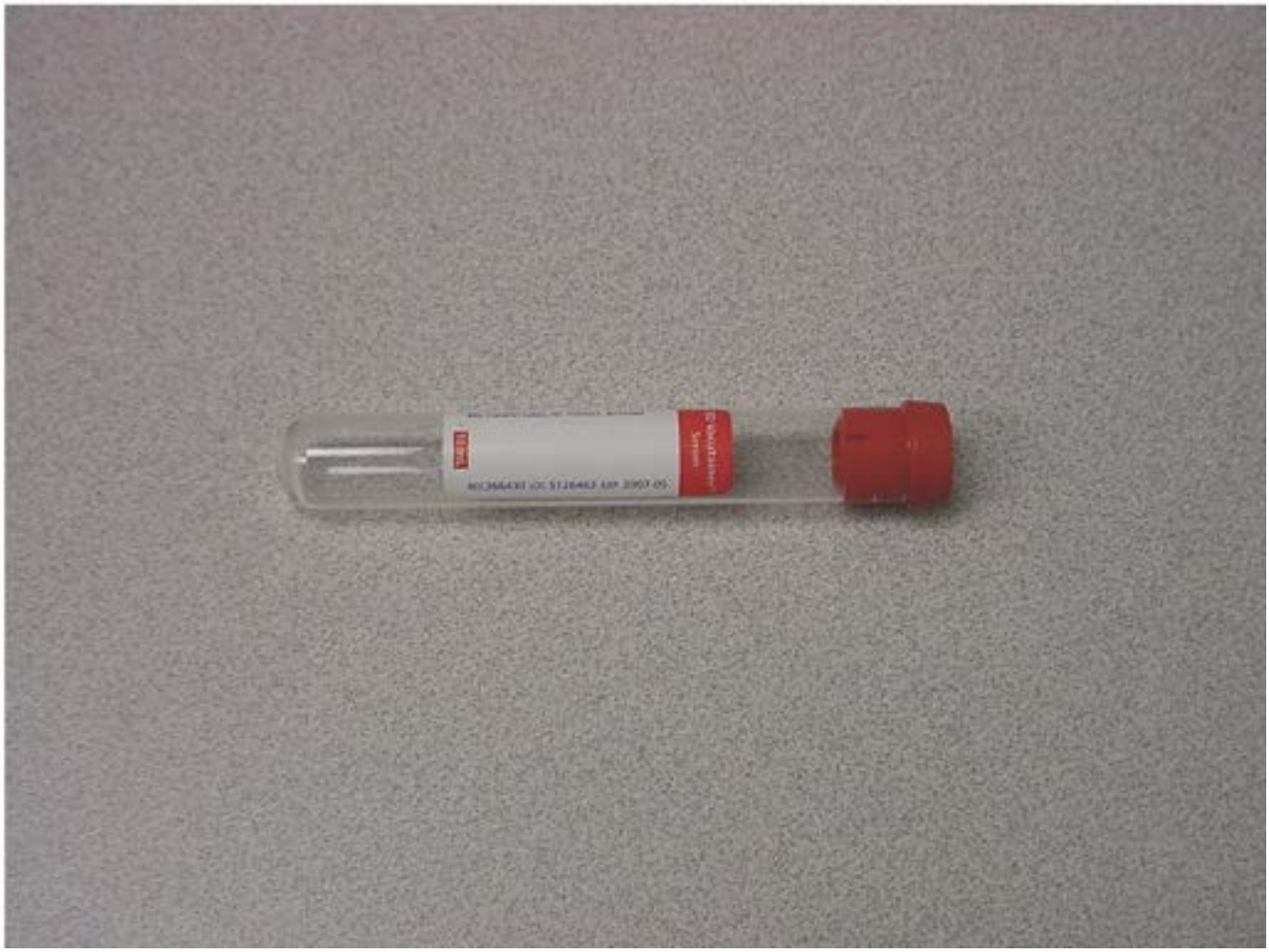
TEST NAME:	Uric Acid, Plasma
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	URIC
CPT CODE:	84550
DAYS PERFORMED:	Specimen accepted daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
CONTAINER TYPE:	PST tube
SPECIMEN REQUIREMENTS:	Blood (plasma)
MINIMUM VOLUME:	0.4 mL blood (0.2 mL plasma)
REFERENCE RANGE:	0-15 years; 2.0-5.5 mg/dL; 15 years to adult: male: 3.5-7.7 mg/dL, female: 2.6-6.8 mg/dL
POE DESCRIPTION:	URIC ACID
LAST UPDATED:	06/22/2026

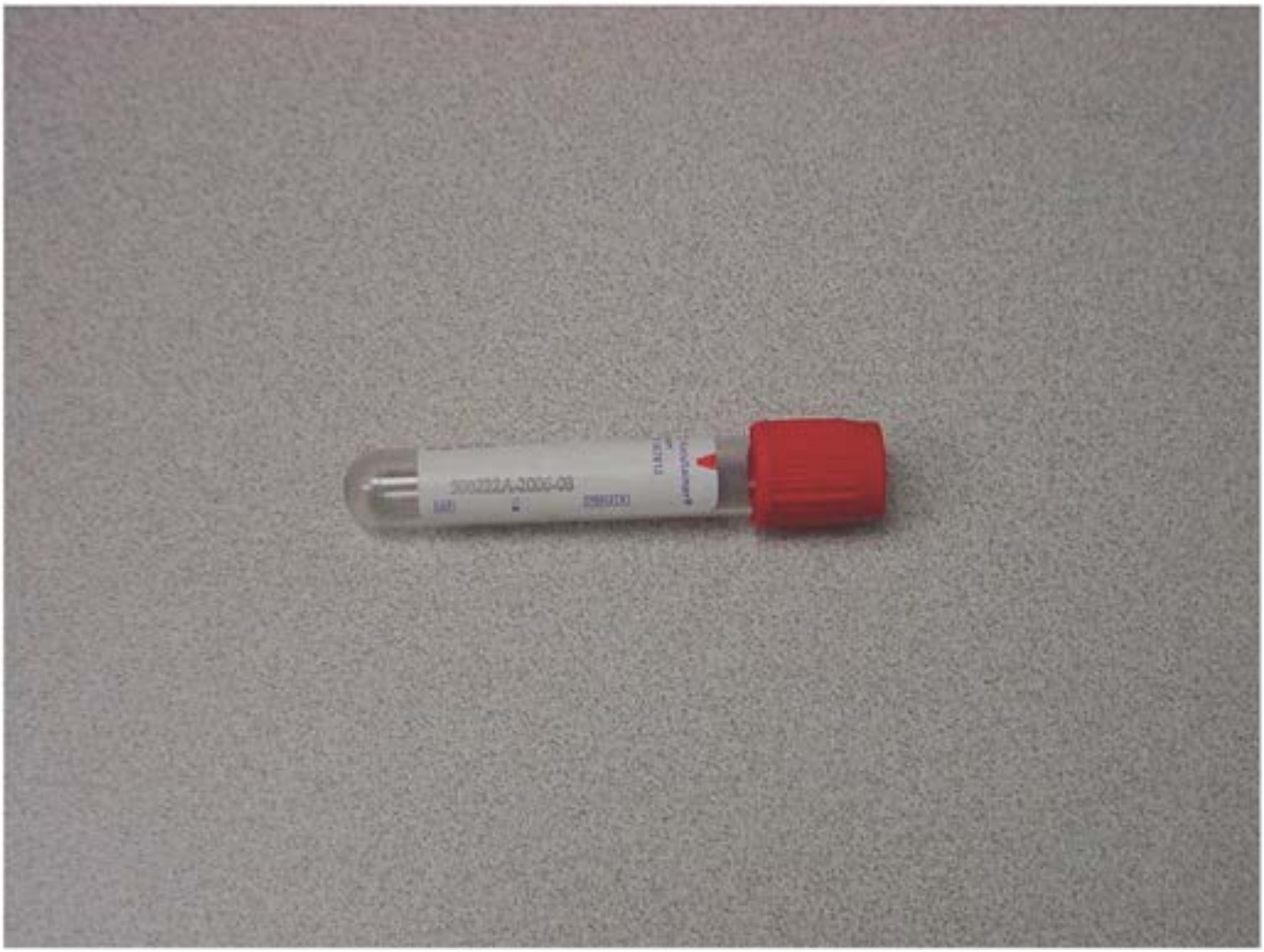

BD Vacutainer
SST™ Gel and
Lithium Heparin
Units
REF 367962



Rush Medical Labs

TEST NAME:	Uric Acid, Quantitative, Fluid
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	FURIC
CPT CODE:	84560
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	1 hour
SPECIAL INSTRUCTIONS:	Must specify fluid type on the requisition.
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Body fluid
MINIMUM VOLUME:	0.2 mL
REFERENCE RANGE:	None established
POE DESCRIPTION:	FLUID URIC ACID
TEST SYNONYM(S):	Fluid Uric Acid
LAST UPDATED:	06/11/2019






STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Uric Acid, Quantitative, Urine
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UUAR (random urine); UUA (24-hour urine)
CPT CODE:	84560
TEST INFORMATION:	To assess the completeness of a timed urine collection a timed urine creatinine will be performed.
DAYS PERFORMED:	Specimen accepted daily
TURNAROUND TIME:	Timed urine: 24-48 hours
SPECIAL INSTRUCTIONS:	For timed collection, instruct the patient to void at the beginning of the collection period and discard the specimen. Then collect all urine including the final specimen voided at the end of the collection period. Containers must be labeled with patient`s full name, room number, date and time collection started, and date and time collection finished.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (no preservative) or sterile cup for random collection
SPECIMEN REQUIREMENTS:	24-hour or random urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Timed: 0-100 mg/24 hours on average diet; random: none established, must be established with clinical finding
POE DESCRIPTION:	URR URIC; RU/URIC URT URIC; U/URIC
TEST SYNONYM(S):	Urine Uric Acid
LAST UPDATED:	06/19/2019


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase, Calcu
Cystine, Delta ALA, Glucose,
Immunoelectrophoresis, Lactos
Acid, Microalbumin, Mucopro
Porphobilinogen, Porphyrins,
Electrophoresis, Sodium, Urea


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Urinalysis, Standard Test
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	UA
CPT CODE:	81003
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine: 8 hours; stat: 1 hour
SPECIAL INSTRUCTIONS:	Collect separate sample for culture. This test cannot be added onto an existing sample.
CONTAINER TYPE:	BD Vacutainer Urinalysis Tubes with No Additive or Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Urine
REJECTION CRITERIA:	Specimens containing preservatives, frozen samples, unrefrigerated specimens greater than 4 hours old.
MINIMUM VOLUME:	5 mL
HANDLING INSTRUCTIONS:	Transport specimen to the laboratory within 2 hours of collection. Analysis should be made within 4 hours of collection. Refrigerate specimen if delivery cannot be made within 2 hours. Refrigeration may cause a change in pH and the formation of crystals in specimens.

REFERENCE RANGE:

Parameter	Reference Value
Specific Gravity	1.002-1.030
pH	5.0 - 8.0
Protein	< 20 mg/dL
Glucose	< 30 mg/dL
Ketones	Negative
Bilirubin	Negative
Blood	Negative
Nitrite	Negative
Urobilinogen	< 2 mg/dL
Leukocyte Esterase	Negative
RBC	0 – 4/ hpf
WBC	0 – 4 / hpf
Bacteria	Negative on spun specimens
Squamous Epithelial	0 – 5 / lpf
Hyaline Casts	0 – 5 / lpf

METHODOLOGY:	Beckman Coulter iQ2000 Workcell. The AUTION AX-4030 Urine Analyzer utilizes reflectance spectroscopy, in combination with AUTION Sticks reagent chemistry, to provide qualitative or semiqualitative results. The AUTION MAX AX-4030 Urine Analyzer also utilizes reflection refractometry to determine the specific gravity of urine samples.
ADDITIONAL INFORMATION:	Stability Chart
POE DESCRIPTION:	URINALYSIS; UA
TEST SYNONYM(S):	Routine Urine; Screening Urinalysis; UA; Urinalysis, Admission; Urinalysis, Routine; Routine Urinalysis; Routine UA
LAST UPDATED:	05/11/2020



10.0 mL,
No Additive

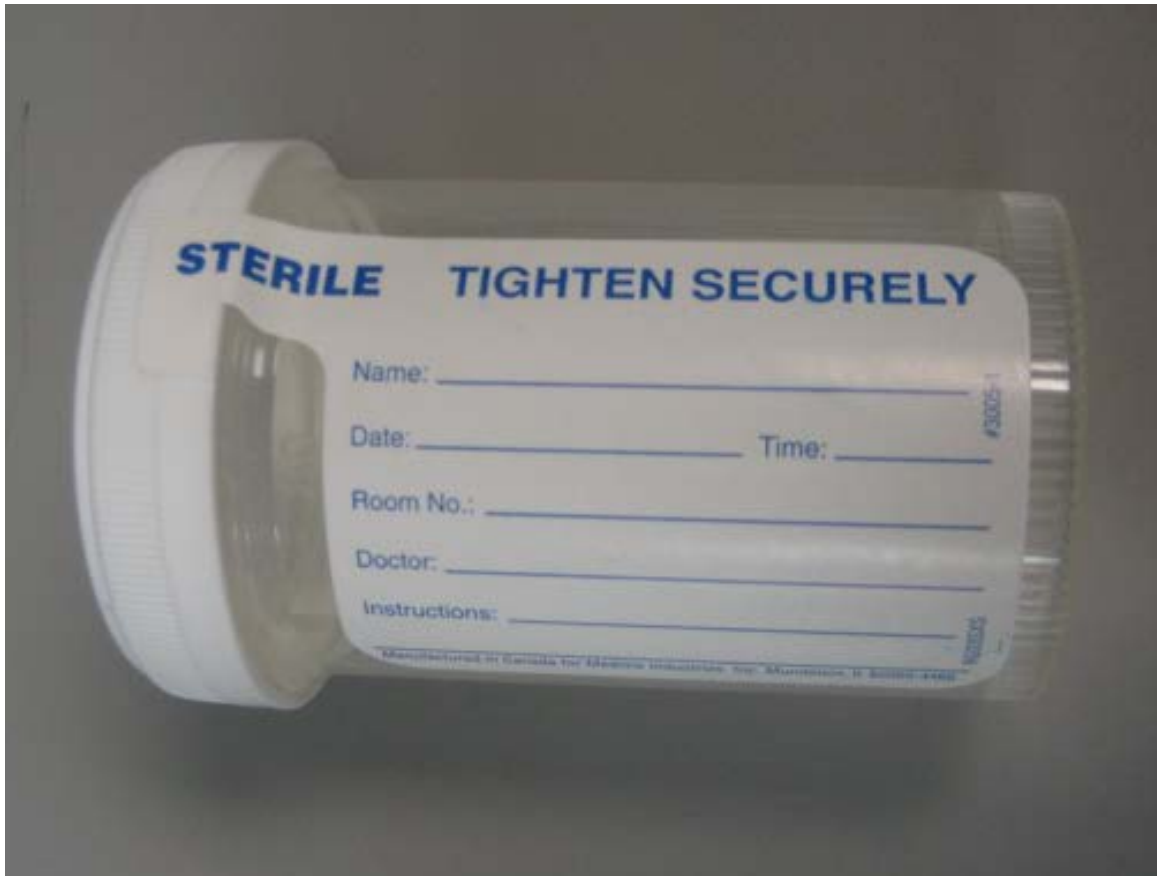
8.0 mL,
No Additive


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

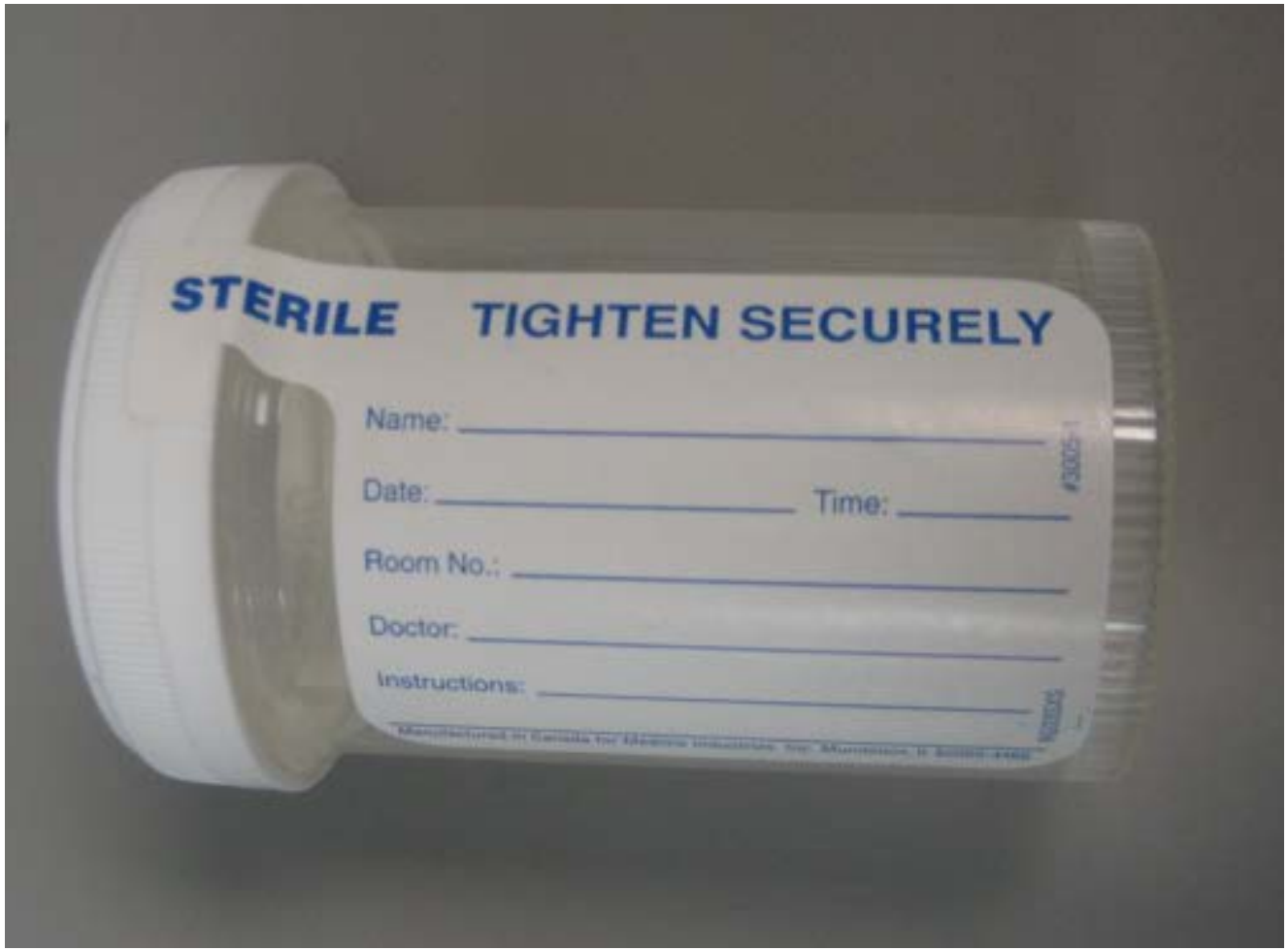
TEST NAME:	Urine Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM
CPT CODE:	87102; 87206
TEST INFORMATION:	The test includes centrifugation of the specimen with inoculation of the sediment to appropriate fungal media and performance of a fungal smear.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when a fungal isolate is detected. Culture reports will be finalized after 4 weeks.
CONTAINER TYPE:	Sealed Sterile 80 mL specimen container, no preservative
SPECIMEN REQUIREMENTS:	Voided urine, midstream urine, clean catch urine, suprapubic puncture urine, catheterized urine, cystoscopic urine, bladder urine
REJECTION CRITERIA:	Inappropriate specimen container, specimen received in a preservative, insufficient specimen volume, urine specimen submitted in a boric acid transport tube. Only one specimen will be accepted per day unless a routine collected specimen and an invasive type specimen (i.e. suprapubic, cystoscopic, etc.) are submitted.
MINIMUM VOLUME:	2 mL
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No fungi observed/isolated
METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.
POE DESCRIPTION:	CU FUNGUS W SMEAR (NON-SKIN); C FUNGUSSM (NON-SKIN)

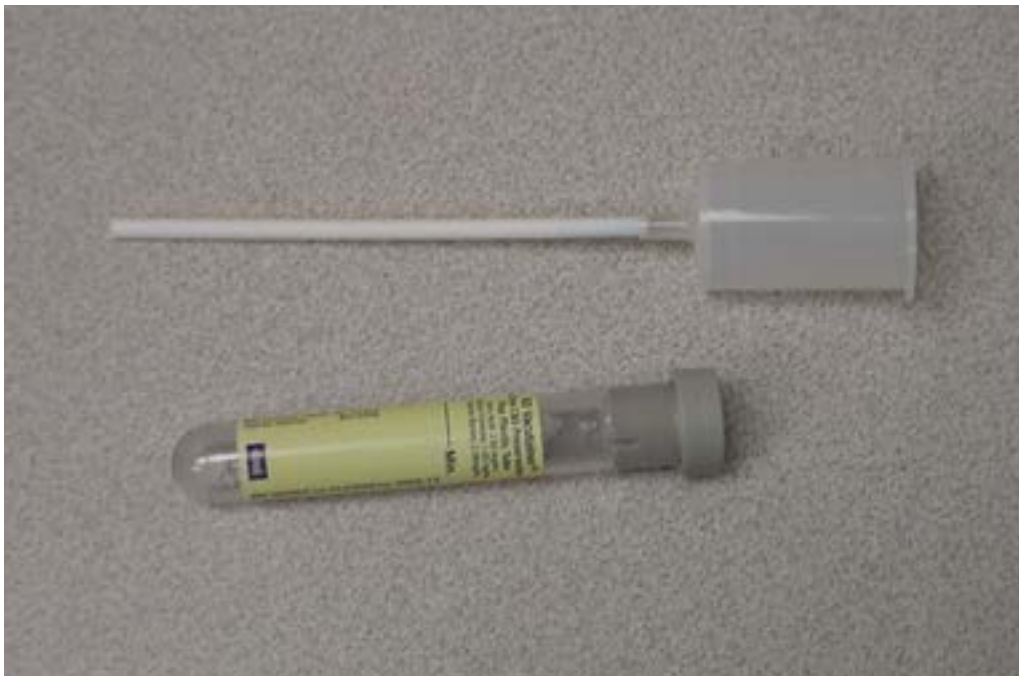

STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Urine Culture, Routine, Clean Catch
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C URINE; C URINEGS
CPT CODE:	87086
TEST INFORMATION:	A direct Gram stain is performed ONLY if specifically requested.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Gram stain: 2 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 24 hours. Cultures with no growth will be issued after 24 hours. Completion of culture reports may take 48-72 hours after receipt of the specimen when more than one isolate is found.
CONTAINER TYPE:	Sealed Sterile 80 mL specimen container or boric acid transport tube.
COLLECTION:	Early morning specimens yield highest bacterial counts from overnight incubation in the bladder, and thus, may be the best specimen. The patient must be instructed to thoroughly cleanse the skin and collect the midstream urine specimen. Catheterized specimens are to be collected per the Nursing Procedure Manual. Do NOT collect urine from the drainage bag when an indwelling catheter is in place, since growth of bacteria can occur in the bag itself. Rather, clean the catheter with an alcohol sponge, puncture with a sterile needle, and collect in a sterile container. Transfer a portion of the specimen to a boric acid transport tube. Mix the sample well.
SPECIMEN REQUIREMENTS:	Urine
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, Foley catheter, delay of more than 2 hours when submitting a nonrefrigerated specimen in a sterile container, expired boric acid tube.
MINIMUM VOLUME:	2.5 mL (4.5 mL for boric acid urine transport tube)
HANDLING INSTRUCTIONS:	Specimens not collected in the boric acid transport tube MUST be transported as soon as possible. When transportation is delayed, refrigerate. The boric acid transport tube may be stored at room temperature for up to 24 hours before specimen delivery.
REFERENCE RANGE:	See Additional Information.
LIMITATIONS OF TEST:	Bacteria present in numbers <1000 organisms/mL are NOT detected by this method.
METHODOLOGY:	Smear: Gram stain. Culture: conventional culture on routine media.
ADDITIONAL INFORMATION:	The following guidelines will be used for the isolation and identification of microorganisms from voided and catheterized urine specimens. If one or two microorganisms are isolated in numbers >10,000 (i.e. 104) organisms/mL, the microorganisms are identified and susceptibility testing performed, if appropriate. If three or more organisms are isolated and one organism is clearly predominant and present in numbers >100,000 (i.e. 105) organisms/mL, the predominant organism will be identified and susceptibility testing performed, if appropriate. If three or more organisms are present and no organism is clearly predominant, the comment "Three or more organisms present, suggestive of contamination. Consider repeating specimen collection." will be added to the report. Organism identification will NOT be performed unless the laboratory is notified that further processing is required. Susceptibility testing is NOT

	routinely performed for coagulase-negative *Staphylococcus* species or Group B Streptococcus.
POE DESCRIPTION:	CU URINE (NON-INVASIVE); URINE C&S (NON-INVASIVE); C URINE (NON-INVASIVE)
TEST SYNONYM(S):	Midstream Urine Culture, Routine; Urine Culture, Routine
LAST UPDATED:	06/22/2026


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:



Rush Medical Labs

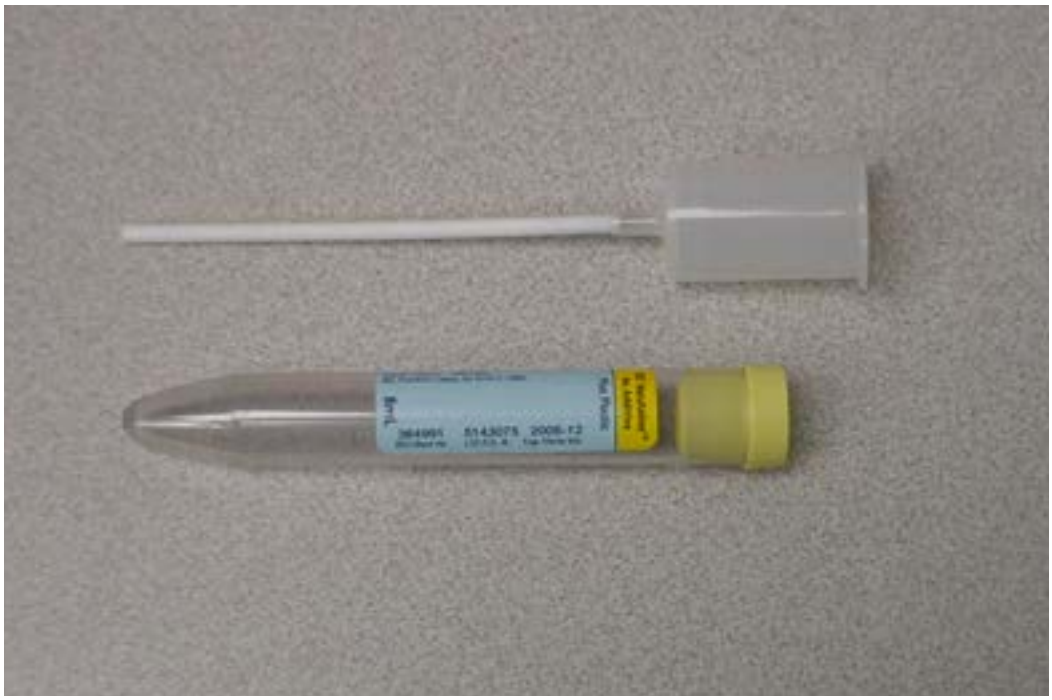
TEST NAME:	Urine Eosinophils
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	U/EOS
CPT CODE:	87205
DAYS PERFORMED:	Daily
TURNAROUND TIME:	1 day
SPECIAL INSTRUCTIONS:	Collect sample separately from urinalysis or urine culture samples.
CONTAINER TYPE:	Sterile 80 mL specimen container
SPECIMEN REQUIREMENTS:	Clean voided midstream urine
MINIMUM VOLUME:	10 mL
HANDLING INSTRUCTIONS:	Deliver immediately to lab. If delivery is delayed, refrigerate sample.
REFERENCE RANGE:	Negative for eosinophils
POE DESCRIPTION:	URR EOSINOPHILS; U/EOS
TEST SYNONYM(S):	Eosinophils, Random Urine
LAST UPDATED:	06/22/2026


STERILE
TIGHTEN SECURELY
Name:
Date:
Time:
Room No.:
Doctor:
Instructions:

Rush

Rush Medical Labs

TEST NAME:	Urine Homocystine/Cystine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UHOMR
CPT CODE:	83090
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	1. Void and discard the first-morning urine specimen following an overnight fast. 2. Continue fasting and collect the next random urine specimen.
CONTAINER TYPE:	Plastic urine collection tube
SPECIMEN REQUIREMENTS:	Random urine, 4 mL
MINIMUM VOLUME:	250 mL
REFERENCE RANGE:	See Mayo Labs - Search Test Code HCYSU
POE DESCRIPTION:	URT HOMOCYSTINE; U/HOMOCYS
TEST SYNONYM(S):	Urine Homocystine
LAST UPDATED:	10/14/2019





Rush Medical Labs

TEST NAME:	Urine Organic Acid
TESTING LAB:	11;#Molecular Diagnostics/Genetics
LAB / EPIC MNEMONIC:	U/ORGANIC
CPT CODE:	83918
DAYS PERFORMED:	Mon-Fri
TURNAROUND TIME:	Variable
CONTAINER TYPE:	Plastic urine collection tube
SPECIMEN REQUIREMENTS:	Random urine
MINIMUM VOLUME:	10 mL
HANDLING INSTRUCTIONS:	Refrigerate or freeze.
REFERENCE RANGE:	Individual standards
POE DESCRIPTION:	UR ORGANIC ACID



Rush

Rush Medical Labs

TEST NAME:	Valproic acid, free
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VALFR
CPT CODE:	80165-90
TEST INFORMATION:	Valproic Acid, free
TURNAROUND TIME:	1 to 5 days
CONTAINER TYPE:	Red top tube - 10 mL, Red top tube - 4 mL, Microtainer (Red), (Red top only)
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
REJECTION CRITERIA:	Serum separator tube (SST)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code 3361 VALPROIC ACID FREE
POE DESCRIPTION:	Free Valproic Acid
TEST SYNONYM(S):	06/11/2019
LAST UPDATED:	



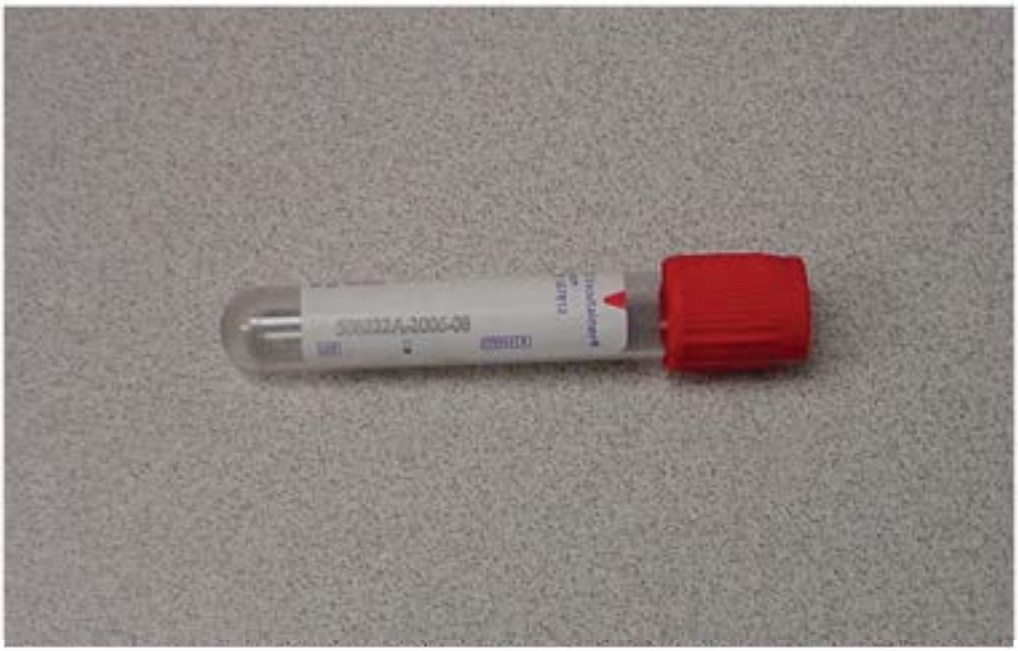



MICROTAINER



Rush Medical Labs

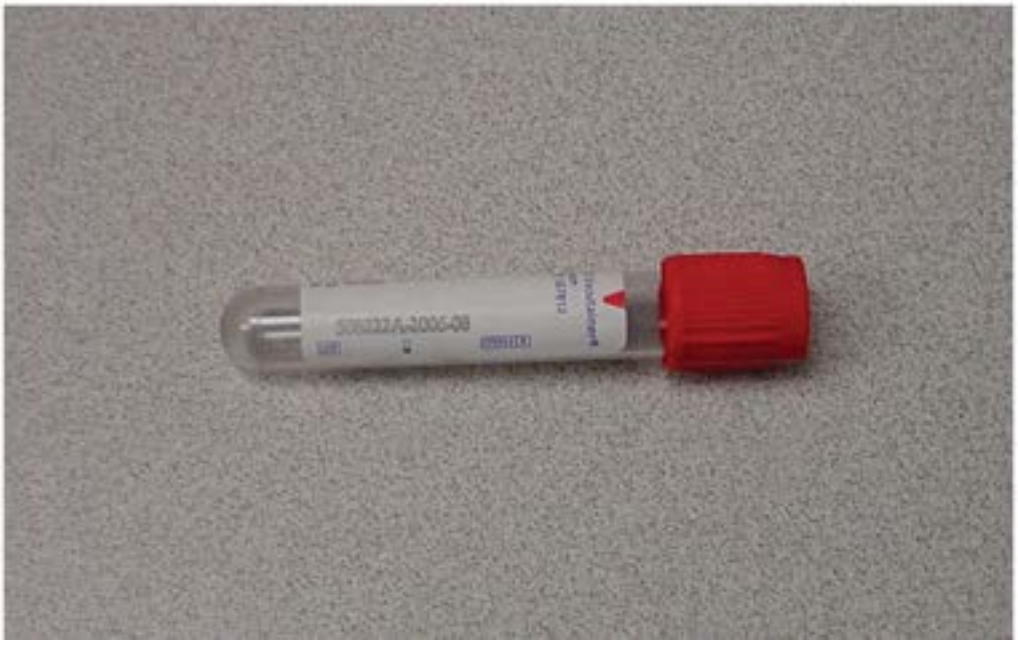
TEST NAME:	Valproic Acid, Serum
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	VALP
CPT CODE:	80164
TEST INFORMATION:	Optimal sampling time is at trough, just before the next dose.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine 4 hours; Stat 1 hour
CONTAINER TYPE:	Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Therapeutic: 50-100 µg/mL
METHODOLOGY:	Microparticle-enhanced Turbidimetric Immunoassay
CRITICAL VALUES:	≥175 µg/mL
POE DESCRIPTION:	VALPROIC ACID, VALPORATE
TEST SYNONYM(S):	Depakene., Depakote.
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

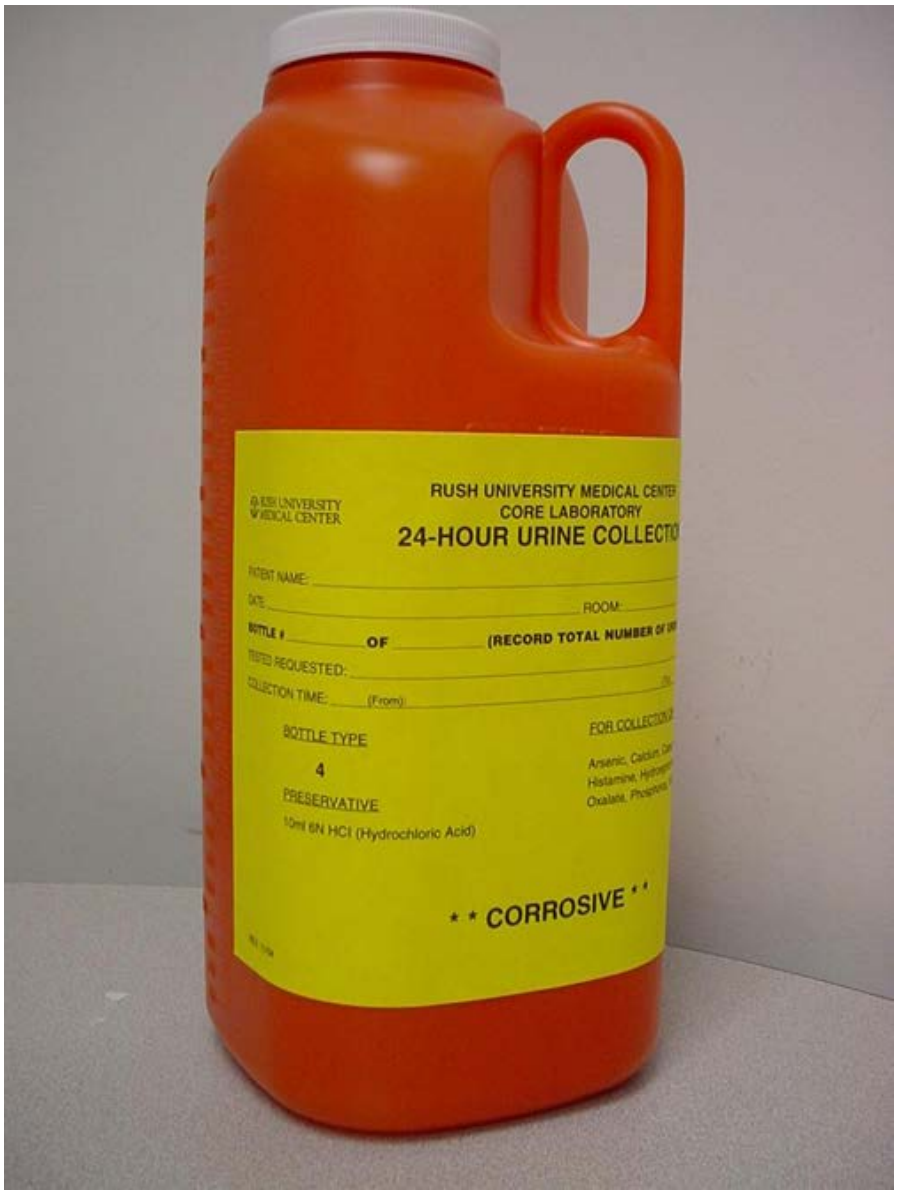
TEST NAME:	Vancomycin
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	VANCT; VANCP; VANCR
CPT CODE:	80202
TEST INFORMATION:	Draw peak: 2 hours after 1-hour infusion; trough: <30 minutes before next dose.
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Routine 4 hours; Stat 1 hour
SPECIAL INSTRUCTIONS:	Requisition must be marked random, pre-, or post dose; indicate date and time specimen drawn.
CONTAINER TYPE:	Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.2 mL serum)
REFERENCE RANGE:	Therapeutic: peak (post): 20-40 µg/mL; trough (pre): 10-20 µg/mL
METHODOLOGY:	Particle-enhanced Turbidimetric Immunoassay (PETIA)
CRITICAL VALUES:	≥50 µg/mL
POE DESCRIPTION:	VANCOMYCIN PRE DOSE; VANCO PRE VANCOMYCIN POST DOSE; VANCO POST VANCOMYCIN RANDOM LEVEL; VANCO RND
TEST SYNONYM(S):	Vancomycin, Pre; Vancocin.; Vancomycin, Post; Vancomycin, Random
LAST UPDATED:	06/19/2019



Rush Medical Labs

TEST NAME:	Vanillylmandelic Acid, Quantitative, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UVMA
CPT CODE:	84585-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	If possible, patients should discontinue all drugs at least one week prior to collection. Medications that can interfere with the assay include: L-DOPA, Phenothiazines, Catecholamine-containing drugs, diuretics and vasodilators. The effect of drugs on Vanillylmandelic Acid result may not be predictable.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 or #4. Keep refrigerated.
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during and after collection.
REFERENCE RANGE:	Test Code 3318U
POE DESCRIPTION:	URT VANILLYMANDEIC ACID; URT VMA; U/VMA
TEST SYNONYM(S):	VMA, 24 hr. Urine; Urine VMA
LAST UPDATED:	06/11/2019


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:


RUSH UNIVERSITY MEDICAL CENTER
RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From)
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION
Arsenic, Calcium,
Histamine, Hydrog
Oxalate, Phosphor
* * CORROSIVE * *

Rush Medical Labs

TEST NAME:	Vanillylmandelic Acid, Quantitative, Urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	UVMA
CPT CODE:	84585-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	If possible, patients should discontinue all drugs at least one week prior to collection. Medications that can interfere with the assay include: L-DOPA, Phenothiazines, Catecholamine-containing drugs, diuretics and vasodilators. The effect of drugs on Vanillylmandelic Acid result may not be predictable.
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 or #4. Keep refrigerated.
SPECIMEN REQUIREMENTS:	24-hour urine
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during and after collection.
REFERENCE RANGE:	Test Code 3318U
POE DESCRIPTION:	URT VANILLYMANDEIC ACID; URT VMA; U/VMA
TEST SYNONYM(S):	VMA, 24 hr. Urine; Urine VMA
LAST UPDATED:	06/11/2019


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTO
PATIENT NAME:
DATE
ROOM
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase, Calcu
Cystine, Delta ALA, Glucose
Immunoelectrophoresis,
Acid, Microalbumin, Mucopro
Porphobilinogen, Porphyrins,
Electrophoresis, Sodium, Urea


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE
ROOM:
BOTTLE #
OF
(RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME:
(From):
BOTTLE TYPE
4
PRESERVATIVE
10ml 6N HCl (Hydrochloric Acid)
FOR COLLECTION
Arsenic, Calcium
Histamine, Hydrog
Oxalate, Phosphor
** CORROSIVE **

Rush Medical Labs

TEST NAME:	Varicella-Zoster Virus DNA Detection by Real-Time PCR
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	VZVQL
CPT CODE:	87798
TEST INFORMATION:	This test includes detection of Varicella-zoster virus. Varicella-zoster virus in CSF.
DAYS PERFORMED:	Monday, Wednesday, and Friday
TURNAROUND TIME:	Maximum of 72 hours
SPECIAL INSTRUCTIONS:	Specimen should be received by the laboratory as soon as possible.
CONTAINER TYPE:	CSF collection tube ; M4 transport medium for swabs
COLLECTION:	Vesicular lesions: Wash the surface of the vesicles with sterile saline. Carefully open several vesicles and soak up the vesicular fluid with a clean sterile swab. The specimen should be collected in the first three days of eruption. Place the swab into M4 transport medium immediately after collection. CSF: Cerebrospinal fluid should be collected by a physician via lumbar puncture using standard sterile technique.
SPECIMEN REQUIREMENTS:	1 ml of CSF in a sterile tube from the lumbar puncture kit Vesicular fluid on a swab in M4 viral transport media
REJECTION CRITERIA:	Dry swab; swab specimen not in M4 transport media; specimen not refrigerated prior to transport; specimen not received in a sterile sealed container; specimen not closed properly and leaked into transport bag; excessive delay in transport; inappropriate specimen container; specimen unlabeled or mislabeled.
MINIMUM VOLUME:	1 mL of CSF or one swab in M4 transport media
HANDLING INSTRUCTIONS:	The specimen should be transported to the lab as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No VZV detected.
LIMITATIONS OF TEST:	Reliable results are dependent on appropriate specimen collection, transport storage, and processing procedures. No detection limits have been established for other specimen types or transport media.
METHODOLOGY:	Isolation of target and control DNA, real time PCR with detection by target specific probes for VZV and internal control.
ADDITIONAL INFORMATION:	The detection of Varicella-Zoster virus DNA is based upon the real-time amplification and detection of specific VZV genomic DNA sequences by PCR from total DNA extracted from the specimen. Probes specific for VZV are used to identify and differentiate the products of the PCR amplification. In house studies have shown the analytical sensitivity of this assay is 10 copies/PCR reaction and 250 copies/patient specimen. The diagnosis of VZV infection should not rely solely upon the result of a PCR assay. A positive PCR result should be considered in conjunction with clinical presentation and additional established diagnostic tests prior to establishing a diagnosis. A negative PCR result indicates the absence of VZV DNA in a sample tested and does not exclude the diagnosis of disease. This test or one or more of its components was developed and its performance characteristics determined by RML Laboratories, Division of Clinical Microbiology. It has not been cleared or

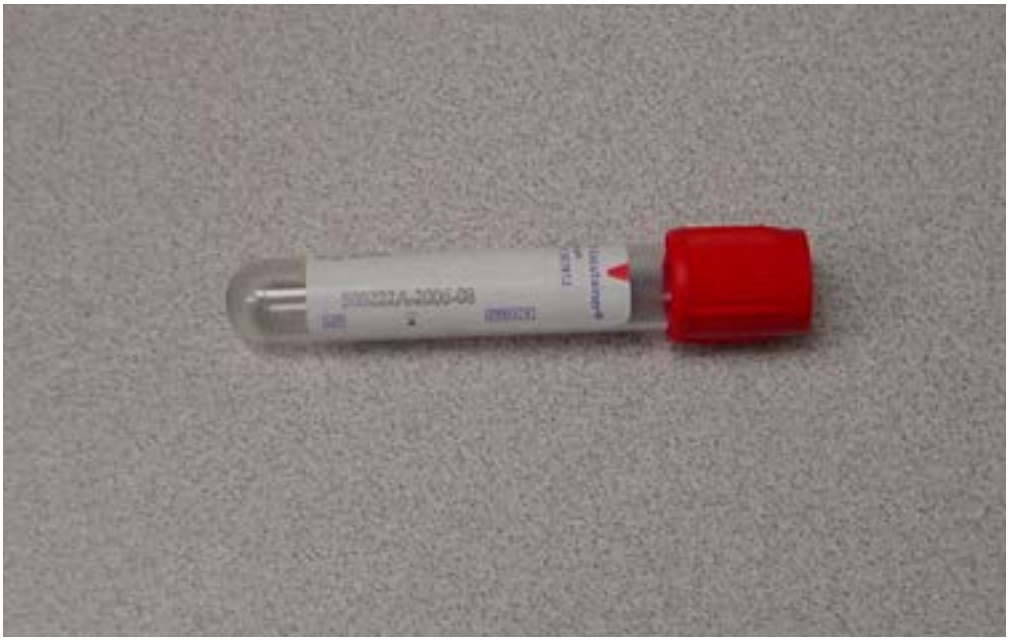
	approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is performed pursuant to a license agreement with Roche Molecular Systems. Inc.
TEST SYNONYM(S):	VZV detection by real time PCR; VZV PCR; Varicella zoster virus by real time PCR; Herpes zoster
LAST UPDATED:	06/11/2019



Rush

Rush Medical Labs

TEST NAME:	Varicella-Zoster Virus, IgG Antibody Titer
TESTING LAB:	2;#Core Laboratory
LAB / EPIC MNEMONIC:	VZIGG
CPT CODE:	86787
DAYS PERFORMED:	Monday through Friday
TURNAROUND TIME:	1-4 days
CONTAINER TYPE:	SST tube or Red top tube 4 mL
SPECIMEN REQUIREMENTS:	4 mL blood (2 mL serum)
REJECTION CRITERIA:	Gross hemolysis, gross lipemia, grossly icteric,
MINIMUM VOLUME:	1 mL blood (0.5 mL serum)
REFERENCE RANGE:	Negative; $\leq$ 0.8 AI (antibody index)
METHODOLOGY:	Multiplex flow immunoassay
POE DESCRIPTION:	VARICELLA ZOSTER IGG AB TITER; VZ IGG
TEST SYNONYM(S):	Varicella-Zoster Titer; VZ Titer
LAST UPDATED:	06/22/2026







Rush Medical Labs

TEST NAME:	Vasoactive Intestinal Polypeptide (VIP)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VASO
CPT CODE:	84586-90
TURNAROUND TIME:	7-9 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 mL
SPECIMEN REQUIREMENTS:	3.0 mL EDTA plasma
MINIMUM VOLUME:	1.1 mL EDTA plasma
REFERENCE RANGE:	Test Code S51831
POE DESCRIPTION:	VASOACTIVE INTESTIN POLYPEPTIDE; VIP VIP
TEST SYNONYM(S):	06/11/2019
LAST UPDATED:	


BD Vacutainer
EDTA 10.8mg
367863
6.0 mL

Rush Medical Labs

TEST NAME:	Virus Culture
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	MICRO REF
CPT CODE:	87252
TEST INFORMATION:	The test includes inoculation of specific cell cultures for isolation of viral agents.
DAYS PERFORMED:	Monday-Saturday, 24 hours
TURNAROUND TIME:	Negative viral culture reports will be issued after 2 weeks. Negative viral culture reports for Cytomegalovirus will be issued after 3 weeks.
SPECIAL INSTRUCTIONS:	Use a Lavender top (K2 EDTA) tube to collect blood specimens. Obtain a viral transport medium from the Clinical Microbiology Laboratory. Place the non-blood specimen directly into the viral transport medium. Avoid using WOODEN swabs for specimen collection.
CONTAINER TYPE:	Lavender top Vacutainer (EDTA) tube for blood, sterile sealed container, viral transport medium (available from Clinical Microbiology Laboratory)
COLLECTION:	AVOID using wooden swabs.
SPECIMEN REQUIREMENTS:	Blood, sputum, bronchial, nose or throat swabs, ocular swabs, cerebrospinal fluid, urine, biopsy, autopsy specimens, and stool. See table.
REJECTION CRITERIA:	Improper storage or transport of specimen, gross specimen contamination, improper specimen collection, failure to use the viral transport medium, inappropriate Vacutainer® tube, wooden swab used for specimen collection.
MINIMUM VOLUME:	1 mL fluid, 0.5 gram solid material
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No virus isolated
LIMITATIONS OF TEST:	Tissue culture may be negative in the presence of a viral infection.
METHODOLOGY:	Tissue culture
POE DESCRIPTION:	CU VIRUS; C VIR
TEST SYNONYM(S):	Virus Identification; Virus Isolation
LAST UPDATED:	06/22/2026


BD Vacutainer
EDTA 10ML
LAV

Rush

Rush Medical Labs

TEST NAME:	Vitamin A
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VIT A
CPT CODE:	84590-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum). Protect from light.
MINIMUM VOLUME:	1.0 mL blood (0.4 mL serum). Protect from light.
REFERENCE RANGE:	- Search Test Code 3502
POE DESCRIPTION:	VITAMIN A; VIT A
TEST SYNONYM(S):	Retinol







Rush Medical Labs

TEST NAME:	Vitamin B1
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VIT B1
CPT CODE:	84425-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube - 6 ml - or Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum). Protect from light. or 4.0 mL blood (2.0 mL serum). Protect from light.
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum). Protect from light. or 2.0 mL blood (1.0 mL serum). Protect from light.
HANDLING INSTRUCTIONS:	Protect from light.
REFERENCE RANGE:	Test Code 90353
POE DESCRIPTION:	VITAMIN B1; VIT B1
TEST SYNONYM(S):	Thiamine
LAST UPDATED:	06/22/2026


BD Vacutainer
EDTA 10.8
REF 367863



Rush

Rush Medical Labs

TEST NAME:	Vitamin B6
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VIT B6
CPT CODE:	84207-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Lavender top (K2 EDTA) tube
SPECIMEN REQUIREMENTS:	1.0 mL whole blood (0.5 mL EDTA plasma). Foil wrapped. Protect from light.
MINIMUM VOLUME:	1.0 mL whole blood (0.5 mL EDTA plasma). Foil wrapped. Protect from light.
REFERENCE RANGE:	Test Code S51625
POE DESCRIPTION:	VITAMIN B6; VIT B6
TEST SYNONYM(S):	Pyridoxal Phosphate; Pyridoxine
LAST UPDATED:	06/22/2026


BD Vacutainer
EDTA 10.8
367863
5.0 mL



Rush Medical Labs

TEST NAME:	Vitamin C
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VIT C
CPT CODE:	82180-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Red top tube - 10 mL only
COLLECTION:	Protect from light
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum). Protect from light.
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum). Protect from light.
REFERENCE RANGE:	Test Code S51650
POE DESCRIPTION:	VITAMIN C
TEST SYNONYM(S):	Ascorbic Acid
LAST UPDATED:	06/22/2026



Rush

Rush Medical Labs

TEST NAME:	Vitamin E
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VIT E
CPT CODE:	84446-90, 84591-90
TEST INFORMATION:	includes alpha and beta-gamma tocopherol
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum). Protect from light.
MINIMUM VOLUME:	1.0 mL blood (0.4 mL serum). Protect from light.
REFERENCE RANGE:	Test Code 3530 VITAMIN E; VIT E
POE DESCRIPTION:	Tocopherol, Alpha and Gamma
TEST SYNONYM(S):	

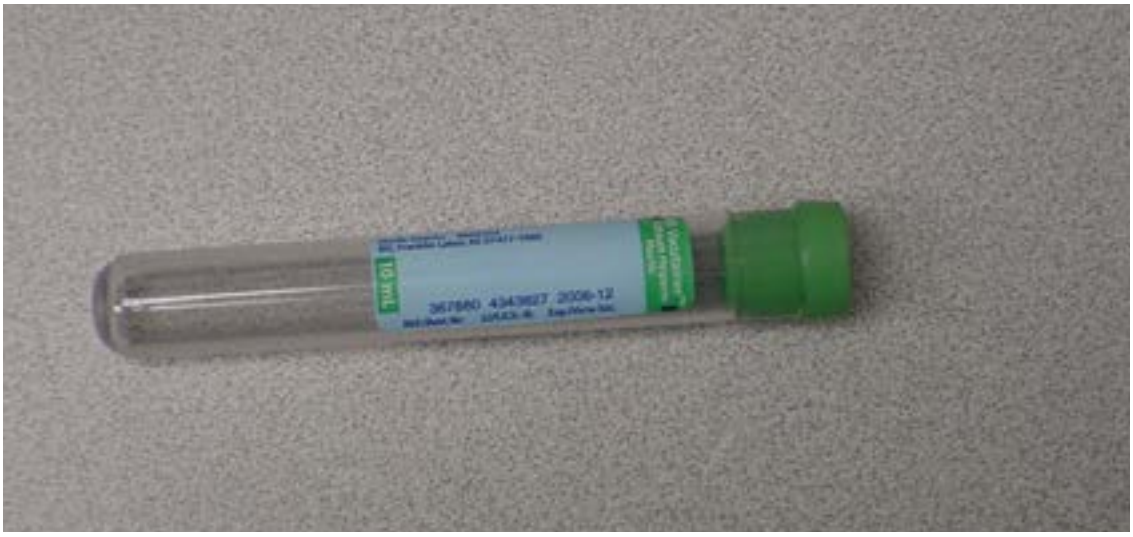




Rush

Rush Medical Labs

TEST NAME:	Vitamin K
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC CHEM
CPT CODE:	84597-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Green top (lithium heparin) - 10 ml tube, Green top (sodium heparin) - 10 ml tube; Foil Wrap
SPECIMEN REQUIREMENTS:	8 mL whole blood (4.0 mL plasma). Protect from light.
MINIMUM VOLUME:	5 mL whole blood (2.0 mL plasma). Protect from light
REFERENCE RANGE:	Test Code S51649


10 mL
367880 4343827 2006-12



Rush Medical Labs

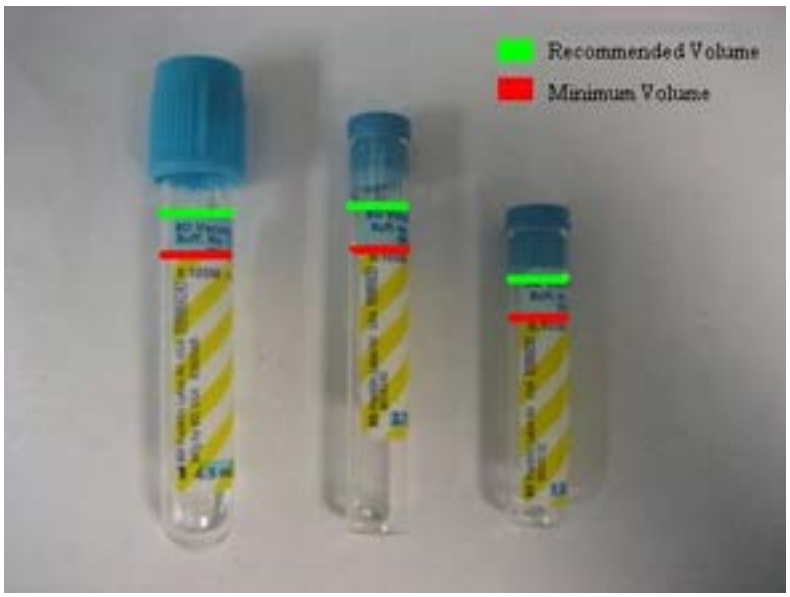
TEST NAME:	Volatiles Screen, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VOL
CPT CODE:	84600-90; 82055-90; 82010-90
TEST INFORMATION:	includes acetone; alcohol, ethyl; alcohol, isopropyl; alcohol, methyl
TURNAROUND TIME:	4-6 hours
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Gray top (sodium fluoride) tube
SPECIMEN REQUIREMENTS:	1 mL oxalated whole blood
MINIMUM VOLUME:	0.5 mL oxalated whole blood
REFERENCE RANGE:	See Quest Diagnostics - Search Test Code 7240
TEST SYNONYM(S):	Volatiles Group Toxicology
LAST UPDATED:	06/22/2026



Rush

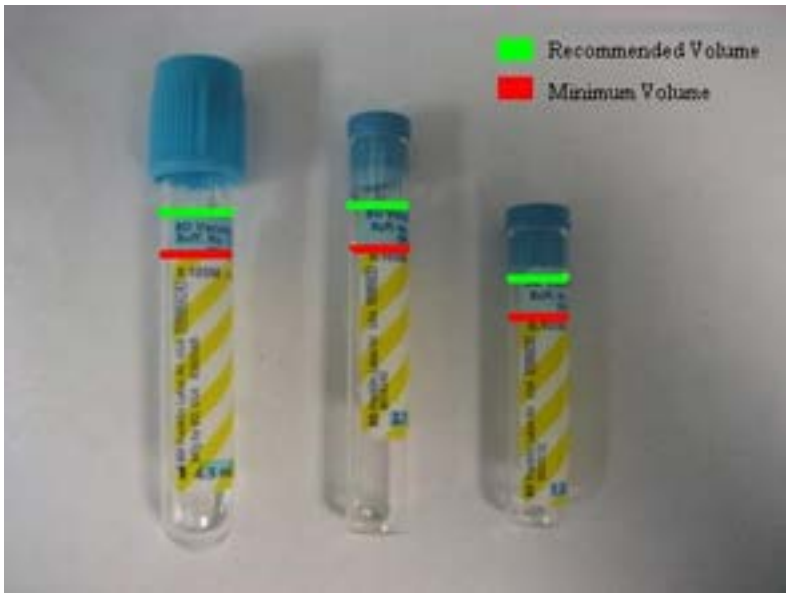
Rush Medical Labs

TEST NAME:	Von Willebrand Antigen (Factor VIII Antigen)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VWFAG
CPT CODE:	85246-90
CDM NUMBER:	3181083
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens.
SPECIMEN REQUIREMENTS:	4.5 mL blood (1.0 mL citrated plasma)
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled tube (QNS)
MINIMUM VOLUME:	Use pediatric tube: 1.6 mL blood (0.5 mL citrated plasma); pediatric tubes must be fully drawn.
REFERENCE RANGE:	Test Code 1907
POE DESCRIPTION:	VON WILLEBRAND FACTOR ANTIGEN; VWF:AG; FVIII ANTG
TEST SYNONYM(S):	Antigenic Factor VIII; Factor VIII Related Antigen; VWF Antigen
LAST UPDATED:	06/11/2019


Recommended Volume
Minimum Volume

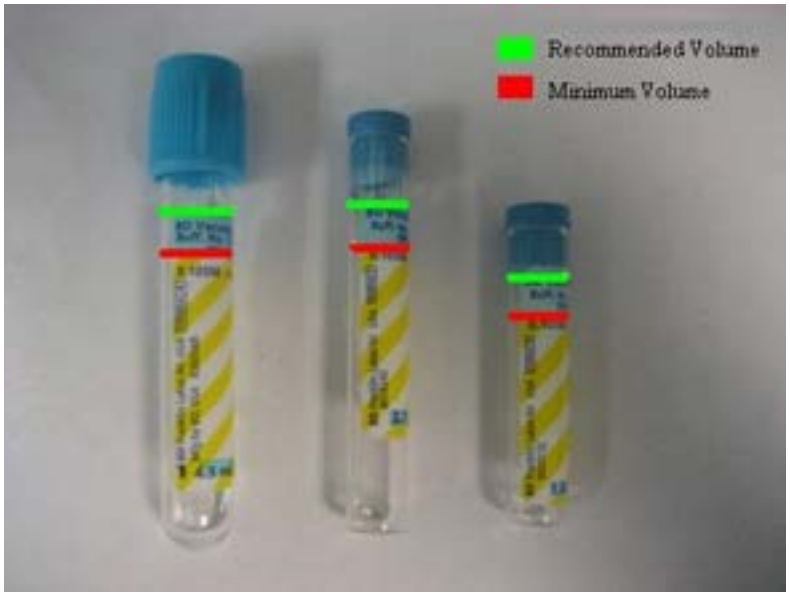
Rush Medical Labs

TEST NAME:	Von Willebrand Factor Assay
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	MISC
CPT CODE:	85245-90
CDM NUMBER:	3181214
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	See Section - "" Specimen Collection Guidelines "" - Coagulation Specimens.
SPECIMEN REQUIREMENTS:	4.5 mL blood (1.0 mL citrated plasma)
REJECTION CRITERIA:	Specimen hemolyzed; Hct > 55%; underfilled tubes (QNS)
MINIMUM VOLUME:	Use pediatric tube: 1.6 mL blood (0.5 mL citrated plasma). Pediatric tubes must be fully drawn.
REFERENCE RANGE:	Test Code 4459
POE DESCRIPTION:	VON WILLEBRAND FACTOR ASSAY; VW ASSAY
TEST SYNONYM(S):	FVIIIR:RCoF; Ristocetin Cofactor; vWF Activity; vW Factor Assay; vWF Ristocetin Cofactor (R:Co) Activity
LAST UPDATED:	06/22/2026


Recommended Volume
Minimum Volume

Rush Medical Labs

TEST NAME:	Von Willebrand Factor, Multimer Analysis
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VWMUL
CPT CODE:	85247-90
CDM NUMBER:	3181215
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Blue top (sodium citrate) tube
COLLECTION:	See Section - "Specimen Collection Guidelines" - Coagulation Specimens.
SPECIMEN REQUIREMENTS:	Two light blue top - 2.7 mL draw sodium citrate
REJECTION CRITERIA:	Specimen hemolyzed; Hct >55%; underfilled tube (QNS)
MINIMUM VOLUME:	1 mL citrated plasma, one 2.7 mL draw light blue top
REFERENCE RANGE:	Test Code 1906
POE DESCRIPTION:	VON WILLEBRAND MULTIMER ANALYSIS; VW MULT
TEST SYNONYM(S):	Factor VIII, Antigen Multimer Analysis; FVIIIR:Ag Multimers; vWF:Ag Subunit Analysis
LAST UPDATED:	06/14/2019


Recommended Volume
Minimum Volume

Rush

Rush Medical Labs

TEST NAME:	Von Willebrand Profile
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VWBPR
CPT CODE:	85240-90, 85246-90, 85245-90, 85730 (85247-90 if needed)
TEST INFORMATION:	Includes APTT, Von Willebrand Antigen (FVIII Related Antigen), FVIII Activity and Von Willebrand Assay (Ristocetin Cofactor). If the Von Willebrand Antigen or Von Willebrand Assay is below the normal range, Von Willebrand multimers will be added.
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	4 Blue top (sodium citrate) tubes (2.7 mL draw)
COLLECTION:	See Section - Specimen Collection Guidelines - Coagulation Specimens
SPECIMEN REQUIREMENTS:	8 mL blood (3.0 mL citrated platelet poor plasma)
REJECTION CRITERIA:	Hct >55%; hemolyzed specimen; underfilled tube (QNS)
MINIMUM VOLUME:	4 mL blood (2.0 mL citrated platelet poor plasma)
REFERENCE RANGE:	Test Code - 1060
POE DESCRIPTION:	VW Profile
TEST SYNONYM(S):	Von Willebrand Screen
LAST UPDATED:	06/11/2019

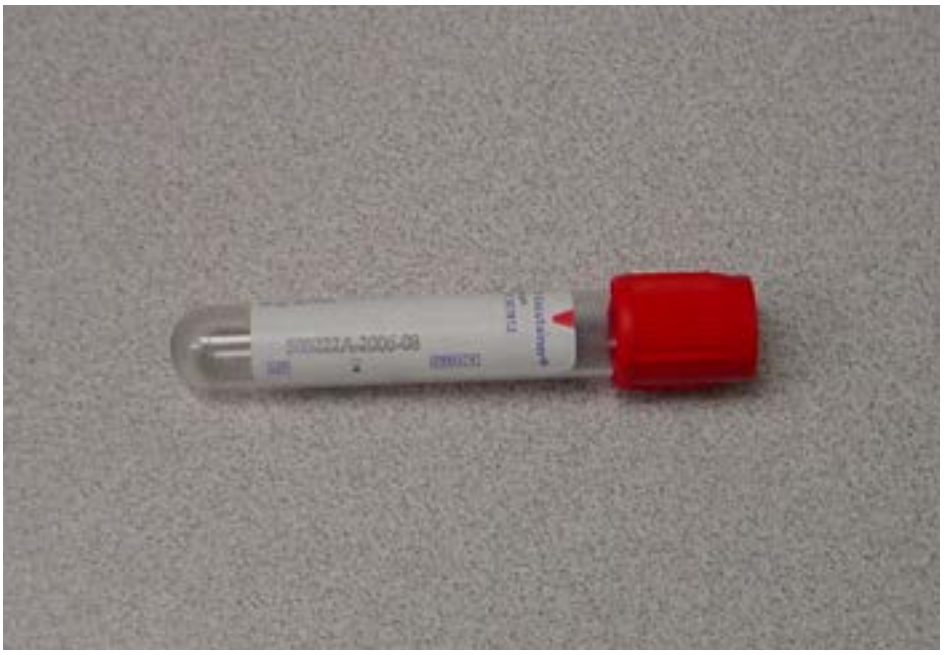




Rush Medical Labs

TEST NAME:	Voriconazole
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	VORI
CPT CODE:	82491-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or Red top tube - 4 mL
SPECIMEN REQUIREMENTS:	4.0 mL blood (2.0 mL serum)
MINIMUM VOLUME:	2.0 mL blood (1.0 mL serum)
REFERENCE RANGE:	Test Code S50081
POE DESCRIPTION:	VORICON
TEST SYNONYM(S):	Vfend
LAST UPDATED:	06/11/2019





Rush

Rush Medical Labs

TEST NAME:	Walnut (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	WALNT
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F256
POE DESCRIPTION:	Walnut allergen
LAST UPDATED:	06/11/2019

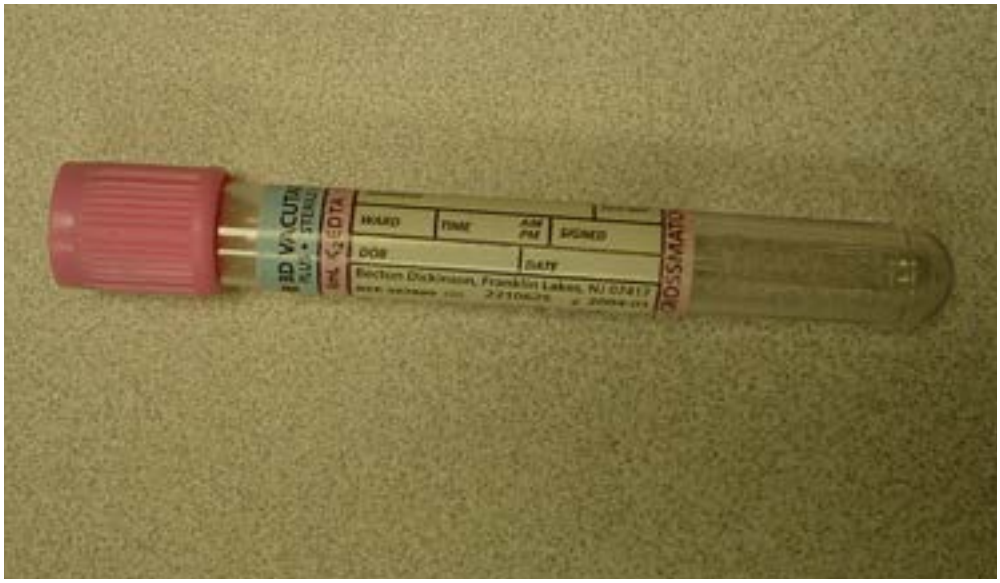




Rush

Rush Medical Labs

TEST NAME:	Washed Red Blood Cells, Transfusion
TESTING LAB:	1;#Blood Bank
LAB / EPIC MNEMONIC:	(not orderable on LIS)
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	1-2 hours
CONTAINER TYPE:	Pink top tube
COLLECTION:	**Special Labeling Requirements**: The content of each sample label must include the patient's full name and medical record number, the phlebotomist's initials, the date and time the sample was collected and, for non-LLT draws, the initials of a second medical professional who has confirmed that the sample came from the patient whose name is on the label; the computer label must have this same information plus an accession number and the tests ordered. NOTE: LLT phlebotomists should write 'LLT' for the second set of initials.
SPECIMEN REQUIREMENTS:	Blood
MINIMUM VOLUME:	7 mL
REFERENCE RANGE:	Compatible
POE DESCRIPTION:	Packed RBC [Comments: 'Washed']
TEST SYNONYM(S):	Washed Red Cells; Saline Washed Cells; Washed Cells


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Becton Dickinson, Franklin Lakes, NJ 07417



Rush Medical Labs

TEST NAME:	Washing Cytology
TESTING LAB:	6;#Cytology
CPT CODE:	88104
DAYS PERFORMED:	Mon-Fri, 0730-1700
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	Clinical diagnosis and pertinent clinical history must be indicated on requisition. Suspected infectious diseases should be specified.
CONTAINER TYPE:	Specimen containers without fixative.
SPECIMEN REQUIREMENTS:	Washing from organ site specified
REJECTION CRITERIA:	No patient name on container, discrepancy between patient name and labeling.



Rush Medical Labs

TEST NAME:	West Nile Virus IgM
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	WNV
CPT CODE:	86788-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.7 mL serum)
REFERENCE RANGE:	See Quest Labs - Search Test Code 16012
LIMITATIONS OF TEST:	Cross reactivity has been observed between alphavirus group and flavivirus group, e.g., yellow fever or yellow fever vaccination.
TEST SYNONYM(S):	West Nile Virus IgM Serum
LAST UPDATED:	06/11/2019





Rush

Rush Medical Labs

TEST NAME:	Wheat (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	WHT
CPT CODE:	86003-90
TEST INFORMATION:	Included in the Rast Food Panel.
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.3 mL serum)
REFERENCE RANGE:	Test Code F4
POE DESCRIPTION:	Wheat allergen
LAST UPDATED:	06/11/2019





Rush

Rush Medical Labs

TEST NAME:	Whitefish (IgE) Rast Allergen
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	WFISH
CPT CODE:	86003-90
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL or SST tube
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code S51930
POE DESCRIPTION:	Whitefish Allergen
LAST UPDATED:	06/11/2019







Rush Medical Labs

TEST NAME:	Worm Identification, Macroscopic
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	ID WORM
CPT CODE:	87168
DAYS PERFORMED:	Monday-Friday, 0700-1430
TURNAROUND TIME:	24-48 hours
SPECIAL INSTRUCTIONS:	Specimen should be submitted in saline in a sealed clean container.
CONTAINER TYPE:	Sealed clean container
SPECIMEN REQUIREMENTS:	All parts of suspected worms
REJECTION CRITERIA:	Mislabeled/unlabeled specimen
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
METHODOLOGY:	Macroscopic and microscopic examination
POE DESCRIPTION:	WORM ID; ID WORM
TEST SYNONYM(S):	Gross Worm Identification; Ova and Parasite, Gross Worm Identification
LAST UPDATED:	06/22/2026

Rush Medical Labs

TEST NAME:	Wound Culture, Fungus
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C FUNGUSSM, CFUNGUS (without smear for swab specimen)
CPT CODE:	87102; 87206
TEST INFORMATION:	Test includes a culture for fungi and performance of a direct fungal smear. All fungal isolates will be identified. Other isolated organisms (i.e. aerobes, mycobacteria, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Smear results: same day if the specimen is received in the laboratory no later than 1400. Preliminary culture reports are available after 1 week or when a fungal isolate is detected. Culture reports will be finalized after 4 weeks.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the requisition.
CONTAINER TYPE:	Copan® II swab, Sealed Sterile 80 mL specimen container
COLLECTION:	The specimen of choice is an aspirate or tissue, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) organisms. Ideally, material is obtained by needle aspiration through an intact surface, which has been cleaned with antiseptic. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. Curetting of the base of an open lesion is optimal. If irrigation is necessary, nonbacteriostatic sterile saline may be used. When a syringe is used to obtain the specimen, ALL air should be expelled after which the specimen should be injected into a sealed sterile container. Swabs should be used as a last resort due to the small volume of specimen obtainable by this method. If a swab must be used, sample the advancing margin of the lesion and abscess walls firmly. Do NOT sample pus or exudate ONLY. Contamination with normal flora from skin or other body sources MUST be avoided since colonizing bacteria and/or saprophytic fungi not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	See Collection
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative.
MINIMUM VOLUME:	0.5 mL or two swabs
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	No fungi observed/isolated
LIMITATIONS OF TEST:	The Calcofluor white stain demonstrates yeast forms, spores, and the hyphae of fungi. The filaments of *Nocardia* species, *Streptomyces* species, and *Actinomyces* species, as well as, the capsule of *Cryptococcus* species are NOT satisfactorily demonstrated with this methodology.
METHODOLOGY:	Fungal smear: calcofluor white stain. Culture: Conventional culture utilizing media specifically formulated for fungal isolation.

ADDITIONAL INFORMATION:	Specimens from lesions suspected of containing Actinomyces species should also be cultured anaerobically. Refer to Actinomyces Special Anaerobe Culture.
POE DESCRIPTION:	CU FUNGUS W SMEAR (NON-SKIN); C FUNGUSSM
TEST SYNONYM(S):	Fungus Culture, Wound
LAST UPDATED:	06/22/2026


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Rush Medical Labs

TEST NAME:	Wound Culture, Mycobacterium
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AFBSM
CPT CODE:	87206; 87015; 87116
TEST INFORMATION:	Test includes culture and acid-fast stain (if specimen volume is adequate). Culture includes decontamination and concentration. If a mycobacterial species is isolated, the organism will be definitely identified. Susceptibility testing will be performed depending upon the isolate identification.
DAYS PERFORMED:	Daily
TURNAROUND TIME:	Smear results: 24 hours after receipt of the specimen in the laboratory. Preliminary culture reports are available after 1 week or when a mycobacterial isolate is detected. Negative cultures with negative smears will be finalized after 8 weeks. Negative cultures with positive smears will be finalized after 12 weeks. Completion of culture reports may require additional time when mycobacteria are isolated and/or susceptibility testing is performed.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the requisition.
CONTAINER TYPE:	Copan® II swab, Sealed Sterile 80 mL specimen container
COLLECTION:	The specimen of choice is an aspirate or tissue, NOT a swab. Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface (normal flora) organisms. Ideally, material is obtained by needle aspiration through an intact surface, which has been cleaned with antiseptic. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. Curetting of the base of an open lesion is optimal. If irrigation is necessary, nonbacteriostatic sterile saline may be used. When a syringe is used to obtain the specimen, ALL air should be expelled after which the specimen should be injected into a sealed sterile container. Swabs should be used as a last resort due to the small volume of specimen obtainable by this method. If a swab must be used, sample the advancing margin of the lesion and abscess walls firmly. Do NOT sample pus or exudate ONLY. Contamination with normal flora from skin or other body sources MUST be avoided since colonizing bacteria not involved in the infectious process may be introduced into the sample.
SPECIMEN REQUIREMENTS:	Pus or other purulent fluid material appropriately obtained from a wound.
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, specimen received in a preservative. Only three specimens per body site with negative acid-fast smears will be processed. Subsequent specimens will be rejected. Specimens from known positive patients will be accepted only once a week for culture and smear per body site.
MINIMUM VOLUME:	0.5 mL or two swabs
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, refrigerate.
REFERENCE RANGE:	No acid-fast bacilli observed on smear or isolated in culture

LIMITATIONS OF TEST:	A single negative smear does not rule out the presence of mycobacterial infection.
METHODOLOGY:	Acid-fast smear: fluorochrome stain. Culture: inoculation of conventional culture media and a rapid medium for automated continuous analysis. DNA probes may be incorporated to aid with more rapid identification of mycobacterial isolates. This will generate an additional charge(s). Susceptibility testing will be performed only on the first *Mycobacterium* isolate from each specimen type per patient.
ADDITIONAL INFORMATION:	Additional susceptibilities may be performed after a period of 4 weeks for patients with suspected treatment failure. Susceptibility testing is performed routinely only for *M. tuberculosis* complex. Susceptibility testing for other *Mycobacterium* species is performed by special request only. The battery of drugs routinely tested will vary by isolate and/or physician request. Patients from whom *M. tuberculosis* is isolated in culture are reported to the City of Chicago Board of Health. This is mandated by law.
POE DESCRIPTION:	CU MYCOBACTERIUM W SMEAR; CU AFB AND SMEAR; C AFBSM
TEST SYNONYM(S):	AFB Culture, Wound; Mycobacterium Culture, Wound
LAST UPDATED:	06/22/2026


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Rush Medical Labs

TEST NAME:	Wound/Infected Site, Routine Culture
TESTING LAB:	5;#Microbiology
LAB / EPIC MNEMONIC:	C AERGS
CPT CODE:	87071; 87205
TEST INFORMATION:	The test includes a direct Gram stain, isolation and identification of microorganisms, and susceptibility testing, if appropriate. Other isolated organisms (i.e. anaerobes, yeast, etc.) may be referred for identification and/or susceptibility testing if medically indicated AND a separate culture procedure has NOT yielded the same organism(s).
DAYS PERFORMED:	Daily, 24 hours
TURNAROUND TIME:	Preliminary culture reports are available after 24 hours. Culture reports of no growth will be issued after 72 hours. Completion of culture reports may take 3-5 days after receipt of the specimen when multiple isolates are found.
SPECIAL INSTRUCTIONS:	The specific anatomic site of the specimen MUST be specified on the requisition with surface and/or deep wound delineated.
CONTAINER TYPE:	Copan® II swab, Sealed Sterile 80 mL specimen container
COLLECTION:	Specimens are to be collected from a site prepared utilizing aseptic technique. Overlying and adjacent areas must be carefully prepared to eliminate surface organisms. Ideally, material is obtained by needle aspiration through intact surface, which has been cleaned with antiseptic, and injected into a sealed, sterile container. Sampling of open lesions is enhanced by deep aspiration using a sterile plastic catheter. If irrigation is necessary, nonbacteriostatic sterile saline may be used. Pulmonary samples may be obtained by transtracheal percutaneous needle aspiration. Optimal isolation of microorganisms from tissue is accomplished by processing as much tissue as possible.
SPECIMEN REQUIREMENTS:	Pus or other material aseptically obtained from an infected site, abscess, or wound
REJECTION CRITERIA:	Inappropriate specimen container, insufficient specimen volume, refrigerated specimen, specimen received in a preservative.
MINIMUM VOLUME:	0.5 mL or two swabs
HANDLING INSTRUCTIONS:	Specimen should be transported as soon as possible. When transportation is delayed, leave at room temperature.
REFERENCE RANGE:	Gram stain: depends upon the site of the specimen.Culture: no growth.
LIMITATIONS OF TEST:	A specimen with additional microbiologic procedures will be processed only if the specimen is of adequate quantity for all tests requested. A physician will be contacted to prioritize requested procedures when the specimen is of an inadequate quantity. The portion of the surgical specimen submitted for microbiologic analysis should be separated whenever possible from the portion submitted to the Pathology Department utilizing sterile technique.
METHODOLOGY:	Smear: Gram stain.Culture: conventional culture on routine media.
POE DESCRIPTION:	CU WOUND AEROBIC W GRAM STAIN; CU AEROBIC W GRAM STAIN; C AERGS
TEST SYNONYM(S):	Abscess Culture, Routine; Ear Culture, Routine; Eye Culture, Routine
LAST UPDATED:	06/22/2026


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Doctor:
Instructions:

Rush Medical Labs

TEST NAME:	Xylose Absorption, 1 hr. Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	XYL/1HR/BL
CPT CODE:	84620-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	See Instructions for Xylose Tolerance Test
CONTAINER TYPE:	Gray top (sodium fluoride) tube
SPECIMEN REQUIREMENTS:	2.0 mL fluoridated/oxalated whole blood
MINIMUM VOLUME:	0.6 mL fluoridated/oxalated whole blood
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Test Code S49113
POE DESCRIPTION:	XYLOSE TOLERANCE 1 HOUR

RUSH PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

RUSH MEDICAL LABORATORIES

PROFESSIONAL BUILDING LABORATORY

OUTPATIENT INSTRUCTIONS FOR XYLOSE TOLERANCE TEST

Your doctor has ordered a xylose tolerance test. The test takes 1-5 hours to complete. You may have your blood drawn at specific times during the test.

Having your blood drawn on time is an important part of this test. Please arrange to be present for the entire test.

We do have magazines available to help you pass the time; you may wish to bring a favorite book of your own. During the test you should remain seated as much as possible and avoid walking around.

TO PREPARE FOR THE TEST

Avoid eating fruits, jams or jellies, or pastries filled with these foods for 24 hours prior to the test. These foods contain a sugar called pentose which could cause the test results to be inaccurate. On the night before your test, finish your evening meal by 10:00 PM. Do not eat, drink liquids, chew gun or smoke after 10:00 PM; this includes no breakfast the morning of the test. You may drink a moderate amount of water. Fasting 8 hours is required. Children must fast for only 4 hours before the test. Encourage your child to drink water during this time. If you should forget to fast, please plan to come for the test another day. We provide early morning service for patients who are fasting. This test can be started at 7:00 AM Monday through Friday and at 8:30 AM on Saturdays.

XYLOSE SOLUTION

Your doctor must write a prescription for the xylose solution. You should have the prescription filled at a pharmacy and bring the solution with you on the morning of the test. If you should choose to use the Professional Building Pharmacy located in Suite 418, the hours of the pharmacy are Mondays through Fridays 8:00 AM - 6:00 PM and Saturdays 9:00 AM - 2:00 PM.

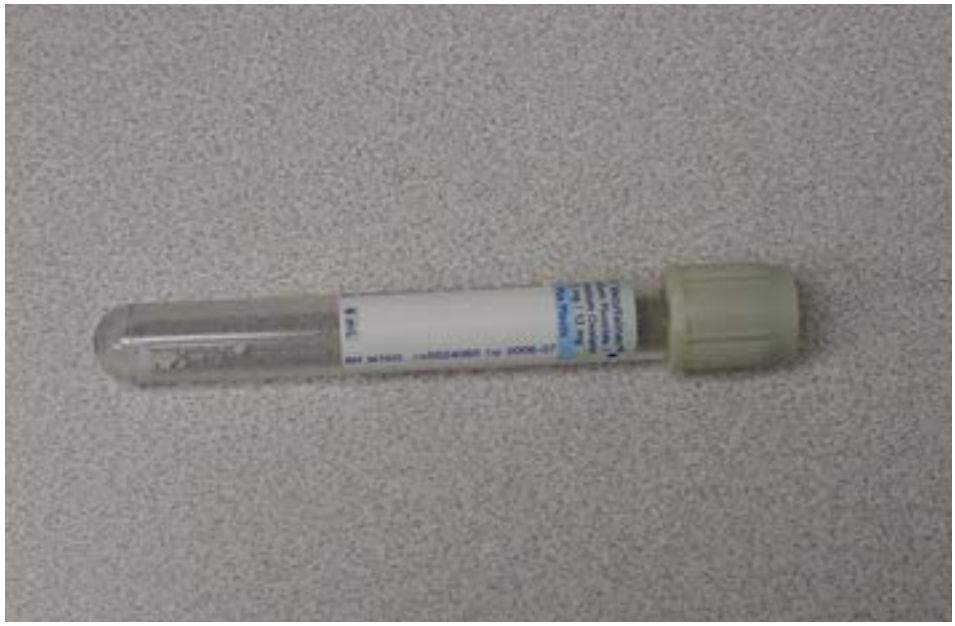
THE DAY OF THE TEST

You should start the test with an empty bladder. You will then drink the xylose solution and a measured amount of water. You may have your blood drawn at 1 hour (adults and children) and 2 hours (adults only). One of our staff will give you a form indicating the exact times your samples will be drawn. During the test, you may drink water but cannot eat, smoke or chew gum . We may provide a container for you to collect all urine for the 5 hours after xylose administration..

After the test you may eat and drink as normal. You may experience mild diarrhea after the test is completed.

QUESTIONS?

If you have any questions, please contact the supervisory staff of the Core Laboratory at 312-942-5002.



Rush

Rush Medical Labs

TEST NAME:	Xylose Absorption, 2 hr. Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	XYL/2 HR/BL
CPT CODE:	84620-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	See Instructions for Xylose Tolerance Test
CONTAINER TYPE:	Gray top (sodium fluoride) tube
SPECIMEN REQUIREMENTS:	2.0 mL fluoridated/oxalated whole blood
MINIMUM VOLUME:	0.6 mL fluoridated/oxalated whole blood
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	- Search Test Code S49114
POE DESCRIPTION:	XYLOSE ABSORPTION 2 HOUR

RUSH PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

RUSH MEDICAL LABORATORIES

PROFESSIONAL BUILDING LABORATORY

OUTPATIENT INSTRUCTIONS FOR XYLOSE TOLERANCE TEST

Your doctor has ordered a xylose tolerance test. The test takes 1-5 hours to complete. You may have your blood drawn at specific times during the test.

Having your blood drawn on time is an important part of this test. Please arrange to be present for the entire test.

We do have magazines available to help you pass the time; you may wish to bring a favorite book of your own. During the test you should remain seated as much as possible and avoid walking around.

TO PREPARE FOR THE TEST

Avoid eating fruits, jams or jellies, or pastries filled with these foods for 24 hours prior to the test. These foods contain a sugar called pentose which could cause the test results to be inaccurate. On the night before your test, finish your evening meal by 10:00 PM. Do not eat, drink liquids, chew gun or smoke after 10:00 PM; this includes no breakfast the morning of the test. You may drink a moderate amount of water. Fasting 8 hours is required. Children must fast for only 4 hours before the test. Encourage your child to drink water during this time. If you should forget to fast, please plan to come for the test another day. We provide early morning service for patients who are fasting. This test can be started at 7:00 AM Monday through Friday and at 8:30 AM on Saturdays.

XYLOSE SOLUTION

Your doctor must write a prescription for the xylose solution. You should have the prescription filled at a pharmacy and bring the solution with you on the morning of the test. If you should choose to use the Professional Building Pharmacy located in Suite 418, the hours of the pharmacy are Mondays through Fridays 8:00 AM - 6:00 PM and Saturdays 9:00 AM - 2:00 PM.

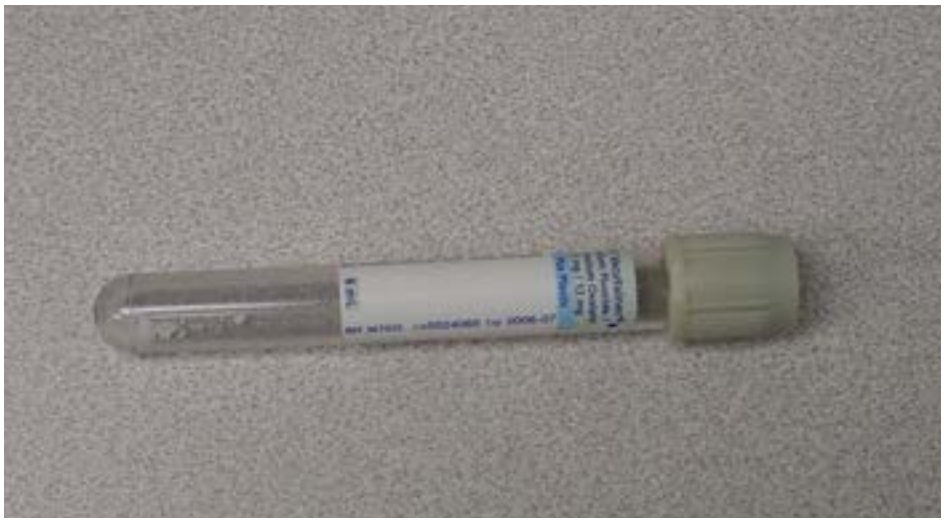
THE DAY OF THE TEST

You should start the test with an empty bladder. You will then drink the xylose solution and a measured amount of water. You may have your blood drawn at 1 hour (adults and children) and 2 hours (adults only). One of our staff will give you a form indicating the exact times your samples will be drawn. During the test, you may drink water but cannot eat, smoke or chew gum . We may provide a container for you to collect all urine for the 5 hours after xylose administration..

After the test you may eat and drink as normal. You may experience mild diarrhea after the test is completed.

QUESTIONS?

If you have any questions, please contact the supervisory staff of the Core Laboratory at 312-942-5002.



Rush

Rush Medical Labs

TEST NAME:	Xylose Absorption, 5 hour urine
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	U/XYL TOL
CPT CODE:	84620-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	See Instructions for Xylose Tolerance Test
CONTAINER TYPE:	24-hour urine bottle - Chemistry bottle #1 (no preservative)
SPECIMEN REQUIREMENTS:	5 hour urine collected after administration of xylose
MINIMUM VOLUME:	Submit entire urine collection to the laboratory.
HANDLING INSTRUCTIONS:	Refrigerate during collection.
REFERENCE RANGE:	Test Code S49104
POE DESCRIPTION:	Urine Xylose Tolerance - 5 HR
TEST SYNONYM(S):	Urine Xylose Tolerance

RUSH PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

RUSH MEDICAL LABORATORIES

PROFESSIONAL BUILDING LABORATORY

OUTPATIENT INSTRUCTIONS FOR XYLOSE TOLERANCE TEST

Your doctor has ordered a xylose tolerance test. The test takes 1-5 hours to complete. You may have your blood drawn at specific times during the test.

Having your blood drawn on time is an important part of this test. Please arrange to be present for the entire test.

We do have magazines available to help you pass the time; you may wish to bring a favorite book of your own. During the test you should remain seated as much as possible and avoid walking around.

TO PREPARE FOR THE TEST

Avoid eating fruits, jams or jellies, or pastries filled with these foods for 24 hours prior to the test. These foods contain a sugar called pentose which could cause the test results to be inaccurate. On the night before your test, finish your evening meal by 10:00 PM. Do not eat, drink liquids, chew gun or smoke after 10:00 PM; this includes no breakfast the morning of the test. You may drink a moderate amount of water. Fasting 8 hours is required. Children must fast for only 4 hours before the test. Encourage your child to drink water during this time. If you should forget to fast, please plan to come for the test another day. We provide early morning service for patients who are fasting. This test can be started at 7:00 AM Monday through Friday and at 8:30 AM on Saturdays.

XYLOSE SOLUTION

Your doctor must write a prescription for the xylose solution. You should have the prescription filled at a pharmacy and bring the solution with you on the morning of the test. If you should choose to use the Professional Building Pharmacy located in Suite 418, the hours of the pharmacy are Mondays through Fridays 8:00 AM - 6:00 PM and Saturdays 9:00 AM - 2:00 PM.

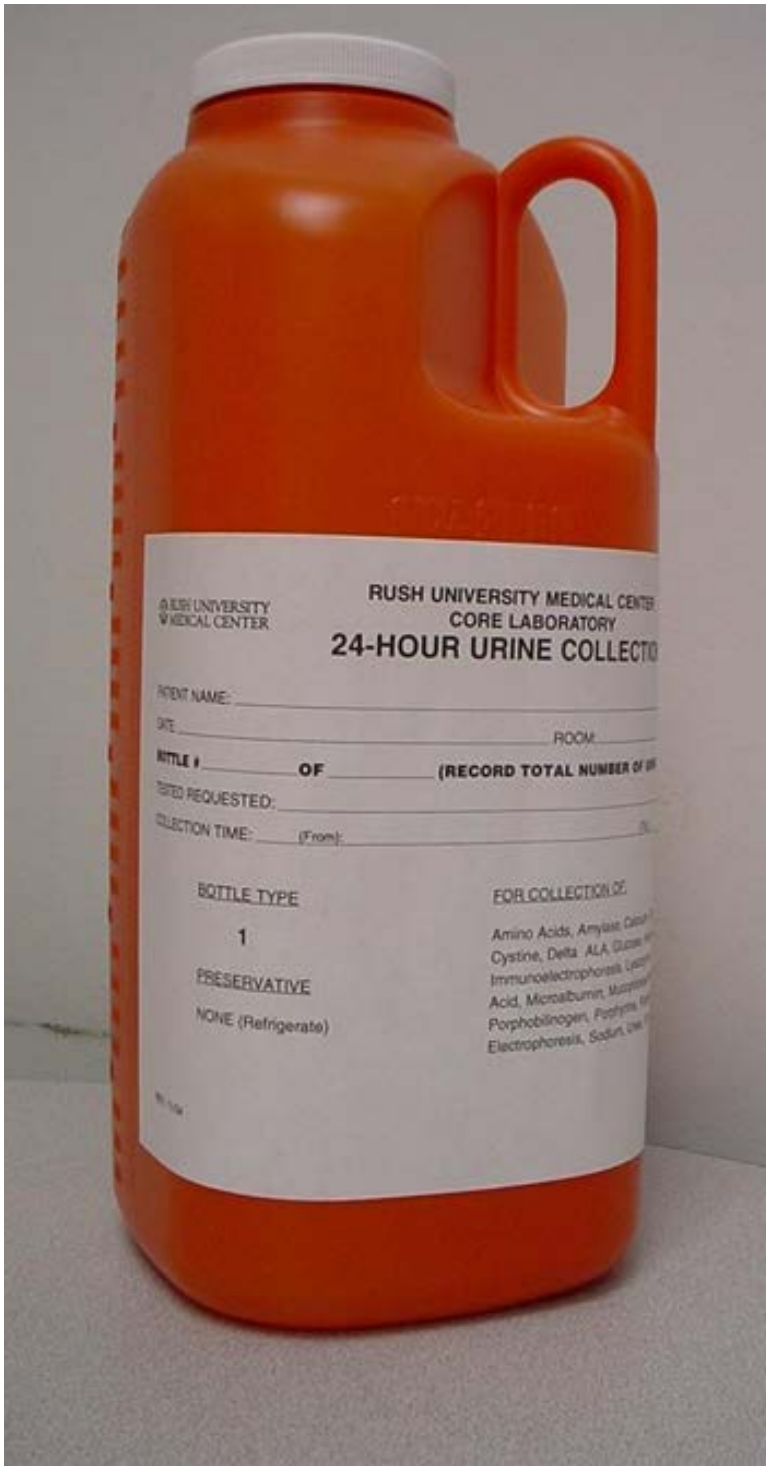
THE DAY OF THE TEST

You should start the test with an empty bladder. You will then drink the xylose solution and a measured amount of water. You may have your blood drawn at 1 hour (adults and children) and 2 hours (adults only). One of our staff will give you a form indicating the exact times your samples will be drawn. During the test, you may drink water but cannot eat, smoke or chew gum . We may provide a container for you to collect all urine for the 5 hours after xylose administration..

After the test you may eat and drink as normal. You may experience mild diarrhea after the test is completed.

QUESTIONS?

If you have any questions, please contact the supervisory staff of the Core Laboratory at 312-942-5002.


RUSH UNIVERSITY MEDICAL CENTER
CORE LABORATORY
24-HOUR URINE COLLECTIO
PATIENT NAME:
DATE:
ROOM:
BOTTLE # OF (RECORD TOTAL NUMBER OF
TESTS REQUESTED:
COLLECTION TIME: (From):
BOTTLE TYPE
1
PRESERVATIVE
NONE (Refrigerate)
FOR COLLECTION OF:
Amino Acids, Amylase,
Cystine, Delta ALA,
Immunoelectrophoresis,
Acid, Microalbumin,
Porphobilinogen, Porphyrins,
Electrophoresis, Sodium,



Rush Medical Labs

TEST NAME:	Zinc, Blood
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ZN
CPT CODE:	84630-90
TURNAROUND TIME:	5-7 working days
SPECIAL INSTRUCTIONS:	This test cannot be added onto an existing sample.
CONTAINER TYPE:	Navy blue EDTA tube
SPECIMEN REQUIREMENTS:	4.0 mL whole blood (2 mL EDTA plasma)
MINIMUM VOLUME:	2.0 mL blood (0.7 mL EDTA plasma)
REFERENCE RANGE:	Test Code 4877
POE DESCRIPTION:	ZINC; ZN
TEST SYNONYM(S):	Zn
LAST UPDATED:	04/13/2015



Rush

Rush Medical Labs

TEST NAME:	Zonisamide (Zonegran)
TESTING LAB:	3;#Core Laboratory Referred to Commercial Laboratory
LAB / EPIC MNEMONIC:	ZONIS
CPT CODE:	80203-90
CDM NUMBER:	3181353
TURNAROUND TIME:	5-7 working days
CONTAINER TYPE:	Red top tube - 10 mL only
SPECIMEN REQUIREMENTS:	2.0 mL blood (1.0 mL serum)
MINIMUM VOLUME:	1.0 mL blood (0.5 mL serum)
REFERENCE RANGE:	Test Code S51653 Zonisamide, Zonegran
POE DESCRIPTION:	Zonegran
TEST SYNONYM(S):	06/11/2019
LAST UP	

