



Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
N-ACETYL PROCAINAMIDE (NAPA)		Test is no longer available			
N GONORRHOEAE CULTURE	-	<b>Swab</b> – Cervical, Urethral, Rectal or Conjunctiva on Neonates. Vaginal swabs are acceptable for children. Note: GC culture on throat swabs is not routinely performed. If required it must be specifically requested on requisition.		Store and ship at room temperature	If patient is on Antibiotics indicate antibiotics prescribed. Provide clinical symptoms under remarks.
NARCOTICS (URINE)	-	<b>Urine - Random</b> - 20.0 mL. Must be ordered as Toxicology screen.		Store and ship refrigerated	
NASAL SMEAR FOR EOSINOPHILS		See Eosinophil Smear.			
NATURAL KILLER CELLS	-	See Immunology Markers			
NEBCIN		See Tobramycin.			
NETILMICIN (NETROMYCIN)		Test no longer available			
NEWBORN SCREENING	-	Testing is not available through Gamma-Dynacare. Refer patient to local hospital for testing.			
NICKEL (BLOOD)	<b>GREEN (HEPARIN)</b>	<b>Whole Blood</b> – 7.0 mL. Not OHIP billable. DO NOT CENTRIFUGE. Collection in glass royal blue top tube containing Na Heparin is also acceptable. Plastic royal blue top tubes with K2 EDTA are NOT acceptable.		Store and ship refrigerated	
NICKEL (URINE)	-	<b>Urine - Random</b> – 50.0 mL midstream sterile urine collected in a sterile container. Not OHIP billable		Store and ship refrigerated	
NICOTINE (URINE)	-	<b>Urine - Random</b> - 25.0 mL collected in sterile container. Must be ordered as Toxicology screen.		Store and ship refrigerated	
NICOTINE METABOLITE SERUM	<b>RED</b>	<b>Serum</b> – 3.0 mL. Centrifuge and aliquot serum to a transport tube.		Store and ship refrigerated.	
NITRAZEPAM	<b>ROYAL BLUE NON HEPARINIZED</b>	<b>Serum</b> – 1.0 mL. Centrifuge and aliquot into transfer tube. No gel separator. Sample will be frozen upon receipt in laboratory within 24 hrs of collection.	To monitor therapy draw a trough specimen before next dose administered.	Store and ship refrigerated until frozen. Once frozen sample should remain frozen.	Indicate time of last dose and collection
NITROGEN (URINE)	-	Test is no longer available.			
NORPACE		See Disopyramide			

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<b>NORTRIPTYLINE (Aventyl)</b>	<b>ROYAL BLUE (NO ADDITIVE)</b>	<b>Serum</b> – 2.0 mL. Centrifuge and aliquot into transfer tube. No gel separator	Collect trough specimen prior to morning dose or 10-12 h after last dose.	Store and ship refrigerated	Indicate time of last dose and collection on both specimen and requisition.
<b>NOVOPRAMINE</b>		See Imipramine			
<b>NT-proBNP</b>	<b>SST</b>	<b>Serum</b> – 1.0 mL. Not OHIP billable.		Store and ship refrigerated.	
<b>NUCLEOTIDASE 5'</b>		Test no long available			
<b>OCCULT BLOOD (STOOL)</b>	-	<b>Fresh Stool</b> – Follow kit instructions			
<b>OLANZAPINE</b>	<b>ROYAL BLUE (RED LABEL)</b>	<b>Serum</b> – 2.0 mL. Draw blood aseptically. Centrifuge and aliquot serum. Sample will be frozen upon receipt in laboratory within 24 hrs.		Store and ship refrigerated until frozen. Once frozen sample must remain frozen.	Indicate times of last dose and collection on requisition.
<b>OLIGOCLONAL BANDING – CSF</b>	<b>STERILE TUBE/ SST</b>	<b>CSF / Serum</b> – 5.0 mL/1.0 mL. Both CSF and serum are required to process the test.			Indicate date and time of collection on requisition.
<b>OLIGOSACCHARIDES (URINE)</b>	-	<b>Urine – Random</b> – 25.0 mL. Not OHIP billable. Mucopolysaccharides are not included in this assay and must be specified if also requested. Send 2 urine specimen if Mucopolysaccharides are also requested. Sample(s) will be frozen upon receipt in laboratory within 24 hrs of collection.	Avoid first morning collection.	Store and ship refrigerated until frozen. Once frozen sample must remain frozen until tested.	
<b>OMEGA III FATTY ACIDS</b>	<b>LAVENDER</b>	<b>Plasma</b> – 1.0 mL. Mix gently by inversion. Centrifuge, aliquot plasma and freeze. If plasma can not be frozen at the site ship at 4C within 12 hrs and sample will be frozen upon receipt in the laboratory.	Fasting sample required	Store at –20C and ship on dry ice. If unable to freeze ship at 4C and specimen will be frozen on receipt.	
<b>OPIATES (URINE)</b>	-	<b>Urine – Random</b> – 10.0 mL. Must be ordered as Toxicology Screen.		Store and ship refrigerated	
<b>ORGANIC ACID QUALITATIVE (URINE)</b>	-	<b>Urine – Random</b> – 20.0 mL. Sample will be frozen upon receipt in laboratory within 24 hrs of collection.	Early morning specimen preferred.	Store and ship refrigerated until frozen. Once frozen sample should remain frozen. Mon-Thurs.	Include clinical history.
<b>OROSOMUCOID</b>		See Alpha 1 Acid Glycoprotein.			

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<b>OROTIC ACID (OROTATE)</b>	<b>URINE</b>	<b>Random Urine</b> – 10.0 mL. Collect and freeze urine within 30 minutes. Collect in GDML PSC only. Urine must be acidified within 24 hrs using 6M HCL to achieve a pH of <2.		Store and ship frozen on dry ice.	
<b>OSMOLALITY</b>	<b>SST</b>	<b>Serum</b> – 1.0 mL		Store and ship refrigerated.	
<b>OSMOLALITY (URINE)</b>	-	<b>Urine – 24 h or Random</b> – 50.0 mL	Random urine is the specimen of choice.	Store and ship refrigerated.	For 24 h urine state total volume in mL
<b>OSTEOCALCIN (INTACT)</b>	<b>SST</b>	<b>Serum</b> – 2.0 mL. Not OHIP billable. Specimen for this test must be collected, processed, aliquoted and frozen within 30 min of collection. Patients for this test must therefore be referred to a GDML Patient Service Center for collection. Submit 2 frozen specimens. If the specimen thaws during transit it will not be acceptable for testing. Avoid hemolysis.		Store and ship frozen on dry ice. Do not permit the specimen to thaw.	
<b>OVA AND PARASITES</b>	-	<b>Stool</b> – Collect feces in clean dry container. Transfer to SAF container as described in detailed instructions under “Collection Instructions” section. One specimen is recommended.	Ensure patient has not taken any laxative or anti-diarrheal drugs containing mineral oil, barium, bismuth etc.		Provide travel history.
<b>OVARIAN ANTIBODIES</b>	<b>SST</b>	<b>Serum</b> – 2.0 mL. Hemolyzed samples not accepted.			
<b>OXALATE (URINE)</b>	<b>URINE</b>	<b>Urine</b> – Collect the 24 hour urine in a 25 mL 6N HCL. Submit a 10 mL aliquot in a conical or round bottom tube. Sample will be frozen upon receipt in laboratory within 24 hrs of collection.		Store and ship refrigerated until frozen. Once frozen sample should remain frozen.	For 24 h urine state total volume in mL.

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<b>PAI-1 ACTIVITY</b>	<b>STABYLITE TUBE</b>	<b>Plasma</b> - 1.0 mL. An atraumatic venipuncture is required. The tourniquet must be removed with the commencement of blood flow, ideally in less than 1 min. Blood is collected in prechilled stabylite tube. Samples must be immediately placed on ice and centrifuged within 1 hour of collection. Samples are centrifuged at 1700g for 15 min at 4C. Using a plastic transfer pipette the plasma is removed and transferred into a 12X75 mm tube. This tube is then centrifuged at 1700g at 4C for an additional 5 minutes to ensure a platelet-free plasma (<10X10E9/L). The double spun plasma is aliquoted into a cryovial and frozen until analysis, preferably at -70C, but -35C is acceptable for up to 3 months. Send on dry ice		Store frozen and ship on dry ice.	
<b>PANCREATIC ANTIBODY</b>		See Islet Cell Antibodies			
<b>PAP SMEAR</b>	<b>PAP KIT</b>	<b>Pap Kit</b> – See specific instruction for liquid based and conventional Paps in Collection Instructions Section.			
<b>PARANEOPLASTIC AUTOANTIBODY PANEL</b>	<b>SST OR STERILE CONTAINER</b>	<b>Serum or Spinal Fluid</b> – 2.0 mL. Includes Anti Yo, Anti Hu and Anti Ri antibodies.		Store and ship refrigerated.	
<b>PARATHYROID HORMONE (PTH)</b>	<b>LAVENDER</b>	<b>Plasma</b> – 1.0 mL. Centrifuge and separate plasma from cells within 60 min of collection. Transfer to aliquot tube. If unable to centrifuge, patient must be sent to a GDML location for collection.	Patient must fast for 8 hours.	Store and ship refrigerated.	Indicate plasma on the tube.
<b>PARATHYROID HORMONE RELATED PEPTIDE</b>	<b>RED</b>	<b>Serum</b> – 2.0 mL. Do not use gel separator. Specimen for this test must be collected, processed, aliquoted and frozen within 30 min of collection. Patient for this test must therefore be referred to a GDML service center for collection.		Store and ship frozen on dry ice. If specimen thaws it is unsuitable for analysis.	
<b>PARIETAL CELL ANTIBODIES</b>		See Anti-Parietal Cell Antibodies			

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Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
<b>PARTIAL THROMBOPLASTIN TIME (PTT)</b>	<b>LIGHT BLUE</b>	<b>Plasma</b> - 3.0 mL Specimen must be centrifuged, and plasma aliquoted and frozen within 30 minutes of collection. If unable to meet these requirements, patients must be referred to a GDML patient service center for collection. Collect 1 light blue top tube. Centrifuge and remove the top 2/3 of the plasma with a plastic pipette into a transport tube being careful not to disturb the cell layer. Centrifuge the plasma aliquot and transfer to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. If this is the first tube drawn from the patient collect a small amount of blood in a discard tube before proceeding with the rest of the collection.		Ship frozen on dry ice.	
<b>PARVO VIRUS B19 IGG/IGM – DIAGNOSIS</b>	<b>SST</b>	<b>Serum</b> – 10.0 mL. Test is to be performed <b>ONLY</b> if physician has requested a viral state for IGG/IGM or IGM alone. If the request is for IGG only then order Parvovirus IGG Immune.		Store and ship refrigerated	Indicate if sample is acute or convalescent and any relevant clinical information (rash, fever, travel history, exposure, tick bite, etc.).
<b>PARVOVIRUS B19 IGG – IMMUNITY</b>	<b>SST</b>	<b>Serum</b> - 10.0 mL. Testing is for immunity status only.		Store and ship refrigerated	Indicate sample is for immunity testing only.
<b>PATHOLOGY</b>		See Histology			
<b>PAROXETINE</b>	<b>GREEN</b>	<b>Plasma</b> – 2.0 mL. Not OHIP billable. Sample will be frozen upon receipt in laboratory within 24 hrs of collection.	Draw sample 10-14 h after the last dose.	Store and ship refrigerated until frozen. Once frozen sample should remain frozen.	Indicate time of last dose and collection.
<b>PAXIL</b>		See Paroxetine			
<b>PCB</b>		Test no longer available.			
<b>PEMPHIGUS / PEMPFIGOID ANTIBODY</b>		See Anti Skin Antibody.			

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PERCHLOROETHYLENE	LAVENDER	<b>Plasma</b> – 6.0 mL. Dedicated unopened tube required. Not OHIP billable.	Sampling time is prior to the last shift or the work week for industrial exposure monitoring.	Store and ship refrigerated.	
PERTUSSIS SWAB	PHL SWAB	<b>Swab</b> – Completed PHL requisition required. Serological testing on blood is not recommended. Swab is preferred specimen.	May require acute and convalescent specimen for diagnosis or only one sample if immunity requested.		Indicate if for immunity or diagnosis.
PH – STOOL	-	Test is no longer available			
PHENOBARBITAL	RED	<b>Serum</b> – 2.0 mL. Centrifuge and aliquot into transfer tube. No gel separator.	Due to the long half life of phenobarbital timing of collection is unimportant. If making comparative measurements in therapy ensure timing is consistent.	Store and ship refrigerated.	Indicate time of last dose and collection on requisition
PHENOL (URINE)	-	See Phenylmercapturic Acid			
PHENOTHIAZINE – QUALITATIVE (URINE)	-	Test is no longer available.			
PHENYLALANINE (QUANTITATIVE)	GREEN	<b>Plasma</b> – 2.0 mL		Store & ship refrigerated where possible	State age and diagnosis.
PHENYLKETONURIA	-	Test not available through Gamma-Dynacare. Refer patient to local hospital for testing.			
PHENYLMERCAPTURIC ACID	-	Test is no longer available			
PHENYTOIN & PHENYTOIN FREE		See Dilantin & Dilantin Free			
PHOSPHOROUS	SST	<b>Serum</b> - 1.0 mL			
PHOSPHATES (URINE)	-	<b>Urine – 24 h or Random</b> – 10.0 mL.		Store and ship refrigerated.	For 24 h urine state total volume.
PHYTANATE	RED	<b>Serum</b> – 2.0 mL. Plasma from EDTA or GREEN top tube is also acceptable. Not OHIP billable Specimen may be collected in Dr's office and submitted as per routine sample, but must arrive at GDML laboratory within 24 hours of collection.	Fasting sample preferred.	Store and ship frozen.	
PINWORM	-	<b>Pinworm Kit</b> – Follow instruction provided with collection container. Do not contaminate with stool.			

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PLACIDYL		See Ethchlorvynol			
PLASMA HEMOGLOBIN	LAVENDER	<b>Plasma</b> - 2.0 mL Remove plasma from cells immediately. Avoid hemolysis.		Store and ship refrigerated.	
PLASMA THROMBOPLASTIN ANTECEDENT		See Factor XI Assay.			
PLASMINOGEN	LIGHT BLUE	<b>Plasma</b> – 2.0 mL. Specimen for this test must be collected, processed, aliquoted and frozen within 30 minutes of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube centrifuge and remove top 2/3 of plasma with a plastic transfer pipette into a transport tube to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. <b>NOTE:</b> if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection..		Store and ship frozen on dry ice.	
PLASMIN INHIBITOR		Specimen for this test must be collected, processed, aliquoted and frozen within 30 minutes of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube centrifuge and remove top 2/3 of plasma with a plastic transfer pipette into a transport tube to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. <b>NOTE:</b> if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.		Store frozen. Ship on Dry Ice.	
PLATELET ASSOCIATED IGA		Test is no longer available			
PLATELET COUNT (BLUE TOP)	LIGHT BLUE	<b>Whole Blood</b> – 5.0 mL Order only when platelet clumping is reported on routine CBC tube. Do not centrifuge. Place over blue stopper to indicate the blue top received is platelets and not INR. Clearly write the word “Platelets” on the tape.			

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<b>POLIOVIRUS CULTURE</b>	<b>VIRUS CULTURE OR VIRUS TM KIT</b>	<b>Swab</b> – Acceptable sample types for this test include throat swab, faeces and CSF. If collecting a throat swab follow instructions provided in the virus culture kit. If collecting faeces follow the instructions provided in the virus TM kit and be aware that culture on faeces is performed April 15 <sup>th</sup> to December 14 <sup>th</sup> only. Electron microscopy is performed from December 15 <sup>th</sup> to April 14 <sup>th</sup> . CSF is to be collected in a sterile container.		Store and ship as per kit instructions.	
<b>POLYOMAVIRUS DETECTION</b>	<b>LAVENDER or STERILE CONTAINER</b>	<b>Plasma or CSF</b> – 1.0 mL plasma or 3.0 mL CSF. If submitting plasma specimen may be collected in Dr's office and submitted as per routine specimens but must arrive at GDML Lab within 24 hrs of collection. Sample will be frozen upon receipt in main lab facility. Centrifuge and aliquot plasma to transport tube. For CSF collect 3.0 mL fluid in a sterile container. Specimen must be frozen within 24 hrs of receipt.	For patients in whom progressive multi-focal leukoencephalopathy (PMT) is suspected submit a CSF fluid for testing. For patient in whom nephritis is suspected submit EDTA plasma.	If specimen is received at a GDML main lab facility within 24 hrs of collection, store and ship refrigerated. If not, store frozen and ship on dry ice.	
<b>PORPHOBILINOGEN (URINE)</b>	-	<b>Urine – 24 h or Random</b> – 20.0 mL. Collect 24 hr urine with 5 g Sodium Carbonate. Protect from light by collecting in a dark bottle or wrapping container in foil. Patient is required to bring specimen to a patient service center. Urine is to be aliquoted and frozen upon receipt in the main lab. This collection is not suitable for ALA/PBG testing. Quantification may only be done if a preliminary screen is positive.		Protect from light. Store and ship refrigerated until frozen. Once frozen sample must remain frozen.	For 24 hr urine state total volume and date of collection.
<b>PORPHOBILINOGEN DEAMINASE</b>	<b>GREEN</b>	<b>Whole Blood</b> – 7.0 mL. Protect specimen from light. HCT result (less than 1 week prior to this collection) must accompany the request. If unavailable physician must request add-on for CBC to obtain a valid HCT result.		Store and ship refrigerated.	
<b>PORPHYRINS (PLASMA)</b>	-	Test is no longer available			
<b>PORPHYRINS (QUANTITATIVE) – (BLOOD/RBC)</b>	<b>LAVENDER</b>	<b>Whole Blood</b> – 2.0 mL. Do NOT spin.		Protect from light. Store and ship refrigerated.	

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<b>PORPHYRINS (QUALITATIVE) (STOOL)</b>	-	<b>Stool</b> – 50 g collected in sterile container. Specimens for this test must be frozen within 30 min of collection. Patient must therefore be referred to a GDML service center for collection. Specimen must be protected from light using foil or an amber container. Quantitation will automatically be performed if qualitative screen is positive.		Protect from light. Store and ship frozen on dry ice.	
<b>PORPHYRINS (QUALITATIVE SCREEN) (URINE)</b>	-	<b>Urine –random</b> - 20.0 mL. Rrandom urine to be preserved with 0.5 g Sodium Carbonate collected in sterile urine container. Freeze within 30 min of collection. Collect in GDML PSC only.		Protect from light. Store and ship frozen.	Quantitation will only be done if preliminary positive
<b>PORPHYRINS (QUANTITATIVE) (URINE)</b>	-	<b>Urine – 24 hr</b> – 20.0 mL aliquot of 24 hr urine collected in 5 g sodium carbonate. Final pH should be 8-10. Keep cool and protect from light during collection. Freeze within 30 minutes of final collection. Submit to GDML PSC only.		Store and ship frozen on dry ice, protected from light.	Indicate total volume and date of collection.
<b>POTASSIUM (SERUM)</b>	<b>SST</b>	<b>Serum</b> – 1.0 mL. Centrifuge within 1 h			
<b>POTASSIUM (PLASMA)</b>	<b>GREEN</b>	<b>Plasma</b> – 1.0 mL. Centrifuge and separate as soon as possible.			
<b>POTASSIUM (URINE)</b>	-	<b>Urine – 24 h or Random</b> – 10.0 mL		Store and ship refrigerated.	For 24 h urine state total volume in mL
<b>PREALBUMIN</b>	<b>SST</b>	<b>Serum</b> – 1 mL		Store and ship refrigerated.	
<b>PREGNANCY TEST (URINE)</b>	-	<b>Urine – Random</b> 1.0 mL			

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PREKALLIREIN FACTOR	LIGHT BLUE	<b>Plasma</b> – 2.0 mL. Specimen for this test must be collected, processed, aliquoted and frozen within 30 minutes of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube centrifuge and remove top 2/3 of plasma with a plastic transfer pipette into a transport tube to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. <b>NOTE:</b> if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.		Store and ship frozen at – 70 degrees C.	
PRENATAL and REPEAT PRENATAL		See specimen requirements for Antibody screen.			
PRIMIDONE	RED	<b>Serum</b> – 1.0 mL	Collect trough sample just prior to next dose.	Store and ship refrigerated.	Indicate time of last dose and collection.
ProBNP		See NT-ProBNP			
PROCAINAMIDE	RED	<b>Serum</b> – 2.0 mL. Centrifuge and aliquot serum to transfer tube. N-acetylprocainamide (active metabolite of procainamide) is tested and reported simultaneously. SST tube NOT acceptable.	To monitor therapy, collect trough sample just prior to next dose.	Store and ship refrigerated.	Indicate time of last dose and collection.
PROCOAGULANT ASSAY		See Factor VIII Assay.			
PROGESTERONE	SST	<b>Serum</b> – 1.0 mL		Store and ship refrigerated.	State patients age, sex, also if pregnant.
PROINSULIN	SST	<b>Serum</b> – 1.0 mL. Centrifuge, aliquot and freeze within 30 min of collection. Collect in GDML PSC only.	Patient should fast for 12 hrs.	Mon-Thurs. Store frozen and ship on dry ice.	
PROLACTIN	SST	<b>Serum</b> – 1.0 mL		Store and ship refrigerated.	
17-OH PROGESTERONE	SST	<b>Serum</b> – 1.0 mL. Separate serum from cells		Store and ship refrigerated.	
PRONESTYL		See Procainimide.			
PROPAFENONE	SST/GREEN	<b>Serum or Plasma</b> – 2.0 mL	Patient should be on drug at least 3 days prior to collection. Collect prior to morning dose.	Store and ship refrigerated.	Indicate date and time of last dose and collection on requisition and tube



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<b>PROPOXYPHENE (URINE)</b>	-	<b>Urine – Random</b> – 10.0 mL. Must be requested as Toxicology Screen.		Store and ship refrigerated.	
<b>PROSTRATE CANCER GENE 3</b>	-	<b>Urine</b> – 20-30 mLs. A special collection kit is required and may be obtained from any GDML patient service center. Patient is to collect the first 20-30 mLs of urine in a urine specimen cup following the DRE. Invert cup 5 times and pipette 2.0 mLs urine into each of the urine transport tubes. Invert transport tubes 5 times.	Collection for this test is to be performed following a digital rectal examination (DRE) in a physician's office.	Store and ship refrigerated to the main lab using the kit provided.	
<b>PROSTATE SPECIFIC ANTIGEN (FREE) and RATIO</b>	<b>SST</b>	<b>Serum</b> –1.0 mL. Centrifuge. Separate serum from the cells within 2 hrs of collection. Aliquot serum to a transport tube. Testing is for screening or monitoring. Please refer to last column to determine if coverage is available for the test.	Sampling should not occur less than 48 hrs post ejaculation, extensive physical exercise, acute bacterial prostatitis, acute urinary retention, perineal biopsy and transurethral resection.	Store at 4 degrees immediately and ship refrigerated within 24 hrs. On weekends and statutory holidays sample must be frozen and shipped on dry ice.	Please ensure the appropriate test is selected on the OHIP requisition. Please see note under PSA for coverage explanation.
<b>PROSTATE SPECIFIC ANTIGEN (PSA)</b>	<b>SST</b>	<b>Serum</b> – 1.0 mL. Serum must be separated from the cells within 6 hrs of collection. Due to sample stability issues, Free PSA can not be added onto a PSA sample. If required the two tests should be ordered together.	Sampling should not occur less than 48 hrs post ejaculation, extensive physical exercise, acute bacterial prostatitis, acute urinary retention, perineal biopsy and transurethral resection.	Store and ship refrigerated. Stable 6 hrs at room temperature, 1-2 days refrigerated and several weeks at -20C.	Please ensure the appropriate test is selected on the OHIP requisition. PSA is only covered for: <ol style="list-style-type: none"> <li>Men at higher risk due to their history, family history or race.</li> <li>Men suspected of having prostate cancer due to results of exam</li> <li>Men diagnosed with or receiving treatment for prostate cancer and following treatment of prostate cancer.</li> </ol>

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<b>PROSTATIC ACID PHOSPHATASE</b>		Test no longer available			
<b>PROTEIN C ACTIVITY</b>	<b>LIGHT BLUE</b>	<b>Plasma</b> – 3.0 mL. Specimen for this test must be collected, processed, aliquoted and frozen within 30 minutes of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube centrifuge and remove top 2/3 of plasma with a plastic transfer pipette into a transport tube to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. NOTE: if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.		Store and ship frozen on dry ice.	
<b>PROTEIN C ANTIGEN</b>	<b>LIGHT BLUE</b>	<b>Plasma</b> – 3.0 mL. Specimen for this test must be collected, processed, aliquoted and frozen within 30 minutes of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube centrifuge and remove top 2/3 of plasma with a plastic transfer pipette into a transport tube to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. NOTE: if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.	Avoid Warfarin (Coumadin) therapy for 2 weeks prior to testing.	Store and ship frozen on dry ice.	
<b>PROTEIN ELECTROPHORESIS</b>	<b>SST</b>	<b>Serum</b> – 5.0 mL. Includes Total Protein.			
<b>PROTEIN ELECTROPHORESIS (URINE)</b>	-	<b>Urine</b> – 24 h or Random 25.0 mL.			

Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
PROTEIN S	LIGHT BLUE	<p><b>Plasma</b> – 3.0 mL. Specimen for this test must be collected, processed, aliquoted &amp; frozen within 30 min of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube, centrifuge &amp; remove top 2/3 of plasma with plastic transfer pipette into a transport tube. Centrifuge and transfer plasma to 2<sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. NOTE: if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.</p>		Store and ship frozen on dry ice. Mon-Thurs.	
PROTEIN S ACTIVITY	LIGHT BLUE	<p><b>Plasma</b> – 3.0 mL. Specimen for this test must be collected, processed, aliquoted &amp; frozen within 30 min of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube, centrifuge &amp; remove top 2/3 of plasma with plastic transfer pipette into a transport tube. Centrifuge and transfer plasma to 2<sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. NOTE: if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.</p>	Avoid Warfarin (Coumadin) therapy for 2 weeks prior to testing.	Store Frozen. Ship on dry ice.	

Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
<b>PROTEIN S FREE</b>	<b>LIGHT BLUE</b>	<b>Plasma</b> - 3.0 mL. Specimen for this test must be collected, processed, aliquoted & frozen within 30 min of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube, centrifuge & remove top 2/3 of plasma with plastic transfer pipette into a transport tube. Centrifuge and transfer plasma to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. NOTE: if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.	Avoid Warfan (Coumadin) therapy for 2 weeks prior to testing	Store and ship frozen on dry ice.	
<b>PROTEIN S TOTAL ANTIGEN</b>	<b>LIGHT BLUE</b>	<b>Plasma</b> – 3.0 mL. Specimen for this test must be collected, processed, aliquoted & frozen within 30 min of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube, centrifuge & remove top 2/3 of plasma with plastic transfer pipette into a transport tube. Centrifuge and transfer plasma to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. NOTE: if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.	Avoid Warfan (Coumadin) therapy for 2 weeks prior to testing	Store frozen. Ship on dry ice.	
<b>PROTEIN, TOTAL</b>	<b>SST</b>	<b>Serum</b> – 1.0 mL		Store & ship refrigerated.	
<b>PROTEIN, TOTAL (FLUID)</b>	-	<b>Fluid</b> – 1.0 mL. Collect and transfer to plain red top tube.		Store and ship refrigerated.	
<b>PROTEIN, TOTAL (URINE)</b>	-	<b>Urine – 24 h or Random</b> – 10.0 mL. Refrigerate 24 hr urine during collection.		Store and ship refrigerated.	For 24 h urine state total volume in mL.
<b>PROTHROMBIN ASSAY</b>		See Factor II Assay.			



Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
PROTHROMBIN GENE VARIANT	LIGHT BLUE	<b>Whole Blood</b> – 4.0 mL. Collect dedicated tube. Do NOT centrifuge. Lavender is also accepted for this assay.		Store and ship refrigerated. Collect Mon-Thurs only.	
PROTHROMBIN TIME (INR)	LIGHT BLUE	<b>Plasma</b> - 5.0 mL. Routinely no centrifugation is required. However, specimen must be centrifuged, plasma aliquoted and frozen if test can not be performed within 24 h of collection. When ordered with a PTT both test should be performed on a frozen aliquot.		Routinely specimen should be shipped at room temperature. If aliquoted and frozen, specimen must remain frozen during shipping.	
PROTOPORPHYRINS, RBC	-	See Porphyrins Quantitative (Blood)			
PROTRIPTYLINE (TRIPTIL)	ROYAL BLUE NON HEPARINIZED	<b>Serum</b> – 3.0 mL. Centrifuge and aliquot into transfer tube ASAP. No gel separator. Not OHIP billable.	Collect trough specimen prior to morning dose or 10-12 h after last dose.	Store and ship refrigerated.	Indicate time of last dose and collection
PROZAC	-	See Fluoxetine			
PSA FREE/RATIO		See Prostrate Specific Antigen (Free)			
PSA TOTAL		See Prostrate Specific Antigen (Total)			
PSEUDOCHOLINESTERASE		See Cholinesterase, Pseudo.			
PSITTACOSIS AB	-	Refer to Chlamydia Psittaci			
PYRIDINIUM		See Deoxypyridinoline (urine). Not OHIP billable.			
PYRIDOXAL PHOSPHATE		See Vitamin B6.			
PYRUVATE KINASE	LAVENDER	<b>Whole Blood</b> – 4.0 mL.		Collect Mon-Thurs only. Store and ship refrigerated.	
Q-FEVER (COXIELLA BURNETTII) ANTIBODY	-	Refer to Coxiella Burnettii			
QUINIDINE	RED	<b>Serum</b> - 2.0 mL. Separate immediately from gel into aliquot tube.	Draw sample immediately prior to next dose.	Store and ship refrigerated.	Indicate time of last dose and collection.
RABIES VIRUS ANTIBODY	SST	<b>Serum</b> - 10.0 mL. Completed PHL requisition required.			Indicate if patient is post vaccination or exposure.
RBC MAGNESIUM	GREEN/LAVENDER	<b>Whole Blood</b> – 4.0 mL. Not OHIP billable. Do NOT centrifuge sample.		Store and ship refrigerated.	
REAGIN AB FOR IMMIGRATION	-	Test is no longer available. Please see VDRL.			

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Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
RECTAL GC CULTURE	SWAB	Insert swab past anal sphincter into the rectum. Remove and place swab into labeled transport tube. Indicate "GC" on the label.		Do NOT refrigerate.	
RED BLOOD CELL COUNT (RBC)		See Complete Blood Count			
RED CELL INDICES		Calculated as part of Complete Blood Count.			
REDUCING SUBSTANCES (STOOL)	-	<b>Stool – Random</b> 5.0 g in sterile container. Sample will be frozen upon receipt in laboratory within 24 hrs of collection.		Store and ship refrigerated until frozen. Once frozen sample should remain frozen until tested.	Specify sugar required.
REDUCING SUBSTANCES (URINE)	-	<b>Urine – Random</b> 50.0 mL. Sample will be frozen upon receipt in laboratory within 24 hrs of collection.		Store and ship refrigerated until frozen. Once frozen sample should remain frozen until tested.	
RENAL CALCULUS		See Calculus Analysis			
RENIN (ANGIOTENSIN I)	7.0 ML LAVENDER	<b>Plasma</b> – Specimen for this test must be collected, processed, aliquoted and frozen within 30 minutes of collection. Patient must therefore be referred to a GDML Patient Service Center for collection. Centrifuge and separate plasma from red cells immediately into a transfer tube.		Store and ship frozen on dry ice. Follow frozen specimens protocol.	Record on requisition: the posture at time of collection (upright or supine)
REPTILASE	LIGHT BLUE	<b>Plasma</b> – 1.0 mL. Specimen for this test must be collected, processed, aliquoted and frozen within 30 minutes of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube centrifuge and remove top 2/3 of plasma with a plastic transfer pipette into a transport tube to 2 <sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. NOTE: if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.	Patient should not be on anticoagulant therapy.	Store and ship frozen. Mon.-Thurs.	
RESPIRATORY SYNCYTIAL CULTURE	VIRUS CULTURE KIT	<b>Swab</b> – Please follow collection instructions included in the kit. Nasopharyngeal swab is the only acceptable site.		Store and ship as per kit instructions.	

Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
RETICULIN AB	SST	Serum – 2.0 mL.		Store and ship refrigerated.	
RETICULOCYTE COUNT	LAVENDER	Whole Blood – 3.0 mL. Mix well by inversion			
REVERSE T3	-	Test is no longer available. Suitable alternative is TSH and Free T4			
RH PHENOTYPING	PINK	Whole Blood – 7.0 mL.			
RHEUMATOID FACTOR (FLUIDS)	-	Fluid - 1.0 mL. Collected in a sterile container			
RHEUMATOID FACTOR (SERUM)	SST	Serum - 2.0 mL		Store & ship refrigerated.	
RHINOVIRUS – VIRUS DETECTION – SWAB	VIRUS RESPIRATORY KIT	Swab – Follow collection instructions provided in kit. Acceptable sample types are nasoharyngeal, nasal or throat swabs. Completed PHL requisition required. Test is for culture and isolation of virus. Antibody testing is not available for Rhinovirus.		Store & ship as per kit instructions.	
RHYTHMODAN		See Disopyramide.			
RICKETTSIAL INFECTIONS	SST	Serum –10.0 mL. Completed PHL form required.	Acute & convalescent samples required.		Indicate if patient is acute/ convalescent.
RISPERIDONE	RED	Serum – 1.0 mL. Specimen may be collected in Dr's office and submitted as per routine samples but must arrive at GDML within 24 hrs of collection. Samples will be frozen upon receipt in a GDML facility. Other tube types are also acceptable including dark blue, lavender, green and grey top tubes.		If specimen will be received at a GDML main lab location within 24 hrs of collection store and ship refrigerated. If not store frozen and ship on dry ice.	Indicate date and time of last dose and collection on both the requisition and tube.
RISTOCETIN COFACTOR	-	See Factor VIII (Ristocetin Cofactor)			
RIVOTRIL		See Clonazepam.			
ROCKY MOUNTAIN FEVER (R. RICKETSII)		See Rickettsial Infections.			
ROTAVIRUS	STERILE URINE CONTAINER	Stool – 1g. Collect in a sterile urine container. Collection in a Virus Enteric Kit is also acceptable. Instructions are found within the kit.		Store & ship refrigerated.	



Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
RUBELLA – IMMUNE STATUS – IgG	SST	Serum - 1.0 mL.		Store & ship refrigerated.	
RUBELLA – IMMUNE STATUS – IgG (PHL)	SST	Serum - 1.0 mL. For Immune status only.		Store and ship refrigerated.	Indicate sample is for immunity only.
RUBELLA VIRUS AB– IgG/IgM DIAGNOSIS	SST	Serum– 10.0 mL. Test is to be performed ONLY if physician has requested a viral state for IGG/IGM or IGM alone. If the request is for IGG only then order Rubellavirus IGG Immune			Indicate if sample is acute or convalescent and any relevant clinical information.
RUBELLA VIRUS DETECTION – CULTURE SWAB	VIRUS RESPIRATORY KIT	Swab – For throat or nasopharyngeal swab collection use Virus Respiratory kit & follow collection instructions provided. For urine samples sterile urine container is acceptable.		Store and ship as per kit instructions	
RUBEOLAVIRUS IGG/IGM AB – DIAGNOSIS	SST	Serum – 10.0 mL. Test is to be performed ONLY if physician has requested a viral state for IGG/IGM or IGM alone. If the request is for IGG only then order Rubeolavirus IGG Immune.		Store and ship refrigerated.	Indicate if sample is acute or convalescent and any relevant clinical information (fever, rash, travel history, exposure, tick bite. Etc.).
RUBEOLAVIRUS IGG IMMUNE STATUS	SST	Serum – 10.0 mL. Testing is for immunity only.		Store and ship refrigerated.	Indicate specimen is for immunity
RUBEOLAVIRUS DETECTION – CULTURE	VIRUS CULTURE KIT	Swab – Test can also be performed on nasopharyngeal, conjunctival or throat swab or urine. If testing performed on urine use virus TM kit and follow kit instructions for collection. If submitting a swab follow instructions provided in the virus culture kit.		Store and ship as per kit instructions.	

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Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
RUSSELL VIPER VENOM	LIGHT BLUE	<p><b>Plasma</b> – 2.0 mL. Specimen for this test must be collected, processed, aliquoted &amp; frozen within 30 min of collection. If unable to meet these requirements, patients must be referred to a GDML patient service centre for collection. Collect 1 light blue top tube, centrifuge &amp; remove top 2/3 of plasma with plastic transfer pipette into a transport tube. Centrifuge and transfer plasma to 2<sup>nd</sup> transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. NOTE: if the light blue top tube is the first vacutainer to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.</p>		Mon-Thurs. Store frozen and ship on dry ice.	