



# Laboratory Handbook

**AUSTECH MEDICAL LABORATORIES**  
**32 Cottam Avenue, Bankstown NSW 2200**

**Tel: 1300 AML 000 (1300 265 000)**

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# Introduction

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**Dear Colleague,**

Please find herewith a copy of our “Laboratory Handbook”. We believe that you will find this collection requirements guide both informative and user-friendly.

We welcome your feedback regarding this publication and please feel free to contact our Laboratory Manager or one of our Pathologists with any comments, suggestions or criticisms.

**Austech Medical Laboratories** is one of the oldest, independent pathology practices, and we always take pride in providing a comprehensive and superior quality pathology service to the medical profession, using the latest cutting-edge technology. Austech is deeply committed in maintaining professional and technical excellence, personalised service and the highest ethical standards.

We look forward to servicing the needs of your practice, staff and patients.

Kind regards,

**Dr. Raman Miglani**

**Chief Pathologist and Medical Director**

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# Laboratory Personnel

Below is a list of our laboratory's key personnel:

NAME	ROLE	CONTACT NO.
Dr. Raman Miglani	Medical Director	0409 163 447
Mr. Ishwari Prasad	Laboratory and Quality Manager	0409 069 991
Mr Peter Lambros	Laboratory Operations Manager	0413 710 071
Mr Ram Singh	Senior-In-Charge HISTOLOGY	0409 069 994
Ms Jansi John	Senior-In-Charge MICROBIOLOGY	0478 411 099
Ms Tra Mi Huynh	Senior-In-Charge BIOCHEMISTRY Wise Pathology – Macquarie Park	0422 320 089
Ms Sumanjali Yasa	Senior-In-Charge ADMIN	0430 490 013
Mr Kamlesh Reddy	Senior-In-Charge COURIERS	0410 683 719
Mr Roy Singh	Senior-In-Charge STORES & WAREHOUSE	0424 284 134
Ms Christine Foulds	Branch Manager – Wise Pathology Robina	0410 424 658
Mr Ram Singh	Senior-In-Charge HAEMATOLOGY	0409 069 994

# Laboratory Hours of Operation

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At the time of publishing this version of the Laboratory Handbook, our Laboratory's Hours of Operation are:

Monday to Friday	7:00am – 11:00pm
Saturdays	7:00am – 10:00pm
Sundays & Public Holidays	08:00am – 08:00pm

## Accredited Collection Centres

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Please check our web site at [www.austechlabs.com.au](http://www.austechlabs.com.au) for the most up-to-date information regarding location of our accredited collection centres and operating hours.

SUBURB	ADDRESS	OPERATING HOURS
BANKSTOWN	32 Cottam Avenue Bankstown NSW 2200	Mon – Fri 8:00am – 1:00pm
GREEN VALLEY	251-253 Wilson Rd Green Valley NSW 2168	Mon – Sat 8:30am – 1:30pm
LAKEMBA	119 Lakemba St, Lakemba NSW 2195	Mon, Tue, Fri 9:00am – 1:00pm
SYLVANIA	192 Princess Hwy Sylvania NSW 2224	
YAGOONA	457 Hume Hwy Yagoona NSW 2199	Mon – Fri 8:30am – 03:00pm Sat: 09:00am – 1:00pm

# Home Visits

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We understand the special needs of patients unable to attend our collection centres, and therefore offer a home visit collection service for the patient's convenience in specific circumstances. We can arrange for a home visits pathology collector to attend the patient's home, hospital, nursing home or work place for pathology samples to be collected.

**Please call the laboratory on (02) 9724 2255 to organise a home visit, or fax on (02) 9709 4844. Alternatively you can also email us on: [info@austechlabs.com.au](mailto:info@austechlabs.com.au)**

## Courier Services

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**To organise a courier pick, call the laboratory on (02) 9724 2255.**

# Stores and Suppliers Orders

The Australian Government Department of Health has published "**The Red Book**", which is the "Guidance on Laws Relating to Pathology and Diagnostic Imaging – Prohibited Practices". These guidelines include information on which supply items our accredited pathology laboratory can provide to medical practitioners for the collection of pathology specimens:

Needle barrel holders	Vacutainer or equivalent tube for collection
Syringes (5ml or larger)	21 or 23 gauge needles
Individual alcohol wipes	Spreaders for blood films
Small test tube rack	Spray fixative
Cervix spatulas	Cyto brush
Direct to vial kits	Slides and slide carriers or holders
Formalin or other fixative	Appropriate containers & media for specimens
Punch biopsy instruments	Microbiological or virology swabs & transport media
Urine containers	Faeces containers
Paediatric urine collection kits	Chlamydia specific collection & transport receptacles
Blood culture bottles	Petri dishes
Timed urine collection containers	Specimen biohazard bags & rubber bands
Faecal fat collection containers	Glucose drinks for a glucose tolerance test
Disposable vaginal speculums	Tuberculosis specific collection receptacles

In addition, appropriate containers and media for urine, sputum & other body fluid cytology and cytology samples collected directly from tissues by cytology of fine needle aspiration.

Centrifuges, if they are labelled as the property of the pathology provider and necessary to ensure that specimens are not damaged.

Educational material about pathology (including for patients)

Pathology request forms, telephone result pads, stock request pads.

A refrigerator used only for (and necessary for storage) of pathology specimens, specimen transport containers and specimen pick up receptacles, labelled as the property of the pathology provider.

**Please contact our Stores Department on (02) 9724 2255.**

**Send a completed supply order form with our courier,  
or fax to (02) 9709 4844. Alternatively you can email us on:  
[info@austechlabs.com.au](mailto:info@austechlabs.com.au)**



# Specimen Transport & Storage

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Most specimens should be transported in individual specimen bags per patient, and stored as follows:

Blood samples, Urine & Faeces Samples	2 – 8°C
Swabs, smears, semen samples, biopsies, Urea Breath tests and Cold agglutinins	Room Temperature
Blood Cultures	37°C

Some specimens require special attention. See instruction under the individual tests or phone the laboratory.

## Taxis

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When transporting samples to the laboratory by taxi, ***specimens should be transported in a foam esky with an ice-brick enclosed***, NOT as loose specimen bags.

# Specimen Collection

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Correct labelling of all specimens is essential as per NATA/RCPA requirements. **Patient surname, first name, date of birth, address/Medical Record Number (MRN)** are the *minimal* requirements for patient identification.

**Medicare Number** and **Surgery UR Number** should be included on the request form for further identification purposes. Also if known, relevant **Insurance Fund Name** and **Number**.

**Time and Date of Specimen Collection** are now required as per NATA/RCPA accreditation requirements to be clearly indicated on the samples and pathology request forms.

*Checking the patient's identity* is critically important for all pathology requests, and most importantly for blood group and cross-match requests. The identification of these specimens must be checked by another responsible person or by the patient themselves.

*Glass slides (Blood Films, etc.)* should be labelled in pencil, with the patient's full name and date of birth.

## Results

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Hard-copies of reports are delivered several times per day via our courier network. Electronic downloads of results are available to computerised practices. Please contact our IT Department if you require electronic results for your practice on **(02) 9724 2255**.

### Reference Ranges

Reference Ranges (also referred to as Reference Intervals) for certain tests are subject to change from time to time as methodologies and techniques change. At the time of publication, all of our laboratory's reference ranges were correct.

# HIC/Medicare Requirements for Certain Tests

The Health Insurance Commission (HIC) has established a set of rules and conditions that apply to specific tests and eligibility for Medicare billing, which are subject to change from time to time. At the time of publication, the following rules apply:

MBS Item	Test Name	MBS Rules and Comments
65175	Activated Protein C (APC) Resistance	Patient has a history of venous thromboembolism
65175	Anti-thrombin	Patient has a history of venous thromboembolism
66819	Copper, Zinc, Manganese, Selenium	3x patient episodes in 6 month period
73300	Factor V Leiden Gene Mutation PCR	Proven venous thrombosis or pulmonary embolism
69345 69336 69339	Faeces for culture and Ova, Cysts and Parasites (OCP) Examination	Culture – 1x request in a 7 day period OCP – 2x requests in a 7 day period
66719	Free T4 (FT4); Free T3 (FT3)	At least one of the following conditions is satisfied: a) The patient has an abnormal level of TSH; or b) The tests are performed: I. For the purpose of monitoring thyroid disease in the patient; or II. To investigate the sick euthyroid syndrome if that patient is an admitted patient; or III. To investigate dementia or psychiatric illness of the patient; or IV. To investigate amenorrhoea of the patient; c) The medical practitioner who requested the tests suspects the patient has a pituitary dysfunction; d) The patient is on drugs that interfere with thyroid hormone metabolism or function.

66557	Fructosamine	Maximum of 4x tests in a 12 month period for established diabetes.
66554	HbA1C (in pregnancy)	Maximum of 6x tests in a 12 month period for established diabetes in pregnancy.
69418	Human Papilloma Virus (HPV)	<p>A test for high risk human papilloma viruses that can be bulkbilled in a patient who:</p> <ul style="list-style-type: none"> <li>• Has received excisional or ablative treatment for high grade squamous intraepithelial lesions (HSIL) of the cervix within the last two (2) years;</li> <li>• Or who within the last two (2) years has had a positive HPV test after excisional;</li> <li>• Or ablative treatment for the HSIL of the cervix;</li> <li>• Or is already undergoing annual cytological review for the follow-up of a previously treated HSIL.</li> <li>• To a maximum of 2 of this item in a 24 month period. (Item is subject to rule 25).</li> </ul>
66900	Urea Breath Test	<p>This test will attract a Medicare benefit payment in the following situations:</p> <ul style="list-style-type: none"> <li>• Conformation of <u><i>H. pylori</i></u> colonisation.</li> <li>• Where suitable biopsy material for diagnosis cannot be obtained at endoscopy in patients with peptic ulcer disease, or where diagnosis of peptic ulcer has been made on barium meal or in patients with past history of duodenal ulcer, gastric ulcer or gastric neoplasia, where endoscopy is not indicated.</li> <li>• Monitoring of success of eradication of <u><i>H. pylori</i></u> in patients with PUD.</li> </ul> <p><b>Please ensure indication(s) for the test are clearly written on the request form.</b></p>
69491	Hepatitis C virus (HCV) genotype	<p>a) The patient is HCV RNA Positive and is being evaluated for antiviral therapy of chronic HCV hepatitis; and</p>

		<p>b) The request for the test is made by, or on the advice of, the specialist or consultant physician managing the treatment of the patient.</p> <p>Maximum of 1 test in a 12 month period.</p>
71075	Immunoglobulin E (IgE) – Total	2 patient episodes in a 12 month period
71057	Protein EPG	1 specimen type collected within a 28 day period.
66655	Prostate Specific Antigen (PSA) – Total (Screening)	1 patient episodes in a 12 month period.
66660	PSA (Total & Free)	<p>Result between age related reference limit and 10 ug/ml.</p> <p>4 patient episodes in a 12 month period</p>
71079	Specific IgE antibodies to single or multiple allergens (RAST)	4 patient episodes in a 12 month period
66626	Urine Drug Screen (UDS) – monitoring	36 patient episodes in a 12 month period
66599	Vitamin B12, Serum Folate	3 patient episodes (any test combination) in a 12 month period
66833	Vitamin D	<p>As per Medicare Benefits Schedule, the quantification of Vitamin D in serum is for the investigation of a patient who:</p> <ul style="list-style-type: none"> <li>• Has signs or symptoms of osteoporosis or osteomalacia; or</li> <li>• Has increased alkaline phosphate and otherwise normal liver function tests; or</li> <li>• Has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; or</li> <li>• Is suffering from malabsorption (for example, because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease or has had bariatric surgery); or</li> <li>• Has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational, or residential reasons; or</li> </ul>

		<ul style="list-style-type: none"> <li>• Is taking medication known to decrease 25OH-D levels (for example, anti-convulsants); or</li> <li>• Has chronic renal failure or is a renal transplant recipient; or</li> <li>• Is less than 16 years of age and has signs or symptoms of rickets; or</li> <li>• Is an infant whose mother has established vitamin D deficiency; or</li> <li>• Is an exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item; or</li> <li>• Has a sibling who is less than 16 years of age and has vitamin D deficiency.</li> </ul> <p>Kindly ensure the clinical indication(s) for this test are clearly marked on the pathology request form</p>
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**Please note:** information is subject to change without prior notice. For the latest and most up-to-date information, always refer to your current MBS documents, or online at:  
<http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

# Pathology Tests in Alphabetical Order

Test Name	Tube	Vol (ml)	Instructions
17 OH Progesterone	Serum	2.0	
24hr Urine Catecholamine	24h Urine		Restricted diet to be adhered to 5 days prior to test. See 'Patient Instructions'.
24hr Urine VMA & Catecholamine	24h Urine		Restricted diet to be adhered to 5 days prior to test. See 'Patient Instructions'.
5HIAA	24h Urine		Restricted diet to be adhered to test. See 'Patient Instructions'.
AB	Plain		Please label tubes with patient's full name and DOB.
Acetylcholine Receptor Abs	Serum		Sep & Freeze, this test takes 3 weeks
Acid Phosphatase			Do PSA
ACTH	EDTA	2 tubes	Sep & Freeze
Activated Protein C	CIT	1 tube	Sep & Freeze
Adenovirus Serology	Serum	5.0	
AFB	Sputum/ Urine	3 spec.	To be collected on 3 consecutive days. Keep refrigerated.
AFP	Serum	0.5	
AIDS SCREEN	Serum	1.0	
Alanine Transaminase	Serum	0.5	
ALB	Serum	0.5	
Albumin	Serum	0.5	
Alcohol level	Flox plasma	0.5	Gel accepted
Aldolase <b>(Non MBS) \$162.40</b>	Whole EDTA		Room temp
Aldosterone	EDTA		Separate & Freeze

Alkaline Phosphatase	Serum	0.5	
ALP	Serum	0.5	
ALP Isoenzymes	Serum	0.5ml	
Alpha fetoprotein	Serum	0.5	
Alpha-1-Antitrypsin	Serum	1.0	
ALT	Serum	0.5	
AMA	Serum	0.5	
Amino Acid -plasma	Lithium Hep		Or spot urine
Amiodarone	Serum	0.5	This test takes up to 2 weeks
Ammonia	EDTA/Lit Hep	10ml	Separate & Freeze - Lithium Hep Tube. EDTA acceptable. Smoking avoided prior to test.
Amoebic serology	Serum		
AMH (Anti Mullerian Hormone) (non MBS)	Serum		Gel tube
Amylase	Serum	0.5	
Amyloid A ( <b>NON MBS</b> )\$33.00	Serum	0.5	
ANA/ANF	Serum	0.5	
ANCA	Serum	0.5	
Androgens	Serum	0.5	
Androstenedione	Serum	1.0	
Angiotensin Converting Enzyme	Serum	1.0	
Anion Gap	Serum	0.5	
Antenatal Serology (ANS)	Serum, EDTA	3.0	
Anti - DNase B	Serum	1.0	
Anti - Gliadin IgA	Serum	1.0	
Anti acetylcholine esterase receptor antibodies	Serum		Sep & Freeze
Anti Basement Membrane Ab (Non MBS)	Serum	0.5	



Anti Cardiolipin (ACL) Antiphospholipid antibody	Serum	0.5	
Anti DNA	Serum	0.5	
Anti ds DNA	Serum	0.5	
Anti Endomysial Ab (EMA)	Serum	0.5	
Anti Filaggrin Ab (AFA)	Serum	0.5	
Anti LKM Ab (ALKMA)	Serum	0.5	
Anti Mullerian ABS (AMH) <b>NON MBS \$60.50</b>	Serum	0.5	
Anti mitochondrial Antibodies	Serum	0.5	
Anti myelin antibodies	Serum	0.5	
Anti Parietal Cell Antibody	Serum	0.5	
Anti Phospholipid Ab/Anticardiolipin	Serum	0.5	
Anti reticulin Ab (ARA)	Serum	0.5	Sep & Freeze
Anti Saccharomyces cerevisiae abs	Serum	0.5	
Anti Smooth Muscle Ab (ASMA)	Serum	0.5	
Anti Sperm Antibody (ASAB)	Serum	1.0	Sep & Freeze
Anti Streptolysin-O Titer	Serum	1.0	
Anti Thrombin III	CIT	1 tube	Sep & Freeze
Anti Thyroid Antibodies	Serum	1.0	
Anti Transglutaminase Ab (ATGA)	Serum	0.5	
Anti TSH Receptor	Serum	2.0	Sep & Freeze
Antibody ID	Serum	10.0	10ml Serum, 1 EDTA and form
Antibody Screening	Plain		
APC Resistance	Citrate	3 tubes	Sep & Freeze
APCA	Serum	0.5	
APTT	CIT	1 tube	Collect blood to the exact vol.
Arsenic	EDTA		Whole blood. DO NOT spin

ASMA	Serum	0.5	
ASOT	Serum	0.5	
Aspartate Transaminase	Serum	0.5	
Aspergillus serology	Serum	1.0	
AST	Serum	0.5	
AST (Aspartate Transaminase)	Serum	0.5	
Auto antibodies	Serum	1.0	Includes both tests.
Auto Antibody Screen	Serum	10.0	10 ml Serum + EDTA and Form
Avian Precipitins	Serum	1.0	
B type Natriuretic Peptide (BNP)- ( <b>Non MBS</b> )	Serum	1.0	Sep & Freeze, patient directly billed by Reference lab
B. Pertussis Antibody	Serum	1.0	
B. pertussis PCR	Swab	1 swab	Collect 1 orange top swab
B1 (Thiamine)	EDTA	1 tube	Protected from light & Freeze
B12 & Folate	Serum	2.0	
B12 (Vitamin B12)	Serum	1.0	
B2 Micro globulin	Serum	1.0	
Barmah Forrest Virus (IgG & IgM)	Serum	1.0	
Bence Jones Protein	Urine		Spot urine
Beta 2 Glycoprotein I	Clot		Sep & Freeze
BF (incl HB)	EDTA	1.0	
BG	Plain	1 tube	Please label tubes with patients full name and DOB.
<input type="checkbox"/> HCG (? Pregnancy)	Serum	0.5	Urine also
<input type="checkbox"/> HCG (Quantitative)	Urine	0.5	
<input type="checkbox"/> HCG (Quantitative)	Serum	0.5	
Bicarbonate	Serum	0.5	
Bile Acids ( <b>Non MBS</b> ) <b>\$43.50</b>	Serum	1.0	Medicare rebate only when patient is pregnant
Bilirubin	Serum	0.5	

Bilirubin - Conjugated and Non-conjugated	Serum	0.5	Use this code when Direct/Indirect requested
Bleeding Time	Citrate		
Blood Alcohol	EDTA		Check with Dr
Blood Culture	Blood culture bottles		Check with Micro. For Bottles.
Blood Film	EDTA	1.0	
Blood Group	Plain	1 tube	Please label tubes with patient's full name and DOB.
BMA - BM aspirate			Check with Dr
BMEC - BM clot only			Check with Dr
BMT - BM trephine			Check with Dr
BNP (Non MBS) \$55.60	Serum	0.5	
Brucella serology	Serum	1.0	This test takes up to 2 weeks
C - Peptide	Serum		Sep & Freeze
C Reactive Protein	Serum	0.5	
C.difficile faecal toxin	Faeces		
C1 Esterase Inhibitor	Serum	1 tube	Tube must fill to line.
C3/C4	Serum	1.0	
C4	Serum	0.5	
Ca (incl Alb)	Serum	0.5	
CA125	Serum	0.5	Ovarian
CA15.3	Serum	0.5	
CA19.9	Serum	0.5	
Ca <sup>2+</sup> & Phos	Serum	0.5	
Cadmium	EDTA	2 tubes	Refrigerate
Urine Cadmium	URINE		24 hr urine
Caeruloplasmin	Serum	0.5	
Calcitonin	Plain	1 tube	Sep & Freeze. Spin and freeze ASAP

Calcium	Serum	0.5	
Calcium & Phosphate	Serum	0.5	
Calcium (Ca <sup>2+</sup> ) incl Alb	Serum	0.5	
Calcium (corrected)	Serum	0.5	
Calculus Analysis	Renal stone		Stone - yellow top container
Campylobacter serology	Serum	0.5	
Candida Serology	Serum	0.5	
Carbamazepine	Serum	0.5	Note date and time of last dose
Carboxyhemoglobin	EDTA, HEP		Whole blood. DO NOT spin
Cardiac Enzyme	Serum	0.5	URGENT
Cardiac Enzyme + Troponin	Serum	0.5	URGENT. Cardiac isoenzyme
Carotene	Serum	0.5	URGENT. Sep and freeze. Protect from light - cover with foil
Catecholamine (plasma)	Sodium Heparin	0.5	Special tube. Contact Lab.
Cat Scratch	Serum	1.0	
<b>CDT (Non MBS) \$168.50</b>	Serum	1.0	
CEA	Serum	1.0	
Cell Markers(WCC)	Whole EDTA	1	Room Temp.
Cell Surface Markers	Lithium Heparin	2T	Room Temp.
CH100	Serum	1.0	Sep & Freeze
CH50	Serum	1.0	Sep & Freeze
CHKENGUNYA Serology	Serum	1.0	
Chlamydia	First void urine		Also done from white/orange top swab.
Chlamydia & Gonorrhoea PCR	First void urine		Swab done from white/orange top swab.
Chlamydia PCR	First void urine		Also done from white/orange top swab.
Chlamydia Pneumoniae	Serum	0.5	

Chlamydia Serology	Serum	0.5	
Chloride	Serum	0.5	
Chol	Serum	0.5	
Chol & Trig	Serum	0.5	
Chol, Trig & HDL	Serum	0.5	
Chol, Trig, HDLc (LDL, Ratio)	Serum	0.5	
Cholesterol	Serum	0.5	
Chromium	EDTA*2		
Chromogranin A <b>(Non MBS) \$69.02</b>	Serum	1.0	Gel tube
Chromosome Studies	Li Heparin	1T	Keep at Room Temp. see ref. test list
CK	Serum	1.5	
CK + Troponin	Serum	1.0	
CK Isoenzymes	Serum	1.0	See ref. ref test list
Troponin	Serum	0.5	
Cl <sup>-</sup> (Chloride)	Serum	0.5	
Clonazepam	Serum	0.5	
C Diff Toxin	Faeces		
CMV	Serum	0.5	
CMV (IgG & IgM)	Serum	0.5	
Coagulation Profile	CIT	1 tube	Tube must fill to exact vol.
Coagulation Studies (INR & APTT)	CIT	1 tube	Collect blood to the exact vol.
Coeliac Screen	Serum	0.5	
Coeliac Gene Testing	EDTAx2		Dedicated 2 EDTA full
Cold Agglutinins	Plain	1 tube	Warm Collection. <u>Must be collected at the laboratory.</u> Stand for 1 hour in water bath at 37 degrees. Centrifuge and aspirate serum.
Complement	Serum	0.5	

Complement C3	Serum	0.5	
Complement C4	Serum	0.5	
Complements (C3/C4)	Serum	0.5	
Copeptin/Vasopressin ( <b>NON MBS</b> ) <b>\$55.00</b>	Serum/EDTA/Hep	1	Conditional Test
Copper	EDTA		Can be done 24hr urine/spot urine if req.
Corrected Calcium	Serum	0.5	
Cortisol (AM, PM)	Serum	1.0	AM before 1000hrs, PM after 1600hrs
Cortisol Spot	Serum	1.0	
Cortisol Free (24hr Urine)			
Cotinine			10ml serum or spot urine
Coxsackie culture			
Coxsackie Virus Serology	Serum	1.0	See ref. test list
C-peptide	Serum	1.0	Spin & freeze serum
CPK	Serum	2.5	
Creatine Kinase	Serum	0.5	
Creatine Kinase + Troponin	Serum	0.5	URGENT
Creatinine	Serum	0.5	
Creatinine Clearance	Serum & Urine	24 Urine	Collect 24 hr urine and SST for UEC. Blood to be collected either at the beginning of the urine test or after completion of 24hr urine. <u>Height and weight MUST be recorded on the bottle and the request form</u>
CRP	Serum	0.5	
CRP -high sensitivity	Serum		
Cryoglobulin	Plain	1 tube	Warm Collection. <u>Must be collected at the laboratory.</u>
CSF	CSF		URGENT <20min

CSF Glucose	CSF		URGENT <20min
CSF Protein	CSF		URGENT <20min
CSF Protein & Glucose	CSF		URGENT <20min
CTX (Bone Marker)	Plasma/ Serum		Heparin Preferred, Gel Acceptable
Cyclic Citrullinated Peptide Antibody	Serum		Room Temp. This is a replacement for Rheumatoid Factor. See ref. test list.
Cyclosporin A	EDTA	Whole tube	Note date and time of last dose
Cystic fibrosis	EDTA	4 tubes	Collect 2 EDTA's and note time on each tube, 30minutes later collect the next 2 EDTA's noting time on tubes. <u>Only accepted Mon-Thu at referral lab.</u>
Cystic Fibrosis - PCR	EDTA	Min 15 ml	
Cytogenetic study	HEP		Karyotype
Cytology			
Cytomegalovirus	Serum	0.5	
DAT	EDTA	0.5	
DCT	EDTA	0.5	
D-Dimer screen	CIT	1 T	Separate - send to referral lab on the same day as collection. (Performed In-house)
Delta Aminolaevulinic acid	Urine		Wrap in foil
Dengue fever serology	Serum	0.5	
DHEAS (DHEA-Sulphate)	Serum	0.5	
Digene test	Thin Prep		HPV or Chlamydia
Digoxin (Lanoxin)	Serum	0.5	Note date and time of last dose
Dilantin (Phenytoin)	Serum	0.5	Note date and time of last dose
Diphtheria serology (Non MBS) <b>\$33.00</b>	Serum	0.5	

Direct antiglobulin Test	EDTA	0.5	
Direct Bilirubin	Serum	0.5	
Direct Coombs Test (DAT)	EDTA	0.5	
DPD	Urine		Spot urine only
D-Pyridinoline	Urine		>10 ml Urine. Spot urine only
ds DNA	Serum	0.5	
E/LFTs	Serum	2.0	
E2	Serum	2.0	
E2, LH	Serum	2.0	
E2, LH, FSH	Serum	2.0	
E2, LH, FSH, PRL	Serum	2.0	
E2, LH, FSH, PROG	Serum	2.0	
E2, LH, FSH, PROG, PRL	Serum	2.0	
E2, LH, PRL	Serum	2.0	
E2, LH, PROG	Serum	2.0	
E2, PROG	Serum	2.0	
E2,FSH	Serum	2.0	
E2,FSH, PROG	Serum	2.0	
E2,FSH,PRL	Serum	2.0	
E2,FSH,PROG,PRL	Serum	2.0	
E2,LH,PROG,PRL	Serum	2.0	
E2,PRL	Serum	2.0	
E2,PROG, PRL	Serum	2.0	
Ear Swab	Swab		Blue top swab
EBV	Serum	1.0	
EBV (IgG & IgM)	Serum	1.0	
Electrolytes	Serum	0.5	
Elastase <b>(Non MBS) \$ 67.50</b>	Faeces	1	Freeze



ENA	Serum	0.5	
Endomysial Antibodies	Serum	0.5	
Entamoeba Hist serology	Serum	0.5	
Enterovirus Culture			
Enterovirus incl Coxsackie	Serum	0.5	
Epilim level (Valproic Acid)	Serum	1.0	Note date and time of last dose
ESR	EDTA	1.0	Do not add on this test if specimen >24hrs old.
Ethanol (Urine)	Urine	1.0	
Ethanol (Blood)	Flox	1 tube	
Ethosuximide (Zarontin)	Plain	1 tube	<u>DO NOT USE GEL TUBE.</u> Note date and time of last dose.
Factor 8 (FVIII) Referred	CIT	1 tube	Separate and Freeze. Tube must be filled to the line
Factor IX (F9)	CIT	1 tube	Separate and Freeze. Tube must be filled to the line
Factor V Leiden	EDTA	1 tube	<u>DO NOT SPIN.</u> Refrigerate whole blood. Tube must be filled to the line.
Factor VIII:C complex	CIT		
Factor X (F10)	CIT		
Factor XI (F11)	CIT		
Factor XII (F12)	CIT		
Faecal Fat	Faeces		
Faecal Occult Blood	Faeces		
Faecal Reducing Substances ( <b>Non MBS</b> ) \$103.40	Faeces		Freeze
Faeces C.O.P.	Faeces		
Faeces Culture	Faeces		
Faeces Examination	Faeces		
Faeces Parasites (only)	Faeces		

Fast/Post Prandial Glucose	NAF	2 tubes	1 fasting glucose to be taken followed by - Pt to eat something and return 2 hrs later to have second glucose collected.
Fasting Glucose (FBS)	NaF	0.5	
FBC	EDTA	2.0	NAF, Hep & CIT also can use
FBE (FBC + ESR)	EDTA	2.0	
Ferritin (Fer)	Serum	0.5	
Fibrinogen	CIT	1 tube	Whole blood - DO NOT SEPARATE. Tube must be filled to the line
Fifth disease	Serum	1.0	Parvovirus
Film	EDTA	1.0	
Fine Needle Aspiration	FNA		
Flecainide	Serum	1.0	Sep & Freeze. Note date and time of last dose on request form.
Fluid C&S			
Fluid Protein			
FNA	FNA		
Folate & Red Cell Folate	Serum & EDTA	2.0	
Folic Acid (Folate)	Serum	1.0	
Free Androgen Index (FAI)	Serum		
Free T3 (FT3)	Serum	0.5	
Fructosamine	Serum	0.5	
FSH	Serum	2.0	
FSH, PROG	Serum	2.0	
FSH, PROG, PRL	Serum	2.0	
FSH, PRL	Serum	2.0	
FT3 (T3)	Serum	0.5	Conditional Test: Only for Thyroid related patient unless with abnormal TSH

FTA-ABS	Serum	0.5	
FTA-ABS Ig G+ Ig M	Serum	0.5	
Full Blood Count (FBC)	EDTA	1.0	
Fungal Culture	Skin/ nails		
Fungal serology	Serum		
GAD Antibodies	Serum		Sep & Freeze
G6PD	EDTA	1.0	
Gabapentin	Plain	1.0	
Gamma GT	Serum	0.5	
Gastrin	Serum	1.0	Sep & Freeze. Patient should be fasting.
Genital Swab	Swab		Blue top swab
Genital Swab	Swab		Blue top swab
GGT	Serum	0.5	
GHB	EDTA	0.5	
GHB (HBA <sub>1</sub> C )	EDTA	0.5	
Global Fee (E2, LH, PGN, HCG)	Serum	1.0	
Glucose (AM, PM)	Flox	0.5	
Glucose AM & PM	Flox	0.5	For DM patient
GT	Flox	3 Tubes	Collect 1 fasting tube. Pt to have 75g glucose drink. 1 hour later 2nd glucose tube collected. 2 hrs post fasting blood 3rd glucose tube collected. Patient <u>must be fasting and must follow 3 day carbohydrate diet</u> prior to the test.
Glutamine/ Amino Acid	Lith Heparin/Urine		
Glycated HB (HBA <sub>1</sub> C )	EDTA	0.5	Flox, Hep also can use
Glycosylated HB (HBA <sub>1</sub> C )	EDTA	0.5	Flox, Hep also can use
Gonorrhoea & Chlamydia PCR	Urine, Swab		

Gonorrhoea PCR	Urine, Swab		
Group	Plain		Please label tubes with patient's full name and DOB.
Group & Hold/Save	Serum	0.5	Plain, EDTA. Please label tubes with patient's full name and DOB
Group & RH	Plain	1 tube	Please label tubes with patient's full name and DOB.
Growth hormone	Serum	1.0	Sep & Freeze
GTT - 50g	NaF	0.5	50g glucose drink given to patient. Blood to be collected 1 hr post drink. <u>NO</u> fasting, <u>NO</u> diet.
GTT - 75g	NaF	0.5	Collect 1 fasting tube. Pt to have 75g glucose drink. 1 hour later 2nd glucose tube collected. 2 hrs post fasting blood 3rd glucose tube collected. Patient <u>must be fasting and must follow 3 day carbohydrate diet</u> prior to the test.
GTT3	NaF	0.5	
GTT5	NaF	0.5	
HE 4/ROMA <b>(Non MBS) \$ 58.50</b>	Serum		
Haemochromatosis	EDTA	1-2 tubes	
Haemoglobin	EDTA		
Haemoglobin EPG	EDTA	1.0	Send FBC and IS results if available
Haemophilia Screen (Factors II-X) incl VWF	4x Citrate		Sep Plasma & Freeze
<b>Haemophilus Influenzae Abs (NON MBS) \$33.00</b>	Serum	0.5	
Haptoglobin	Serum	1.0	
HB	EDTA	1.0	

HB EPG/Thal screen	1x EDTA	3.0	Send FBC and IS results if available
HBA <sub>1</sub> C (GHB)	EDTA	0.5	Flox, Hep can also be used
HB e Ag & Ab	Serum	1.0	
HB e Ag/Ab	Serum	0.5	
HBSAB (HB sAb)	Serum	2.0	
HBSAG (HBsAg)	Serum	2.0	
HCO <sub>3</sub> <sup>-</sup> (Bicarbonate)	Serum	5.5	
Heavy Metal	EDTA	2 tubes	
Helicobacter Abs	Serum	1.0	
Hep A (Ab)	Serum	0.5	
Hep B (Ab)	Serum	1.0	
Hep B (Ag)	Serum	1.0	
Hep B Virus DNA/ Viral Load	EDTA	2.0	Sep & Freeze. Patient must be Hb sAg positive.
Hep C Ab	Serum	1.0	
Hep. C PCR/ Genotype/ Viral Load	EDTA x2	3 ml Plasma	Sep & Freeze (Dedicated EDTA tubes)
Hepatitis A	Serum	0.5	
Hepatitis A,B,C	Serum	1.5	
Hepatitis B - infection, antenatal, needlestick injury, pregnant, IVF	Serum	1.5	
Hepatitis B (Hep B)	EDTA	1.0	
Hepatitis B PCR	EDTA	10.0ml	
Hepatitis B Serology	Serum	2.0	
Hepatitis B Surface Antibody	Serum	2.0	
Hepatitis B Surface Antigen	Serum	2.0	
Hepatitis C	Serum	0.5	
Hepatitis C PCR	EDTA	1 tube	Spin 20 min, Sep & Freeze

Hep C viral load			
Hep B Core Antibody	Serum	0.5	
Hep B Core IgM Ab	Serum	0.5	
Hep B SAG Confirmation	Serum	1.0	
Hep C Genotype /subclasses	EDTA	1.0	Spin 20 min, Sep & Freeze
Herpes Culture	Swab		Pink/green top swab used.
Herpes PCR	Swab		Pink/green top swab used.
Herpes Serology	Serum	0.5	
Herpes Simplex Culture	Swab		Pink/green top swab used.
Herpes simplex serology	Serum	0.5	
Herpes Zoster (Ag & Ab) PCR	Serum	0.5	Can be performed with a swab
Heterophile Ab	Serum, EDTA		
Histamine (blood)	Lithium Heparin		Whole blood freeze
Histamine (urinary)	24h Urine		
Histopathology			
HIV	Serum	1.0	
HLA B27	1x EDTA	Whole tube	Room Temperature
HLA B5	EDTA	0.5	Keep specimen at room Temp.
HLA DQ2 & DQ8 Typing	2x EDTA	Whole tubes	Keep specimen at room Temp.
HMMA	24h Urine		Restricted diet to be adhered to 5 days prior to test. See 'Patient Instructions'.
Homocysteine	EDTA	1.0	Sep & Freeze
Huntington's Disease	EDTA	2T	Collect 2 EDTA's and note time on each tube, 30minutes later collect the next 2 EDTA's noting time on tubes. <u>Only accepted Mon-Thu at referral lab.</u>
Hybrid Capture			

Hydatid Serology	Serum	1.0	
ID of specimen			
IEPG	Serum	0.5	
IGRA/ TB/ Tuberculosis Screen	Sol Tubesx4		Spl tubes required, enquire lab
IgA	Serum	0.5	
IgE	Serum	0.5	
IgG	Serum	0.5	
IgG Subclasses	Serum	0.5	
IgM	Serum	0.5	
IM	Serum	0.5	Prefer Serum. EDTA HEP may also be used
Immuno EPG	Serum	0.5	
Immunoglobulin (IgG, IgA, IgM)	Serum	0.5	
Immunoglobulin A	Serum	0.5	
Immunoglobulin E	Serum	0.5	
Immunoglobulin E (IgE)	Serum	0.5	
Immunoglobulin G	Serum	0.5	
Immunoglobulin M	Serum	0.5	
Immunoglobulins	Serum	0.5	
Immunophenotyping	Lithium Heparin	1.0 T	
Influenza A/B OIA	Serum	0.5	
Influenzae serology	Serum	1.0	
INR	CIT	1 tube	Collect blood to the exact vol.
Isocyanate			Spot urine
Insulin Level	Serum	0.5	Same Day
Insulin antibodies	Serum		Sep and freeze
Insulin Resistance	Serum	1 tube	Fasting Preferable
Insulin-Like Growth Factor-I	Serum	0.5	Sep & Freeze
IGF BP3 <b>(NON MBS) \$52.10</b>	Serum	0.5	Sep & Freeze

Intrinsic Factor	Serum	0.5	
Ionized Calcium	Serum	Whole tube	Send to Reference Lab within 2 hrs after collection, <u>DO NOT SPIN</u>
Iron	Serum	0.5	
Iron, Ferritin & Transferrin	Serum	0.5	
Iron Studies	Serum	0.5	
K <sup>+</sup> (Potassium)	Serum	0.5	
Keilhauer	EDTA		
Lactate	Flox	1.0	Must send 1 separate flox tube.
Lactate Dehydrogenase	Serum	1.0	
Lactose Tolerance Test (Reducing Substances) <b>Non MBS \$103.40</b>	Faeces		Stool (patient between 0-5 yrs)
Lamictal	Serum	1.0	
Lanoxin (Digoxin)	Serum	0.5	Note date and time of last dose
LDH	Serum/Lithium Heparin	1.0	
LDH Isoenzyme	Serum		2 x 5.0ml - 3tubes
Lead	EDTA	2 tubes	minimum 1 week for report
Legionella Serology	Serum	0.5	
Leptin <b>(Non MBS) fasting \$55.70</b>	Plain	1.0	Sep & Freeze
Leptospirosis serology	Serum	1.0	
Leucocyte Alkaline Phosphatase	Slides		
LFT	Serum	1.0	
LFT 20	Serum	1.0	
LH	Serum	3.5	
LH, FSH	Serum	2.0	
LH, FSH, PRL	Serum	2.0	
LH, FSH, PROG	Serum	2.0	



LH, FSH, PROG, PRL	Serum	2.0	
LH, PRL	Serum	2.0	
LH, PROG	Serum	2.0	
LH, PROG, PRL	Serum	2.0	
Lipase	Serum	0.5	
Lipid Electrophoresis	EDTA	1T	
Lipoprotein A <b>(NON MBS)\$46.80</b>	Serum	1.0	
Lipoprotein B <b>(NON MBS)\$46.80</b>	Serum	1.0	
Listeria Serology	Serum	1.0	
Lithium	Serum	1.0	
Liver Function Test (LFTs)	Serum	0.5	
Lupus Anticoagulant (LAC)	CIT	2T	Must be spun and frozen.
Lupus Inhibitor	CIT	2T	Must be spun and frozen.
Lyme Disease Antibodies	Serum	1.0	
Lymphocyte markers	EDTA/Lith Heparin		Collect 2 tubes
Magnesium, (Mg <sup>2+</sup> )	Serum	0.5	
Malaria Parasites	EDTA & Slides		0.5mL EDTA. <u>URGENT</u>
MALB	Urine		
Mantoux (Tuberculosis)			Check with Doctor
MBA	Serum	1.0	
MBA 20	Serum	1.0	
Measles Ab	Serum	1.0	3-4 days
Measles serology	Serum	1.0	
Meningitis PCR	EDTA	1T	
Mercury	EDTA	2 tubes	
Metanephrines/Normetanephrines (plasma)	Li Heparin		Patient to fast. Separate and freeze (Orange & Green tubes)
Metanephrines (Urinary)	24hr Urine		

Methylene Tetrahydrofolate			Must have Family History -low homocysteine
Mexiletine	Serum		See ref. test list
Mg <sup>2+</sup>	Serum	0.5	
Microalbumin	Urine	2.0	24hr and spot urine both accepted
Monospot	Serum	0.5	Prefer Serum, EDTA HEP also
MPO / PR3	Serum	1.0	
MPO Antibody	Serum	1.0	
Mumps serology	Serum	1.0	
MUSK Abs <b>(NON MBS) \$77.00</b>	Serum	1.0	
Mycology - micro only			
Mycology – micro & cult	Skin or Nail		
Mycoplasma Pneumoniae Abs <b>(NON MBS)\$ 33.00</b>	Serum	1.0	See ref. test list
Mysoline (Primidone) <b>Only QLD</b>	Serum	1.0	To be collected 6hrs post dose. Note date and time of last dose. <u>Collection time is essential</u>
Na, K, Cl & HCO <sub>3</sub> <sup>-</sup>	Serum	0.5	
Na <sup>+</sup> (Sodium)	Serum	0.5	
NAP	Slides		
Neutrophil Alkaline Phosphatase	Slides		
Nortriptyline	Plain	1.0	<u>NO GEL TUBES ACCEPTED</u>
Norwalk Virus / Norovirus	Serum	0.5	
Nose Swab	Swab		Blue top swab
Occult Blood	Faeces		Patient to follow 3 day diagnostic diet. ' See Patient Instructions'
Estradiol/Oestradiol	serum	0.5	
Osmolality (Serum / Urine)	S/U		

Ostase	serum		
Osteocalcin	Serum	1.0	Sep & Freeze
Oxalate	24h Urine		
P1NP	Plasma/ Serum		Heparin Preferred, Gel-acceptable
P4	Serum	1.0	
Pancreatic Polypeptide	Plain	10.0	Sep & Freeze. Must be a fasting morning collection.
Pap Smear	PS		
Pap Smear + Thin Prep	PS+TP		
Paracetamol	Serum	1.0	
Parainfluenza serology	Serum	1.0	
Parvovirus Serology	Serum	1.0	
Paul Bunnell	Serum	0.5	Serum is preferred, however this test can be performed from EDTA or Heparin tubes.
PEPG	Serum	0.5	
Perhexiline	Serum	1.0	Sep & Freeze. <u>NO GEL TUBE ACCEPTED</u> . Note date & time of last dose.
B. pertussis PCR	SWAB		Orange top swab.
B. pertussis antibody	Serum	1.0	
Phenobarbitone (Prominal)	Serum	1.0	Note date and time of last dose
Phenytoin (Dilantin)	Serum	1.0	Note date and time of last dose
Phosphate (Phos)	Serum	0.5	
Plasma Viscosity			
Platelet	EDTA	0.5	
Platelet antibodies			See. Ref. test list
Pneumococcal serology ( <b>NON MBS</b> ) \$33.00	Serum	1.0	

PO <sub>4</sub> <sup>2-</sup>	Serum	1.0	
Porphobilinogen	Urine		Spot urine. Protect from light by <u>wrapping in foil</u> .
Porphyrins Studies/Faecal porphyrin	EDTA/Faeces	1 tube	Protect from light by <u>wrapping specimen in foil</u> . <u>Do NOT spin</u> . Keep refrigerated. Results in 2-3 weeks
Post Coital Test			Check with doctor
Post Prandial Glucose	NaF x 2		1 fasting glucose to be taken followed by - Pt to eat something and return 2 hrs later to have second glucose collected.
Post Vasectomy	Semen		See 'Patient Instructions'
Potassium (K <sup>+</sup> )	Serum	0.5	
PR3 Ab	Serum		
PRO BNP ( <b>NON MBS</b> ) <b>\$87.00</b>	Serum		
PROG	Serum	1.0	
PROG, PRL	Serum	2.0	
PROLACTIN	Serum	0.5	
Prostate Specific Antigen (PSA)	Serum	2.0	
Progesterone	Serum	1.0	
Protein (incl Albumin)	Serum	0.5	
Protein C	CIT	1.0	Sep & Freeze. Fill tube to line. Separate ASAP.
Protein EPG	Serum	0.5	
Protein S	CIT	1.0	Sep & Freeze. Fill tube to line. Separate ASAP. Results 3 weeks double spin
Prothrombin mutation	Citrate & EDTA	1 each	<u>DO NOT SPIN</u> . Refrigerate whole blood. Tube must be filled to the line.
Prothrombin Ratio (PR)	CIT	1T	Collect blood to the exact vol.
Prothrombin Time	CIT	1T	Collect blood to the exact vol.

PSA	Serum	0.5	
PSA & PSA%	Serum	0.5	
PSA Free & Total	Serum	0.5	
Pseudocholinesterase	HEP		
Psittacosis serology	Serum		Results 2 weeks
PT	CIT		Collect blood to the exact vol.
PTH	Serum	2.0	Sep & Freeze
PTHrP			Special check with ref. Lab
PTTK	CIT		
Pyridinoline	Urine		>10 ml Urine. Spot urine only
Pyruvate			Check with ref. Lab
Pyruvate Kinase			
Quantitative immunoglobulins	Serum	0.5	
Q fever serology	Serum	1.0	
Quinidine	Serum	1.0	Collect specimen 6 hrs post dose. Note date & time of last dose on request form.
Rabies	Serum	1.0	
Random glucose (Clot Tube)	NaF	0.5	
Random Glucose (RBS)	NaF	0.5	
RAST	Serum	0.5	
Red Cell Folate	EDTA	Whole	
Red cell zinc	EDTA		
Red O Stain (Fat)	Faeces		
Reducing Substances	Faeces		
Renin	EDTAx2		Sep & Freeze
Respiratory Syncytial Virus	swab		Nasopharyngeal aspirate/bronchial washing/nasal washing.

Respiratory Syncytial Virus Serology	Serum	1.0	
Reticulocytes	EDTA	1.0	
Reverse T3 <b>(Non MBS) \$71.56</b>	Serum	1.0	Sep & Freeze
Rheumatoid Factor	Serum	1.0	
Ross River Virus	Serum	0.5	
Rotavirus	Faeces		PCR
RPR	Serum	1.0	
Rubella	Serum	1.0	
Rubella IgG	Serum	1.0	
Rubella IgM	Serum	0.5	
Rubella Serology	Serum	1.0	
Save serum			
S Iron & Ferritin	Serum	0.5	
S Iron (Fe)	Serum	0.5	
S Lipids	Serum	0.5	
S Lipids & HDL	Serum	0.5	
Schistosomiasis	Serum	0.5	
Seminal Examination	Semen		See 'Patient Instructions'. Must be sent to Laboratory within 2 hrs of collection. Please notify the MICRO department upon receipt of this specimen. Note the collection time & date on the request form.
Serotonin	Serum		Sep & Freeze
Serum EPG	Serum	0.5	
Serum Glucose	Serum	0.5	If no Flox rec'd
Serum/Urine Osmolality	Serum, Urine		
Sex Hormone Binding Globulin (SHBG)	Serum	0.5	
SIBC	Serum	1.0	

Sirolimus Level	Whole EDTA	3.0 ml	Full tube
SLE	Serum	0.5 each	
Sodium (Na <sup>+</sup> )	Serum	0.5	
Soluble Transferrin Receptor	Serum	1T	Separate and freeze within 30mins of collection
Split and unsplit fats			
Sputum AFB	Sputum		
Sputum M&C	Sputum		
Streptokinase Antibodies	Serum	0.5	
SUA	Serum	0.5	
Synovial C&S	Fluid		
Syphilis	Serum	1.0	
Syphilis (ELISA)	Serum	0.5	
Syphilis	Swab		Syphilis PCR
Tacrolimus	EDTA	1 tube	Room temperature. Note date and time of last dose on request form.
TBI	Serum	1.0	Sep & Freeze
TBII	Serum	1.0	Sep & Freeze
Tegretol (Carbamazepine)	Serum	1.0	Note date and time of last dose
Testosterone	serum	0.5	
Testosterone (Free)	serum	0.5	
Testosterone, FAI	serum	0.5	
Testosterone, SHBG	serum	0.5	
Testosterone, SHBG, FAI	serum	0.5	
Tetanus serology <b>(Non MBS) \$33</b>	serum	0.5	Not covered by Medicare (\$33 each)
TFT	serum	2.0	Conditional Test: Only for Thyroid related patient, other patients book in as TSH

Thalassemia screen/HB EPG	EDTA		
Theophylline	Serum	1.0	Note date and time of last dose
Thin Prep	TP		
Thiopurine-methyltransferase	EDTA		Whole blood
Throat Swab	Swab		Blue top swab
Thrombin Time	CIT		
Thrombophilia Screen	CIT x 4, EDTA, GEL x 1		Sep & Freeze 4 CIT tubes.
Thyroglobulin	Serum	2.0	Sep & Freeze
Thyroid Function Test	serum	1.0	Conditional Test: Only for Thyroid related patient, other patients book in as TSH
Thyroid Receptor Antibodies	Serum	2.0	Sep & Freeze
Thyroid Stimulating Hormone	serum	1.0	
Tissue Antibodies	Serum	2.0	(Inc AMA, ASMA, APCA, AKLMA)
Topiramate (Topamax)	Clot		2-4hrs after collection
Torch	Serum		
Total Protein (incl Albumin)	Serum	0.5	
Toxocara Serology	Serum	1.0	
Toxoplasma (IgG & IgM)	Serum	0.5	
TP	Serum	0.5	
TPHA	Serum	1.0	
TPO ab + TG ab	Serum	1.0	
Transferrin	Serum	0.5	
Triglyceride	Serum	0.5	
Triple Test	Serum	5.0	Note gestation period on request form.
Troponin I	Serum	1.0	URGENT



TSH Receptor Antibody	Serum	2.0	Sep & Freeze
Urine Mercury	Urine	24hr	Spot urine accepted
Urate	Serum	0.5	
Urea	Serum	0.5	
Urea Breath Test	KIT		See 'Patient Instructions'. Patient must be fasting for 3 hrs.
Urea, Electrolytes, Creatinine	Serum	0.5	
Uric acid	Serum	0.5	
Urinary 5HIAA	24h Urine		Restricted diet to be adhered to 5 days prior to test. See 'Patient Instructions'.
Urinary Aldosterone	24h Urine		
Urine Alcohol	Spot urine		
Urinary Catecholamine	24h Urine		Restricted diet to be adhered to 5 days prior to test. See 'Patient Instructions' Results in 2-3 weeks
Urinary Citrate			2 weeks
Urinary Cystine	24h Urine		
Urinary EPG	Urine		Spot urine
Urine - Microscopy only	Urine		Spot urine
Urine AER (spot or 24)	Urine		Spot or 24 hr urine accepted.
Urine Albumin (Protein)	Urine		Spot or 24Hr
Urine Albumin Creatinine	Urine		
Urine Ca <sup>2+</sup> /Creat ratio	Urine		
Urine Calcium	Urine		
Urine Cortisol	Urine		
Urine Creatinine	Urine		
Urine Creatinine Clearance	Urine		Need Serum creatinine result for calculation with 24 hr urine results

Urine DAS	Urine		
Urine Electrolytes	Urine		
Urine for Cytology	Urine		
Urine Heavy metals	Spot urine		
Urine Histamine			3-4 weeks
Urine Iodine	Urine		Spot urine
Urine for M/C/S	Urine		
Urine PCR GONO/Chlamydia	Swab/ Urine		Spot urine, or White/Orange top swab.
Urine Potassium	Urine		
Urine Protein	Urine		
Urine Protein (spot or 24)	Urine		
Urine Protein/Creat (Ratio)	Urine		
Urine Sodium	Urine		
Urine Telo peptide	Spot urine		
Urine Uric Acid	Urine		
Valproic Acid (Epilim)	Serum	1.0	Note date and time of last dose
Vancomycin	Serum	0.5	Note date and time of last dose
Varicella Zoster Virus	Serum	5.0	
Vasoactive Intestinal Peptide			Special tubes. Phone SDS to order tubes and instructions
VDRL	Serum	1.0	
VIP on Glucagon			Special tubes from RPAH (EDTA + Trasoyl), no vacuum separate & freeze
Viral culture	Swab		Pink/green top swab used.
Vitamin A	Serum	1.0	Separate and keep frozen. <u>Protect from light by wrapping in foil.</u>

Vitamin B1 (Thiamine)	EDTA	1 tube	EDTA whole blood, frozen, protect from light with foil
Vitamin B2			EDTA whole blood, frozen, protect from light with foil
Vitamin B3	24hr Urine		
Vitamin B6 (Pyridoxine)	EDTA	1 tube	EDTA whole blood, frozen, protect from light with foil
Vitamin C	Serum	2.0	Separate & Freeze. Protect from light by wrapping in foil.
Vitamin D ( 1,25-Hydroxy )	Serum	1.0	Separate & Freeze
Vitamin D (25-Hydroxy )	Serum	1.0	Separate & Freeze
Vitamin E	Serum	1.0	Separate & Freeze. <u>Protect from light by wrapping in foil.</u>
Vitamin K <b>(Non MBS) \$57.36</b>	Serum	1.0	Separate & Freeze. <u>Protect from light by wrapping in foil.</u>
VMA	24h Urine		Restricted diet to be adheres to 5 days prior to test. See 'Patient Instructions'
WCC (WBC, WBC + Diff)	EDTA	1.0	
WCC, HB, PLAT	EDTA	1.0	
Wound Swab	Swab		Blue top swab/ orange top e swab
Zinc	EDTA		Separate Immediately after collection. Refrigerate only.

## Gestational (Pregnancy) Screening – Glucose Load Test

### Container

- ❖ 50g Glucose drink unless otherwise specified



### Instructions for Collection

1. You will be asked to remain at the collection centre for one hour.
2. You will be given a 50g if glucose drink unless otherwise specified.
3. At a time that is convenient to you, you will drink the entire contents of the bottle over a 5–10-minute period.
4. You must remain in the collection centre/laboratory for 60 minutes after completion of the drink so that you have a blood sample collected.

### PLEASE NOTE:

- ❖ Your blood sample will be **collected exactly 60 minutes** after completion of the 50g drink.
- ❖ Fasting overnight is NOT NECESSARY.

PLEASE TELEPHONE OUR LABORATORY ON:

**1300 265 000**

IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE SPECIMEN.

## Collection of Mid-Stream Urine (MSU) for Microscopy & Culture – FEMALE PATIENTS

### Container

- ❖ 1x Sterile urine jar or paediatric urine bag.



### Instructions for Collection

1. Wash your hands first.
2. Prepare by opening the sterile container and placing it where it be reached conveniently.
3. Sit well back on the toilet (with the seat up). Part the skin folds (labia).
4. With the skin folds (labia) still apart, pass the initial amount of urine into the toilet and then, without stopping the stream, pass the container under and collect enough urine so as to half-fill the container. The rest of the urine is passed into the toilet.
5. Place the lid securely on the container and ensure it is not cross-threaded to prevent leaking of sample during transport.
6. Label the container with your full name, date and time of specimen collection.
7. Return the sample to the Collection Centre as soon as possible, on the day of the collection. *If there is a delay, **refrigerate** the sample.*

**PLEASE NOTE:** The two most important points when collecting Mid-Stream Urines are:

1. Keep the labia parted until the urine sample is collected.
2. Allow a continuous stream while collecting the urine sample.

*A small, sterile plastic bag may be taped to the perineum after cleaning to retrieve a specimen during the next urination. The specimen can then be transferred into a sterile jar and returned to the collection centre as soon as possible.*

**PLEASE TELEPHONE OUR LABORATORY ON:**

**1300 265 000**

**IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE  
SPECIMEN.**

CQF-203; Issue Date: 22/03/2023; Issue Status: 02

## 24-HOURS URINE COLLECTION

### Container

- ❖ 1x Collection bottle

It is essential that urine specimens are carefully collected for accurate laboratory results. If you have any further questions on how to collect the specimen, please ask our staff.



### Instructions for Collection

1. Empty your bladder into the toilet soon after getting out of bed in the morning, and record the time (e.g., 07:00am) and date on the bottle.
2. From now on, **collect every drop of urine** you pass day or night for twenty-four (24) hours, and pour into the supplied bottle/container.
3. We strongly advise that you avoid touching the contents of the bottle, and suggest that you first collect the urine into another container and then pour the collected urine into the supplied bottle for the test.
4. The next morning, empty your bladder at exactly the same time as above, and pour into the supplied bottle. Record the time and date of collection; this completes the collection requirements for the test.
5. The bottle should be kept in a cool place.
6. Bring the container to the Collection Centre as soon as possible following completion of the collection.

**PLEASE NOTE:** If any urine is accidentally lost/spilled, you must notify your doctor or the laboratory when returning the sample.

**PLEASE TELEPHONE OUR LABORATORY ON:**

**1300 265 000**

**IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE SPECIMEN.**

CQF-199; Issue Date: 22/03/2023; Issue Status: 02

## Collection of Faeces for Occult Blood Test

### Specimen

- ❖ Approximately 20-30g of faeces (size of a plum or small egg) is required.



### Instructions for Collection

1. Please collect 3x stool (faeces) samples over 3x different days. Samples should be collected at least one (1) day apart. This helps to detect very early stages of intestinal bleeding.
2. Line a clean ice cream bucket (or large plastic container) with aluminium foil or toilet paper.
3. Pass faeces into the container.
4. Using the scoop in the lid of the brown faeces container, or a wooden applicator, transfer some faeces into this container.
5. If you have watery diarrhoea, pass into the unlined container and then pour into the brown-top faeces container.
6. Label the container with your surname, given name, **date of collection**, time of collection, and date of birth.
7. Deliver the specimen and request form to the nearest collection centre as soon as possible.
8. The specimen can be stored in the fridge until it is delivered to the collection centre.

### Patient Dietary Requirements

- ❖ The patient does not need to make any dietary changes, but needs to avoid certain medications. NSAIDs and blood-thinning medications may change the results of your test. Avoid 2-days prior to collection.

(See overleaf for details)

## Collection of Faeces for Occult Blood Test

### Drugs and Vitamins to AVOID

- ❖ Aspirin (or any medication containing aspirin)
- ❖ Anti-inflammatory drugs (e.g., indomethacin, naproxen and drugs used in the treatment of arthritis).
- ❖ Iron tablets
- ❖ Vitamin C (ascorbic acid or any vitamin preparation with more than 250mg of Vitamin C per day).
- ❖ Reserpine
- ❖ Phenylbutazone

### Drugs which MAY CONTINUE

- ❖ Unless advised to stop by your doctor, continue to take your usual medication.
- ❖ If you normally take an anti-constipation or stool softening agent, you may continue to do so.

PLEASE TELEPHONE OUR LABORATORY ON:

**1300 265 000**

IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE SPECIMEN.



## Semen Analysis - FERTILITY

### PLEASE READ CAREFULLY

**For an accurate assessment of seminal analysis:**

#### 2x Samples are required for examination

- ❖ It is OK to feel a bit uncomfortable about collecting a semen sample for sperm analysis.
- ❖ The majority of men describe the experience as awkward and embarrassing. Please remember that our staff have been scientifically trained and have experience in dealing with these cases.

### How to prepare for the test?

- ❖ As part of the fertility work-up, you will make an appointment to either produce the sample in our laboratory's collection room, or you can produce/collect the semen sample at home and drop off the container at the laboratory.
- ❖ It is important to remember that the timing of the sample collection and delivery to the laboratory is critical to ensure the most accurate results. **The specimen must reach the laboratory within two (2) hours of collection**, so plan your test and delivery of sample to the laboratory accordingly.
- ❖ You must refrain from any sexual activity for at least two (2) days, but not more than seven (7) days before you collect the sample. This means no sex or ejaculation of any kind, including masturbation and nocturnal emission (wet dream). Longer or shorter periods of abstinence may result in lower sperm counts or decreased motility.
- ❖ If additional samples are required, the number of days that you abstain should be as constant as possible for each subsequent visit.

### Collecting the sample

1. The preferred method for sample collection is via masturbation.
2. DO NOT use condoms, lubricants, talcum powder, saliva or any product that may contain spermicidal agents, as these materials will interfere with the test results.
3. We recommend you ejaculate directly into the provided jar.



#### BEFORE COLLECTING THE SEMEN SAMPLE:

4. Shower and wash your hands with soap and water.
5. Ejaculate directly into the sample jar. Try to capture the ejaculate including the first part; do not attempt to collect any spilled sperm.
6. Cap the container as soon as you have finished. Make sure that your Full Name, Date of Birth and Time of Collection is clearly labelled or printed on the specimen jar.

## Transporting the sample

7. If you collect the sample in a location other than the laboratory, you need to transport it to the laboratory within one (1) hour and no later than two (2) hours after ejaculation, as sperm will not survive for long and rapidly die outside the body and at different temperatures. Delays in delivering semen samples and exposure to temperatures outside the human body will result in lower overall motility assessment and sperm counts.
8. The semen sample should be kept as close to the body temperature as possible. The sperm motility assessment in particular will be inaccurately low if the sample gets cold or is exposed to higher outside temperatures. The best way to transport sample to the laboratory is by keeping the sample next to your body during transport.

## Details to be filled by patient for Semen Analysis

**Collection Date:** .....

**Collection Time:** .....

<b>Difficulty in collection:</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<b>Fully complete sample:</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

**Abstinence (in days):** .....

**Medication:** .....

**Treatment:** .....

**SURNAME:** .....

**GIVEN NAME:** .....

**DATE OF BIRTH:** .....

**PLEASE TELEPHONE OUR LABORATORY ON:**

**1300 265 000**

**IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE SPECIMEN.**

## Sputum – Microscopy & Culture

### Container

- ❖ 1x Sterile screw-top universal container



### Instructions for Collection

- ❖ First thing in the morning, prior to eating, drinking or smoking, is the preferred time for collecting sputum samples.
- ❖ A deep cough first thing in the morning is needed to produce a sputum sample; OTHERWISE, samples can be collected at other times.

**PLEASE NOTE:** Sputum from the lungs is required.

Saliva (i.e., spit) from the mouth or throat is **NOT** useful for testing.

1. Rinse your mouth with water. For patients with dentures, remove the dentures first.
2. Collect the sample directly into the container.
3. Replace the lid securely and tightly. Be careful not to mis-thread the lid, as leakage can occur and the specimen will need to be recollected.
4. Specimen must be delivered to the collection centre as soon as possible on the day of collection. If there is a delay, specimens should be refrigerated and delivered to the rooms later that day.

**PLEASE TELEPHONE OUR LABORATORY ON:**

**1300 265 000**

**IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE SPECIMEN.**



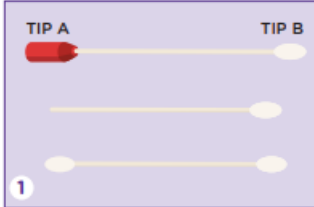
Australian Government

# NATIONAL CERVICAL SCREENING PROGRAM

A joint Australian, State and Territory  
Government Program

## Cervical Screening Test: How to take your own sample

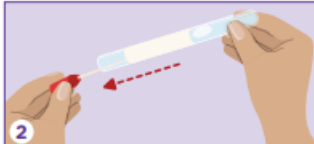
This guide will help you collect your own vaginal sample for cervical screening. If you're unsure about anything or have any questions you can talk to your healthcare provider.



**1**

**1. Before starting**

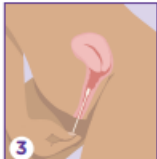
- Your healthcare provider will provide you with a private space to collect your sample. This could be behind a screen or in a bathroom. You'll then receive a package. Inside is a swab. Your swab may look different to those pictured here.
- Before you open the package make sure you know which end of the swab can be held (Tip A), and which end is for taking the sample (Tip B). If you are unsure which end is which, ask your healthcare provider for advice.
- Make sure your hands are clean and dry, get yourself in a comfortable position and lower your underwear.



**2**

**2. Preparing the swab**

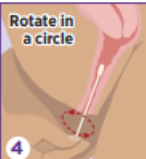
- Twist the cap and remove the swab from the packaging.
- Make sure not to touch Tip B that will be inserted to collect the sample.
- Do not put the swab down.



**3**

**3. Inserting the swab**


- Use your free hand to move skin folds at the entrance of your vagina.
- Gently insert Tip B into your vagina a few centimeters.
- The swab may have a line or mark on it showing you how far to insert.



**4**

**4. Taking the sample**


- Rotate the swab gently for 10-30 seconds (in any direction). This may feel a bit uncomfortable but should not hurt.



**5**

**5. Storing the sample**

- Still holding Tip A, gently remove the swab from your vagina.
- Place the swab back into the packaging with Tip B going in first.
- Screw the cap back on. Get dressed and return the package to your healthcare provider.



**6**

**6. Sending the sample**

- The sample will be sent to a pathology laboratory for HPV testing.
- The results of the test will be sent to your healthcare provider.

### What if...?

What if I touched Tip B/the swab with my fingers by mistake?	Please continue to take the sample.
What if I dropped Tip B or the swab on a dry surface?	Please continue to take the sample.
What if I dropped Tip B/the swab on a wet surface?	Let your healthcare provider know and ask them for a new swab.

**If HPV is detected, you will need to return to your healthcare provider for them to collect a sample from your cervix or you may be referred to a specialist for further tests.**

This guide is for informational purposes only. There may be some variation between the type of self-collection swab shown in this guide with the swab used by your healthcare provider or laboratory. Speak with your healthcare provider if you have any questions regarding the self-collection process.

## Collection of Mid-Stream Urine (MSU) for CHLAMYDIA

### Container

- ❖ 1x Sterile urine jar.



### Instructions for Collection

- ❖ DO NOT clean genital area.
  - ❖ You MUST NOT have passed urine for at least 2 hours.
  - ❖ The first stream of approximately 10-15mls of urine MUST be collected into the sterile container.
1. Wash your hands first.
  2. Collect a small amount of urine directly into the container. The jar should contain at least 10-15mls urine or ¼ full.
  3. The jar should be held on the outside of the container. The inside of the jar and lid are *sterile* and should NOT be touched by skin or fingers.
  4. The lid is firmly screwed on the container.
  5. Label the container clearly with your full name, date of birth and time of collection.
  6. Return the sample to your doctor, collection centre or the laboratory as soon as possible on the day of the collection.

**PLEASE TELEPHONE OUR LABORATORY ON:**

**1300 265 000**

**IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE  
SPECIMEN.**

## **Collection of Faeces for Microscopy, Culture & Parasites (FMC, OCP)**

### **Container and supplies**

- ❖ 3x brown top containers



### **Instructions for Collection**

1. For this test, it is preferable to collect specimens from separate bowel motions on separate days, and to place a small amount of faeces in the container.
2. Label the container with your full name and date of collection.
3. The container must be delivered to the collection room as soon as possible, on the day of the actual sample collection.
4. If a delay is expected, the specimen should be refrigerated and delivered to the collection rooms later in the day.
5. Repeat the procedure on day 4 and day 8.

**PLEASE TELEPHONE OUR LABORATORY ON:**

**1300 265 000**

**IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE SPECIMEN.**

## **Collection of Faeces for Reducing Sugars & Substances**

### **Container and supplies**

- ❖ 1x brown top container
- ❖ 1x plastic specimen bag
- ❖ 1x wooden spatula
- ❖ Instruction leaflet

Only one specimen is needed



### **Instructions for Collection**

- 1.** Label the container with full name, date of birth, time and date of collection.
- 2.** Use the spatula provided from the laboratory, and place a small amount of faeces (about the size of a one-dollar coin) into the container.
- 3.** Replace lid, seal container in plastic bag and place into a recycled container (best could be an ice-cream or margarine container) which has water in it. Place container (with specimen in it) in the freezer and freeze.
- 4.** Keep frozen until delivery to the doctor or laboratory can be arranged.

**PLEASE TELEPHONE OUR LABORATORY ON:**

**1300 265 000**

**IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE SPECIMEN.**

## 8-HOURS (OVERNIGHT) URINE COLLECTION – Urinary Microalbumin

### Container

- ❖ 1x Collection bottle

It is essential that urine specimens are carefully collected for accurate laboratory results. If you have any further questions on how to collect the specimen, please ask our staff.



### Instructions for Collection

1. Empty your bladder at approximately 10:00 pm and record the time on the bottle provided. Ensure that your full name is clearly written/visible on the collection bottle.
2. Collect all subsequent urine samples into the collection bottle, up-to and including the final specimen, which is to be collected at approximately 06:00 am.

**PLEASE ENSURE THAT YOU HAVE ALL COLLECTED ALL THE URINE PRODUCED  
WITHIN AN 8-HOUR PERIOD.**

3. The collection bottle should be kept in a cool place during collection.
4. Bring the collection bottle to your respective doctor, collection room, or directly to the Laboratory within 4-hours after the collection has been completed.

**PLEASE TELEPHONE OUR LABORATORY ON:**

**1300 265 000**

**IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE  
SPECIMEN.**



## Fasting Instructions - General

### All types of patients

- ❖ Please continue taking your medication as prescribed by your doctor. You may drink plain water any time whilst you are fasting.

### Non-diabetic Pre-Test Preparations

- ❖ Please do not eat or drink anything (except plain water) for 12-hours before your blood sample collection.
  - **For instance**, if your blood sample is going to be collected at 9:00am, do not drink or eat anything other than plain water after 9:00pm on the night before your test.

### Diabetic Pre-Test Preparations

- ❖ In case you are on a special diet plan from your doctor, then these instructions should be followed, and your blood sample will be collected as soon as possible to 12-hours after consuming your last food or drink.
  - **For instance**, if you eat at 09:30pm and have breakfast at 08:00am, then your blood sample will be collected just before 08:00am.
- ❖ If you use insulin, then your blood sample collection will be arranged just before your next insulin dose is due.

PLEASE TELEPHONE OUR LABORATORY ON:

**1300 265 000**

IF YOU NEED ADDITIONAL ADVICE REGARDING THE COLLECTION OF THE SPECIMEN.

# Tumour Markers

TYPE OF CANCER	TUMOUR MARKERS
Prostate	PSA; Free PSA
Ovaries	CA125
Testicles	HCG, LDH, AFP
Breast	CA15.3
Colorectal	CEA, CA19.9
Pancreatic	CA19.9
Liver	AFP
Multiple Myeloma	Serum/Urine EPG & IFE

## ORDER OF DRAW

Tube	Type	Volume	Common Determinations
	Blood Cultures	8 - 10 ml	Blood Cultures - Aerobic and Anaerobic (OXOID - Signal Blood Culture System)
	Sodium Citrates (Light Blue)	2.7 ml	APTT, INR, Coag Screen, DIC Screen, Platelet Aggregation, PFA, ATIII, Protein C+S, Factor Assays, TT, Fib, APC, DD, ELT, Lupus, Von Willebrand, Factor Inhibitors
	ACD (Yellow)	6 ml	T Cells, T&B Cell Counts, Lymphocyte Markers, Peripheral Blood Flow Cytometry, Phenotyping, Tissue Typing
	Plain	9 ml	Amiodarone, Serotonin, Vitamin C, Cold Agglutinins, Red Cell Antibody Titres
	SST/Gel (Gold)	8.5 ml	UEC, LFT, Troponin, Chol, Trig, HDL, LDL, Ca, Mg, PO4, Uric Acid, Iron Studies, TFT, Ionised Calcium, Lithium, EPG, B12, Folate, Tumour Markers, Hormone Assays, Auto-Immune Serology, Viral Titres, Hepatitis Antibodies, HIV, Syphilis
	Sodium Heparin (Dark Green)	6 ml	Chromosome Studies, Karyotype, Blood Cytogenetics, STAT Troponin
	Trace Element (Navy)	6 ml	Aluminium, Chromium, Copper, Lead, Manganese, Mercury, Selenium, Zinc
	EDTA (Small Purple)	4 ml	FBC, ESR, Hb, WCC, PLT Count, Retics, Drug Assays (not Warfarin or Lithium), HbA1c, Red Cell Folate, PCR for FVL, Prothrombin gene, Malaria, DAT
	EDTA (Large Purple)	9 ml	Blood Banking: Cross Match, Group and Hold, Blood Group & Antibody Screens Molecular Diagnostic Testing: Hep B PCR, Hep C PCR, CMV PCR, HIV Viral Load
	Fluoride Oxalate (Grey)	4 ml	Glucose, Lactate, Blood Alcohol
	Quantiferon Gold Kit	1 ml	TB Gold, Quantiferon

**NOTES: PLEASE CHECK THE TUBE EXPIRY DATE BEFORE COLLECTION.**




**MIX TUBES BY INVERTING THE TUBE 8 TO 10 TIMES GENTLY.**





The vacuum in the collection tube allows the correct amount of blood to enter the tube.

Reference: St Vincent's Pathology

CQF-198, Issued Date: 06-11-2020, Issue Status: 03

# Collection Chart

Stopper Colour	Tube Description	Common Use	Special Instructions
	Coag tube 3.2% Sodium Citrate	<p><b>Coagulation Studies:</b> PT, PI, INR, APTT, Coagulation studies, D-Dimer Other: Lupus Anti-coagulant</p> <p>(please collect 4 tubes for these tests)</p> <p>Factor Assays Protein C and S, Factor V Leiden</p>	<p>Mix well gently. <b>2ml only please.</b> The vacuum is set to deliver 2ml only; this is the correct ratio of blood/sodium citrate solution <b>NOTE:</b> When using a winged blood collection set for venepuncture, a separate sodium citrate tube is drawn and DISCARDED to allow for elimination of dead space within tube.</p> <p><b>MIX SAMPLE GENTLY 8-10 TIMES</b></p>
	Serum gel SST	<p><b>Clinical Chemistry</b> Routine Biochemistry Analysis (LFT, EUC, TFT, Chol &amp; Trigs, HDL, Cardiac Enzymes, Amylase, CRP, Iron Studies, etc.) <b>Serology/Immunology/Endocrinology:</b> (ENA/DNA, TGA etc), Hormones, Anticardiolipin Antibodies</p>	<p><b>MIX SAMPLE GENTLY 8-10 TIMES</b></p> <p>Then allow to stand for 15 minutes before centrifuging</p>
	EDTA Tube	<p><b>Haematology:</b> FBC, ESR, WCC, Diff, Platelets, Malarial Parasites, HbEPG, Reticulocyte count, Blood Group, Rh antibodies (2 tubes) <b>Clinical Chemistry:</b> HbA1C (Glycosylated Haemoglobin). Heavy metals (requires 2 tubes) Red Cell Folate, HLAB2 (Mon-Thu) Haemochromatosis Gene Analysis <b>Molecular:</b> HBV-DNA, Hep C RNA (2x EDTA)</p>	<p><b>MIX SAMPLE GENTLY 8-10 TIMES</b></p>



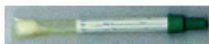


Stopper Colour	Tube Description	Common Use	Special Instructions
	Glucose tube Sodium fluoride	<b>Clinical Chemistry:</b> Glucose testing, GTT, Glucose load tests	Mix well gently. Please specify on the request form if patient is fasting or non-fasting and any glucose load given to patient.  <b>MIX SAMPLE GENTLY 8-10 TIMES</b>
	Heparin tube Lithium Heparin	<b>Cytogenetics (Chromosomes)</b> R.T. Fragile X Vitamins A E C & K	NOTE: Sydney Genetics ONLY. Collect 2x EDTAs (for chromosomes) <b>Mon-Thu Only.</b>  Tubes for vitamins should be shielded from the light, wrapping in aluminium foil is recommended.  <b>MIX SAMPLE GENTLY 8-10 TIMES</b>
	ACD tube	T Cells DLAQ Gene	<b>Mon-Thu Only.</b>  <b>MIX SAMPLE GENTLY 8-10 TIMES</b>
	Navy Blue Trace Metal	Trace Elements Zinc	<b>MIX SAMPLE GENTLY 8-10 TIMES</b>

Regulatory rules require that all specimens have at least two forms of identification. We recommend **FULL NAME** and **DATE OF BIRTH** as the two forms of identification.

For specimen requirements of unusual tests, please contact the laboratory on:

**(02) 9724 2255**

# SWABS CHART

CODE	STOPPER COLOUR	DETERMINATIONS	INSTRUCTIONS
108CIS	 <p>Blue Top Clear Amies, Plastic applicator</p>	Used for <b>routine bacterial culture</b> , e.g. pus, wound/skin, ear, nose, throat and eye swabs	<i>Not suitable for viral culture</i>
155CIS	 <p>White Top Pastic Swab Rayon Applicator</p>	Dry swab suitable for PCR (Herpes, Chlamydia, Gonorrhoea, Varicella Zoster and Pertussis)	<i>Not suitable for viral or bacterial culture</i>
147CV	 <p>Green Top Viral Swab</p>	Use for any viral PCR. Suitable for HSV, VZV, EBV, Measles, HPV and Respiratory viruses PCR. Also suitable for viral culture.	<i>Not suitable for bacterial culture</i>
160CIS	 <p>Orange Top Pastic Swab Aluminium applicator</p>	Use for naso-pharyngeal specimen (Pertussis PCR). If used for urethral cultures (e.g. N. gonorrhoeae), must be placed into Transport Medium	Suitable for PCR (if culture required, transfer the swab to a tube with Transport Medium).
	 <p>Thin Prep Vial</p>	Thin prep vial solution in addition to being used for Cytology related procedures are also required for HPV-DNA testing. Chlamydia and Gonorrhoea PCR can be performed	Follow same collection instructions for either of the tests listed.

# RAST or sslgE allergen panels

TEST NAME	COLLECTION REQUIREMENTS	SPECIMEN
<b>RAST A</b> <b>Standard allergen panel adult</b> <b>&gt;= 18 years old</b> (house dust mite, grass/weed mix, food staple mix)	<b>All panels performed on clotted blood (serum)</b>	<b>GOLD SST</b> (minimum 2 mL)
<b>RAST C</b> <b>Standard allergen panel child</b> <b>&lt; 18 years old</b> (house dust mite, grass/weed mix, food staple mix)		
<b>RAST E</b> <b>Extended pollen panel</b> (grass mix, tree pollen mix, weed mix, animal mix)		
<b>RAST F</b> <b>Extended food panel *</b> (grass mix, tree pollen mix, weed mix, animal mix)		
<b>RAST AF</b> <b>Extended food and pollen panel</b> (peanut, egg, cow, milk, soy, wheat, cod/herring/mackerel/plaice, shrimp)		
<b>RAST V</b> <b>Insect venom panel</b> (honey bee, common wasp, paper wasp)		
<b>RAST N</b> <b>Peanut and treenut panel *</b> (peanut, almond, cashew, hazelnut, walnut, macadamia)		

<b>RAST P</b> <b>Penicillin Panel</b> (penicillin G, penicillin V, amoxicillin)  <b>RAST PEA</b> <b>Peanut Ara h profile *</b> (peanut, Ara h 1, 2, 3, and 8)  <b>RAST S</b> <b>Seafood panel</b> (cod/herring/mackerel/plaice, tuna, salmon, shrimp)		
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**Please note:** \* Indicates these panels are always privately billed. For other panels, only one panel can be bulk-billed, and any additional panels requested will be privately billed.



# Polymerase Chain Reaction (PCR)

Clinical	Pathogen
STI	Chlamydia trachomatis * & Neisseria gonorrhoeae
STI	Mycoplasma genitalium ** & Ureaplasma urealyticum
STI	Trichomonas vaginalis **
STI	Treponema pallidum (syphilis)
STI/Skin or affected body site	Human Herpes Virus I & II
Skin	Varicella Zoster Virus
STI	Human Papilloma Virus (HPV)
Respiratory	Bordetella pertussis
Respiratory	Influenza A (incl. swine flu), Influenza B and Respiratory Syncytial Virus (RSV).
Respiratory	Mycoplasma pneumoniae
Respiratory	Chlamydia pneumoniae
Gastroenteritis	Salmonella spp. Shigella spp. Yersinia spp. Campylobacter jejuni, Clostridium difficile toxin, Aeromonas, Giardia lamblia, Blastocystis hominis, Dientamoeba fragilis, Entamoeba histolytica, Cryptosporidium spp. Rotavirus, Human Adenovirus and Norovirus
Skin Rash/URTI/Lymphadenopathy	Epstein Barr Virus (EBV)
Skin Rash	Parvovirus
Skin Rash	Measles virus
Conjunctivitis	Adenovirus