

Pathology Collection Guide

FOR DOCTORS | 2019



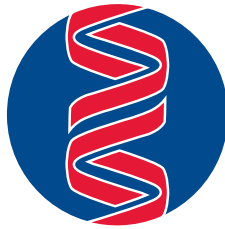
DOUGLASS
HANLY MOIR
PATHOLOGY

BARRATT & SMITH
PATHOLOGY

Quality is in our DNA

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Pathology Collection Guide

for Doctors

July 2019

Although all details are correct at time of printing, changes to testing and collection may occur.
Please visit www.dhm.com.au for up-to-date information.

Introduction

Dear Colleague,

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

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

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

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

With my warm regards,



Dr Colin Goldschmidt

MBBCh, FRCPA, FAICD

Chief Executive Officer

Douglass Hanly Moir Pathology and Barratt & Smith Pathology

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Specialist Pathologists

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Adj. Prof. Annabelle Farnsworth

Pathologists

Biochemistry/Endocrinology

(02) 9855 5312

Dr Grahame Caldwell
(Director of Chemical Pathology / Esoteric Testing)

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

Dr Joyce Wu

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(02) 9855 5369

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(Director of Genetics)

Professor Graeme Suthers
(Director of Sonic Genetics Australia)

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Haematology

(02) 9855 5312

Dr Frances Hanly
(Director of Haematology)
Dr Elizabeth Bernal
Dr Jonathan Blackwell

Dr Ming-Celine Dubosq
Dr Grace Gifford
Dr Claudine Ho
Dr Lye Lin Ho

Dr Ray McKinley
Dr Steve Moran
Dr Vera Stoermer

Histopathology/Cytopathology

(02) 9855 5150

Adj. Prof. Warick Delprado
(Director of Histopathology)
Assoc. Prof. Fiona Maclean
(Deputy Director of Histopathology)
Adj. Prof. Annabelle Farnsworth
(Director of Cytopathology)
Dr Erica Ahn
Dr Alexandra Allende
Dr Tina Baillie
Dr Clare Biro
Adj. Prof. Fiona Bonar
Dr Ivan Burchett
Dr Juliet Burn
Dr Alison Cheah
Prof. Simon Clark
Dr Sophie Corbett-Burns
Dr Oana Crainic
Dr Suzanne Danieletto
Dr Joanna Ding

Dr Francesca D'Souza
Dr Melanie Edwards
Dr Stephen Fairy
Dr William Felbel
Dr Maddie Gorji
Dr Patricia Guzman
Dr Geoffrey Hall
Dr Vicki Howard
Dr Suzanne Hynes
Adj. Prof. Richard Jaworski
Dr Debra Jensen
Dr Martin Jones
Dr Robyn Levingston
Dr Cathy Lim
Dr Lisa Lin
Dr Yasmin Matthews
Dr Kathleen Merrick
Dr Denis Moir
Dr Erin Morris

Dr Anita Muljono
Dr Esther Myint
Dr Kambin Nejad
Assoc. Prof. Nirmala Pathmanathan
Dr Helen Ogle
Dr Juan Ortiz
Dr Jessamine Reddy
Dr Jennifer Roberts
Dr Michael Rodriguez
Dr Róisín Reynolds
Dr Elizabeth Sinclair
Dr Vallapan Thiruvilangam
Dr Cate Trebeck
Dr John Turchini
Clin. Assoc. Prof. Jennifer Turner
Dr Cristina Vargas
Dr Cherie Wong
Dr Kathleen Young

Immunology

(02) 9855 5312

Dr Karl Baumgart
(Director of Immunology)

Dr Andrew Broadfoot

Dr Jocelyn Jiang

Associate Professor John Quin

Molecular Biology

(02) 9855 5312

Dr Ian Chambers
(Supervising Pathologist)

Microbiology/Immunoserology

(02) 9855 5312

Dr Ian Chambers
(Director of Microbiology /
Immunoserology)

Dr James Newcombe

Dr Miriam Paul

Dr Michael Wehrhahn

Regional Pathologists

Dubbo

(02) 6826 5455

Dr Greg Rhodes

Gosford

(02) 4337 3555

Dr Joanna Ding

Dr Richard Haskell

Dr Robert Laing

Dr Desmond Reddy

Mildura

(03) 5055 0400

Dr Marcella Roman

Orange/Bathurst

(02) 6393 9700

Dr Greg Rhodes (Laboratory Director)

Dr Renn Montgomery

Dr Ana Varallo-Nunez

Penrith

(02) 4734 6500

Dr Marcella Roman (Laboratory Director)

Dr Theresa Harvey

Dr Irene Ngu

Port Macquarie, Newcastle & Taree

(02) 4904 9600

Dr Simon Palfreeman (Laboratory Director)

Dr Lawrence Mokgwathi

Wagga Wagga

(02) 6932 6700

Dr Kirstin Johnson

Laboratory locations

Main Laboratories

Douglass Hanly Moir Pathology

14 Giffnock Avenue,
Macquarie Park NSW 2113
P: (02) 9855 5222 or T: 1800 222 365

Barratt & Smith Pathology

31 Lawson Street,
Penrith NSW 2750
P: (02) 4734 6500 or T: 1800 048 993

Metropolitan Laboratories

Baulkham Hills

Lakeview Private Hospital
Level 5, 17-19 Solent Circuit,
Baulkham Hills NSW
P: (02) 8711 0518

Macquarie University Hospital

Macquarie University Clinic Building
Suite 205, Level 2, 2 Technology Place,
Macquarie University NSW 2109
P: (02) 9812 3655

Crows Nest

The Mater Hospital
Lower Ground Floor, Rocklands Road,
Crows Nest NSW 2065
P: (02) 8913 2200

Miranda

Southside Cancer Care Centre
Level 3, 531-533 Kingsway,
Miranda NSW 2228
P: (02) 9531 2240

Kogarah

St George Private Hospital & Medical Centre
Level 2, 1 South Street,
Kogarah NSW 2217
P: (02) 9553 2600

St Leonards

Suite 2, Ground Floor,
38 Pacific Highway,
St Leonards NSW 2065
P: (02) 9439 4014

Liverpool

Ground Floor,
Unit 26, 16-18 Bigge Street,
Liverpool NSW 2170
P: (02) 8778 1999

Westmead

Westmead Private Hospital
Cnr Mons & Darcy Roads,
Westmead NSW 2145
P: (02) 8833 2800

Regional Laboratories

Bathurst

Bathurst Private Hospital
Gormans Hill Road,
Bathurst NSW 2795
P: (02) 6333 3900

Mildura

127 Langtree Avenue,
Mildura VIC 3500
P: (03) 5055 0400

Dubbo

223A Darling Street,
Dubbo NSW 2830
P: (02) 6826 5455

Orange

7-9 Dora Street,
Orange NSW 2800
P: (02) 6393 9700

East Maitland

Maitland Specialist Centre
Unit 7/173 Chisholm Road,
Ashtonfield NSW 2323
P: (02) 4933 2144

Port Macquarie

87 Lord Street,
Port Macquarie NSW 2444
P: (02) 6589 2900

Gateshead (Newcastle)

Lake Macquarie Specialist Medical Centre
Level 1, 6-8 Sydney Street,
Gateshead NSW 2290
P: (02) 4904 9600

Tamworth

199 Peel Street,
Tamworth NSW 2340
P: (02) 5774 9100

Gosford

37 William Street,
Gosford NSW 2250
P: (02) 4337 3555

Taree

1/65 Pulteney Street,
Taree NSW 2430
P: (02) 6551 5453

Gosford (North)

Gosford Private Consulting Suites,
Ground Floor, Suites A&B, 12 Jarrett Street,
North Gosford NSW 2250
P: (02) 4337 3555

Wagga Wagga

Calvary Hospital
St Gerard's Wing, Hardy Avenue,
Wagga Wagga NSW 2650
P: (02) 6932 6700

Medicare guidelines for repeat testing

Drugs entitlement for patient having 6 visits within 6 months

Test requested	Accepted drug treatment - Brand name (generic name)	
FBC (& if requested ESR)	Actemra (Tocilizumab)	Mesasal (Mesalazine)
	Adcetris (Brentuximab)	Mesothelioma treatment
	Afinitor (Everolimus)	Methoblastin (Methotrexate)
	Anastrozole	Methotrexate
	Antineoplastic treatment	Mitomycin
	Anzatax (Paclitaxel)	Mycophenolate
	Arimidex (Anastrozole)	Myleran (Busulfan)
	Arava/Arablox (Leflunomide)	Myocrisin (Aurothiomalate)
	Aromasin (Exemestane)	Obinutuzumab
	Atgam (Lymphocyte immune globulin)	Ocrelizumab
	Aubagio (Teriflunomide)	Olaparib
	Avastin (Bevacizumab)	Opdivo (Nivolumab)
	Azamun (Azathioprine)	Orencia (Abatacept)
	Azathioprine	Panafcort (Prednisone)
	Betaferon/Roferon-A/Rebif (Interferon)	Plaqueenil (Hydroxychloroquine)
	Celebrex (Celecoxib)	Pomalyst (Pomalidomide)
	CellCept/Myfortic (Mycophenolate)	Prednisone
	Cetuximab	Purinethol/6MP (Mercaptopurine)
	Chemotherapy	Pyralin/Salazopyrin (Sulfasalazine)
	Cicloral/Neoral (Cyclosporin)	Rapamune (Sirolimus)
	Cimzia (Certolizumab)	Regorafenib
	Clozaril/Clopine (Clozapine)	Remicade (Infliximab)
	Cosentyx (Secukinumab)	Revlimid (Lenalidomide)
	Cosudex (Bicalutamide)	Ridaura (Auranofin)
	Crizotinib	Sandimmun (Cyclosporin)
	Cycloblastin (Cyclophosphamide)	Simponi (Golimumab)
	Cyclosporin	Stelara (Ustekinumab)
	Cytotoxic therapy	Tacrolimus
	D-penamime (Penicillamine)	Tamoxifen
	Dabrafenib	Tarceva (Erlotinib)
	Eculizumab	Tecentriq (Atezolizumab)
	Enbrel (Etanercept)	Tecfidera (Dimethyl fumarate)
	Erbix (Cetuximab)	Taxol (Paclitaxel)
	Everolimus	Temodal (Temozolomide)
	Faslodex (Fulvestrant)	Thalomid (Thalidomide)
	Fludara (Fludarabine)	Thioprine 50 (Azathioprine)
	Gilenya (Fingolimod)	Thiotepa
	Glivec (Imatinib)	Tilodene (Ticlopidine)
	Gold	Tysabri (Natalizumab)
	Herceptin (Trastuzumab)	Vectibix (Panitumumab)
	Humira (Adalimumab)	Velcade (Bortezomib)
	Hydrea (Hydroxyurea)	Vidaza (Azacitidine)
	Ibrance (Palbociclib)	Votrient (Pazopanib)
	Imbruvica (Ibrutinib)	Xalkori (Crizotinib)
	Imuran (Azathioprine)	Xelabine (Capecitabine)
	Interferon	Xeljanz (Tofacitinib)
	Jakavi (Ruxolitinib)	Xeloda (Capecitabine)
Keytruda (Pembrolizumab)	Xtandi (Enzalutamide)	
Kisqali (Ribociclib)	Yervoy (Ipilimumab)	
Leukeran (Chlorambucil)	Zinbrya (Daclizumab)	
Mabthera (Rituximab)	Zoladex (Goserelin)	
Mekinist (Trametinib)	Zytiga (Abiraterone)	

Drugs entitlement for patient having 6 visits within 6 months

Test requested	Accepted drug treatment - Brand name (generic name)
FBC, ESR, CRP, BIO, MBA, EUC, LFT & if requested Gluc, Mg, CK, Chol/Trig	Methotrexate, Arava/Arabloc (Leflunomide), Enbrel (Etanercept), Humira (Adalimumab), Cimzia (Certolizumab), Gilenya (Fingolimod), Orenia (Abatacept), Aubagio (Teriflunomide), Actemra (Tocilizumab), Xeljanz (Tofacitinib), Simponi (Golimumab), Olumiant (Baricitinib)
EUC	Dialysis patients Cyclosporin, Cicloral (Cyclosporin), Cisplatin
Lithium	Lithium, Quilonum
Calcium (Ca ²⁺), Albumin	Vitamin D or Vit D Metabolite/Analogue, Calcitriol/Rocaltrol/Citrihexal/Kosteol/Sical/Calcijex (Calcitriol) for osteoporosis, Xgeva (Denosumab)
UEC, Ca, Mg, Phos/PO ₄ (CMP)	Cancer patient receiving biphosphonate infusion Pamisol/Aredia (Pamidronate bisodium), Bondronat (Ibandronate), Zometa/Aclasta (Zoledronic acid)

Drugs entitlement for patient having unlimited visits within 6 months

Test requested	Accepted drug treatment
INR or Prothrombin ratio	Anticoagulant therapy Clexane (Enoxaparin), Coumadin/Marevan (Warfarin), Dindevin (Phenindione), Coperin/Seprtin (Heparin), Organan (Danaparoid)

Non-Medicare rebatable tests

This is a list of the most frequently requested non-Medicare rebatable tests. **Please contact (02) 9855 5400 for clarification of the fee** and for details of other infrequently requested non-Medicare rebatable tests not listed here, **or refer to specific test for Medicare criteria**. Patients are required to pay the amount in full, on receipt of the account (which may be from a provider, other than DHMP).

Test
14-3-3 protein - CSF
22q (Genetic test) Please refer to listing for Harmony or NIPT
Activated protein C resistance (APC) Medicare criteria: <ul style="list-style-type: none">■ History of venous thromboembolism; or■ First degree relative who has a proven defect
Adalimumab level +/- antibody
Adiponectin
Alcohol (Chain-of-Custody) - Urine random
Alcohol (Medical) - Urine random Medicare criteria: <ul style="list-style-type: none">■ Not for pre-employment, WHS or corporate requests
Alpha-1 antitrypsin genotyping (Genetic test)
Alpha thalassaemia (Genetic test)
Anti-Mullerian hormone (AMH)
Antidiuretic hormone (ADH) (Vasopressin)
Antithrombin (ATIII) Medicare criteria: <ul style="list-style-type: none">■ History of venous thromboembolism; or■ First degree relative who has a proven defect
Apolipoprotein E genotyping (APOE) (Genetic test)
Arsenic speciation
Arylsulphatase A
Autoimmune encephalitis panel (incl. NMDA Ab)
BCR-ABL PCR or FISH (Genetic test) Medicare criteria: Diagnosis and monitoring of patients with laboratory evidence of: <ul style="list-style-type: none">■ Acute myeloid leukaemia; or■ Acute promyelocytic leukaemia; or■ Acute lymphoid leukaemia; or■ Chronic myeloid leukaemia
Beacon expanded reproductive carrier screen (incl. more than 400 genes) (Genetic test)
Beta thalassaemia (Genetic test)
Beta-2 transferrin
Blood pressure monitoring (24-hour)
Boron - Urine random or 24-hour
Brain natriuretic peptide (NT-ProBNP) Medicare criteria: <ul style="list-style-type: none">■ Diagnosis of patient presenting with dyspnoea to a hospital Emergency Department
BRCA1, BRCA2, PALB2 (Inherited breast & ovarian cancer) (Genetic test) Non-rebatable where Medicare criteria not met (refer to MBS for criteria)
Calprotectin - Faeces

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Test
Calreticulin mutation (CALR) (Genetic test)
Carbohydrate deficient transferrin (CDT)
Cervical screening test (CST) (HPV+/- LBC) Non-rebatable where Medicare criteria not met (refer to MBS for criteria)
Cholinesterase genotyping (Genetic test)
Chromogranin A
Chromosomes FISH - Blood (Genetic test)
Colorectal gene panel (KRAS, NRAS, BRAF, PIK3CA) (Genetic test) Medicare criteria: <ul style="list-style-type: none"> ■ Test of tumour tissue from a patient with metastatic colorectal cancer (stage IV), requested by a specialist or consultant physician, to determine if PBS requirements relating to rat sarcoma oncogene (RAS) gene mutation status for access to cetuximab or panitumumab are fulfilled, if: <ol style="list-style-type: none"> a) the test is conducted for all clinically relevant mutations on KRAS & NRAS exons 2, 3 and 4; or b) a RAS mutation is found
Complement C1Q
Connexin-26 (Genetic test)
Cystatin C
Cystic fibrosis CFTR - 50 mutation panel (Default) (Genetic test) Medicare criteria: <ul style="list-style-type: none"> ■ Please refer to the MBS for specific criteria ■ Requested by a specialist or consultant physician
Cystic fibrosis CFTR - Full gene sequencing (Genetic test)
DAZ gene PCR (AZF PCR) (Genetic test)
Dehydroepiandrosterone (DHEA)
DNA relationship testing (Immigration, Legal, Parentage, Peace of Mind)
DPYD (Fluoropyrimidine toxicity) (Pharmacogenomic test)
Drugs of abuse urine testing (Chain-of-Custody)
Drugs of abuse urine testing (Medical) Medicare criteria: <ul style="list-style-type: none"> ■ Not for pre-employment, WHS or corporate requests
Elastase - Faeces
Electrocardiogram (ECG) Pensioners or current healthcare card holders are excluded
Endoscope culture
Eosinophil cationic protein (ECP) Medicare criteria: <ul style="list-style-type: none"> ■ Monitoring response to therapy in corticosteroid treated asthma in children <12yrs
Erythropoietin
Extended autoimmune liver antibodies
Extended neuronal antibodies
Extended scleroderma antibodies

Non-Medicare rebatable tests

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Test
Factor V Leiden PCR G1691A (incl. PGM) (Genetic test) Medicare criteria: <ul style="list-style-type: none">■ Proven DVT/PE (deep vein thrombosis/pulmonary embolism) in patient; or■ Presence of mutation in first degree relative
Familial Hibernian fever (TNFRSF1A) (Genetic test)
Familial Mediterranean fever (MEFV) (Genetic test)
First trimester screen (FTS/PAPPA)
Fluoride - Urine random
Fragile X (FMR1) (Genetic test) Medicare criteria: <ul style="list-style-type: none">■ Developmental delay; or■ Patient exhibits clinical features of FXS syndrome; or■ Family history of Fragile X mutation
Ganglioside antibodies
GlycoMark [®]
Glyphosate (Herbicide) - Urine random
Haemochromatosis (HFE) (Genetic test) Medicare criteria: <ul style="list-style-type: none">■ Patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or■ Patient has a first degree relative with haemochromatosis; or■ Patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis
Harmony[®] non-invasive prenatal test (NIPT) (Genetic test)
Harmony[®] non-invasive prenatal test (NIPT) with 22q (Genetic test)
Heat shock protein (HSP70)
Hepatitis C genotyping (HCV genotyping) Medicare criteria: <ul style="list-style-type: none">■ Patient is Hepatitis C PCR positive AND being evaluated for antiviral therapy of chronic Hepatitis C
Hepatitis C PCR qualitative (HCV PCR qual) Medicare criteria: <ul style="list-style-type: none">■ Patient is Hepatitis C seropositive; or■ Patient's serological status is uncertain after testing; or■ The test is performed for the purpose of:<ul style="list-style-type: none">i) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; orii) the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient
Hepatitis C PCR quantitative (HCV PCR viral load) Medicare criteria: <ul style="list-style-type: none">■ Pre-treatment evaluation or the assessment of efficacy of antiviral therapy of a patient with chronic Hepatitis C; or■ Patient undertaking antiviral therapy for Hepatitis C
Hepatitis D antibody Medicare criteria: <ul style="list-style-type: none">■ Patient must be Hepatitis B positive
Hereditary angioedema type I & II (SERPING1) (Genetic test)
Histopathology ISH testing (Genetic test)
HLA-B*15:02 (SCAR to carbamazepine) (Genetic test)
HLA-B*51 (Behçet disease) (Genetic test)

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Test
HLA-B*57:01 (SCAR to abacavir) (Genetic test)
HLA-B*58:01 (SCAR to allopurinol) (Genetic test)
Holter monitor (24-hour) Pensioners or current healthcare card holders are excluded
Human epididymis protein 4 (HE4/ROMA)
Hydroperoxide
IgLON5 antibodies
Infliximab level +/- antibody
Inhibin B
Interleukin-6
Iodine (I2) - Urine random or 24-hour
ISAC microarray allergen testing
Kryptopyrroles - Urine random
Lactase persistence gene (Genetic test)
Leptin
Lipid subfractions (LDL fractionation) Medicare criteria: <ul style="list-style-type: none"> ■ Cholesterol >6.5 mmol/L and triglyceride >4.0 mmol/L; or ■ Diagnosis of types III and IV hyperlipidaemia
Lipoprotein (a)
Liver fibrosis markers (LFM)
Lung gene panel NSCLC (EGFR, BRAF, KRAS, ERBB2) (Genetic test) Medicare criteria: <ul style="list-style-type: none"> ■ Test of tumour tissue from a patient diagnosed with non-small cell lung cancer, shown to have non-squamous histology or histology not otherwise specified, requested by, or on behalf of, a specialist or consultant physician, to determine if PBS requirements relating to EGFR gene status for access to erlotinib, gefitinib or afatinib are fulfilled. ■ FISH test of tumour tissue from a patient with locally advanced or metastatic non-small cell lung cancer, which is of non-squamous histology or histology not otherwise specified, with documented evidence of ALK immunoreactivity by IHC examination giving a staining intensity score >0, and with documented absence of activating mutations of the EGFR gene, requested by a specialist or consultant physician to determine if PBS requirements relating to ALK gene rearrangement status for access to crizotinib are fulfilled.
Melanoma gene panel (KRAS, KIT, NRAS) (Genetic test) Medicare criteria: <ul style="list-style-type: none"> ■ Test of tumour tissue from a patient with unresectable stage III or stage IV metastatic cutaneous melanoma, requested by, or on behalf of, a specialist or consultant physician, to determine if PBS requirements relating to BRAF V600 mutation status for access to dabrafenib or vemurafenib are fulfilled.
Meningococcal PCR - CSF
Mesomark [®]
Metabolic screen - Urine random Medicare criteria: <ul style="list-style-type: none"> ■ NSW resident AND ■ Medicare number supplied with signature AND ■ Diagnosis of inborn errors of metabolism (or developmental delay)
Methylmalonic acid (MMA) (<18yrs) - Blood
Methylmalonic acid (MMA) (Adult >18yrs) - Blood

Non-Medicare rebatable tests

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Test
Microarray (SNP CGH array) (Genetic test) Medicare criteria: <ul style="list-style-type: none">■ Developmental delay, intellectual disability, autism, or at least two congenital abnormalities Note: If both CGH & chromosomes are requested on a single episode, only one test is covered by Medicare
MPL PCR (Myeloproliferative leukaemia) (Genetic test)
MTHFR (Genetic test) Medicare criteria: <ul style="list-style-type: none">■ Proven DVT/PE (deep vein thrombosis/pulmonary embolism) in patient; or■ Presence of mutation in first degree relative
Musk antibodies
Myositis line immunoassay
NAD+
NIPT (Harmony® - non-invasive prenatal test) (Genetic test)
NIPT (Harmony® - non-invasive prenatal test with 22q) (Genetic test)
Omega-3 index
Omega-3 index with Omega 6:3 ratio
Omega 6:3 ratio
Oncology FISH - Blood or bone marrow (Genetic test)
Oncology FISH (Chronic lymphocytic leukaemia - CLL) (Genetic test)
Oncology FISH (Multiple myeloma) (Genetic test)
Oncology FISH - Tissue (Paraffin embedded) (Genetic test)
Organochlorine insecticide - Blood
Organophosphate pesticide - Urine random
Osteocalcin
Panfungal PCR
PFOS (Perfluorooctane sulfonate)
Phospholipase A2 receptor antibodies
Platelet antibody (Pregnant or post-transfusion)
Procalcitonin
Procollagen type 3 intact N-terminal propeptide (P3NP)
Prostatic health index (phi)
Protein C & S Medicare criteria: <ul style="list-style-type: none">■ History of venous thromboembolism; or■ First degree relative who has a proven defect
Prothrombin gene mutation PCR G20210A (PGM) (incl. FVL) (Genetic test) Medicare criteria: <ul style="list-style-type: none">■ Proven DVT/PE (deep vein thrombosis/pulmonary embolism) in patient or■ Presence of mutation in first degree relative
Purines and pyrimidines screen - Urine random (Adult >18yrs)

This is a list of the most frequently requested non-Medicare rebatable tests. **Please contact (02) 9855 5400 for clarification of the fee** and for details of other infrequently requested non-Medicare rebatable tests not listed here, **or refer to specific test for Medicare criteria**. Patients are required to pay the amount in full, on receipt of the account (which may be from a provider, other than DHMP).

Test
QuantIFERON® – TB Gold Plus
Medicare criteria: Test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in the following people: a) a person who has been exposed to a confirmed case of active tuberculosis; b) a person who is infected with human immunodeficiency virus; c) a person who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy; d) a person who is to commence, or has commenced, renal dialysis; e) a person with silicosis; f) a person who is, or is about to become, immunosuppressed because of a disease, or a medical treatment, not mentioned in paragraph (a) to (e).
RAST allergen testing (Medicare only covers standard panel)
Reproductive (Preconception) carrier screen (CF, Fragile X, SMA) (Genetic test)
Reproductive expanded carrier screen (Beacon panel incl. more than 400 genes) (Genetic test)
Retinol binding protein (RBP)
Reverse triiodothyronine (RT3)
Semen analysis (Fertility) <small>Pensioners or current healthcare card holders are excluded</small>
Semen analysis (Post-vasectomy) <small>Pensioners or current healthcare card holders are excluded</small>
Soluble transferrin receptor
Solvent screen – Urine random
Sonic PGx panel (Multiple genes – 2D6, 2C9, 2C19, VKORC1, 3A4, 3A5, ABCB1, 1A2, SLC01B1, OPRM1) (Pharmacogenomic test)
Spinal muscular atrophy (SMN1) (Genetic test)
Synacthen stimulation test
TCR & IGH rearrangements (T & B cell gene rearrangements) (Genetic test)
Thiocyanate – Urine random or 24-hour
Thrombophilia screen
Titanium
Total antioxidant capacity
Total membrane fatty acids
Transferrin isoforms (<18yrs)
UGT1A1 (Gilbert syndrome) (Pharmacogenomic test)
Ultracentrifugation of lipoproteins (VLDL)
Ustekinumab level
Vedolizumab level
Vitamin K
Weedicide/herbicide – Urine random

Drugs of abuse

Urine testing

Urine drug screening (UDS) categories

UDS may be performed as a Medicare rebatable test for:

- Medical assessment of patients
- Monitoring of patients participating in a drug abuse treatment program (up to 36 episodes in a 12-month period)

A Medicare rebate does NOT apply to the following:

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

Specimen collection

Medicare rebate:	Screw-capped sterile urine container – random collection – min volume 10 mL
No Medicare rebate:	Special collection kit (refer patient to specialised collection centre)

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

Routine panel includes:

- 1. Amphetamine group:** *methylamphetamine, amphetamine 'ecstasy' compounds, MDMA, MDA, pseudoephedrine*
- 2. Benzodiazepines:** *diazepam, temazepam etc.*
- 3. Cocaine metabolite**
- 4. Opiates**
- 5. Cannabinoids**
- 6. Methadone metabolite**

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

Note: *Specimen collection for non-Medicare UDS is not performed at all collection centres but is limited to designated centres where specially trained staff are available to carry out a supervised collection. If required, non-rebatable specimens can be collected under Chain-of-Custody conditions and screening and confirmatory testing can be performed under conditions specified by AS/NZS 4308: 2008. For further information about UDS and designated collection centres, please contact (02) 9855 5368 or your local regional laboratory.*

General information

This section contains common tests with their collection requirements. Tests are listed alphabetically as test name (abbreviation), for example, Alpha fetoprotein (AFP). Tests that must be collected at our collection centres, due to special tubes or specific requirements (for example, centrifuging and freezing), are listed as 'Refer patient to Collection Centre'. If a patient instruction sheet is available, this will also be included in collection requirements. A guide to the preferred temperature for specimen storage is available at the end of the Pathology tests section.

Collection of patient specimens

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

- **Check expiry dates of tubes or swabs.** Using tubes past their expiry date affects vacuum or additives.
- **Check that tubes are filled to the indicator mark.** Under or overfilling tubes may lead to re-collections. This is particularly critical for the INR on the sodium citrate tube.
- **Vacutainer tubes are not designed for collection with a needle and syringe.** Forcing the needle through the rubber stopper into the tube, combined with the vacuum in the tube, will damage the red cells and may lead to spurious results and/or the need for a re-collection.
- **Transferring blood from one tube type to another** will also affect the results. For instance, abnormal biochemistry results may be reported if the specimen is contaminated by anticoagulant from an EDTA or citrate tube.

Labelling requirements for pathology specimens (NATA requirement)

All specimens must be labelled with:

- The patient's given name, surname, gender and date of birth.
- The date and time of collection.
- For any blood bank tests, for example, blood group & antibody screen, the signature or identifiable initials of the collector must be on the tube.

If labelling requirements have not been met, testing may be affected and a re-collection may be required.

If testing includes a crossmatch, group and hold, blood group & antibody, genetic test or a prenatal screen, and the request form information and specimens do not match, or only have incomplete information, the laboratory will be unable to process these specimens. The patient's blood will need to be re-collected and labelled correctly.

Urgent/emergency protocol

Requests for URGENT/EMERGENCY results need to be placed into a RED specimen bag (obtained from Stores/Couriers). Please indicate which test/s is/are urgent and the required result time on the request form in the URGENT/EMERGENCY section.

To ensure that these results can be phoned, faxed or downloaded to you as soon as they are available, please indicate, on the request form, your contact details for business hours and out-of-hours. If you require a result within three hours of collection, laboratory notification is required. Contact the laboratory on (02) 9855 5400 with patient details and the time the result is required by. Special transport of specimen may be required.

Tests such as troponin, cardiac enzymes, INR and BHCG are automatically treated as URGENT but should be placed into RED bags for urgent specimen processing.

Pathology tests

Alphabetically listed

Test name	Collection requirements
14-3-3 protein - CSF	STERILE CONTAINER - CSF (Transport to the laboratory without delay). No Medicare rebate available.
16S rRNA	Approval for testing is required by a pathologist. Fresh tissue in specimen jar MUST be unopened to avoid contamination. No Medicare rebate available.
17-OH progesterone (17-OHP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
22q (Genetic test) (Harmony® non-invasive prenatal test (NIPT) with 22q)	Patient must be provided with a Non-invasive Prenatal Test Request Form. Patient must book and pay online for this test. No Medicare rebate available.
Acetylcholine receptor antibody (ACHR)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Acid fast bacilli M/C/S (AFB) - Sputum	YELLOW TOP CONTAINER - SPUTUM Patient instruction sheet. Specimen should be collected in the morning immediately after rising. Before collecting the specimen, rinse your mouth thoroughly with water. Cough deeply from your chest and expel this material directly into the container provided. Three specimens collected on consecutive mornings may be required.
Acid fast bacilli M/C/S (AFB) - Swab	SIGMA TRANSWAB (ORANGE TOP) Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Acid fast bacilli M/C/S (AFB) - Tissue	YELLOW TOP CONTAINER - FRESH TISSUE
Acid fast bacilli M/C/S (AFB) - Urine first-void	YELLOW TOP CONTAINER - FIRST-VOID URINE Specimen collected should be midstream and container must be full. Each collection should be delivered to the laboratory on the day of collection. Three specimens collected on consecutive mornings may be required.
Activated partial thromboplastin time (APTT)	SODIUM CITRATE TUBE (BLUE). Treat as URGENT. Sodium citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly. Must be tested within 4 hours of collection if not spun & separated.
Activated protein C resistance (APC)	Refer patient to Collection Centre. Special collection instructions. Medicare criteria: <ul style="list-style-type: none">History of venous thromboembolism orFirst degree relative who has a proven defect

Test name	Collection requirements
Active B12 (Holotranscobalamin)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Adalimumab level +/- antibody	Refer patient to Collection Centre. Partial Medicare rebate.
Adenovirus PCR - Swab	SIGMA TRANSWAB (ORANGE TOP) – THROAT, NOSE OR EYE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Adiponectin	Refer patient to Collection Centre. No Medicare rebate available.
Adrenal gland antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Adrenocorticotrophic hormone (ACTH)	Refer patient to Collection Centre. Special collection instructions. State collection time on referral, preferred collection time between 8.00 AM-10.00 AM.
Alanine transaminase (ALT)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Albumin (Alb)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Alcohol (Chain-of-Custody) - Urine random	Refer patient to Collection Centre. No Medicare rebate available. Any request with 'Chain-of-Custody' or 'COC' written on the form must be collected at an accredited Chain-of-Custody (COC) Collection Centre. These requests cannot be collected by other rooms.
Alcohol (Medical) - Blood	FLUORIDE OXALATE TUBE (GREY) (separate tube required). Do not use alcohol skin wipe. Label tube 'Blood Alcohol'.
Alcohol (Medical) - Urine random	YELLOW TOP CONTAINER – RANDOM URINE. Medicare criteria: Patients participating in a drug abuse treatment program or patients undergoing sleep studies or patients undergoing treatment of psychiatric disorders NOT eligible for rebate <ul style="list-style-type: none"> 1) Patients requesting self-testing 2) Employment/pre-employment/WHs/sport testing 3) Testing for Court purposes 4) GCMS confirmation of detected urine drug screens for drugs of abuse (even if the original drug screen was for the monitoring of patients participating in a drugs of abuse treatment program) 5) Insurance/immigration/visa 6) IVF/cosmetic surgery

Pathology tests

Alphabetically listed

Test name	Collection requirements
Aldosterone - Plasma	Refer patient to Collection Centre. Special collection instructions.
Aldosterone - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Where possible, patient should be off medication for hypertension for 2 weeks and Aldactone for at least 6 weeks prior to the test. Patient instruction sheet. Note starting and finishing times on container.
Alkaline phosphatase (ALP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Alkaline phosphatase isoenzymes (ALPI)/fractionation (Bone/liver)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Allopurinol	4 mL EDTA TUBE (PURPLE) (separate tube required). Collect 6-9 hours post dose. Note dosage, time of dose and collection time on referral.
Alpha-1 antitrypsin (A1AT)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Alpha-1 antitrypsin (A1AT) - Faeces	BROWN TOP CONTAINER - FAECES (separate specimen required)
Alpha-1 antitrypsin genotyping (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Alpha-1 antitrypsin phenotyping (incl. A1AT level)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Alpha fetoprotein (AFP) (Pregnant) - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect at 10-17 weeks' gestation or as requested by doctor. Must record patients weight (kg). History such as EDC, LMP, history of Down syndrome, NTD and if the patient has 'insulin dependent diabetes'.
Alpha fetoprotein (AFP) (Tumour marker) - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note relevant clinical history. Medicare criteria: Monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.
Alpha subunit glycoprotein	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Alpha thalassaemia (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Aluminium - Blood	TRACE ELEMENTS TUBE (NAVY)

Test name	Collection requirements
Aluminium - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Aluminium - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Amikacin	PLAIN TUBE (RED). Collect just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
Amino acids (AA) (<18yrs) - Blood	Refer patient to Collection Centre. Special collection instructions. Note relevant clinical features on referral.
Amino acids (AA) (Adult) - Blood	Refer patient to Collection Centre. Special collection instructions. Note relevant clinical features on referral.
Amino acids (AA) - Urine random	GREEN TOP CONTAINER - MORNING URINE (preferred). If <18yrs refer to Metabolic screen. For Metabolic screen i.e. <18yrs urine must be frozen within 2 hours of collection.
Amiodarone	LITHIUM HEPARIN TUBE (GREEN). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Amitriptyline (incl. nortriptyline)	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Ammonia (NH3)	Refer patient to Collection Centre. Special collection instructions.
Amoebic serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Amylase	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Amylase isoenzymes	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Amylase with creatinine clearance - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) & PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Note starting and finishing times on container.
Amylase with creatinine clearance - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred) & PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Anal M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - ANAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Androstenedione	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

Pathology tests

Alphabetically listed

Test name	Collection requirements
Angiotensin converting enzyme (ACE)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Antenatal profile (FBC, blood group, antibody screen, rubella IgG, HBsAg, Hep C Ab, syphilis serology, HIV +/- UM/C/S)	4 mL EDTA TUBE (PURPLE) & 6 mL EDTA TUBE (PINK) & PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) & YELLOW TOP CONTAINER - MIDSTREAM URINE
Antibody screen (BG)	6 mL EDTA TUBE (PINK). Tube MUST be labelled with full name, sex, date of birth, date and time of collection and collector's signature. Incomplete labelling will be rejected and require a re-collection.
Antidiuretic hormone (ADH) (Vasopressin)	Refer patient to Collection Centre. Special collection instructions. No Medicare rebate available.
Anti-factor Xa assay	Refer patient to Collection Centre. Special collection instructions. List patients current medications on referral including drug name, dosage and frequency.
Antimitochondrial antibody (AMA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Anti-Mullerian hormone (AMH)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Antineutrophil cytoplasmic antibody (ANCA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Antinuclear antibody (ANA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Anti-Saccharomyces cerevisiae antibody (ASCA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Anti-Streptococcal O titre (ASOT) (incl. DNase B)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Antithrombin (ATIII)	Refer patient to Collection Centre. Special collection instructions. Medicare criteria: <ul style="list-style-type: none">History of venous thromboembolism orFirst degree relative who has a proven defect
Apolipoprotein A1	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Apolipoprotein B	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Apolipoprotein E genotyping (APOE) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.

Test name	Collection requirements
Arbovirus serology (incl. RRV, BFV & dengue fever)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Armpit M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) – ARMPIT. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Arsenic - Blood	TRACE ELEMENTS TUBE (NAVY). Seafood should be excluded from diet for at least 5 days prior to testing.
Arsenic - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container. Seafood should be excluded from diet for at least 5 days prior to and during testing.
Arsenic - Urine random	YELLOW TOP CONTAINER – MORNING URINE (preferred). Seafood should be excluded from diet for at least 5 days prior to testing.
Arsenic speciation - Urine random	YELLOW TOP CONTAINER – MORNING URINE (preferred). Seafood should be excluded from diet for at least 5 days prior to testing.
Arylsulphatase A	Refer patient to Collection Centre. Special collection instructions. No Medicare rebate available.
Ascitic fluid cytology	YELLOW TOP CONTAINER - BODY FLUID. Label container clearly with patient name, date of birth, specimen type and site. For small fluid volumes add a small amount of normal saline to the specimen to avoid dehydration. DO NOT add fixative to the fluid.
Ascitic fluid M/C/S	YELLOW TOP CONTAINER – BODY FLUID. Label container with patient name, date of birth, specimen type and site.
Aspartate transaminase (AST)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Aspergillus fumigatus IgG antibody (Precipitins)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Aspergillus serology (Aspergillus precipitins & RAST-Aspergillus)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Atypical respiratory panel PCR (incl. Mycoplasma pneumoniae, Chlamydia pneumoniae & Legionella pneumophila)	SIGMA TRANSWAB (BLUE TOP) – NASOPHARYNGEAL OR SIGMA TRANSWAB (ORANGE TOP) – THROAT OR NOSE OR SPUTUM OR BRONCHIAL-BAL FLUID. Label swab with site of collection.

Pathology tests

Alphabetically listed

Test name	Collection requirements
Autoimmune blistering skin disorder antibodies	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Autoimmune encephalitis panel (incl. NMDA Ab)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Partial Medicare rebate.
Avian precipitins	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Axillary M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - AXILLARY. Label swab with site of collection & test. If M/C/S requested with PCR always collect separate swab/s for PCR test/s.
B12 & folate	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) & 4 mL EDTA TUBE (PURPLE)
Bacterial antigen screen - Urine	YELLOW TOP CONTAINER - MIDSTREAM URINE
Barium - Urine random	YELLOW TOP CONTAINER - RANDOM URINE
Barmah Forest serology (IgG/IgM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
BCR-ABL FISH (Genetic test)	LITHIUM HEPARIN TUBE (GREEN) Collect Monday to Thursday only. Medicare criteria: <ul style="list-style-type: none">▪ Diagnosis and monitoring of patients with laboratory evidence of:<ul style="list-style-type: none">- Acute myeloid leukaemia or- Acute promyelocytic leukaemia or- Acute lymphoid leukaemia or- Chronic myeloid leukaemia
BCR-ABL PCR (Genetic test) - Blood	4x 6 mL EDTA TUBE (PINK) - WHOLE BLOOD (separate tubes required). Collect Monday to Thursday only. Must notify laboratory when collected. Medicare criteria: <ul style="list-style-type: none">▪ Diagnosis and monitoring of patients with laboratory evidence of:<ul style="list-style-type: none">- Acute myeloid leukaemia or- Acute promyelocytic leukaemia or- Acute lymphoid leukaemia or- Chronic myeloid leukaemia

Test name	Collection requirements
BCR-ABL PCR (Genetic test) - Bone marrow	BONE MARROW IN 4 mL EDTA TUBE (PURPLE) Label as 'bone marrow'. Must notify laboratory when collected. Medicare criteria: <ul style="list-style-type: none"> ▪ Diagnosis and monitoring of patients with laboratory evidence of: <ul style="list-style-type: none"> - Acute myeloid leukaemia or - Acute promyelocytic leukaemia or - Acute lymphoid leukaemia or - Chronic myeloid leukaemia
Beacon expanded reproductive carrier screen (incl. more than 400 genes) (Genetic test)	Refer patient to Collection Centre. Patient must be provided with an Expanded Carrier Screening Request Form for this test (please refer to our Sonic Genetics website). Payment is required at the time of specimen collection. No Medicare rebate available.
Beta carotene	Refer patient to Collection Centre. Special collection instructions.
Beta-2 microglobulin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Beta-2 microglobulin - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Beta thalassaemia (Genetic test)	Refer patient to Collection Centre. Special collection instructions. No Medicare rebate available.
Beta-2 transferrin	YELLOW TOP CONTAINER - NASAL OR EAR DISCHARGE (min 3 drops) & PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). No Medicare rebate available.
BHCG (Beta human chorionic gonadotropin) (Query pregnant) - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
BHCG (Beta human chorionic gonadotropin) (Query pregnant) - Urine random	YELLOW TOP CONTAINER - FIRST MORNING URINE (preferred)
BHCG quantitative (Beta human chorionic gonadotropin) - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

Pathology tests

Alphabetically listed

Test name	Collection requirements
BHCG (Beta human chorionic gonadotropin) (Tumour marker) - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note relevant clinical history. Medicare criteria: Monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.
Bicarbonate	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Bile acids/salts	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Patient should fast for 12 hours prior to test. If URGENT please notify the laboratory. Medicare criteria: Patient must be pregnant
Bilirubin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Bilirubin fractionated	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Bilirubin neonatal/paediatric	PAEDIATRIC MICROTAINER PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Treat as URGENT.
Bismuth - Blood	4 mL EDTA TUBE (PURPLE)
Bismuth - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Bismuth - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Blood culture	BLOOD CULTURE BOTTLE/S. Adults: 8-10 mL in each bottle (1x set includes both aerobic and anaerobic bottles. Paediatric: 0.5 mL in single paediatric bottle.
Blood film	4 mL EDTA TUBE (PURPLE)
Blood gas (Arterial)	Contact local laboratory for information.
Blood group	6 mL EDTA TUBE (PINK). Tube MUST be labelled with full name, sex, date of birth, date and time of collection and collector's signature. Incomplete labelling will be rejected and require a re-collection.
Blood group & antibody screen	6 mL EDTA TUBE (PINK). Tube MUST be labelled with full name, sex, date of birth, date and time of collection and collector's signature. Incomplete labelling will be rejected and require a re-collection.
Blood pressure monitoring (24-hour)	Refer patient to Collection Centre. Requires appointment. No Medicare rebate available.

Test name	Collection requirements
Blood sugar level (BSL)	FLUORIDE OXALATE TUBE (GREY) (preferred) OR PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Note if fasting or random collection on request.
Body fluid cytology non-gynae	YELLOW TOP CONTAINER - BODY FLUID. Label container clearly with patient name, date of birth, specimen type and site. For small fluid volumes add a small amount of normal saline to the specimen to avoid dehydration. DO NOT add fixative to the fluid.
Body fluid M/C/S	YELLOW TOP CONTAINER - BODY FLUID
Bone marrow examination (BME) (Aspirate/trephine)	Contact local laboratory for information.
Bordetella pertussis PCR (Nasopharyngeal) - Aspirate/swab	SIGMA TRANSWAB (BLUE TOP) - NASOPHARYNGEAL OR STERILE CONTAINER - NASOPHARYNGEAL ASPIRATE. Label swab with site of collection. If M/C/S requested with PCR always collect separate swab/s for PCR test/s.
Bordetella pertussis PCR - Swab	SIGMA TRANSWAB (ORANGE TOP) - THROAT OR NOSE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Bordetella pertussis serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Boron - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on container. No Medicare rebate available.
Boron - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred) No Medicare rebate available.
Brain natriuretic peptide (NT-proBNP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Medicare criteria: Diagnosis of patients presenting with dyspnoea to a hospital Emergency Department.

Pathology tests

Alphabetically listed

Test name	Collection requirements
BRCA1, BRCA2 & PALB2 (Inherited breast & ovarian cancer) (Genetic test)	<p>Specialist referral only (Breast surgeon, oncologist, clinical geneticist). Sonic Genetics must be contacted on (02) 9855 5369 prior to collection. A BRCA1, BRCA2 & PALB2 Testing Request Form is available. Special Sonic Genetics Consent Form required.</p> <p>Medicare criteria:</p> <p>In treatment Requested by a consultant physician (geneticist or oncologist) to determine whether eligibility criteria for olaparib under PBS are fulfilled. Detection of germline BRCA1 or BRCA2 gene mutations, where the patient;</p> <ul style="list-style-type: none">i) has platinum-sensitive relapsed ovarian, fallopian tube or primary peritoneal cancer with high grade serious features or a high grade serious component. ANDii) has responded to platinum-based chemotherapy <p>Diagnostic and predictive Requested by a consultant physician (geneticist or oncologist) Characterisation of germline gene mutations, including copy number variation in BRCA1 and BRCA2 genes and one or more of the following genes STK11, PTEN, CDH1, PALB2 OR TP53 where the patient;</p> <ul style="list-style-type: none">i) has breast or ovarian cancer for whom clinical and family history criteria, as assessed by the requesting specialist or consultant physician using a quantitative algorithm, place the patient at >10% risk of having a pathogenic mutation identified in one or more of the genes specified above; ORii) is a biological relative of a patient who has had a pathogenic mutation identified in one or more of the above genes specified above and has not previously received a service under item 73296 <p>Maximum one test per lifetime.</p>
Bronchial washings (BAL) cytology	FLUID &/or SLIDE OR BAL BOTTLES
Bronchial washings (BAL) M/C/S, AFB & fungal	FLUID &/or SLIDE OR BAL BOTTLES
Brucella serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Brushings/washings smear cytology	CYTOLOGY SMEAR OR WASHINGS (NON-GYNAE). Label slide clearly in pencil with patient name and date of birth, type of specimen and site. Prepare smear and fix with spray fixative or immerse in 95% alcohol for 20 minutes. Allow to air-dry completely before placing in slide container. Note all relevant clinical history on the referral.

Test name	Collection requirements
BSL (Blood sugar level)	FLUORIDE OXALATE TUBE (GREY) (preferred) OR PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Note if fasting or random collection on request.
C peptide	Refer patient to Collection Centre. Special collection instructions. Patient should be fasting for 8 hours.
C reactive protein (CRP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
C1 esterase inhibitor (C1E inhibitor)	Refer patient to Collection Centre. Special collection instructions.
CA 125	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note relevant clinical history. Medicare criteria: Monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.
CA 15-3	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note relevant clinical history. Medicare criteria: Monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.
CA 19-9	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note relevant clinical history. Medicare criteria: Monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.
CA 72-4	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Cadmium - Blood	TRACE ELEMENTS TUBE (NAVY)
Cadmium - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Cadmium - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Caeruloplasmin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Calcitonin	Refer patient to Collection Centre. Special collection instructions.
Calcium	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Calcium (Ionised)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) (separate tube required). Fasting is preferred and collect stasis free.

Pathology tests

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Test name	Collection requirements
Calcium (Stasis free)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect without the use of a tourniquet. Label as 'stasis free'.
Calcium - Urine 24-hour	24HR URINE (NIL OR ANY PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Calcium creatinine ratio - Urine random	Refer patient to Collection Centre. Patient instruction sheet.
Calculi/calculus	YELLOW TOP CONTAINER - RENAL CALCULI (STONE)
Calprotectin - Faeces	BROWN TOP CONTAINER - FAECES (separate specimen preferred if requested with M/C/S). No Medicare rebate available.
Calreticulin mutation (CALR) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Carbamazepine (Tegretol)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Carbohydrate deficient transferrin (CDT)	Refer patient to Collection Centre. Payment required upfront. No Medicare rebate available.
Carboxyhaemoglobin	4 mL EDTA TUBE (PURPLE) Treat as URGENT if poisoning suspected.
Carcinoembryonic antigen (CEA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note relevant clinical history. Medicare criteria: Monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.
Cardiac gene panel - Aortopathy	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel - Arrhythmogenic right ventricular cardiomyopathy (ARV)	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.

Test name	Collection requirements
Cardiac gene panel - Brugada syndrome	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel - Dilated cardiomyopathy	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel - Hypercholesterolaemia	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel - Hypertriglyceridaemia	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel - Hypertrophic cardiomyopathy	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel - Left ventricular non-compaction	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.

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Test name	Collection requirements
Cardiac gene panel - Long QTS	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel - Pulmonary hypertension	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel - Vasculopathy	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac gene panel (Multiple genes)	Cardiac genetic tests must be referred by a Cardiologist or Clinical Geneticist with experience in the care of families with this type of disorder. A Cardiac Genetics Diagnostic Test Request Form must be completed by the referrer. Refer patient to Collection Centre. Payment is required at time of specimen collection. No Medicare rebate available.
Cardiac isoenzyme (CK-MB)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Cardiac markers (CE) (incl. CK & troponin)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Treat as URGENT.
Cardiolipin antibody (incl. Beta-2 glycoprotein antibody) (ACL)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Cat scratch serology (Bartonella serology)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Catecholamines (CATS) - Plasma	Refer patient to Collection Centre Special collection instructions.
Catecholamines (CATS) - Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet & dietary advice. Note starting and finishing times on container.
Catheter tip M/C/S	YELLOW TOP CONTAINER - TIP

Test name	Collection requirements
Cervical M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) – CERVICAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Cervical screening test (CST) (HPV+/- LBC)	Collect cervical sample in ThinPrep vial. Medicare criteria: Women 25 years and over.
Chlamydia & gonorrhoea PCR - Swab	COBAS SWAB FOR CT/NG PCR (YELLOW TOP) OR SIGMA TRANSWAB (ORANGE TOP). Label swab with site of collection & test. If M/C/S requested with PCR always, collect separate swab/s for PCR test/s.
Chlamydia & gonorrhoea PCR - ThinPrep	THINPREP VIAL
Chlamydia & gonorrhoea PCR - Urine first-void	YELLOW TOP CONTAINER – FIRST-VOID URINE (any time of day). Patient instruction sheet. Collect the first 10-50 mL of the urine stream. Separate urine preferred if requested with midstream urine (MSU).
Chlamydia psittacosis PCR - Swab	SIGMA TRANSWAB (BLUE TOP) – NASOPHARYNGEAL OR NASOPHARYNGEAL ASPIRATE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Chlamydia trachomatis serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Chlamydia serology (IgG/IgA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Chloride	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Chloride - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Chloride - Urine random	YELLOW TOP CONTAINER – MORNING URINE Note time of collection on jar.
Chlorpromazine	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Cholesterol	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note on referral if patient is on any lipid lowering medication. Note dietary status at collection i.e. fasting or random.
Cholinesterase - Plasma	4 mL EDTA TUBE (PURPLE) (separate tube required)
Cholinesterase - Red cell (Organophosphate poisoning)	4 mL EDTA TUBE (PURPLE) (separate tube required)

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Test name	Collection requirements
Cholinesterase - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Cholinesterase genotyping	Refer patient to Collection Centre. No Medicare rebate available.
Chromatin antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Chromium	TRACE ELEMENTS TUBE (NAVY)
Chromium - Body fluid	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site.
Chromium - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Chromium - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred). Note time of collection on jar.
Chromogranin A	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Chromosome analysis/studies - Blood	LITHIUM HEPARIN TUBE (GREEN) Medicare rebatable for only 1 test if both Chromosomes & CGH microarray requested.
Chromosome analysis/studies - Bone marrow	BONE MARROW IN HANKS SOLUTION
Chromosome analysis/studies - Fresh tissue	FRESH TISSUE IN SALINE, SPECIAL BUFFER OR CULTURE MEDIUM
Chromosome analysis/studies - POC	STERILE CONTAINER - PRODUCTS OF CONCEPTION
Chromosomes FISH (Genetic test) - Blood	LITHIUM HEPARIN TUBE (GREEN) Collect Monday - Thursday only. Clinical notes required. No Medicare rebate available.
Citrate - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Citrate - Urine random	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
Clomipramine	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.

Test name	Collection requirements
Clonazepam	LITHIUM HEPARIN TUBE (GREEN) Collect Just before next dose. Note dosage, time of dose and collection time on referral.
Clostridium difficile toxin (CDT) PCR - Faeces	BROWN TOP CONTAINER - FAECES
Clozapine	LITHIUM HEPARIN TUBE (GREEN) Collect just before next dose. Note dosage, time of dose and collection time on referral.
Coagulation screen	2x SODIUM CITRATE TUBE (BLUE) & 4 mL EDTA TUBE (PURPLE). Treat as URGENT. Sodium citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Cobalt - Body fluid	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site.
Cobalt - Plasma	TRACE ELEMENTS TUBE (NAVY)
Cobalt - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Cobalt - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred). Can also be collected at end of shift or following exposure.
Coeliac antibodies (incl. Gliadin & TTG)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Coenzyme Q10	Refer patient to Collection Centre.
Cold agglutinins	Refer patient to Collection Centre. Special collection instructions.
Colorectal gene panel (KRAS, NRAS, BRAF, PIK3CA)	FRESH TISSUE OR PARRAFIN EMBEDDED TISSUE Contact laboratory for information. Medicare criteria: A test of tumour tissue from a patient with metastatic colorectal cancer (stage IV), requested by a specialist or consultant physician, to determine if the requirements relating to rat sarcoma oncogene (RAS) gene mutation status for access to cetuximab or panitumumab under the Pharmaceutical Benefits Scheme (PBS) are fulfilled, if: a) the test is conducted for all clinically relevant mutations on KRAS exons 2, 3 and 4 and NRAS exons 2, 3, and 4; or b) a RAS mutation is found

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Test name	Collection requirements
Complement C1Q	Refer patient to Collection Centre. Partial Medicare rebate. Special collection instructions.
Complement C2	Refer patient to Collection Centre. Special collection instructions.
Complement C3	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Complement C3 C4	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Complement C4	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Complement C5	Refer patient to Collection Centre. Special collection instructions.
Complement C6	Refer patient to Collection Centre. Special collection instructions.
Complement C7	Refer patient to Collection Centre. Special collection instructions.
Complement C8	Refer patient to Collection Centre. Special collection instructions.
Complement C9	Refer patient to Collection Centre. Special collection instructions.
Connexin-26 (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available. Special consent paperwork will be followed up by referral laboratory before test can be performed.
Copper - Plasma	Refer patient to Collection Centre. Special collection instructions.
Copper - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Copper - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Copper - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred). Note time of collection on jar.
Cortisol	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note collection time & any hormone therapy on referral.
Cortisol - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.

Test name	Collection requirements
Cortisol - Urine random	YELLOW TOP CONTAINER - MORNING URINE. Note time of collection on jar.
Cotinine - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Cotinine - Urine random	YELLOW TOP CONTAINER - RANDOM URINE
Creatine kinase (CK)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Creatinine	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Creatinine - Urine 24-hour	24HR URINE (ANY PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Creatinine - Urine random	YELLOW TOP CONTAINER - MORNING URINE. Note time of collection on jar.
Creatinine clearance (CC) - Urine 24-hour	24HR URINE (ANY PRESERVATIVE) & PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Patient instruction sheet. Note starting and finishing times on container.
Crossmatch (Group & hold)	Refer patient to Collection Centre. Special collection instructions and request.
Cryofibrinogen	SODIUM CITRATE TUBE (BLUE). Treat as URGENT. Sodium citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Cryoglobulins	Refer patient to Collection Centre. Special collection instructions.
Cryptococcus antigen	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Cryptococcus antigen - CSF	STERILE CONTAINER - CSF
Cryptosporidium culture - Faeces	BROWN TOP CONTAINER - FAECES
CSF M/C/S (Cerebrospinal fluid)	STERILE CONTAINER - CSF.
CST cervical co-test (HPV, LBC) - Must supply reason	Collect cervical sample in ThinPrep vial. Medicare criteria: Reason for test must be supplied e.g. investigation of symptoms, Test of Cure, previous AIS, DES.
CST cervical LBC only - Must supply reason	Collect cervical sample in ThinPrep vial. Medicare criteria: Reason for test must be supplied e.g. follow-up for HPV (not16/18) detected in self-collect HPV test, previous unsatisfactory LBC.

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Test name	Collection requirements
CST cervical screening test (HPV+/- LBC)	Collect cervical sample in ThinPrep vial. Medicare criteria: Women 25 years and over. See Cervical screening test (CST).
CST HPV vaginal - Must supply reason	Collect vaginal sample in ThinPrep vial. Medicare criteria: Reason for test must be supplied e.g. hysterectomy with unknown screening history, previous unsatisfactory vaginal HPV test.
CST private co-test (HPV, LBC) - Must supply reason	Collect sample in ThinPrep vial. Patient requests testing outside the screening program. Private fee is payable.
CST private LBC - Must supply reason	Collect sample in ThinPrep vial. Patient requests testing outside the screening program. Private fee is payable.
CST routine screen plus private LBC - Must supply reason	Collect sample in ThinPrep vial. Patient is eligible for Medicare funded routine screening but requests additional LBC (ThinPrep) test. Private fee payable for LBC.
CST vaginal co-test (HPV, LBC) - Must supply reason	Collect vaginal sample in ThinPrep vial. Medicare criteria: Hysterectomy for HSIL Test of Cure not previously completed.
CST vaginal LBC only - must supply reason	Collect vaginal sample in ThinPrep vial. Medicare criteria: Previous unsatisfactory vaginal LBC.
C-telopeptide	Refer patient to Collection Centre. Special collection instructions. Morning fasting specimen preferred. Medicare criteria: Monitoring of patients with proven low bone mineral density.
Cyclic citrullinated peptide antibody (CCP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Cyclosporin	4 mL EDTA TUBE (PURPLE) (separate tube preferred). Collect just before next dose or 2 hours post dose. Note dosage, time of dose and collection time on referral.
Cystatin C	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available
Cystic fibrosis CFTR - 50 mutation panel (Default) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required) Note any family history of cystic fibrosis or mutations if known. Medicare criteria if requested by a Specialist. Refer to MBS.

Test name	Collection requirements
Cystic fibrosis CFTR - Full gene sequencing (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required) Note any family history of cystic fibrosis or mutations if known. Medicare criteria if requested by a Specialist. Refer to MBS.
Cystine - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Cystine - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred) Note time of collection on jar.
Cytology cerebrospinal fluid (CSF)	STERILE CONTAINER - CSF Transport to the laboratory without delay.
Cytomegalovirus serology (IgG/IgM) (CMV)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Cytomegalovirus PCR	4 mL EDTA TUBE (PURPLE) (separate tube required)
D dimer (Fibrinogen degradation products)	Refer patient to Collection Centre. Special collection instructions.
DAZ gene PCR (AZF PCR) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Dehydroepiandrosterone (DHEA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Dehydroepiandrosterone sulphate (DHEAS)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Dengue fever virus serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Deoxypyridinoline cross links (DPD X-links)	YELLOW TOP CONTAINER - SECOND-VOID MORNING URINE. Note time of collection on jar.
Dexamethasone level	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose. Note dosage, time of dose and collection time on referral.
Dexamethasone suppression test	Refer patient to Collection Centre. Patient instruction sheet available and script to patient for dexamethasone tablet.
Diazepam	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.

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Test name	Collection requirements
Digoxin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose or at least 6 hours but preferably 8-10 hours post dose. Note dosage, time of dose and collection time on referral.
Diphtheria serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Direct Coombs	6 mL EDTA TUBE (PINK). Tube MUST be labelled with full name, sex, date of birth, date and time of collection and collector's signature. Incomplete labelling will be rejected and require a re-collection.
Disaccharidase assay (DSAC) - Tissue	STERILE CONTAINER - BIOPSY TISSUE. Ideally 2x specimens must be wrapped separately in foil or parafilm to avoid dehydration then placed in sterile container. Freeze as soon as possible.
Disseminated intravascular coagulation (DIC) screen	4 mL EDTA TUBE (PURPLE) & SODIUM CITRATE TUBE (BLUE). Treat as URGENT. Sodium citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
DNA relationship testing (Immigration, Legal, Parentage, Peace of Mind)	Contact DNALabs on 1300 663 244 for further information. No Medicare rebate available.
DNase B (incl. ASOT)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Dopamine - Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Double stranded DNA antibody (dsDNA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Down syndrome screen (Second trimester)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect specimen between 15-17 completed weeks gestation. Must record patient's weight (kg). History such as EDC, LMP, history of Down syndrome, NTD and if the patient has 'insulin dependent diabetes'.
Doxepin	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
DPYD (Fluoropyrimidine toxicity) (Pharmacogenomic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Drug screen (Legal) - Blood	Test not available through DHM Pathology.

Test name	Collection requirements
Drugs of abuse urine testing (Chain-of-Custody)	Refer patient to Collection Centre. No Medicare rebate available.
Drugs of abuse urine testing (Medical)	YELLOW TOP CONTAINER – RANDOM URINE Medicare criteria: Patients participating in a drug abuse treatment program or patients undergoing sleep studies or patients undergoing treatment of psychiatric disorders NOT eligible for rebate 1) Patients requesting self-testing 2) Employment/pre-employment/WHS/sport testing 3) Testing for Court purposes 4) GCMS confirmation of detected urine drug screens for drugs of abuse (even if the original drug screen was for the monitoring of patients participating in a drugs of abuse treatment program) 5) Insurance/immigration/visa 6) IVF/cosmetic surgery
Drugs of abuse urine testing (Methadone clinic)	GREEN TOP CONTAINER – RANDOM URINE
Ear M/C/S – Swab	SIGMA TRANSWAB (ORANGE TOP) – EAR. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
EGFR (Calculated)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Elastase – Faeces	BROWN TOP CONTAINER – FAECES (separate specimen required if requested with M/C/S). No Medicare rebate available.
Electrocardiogram (ECG)	Refer patient to Collection Centre. Partial Medicare rebate.
Electrolytes (E)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Electrolytes (E) – Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Electrolytes (E) – Urine random	YELLOW TOP CONTAINER – MORNING URINE Note time of collection on jar.
Electrolytes, urea & creatinine (EUC)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Endocervical M/C/S – Swab	SIGMA TRANSWAB (ORANGE TOP) – ENDOCERVICAL Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Endomysial IgA antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

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Test name	Collection requirements
Endoscope culture	STERILE SCREW-CAPPED SPECIMEN CONTAINER – ENDOSCOPE WASHINGS. No Medicare rebate available.
Enterovirus PCR – Faeces	BROWN TOP CONTAINER – FAECES
Enterovirus PCR – Swab	SIGMA TRANSWAB (ORANGE TOP) – THROAT or NOSE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Eosinophil cationic protein (ECP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Medicare criteria: Monitoring the response to therapy in corticosteroid treated asthma in a child aged <12yrs.
Epstein-Barr virus serology (IgG/ IgM) (EBV)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Epstein-Barr virus VCA IgA (Nasopharyngeal carcinoma)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Clinical notes must indicate 'investigation of nasopharyngeal carcinoma' for test to be performed.
Erythrocyte sedimentation rate (ESR)	4 mL EDTA TUBE (PURPLE)
Erythropoietin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Ethosuximide	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Everolimus	4 mL EDTA TUBE (PURPLE) Collect just before next dose or as required. Note dosage, time of dose and collection time on referral.
Expanded carrier screen (Beacon panel incl. more than 400 genes) (Genetic test)	Refer patient to Collection Centre. Patient must be provided with an Expanded Carrier Screening Request Form for this test (please refer to our Sonic Genetics website). Payment is required at the time of specimen collection. No Medicare rebate available.
Extended autoimmune liver antibodies	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Partial Medicare rebate.
Extended neuronal antibodies	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Partial Medicare rebate.
Extended scleroderma antibodies	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Partial Medicare rebate.

Test name	Collection requirements
Extractable nuclear antigen (ENA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Eye M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) – EYE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Factor B	Refer patient to Collection Centre. Special collection instructions.
Factor H	Refer patient to Collection Centre. Special collection instructions.
Factor II	Refer patient to Collection Centre. Special collection instructions.
Factor IX	Refer patient to Collection Centre. Special collection instructions.
Factor IX inhibitor	Refer patient to Collection Centre. Special collection instructions.
Factor V	Refer patient to Collection Centre. Special collection instructions.
Factor V Leiden PCR G1691A (FVL) (incl. PGM) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Medicare criteria: <ul style="list-style-type: none"> ▪ Proven DVT/PE (deep vein thrombosis/pulmonary embolism) in patient or ▪ Presence of mutation in first degree relative
Factor VII	Refer patient to Collection Centre. Special collection instructions.
Factor VIII inhibitor	Refer patient to Collection Centre. Special collection instructions.
Factor VIII:C assay	Refer patient to Collection Centre. Special collection instructions.
Factor X	Refer patient to Collection Centre. Special collection instructions.
Factor XI	Refer patient to Collection Centre. Special collection instructions.
Factor XII	Refer patient to Collection Centre. Special collection instructions.

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Test name	Collection requirements
Factor XIII	Refer patient to Collection Centre. Special collection instructions.
Faecal fat (3 day)	Refer patient to Collection Centre. Patient instruction sheet.
Faecal fat stain	BROWN TOP CONTAINER - FAECES
Faecal occult blood (FOB)	FAECAL OCCULT BLOOD KIT Collect 3 specimens from 3 separate motions. Patient instruction sheet.
Faeces M/C/S & OCP	BROWN TOP CONTAINER - FAECES
Faeces PCR	BROWN TOP CONTAINER - FAECES
Faeces viral antigens (incl. Adenovirus, rotavirus, norovirus)	BROWN TOP CONTAINER - FAECES
Familial Hibernian fever (TNFRSF1A) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Familial Mediterranean fever (MEFV) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Farmer's lung precipitins	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Fasciola serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Ferritin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Fibrinogen	SODIUM CITRATE TUBE (BLUE). Treat as URGENT. Sodium citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly. Must be tested within 4 hours of collection if not spun & separated.
Filarial parasites	4 mL EDTA TUBE (PURPLE) Treat as URGENT.
Filarial serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

Test name	Collection requirements
Fine needle aspiration (FNA) cytology	AIR-DRIED AND/OR FIXED SMEARS, NEEDLE RINSE +/- STERILE CONTAINER – NON-GYNAE FLUID. Label slides clearly in pencil with patient name, date of birth, specimen type and site. Make smears directly from needle contents. Quickly spray-fix half of the slides and air-dry the remaining slides. Please mark slides as A/D (air-dried) or W/F (wet-fixed). The needle may be rinsed into a clearly labelled 5 mL container containing Hanks Balanced Salt Solution (available from the laboratory). Please DO NOT forward needles to the laboratory. If there is a larger volume of fluid place in a clearly labelled sterile container. DO NOT add fixative to the fluid.
Fine needle aspiration (FNA) cytology (Pathologist collection)	Contact local laboratory for booking or enquiries.
First trimester screen (FTS) (incl. BHCG/PAPPA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect specimen between 10-13 completed weeks' gestation. Must record patient's weight (kg). History such as EDC, LMP, history of Down syndrome, NTD and if the patient has 'insulin dependent diabetes'. Partial Medicare rebate.
Fluid (gynae) cytology	YELLOW TOP CONTAINER – BODY FLUID. Label container clearly with patient name, date of birth, specimen type and site.
Fluid (non-gynae) cytology (Ascitic, joint, bursa, oesophageal, peritoneal, pelvic, pleural, pericardial, synovial)	YELLOW TOP CONTAINER – BODY FLUID. Label container with patient name, date of birth, specimen type and site. If the specimen is very scanty (i.e. several drops only) slides can be made directly from the fluid. Slides should be clearly labelled in pencil with patient name, date of birth, specimen type and site. Alternatively for small fluid volumes, add a small amount of normal saline to the specimen to avoid dehydration. DO NOT add fixative to the fluid.
Fluoride - Urine random	YELLOW TOP CONTAINER – RANDOM URINE Collect Monday to Thursday, at end of shift or following exposure. No Medicare rebate available.
Folate - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) & 4 mL EDTA TUBE (PURPLE) Note: Red cell folate (if requested) is only performed if serum folate fits criteria for testing. EDTA is for RCF if indicated.
Follicle stimulating hormone (FSH)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) If female, include LMP & any exogenous hormone therapy on referral.

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Test name	Collection requirements
Fragile X PCR (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Medicare criteria: <ul style="list-style-type: none">▪ Patient exhibits intellectual disability or ataxia or neurodegeneration or premature ovarian failure consistent with an FMRI mutation or▪ Patient has a relative with a FMR1 mutation
Free androgen index (FAI) (incl. Testosterone & SHBG)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Free light chain typing (SFLC) - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Free testosterone (Calculated)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Calculated from testosterone, albumin & SHBG results.
Free thyroxine (FT4)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Relevant clinical notes required for test to be performed. Medicare criteria: <ul style="list-style-type: none">▪ TSH is abnormal or▪ monitoring thyroid disease or▪ psychiatric investigation or dementia or▪ infertility investigation or amenorrhoea or▪ pituitary dysfunction suspected or▪ on drugs interfering with thyroid function or▪ investigating sick euthyroid syndrome in admitted patient
Free triiodothyronine (FT3)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Relevant clinical notes required for test to be performed. Medicare criteria: <ul style="list-style-type: none">▪ TSH is abnormal or▪ monitoring thyroid disease or▪ psychiatric investigation or dementia or▪ infertility investigation or amenorrhoea or▪ pituitary dysfunction suspected or▪ on drugs interfering with thyroid function or▪ investigating sick euthyroid syndrome in admitted patient
Fructosamine	4 mL EDTA TUBE (PURPLE)
Fructose - Semen	Refer patient to Collection Centre. Follow semen analysis collection instruction.
Full blood count (FBC)	4 mL EDTA TUBE (PURPLE)
Fungal M/C/S - Nail clippings	BLACK BOX CONTAINER - NAIL CLIPPINGS. Place scrapings and/or clippings and blade in black box.

Test name	Collection requirements
Fungal M/C/S - Skin scrapings	BLACK BOX CONTAINER – SKIN SCRAPINGS. Place scrapings and/or clippings and blade in black box.
Fungal M/C/S - Sputum	YELLOW TOP CONTAINER – SPUTUM
Fungal M/C/S - Tissue	YELLOW TOP CONTAINER – BIOPSY TISSUE (FRESH)
Fungal precipitins	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Gabapentin	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Galactokinase	Refer patient to Collection Centre. Special collection instructions.
Gamma glutamyl transferase (GGT)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Ganglioside antibodies	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Partial Medicare rebate.
Gastric parietal cell antibody (GPCA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Gastrin	Refer patient to Collection Centre. Special collection instructions.
Genital M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) – GENITAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Gentamicin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
Glomerular basement membrane antibody (GBM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Glucagon - Plasma	Refer patient to Collection Centre. Special collection instructions.
Glucose (2hr postprandial)	FLUORIDE OXALATE TUBE (GREY). Collect 2 hours after a meal AM or PM. Label tube as 'postprandial' & time of collection.
Glucose (Blood sugar level, BSL)	FLUORIDE OXALATE TUBE (GREY) OR PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Note if fasting or random collection.

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Test name	Collection requirements
Glucose - Body fluid (Joint/synovial)	YELLOW TOP CONTAINER - BODY FLUID
Glucose - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Glucose - Urine random	YELLOW TOP CONTAINER - RANDOM URINE
Glucose 6 phosphate dehydrogenase (G6PD)	4 mL EDTA TUBE (PURPLE)
Glucose challenge test (GCT) (1hr50gm Pregnant)	Refer patient to Collection Centre.
Glucose tolerance test (GTT) (2hr75gm)	Refer patient to Collection Centre.
Glucose tolerance test with insulins (INSGTT)	Refer patient to Collection Centre.
Glutamic acid decarboxylase antibody (GAD)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
GlycoMark®	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Glyphosate (Herbicide) - Urine random	YELLOW TOP CONTAINER - RANDOM URINE No Medicare rebate available. For occupational exposure, urine is collected at end of shift Monday to Thursday.
Gonorrhoea PCR - Swab	COBAS SWAB FOR CT/NG PCR (YELLOW TOP) OR SIGMA TRANSWAB (ORANGE TOP). Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Gonorrhoea PCR - ThinPrep	THINPREP VIAL
Gonorrhoea PCR - Urine first-void	YELLOW TOP CONTAINER - FIRST-VOID URINE (any time of day) Collect the first 10-50 mL of the urine stream. Patient instruction sheet.
Groin M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - GROIN. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Group & hold	Refer patient to Collection Centre.

Test name	Collection requirements
Group B streptococcus (GBS) PCR	SIGMA TRANSWAB (ORANGE TOP) – LOW VAGINAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Growth hormone (GH)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Growth hormone stimulation test with response to exercise	Refer patient to Collection Centre.
Growth hormone suppression test with response to glucose	Refer patient to Collection Centre.
Guthrie test (Phenylketonuria screen)	GUTHRIE CARD – DRIED BLOOD SPOT
Haematocrit (HCT)	4 mL EDTA TUBE (PURPLE)
Haemochromatosis (HFE) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Medicare criteria: <ul style="list-style-type: none"> ▪ Patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens or ▪ Patient has a first degree relative with haemochromatosis or ▪ Patient has a first degree relative with homozygosity for the C282Y genetic mutation or with compound heterozygosity for recognised genetic mutations for haemochromatosis.
Haemoglobin (Hb)	4 mL EDTA TUBE (PURPLE)
Haemoglobin A_{1c} (GHb)	4 mL EDTA TUBE (PURPLE)
Haemolysis screen	4 mL EDTA TUBE (PURPLE) & 6 mL EDTA TUBE (PINK) & PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Haemophilus ducreyi PCR – Swab	SIGMA TRANSWAB (ORANGE TOP) – CERVICAL OR URETHRAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Haemophilus influenzae type B serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Haemosiderin – Urine random	YELLOW TOP CONTAINER – MORNING URINE (preferred). Note time of collection on jar.
Haptoglobin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
HbA_{1c} (GHb)	4 mL EDTA TUBE (PURPLE)

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Test name	Collection requirements
Heat shock protein (HSP70)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Heavy metal screen (Arsenic, lead, cadmium & mercury)	Refer patient to Collection Centre. Seafood should be excluded from diet for at least 5 days prior to testing. Note specific metals on referral.
Heavy metal screen (Arsenic, lead, cadmium & mercury) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container. Seafood should be excluded from diet for at least 5 days prior to and during testing. Note specific metals on referral.
Heavy metal screen (Arsenic, lead, cadmium & mercury) - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred). Seafood should be excluded from diet for at least 5 days prior to testing. Note specific metals on referral.
Heinz bodies	4 mL EDTA TUBE (PURPLE)
Helicobacter pylori faecal antigen	BROWN TOP CONTAINER - FAECES
Helicobacter pylori serology (IgG)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Heparin induced platelet antibodies (HITTS)	PLAIN TUBE (RED). Information of heparin given or preferably an ampoule/vial given to patient prior to test should accompany this request. Record how long the patient has been on heparin on the referral.
Hepatitis A & B (Acute)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis A & B (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis A IgG (HAVIgG) (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis A IgM (HAVIgM) (Acute)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis A, B, C (Acute)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis A, B, C (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis B (HBcAb) core antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis B (HBcIgM) core IgM	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis B DNA (Viral load)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) (separate tube required). Must be spun within 24-hours of collection.
Hepatitis B e antibody (HBeAb)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

Test name	Collection requirements
Hepatitis B e antigen (HBeAg) (Carrier status)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis B serology (HBsAg/HBsAb) (excludes antenatal)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note – antenatal Hep B only includes HBsAg
Hepatitis B surface antibody (HBsAb) (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis B surface antigen (HBsAg)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis C antibody (HCV)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hepatitis C PCR genotyping (HCV genotyping)	Refer patient to Collection Centre. Medicare criteria: <ul style="list-style-type: none"> ▪ Patient is Hepatitis C PCR positive and is being evaluated for antiviral therapy of chronic Hepatitis C
Hepatitis C PCR qualitative (HCV PCR qual)	Refer patient to Collection Centre. Medicare criteria: <ul style="list-style-type: none"> ▪ Patient is Hepatitis C seropositive; OR ▪ Patient’s serological status is uncertain after testing; OR ▪ the test is performed for the purpose of: <ol style="list-style-type: none"> i) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; OR ii) the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient 1 test in a 12 month period
Hepatitis C PCR quantitative (HCV PCR viral load)	Refer patient to Collection Centre. Medicare criteria: <ul style="list-style-type: none"> ▪ Pre-treatment evaluation or the assessment of efficacy of antiviral therapy of a patient with chronic Hepatitis C (1 test in a 12 month period) ▪ Patient undertaking antiviral therapy for Hepatitis C (in treatment monitoring) (4 tests in a 12 month period)
Hepatitis D serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Medicare criteria: Must be Hepatitis B positive
Hereditary angioedema type I & II (SERPING1) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Hereditary spherocytosis	4 mL EDTA TUBE (PURPLE) (separate tube required). Collect Monday to Thursday only.

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Test name	Collection requirements
Herpes PCR – Swab (incl. Varicella PCR)	SIGMA TRANSWAB (ORANGE TOP). Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Herpes simplex virus serology (HSV)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Heterophile antibody	EBV serology has replaced this test.
High-density lipoprotein (HDL)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note on referral if patient is on any lipid lowering medication. Note dietary status at collection i.e. fasting or random.
High vaginal M/C/S (HVS) – Swab	SIGMA TRANSWAB (ORANGE TOP) – HVS. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Histamine – Blood	Refer patient to Collection Centre. Special collection instructions.
Histamine – Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet & dietary advice. Note starting and finishing times on container.
Histone antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Histopathology	TISSUE IN FORMALIN Place in 10% buffered formalin. Ideally the volume of fixative should be at least 10 times that of the specimen.
Histopathology frozen section	TISSUE – FROZEN SECTION Contact local laboratory for booking.
Histopathology GynaePath	FRESH TISSUE IN FORMALIN (ENDOMETRIAL, CERVICAL, CORE, VULVAL, UTERUS, OVARY, FALLOPIAN TUBES OR FIBROIDS)
Histopathology immunofluorescence	FRESH TISSUE Do NOT place in fixative. Place in transport medium or wrap in gauze moistened with normal saline in sterile container. Transport to the laboratory without delay. Place any accompanying specimen for routine histopathology in formalin as usual.
Histopathology ISH testing (Genetic test)	Contact a Histopathologist on (02) 9855 5150 for further information regarding this test. No Medicare rebate available.

Test name	Collection requirements
Histopathology punch biopsy (Skin lesion)	TISSUE IN FORMALIN Place in 10% buffered formalin. Ideally the volume of fixative should be at least 10 times that of the specimen.
Histoplasma serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
HIV drug-resistant genotype	Refer patient to Collection Centre. Medicare criteria: <ul style="list-style-type: none"> Maximum of 2 tests per year unless rising HIV Viral Load result indicating failing treatment
HIV proviral DNA PCR	Refer patient to Collection Centre. Special collection instructions.
HIV serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
HIV viral load	Refer patient to Collection Centre. Patient must be known HIV positive
HLA-B27 (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required)
HLA DR/DQ autoimmune (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required)
HLA DR/DQ coeliac (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required)
HLA DR/DQ narcolepsy (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required)
HLA tissue typing - First visit (Red Cross)	Refer patient to Collection Centre.
HLA tissue typing - Monthly (Red Cross)	Refer patient to Collection Centre.
HLA-B*15:02 (SCAR to carbamazepine) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
HLA-B*51 (Behçet disease) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
HLA-B*57:01 (SCAR to abacavir) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Partial Medicare rebate.
HLA-B*58:01 (SCAR to allopurinol) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.

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Test name	Collection requirements
Holter monitor (24-hour)	Refer patient to Collection Centre. Partial Medicare rebate.
HOMA index	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Must be fasting.
Homocysteine - Plasma	Refer patient to Collection Centre. Patient must be fasting 8-12 hours.
Homocystine - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Homogentisic acid - Urine random	Refer patient to Collection Centre. Frozen in rooms within 2 hours of collection.
Homovanillic acid (HVA) - Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Honey bee venom IgG	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
HTLV I & II serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Human epididymis protein 4 (HE4/ROMA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Human herpes virus type 6 (HHV6)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Human papillomavirus PCR (HPV) (male) (for HPV on females see Cervical screening test)	FLOCKED SWAB (RED TOP). Contact a Clinical Microbiologist on (02) 9855 5312 before collection for specific collection instructions on male patients. No Medicare rebate available.
Hydatid serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Hydroxyindoleacetic acid (5HIAA) - Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet & dietary advice. Note starting and finishing times on container.
Hydroxymethoxymandelic acid (HMMA) - Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet & dietary advice. Note starting and finishing times on container.
Hydroxyproline - Urine random	Refer patient to Collection Centre. Patient instruction sheet. Patient to follow dietary advice.
Hydroxypyrene	Refer patient to Collection Centre. No Medicare rebate available.

Test name	Collection requirements
IDH1 & IDH2 (Genetic test)	FRESH TISSUE OR PARRAFIN EMBEDDED TISSUE Contact laboratory for information. Medicare criteria: Refer to MBS
Imipramine & desipramine	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Immunoglobulin A (IgA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Immunoglobulin D (IgD)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Immunoglobulin E (IgE)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Immunoglobulin G (IgG)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Immunoglobulin G subclasses	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Immunoglobulin M (IgM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Immunoglobulins GAM	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Imuran metabolites	Refer patient to Collection Centre. Collect just before next dose.
Infiximab level +/- antibody	Refer patient to Collection Centre. Partial Medicare rebate.
Influenza PCR (includes Rhinovirus & RSV) - Swab	SIGMA TRANSWAB (BLUE TOP) - NOSE OR SIGMA TRANSWAB (ORANGE TOP) - THROAT OR NOSE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Influenza PCR (includes RSV & Rhinovirus)(Nasopharyngeal) - Swab/aspirate	SIGMA TRANSWAB (BLUE TOP) - NASOPHARYNGEAL OR ASPIRATE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Influenza serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Inhibin B	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Insulin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Fasting collection preferred.
Insulin antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Fasting collection preferred.
Insulin-like growth factor 1 (IGF1)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

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Test name	Collection requirements
Insulin-like growth factor binding protein 3 (IGFBP3)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Interleukin-6	Refer patient to Collection Centre. No Medicare rebate available.
International normalised ratio (INR)	SODIUM CITRATE TUBE (BLUE). Treat as URGENT. Sodium citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Intrinsic factor blocking antibody (IFB AB)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Iodine (I2) - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred). No Medicare rebate available.
Iron studies	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
ISAC microarray allergen testing	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Itraconazole	4 mL EDTA TUBE (PURPLE) (separate tube required)
IUD (Intrauterine device) M/C/S	YELLOW TOP CONTAINER - IUD
JAK2 gene test	4 mL EDTA TUBE (PURPLE) (separate tube required)
Japanese B encephalitis	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Joint fluid cytology	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site.
Joint fluid M/C/S	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site.
Ketones - Plasma	FLUORIDE OXALATE TUBE (GREY)
Ketones - Urine random	YELLOW TOP CONTAINER - RANDOM URINE
Kleihauer (Fetomaternal haemorrhage)	4 mL EDTA TUBE (PURPLE)
Kryptopyrroles - Urine random	Refer patient to Collection Centre (Designated Centres only). Special collection instructions.
Lactase persistence gene (Genetic test)	Refer patient to Collection Centre. No Medicare rebate available.

Test name	Collection requirements
Lactate	Refer patient to Collection Centre. Special collection instructions.
Lactate - CSF	STERILE CONTAINER - CSF
Lactate dehydrogenase (LD)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Lactate dehydrogenase isoenzymes (LD isoenzymes)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Lamotrigine (LTG)	LITHIUM HEPARIN TUBE (GREEN) Collect just before next dose. Note dosage, time of dose and collection time on referral.
Lead - Blood	4 mL EDTA TUBE (PURPLE) For occupational exposure collect before shift, after showering & wearing clean clothes. Skin around site must be cleaned thoroughly to avoid contamination.
Lead - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Lead - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Legionella culture - Sputum	YELLOW TOP CONTAINER - SPUTUM An early morning deep cough specimen collected prior to breakfast is preferred. The mouth should be rinsed thoroughly with water prior to collection.
Legionella serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Leptin	Refer patient to Collection Centre. No Medicare rebate available.
Leptospira serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Levetiracetam (Keppra)	Refer patient to Collection Centre. Level should be monitored as peak or trough. Peak level is collected exactly 1 hour post oral dose. Collect trough level at least 8 hours post oral dose.
Lip M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - LIP. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Lipase	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

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Test name	Collection requirements
Lipid subfractions (LDL fractionation)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Medicare criteria: <ul style="list-style-type: none">Cholesterol >6.5 mmol/L and Triglyceride >4.0 mmol/L ORDiagnosis of types III and IV hyperlipidaemia
Lipids (incl. Cholesterol & triglycerides)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Note on referral if patient is on any lipid lowering medication. Note dietary status at collection ie fasting or random. Lipid requests only include Chol/Trig, if HDL required test must be specifically requested.
Lipoprotein (a)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Lithium	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose or 12 hours post dose. Note dosage, time of dose and collection time on referral.
Liver fibrosis markers (LFM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Liver function test (LFT)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Liver kidney microsomal antibodies (LKM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Low vaginal M/C/S (LVS) - Swab	SIGMA TRANSWAB (ORANGE TOP) - LVS. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Lung gene panel NSCLC (EGFR, BRAF, KRAS, ERBB2)	FRESH TISSUE OR PARRAFIN EMBEDDED TISSUE Contact laboratory for information and Medicare criteria.
Lupus inhibitor	Refer patient to Collection Centre. Special collection instructions.
Luteinising hormone (LH)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) If female, include LMP & any exogenous hormone therapy on referral.
Lyme disease (Lyme borreliosis) serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note on the referral if patient has had a 'tick bite'.
Lymphocyte surface markers (LSM) flow cytometry - Blood	4 mL EDTA TUBE (PURPLE) (separate tube required).

Test name	Collection requirements
Lymphocyte surface markers (LSM) flow cytometry - Bone marrow	BONE MARROW IN LITHIUM HEPARIN TUBE (GREEN) (WITH RPMI MEDIUM)
Lymphocyte surface markers (LSM) flow cytometry - CSF	STERILE CONTAINER - CSF
Lymphocyte surface markers (LSM) flow cytometry - FNA	FNA IN HANKS SOLUTION
Lymphocyte surface markers (LSM) flow cytometry - Tissue	TISSUE IN HANKS SOLUTION OR SALINE
Magnesium (Mg)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Magnesium (Mg) - Red cell	TRACE ELEMENTS TUBE (NAVY)
Magnesium (Mg) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Magnesium (Mg) - Urine random	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
Malarial parasites	4 mL EDTA TUBE (PURPLE) (separate tube required). Treat as URGENT.
Manganese (Mn) - Plasma	TRACE ELEMENTS TUBE (NAVY)
Manganese (Mn) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Manganese (Mn) - Urine random	YELLOW TOP CONTAINER - RANDOM URINE
MBA (Multiple Biochemistry Analysis)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Measles PCR - Swab	SIGMA TRANSWAB (ORANGE TOP) - THROAT OR NOSE OR SIGMA TRANSWAB (BLUE TOP) - NASOPHARYNGEAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Measles PCR - Urine random	YELLOW TOP CONTAINER - RANDOM URINE Note if requested for public health unit.
Measles serology (IgG) (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Measles serology (IgG/IgM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Measles, mumps & rubella immunity screen (IgG)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

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Test name	Collection requirements
Melanoma gene panel (KRAS, KIT, NRAS)	FRESH TISSUE OR PARRAFIN EMBEDDED TISSUE Contact laboratory for information. Medicare criteria: A test of tumour tissue from a patient with unresectable stage III or stage IV metastatic cutaneous melanoma, requested by, or on behalf of, a specialist or consultant physician, to determine if the requirements relating to BRAF V600 mutation status for access to dabrafenib under Pharmaceutical Benefits Scheme (PBS) are fulfilled.
Meningococcal PCR	4 mL EDTA TUBE (PURPLE) (separate tube required)
Meningococcal PCR - CSF	STERILE CONTAINER - CSF. No Medicare rebate available.
Mercury - Blood	TRACE ELEMENTS TUBE (NAVY)
Mercury - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Mercury - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred). Can also be collected at end of shift or following exposure.
Mesomark®	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Metabolic screen - Urine random	Refer patient to Collection Centre. Partial Medicare rebate. Note relevant clinical features on referral for Medicare rebate. Medicare number & parent signature required. Medicare criteria: <ul style="list-style-type: none">▪ NSW resident with Medicare number supplied & signature AND▪ Diagnosis of inborn errors of metabolism (or developmental delay)
Metanephrines & normetanephrines - Plasma	Refer patient to Collection Centre.
Metanephrines & normetanephrines - Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet & dietary advice. Note starting and finishing times on container.
Methotrexate	PLAIN TUBE (RED). Collect as requested. Note dosage, time of dose and collection time on referral.
Methylmalonic acid (MMA) (<18yrs) - Blood	Refer patient to Collection Centre. No Medicare rebate available.

Test name	Collection requirements
Methylmalonic acid (MMA) (Adult >18yrs) - Blood	Refer patient to Collection Centre. No Medicare rebate available.
MGMT promoter methylation (Genetic test)	FRESH TISSUE OR PARRAFIN EMBEDDED TISSUE Contact laboratory for information. Medicare criteria: Refer to MBS
Mianserin	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Microalbumin - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Microalbumin - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Microalbumin - Urine timed (preferred)	TIMED OVERNIGHT URINE CONTAINER (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times are required on container.
Microarray (CGH SNP) (Genetic test)	4 mL EDTA TUBE (PURPLE) & LITHIUM HEPARIN TUBE (GREEN) (separate tubes required). Note clinical history on referral form. Medicare rebatable for only 1 test when both Chromosomes & CGH microarray requested. Medicare criteria: Developmental delay or intellectual disability or autism or at least 2 congenital abnormalities.
Mouth M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - MOUTH. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
MPL PCR (Myeloproliferative leukemia) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Medicare criteria: Patient with clinical and laboratory evidence of: a) polycythaemia vera or b) essential thrombocythaemia.
MRSA screen (Methicillin-resistant Staphylococcus aureus)	3-4 x SIGMA TRANSWAB (ORANGE TOP) - THROAT, NOSE, GROIN, +/- WOUND). Label swabs with site of collection & test.
MTHFR (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Medicare criteria: ▪ Proven DVT/PE in patient or ▪ Presence of mutation in first degree relative.
Mumps PCR - Swab	SIGMA TRANSWAB (ORANGE TOP) - THROAT. Label swab with site of collection & test.

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Test name	Collection requirements
Mumps serology (IgG) (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Mumps serology (IgG/IgM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Clinical notes preferred if querying infection.
Musk antibodies	Refer patient to Collection Centre. No Medicare rebate available.
Mycobacterium ulcerans PCR	SIGMA TRANSWAB (ORANGE TOP) OR TISSUE (ulcer, lesion or relevant site). Label swab with site of collection & test.
Mycoplasma genitalium PCR (Genital) - Swab	SIGMA TRANSWAB (ORANGE TOP) - GENITAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s. Mycoplasma genitalium is the only genital mycoplasma with evidence to support its role in urethritis, cervicitis, PID and pre-term delivery/miscarriage. Mycoplasma hominis and ureaplasma species are genital commensals in up to 40% of sexually active, asymptomatic women and their routine testing and reporting frequently leads to misdiagnosis and unnecessary treatment. M.hominis and ureaplasma species will no longer be reported without prior discussion with a Clinical Microbiologist.
Mycoplasma genitalium PCR (Genital) - Urine first-void	YELLOW TOP CONTAINER - FIRST-VOID URINE (any time of day). Collect the first 10-50 mL of the urine stream. Patient instruction sheet. Separate urine preferred if requested with midstream urine (MSU). Mycoplasma genitalium is the only genital mycoplasma with evidence to support its role in urethritis, cervicitis, PID and pre-term delivery/miscarriage. Mycoplasma hominis and ureaplasma species are genital commensals in up to 40% of sexually active, asymptomatic women and their routine testing and reporting frequently leads to misdiagnosis and unnecessary treatment. M.hominis and ureaplasma species will no longer be reported without prior discussion with a Clinical Microbiologist.
Mycoplasma pneumoniae serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Myelin antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Myocardial antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Myoglobin - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Myoglobin - Urine random	YELLOW TOP CONTAINER - RANDOM URINE

Test name	Collection requirements
Myositis line immunoassay	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Partial Medicare rebate.
N telopeptide	YELLOW TOP CONTAINER – SECOND-VOID MORNING URINE
Nasopharyngeal M/C/S – Swab	SIGMA TRANSWAB (BLUE TOP) – NASOPHARYNGEAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Neurone specific enolase (NSE)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Nickel – Blood	TRACE ELEMENTS TUBE (NAVY)
Nickel – Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Nickel – Urine random	YELLOW TOP CONTAINER – MORNING URINE (preferred)
Nipple discharge M/C/S	YELLOW TOP CONTAINER – NIPPLE DISCHARGE
NIPT (Harmony® non-invasive prenatal test)	Patient must be provided with a Non-invasive Prenatal Test Request Form. Patient must book and pay online for this test. No Medicare rebate available.
NMO & MOG antibodies – CSF	STERILE CONTAINER – CSF
NMO & MOG antibodies – Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Normal protein catabolic rate	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Nortriptyline	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Nose M/C/S – Swab	SIGMA TRANSWAB (ORANGE TOP) – NOSE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Oestradiol (E2)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) If female, include LMP & any exogenous hormone therapy on referral.
Olanzapine	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose. Note dosage, time of dose and collection time on referral.
Oligosaccharide screen – Urine random	Refer patient to Collection Centre. No Medicare rebate available.

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Test name	Collection requirements
Omega-3 index	Refer patient to Collection Centre. No Medicare rebate available.
Omega-3 index with Omega 6:3 ratio	Refer patient to Collection Centre. No Medicare rebate available.
Omega 6:3 ratio	Refer patient to Collection Centre. No Medicare rebate available.
Oncology FISH (Genetic test) - Blood or bone marrow	LITHIUM HEPARIN TUBE (GREEN) - BLOOD OR BONE MARROW IN TRANSPORT MEDIUM. Medicare criteria may apply for specific tests to be Medicare rebatable.
Oncology FISH (Genetic test) - Tissue (Paraffin embedded)	Contact a Histopathologist on (02) 9855 5150 for all enquiries.
Oncology FISH (Chronic lymphocytic leukaemia-CLL) (Genetic test) - Blood or bone marrow	LITHIUM HEPARIN TUBE (GREEN) - BLOOD OR BONE MARROW IN TRANSPORT MEDIUM. Medicare criteria may apply for specific tests to be Medicare rebatable.
Oncology FISH (Multiple myeloma) (Genetic test) - Blood or bone marrow	LITHIUM HEPARIN TUBE (GREEN) - BLOOD OR BONE MARROW IN TRANSPORT MEDIUM. Medicare criteria may apply for specific tests to be Medicare rebatable.
Optical platelet count	4 mL EDTA TUBE (PURPLE)
Organochlorine insecticide - Blood	LITHIUM HEPARIN TUBE (GREEN) No Medicare rebate available. Collect Monday to Thursday, at end of shift or following exposure.
Organophosphate pesticide - Urine random	YELLOW TOP CONTAINER - RANDOM URINE. No Medicare rebate available.
Organophosphates - Blood	4 mL EDTA TUBE (PURPLE) (separate tube required).
Osmolality	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) When both urine and serum Osmolality requested, it is preferred they be collected at the same time.
Osmolality - Urine random	YELLOW TOP CONTAINER - RANDOM URINE. When both urine and serum Osmolality requested, it is preferred they be collected at the same time.
Osteocalcin	Refer patient to Collection Centre. No Medicare rebate available.
Ovarian antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

Test name	Collection requirements
Oxalate - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Oxalate - Urine random	YELLOW TOP CONTAINER - MORNING URINE. Note time of collection on jar.
Pancreatic polypeptide	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Fasting morning specimen required.
Panfungal PCR	FRESH OR PARAFFIN EMBEDDED TISSUE or CSF or VITROUS FLUID No Medicare rebate available.
Paracetamol	PLAIN TUBE (RED). Treat as URGENT. Note dosage, time of dose and collection time on referral.
Parasite identification scabies	Refer patient to Collection Centre. Sticky tape method is the preferred collection for this test, however, skin scraping in black box is a suitable alternative for doctor collections.
Parathyroid hormone (PTH)	6 mL EDTA TUBE (PINK) & PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Collect without tourniquet as PTH requires a stasis free calcium.
Paroxysmal nocturnal haemoglobinuria (PNH)	4 mL EDTA TUBE (PURPLE) (separate tube required)
Parvovirus serology (IgG) (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Parvovirus serology (IgG/IgM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Pelvic fluid cytology	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site. For small fluid volumes add a small amount of normal saline to the specimen to avoid dehydration.
Penile M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - PENILE. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Perianal M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - PERIANAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Pericardial fluid cytology	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site. For small fluid volumes add a small amount of normal saline to the specimen to avoid dehydration.

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Test name	Collection requirements
Perineal M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - PERINEAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Periodic acid Schiff's stain (PAS stain) - Nail clippings	BLACK BOX CONTAINER - NAIL CLIPPINGS. Place scrapings and/or clippings and blade in black box.
Peritoneal fluid cytology	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site. For small fluid volumes add a small amount of normal saline to the specimen to avoid dehydration.
Peritoneal fluid M/C/S	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site.
PFOS (Perfluorooctane sulfonate)	Contact laboratory for further information. No Medicare rebate available, or if a corporate request there is no cost to patient if eligible.
pH - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Phenobarbitone	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Phenylalanine - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Phenytoin (Dilantin)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Phosphate (PO4)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Phosphate (PO4) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Phosphate (PO4) - Urine random	YELLOW TOP CONTAINER - MORNING URINE. Note time of collection on jar.
Phospholipase A2 receptor antibodies	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Phospholipid antibodies	Refer patient to Collection Centre.
Pinworm (Enterobius vermicularis)	Refer patient to Collection Centre. Patient instruction sheet.

Test name	Collection requirements
Platelet aggregation	Notify main laboratory at Macquarie Park on (02) 9855 5400 for bookings.
Platelet antibody (Non-pregnant)	Refer patient to Collection Centre. Special collection instructions.
Platelet antibody (Post-transfusion)	Refer patient to Collection Centre. No Medicare rebate available. Collect Monday to Thursday. Red Cross form required.
Platelet antibody (Pregnant)	Refer patient to Collection Centre. No Medicare rebate available. Collect Monday to Thursday. Red Cross form required.
Platelet count (PLT)	4 mL EDTA TUBE (PURPLE). If history of clumped platelets also collect an ACD tube.
Platelet function analysis (PFA100)	Refer patient to Collection Centre. Special collection instructions.
Platelet serotonin	Refer patient to Collection Centre
Platinum	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Pleural fluid cytology	YELLOW TOP CONTAINER – BODY FLUID. Label container with patient name, date of birth, specimen type and site. For small fluid volumes add a small amount of normal saline to the specimen to avoid dehydration.
Pleural fluid M/C/S	YELLOW TOP CONTAINER – BODY FLUID. Label container with patient name, date of birth, specimen type and site.
Pneumococcal serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Porphyryns - Faeces	Refer patient to Collection Centre. Note relevant clinical features on referral.
Porphyryns - Red cell	Refer patient to Collection Centre. Note relevant clinical features on referral.
Porphyryns - Urine random	Refer patient to Collection Centre. Note relevant clinical features on referral.
Posaconazole	Refer patient to Collection Centre.
Potassium (K)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

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Test name	Collection requirements
Potassium (K) – Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Potassium (K) – Urine random	YELLOW TOP CONTAINER – MORNING URINE Note time of collection on jar.
Prenatal FISH (Genetic test) – Amniotic fluid or CVS	STERILE CONTAINER – AMNIOTIC FLUID OR CHORIONIC VILLI SAMPLING (CVS). Contact Prenatal Testing Department on (02) 9855 5369 for further enquiries. No Medicare rebate available.
Primidone	LITHIUM HEPARIN TUBE (GREEN) Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Procalcitonin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Procollagen type 1 intact N-terminal propeptide (P1NP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Procollagen type 3 intact N-terminal propeptide (P3NP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Progesterone (P2)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) If female, include LMP & any exogenous hormone therapy on referral.
Progesterone (P2) (day 21)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect on day 21 of menstrual cycle.
Prolactin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Patient should rest for 15 minutes prior to collection.
Prostate health index (phi)	Refer patient to Collection Centre. No Medicare rebate available.
Prostate specific antigen (PSA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Free PSA (if requested) will only be done if Medicare criteria is met. Medicare criteria: <ul style="list-style-type: none">▪ Total PSA is above the age-related median and below or equal to the age-related upper reference limit. (1 episode in a 12 month period) or▪ If Total PSA is above the age-related upper reference limit but below 10 ug/L (up to 4 episodes for free PSA in a 12 month period)

Test name	Collection requirements
Prostatic specific antigen free/total ratio (Free PSA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Medicare criteria: <ul style="list-style-type: none"> Total PSA is above the age-related median and below or equal to the age-related upper reference limit. (1 episode in a 12 month period) or If Total PSA is above the age-related upper reference limit but below 10 ug/L (up to 4 episodes for free PSA in a 12 month period).
Protein	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Protein - Body fluid	YELLOW TOP CONTAINER - BODY FLUID. Label container with patient name, date of birth, specimen type and site.
Protein - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Protein & glucose - CSF	STERILE CONTAINER - CSF
Protein C	Refer patient to Collection Centre. Special collection instructions. Medicare criteria: <ul style="list-style-type: none"> History of venous thromboembolism or First degree relative who has a proven defect
Protein creatinine ratio - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred). Note time of collection on jar.
Protein EPG (Electrophoresis)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Protein EPG (Electrophoresis) - CSF	STERILE CONTAINER - CSF and PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Protein EPG (Electrophoresis) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Protein EPG (Electrophoresis)- Urine random	YELLOW TOP CONTAINER - MORNING URINE
Protein immunofixation electrophoresis (IFE/IEPG)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Protein immunofixation electrophoresis (IFE/IEPG) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.

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Test name	Collection requirements
Protein immunofixation electrophoresis (IFE/IEPG) - Urine random	YELLOW TOP CONTAINER - MORNING URINE
Protein S	Refer patient to Collection Centre. Special collection instructions. Medicare criteria: <ul style="list-style-type: none">▪ History of venous thromboembolism or▪ First degree relative who has a proven defect
Prothrombin gene mutation PCR G20210A (PGM) (incl. FVL) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Medicare criteria: <ul style="list-style-type: none">▪ Proven DVT/PE in patient or▪ Presence of mutation in first degree relative
Prothrombin time (PT)	SODIUM CITRATE TUBE (BLUE). Treat as URGENT. Sodium citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Purines and pyrimidines screen (Adult >18yrs) - Urine random	Refer patient to Collection Centre. No Medicare rebate available.
Pyruvate and lactate	Refer patient to Collection Centre.
Q fever serology (IgG/IgM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Q fever serology IgG (Immunity) (pre/post vaccination)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
QuantiFERON® - TB Gold Plus	Refer patient to Collection Centre. Medicare criteria: Test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in a patient: <ol style="list-style-type: none">who has been exposed to a confirmed case of active tuberculosis;who is infected with human immunodeficiency virus;who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy;who is to commence, or has commenced, renal dialysis;with silicosis;who is or is about to become immunosuppressed because of a disease or a medical treatment not mentioned in (a) to (e)
Quantitative HbsAg	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

Test name	Collection requirements
Quinine	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect as requested. Note dosage, time of dose and collection time on referral.
Rabies serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
RAST allergen testing (General)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Medicare reimburses for requests up to 4 core individual, or 2 core mixes, or 1 core mix and 3 individual, or 1 esoteric allergen per episode. General panel includes dustmite plus 4 other allergens age dependant. <ul style="list-style-type: none"> ▪ <6yrs Egg white, cow's milk, peanut & soy ▪ >6yrs Grass pollen, cat, dog and alternaria (mould)
RAST allergen testing (Specified allergens)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Medicare reimburses for requests up to 4 core individual, or 2 core mixes, or 1 core mix and 3 individual, or 1 esoteric allergen per episode.
Rectal M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - RECTAL Label swab with site of collection & test.
Red cell morphology - Urine midstream	YELLOW TOP CONTAINER - MIDSTREAM URINE Fresh specimen is required.
Reducing substances (<6yrs) - Faeces	Refer patient to Collection Centre.
Renin - Plasma	Refer patient to Collection Centre.
Renin & aldosterone - Plasma	Refer patient to Collection Centre.
Reproductive expanded carrier screen (Beacon panel incl. more than 400 genes) (Genetic test)	Refer patient to Collection Centre. Patient must be provided with an Expanded Carrier Screening Request Form for this test (please refer to our Sonic Genetics website). Payment is required at the time of specimen collection. No Medicare rebate available.
Reproductive (Preconception) carrier screen (CF, Fragile X, SMA) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Specific request form for this test is preferred. Screen includes cystic fibrosis gene test, Fragile X gene test & spinal muscular atrophy gene test (SMN1). Partial Medicare rebate where specific criteria met.
Respiratory virus (Atypical) serology (Chlamydomphila, mycoplasma and legionella)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

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Test name	Collection requirements
Respiratory virus PCR (incl. Influenza, RSV, rhinovirus, parainfluenza, human metapneumovirus, enterovirus and adenovirus) - Swab	SIGMA TRANSWAB (ORANGE TOP) - THROAT OR NOSE. Label swab with site of collection & test.
Respiratory virus PCR (Nasopharyngeal) (incl. Influenza, RSV, rhinovirus, parainfluenza, human metapneumovirus, enterovirus and adenovirus) - Swab or aspirate	SIGMA TRANSWAB (BLUE TOP) - NASOPHARYNGEAL OR ASPIRATE
Reticulocyte count (Retics)	4 mL EDTA TUBE (PURPLE)
Retinol binding protein (RBP)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Reverse triiodothyronine (RT3)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Rheumatoid factor (RF)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Rheumatoid factor (RF) - Body fluid (Synovial)	YELLOW TOP CONTAINER - SYNOVIAL FLUID
Rickettsia serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Ross River virus serology (IgG/IgM) (RRV)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Rubella serology (IgG) (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Rubella serology (IgG/IgM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Clinical notes preferred if querying infection.
Salicylate	PLAIN TUBE (RED). Treat as URGENT. Note dosage, time of dose and collection time on referral.
Schistosoma - Faeces	BROWN TOP CONTAINER - FAECES
Schistosoma (Bilharzia) - Urine	YELLOW TOP CONTAINER - ENDSTREAM URINE
Schistosoma serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Selenium	TRACE ELEMENTS TUBE (NAVY)

Test name	Collection requirements
Selenium - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Selenium - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Semen analysis (Fertility)	Reliable assessment of sperm motility requires prompt examination, ideally within one hour of collection. Following collection at home the patient should deliver the specimen within one hour to one of the DHM regional laboratories (see list) or to the main laboratory at Macquarie Park. Specimens should NOT be delivered to a Collection Centre. This will result in delayed examination and an invalid motility assessment. Partial Medicare rebate.
Semen analysis (Post-vasectomy)	Reliable assessment of sperm motility requires prompt examination, ideally within one hour of collection. Following collection at home the patient should deliver the specimen within one hour to one of the DHM regional laboratories (see list) or to the main laboratory at Macquarie Park. Specimens should NOT be delivered to a Collection Centre. This will result in delayed examination and an invalid motility assessment. Partial Medicare rebate.
Semen M/C/S	Refer patient to Collection Centre.
Serotonin (5-hydroxytryptamine) - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Serotonin (5-hydroxytryptamine) - Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet & dietary advice. Note starting and finishing times on container.
Sexually transmitted disease screen (STD)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) & YELLOW TOP CONTAINER - FIRST-VOID URINE
Silver - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Sirolimus	4 mL EDTA TUBE (PURPLE) (separate tube preferred). Collect just before next dose or as required. Note dosage, time of dose and collection time on referral.
Skeletal muscle antibody (SKMA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Skin autoantibodies (SICA/BMA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

Pathology tests

Alphabetically listed

Test name	Collection requirements
Skin M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) – SKIN. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Smear cytology gynae	GYNAECOLOGICAL SMEAR. Label slides clearly in pencil with patient name, date of birth specimen type and site. Collect using an endometrial sampling device or endocervical brush for vulval smears. Make slides by rolling the brush over a glass slide. Discard brush. A separate slide for each site is required if multiple sites are requested. Fix slides immediately with cytology spray fixative.
Smear cytology non-gynae (lip, mouth, skin, eye, nipple)	CYTOLOGY SMEAR (NON-GYNAE). Label slide clearly in pencil with patient name and date of birth, type of specimen and site. Prepare smear and fix with spray fixative or immerse in 95% alcohol for 20 minutes. Allow to air-dry completely before placing in slide container. Note all relevant clinical history on the referral.
Smooth muscle antibody (SMA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Sodium (Na)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Sodium (Na) - Body fluid	YELLOW TOP CONTAINER – BODY FLUID
Sodium (Na) - CSF	STERILE CONTAINER – CSF
Sodium (Na) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Sodium (Na) - Urine random	YELLOW TOP CONTAINER – MORNING URINE. Note time of collection on jar.
Soluble transferrin receptor (STR)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Solvent screen - Urine random	Refer patient to Collection Centre. No Medicare rebate available.
Sonic PGx panel (Multiple genes) (Pharmacogenomic test) (2D6, 2C9, 2C19, VKORC1, 3A4, 3A5, ABCB1, 1A2, SLC01B1 OPRM1) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). A Pharmacogenomic (PGx) Panel Request Form is available or the 'Sonic PGx Panel' can be requested using your local pathology request form. No Medicare rebate available.
Specific gravity - Urine random	YELLOW TOP CONTAINER – MIDSTREAM URINE
Sperm antibody (SAB) - Serum	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)

Test name	Collection requirements
Spinal muscular atrophy (SMN1) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required)
Sputum cytology	YELLOW TOP CONTAINER – SPUTUM Routine collection consists of three separate specimens preferably collected on 3 consecutive days. An early morning deep cough specimen collected prior to breakfast is preferred. The mouth should be rinsed thoroughly with water prior to collection. Patient instruction sheet.
Sputum M/C/S	YELLOW TOP CONTAINER – SPUTUM Patient instruction sheet.
Strongyloides culture	BROWN TOP CONTAINER – FAECES
Strongyloides serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Synacthen stimulation test	Contact local laboratory for booking information (limited collection locations) and additional paperwork. Partial Medicare rebate.
Synacthen stimulation test with 17-OHP	Contact local laboratory for booking information (limited collection locations) and additional paperwork. Partial Medicare rebate.
Synovial fluid M/C/S	YELLOW TOP CONTAINER – BODY FLUID. Label container clearly with patient name, date of birth, specimen type and site.
Syphilis PCR – Swab	SIGMA TRANSWAB (ORANGE TOP). Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Syphilis serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Syphilis serology – CSF	STERILE CONTAINER – CSF
Tacrolimus	4 mL EDTA TUBE (PURPLE) (separate tube preferred). Collect just before next dose or as required. Note dosage, time of dose and collection time on referral.
TCR & IGH rearrangements (T- & B-cell gene rearrangements) (Genetic test)	4 mL EDTA TUBE (PURPLE) (separate tube required) OR BONE MARROW OR TISSUE OR FNA No Medicare rebate available.
Testosterone	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Preferred morning collection for male patients.

Pathology tests

Alphabetically listed

Test name	Collection requirements
Tetanus antibody	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Thalassaemia screen (HbEPG)	4 mL EDTA TUBE (PURPLE) & PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Clinical history is required, particularly history of haemoglobinopathy and country of origin of family.
Thallium	4 mL EDTA TUBE (PURPLE) (separate tube required)
Thallium - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Thallium - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Theophylline	PLAIN TUBE (RED). Collect just before next dose or at least 4 hours post dose. Note dosage, time of dose and collection time on referral.
Thiocyanate	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Thiocyanate - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) No Medicare rebate available. Patient instruction sheet. Note starting and finishing times on container.
Thiocyanate - Urine random	YELLOW TOP CONTAINER - RANDOM URINE No Medicare rebate available. Collect Monday to Thursday, at end of shift or following exposure. Note on referral if patient is a smoker or non-smoker.
Throat M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - THROAT. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Thrombin time	SODIUM CITRATE TUBE (BLUE). Treat as URGENT. Sodium citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Thrombophilia screen	Refer patient to Collection Centre. Medicare criteria applies for Thrombophilia tests such as Protein C & S, APC resistance, Antithrombin III, FVL & PGM. This is not an acceptable group test for Medicare purposes. To receive a Medicare rebate, the tests within this group must be ordered individually with relevant history.
Thyroglobulin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note relevant clinical history. Medicare criteria: Monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.

Test name	Collection requirements
Thyroid antibodies (TPO & TgAb)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Thyroid function test (TFT)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Relevant clinical notes required for FT4 test to be performed. Medicare criteria: <ul style="list-style-type: none"> ▪ TSH is abnormal or ▪ Monitoring thyroid disease or ▪ Psychiatric investigation or dementia or ▪ Infertility investigation or amenorrhoea or ▪ Pituitary dysfunction suspected or ▪ On drugs interfering with thyroid function or ▪ Investigating sick euthyroid syndrome in admitted patient
Thyroid stimulating hormone (TSH)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Tin - Blood	4 mL EDTA TUBE (PURPLE) (separate tube required)
Tissue M/C/S	YELLOW TOP CONTAINER - FRESH TISSUE Can not be performed on formalin fixed tissue.
Titanium	TRACE ELEMENTS TUBE (NAVY) No Medicare rebate available.
Tobramycin	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Topamax	PLAIN TUBE (RED). Collect 2-4 hours post dose. Note dosage, time of dose and collection time on referral.
Total complement (CH50/CH100)	Refer patient to Collection Centre.
Total membrane fatty acids	Refer patient to Collection Centre. No Medicare rebate available.
Toxocara serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Toxoplasma serology (IgG/IgM)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
TPMT (Pharmacogenomic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). Partial Medicare rebate.
Trace elements (Zn, Cu, Al, Se)	Refer patient to Collection Centre. Note specific trace elements on referral.
Trace elements (Zn, Cu, Al, Se) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.

Pathology tests

Alphabetically listed

Test name	Collection requirements
Transferrin isoforms (<18yrs)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) No Medicare rebate available.
Trichomonas vaginalis PCR (TRV) - Swab	SIGMA TRANSWAB (ORANGE TOP). Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Trichomonas vaginalis PCR (TRV) - ThinPrep	THINPREP VIAL
Trichomonas vaginalis PCR (TRV) - Urine first-void	YELLOW TOP CONTAINER - FIRST-VOID URINE (any time of day) Collect the first 10-50 mL of the urine stream. Patient instruction sheet.
Triglycerides	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note on referral if patient is on any lipid lowering medication. Note dietary status at collection ie fasting or random.
Trimipramine	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Troponin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Treat as URGENT.
Trypsase	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect within 1-4 hours of an attack if possible.
TSH receptor antibody (TRAB)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Tuberculosis PCR - Sputum	YELLOW TOP CONTAINER - SPUTUM
Tumour marker testing (MUST specify specific tumour markers required)	See specific tests for collection requirements. Medicare criteria: <ul style="list-style-type: none">Test/s performed in the monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.
UGT1A1 (Gilbert syndrome) (Pharmacogenomic test)	4 mL EDTA TUBE (PURPLE) (separate tube required). No Medicare rebate available.
Ultracentrifugation of lipoproteins (VLDL)	Refer patient to Collection Centre. No Medicare rebate available. Test is only performed if Trig result is >4.4 mmol/L
Urea (U)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Urea (U) - Body fluid	YELLOW TOP CONTAINER - BODY FLUID

Test name	Collection requirements
Urea (U) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Urea (U) - Urine random	YELLOW TOP CONTAINER - MORNING URINE. Note time of collection on jar.
Urea breath test C14 (UBT)	Refer patient to Collection Centre. Patient instruction sheet.
Urethra M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - URETHRA. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Urethral M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - URETHRA. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Uric acid (UA)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Uric acid (UA) - Body fluid	YELLOW TOP CONTAINER - BODY FLUID
Uric acid (UA) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet & dietary advice. Note starting and finishing times on container.
Uric acid (UA) - Urine random	YELLOW TOP CONTAINER - MORNING URINE. Note time of collection on jar.
Urine cytology	WHITE TOP CYTOLOGY SPECIMEN CONTAINER - URINE Patient instruction sheet. Routine urine cytology consists of three separate specimens preferably collected on consecutive days. Do not collect the first morning urine as this will contain degenerate cells. Collect a specimen after patient has been hydrated and ambulant (ambulation encourages exfoliation of cells). Collect entire bladder volume into 500 mL white top container. If using a smaller urine jar, collect the first part of the stream as this is richer in cells.
Urine M/C/S (or catheter urine)	YELLOW TOP CONTAINER - MIDSTREAM URINE Patient instruction sheet.
Urine M/C/S (Paediatric)	PAEDIATRIC URINE BAG (PLACED INTO YELLOW TOP CONTAINER). Patient instruction sheet.
Vaginal M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - VAGINAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.

Pathology tests

Alphabetically listed

Test name	Collection requirements
Valproate (Epilim)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Vancomycin	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Collect trough level just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
Vancomycin resistant enterococci (VRE) - Faeces	BROWN TOP CONTAINER - FAECES
Vancomycin resistant enterococci (VRE) (Rectal) - Swab	SIGMA TRANSWAB (ORANGE TOP) – RECTAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Varicella zoster serology (IgG) (VCZ) (Immunity)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Varicella zoster serology (IgG/IgM) (VCZ)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Vasoactive intestinal peptide (VIP)	Refer patient to Collection Centre. Special collection instructions.
Vault smear	VAULT SMEAR. Clearly label slide in pencil with patient name and date of birth (do not use pen, texta or a sticker). Fix immediately after collection using a spray fixative or immerse in 95% alcohol for 20 minutes. Allow to dry completely before placing in slide container. DO NOT place slide in the same specimen bag as a container with formalin.
Vedolizumab level	Refer patient to Collection Centre. Partial Medicare rebate.
Vigabatrin	PLAIN TUBE (RED). Collect just before next dose. Note dosage, time of dose and collection time on referral.
Viral culture/studies	PCR has replaced this test in most situations; specific tests must be requested. Contact a Clinical Microbiologist on (02) 9855 5312 for further information.
Viscosity - Serum/Plasma	Refer patient to Collection Centre.
Vitamin A	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Vitamin B1	4 mL EDTA TUBE (PURPLE) (1x separate EDTA is suitable for vitamin B1, B2, B6).

Test name	Collection requirements
Vitamin B12	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Vitamin B2	4 mL EDTA TUBE (PURPLE) (1x separate EDTA is suitable for vitamin B1, B2, B6).
Vitamin B3 – Urine 24-hour	24HR URINE (HCL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.
Vitamin B6	4 mL EDTA TUBE (PURPLE) (1x separate EDTA is suitable for vitamin B1, B2, B6).
Vitamin C	Refer patient to Collection Centre.
Vitamin D (25-OH Vit D)	<p>PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)</p> <p>Medicare criteria:</p> <ul style="list-style-type: none"> ▪ Has signs or symptoms of osteoporosis or osteomalacia; or ▪ Has increased alkaline phosphatase and otherwise normal liver function tests; or ▪ Has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; or ▪ Is suffering from malabsorption e.g. because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease or has had bariatric surgery; or ▪ Has deeply pigmented skin or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; or ▪ Taking medication known to decrease 25OH-D levels e.g. anticonvulsants; or ▪ Has chronic renal failure or is a renal transplant recipient; or ▪ Is <16yrs of age and has signs or symptoms of rickets; or ▪ Is an infant whose mother has established vitamin D deficiency; or ▪ Is an exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item; or ▪ Has a sibling who is <16yrs of age and has vitamin D deficiency
Vitamin D metabolite (1,25-OH Vit D)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Vitamin E	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
Vitamin K	Refer patient to Collection Centre. No Medicare rebate available.

Pathology tests

Alphabetically listed

Test name	Collection requirements
von Willebrand studies (VWS)	Refer patient to Collection Centre. Special collection instructions.
Voriconazole	4 mL EDTA TUBE (PURPLE) (separate tube required). Note dosage, time of dose and collection time on referral.
Vulval M/C/S - Swab	SIGMA TRANSWAB (ORANGE TOP) - VULVAL. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Water testing	Contact Sonic Food & Water Testing - Penrith for enquiries on 1800 048 993 or (02) 4734 6582. No Medicare rebate available.
Weedicide/herbicide - Urine random	YELLOW TOP CONTAINER - RANDOM URINE. No Medicare rebate available. Specify weedicide or herbicide exposure. Collect Monday to Thursday, at end of shift or following exposure.
Worm, insect or parasite identification	YELLOW TOP CONTAINER - WORM/INSECT/PARASITE If DHM laboratory are unable to identify specimen will be forwarded to ICPMR and there may be associated costs.
Wound drainage M/C/S	YELLOW TOP CONTAINER - WOUND DRAINAGE
Wound swab M/C/S (incl. general, post-operation or deep wounds)	SIGMA TRANSWAB (ORANGE TOP) - WOUND. Label swab with site of collection & test. If M/C/S requested with PCR, always collect separate swab/s for PCR test/s.
Yersinia enterocolitica serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD)
ZAP-70	4 mL EDTA TUBE (PURPLE) & LITHIUM HEPARIN TUBE (GREEN) (separate tubes required)
Zika serology	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD) Note relevant clinical history on referral.
Zinc (Zn)	PLAIN TUBE (RED) OR SST/GEL TUBE (GOLD). Delayed aliquoting may cause an increase in the serum zinc results.
Zinc (Zn) - Plasma	Refer patient to Collection Centre.
Zinc (Zn) - Red cell	Refer patient to Collection Centre.
Zinc (Zn) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE). Patient instruction sheet. Note starting and finishing times on container.

Test name	Collection requirements
Zinc (Zn) - Urine random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Zinc protoporphyrin	4 mL EDTA TUBE (PURPLE) (separate tube required)

Specimen storage and reporting guide

Specimen type	Preferred storage
Aspirates/fluids	Room temperature
Blood cultures	Room temperature
Blood specimens	Room temperature
Faeces - Culture	Room temperature
Cervical screening test (CST) (HPV +/- LBC)	Room temperature
Sputum	Room temperature
Swabs	Room temperature
Urine	Refrigerate

Specimen types on test reports

The specimen type for each test is indicated at the bottom of the report in the Tests Completed section

Legend

p	Plasma
s	Serum
c	Sodium citrate
e	EDTA

Patient instructions

Please refer to our website, www.dhm.com.au for detailed information on patient instructions, or to print out a copy for your patient.

Fasting

Order code – D01190

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

Post blood collection

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

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

Patient instruction sheets

Order code

3-day faecal fat diet

D01191

5-HIAA (5-hydroxyindoleacetic acid)/5HT (Serotonin)

D00520

24-hour urine collection

D00509

24-hour urine histamine

D00524

24-hour urine uric acid with a low-purine diet

D00515

Dexamethasone suppression test

D00527

Faeces collection

D00510

Faecal occult blood

D00516

Patient instructions

Patient instruction sheets	Order code
Fasting calcium in urine/or urine calcium/creatinine ratio	D00526
Glucose tolerance test	D00514
Midstream urine collection	D00511
Pinworm	D00519
Semen analysis - Fertility assessment	D00518
Semen analysis - Post-vasectomy	D01101
Sputum M/C/S, AFB or cytology	D00521
Timed overnight urine collection	D00525
Urea breath test	D00506
Urinary chlamydia, gonorrhoeae, trichomonas and mycoplasma PCR	D00523
Urine cytology	D00505

If you require further information,
please contact the laboratory for assistance.

Privacy & pathology

Legislation has been passed which imposes privacy obligations on the private sector, including the health sector. The Privacy Amendment (Private Sector) Act 2000 initially came into effect on 21 December 2001. A new Privacy Amendment (Enhancing Privacy Protection) Act 2012, has been passed and from 12 March 2014, the Australian Privacy Principles (APPs) will replace the National Privacy Principle and Information Privacy Principles. At Douglass Hanly Moir Pathology we have put processes in place to ensure that we comply with all the obligations. Such processes will be subject to continuing review.

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

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

- What personal and sensitive information do we collect
- How do we collect such information
- What do we use the information for
- What reasons are there for disclosing the information
- How do we store the information
- How do we allow access by our patients and referrers to the information that we hold

Patient's contact information may be used for matters relating to billing, particularly with regard to the delivery of invoices, reminders and expediting of payments. This could, for example, include the use of SMS reminders and the referral of unpaid invoices to a third party debt collection agency.

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

**If you require any further information, please contact our
Privacy Officer/Quality Department on (02) 9855 5222.**

Swab guide

General instructions

- Check expiry date of swab prior to use
- Essential labelling information:
 - Full name, date of birth, gender
 - Collector initials
 - Site, date and time of collection
- Apply barcode (Collection Centre only)
- Ensure cap is replaced firmly
- Swabs should not be refrigerated
- PCR requests – one swab per pathogen
- Chlamydia PCR and/or gonorrhoea PCR:
 - When urethral swab requested, collect first-void urine ONLY
- Gonorrhoea culture (M/C/S):
 - Collect penile swab or cervical swab

Microbiology swabs (bacterial culture, bacterial/viral PCR)

Insert swab shaft into tube, snap shaft at marked line and recap tube

Sigma Transwab® (standard shaft, orange top)

Sampling any site, including genital

- Bacterial culture (aerobic and anaerobic)
- All PCR (bacterial and viral)
- Multi-resistant organism (e.g. MRSA)
- NOT for cervical screening for HPV



Product # 55625

Sigma Transwab® (thin shaft, blue top)

Nasopharyngeal collections only

- Pertussis and/or respiratory virus PCR



Product # 56316

Special collections

Flocked swab (red top)

- Patient self-collect for HPV PCR (must be supervised by clinician)
- Buccal swab for genetic tests



Product # 24159

cobas® swab for chlamydia/gonorrhoea PCR (yellow top)
















- Specifically for cobas CT/NG PCR assay
- Cannot be used for other PCR collections
- Cotton swab to clear excess cervical mucus
 - this swab must be discarded
- Flocked swab for specimen collection



Product # 46047

Tube guide & order of draw

Order of draw - in situations of multi-sampling, it is recommended to arrange the tubes in the following order

Tube	Volume	Determinations	Instructions
 FA Plus (410851)		Microbiology To exclude the possibility of septicaemia	1 set of blood culture bottles: both aerobic and anaerobic. Using a butterfly scalp vein needle only, add 8-10 mLs blood to each bottle (do not overfill). Collect aerobic bottle first. MIX WELL BY GENTLY INVERTING THE BOTTLES 8-10 TIMES. Storage and transportation: room temperature Paediatric bottles are available on request and must be filled with 1-4 mLs of blood
 FN Plus (410852)			
 PF Plus (410853)			
 Sodium Citrate	2.7 mL (363095)	Coagulation PR, APTT, INR, coagulation studies (Note: coagulation studies require 2 Sodium Citrate tubes and a 4 mL EDTA tube)	Fill to at least Minimum Fill and not over Maximum Fill Line marked on the tube MIX WELL BY GENTLY INVERTING 8-10 TIMES
 Plain	10.0 mL (367895)	General biochemistry Cardiac markers, troponin, U6E, LFT, lipids, HDL, amylase, lipase, magnesium, Fe studies, therapeutic drugs, CRP, vitamin D, vitamin B12, glucose	Number of tubes required: Up to 6 test groups - 1 tube e.g. LFT, hepatitis, amylase, TFT, hormones, cardiac enzymes More than 6 test groups - 2 tubes MIX WELL BY GENTLY INVERTING 8-10 TIMES
		General serology General serology, hormones, hepatitis serology, RAST, HIV	
 SST/Gel	8.5 mL (367958)	General biochemistry & serology As above, however, limited therapeutic drug levels - refer to specific details in the Pathology Collection Guide for Doctors	
 Lithium Heparin	6.0 mL (367885)	Biochemistry Chromosome analysis	MIX WELL BY GENTLY INVERTING 8-10 TIMES
 EDTA	4.0 mL (367839)	Haematology FBC, Hb, WCC & diff, platelets, ESR, retics, malarial parasites, however separate tube required	 6.0 mL (367756) MIX WELL BY GENTLY INVERTING 8-10 TIMES An ACD tube may be required for platelet clumping. If so, collect the ACD tube after the Sodium Citrate tube in the order of draw.
		Biochemistry Cholinesterase (red cell or plasma), glycated Hb (HbA _{1c}), lead, FER, G6PD, porphyrins (red cell)	
		Molecular genetics EDTA acceptable, however separate tube required	
 EDTA	6.0 mL (367941)	Blood bank Crossmatch/group & hold, antibody screen, blood group (Note: 6 mL EDTA and 4 mL EDTA tube required for all crossmatch/group & hold)	MIX WELL BY GENTLY INVERTING 8-10 TIMES Note: Full patient identification required for crossmatch/group & hold, antibody screen and blood group
		General serology PTH (additional Plain or SST/Gel tube required as well)	Doctor/Collector must initial tube to verify patient details Transfusion form required with any crossmatch/group & hold request
 EDTA with gel	5.0 mL (362791)	Biochemistry Homocysteine, renin/aldosterone	MIX WELL BY GENTLY INVERTING 8-10 TIMES
 Trace elements	6.0 mL (368381)	Biochemistry Trace elements e.g. Aluminium, selenium, manganese	MIX WELL BY GENTLY INVERTING 8-10 TIMES Note: Plasma zinc and/or plasma copper (please use the Plasma zinc and/or plasma copper kit)
		Flow cytometry Lymphocyte surface markers (additional 4 mL EDTA tube required for WCC), CD59, paroxysmal nocturnal haemoglobinuria	
 Red-rimmed EDTA	4.0 mL (454003)	Haematology (separate tube required) Malarial parasites	MIX WELL BY GENTLY INVERTING 8-10 TIMES
		Molecular genetics (separate tube required) Haemochromatosis, Factor V Leiden, MTHFR, PGM, HLA B27, Fragile X, coeliac tissue typing	
 Fluoride Oxalate	4.0 mL (367935)	Biochemistry Glucose, blood alcohol (medical)	MIX WELL BY GENTLY INVERTING 8-10 TIMES
	Quantiferon Gold Kit - 1.0 mL each	Immunoserology Tuberculosis	Collect 1 mL of blood into each tube. Shake tubes 10 times firmly enough to ensure inner surface of tubes is coated. Do not spin and keep at room temperature.

Specimen labelling - each tube must be legibly labelled with:

- Surname
- Date of birth
- Gender (M, F or U)
- Date
- Time
- Collector's initials
- Barcode

NOTE: All BD Vacutainer® tubes require immediate mixing following collection

• Always fill tubes to full volume
• For any other tests please contact the laboratory

HAZARD WARNING: Never inject blood into the tube from the needle and syringe.

DOUGLASS HANLY MOIR PATHOLOGY • ABN 80 003 332 858

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