



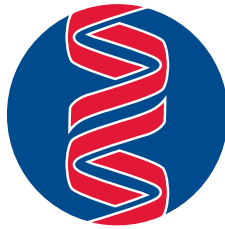
DOUGLASS  
HANLY MOIR  
PATHOLOGY  
BARRATT & SMITH  
PATHOLOGY  
Quality is in our DNA

# Pathology Collection Guide for Doctors | 2016



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# Pathology Collection Guide

## for Doctors

**October 2016**

Although all details are correct at time of printing, changes to testing and collection may occur.  
Please see our website [www.dhm.com.au](http://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

## Chief Executive Officer

(02) 9855 5333

Dr Colin Goldschmidt

## Medical Director

(02) 9855 5150

Adj. Prof. Annabelle Farnsworth

## Pathologists

### Biochemistry/Endocrinology

(02) 9855 5312

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(Director of Chemical Pathology / Esoteric Testing)

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

Dr Joyce Wu

### Genetics

(02) 9855 5369

Dr Scott Mead

Professor Graeme Suthers  
(Director of Sonic Genetics Australia)

### Haematology

(02) 9855 5312

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

Dr Claudine Ho  
Dr Lye Lin Ho  
Dr Peter Kyle

Dr Ray McKinley  
Dr Steve Moran  
Dr Vera Stoermer

### Histopathology/Cytopathology

(02) 9855 5150

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  
Dr Simon Clark  
Dr Sophie Corbett-Burns  
Dr Oana Crainic  
Dr Suzanne Danieleto  
Adj. Prof. Warwick Delprado  
(Director of Histopathology)  
Dr Joanna Ding  
Dr Francesca D'Souza  
Dr Melanie Edwards

Dr Stephen Fairy  
Adj. Prof. Annabelle Farnsworth  
(Director of Cytopathology)  
Dr William Felbel  
Dr Mahdiah Gorji  
Dr Patricia Guzman  
Dr Geoffrey Hall  
Dr Vicki Howard  
Dr Suzanne Hyne  
Adj. Prof. Richard Jaworski  
Dr Debra Jensen  
Dr Robyn Levingston  
Dr Cathy Lim  
Dr Lisa Lin  
Dr Fiona Maclean  
Dr Yasmin Matthews  
Dr Denis Moir

Dr Erin Morris  
Dr Anita Muljono  
Dr Esther Myint  
Dr Kambin Nejad  
Dr Helen Ogle  
Dr Jessamine Reddy  
Dr Paul Richmond  
Dr Jennifer Roberts  
Professor Peter Russell  
Dr Elizabeth Sinclair  
Dr Sarah Swain  
Dr Cate Trebeck  
Dr Jennifer Turner  
Dr Helene Yilmaz  
Dr Kathleen Young

## Immunology

(02) 9855 5312

Dr Karl Baumgart  
(Director of Immunology / Molecular Biology)

Dr Andrew Broadfoot

## Molecular Biology

(02) 9855 5312

Dr Karl Baumgart  
(Director of Immunology / Molecular Biology)

## Microbiology/Serology

(02) 9855 5312

Dr Ian Chambers  
(Director of Microbiology / Serology)

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 Garry Simmons

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)

### 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 (H.S.S.)

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

### Miranda

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

### Crows Nest

The Mater Hospital  
Lower Ground Floor, Rocklands Road  
Crows Nest NSW 2065  
P: (02) 9922 7805

### St Leonards

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

### Kogarah

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

### Westmead

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

### Liverpool

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

### Windsor

Hawkesbury District Hospital  
Cnr Day & Macquarie Streets  
Windsor NSW 2756  
P: (02) 4560 5532

### Macquarie University Hospital

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



## Regional Laboratories

### Bathurst

Bathurst Private Hospital  
Gormans Hill Road  
Bathurst NSW 2795  
P: (02) 6331 2165

### 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) 6766 2401

### 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)	
<b>FBC (&amp; if requested ESR)</b>	Actemra (Tocilizumab)	Keytruda (Pembrolizumab)
	Afinitor (Everolimus)	Leukeran (Chlorambucil)
	Anastrozole	Mabthera (Rituximab)
	Arimidex (Anastrozole)	Mesasal (Mesalazine)
	Arava / Arabloc (Leflunomide)	Mesothelioma treatment
	Aromasin (Exemestane)	Methoblastin / Ledertrexate (Methotrexate)
	Atgam (Lymphocyte immune globulin)	Methotrexate
	Aubagio (Teriflunomide)	Mitomycin
	Avastin (Bevacizumab)	Mycophenolate
	Azamun (Azathioprine)	Mylelan (Busulfan)
	Azathioprine	Myocrisin (Aurothiomalate)
	Betaferon / Roferon-A / Rebif (Interferon)	Orencia (Abatacept)
	Celebrex (Celecoxib)	Panafcort (Prednisone)
	CellCept / Myfortic (Mycophenolate)	Plaquenil (Hydroxychloroquine)
	Cetuximab	Prednisone
	Chemotherapy	Purinethol / 6MP (Mercaptopurine)
	Cicloral / Neoral (Cyclosporin)	Pyralin / Salazopyrin (Sulfasalazine)
	Cimzia (Certolizumab)	Regorafenib
	Clozaril / Clopine (Clozapine)	Remicade (Infliximab)
	Cosudex (Bicalutamide)	Revlimid (Lenalidomide)
	Crizotinib	Rheumatrex (Methotrexate)
	Cycloblastin (Cyclophosphamide)	Ridaura (Auranofin)
	Cyclosporin	Sandimmun (Cyclosporin)
	Cytotoxic therapy	Simponi (Golimumab)
	D-Penammine (Penicillamine)	Sirolimus
	Enbrel (Etanercept)	Tacrolimus
	Erbix (Cetuximab)	Tamoxifen
	Everolimus	Tarceva (Erlotinib)
	Faslodex (Fulvestrant)	Taxol (Paclitaxel)
	Fludara (Fludarabine)	Temodal (Temozolomide)
	Gilenya (Fingolimod)	Thalomid (Thalidomide)
	Glivec (Imatinib)	Thioprine 50 (Azathioprine)
	Gold	Thiotepa
	Herceptin (Trastuzumab)	Tilodene (Ticlopidine)
	Humira (Adalimumab)	Tysabri (Natalizumab)
	Hydrea (Hydroxyurea)	Vidaza (Azacitidine)
	Imbruvica (Ibrutinib)	Xeljanz (Tofacitinib)
	Imuran (Azathioprine)	Xeloda (Capecitabine)
	Interferon	Zoladex (Goserelin)

#### 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 / Arablo (Leflunomide), Enbrel (Etanercept), Humira (Adalimumab), Cimzia (Certolizumab), Gilenya (Fingolimod), Orenia (Abatacept), Aubagio (Teriflunomide), Actemra (Tocilizumab), Xeljanz (Tofacitinib)
EUC	Dialysis patients Cyclosporin, Cicloral (Cyclosporin), Cisplatin
Lithium	Lithium, Quilonum
Calcium (Ca <sup>2+</sup> ), Albumin	Vitamin D or Vit D Metabolite/Analogue, Calcitriol / Rocaltrol / Citrihexal / Kosteo / Sical / Calcijex (Calcitriol) for Osteoporosis, Xgeva (Denosumab)
UEC, Ca, Mg, Phos/PO <sub>4</sub> (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 / Septtrin (Heparin), Orgaran (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
<b>14-3-3 Protein - CSF</b>
<b>Activated Protein C Resistance (APC Resistance)</b> Medicare criteria: <ul style="list-style-type: none"><li>■ History of venous thromboembolism; or</li><li>■ First degree relative who has a proven defect</li></ul>
<b>Adiponectin</b>
<b>Alcohol (Chain-of-Custody) - Urine Random</b>
<b>Alcohol (Medical) - Urine Random</b> If for pre-employment, OHS or corporate, test is non-Medicare rebatable
<b>Alpha-1 Antitrypsin Genotyping (Genetic test)</b>
<b>Alpha Thalassaemia Gene Test (Genetic test)</b>
<b>Antidiuretic Hormone (ADH) (Vasopressin)</b>
<b>Anti-Mullerian Hormone (AMH)</b>
<b>Antithrombin (ATIII)</b> Medicare criteria: <ul style="list-style-type: none"><li>■ History of venous thromboembolism; or</li><li>■ First degree relative who has a proven defect</li></ul>
<b>Apolipoprotein E Genotyping (Genetic test)</b>
<b>Arylsulphatase A</b>
<b>BCR-ABL PCR or FISH (Genetic test)</b> Medicare criteria: Diagnosis and monitoring of patients with laboratory evidence of: <ul style="list-style-type: none"><li>■ Acute myeloid leukaemia; or</li><li>■ Acute promyelocytic leukaemia; or</li><li>■ Acute lymphoid leukaemia; or</li><li>■ Chronic myeloid leukaemia</li></ul>
<b>Behcet's Syndrome (HLA-B51) (Genetic test)</b>
<b>Beta-2 Transferrin</b>
<b>Beta Thalassaemia Gene Test (Genetic test)</b>
<b>Blood Pressure Monitoring (24-hour)</b>
<b>Brain Natriuretic Peptide (NT-ProBNP)</b> Medicare criteria: <ul style="list-style-type: none"><li>■ Diagnosis of patient presenting with dyspnoea to a hospital Emergency Department</li></ul>
<b>Calprotectin - Faeces</b>
<b>Calreticulin mutation (CALR) (Genetic test)</b>
<b>Carbohydrate Deficient Transferrin (CDT)</b>

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Test
<b>CGH Microarray</b> (Genetic test) Medicare criteria: <ul style="list-style-type: none"><li>■ Developmental delay, intellectual disability, autism, or at least two congenital abnormalities</li></ul> Note: If both CGH & chromosomes are requested on a single episode, only one test is covered by Medicare
<b>Cholinesterase Genotyping</b> (Genetic test)
<b>Chromogranin A</b>
<b>Chromosomes FISH - Blood</b> (Genetic test)
<b>CLL FISH</b> (Chronic Lymphocytic Leukaemia) (Genetic test)
<b>Colorectal Gene Panel</b> (KRAS, NRAS, BRAF, PIK3CA) (Genetic test) Medicare criteria: <ul style="list-style-type: none"><li>■ 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"><li>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</li><li>b) a RAS mutation is found</li></ol></li></ul>
<b>Connexin-26 Gene Test</b> (Genetic test)
<b>Cystic Fibrosis Gene Test</b> (40 common mutations including 5T variant) (Genetic test)
<b>DAZ Gene PCR</b> (AZF PCR) (Genetic test)
<b>Dehydroepiandrosterone</b> (DHEA)
<b>DNA Relationship Testing</b> (Parentage)
<b>Drugs of Abuse Urine Testing</b> (Chain-of-Custody)
<b>Drugs of Abuse Urine Testing</b> (Medical) If for pre-employment, OHS or corporate, test is non-Medicare rebatable
<b>Elastase - Faeces</b>
<b>Electrocardiogram</b> (ECG) Pensioners or current health care card holders no charge
<b>Eosinophil Cationic Protein</b> (ECP) Medicare criteria: <ul style="list-style-type: none"><li>■ Monitoring response to therapy in corticosteroid treated asthma in children &lt;12yrs</li></ul>
<b>Erythropoietin</b>
<b>Extended Autoimmune Liver Antibodies</b>
<b>Extended Neuronal Antibodies</b>
<b>Extended Scleroderma Antibodies</b>
<b>Eye Muscle Antibody</b>

# 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

### Factor V Leiden PCR (Genetic test)

Medicare criteria:

- Proven DV T/PE (deep vein thrombosis/pulmonary embolism) in patient; or
- Presence of mutation in first degree relative

### Familial Hibernian Fever Gene Test (TRAPS) (Genetic test)

### Familial Mediterranean Fever Gene Test (FMF) (Genetic test)

### First Trimester Screen (FTS/PAPPA)

### Fluoride - Urine Random

### Fragile X PCR Gene Test (DNA probe) (Genetic test)

Medicare criteria:

- Developmental delay; or
- Patient exhibits clinical features of FRX syndrome; or
- Family history of Fragile X mutation

### Ganglioside Antibodies

### GlycoMark<sup>®</sup>

### Glyphosate (Pesticide) - Urine Random

### Haemochromatosis Gene Assay (GAH) (Genetic test)

Medicare criteria:

- 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)

### Heat Shock Protein (HSP70)

### Hepatitis B Delta Antibody

Medicare criteria:

- Must be Hepatitis B positive

### Hepatitis C Genotyping (HCV Genotyping)

Medicare criteria:

- The patient is HCV RNA positive and is being evaluated for antiviral therapy of chronic HCV hepatitis; and
- The request for the test is made by, or on the advice of, the specialist or consultant physician managing the treatment of the patient

### Hepatitis C PCR Qualitative (HCV PCR Qual)

Medicare criteria:

- Patient is Hepatitis C antibody positive; or
- Patient is Hepatitis C antibody status indeterminate; or
- To determine hepatitis status in immunosuppressed; or immunocompromised patient; or
- Detection of acute Hepatitis C prior to seroconversion when necessary for patient management; or
- Patient undertaking antiviral therapy for Hepatitis C

### Hepatitis C PCR Quantitative (HCV PCR Viral Load)

Medicare criteria:

- Pre-treatment evaluation or the assessment of efficacy of antiviral therapy of a patient with chronic HCV hepatitis; and
- The request for the test is made by, or on the advice of, the specialist or consultant physician managing the treatment of the patient

### Hereditary Angioedema Type I + II Gene Test

(C1 Esterase) (Genetic test)

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
<b>Hereditary Angioedema Type III Gene Test</b> (Factor XII HAE mutation) (Genetic test)
<b>Histopathology ISH Testing</b> (Genetic test)
<b>HLA-B1502</b> (Genetic test)
<b>HLA-B5701</b> (Genetic test)
<b>HLA-B5801</b> (Genetic test)
<b>Holter Monitor</b> (24-hour) Pensioners or current health care card holders are excluded
<b>Human Epididymis Protein 4 (HE4/ROMA)</b>
<b>Human Papilloma Virus DNA Typing (HPV)</b> Medicare criteria: <ul style="list-style-type: none"><li>■ Post-treatment for HSIL (CIN2/3)</li></ul>
<b>Inhibin B</b>
<b>Interleukin-6</b>
<b>Iodine - Urine Random or 24-hour</b>
<b>ISAC Microarray Allergen Testing</b>
<b>Kryptopyrroles - Urine Random</b>
<b>LDL Fractionation</b> Medicare criteria: <ul style="list-style-type: none"><li>■ Cholesterol &gt;6.5 mmol/L and triglyceride &gt;4.0 mmol/L</li><li>■ Diagnosis of types III and IV hyperlipidaemia</li></ul>
<b>Leptin</b>
<b>Lipoprotein (a)</b>
<b>Liver Fibrosis Markers (LFM)</b>
<b>Melanoma Gene Panel (KRAS, KIT, NRAS)</b> (Genetic test) Medicare criteria: <ul style="list-style-type: none"><li>■ 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 are fulfilled.</li></ul>
<b>Mesomark<sup>®</sup></b>
<b>Methylene Tetrahydrofolate Reductase (MTHFR)</b> (Genetic test) includes both mutations A1298C & C677T Medicare criteria: <ul style="list-style-type: none"><li>■ Proven DVT/PE (deep vein thrombosis/pulmonary embolism) in patient; or</li><li>■ Presence of mutation in first degree relative</li></ul>
<b>Multiple Myeloma FISH</b> (Genetic test)
<b>Musk Antibody</b>
<b>Myositis Line Immunoassay</b>

# 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

**Narcolepsy Tissue Typing** (Genetic test)

**NMDA Receptor Antibodies**

**NSCLC Gene Panel (Lung) (EGFR, BRAF, KRAS, ERBB2)** (Genetic test)

Medicare criteria:

- 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 or gefitinib 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.

**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 - Tissue (paraffin embedded)** (Genetic test)

**Organochlorine Insecticides - Blood**

**Organophosphate Pesticides - Urine Random**

**Osteocalcin**

**Pap Test ThinPrep<sup>®</sup>**

**Pharmacogenetic CYP2C19** (Genetic test)

**Pharmacogenetic CYP2C9 and/or VKORC1** (Genetic test)

**Pharmacogenetic CYP2D6** (Genetic test)

**Pharmacogenetic CYP3A4 and/or CYP3A5** (Genetic test)

**Pharmacogenetic DPYD** (Genetic test)

**Pharmacogenetic UGT1A1** (Gilbert's syndrome) (Genetic test)

**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**

Medicare criteria:

- History of venous thromboembolism; or
- First degree relative who has a proven defect



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

### Protein S

Medicare criteria:

- History of venous thromboembolism; or
- First degree relative who has a proven defect

### Prothrombin Gene Mutation (PGM) (Genetic test)

Medicare criteria:

- Detection of a mutation associated with venous clotting

### QuantiFERON<sup>®</sup> TB-Gold

Medicare criteria:

- Patient is immunosuppressed

### RAST (extended allergen tests)

### Retinol Binding Protein (RBP)

### Reverse Triiodothyronine (RT3)

### Rheumatoid Arthritis Tissue Typing (Genetic test)

### Semen Analysis (Fertility)

Pensioners or current health care card holders are excluded

### Semen Analysis (Post-vasectomy)

Pensioners or current health care card holders are excluded

### Soluble Transferrin Receptor

### Solvent Screen - Urine Random

### Synacthen Stimulation Test

### TCR and IGH rearrangements (Genetic test)

(T & B cell rearrangements)

### Thiocyanate - Urine Random or 24-hour

### Thiopurine Methyl Transferase Gene Test (TPMT)

(Genetic test)

Medicare criteria:

- Detection of genetic polymorphisms in the Thiopurine s-methyltransferase gene for the prevention of dose-related toxicity during treatment with thiopurine drugs; including (if performed) any service described in item 65075.

### Thrombophilia Screen

### Total Membrane Fatty Acids

### Transferrin Isoforms (<18yrs) (NCH)

### Ultracentrifugation of Lipoproteins (VLDL)

### Vitamin K

### Weedicide/Herbicides - 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 twelve month period)

A Medicare rebate does NOT apply to the following:

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

### Specimen collection

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

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

### Routine panel includes:

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

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

**Note:** Specimen collection for non-Medicare UDS is not performed at all collection centres but is limited to designated centres where specially trained staff are available to carry out a supervised collection. If required, non-rebatable specimens can be collected under chain-of-custody conditions and screening and confirmatory testing can be performed under conditions specified by AS/NZS 4308: 2008. For further information about UDS and designated collection centres, please contact (02) 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 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
<b>14 3 3 Protein - CSF</b>	STERILE CONTAINER – CSF Transport to the laboratory without delay. No Medicare rebate available
<b>17 OH Progesterone (17 OHP)</b>	PLAIN TUBE OR GEL TUBE
<b>Acetylcholine Receptor Antibody (ACHR)</b>	PLAIN TUBE OR GEL TUBE
<b>Acetylsalicylic Acid</b>	PLAIN TUBE Treat as Urgent. Collected ASAP for toxicity. Note dosage, time of dose and collection time on referral.
<b>Acid Fast Bacilli M/C/S (AFB) - Sputum</b>	YELLOW TOP CONTAINER – SPUTUM A sputum specimen should be collected on three consecutive mornings immediately after rising. If sputum – rinse mouth with water prior to collection. Patient instruction sheets available for sputum or urine collection.
<b>Acid Fast Bacilli M/C/S (AFB) - Swab</b>	BACTERIAL STUARTS SWAB Label swab with site of collection.
<b>Acid Fast Bacilli M/C/S (AFB) - Tissue</b>	YELLOW TOP CONTAINER – FRESH TISSUE
<b>Acid Fast Bacilli M/C/S (AFB) - Urine</b>	YELLOW TOP CONTAINER – FIRST MID STREAM URINE A urine specimen should be collected on three consecutive mornings immediately after rising. If sputum – rinse mouth with water prior to collection. Patient instruction sheets available for sputum or urine collection.
<b>Activated Partial Thromboplastin Time (APTT)</b>	CITRATE TUBE 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.
<b>Activated Protein C Resistance (APC Resistance)</b>	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"><li>▪ History of venous thromboembolism or</li><li>▪ First degree relative who has a proven defect</li></ul>
<b>Adenovirus PCR - Swab</b>	2x DRY SWAB (NOSE & THROAT)
<b>Adenovirus Serology</b>	PLAIN TUBE OR GEL TUBE
<b>Adiponectin</b>	Refer Patient to collection centre No Medicare rebate available.

Test Name	Collection Requirements
Adrenal Gland Antibody	PLAIN TUBE OR GEL TUBE
Adrenocorticotrophic Hormone (ACTH)	Refer patient to collection centre Preferred collection time between 8am-10am.
Alanine Transaminase (ALT)	PLAIN TUBE OR GEL TUBE
Albumin (Alb)	PLAIN TUBE OR GEL TUBE
Alcohol (Chain-of-Custody) - Urine Random	Refer patient to collection centre No Medicare rebate available.
Alcohol (Medical) - Blood	FLUORIDE OXALATE TUBE (separate tube required) Do not use alcohol skin wipe. Label tube with 'Blood Alcohol'.
Alcohol (Medical) - Urine Random	YELLOW TOP CONTAINER - RANDOM URINE Non-Medicare rebatable if request for Pre-employment, parole board, probation or Corporate requests.
Aldosterone - Plasma	Refer patient to collection centre
Aldosterone - Urine 24hr	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.
ALK FISH (Genetic test)	PARRAFIN EMBEDDED TISSUE No Medicare rebate available.
Alkaline Phosphatase (ALP)	PLAIN TUBE OR GEL TUBE
Alkaline Phosphatase Isoenzymes/ Fractionation (Bone/Liver) (ALP)	PLAIN TUBE OR GEL TUBE
Allopurinol	4mL EDTA TUBE (separate tube required) Collect 6-9 hours post dose. Note dosage, time of dose and collection time on referral.
Alpha 1 Antitrypsin	PLAIN TUBE OR GEL TUBE
Alpha 1 Antitrypsin - Faeces	Refer patient to collection centre
Alpha 1 Antitrypsin Genotyping (Genetic test)	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
Alpha 1 Antitrypsin Phenotyping & Level	PLAIN TUBE OR GEL TUBE

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Alpha Fetoprotein (AFP) - Serum (Pregnant)</b>	PLAIN TUBE OR GEL TUBE Collect specimen between 10-17 'completed weeks' gestation (ie 10-17 weeks, 6 days), although specimen can be collected up to 20 weeks. For NTD (neural tube defect) risk assessment it is preferable to collect the specimen between 15 and 17 weeks gestation. Relevant details should be included in clinical notes.
<b>Alpha Fetoprotein (AFP) - Serum (Tumour Marker)</b>	PLAIN TUBE OR GEL TUBE Note relevant history on referral.
<b>Alpha Thalassaemia Gene Test</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Alprazolam</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Aluminium - Blood</b>	Refer patient to collection centre
<b>Aluminium - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Aluminium - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred)
<b>Amikacin</b>	PLAIN TUBE Collect just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Amino Acids (AA) - Plasma</b>	Refer patient to collection centre Note relevant clinical features on referral.
<b>Amino Acids (AA) - Urine Random</b>	Refer patient to collection centre Note relevant clinical features on referral.
<b>Amino Acids (AA) (&lt;18 yrs) - Blood</b>	Refer patient to collection centre Note relevant clinical features on referral.
<b>Amiodarone</b>	LITHIUM HEPARIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Amitriptyline</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.

Test Name	Collection Requirements
Ammonia (NH3) - Plasma	Refer patient to collection centre
Amoebic Serology	PLAIN TUBE OR GEL TUBE
Amylase	PLAIN TUBE OR GEL TUBE
Amylase Isoenzymes	PLAIN TUBE OR GEL TUBE
Amylase with Creatinine Clearance - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) & PLAIN TUBE OR GEL TUBE Note starting and finishing times on urine container.
Amylase with Creatinine Clearance - Urine Random	YELLOW TOP CONTAINER - MORNING URINE (preferred) & PLAIN TUBE OR GEL TUBE
Anal Swab M/C/S	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Androstenedione	PLAIN TUBE OR GEL TUBE
Angiotensin Converting Enzyme (ACE)	PLAIN TUBE OR GEL TUBE
Antenatal Profile includes FBC, Blood Group, Antibody Screen, Rubella IgG, HBsAg, Hep C Ab, Syphilis Serology & UMCS	Refer to individual tests for collection information.
Anti Diuretic Hormone (ADH) (Vasopressin)	Refer patient to collection centre No Medicare rebate available.
Anti Factor Xa Assay	Refer patient to collection centre
Anti Mitochondrial Antibody (AMA)	PLAIN TUBE OR GEL TUBE
Anti Mullerian Hormone (AMH)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Anti Neutrophilic Cytoplasmic Antibody (ANCA)	PLAIN TUBE OR GEL TUBE
Anti Nuclear Antibody (ANA)	PLAIN TUBE OR GEL TUBE
Anti Nuclear Antibody (ANA) - Body Fluid (Joint/Synovial)	YELLOW TOP CONTAINER - SYNOVIAL FLUID
Anti Saccharomyces Cerevisiae Antibody (ASCA)	PLAIN TUBE OR GEL TUBE
Anti Streptococcal O Titre (ASOT)	PLAIN TUBE OR GEL TUBE

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Antibody Screen</b>	Refer patient to collection centre
<b>Antithrombin (AT3)</b>	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"><li>History of venous thromboembolism or</li><li>First degree relative who has a proven defect</li></ul>
<b>Apolipoprotein A1</b>	PLAIN TUBE OR GEL TUBE
<b>Apolipoprotein B</b>	PLAIN TUBE OR GEL TUBE
<b>Apolipoprotein E Genotyping</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Arbovirus Serology</b>	PLAIN TUBE OR GEL TUBE
<b>Armpit Swab M/C/S</b>	BACTERIAL SWAB (BLUE)
<b>Arsenic - Blood</b>	Refer patient to collection centre Seafood should be excluded from diet for at least 5 days prior to testing.
<b>Arsenic - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Seafood should be excluded from diet for at least 5 days prior to and during testing. Note starting and finishing times on urine container.
<b>Arsenic - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred) Seafood should be excluded from diet for at least 5 days prior to testing.
<b>Aspartate Transaminase (AST)</b>	PLAIN TUBE OR GEL TUBE
<b>Aspergillus Fumigatus IgG Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Aspergillus Serology (Aspergillus Precipitins &amp; RAST-Aspergillus)</b>	PLAIN TUBE OR GEL TUBE
<b>Atypical Mycobacterium PCR - Sputum/ Tissue</b>	YELLOW TOP CONTAINER - EARLY MORNING SPUTUM Can also be performed on tissue.
<b>Autohaemolysis Test</b>	Refer patient to collection centre
<b>Avian Precipitins</b>	PLAIN TUBE OR GEL TUBE
<b>Axillary Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.



Test Name	Collection Requirements
<b>Bacterial Antigen Screen - Urine</b>	YELLOW TOP CONTAINER - MID STREAM URINE OR STERILE CONTAINER - CSF
<b>Barium - Urine Random</b>	GREEN TOP CONTAINER - RANDOM URINE
<b>Barmah Forest IgG/IgM Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>BCR-ABL FISH</b>	LITHIUM HEPARIN TUBE No Medicare rebate available. Collect Monday - Thursday only.
<b>BCR-ABL PCR</b>	4x 6mL EDTA TUBE - WHOLE BLOOD (separate tubes required) Must notify laboratory when collected. Medicare criteria: <ul style="list-style-type: none"> <li>▪ Diagnosis and monitoring of patients with laboratory evidence of: <ul style="list-style-type: none"> <li>- Acute myeloid leukaemia or</li> <li>- Acute promyelocytic leukaemia or</li> <li>- Acute lymphoid leukaemia or</li> <li>- Chronic myeloid leukaemia</li> </ul> </li> </ul>
<b>BCR-ABL PCR - Bone Marrow</b>	BONE MARROW IN EDTA TUBE Must notify laboratory when collected. Medicare criteria: <ul style="list-style-type: none"> <li>▪ Diagnosis and monitoring of patients with laboratory evidence of: <ul style="list-style-type: none"> <li>- Acute myeloid leukaemia or</li> <li>- Acute promyelocytic leukaemia or</li> <li>- Acute lymphoid leukaemia or</li> <li>- Chronic myeloid leukaemia</li> </ul> </li> </ul>
<b>Behcets Syndrome (HLA B51)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Beta 2 Microglobulin</b>	PLAIN TUBE OR GEL TUBE
<b>Beta 2 Microglobulin - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred)
<b>Beta 2 Transferrin</b>	YELLOW TOP CONTAINER - NASAL OR EAR DISCHARGE (min 3 drops) & PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Beta Carotene</b>	Refer patient to collection centre

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Beta Thalassaemia Gene Test</b>	Refer patient to collection centre No Medicare rebate available.
<b>BHCG (Beta Human Chorionic Gonadotropin) (Pregnant) - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>BHCG (Beta Human Chorionic Gonadotropin) (Pregnant) - Urine Random</b>	YELLOW TOP CONTAINER - FIRST MORNING URINE (preferred)
<b>BHCG (Beta Human Chorionic Gonadotropin) (Tumour Marker) - Serum</b>	PLAIN TUBE OR GEL TUBE Note relevant clinical history on referral.
<b>Bicarbonate</b>	PLAIN TUBE OR GEL TUBE
<b>Bile Acids/Salts</b>	PLAIN TUBE OR GEL TUBE Patient should fast for 12 hours prior to test. If URGENT please notify the laboratory. Medicare criteria: <ul style="list-style-type: none"><li>▪ patient must be pregnant</li></ul>
<b>Bilirubin</b>	PLAIN TUBE OR GEL TUBE
<b>Bilirubin - Body Fluid</b>	YELLOW TOP CONTAINER - BODY FLUID
<b>Bilirubin Fractionated</b>	PLAIN TUBE OR GEL TUBE
<b>Bilirubin Neonatal/Paediatric</b>	PLAIN TUBE OR GEL TUBE (PAEDIATRIC) Treat as URGENT.
<b>Biopsy Tissue M/C/S</b>	YELLOW TOP CONTAINER - FRESH TISSUE (BIOPSY)
<b>Bismuth - Blood</b>	4mL EDTA TUBE
<b>Bismuth - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Bismuth - Urine Random</b>	YELLOW SCREW-CAPPED SPECIMEN CONTAINER - MORNING URINE (preferred)
<b>Blood Culture</b>	BLOOD CULTURE BOTTLE/S Adults: 8-10mL in each bottle (1x set includes both aerobic and anaerobic bottles. Paediatric: 0.5mL in single paediatric bottle.
<b>Blood Film</b>	4mL EDTA TUBE
<b>Blood Gas (Arterial)</b>	Contact local laboratory for information.

Test Name	Collection Requirements
<b>Blood Group</b>	Refer patient to collection centre
<b>Blood Group &amp; Antibody Screen</b>	Refer patient to collection centre
<b>Blood Pressure Monitoring (24-hour)</b>	Refer patient to collection centre No Medicare rebate available.
<b>Body Fluid M/C/S (Ascitic, Breast, Cyst, Gastric, Wound Drainage, Pleural)</b>	YELLOW TOP CONTAINER – BODY FLUID
<b>Body Fluid pH (Gastric)</b>	YELLOW TOP CONTAINER – GASTRIC FLUID, VOMITUS OR ASPIRATE
<b>Bone Marrow Examination</b>	Contact local laboratory for information.
<b>Bordetella Pertussis IgA/IgG Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Bordetella Pertussis PCR – Nasopharyngeal Swab or Nasopharyngeal Aspirate</b>	NASOPHARYNGEAL SWAB OR NASOPHARYNGEAL ASPIRATE
<b>Bordetella Pertussis PCR – Swab</b>	DRY SWAB OR BACTERIAL SWAB (BLUE) – THROAT OR NASOPHARYNX The preferred collection is 1x DRY swab for each PCR test except when Chlamydia requested with Gonorrhoeae. Label swab with site of collection & test.
<b>BRAF Screen (Genetic Test)</b>	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.
<b>Brain Natriuretic Peptide (NT-Pro BNP)</b>	PLAIN TUBE OR GEL TUBE Medicare criteria: <ul style="list-style-type: none"> <li>Diagnosis of patients presenting with dyspnoea to a hospital Emergency Department</li> </ul>
<b>Bronchial Washings Cytology</b>	FLUID &/OR SLIDE OR BAL BOTTLES
<b>Broncho-Alveolar Lavage M/C/S</b>	FLUID &/OR SLIDE OR BAL BOTTLES
<b>Brucella Antibody</b>	PLAIN TUBE OR GEL TUBE

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Brushings/Washings Smear Cytology</b>	CYTOLOGY SMEAR (or washings) 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.
<b>C Peptide</b>	Refer patient to collection centre Patient should be fasting 8 hours.
<b>C Reactive Protein (CRP)</b>	PLAIN TUBE OR GEL TUBE
<b>C1 Esterase Inhibitor</b>	Refer patient to collection centre
<b>CA 125</b>	PLAIN TUBE OR GEL TUBE
<b>CA 15-3</b>	PLAIN TUBE OR GEL TUBE
<b>CA 19-9</b>	PLAIN TUBE OR GEL TUBE
<b>CA 72-4</b>	PLAIN TUBE OR GEL TUBE
<b>Cadmium - Blood</b>	Refer patient to collection centre
<b>Cadmium - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Cadmium - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred)
<b>Caeruloplasmin</b>	PLAIN TUBE OR GEL TUBE
<b>Calcitonin</b>	Refer patient to collection centre
<b>Calcium</b>	PLAIN TUBE OR GEL TUBE If stasis free (ie no tourniquet) note on referral.
<b>Calcium - Urine 24-hour</b>	24HR URINE (NIL OR HCL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Calcium Creatinine Ratio - Urine Random</b>	Refer patient to collection centre Patient instruction sheet available.
<b>Calcium Ionised</b>	PLAIN TUBE OR GEL TUBE (separate tube required) Fasting is preferred and collected stasis free.
<b>Calcium Stasis Free</b>	PLAIN TUBE OR GEL TUBE Collect without the use of a tourniquet. Label tube as 'stasis free'.

Test Name	Collection Requirements
Calculi/Calculus	YELLOW TOP CONTAINER – RENAL CALCULI (STONE)
Calprotectin - Faeces	BROWN TOP CONTAINER – FAECES (separate specimen required if requested with M/C/S) No Medicare rebate available.
Candida Antibody	PLAIN TUBE OR GEL TUBE
Carbamazepine	PLAIN TUBE OR GEL TUBE Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Carbohydrate Deficient Transferrin (CDT)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Carboxyhaemoglobin	4mL EDTA TUBE Treat as URGENT if poisoning suspected.
Carcinoembryonic Antigen (CEA)	PLAIN TUBE OR GEL TUBE Note relevant clinical history on referral.
Cardiac Isoenzymes (CK-MB)	PLAIN TUBE OR GEL TUBE
Cardiac Markers inc. Troponin	PLAIN TUBE OR GEL TUBE Treat as URGENT
Cardiolipin Antibody inc Beta 2 Glycoprotein Antibody (ACL)	PLAIN TUBE OR GEL TUBE
Cat Scratch Serology	PLAIN TUBE OR GEL TUBE
Catecholamines (CATS) – Plasma	Refer patient to collection centre
Catecholamines (CATS) – Urine 24-hour	24HR URINE (HCL PRESERVATIVE) Note starting and finishing times on urine container.
Catheter/Redivac Tip M/C/S	YELLOW TOP CONTAINER – TIP
Cervical Swab M/C/S	BACTERIAL SWAB (BLUE) Label swab with site of collection.

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>CGH Microarray (Genetic test)</b>	EDTA TUBE - WHOLE BLOOD & LITHIUM HEPARIN TUBE - WHOLE BLOOD (separate tubes required) Note clinical history on referral form. Medicare rebatable for only 1 test if both Chromosomes & CGH Microarray requested. Medicare criteria: <ul style="list-style-type: none"><li>Developmental delay, intellectual disability, autism, or at least 2 congenital abnormalities</li></ul>
<b>Chemistry - Gastric Fluid</b>	YELLOW TOP CONTAINER - GASTRIC FLUID
<b>Chlamydia trachomatis Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Chlamydia trachomatis PCR - Swab</b>	DRY SWAB OR BACTERIAL SWAB (BLUE) - CERVICAL OR URETHRAL The preferred collection is 1x DRY swab for each PCR test except when Chlamydia requested with Gonorrhoeae. Label swab with site of collection & test.
<b>Chlamydia trachomatis PCR - ThinPrep</b>	THINPREP VIAL
<b>Chlamydia trachomatis PCR - Urine First Void</b>	YELLOW TOP CONTAINER - FIRST VOID URINE Collect the first 20-30mL of the urine stream. Patient instruction sheet available.
<b>Chlamydia IgG/IgA Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Chloride</b>	PLAIN TUBE OR GEL TUBE
<b>Chloride - CSF</b>	STERILE CONTAINER - CSF
<b>Chloride - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Chloride - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
<b>Chlorpromazine</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Cholesterol</b>	PLAIN TUBE OR GEL TUBE
<b>Cholinesterase</b>	PLAIN TUBE OR GEL TUBE
<b>Cholinesterase - Plasma</b>	4mL EDTA TUBE (separate tube required)

Test Name	Collection Requirements
<b>Cholinesterase - Red Cell (organophosphate poisoning)</b>	4mL EDTA TUBE (separate tube required)
<b>Cholinesterase - Serum and Red Cell</b>	PLAIN TUBE OR GEL TUBE & EDTA TUBE (separate tubes required)
<b>Cholinesterase Genotyping</b>	Refer patient to collection centre No Medicare rebate available.
<b>Chromatin Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Chromium</b>	Refer patient to collection centre
<b>Chromium - Body Fluid</b>	YELLOW TOP CONTAINER - BODY FLUID
<b>Chromium - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Chromium - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred) Note time of collection on jar.
<b>Chromogranin A</b>	Refer patient to collection centre No Medicare rebate available.
<b>Chromosome Analysis / Studies - Blood</b>	LITHIUM HEPARIN TUBE Medicare rebatable for only 1 test if both Chromosomes & CGH Microarray requested.
<b>Chromosome Analysis / Studies - Bone Marrow</b>	BONE MARROW IN HANKS SOLUTION
<b>Chromosome Analysis / Studies - Fresh Tissue or POC</b>	STERILE CONTAINER - PRODUCTS OF CONCEPTION OR FRESH TISSUE IN SALINE, SPECIAL BUFFER OR CULTURE MEDIUM
<b>Citrate - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Citrate - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
<b>Clomipramine</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Clonazepam</b>	LITHIUM HEPARIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Clostridium difficile Toxin PCR (CDT PCR) - Faeces</b>	BROWN TOP CONTAINER - FAECES
<b>Clozapine</b>	LITHIUM HEPARIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Coagulation Screen</b>	2x CITRATE TUBE & 4mL EDTA TUBE Treat as Urgent. Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
<b>Cobalt - Plasma</b>	Refer patient to collection centre
<b>Cobalt - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Cobalt - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE For occupational exposure, urine should be collected at end of shift. Label jar with time and date of collection.
<b>Codeine</b>	PLAIN TUBE For toxicity collect as soon as possible and treat as Urgent.
<b>Coeliac Serology (Gliadin &amp; TTG)</b>	PLAIN TUBE OR GEL TUBE
<b>Coeliac Tissue Typing</b>	4mL EDTA TUBE (separate tube required)
<b>Cold Agglutinins</b>	Refer patient to collection centre
<b>Complement C1Q</b>	Refer patient to collection centre
<b>Complement C2</b>	Refer patient to collection centre
<b>Complement C3</b>	PLAIN TUBE OR GEL TUBE
<b>Complement C3 C4</b>	PLAIN TUBE OR GEL TUBE
<b>Complement C4</b>	PLAIN TUBE OR GEL TUBE
<b>Complement C5</b>	Refer patient to collection centre
<b>Complement C6</b>	Refer patient to collection centre
<b>Complement C7 or C8 or C9</b>	Refer patient to collection centre



Test Name	Collection Requirements
<b>Connexin-26 Gene Test</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available. Special consent paperwork will be followed up by referral laboratory before test can be performed.
<b>Copper - Plasma</b>	Refer patient to collection centre
<b>Copper - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>Copper - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Copper - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred) Note time of collection on jar.
<b>Cortisol</b>	PLAIN TUBE OR GEL TUBE Note collection time & any hormone therapy on referral.
<b>Cortisol - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Cortisol - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
<b>Cortisol AM</b>	PLAIN TUBE OR GEL TUBE Preferred collection time between 8am-10am. Note collection time & any hormone therapy on referral.
<b>Cortisol PM - Serum</b>	PLAIN TUBE OR GEL TUBE Note collection time & any hormone therapy on referral.
<b>Cotinine - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>Cotinine - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE
<b>Creatine Kinase (CK)</b>	PLAIN TUBE OR GEL TUBE
<b>Creatinine</b>	PLAIN TUBE OR GEL TUBE
<b>Creatinine - Urine 24-hour</b>	24HR URINE (ANY PRESERVATIVE) Note starting and finishing times on urine container.
<b>Creatinine - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.

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Test Name	Collection Requirements
<b>Creatinine Clearance - Urine 24-hour</b>	24HR URINE (NIL OR ANY PRESERVATIVE) & PLAIN TUBE OR GEL TUBE Note starting and finishing times on urine container.
<b>Crossmatch (Group &amp; Hold)</b>	Refer patient to collection centre
<b>Cryofibrinogen</b>	CITRATE TUBE Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
<b>Cryoglobulins</b>	Refer patient to collection centre
<b>Cryptococcus Antigen</b>	PLAIN TUBE OR GEL TUBE
<b>Cryptococcus Antigen - CSF</b>	STERILE CONTAINER - CSF
<b>CSF M/C/S (Cerebrospinal Fluid)</b>	STERILE CONTAINER - CSF Xanthochromia reported as part of Microscopy.
<b>C-Telopeptide</b>	Refer patient to collection centre Preferred collection is a morning fasting specimen.
<b>Cyclic Citrullinated Peptide Antibody (CCP)</b>	PLAIN TUBE OR GEL TUBE
<b>Cyclosporin</b>	4mL EDTA TUBE (separate tube preferred) Collect just before next dose or 2 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Cystic Fibrosis (40 common mutations including 5T variant) (Genetic test)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available. Note any family history of Cystic Fibrosis and mutations if known.
<b>Cystine - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Cystine - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred) Note time of collection on jar.
<b>Cytology CSF (Cerebrospinal Fluid)</b>	STERILE CONTAINER - CSF Transport to the laboratory without delay.
<b>Cytomegalovirus IgG/IgM Antibody (CMV)</b>	PLAIN TUBE OR GEL TUBE
<b>Cytomegalovirus PCR</b>	4mL EDTA TUBE (separate tube required)

Test Name	Collection Requirements
<b>D Dimer (Fibrinogen Degradation Products)</b>	Refer patient to collection centre
<b>DAZ Gene PCR (AZF PCR)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Dehydroepiandrosterone (DHEA)</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Dehydroepiandrosterone Sulphate (DHEAS)</b>	PLAIN TUBE OR GEL TUBE
<b>Dengue Fever Virus Serology</b>	PLAIN TUBE OR GEL TUBE
<b>Deoxypyridinoline Cross Links (DPD X-Links)</b>	YELLOW TOP CONTAINER - MORNING URINE (FIRST OR SECOND VOID) Note time of collection on jar.
<b>Dexamethasone Suppression Test</b>	Refer patient to collection centre Patient instruction sheet available.
<b>Dezamethasone Level</b>	GEL TUBE OR PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Diazepam</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Digoxin</b>	PLAIN TUBE Collect just before next dose or at least 6 hours but preferably 8-10 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Diphtheria Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Direct Coombs</b>	Refer patient to collection centre
<b>Disaccharidase Assay (DSAC) - Tissue</b>	STERILE SCREW-CAPPED SPECIMEN 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.
<b>Disseminated Intravascular Coagulation Screen</b>	4mL EDTA TUBE & CITRATE TUBE Treat as Urgent. Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.

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Test Name	Collection Requirements
<b>DNA Relationship Testing (Parentage)</b>	Refer patient to collection centre No Medicare rebate available. Contact DNALabs on 1300 663 244 for further information.
<b>DNase B</b>	PLAIN TUBE OR GEL TUBE
<b>Dopamine - Urine 24-hour</b>	24HR URINE (HCL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Double stranded DNA Antibody (dsDNA)</b>	PLAIN TUBE OR GEL TUBE
<b>Downs Syndrome Screen (Second Trimester)</b>	PLAIN TUBE OR GEL TUBE Collect specimen between 15-17 completed weeks gestation (ie. 17 weeks, 6 days). Note relevant details on referral eg LMP, ultrasound data.
<b>Doxepin</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Drug Screen (Legal) - Blood</b>	Test not available through DHM Pathology.
<b>Drugs of Abuse Urine Testing (Chain-of-Custody)</b>	Refer patient to collection centre No Medicare rebate available.
<b>Drugs of Abuse Urine Testing (Medical)</b>	YELLOW TOP CONTAINER - RANDOM URINE Non-Medicare rebatable if requested for pre-employment, parole board, probation or corporate requests.
<b>Drugs of Abuse Urine Testing (Methadone Clinic)</b>	GREEN TOP CONTAINER - RANDOM URINE
<b>Ear Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>EGF Receptor FISH (Epidermal Growth Factor)</b>	FRESH TISSUE OR PARRAFIN EMBEDDED TISSUE Contact laboratory for information. Medicare criteria: A 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 the requirements relating to epidermal growth factor receptor (EGFR) gene status for access to erlotinib or gefitinib under the Pharmaceutical Benefits Scheme (PBS) are fulfilled.

Test Name	Collection Requirements
Elastase - Faeces	BROWN TOP CONTAINER - FAECES (separate specimen required when requested with M/C/S) No Medicare rebate available.
Electrocardiogram (ECG)	Refer patient to collection centre Partial Medicare Rebate.
Electrolytes (E)	PLAIN TUBE OR GEL TUBE
Electrolytes (E) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Electrolytes (E) - Urine Random	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
Electrolytes, Urea & Creatinine (EUC)	PLAIN TUBE OR GEL TUBE
Endocervical Swab M/C/S	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Endomysial IgA Antibody	PLAIN TUBE OR GEL TUBE
Endoscope Culture	STERILE SCREW-CAPPED SPECIMEN CONTAINER - ENDOSCOPE WASHINGS No Medicare rebate available.
Enterovirus - Faeces	FAECES
Enterovirus Antibody	PLAIN TUBE OR GEL TUBE
Enterovirus PCR - Swab	2x PCR SWAB (NOSE & THROAT)
Eosinophil Cationic Protein (ECP)	PLAIN TUBE OR GEL TUBE Medicare criteria: <ul style="list-style-type: none"> <li>Monitoring the response to therapy in corticosteroid treated asthma, in a child aged less than 12 years.</li> </ul>
Epstein Barr Virus Early Antigen (EBVEA)	PLAIN TUBE OR GEL TUBE
Epstein Barr Virus IgG/IgM Antibody (EBV)	PLAIN TUBE OR GEL TUBE
Epstein Barr Virus Viral Capsid Antigen IgA (EBVA)	PLAIN TUBE OR GEL TUBE Clinical notes must indicate 'investigation of Nasopharyngeal Carcinoma' for test to be performed.
Erythrocyte Sedimentation Rate (ESR)	4mL EDTA TUBE

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Test Name	Collection Requirements
<b>Erythropoietin</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Ethosuximide</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Everolimus</b>	4mL EDTA TUBE Collect just before next dose or as required. Note dosage, time of dose and collection time on referral.
<b>Extended Autoimmune Liver Antibodies</b>	PLAIN TUBE OR GEL TUBE
<b>Extended Neuronal Antibodies</b>	PLAIN TUBE OR GEL TUBE Partial Medicare rebate
<b>Extended Scleroderma Antibodies</b>	PLAIN TUBE OR GEL TUBE Partial Medicare rebate
<b>Extractable Nuclear Antigen (ENA)</b>	PLAIN TUBE OR GEL TUBE Partial Medicare rebate
<b>Eye Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Factor II</b>	Refer patient to collection centre
<b>Factor IX</b>	Refer patient to collection centre
<b>Factor IX Inhibitor</b>	Refer patient to collection centre
<b>Factor V</b>	Refer patient to collection centre
<b>Factor V Leiden PCR</b>	4mL EDTA TUBE (separate tube required) Medicare criteria: <ul style="list-style-type: none"><li>Proven DVT/PE in patient or</li><li>Presence of mutation in first degree relative</li></ul>
<b>Factor VII</b>	Refer patient to collection centre
<b>Factor VIII Inhibitor</b>	Refer patient to collection centre
<b>Factor VIII:C Assay</b>	Refer patient to collection centre
<b>Factor X</b>	Refer patient to collection centre
<b>Factor XI</b>	Refer patient to collection centre
<b>Factor XII</b>	Refer patient to collection centre

Test Name	Collection Requirements
<b>Factor XIII</b>	Refer patient to collection centre
<b>Faecal Fat (3 Day)</b>	Refer patient to collection centre Patient instruction sheet available.
<b>Faeces M/C/S &amp; OCP</b>	BROWN TOP CONTAINER – FAECES If Dientamoeba Fragilis culture is required, please specify and use the special SAF collection kit available from Douglass Hanly Moir Stores department (02) 9855 5210.
<b>Faeces Occult Blood</b>	FAECAL OCCULT BLOOD KIT Collect 3 specimens from 3 separate motions. Patient instruction sheet available.
<b>Faeces PCR</b>	BROWN TOP CONTAINER – FAECES
<b>Faeces Viral Antigens (Adenovirus/ Rotavirus/Norovirus)</b>	BROWN TOP CONTAINER – FAECES If Dientamoeba Fragilis culture is required, please specify and use the special SAF collection kit available from Douglass Hanly Moir Stores department (02) 9855 5210.
<b>Familial Hibernian Fever Gene Test (TRAPS)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Familial Mediterranean Fever Gene Test (FMF)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Farmers Lung Precipitins</b>	PLAIN TUBE OR GEL TUBE
<b>Fasciola Serology</b>	PLAIN TUBE OR GEL TUBE
<b>Ferritin</b>	PLAIN TUBE OR GEL TUBE
<b>Fibrinogen</b>	CITRATE TUBE 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.
<b>Filarial Parasites</b>	4mL EDTA TUBE
<b>Filariasis Serology</b>	PLAIN TUBE OR GEL TUBE

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Test Name	Collection Requirements
<b>Fine Needle Aspiration (FNA) Cytology</b>	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 5mL container containing Hanks Balanced Salt Solution (available from the laboratory). Please DO NOT forward needles to the laboratory. If there is a larger volume of fluid place in a clearly labelled sterile container. DO NOT add fixative to the fluid.
<b>Fine Needle Aspiration (FNA) Cytology (pathologist collection)</b>	Contact local laboratory for booking or enquiries.
<b>First Trimester Screen (FTS/PAPPA)</b>	PLAIN TUBE OR GEL TUBE Partial Medicare Rebate Collect specimen between 10-13 completed weeks gestation (ie. 13 weeks, 6 days). Note relevant details on referral eg LMP, ultrasound data.
<b>FISH Chromosomes - Blood</b>	LITHIUM HEPARIN TUBE No Medicare rebate available. Collect Monday – Thursday only.
<b>FISH Tissue (paraffin embedded)</b>	Contact Histopathologist for all enquiries.
<b>Fluid (Non Gynae) Cytology (Ascitic, Joint, Bursa, Oesophageal, Peritoneal, Pelvic, Pleural, Pericardial, Synovial)</b>	STERILE CONTAINER – FLUID Label container clearly with patient name, date of birth, specimen type and site. If the specimen is very scanty (i.e. several drops only) slides can be made directly from the fluid. Slides should be clearly labelled in pencil with patient name, date of birth, specimen type and site. Alternatively for small fluid volumes add a small amount of normal saline to the specimen to avoid dehydration. DO NOT add fixative to the fluid.
<b>Fluoride - Urine Random</b>	YELLOW TOP CONTAINER – RANDOM URINE No Medicare rebate available. Collect at end of shift or following exposure Monday to Thursday.



Test Name	Collection Requirements
<b>Follicle Stimulating Hormone (FSH)</b>	PLAIN TUBE OR GEL TUBE If female, include LMP & any exogenous hormone therapy on referral.
<b>Fragile X PCR Gene Test (DNA Probe)</b>	4mL EDTA TUBE (separate tube required) Medicare criteria: <ul style="list-style-type: none"> <li>▪ Developmental delay or family history</li> </ul>
<b>Free Androgen Index (Testosterone &amp; SHBG)</b>	PLAIN TUBE OR GEL TUBE
<b>Free Light Chain Typing - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>Free Testosterone</b>	Calculated from results of serum testosterone, albumin & SHBG tests.
<b>Free Thyroxine (FT4)</b>	PLAIN TUBE OR GEL TUBE Relevant clinical notes required for test to be performed <ul style="list-style-type: none"> <li>▪ TSH is abnormal or</li> <li>▪ monitoring thyroid disease or</li> <li>▪ psychiatric investigation or dementia or</li> <li>▪ infertility investigation or amenorrhoea or</li> <li>▪ pituitary dysfunction suspected or</li> <li>▪ on drugs interfering with thyroid function or</li> <li>▪ investigating sick euthyroid syndrome in admitted patient</li> </ul>
<b>Free Triiodothyronine (FT3)</b>	PLAIN TUBE OR GEL TUBE Relevant clinical notes required for test to be performed <ul style="list-style-type: none"> <li>▪ TSH is abnormal or</li> <li>▪ monitoring thyroid disease or</li> <li>▪ psychiatric investigation or dementia or</li> <li>▪ infertility investigation or amenorrhoea or</li> <li>▪ pituitary dysfunction suspected or</li> <li>▪ on drugs interfering with thyroid function or</li> <li>▪ investigating sick euthyroid syndrome in admitted patient</li> </ul>
<b>Fructosamine</b>	PLAIN TUBE OR GEL TUBE
<b>Fructose - Semen</b>	Refer patient to collection centre
<b>Full Blood Count (FBC)</b>	4mL EDTA TUBE

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Test Name	Collection Requirements
Fungal M/C/S - Nail Clippings	BLACK BOX CONTAINER - NAIL CLIPPINGS Place scrapings and/or clippings and blade in black box.
Fungal M/C/S - Skin Scrapings	BLACK BOX CONTAINER - SKIN SCRAPINGS
Fungal M/C/S - Tissue	YELLOW TOP CONTAINER - BIOPSY TISSUE (FRESH)
Fungal Precipitins	PLAIN TUBE OR GEL TUBE
Gabapentin	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Galactokinase	Refer patient to collection centre
Gamma Glutamyl Transferase (GGT)	PLAIN TUBE OR GEL TUBE
Ganglioside Antibodies	PLAIN TUBE OR GEL TUBE Partial Medicare Rebate.
Gastric Parietal Cell Antibody (GPCA)	PLAIN TUBE OR GEL TUBE
Gastrin	Refer patient to collection centre
Gentamicin	PLAIN TUBE Collect just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
Glomerular Basement Membrane Antibody (GBM)	PLAIN TUBE OR GEL TUBE
Glucagon - Plasma	Refer patient to collection centre
Glucose - Joint/Synovial Fluid	YELLOW TOP CONTAINER - BODY FLUID
Glucose - Plasma (Blood Sugar Level, BSL)	FLUORIDE OXALATE TUBE Note if fasting or random collection.
Glucose - Plasma (Blood Sugar Level, BSL) (2hr Post Prandial)	FLUORIDE OXALATE TUBE Collect 2 hours after a meal AM or PM. Label tube as 'post-prandial' & time of collection.
Glucose - Serum (Blood Sugar Level, BSL)	PLAIN TUBE OR GEL TUBE Note if fasting or random collection.

Test Name	Collection Requirements
Glucose - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Glucose - Urine Random	YELLOW TOP CONTAINER - RANDOM URINE
Glucose 6 Phosphate Dehydrogenase (G6PD)	4mL EDTA TUBE
Glucose Challenge Test (1hr50gm load Pregnant)	Refer patient to collection centre
Glucose Tolerance Test (GTT) - 2hr 75g (Non Pregnant)	Refer patient to collection centre Patient instruction sheet available.
Glucose Tolerance Test (GTT) - 2hr 75g (Pregnant)	Refer patient to collection centre
Glucose Tolerance Test with Insulins (INSGTT)	Refer patient to collection centre
Glutamic Acid Decarboxylase Antibody (GAD)	PLAIN TUBE OR GEL TUBE
Gonorrhoeae PCR - Swab	DRY SWAB OR BACTERIAL SWAB (BLUE) - CERVICAL OR URETHRAL The preferred collection is 1x DRY swab for each PCR test except when Chlamydia requested with Gonorrhoeae. Label swab with site of collection & test.
Gonorrhoeae PCR - Thin Prep	THINPREP VIAL
Gonorrhoeae PCR - Urine First Void	YELLOW TOP CONTAINER - FIRST VOID URINE Collect the first 20-30mL of the urine stream. Patient instruction sheet available.
Groin Swab M/C/S	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Group & Hold	Refer patient to collection centre
Group B Streptococcus PCR	DRY SWAB OR BACTERIAL SWAB (BLUE) The preferred collection is 1x DRY swab for each PCR test requested (except Chlamydia/Gono). Label swab with site of collection & test.
Growth Hormone (GH)	PLAIN TUBE OR GEL TUBE

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Test Name	Collection Requirements
<b>Growth Hormone Stimulation Test with Response to Exercise</b>	Refer patient to collection centre
<b>Growth Hormone Suppression Test with Response to Glucose</b>	Refer patient to collection centre
<b>Guthrie Test</b>	GUTHRIE CARD – DRIED BLOOD SPOT
<b>Haematocrit (HCT)</b>	4mL EDTA TUBE
<b>Haemochromatosis Gene Assay (GAH)</b>	4mL EDTA TUBE (separate tube required) Medicare criteria: <ul style="list-style-type: none"><li>▪ Patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens or</li><li>▪ Patient has a first degree relative with haemochromatosis or</li><li>▪ Patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis</li></ul>
<b>Haemoglobin (Hb)</b>	4mL EDTA TUBE
<b>Haemoglobin A1c (GHB)</b>	4mL EDTA TUBE
<b>Haemolysis Screen</b>	4mL & 6mL EDTA TUBES & PLAIN TUBE OR GEL TUBE
<b>Haemophilus ducreyi PCR - Swab</b>	DRY SWAB – CERVICAL OR URETHRAL The preferred collection is 1x DRY swab for each PCR test except when Chlamydia requested with Gonorrhoeae. Label swab with site of collection & test.
<b>Haemophilus Influenza Type B Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Haemosiderin - Urine Random</b>	YELLOW TOP CONTAINER – MORNING URINE (preferred) Note time of collection on jar.
<b>Haptoglobin</b>	PLAIN TUBE OR GEL TUBE
<b>Harmony Fetal DNA Testing (NIPT)</b>	Contact Sonic Genetics on 1800 010 447 or (02) 9855 5369 for all test enquiries. No Medicare rebate available
<b>Heat Shock Protein (HSP 70)</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.

Test Name	Collection Requirements
<b>Heavy Metal Screen (Arsenic, Lead, Cadmium &amp; Mercury)</b>	Refer patient to collection centre Seafood should be excluded from diet for at least 5 days prior to testing. Note specific metals on referral.
<b>Heavy Metal Screen (Arsenic, Lead, Cadmium &amp; Mercury) - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Seafood should be excluded from diet for at least 5 days prior to and during testing. Note specific metals on referral. Note starting and finishing times on urine container.
<b>Heavy Metal Screen (Arsenic, Lead, Cadmium &amp; Mercury) - Urine Random</b>	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.
<b>Heinz Bodies</b>	4mL EDTA TUBE
<b>Helicobacter Pylori Faecal Antigen</b>	BROWN TOP CONTAINER - FAECES
<b>Helicobacter Pylori IgG Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Heparin Induced Platelet Antibodies (HITTS)</b>	PLAIN TUBE Information of heparin given or preferably an ampoule/vial given to patient prior to test should accompany this request. Record how long the patient has been on heparin on the referral.
<b>Hepatitis A &amp; B (acute)</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis A &amp; B (Immunity)</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis A IgG (HAVIgG) (Immunity)</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis A IgM (HAVIgM) (Acute)</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis A,B,C (Acute)</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis B (HBcAb) core Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis B (HBcIgM) core IgM</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis B (HBeAb) e Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis B (HBeAg) e Antigen (Carrier status)</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis B (HBsAb) surface Antibody (Immunity)</b>	PLAIN TUBE OR GEL TUBE

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Test Name	Collection Requirements
<b>Hepatitis B (HBsAg) surface Antigen (Acute)</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis B delta Antibody</b>	PLAIN TUBE OR GEL TUBE Medicare criteria: <ul style="list-style-type: none"><li>▪ Must be Hepatitis B positive</li></ul>
<b>Hepatitis B DNA (Viral Load)</b>	Refer patient to collection centre
<b>Hepatitis C Antibody (HCV)</b>	PLAIN TUBE OR GEL TUBE
<b>Hepatitis C Genotyping (HCV Genotyping)</b>	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"><li>▪ Pre-treatment evaluation or post treatment assessment and specialist request/advice</li></ul>
<b>Hepatitis C PCR Qualitative (HCV PCR)</b>	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"><li>▪ Patient is Hepatitis C antibody positive or</li><li>▪ Patient is Hepatitis C antibody status indeterminate or</li><li>▪ To determine Hepatitis status in immunosuppressed or immunocompromised patient or</li><li>▪ Detection of acute Hepatitis C prior to seroconversion when necessary for patient management or</li><li>▪ Patient undertaking antiviral therapy for Hepatitis C</li></ul>
<b>Hepatitis C PCR Quantitative (HCV PCR Viral Load)</b>	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"><li>▪ Pre-treatment evaluation for antiviral therapy for chronic Hep C and test advised by specialist who manages treatment of the patients hepatitis</li><li>▪ 12 week assessment on combination antiviral treatment</li></ul>
<b>Hereditary Angioedema Type I &amp; II (C1 Esterase Inhibitor)(Genetic test)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Hereditary Angioedema Type III (Factor XII HAE mutation) (Genetic test)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Hereditary Spherocytosis</b>	4mL EDTA TUBE (separate tube required) Collect Monday to Thursday only.

Test Name	Collection Requirements
<b>Herpes PCR - Swab (includes Varicella PCR)</b>	DRY SWAB OR BACTERIAL SWAB (BLUE) The preferred collection is 1x DRY swab for each PCR test except when Chlamydia requested with Gonorrhoeae. Label swab with site of collection & test.
<b>Herpes Simplex Virus Antibody (HSV)</b>	PLAIN TUBE OR GEL TUBE
<b>Heterophile Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>High Density Lipoprotein (HDL)</b>	PLAIN TUBE OR GEL TUBE Fasting 8-12 hours recommended. Note on form if fasting and if patient is on any lipid lowering drugs. Lipid requests will only include Chol/Trig, if HDL required test must be specifically requested.
<b>High Vaginal Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Histamine - Blood</b>	Refer patient to collection centre
<b>Histamine - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container. Patient instruction sheet available. Histamine diet to be followed 24-hours prior to and for the duration of the test.
<b>Histone Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Histopathology</b>	TISSUE IN FORMALIN Place in 10% buffered formalin. Ideally the volume of fixative should be at least 10 times that of the specimen.
<b>Histopathology Frozen Section</b>	TISSUE - FROZEN SECTION Contact local laboratory for booking.
<b>Histopathology Gynaepath</b>	FRESH TISSUE IN FORMALIN (ENDOMETRIAL, CERVICAL, CORE, VULVAL), UTERUS, OVARY, FALLOPIAN TUBES OR FIBROIDS
<b>Histopathology Immunofluorescence</b>	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.
<b>Histoplasma Antibody</b>	PLAIN TUBE OR GEL TUBE

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
HIV 1/2 Antigen & Antibody	PLAIN TUBE OR GEL TUBE
HIV Drug Resistant Genotype	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"><li>max 2 tests per year</li></ul>
HIV Proviral DNA PCR	Refer patient to collection centre
HIV Viral Load	Refer patient to collection centre Patient must be known HIV positive
HLA B27	4mL EDTA TUBE (separate tube required)
HLA Tissue Typing - First visit (Red Cross)	Refer patient to collection centre No Medicare rebate available (except transplant patients).
HLA Tissue Typing - Monthly (Red Cross)	Refer patient to collection centre No Medicare rebate available (except transplant patients).
HLA-B1502	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
HLA-B5701	4mL EDTA TUBE (separate tube required) Partial Medicare Rebate.
HLA-B5801	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
Holotranscobalamin Active B12	PLAIN TUBE OR GEL TUBE
Holter Monitor 24-hour	Refer patient to collection centre
Homa Index	PLAIN TUBE OR GEL TUBE Patient 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
Homovanillic Acid (HVA) - Urine 24-hour	24HR URINE (HCL PRESERVATIVE) Note starting and finishing times on urine container.
Honey Bee Venom IgG	PLAIN TUBE OR GEL TUBE



Test Name	Collection Requirements
HTLV I & II Antibody	PLAIN TUBE OR GEL TUBE
Human Epididymis Protein 4 (HE4/ROMA)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Human Herpes Virus Type 6 (HHV6)	PLAIN TUBE OR GEL TUBE
Human Papilloma Virus DNA Typing (HPV)	<p>THINPREP VIAL Medicare criteria:</p> <ul style="list-style-type: none"> <li>▪ Post-treatment for HSIL (CIN 2 or 3) <ol style="list-style-type: none"> <li>1) Co-collection with the conventional Pap smear and the ThinPrep test <ul style="list-style-type: none"> <li>- The conventional Pap smear is performed and the sampling device is then rinsed vigorously in the ThinPrep vial.</li> <li>- The HPV test can be performed from the material remaining in the vial after the ThinPrep test has been completed. There is no need to take a separate sample for the HPV test.</li> </ul> </li> <li>2) Co-collection with the conventional Pap smear <ul style="list-style-type: none"> <li>- The conventional Pap smear is performed first.</li> <li>- Then sampling device is then rinsed vigorously in the ThinPrep vial.</li> <li>- Please clearly indicate that the ThinPrep vial is for HPV testing only.</li> </ul> </li> <li>3) As a separate stand-alone specimen <ul style="list-style-type: none"> <li>- The HPV test is collected with a cervical cytology sampler which is rinsed vigorously in the ThinPrep vial.</li> <li>- Please clearly indicate that the ThinPrep vial is for HPV testing only.</li> <li>- The HPV test can also be performed on solid tissue biopsies (eg. anal papillomas)</li> </ul> </li> </ol> </li> </ul>
Hydatid Antibody	PLAIN TUBE OR GEL TUBE
Hydroxyindoleacetic Acid (5HIAA) - Urine 24-hour	24HR URINE (HCL PRESERVATIVE) Note starting and finishing times on urine container. Patient to follow 5HIAA/5HT (Serotonin) dietary advice sheet.
Hydroxymethoxymandelic Acid (HMMA) - Urine 24-hour	24HR URINE (HCL PRESERVATIVE) Note starting and finishing times on urine container. Patient instruction sheet.

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Test Name	Collection Requirements
<b>Hydroxyproline - Urine Random</b>	Refer patient to collection centre Patient instruction sheet available. Patient to follow dietary advice sheet.
<b>Hydroxypyrene</b>	Refer patient to collection centre No Medicare rebate available.
<b>Imipramine &amp; Desipramine</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Immunoglobulin A (IgA)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin D (IgD)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin E (IgE)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin G (IgG)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin G Subclasses</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulin M (IgM)</b>	PLAIN TUBE OR GEL TUBE
<b>Immunoglobulins GAM</b>	PLAIN TUBE OR GEL TUBE
<b>Imuran Metabolites</b>	Refer patient to collection centre
<b>Influenza and RSV PCR</b>	2x DRY SWAB (NOSE & THROAT) Label swabs with site of collection & test.
<b>Influenza and RSV PCR - Nasopharyngeal Aspirate/Nasopharyngeal Swab</b>	NASOPHARYNGEAL SWAB OR NASOPHARYNGEAL ASPIRATE
<b>Influenza Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Inhibin B</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Insulin</b>	PLAIN TUBE OR GEL TUBE Fasting collection preferred.
<b>Insulin Antibody</b>	PLAIN TUBE OR GEL TUBE Fasting collection preferred.
<b>Insulin Like Growth Factor 1 (IGF1)</b>	PLAIN TUBE OR GEL TUBE
<b>Interleukin 6</b>	Refer patient to collection centre No Medicare rebate available.

Test Name	Collection Requirements
<b>International Normalised Ratio (INR)</b>	CITRATE TUBE Treat as Urgent. Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
<b>Intrinsic Factor Blocking Antibody (IFBAb)</b>	PLAIN TUBE OR GEL TUBE
<b>Iodine - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) No Medicare rebate available. Note starting and finishing times on urine container. Random Urine is the preferred collection.
<b>Iodine - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred) No Medicare rebate available.
<b>Iron Studies</b>	PLAIN TUBE OR GEL TUBE
<b>ISAC Microarray Allergen Testing</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>ISH Testing - Tissue</b>	Contact a Histopathologist on (02) 9855 5150 for further information regarding this test.
<b>Itraconazole</b>	4mL EDTA TUBE (separate tube required)
<b>IUD (Intrauterine Device) M/C/S</b>	YELLOW TOP CONTAINER - IUD
<b>JAK2 Gene Test</b>	4mL EDTA TUBE (separate tube required)
<b>Japanese B Encephalitis</b>	PLAIN TUBE OR GEL TUBE
<b>Joint Fluid M/C/S (or Bursa, Synovial, Knee)</b>	YELLOW TOP CONTAINER - JOINT FLUID
<b>Ketones - Plasma</b>	FLUORIDE OXALATE TUBE
<b>Ketones - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE
<b>Kleihauer (Fetomaternal Haemorrhage)</b>	4mL EDTA TUBE
<b>KRAS and NRAS screen (Genetic test)</b>	FRESH TISSUE OR PARRAFIN EMBEDDED TISSUE Contact laboratory for information. Medicare criteria: <ul style="list-style-type: none"> <li>Test of tumour tissue from a patient with metastatic colorectal cancer requested by, or on behalf of, a specialist or consultant physician to determine if the requirements relating to Kirsten ras (KRAS) gene mutation status for access to cetuximab under the PBS are fulfilled.</li> </ul>

# Pathology tests

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Test Name	Collection Requirements
Lactate	Refer patient to collection centre
Lactate - CSF	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
Lactate Dehydrogenase (LD)	PLAIN TUBE OR GEL TUBE
Lactate Dehydrogenase Isoenzymes (LD Isoenzymes)	PLAIN TUBE OR GEL TUBE
Lamotrigine (LTG)	LITHIUM HEPARIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Lead - Blood	4mL EDTA TUBE For occupational exposure collect before shift, after showering & wearing clean clothes. Skin around site must be cleaned thoroughly to avoid contamination.
Lead - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Lead - Urine Random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Legionella Antibody	PLAIN TUBE OR GEL TUBE
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.
Leptin	Refer patient to collection centre No Medicare rebate available.
Leptospira Antibody	PLAIN TUBE OR GEL TUBE
Lip Swab M/C/S	BACTERIAL SWAB (BLUE)
Lipase	PLAIN TUBE OR GEL TUBE
Lipoprotein (a)	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
Lithium	PLAIN TUBE OR GEL TUBE Collect just before next dose or 12 hours post dose. Note dosage, time of dose and collection time on referral.

Test Name	Collection Requirements
Liver Fibrosis Markers (LFM)	GEL OR PLAIN TUBE - SERUM No Medicare rebate available.
Liver Function Test (LFT)	PLAIN TUBE OR GEL TUBE
Liver Kidney Microsomal Antibodies (LKM)	PLAIN TUBE OR GEL TUBE
Low Vaginal Swab M/C/S	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Lupus Inhibitor	Refer patient to collection centre
Luteinising Hormone (LH)	PLAIN TUBE OR GEL TUBE If female, include LMP & any exogenous hormone therapy on referral.
Lyme Borreliosis Antibody	PLAIN TUBE OR GEL TUBE Note on the referral if patient has had a 'tick bite'.
Lymphocyte Surface Markers (LSM) Flow Cytometry - Blood	4mL EDTA TUBE (separate tube required)
Lymphocyte Surface Markers (LSM) Flow Cytometry - Bone Marrow	BONE MARROW IN LITHIUM HEPARIN TUBE (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	PLAIN TUBE OR GEL TUBE
Magnesium - Red Cell	Refer patient to collection centre
Magnesium - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Magnesium - Urine Random	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
Malarial Parasites	4mL EDTA TUBE Treat as URGENT.
Manganese - Plasma	Refer patient to collection centre

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Alphabetically listed

Test Name	Collection Requirements
<b>Manganese - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Manganese - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE
<b>Measles IgG Antibody (Immunity)</b>	PLAIN TUBE OR GEL TUBE
<b>Measles IgG/IgM Antibody</b>	PLAIN TUBE OR GEL TUBE Clinical notes preferred if querying infection.
<b>Measles PCR - Swab</b>	VIRAL SWAB - THROAT OR NOSE Label swab with site of collection & test. Note if requested for public health unit.
<b>Measles PCR - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE Note if requested for public health unit.
<b>Measles, Mumps &amp; Rubella Immunity Screen IgG</b>	PLAIN TUBE OR GEL TUBE
<b>Meningococcal Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Meningococcal PCR</b>	4mL EDTA TUBE (separate tube required)
<b>Meningococcal PCR - CSF</b>	STERILE SCREW-CAPPED SPECIMEN CONTAINER - CSF
<b>Mercury - Blood</b>	Refer patient to collection centre
<b>Mercury - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Mercury - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred) Can also be collected at end of shift or following exposure.
<b>Mesomark</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Metabolic Screen (&lt;18 yr) - Urine Random</b>	Refer patient to collection centre Note relevant clinical features on referral.
<b>Metanephrines &amp; Normetanephrines - Plasma</b>	Refer patient to collection centre

Test Name	Collection Requirements
<b>Metanephrines &amp; Normetanephrines - Urine 24-hour</b>	24HR URINE (HCL PRESERVATIVE) Note starting and finishing times on urine container. Patient instruction sheet.
<b>Methotrexate</b>	PLAIN TUBE Collect as requested. Note dosage, time of dose and collection time on referral.
<b>Methylene Tetrahydrofolate Reductase (MTHFR) includes both mutations A1298C &amp; C677T</b>	4mL EDTA TUBE (separate tube required) Medicare criteria: <ul style="list-style-type: none"> <li>▪ Proven DVT/PE in patient or</li> <li>▪ Presence of mutation in first degree relative</li> </ul>
<b>Methylmalonic Acid - Blood</b>	Refer patient to collection centre.
<b>Mianserin</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Microalbumin - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Microalbumin - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred)
<b>Microalbumin - Urine Timed (preferred)</b>	TIMED OVERNIGHT URINE CONTAINER (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Mouth Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>MRSA Screen (Methicillin Resistant Staphylococcus Aureus)</b>	4x BACTERIAL SWAB (BLUE) (Nose, Throat, Groin & +/- Wound) Label site of collection on each swab.
<b>Mumps IgG Antibody (Immunity)</b>	PLAIN TUBE OR GEL TUBE
<b>Mumps IgG/IgM Antibody</b>	PLAIN TUBE OR GEL TUBE Clinical notes preferred if querying infection.
<b>MUSK Antibodies</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Mycoplasma and Ureaplasma PCR (Genital)</b>	URINE OR (FEMALES- DRY SWAB LOW VAGINAL) Patient instruction sheet available for urine collection.

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Test Name	Collection Requirements
<b>Mycoplasma Pneumoniae Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Myelin Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Myoglobin - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>Myoglobin - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE
<b>N Telopeptide</b>	YELLOW TOP CONTAINER - SECOND VOID MORNING URINE
<b>Narcolepsy Tissue Typing (HLA DR4)</b>	4mL EDTA TUBE (separate tube required)
<b>Neurone Specific Enolase (NSE)</b>	Refer patient to collection centre
<b>Nickel</b>	Refer patient to collection centre
<b>Nickel - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Nickel - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred)
<b>Nipple Discharge M/C/S</b>	YELLOW TOP CONTAINER - NIPPLE DISCHARGE
<b>Nipple Discharge Smear Cytology</b>	See Smear Cytology Non Gynae
<b>NMO Antibodies - CSF</b>	STERILE CONTAINER - CSF
<b>NMO Antibodies - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>Normal Protein Catabolic Rate</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Nortriptyline</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Nose Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Oestradiol (E2)</b>	PLAIN TUBE OR GEL TUBE If female, include LMP & any exogenous hormone therapy on referral.
<b>Olanzapine</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.



Test Name	Collection Requirements
<b>Oligosaccharide Screen - Urine Random</b>	Refer patient to collection centre No Medicare rebate available.
<b>Optical Platelet Count</b>	4mL EDTA TUBE
<b>Organochlorine Insecticides - Blood</b>	LITHIUM HEPARIN TUBE No Medicare rebate available. Collect at end of shift or following exposure Monday to Thursday only.
<b>Organophosphates - Blood</b>	LITHIUM HEPARIN TUBE Collect Monday to Thursday only.
<b>Organophosphates Pesticides - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE No Medicare rebate available.
<b>Osmolality</b>	PLAIN TUBE OR GEL TUBE When both urine and serum Osmolality requested, it is preferred they be collected at the same time.
<b>Osmolality - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE When both urine and serum Osmolality requested, it is preferred they be collected at the same time.
<b>Osteocalcin</b>	Refer patient to collection centre No Medicare rebate available.
<b>Ovarian Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Oxalate - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Oxalate - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
<b>Pancreatic Polypeptide</b>	PLAIN TUBE OR GEL TUBE Fasting morning specimen required
<b>Pap Smear (PAP) - Conventional slide</b>	PAP SMEAR Clearly label slide in pencil with patient name and date of birth (do not use pen, texta or a sticker). Fix immediately after collection using a spray fixative 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.

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Test Name	Collection Requirements
<b>PAP Test ThinPrep</b>	THINPREP VIAL No Medicare rebate available. Rinse the Pap smear-taking implement vigorously in the ThinPrep vial solution. If both a cervix sampler and an endocervical brush are used, rinse both in the same vial. Discard implement/s after rinsing - do not leave in the vial. ThinPrep vial may also be used for Chlamydia or Gonorrhoeae PCR, Trichomonas vaginalis (TV PCR) and HPV DNA tests.
<b>Paracetamol</b>	PLAIN TUBE OR GEL TUBE For toxicity collect as soon as possible and treat as Urgent.
<b>Parasite Identification - Scabies</b>	BLACK BOX CONTAINER - SKIN SCRAPE (SCABIES) OR GLASS SLIDE (MITES)
<b>Parathyroid Hormone (PTH)</b>	6mL EDTA TUBE & PLAIN TUBE OR GEL TUBE Collect without tourniquet as PTH requires a stasis free calcium.
<b>Paroxysmal Nocturnal Haemoglobinuria (PNH)</b>	4mL EDTA TUBE (separate tube required)
<b>Parvovirus IgG Antibody (Immunity)</b>	PLAIN TUBE OR GEL TUBE
<b>Parvovirus IgG/IgM Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Penile Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Perianal Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Perineal Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Periodic Acid Schiffs Stain (PAS Stain) - Nail Clippings</b>	BLACK BOX CONTAINER - NAIL CLIPPING
<b>pH - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Pharmacogenetic CYP2C19 (Genetic test)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Pharmacogenetic CYP2C9 (Genetic test)</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.

Test Name	Collection Requirements
Pharmacogenetic CYP2D6 (Genetic test)	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
Pharmacogenetic CYP3A4 (Genetic test)	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
Pharmacogenetic DPYD (Genetic test)	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
Pharmacogenetic UGT1A1 (Gilberts) (Genetic test)	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
Pharmacogenetic VKORC1 (Genetic test)	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
Pharyngeal Swab M/C/S	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Phenobarbitone	PLAIN TUBE OR GEL TUBE Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Phenylalanine - Urine Random	YELLOW TOP CONTAINER - MORNING URINE (preferred)
Phenytoin	PLAIN TUBE OR GEL TUBE Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
Phosphate (PO4)	PLAIN TUBE OR GEL TUBE
Phosphate (PO4) - Urine 24-hour	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
Phosphate (PO4) - Urine Random	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
Phospholipid Antibodies	Refer patient to collection centre
Pinworm Identification	Refer patient to collection centre Patient instruction sheet available.
Platelet Antibody - Non Pregnant	Refer patient to collection centre
Platelet Antibody - Post Transfusion	Refer patient to collection centre No Medicare rebate available.

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Test Name	Collection Requirements
<b>Platelet Antibody - Pregnant</b>	Refer patient to collection centre No Medicare rebate available.
<b>Platelet Count (Plt)</b>	4mL EDTA TUBE Note: if clumped platelets also collect an ACD tube.
<b>Platelet Function Analysis (PFA100)</b>	Refer patient to collection centre
<b>Platelet Serotonin</b>	Refer patient to collection centre
<b>Platinum</b>	4mL EDTA TUBE (separate tube required) No Medicare rebate available.
<b>Pneumococcal Antibodies</b>	PLAIN TUBE OR GEL TUBE
<b>Porphyryn Total - Faeces</b>	Refer patient to collection centre Note relevant clinical features on referral.
<b>Porphyryn Total - Red Cell</b>	4mL EDTA TUBE (separate tube required) Wrap in foil. Note relevant clinical features on referral.
<b>Porphyryn Total - Urine Random</b>	Refer patient to collection centre Note relevant clinical features on referral.
<b>Potassium (K)</b>	PLAIN TUBE OR GEL TUBE
<b>Potassium (K) - Body Fluid (Gastric)</b>	YELLOW TOP CONTAINER - BODY FLUID
<b>Potassium (K) - CSF</b>	STERILE CONTAINER - CSF
<b>Potassium (K) - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Potassium (K) - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
<b>Prenatal FISH (Aminotic fluid or CVS)</b>	STERILE CONTAINER - CHORIONIC VILLI SAMPLING (CVS) OR AMNIOTIC FLUID Contact Pre-Natal Testing Department on (02) 9855 5369 for further enquiries. No Medicare rebate available.
<b>Primidone</b>	PLAIN TUBE OR GEL TUBE Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Procalcitonin</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.

Test Name	Collection Requirements
<b>Procollagen Type 3 Intact N-Terminal Propeptide (P3NP)</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Progesterone (P2)</b>	PLAIN TUBE OR GEL TUBE If female, include LMP & any exogenous hormone therapy on referral.
<b>Progesterone (P2) - Day 21</b>	PLAIN TUBE OR GEL TUBE Collect on day 21 of menstrual cycle.
<b>Prolactin</b>	PLAIN TUBE OR GEL TUBE Patient should rest for 15 minutes prior to collection.
<b>Prostate Health Index (phi)</b>	Refer patient to collection centre No Medicare rebate available.
<b>Prostate Specific Antigen (PSA)</b>	PLAIN TUBE OR GEL TUBE Free PSA will only be done if Medicare criteria is met. Medicare criteria for testing: <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ 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)</li> </ul>
<b>Prostatic Specific Antigen Free/Total Ratio (Free PSA)</b>	PLAIN TUBE OR GEL TUBE Medicare criteria for testing: <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ 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)</li> </ul>
<b>Protein</b>	PLAIN TUBE OR GEL TUBE
<b>Protein - Body Fluid</b>	YELLOW TOP CONTAINER – BODY FLUID
<b>Protein - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Protein &amp; Glucose – CSF</b>	STERILE CONTAINER – CSF
<b>Protein C</b>	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"> <li>▪ History of venous thromboembolism or</li> <li>▪ First degree relative who has a proven defect</li> </ul>

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Protein Creatinine Ratio - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred) Note time of collection on jar.
<b>Protein EPG (Electrophoresis)</b>	PLAIN TUBE OR GEL TUBE
<b>Protein EPG (Electrophoresis) - CSF</b>	STERILE CONTAINER - CSF and PLAIN TUBE OR GEL TUBE
<b>Protein EPG (Electrophoresis) - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Protein EPG (Electrophoresis) - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE
<b>Protein Immunofixation Electrophoresis (IFE/IEPG)</b>	PLAIN TUBE OR GEL TUBE
<b>Protein Immunofixation Electrophoresis (IFE/IEPG) - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Protein Immunofixation Electrophoresis (IFE/IEPG) - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE
<b>Protein S</b>	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"><li>▪ History of venous thromboembolism or</li><li>▪ First degree relative who has a proven defect</li></ul>
<b>Prothrombin Gene Mutation (PGM)</b>	4mL EDTA TUBE (separate tube required) Medicare criteria: <ul style="list-style-type: none"><li>▪ Detection of a mutation associated with venous clotting</li></ul>
<b>Prothrombin Time (PT)</b>	CITRATE TUBE Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
<b>Pyruvate and Lactate</b>	Refer patient to collection centre
<b>Q Fever Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Quantiferon Gold (Q Gold)</b>	Refer patient to collection centre Medicare criteria: <ul style="list-style-type: none"><li>▪ Patient is immunosuppressed</li></ul>
<b>Quinine</b>	PLAIN TUBE OR GEL TUBE Collect as requested. Note dosage, time of dose and collection time on referral.

Test Name	Collection Requirements
<b>Rabies Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>RAST General</b>	PLAIN TUBE OR GEL TUBE Medicare reimburses for requests up to 5 core individual, or 2 core mixes, or 1 core mix and 3 individual, or 1 esoteric allergen per episode. General panel includes Dustmite plus 4 other allergens age dependant. <6yrs Egg white, Cow's milk, Peanut & Soy >6yrs Grass Pollen, Cat, Dog and Alternaria (Mould) Specific allergens also requestable, please refer to the Allergy publication for complete listing of available allergens: <a href="http://www.dhm.com.au/media/297726/laboratorytestsforallergy_2012_web.pdf">www.dhm.com.au/media/297726/laboratorytestsforallergy_2012_web.pdf</a>
<b>RAST Specified allergen/s</b>	PLAIN TUBE OR GEL TUBE Medicare reimburses for requests up to 5 core individual, or 2 core mixes, or 1 core mix and 3 individual, or 1 esoteric allergen per episode. See link below for Allergy Testing brochure: <a href="http://www.dhm.com.au/media/297726/laboratorytestsforallergy_2012_web.pdf">http://www.dhm.com.au/media/297726/laboratorytestsforallergy_2012_web.pdf</a>
<b>Rectal Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Red Cell Morphology - Urine Mid Stream</b>	YELLOW TOP CONTAINER - MID STREAM URINE (Fresh specimen is required)
<b>Reducing Substances (&lt;2 years) - Faeces or Urine</b>	Refer patient to collection centre
<b>Renin - Plasma</b>	Refer patient to collection centre
<b>Renin &amp; Aldosterone - Plasma</b>	Refer patient to collection centre
<b>Respiratory Syncytial Virus Antibody (RSV)</b>	PLAIN TUBE OR GEL TUBE
<b>Respiratory Virus (Atypical) Antibodies</b>	PLAIN TUBE OR GEL TUBE
<b>Respiratory Virus (Typical) Antibodies</b>	PLAIN TUBE OR GEL TUBE Includes Influenza & RSV
<b>Respiratory Virus PCR - Nasopharyngeal Aspirate/Nasopharyngeal Swab</b>	NASOPHARYNGEAL SWAB OR NASOPHARYNGEAL ASPIRATE

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Respiratory Virus PCR - Swab</b>	2x DRY SWAB (NOSE & THROAT) Label swabs with site of collection & test. Influenza A PCR Influenza B PCR Parainfluenza 1 2 3 4 PCR RSV PCR Human Metapneumovirus PCR Rhinovirus PCR Coronavirus PCR Bocavirus PCR Respiratory Syncytial Virus PCR Avian Flu PCR If Adenovirus or Enterovirus required must be specifically requested.
<b>Reticulocyte Count (Retics)</b>	4mL EDTA TUBE
<b>Retinol Binding Protein (RBP)</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Reverse Triiodothyronine (RT3)</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available. Note thyroid history & medications.
<b>Rheumatoid Factor (RF)</b>	PLAIN TUBE OR GEL TUBE
<b>Rheumatoid Factor (RF) - Synovial Fluid</b>	YELLOW TOP CONTAINER - SYNOVIAL FLUID
<b>Rickettsia Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Ross River Virus IgG/IgM Antibody (RRV)</b>	PLAIN TUBE OR GEL TUBE
<b>Rubella IgG Antibody (Immunity)</b>	PLAIN TUBE OR GEL TUBE
<b>Rubella IgG/IgM Antibody</b>	PLAIN TUBE OR GEL TUBE Clinical notes preferred if querying infection.
<b>Salivary Gland Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Salmonella Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Schistosoma - Faeces</b>	BROWN TOP CONTAINER - FAECES
<b>Schistosoma Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Schistosoma Parasite - Urine Random</b>	YELLOW TOP CONTAINER - END STREAM URINE Patient must include last part of urine in container.
<b>Selenium</b>	Refer patient to collection centre
<b>Selenium - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Selenium - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred)



Test Name	Collection Requirements
<b>Semen Analysis Fertility</b>	<p>Reliable assessment of sperm motility requires prompt examination, ideally within one hour of collection.</p> <p>Following collection at home, the patient should deliver the specimen, within one hour, to one of the DHM Branch 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.</p>
<b>Semen Analysis Post vasectomy</b>	<p>Reliable assessment of sperm motility requires prompt examination, ideally within one hour of collection.</p> <p>Following collection at home, the patient should deliver the specimen, within one hour, to one of the DHM Branch 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.</p>
<b>Semen M/C/S</b>	Refer patient to collection centre
<b>Serotonin (5 Hydroxytryptamine) - Serum</b>	PLAIN TUBE OR GEL TUBE
<b>Serotonin (5 Hydroxytryptamine) - Urine 24-hour</b>	<p>24HR URINE (HCL PRESERVATIVE)</p> <p>Note starting and finishing times on urine container. Patient instruction sheet available. Patient to follow 5HIAA/5HT (Serotonin) dietary advice sheet.</p>
<b>Sexually Transmitted Disease Screen (STD)</b>	PLAIN TUBE OR GEL TUBE & YELLOW TOP CONTAINER - FIRST VOID URINE
<b>Silver - Urine 24-hour</b>	<p>24HR URINE (NIL PRESERVATIVE)</p> <p>Note starting and finishing times on urine container.</p>
<b>Sirolimus</b>	<p>4mL EDTA TUBE (separate tube preferred)</p> <p>Collect just before next dose or as required. Note dosage, time of dose and collection time on referral.</p>
<b>Sjogren Tissue Typing</b>	4mL EDTA TUBE (separate tube required)
<b>Skeletal Muscle Antibody (SKMA)</b>	PLAIN TUBE OR GEL TUBE
<b>Skin Auto Antibodies (SICA/BMA)</b>	PLAIN TUBE OR GEL TUBE

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Skin Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Smear Cytology Gynae</b>	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.
<b>Smear Cytology Non Gynae (Lip, Mouth, Skin, Eye, Nipple)</b>	NON GYNAE SMEAR (SLIDES) For Nipple discharge smear onto slide and label slides with patient name, date of birth and type and site. Ask patient to express fluid by massaging the breast firmly from the base of the breast toward the nipple. When discharge appears please note on the request form if it is originating from a single duct opening or multiple ducts. Pass slide/s lightly over the discharge to collect a direct smear of the material. Quickly fix specimen with spray fixative. Allow to dry before placing in a slide container and forwarding to the laboratory. Other non gynae sites collect as follows, cytobrush (lip, mouth and skin lesions), spatula (buccal smear) or Dacron swab (anal smear). Fix immediately.
<b>Smooth Muscle Antibody (SMA)</b>	PLAIN TUBE OR GEL TUBE
<b>Sodium (Na)</b>	PLAIN TUBE OR GEL TUBE
<b>Sodium (Na) - Body Fluid</b>	YELLOW TOP CONTAINER - BODY FLUID
<b>Sodium (Na) - CSF</b>	STERILE CONTAINER - CSF
<b>Sodium (Na) - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Sodium (Na) - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
<b>Soluble Transferrin Receptor</b>	PLAIN TUBE OR GEL TUBE No Medicare rebate available.
<b>Solvent Screen - Urine Random</b>	Refer patient to collection centre No Medicare rebate available.
<b>Specific Gravity - Urine Random</b>	YELLOW TOP CONTAINER - MID STREAM URINE

Test Name	Collection Requirements
Sperm Antibody (SAB) – Semen	Refer patient to collection centre
Sperm Antibody (SAB) – Serum	PLAIN TUBE OR GEL TUBE
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 available.
Sputum M/C/S	YELLOW TOP CONTAINER – SPUTUM Patient instruction sheet available.
Strongyloides Antibody	PLAIN TUBE OR GEL TUBE
Strongyloides Culture	BROWN TOP CONTAINER – FAECES
Swab M/C/S – Genital	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Synacthen Stimulation Test	Contact local laboratory for booking information and additional paperwork. (Limited collection locations) Partial Medicare Rebate.
Synacthen Stimulation Test with 17OHP	Contact local laboratory for booking information and additional paperwork. (Limited collection locations) Partial Medicare Rebate.
Syphilis Antibody – CSF	STERILE CONTAINER – CSF
Syphilis PCR – Swab	DRY SWAB – CERVICAL OR URETHRAL The preferred collection is 1x DRY swab for each PCR test except when Chlamydia requested with Gonorrhoeae. Label swab with site of collection & test.
Syphilis Serology	PLAIN TUBE OR GEL TUBE
Tacrolimus	4mL EDTA TUBE (separate tube preferred) Collect just before next dose or as required. Note dosage, time of dose and collection time on referral.
Tay-Sachs Gene Test	Refer patient to collection centre No Medicare rebate available. RNSH paperwork and patient consent form required for test to be collected.

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>TCR &amp; IGH rearrangements (T &amp; B cell gene rearrangements)</b>	4mL EDTA TUBE (separate tube required) OR BONE MARROW/TISSUE/FNA No Medicare rebate available.
<b>Temazepam</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Testosterone</b>	PLAIN TUBE OR GEL TUBE Preferred morning collection for male patients.
<b>Tetanus Antibody</b>	PLAIN TUBE OR GEL TUBE
<b>Thalassaemia Screen (HBEPG)</b>	4mL EDTA TUBE & PLAIN TUBE OR GEL TUBE Clinical history is required, particularly history of haemoglobinopathy and country of origin of the family.
<b>Thallium</b>	4mL EDTA TUBE (separate tube required)
<b>Thallium - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Thallium - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE (preferred)
<b>Theophylline</b>	PLAIN TUBE Collect just before next dose or at least 4 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Thiocyanate</b>	PLAIN TUBE OR GEL TUBE
<b>Thiocyanate - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) No Medicare rebate available. Note starting and finishing times on the container.
<b>Thiocyanate - Urine Random</b>	YELLOW TOP CONTAINER - RANDOM URINE No Medicare rebate available. Collect at end of shift or following exposure Monday to Thursday only. Note on referral if patient is a smoker or non-smoker.
<b>Thiopurine Methyl Transferase Gene Test (TPMT)</b>	4mL EDTA TUBE (separate tube required)
<b>Throat Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.

Test Name	Collection Requirements
Thrombin Time	CITRATE TUBE Citrate tube must be filled to the line at the top of the label (fill line) and mixed thoroughly.
Thrombophilia Screen	Refer patient to collection centre Medicare criteria will apply for Thrombophilia tests such as Protein C & S, APC Resistance, Anti Thrombin 3, FVL & PGM.
Thyroglobulin	PLAIN TUBE OR GEL TUBE
Thyroid Antibodies	PLAIN TUBE OR GEL TUBE
Thyroid Function Test (TFT)	PLAIN TUBE OR GEL TUBE Thyroid history must be included on referral for full Thyroid testing. Relevant clinical notes include: <ul style="list-style-type: none"> <li>▪ TSH is abnormal or</li> <li>▪ monitoring thyroid disease or</li> <li>▪ psychiatric investigation or dementia or</li> <li>▪ infertility investigation or amenorrhoea or</li> <li>▪ pituitary dysfunction suspected or</li> <li>▪ on drugs interfering with thyroid function or</li> <li>▪ investigating sick euthyroid syndrome in admitted patient</li> </ul>
Thyroid Stimulating Hormone (TSH)	PLAIN TUBE OR GEL TUBE
Tin - Blood	4mL EDTA TUBE (separate tube required)
Tissue M/C/S	YELLOW TOP CONTAINER - FRESH TISSUE
Tobramycin	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
Topamax	PLAIN TUBE Collect 2-4 hours post dose. Note dosage, time of dose and collection time on referral.
Total Complement (CH50/CH100)	Refer patient to collection centre
Toxocara Antibody	PLAIN TUBE OR GEL TUBE
Toxoplasma IgG/IgM Antibody	PLAIN TUBE OR GEL TUBE
Trace Elements (Zn,Cu,Al,Se)	Refer patient to collection centre Note specific trace elements on referral.

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Trace Elements (Zn,Cu,Al,Se) - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container. Note specific metals on referral.
<b>Trichomonas Vaginalis PCR</b>	DRY SWAB, FIRST VOID URINE OR THINPREP VIAL Label swab with site of collection & test. Patient instruction sheet available for urine collection.
<b>Triglycerides</b>	PLAIN TUBE OR GEL TUBE Note if fasting or random collection.
<b>Trimipramine</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Troponin</b>	PLAIN TUBE OR GEL TUBE Treat as URGENT
<b>Tryptase</b>	PLAIN TUBE OR GEL TUBE Collect within 1-4 hours of an attack if possible.
<b>TSH Receptor Antibody (TRAB)</b>	PLAIN TUBE OR GEL TUBE
<b>Tumour Marker Testing</b>	See specific tests for collection requirements. Medicare criteria: <ul style="list-style-type: none"><li>Test(s) performed in the monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour.</li></ul>
<b>Ultracentrifugation of Lipoproteins (VLDL)</b>	Refer patient to collection centre No Medicare rebate available.
<b>Urea (U)</b>	PLAIN TUBE OR GEL TUBE
<b>Urea (U) - Body Fluid</b>	YELLOW TOP CONTAINER - BODY FLUID
<b>Urea (U) - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Urea (U) - Urine Random</b>	YELLOW TOP CONTAINER - MORNING URINE Note time of collection on jar.
<b>Urea Breath Test C14 (UBT)</b>	Refer patient to collection centre Patient instruction sheet available.
<b>Urethra Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.

Test Name	Collection Requirements
<b>Urethral Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Uric Acid (UA)</b>	PLAIN TUBE OR GEL TUBE
<b>Uric Acid (UA) - Body Fluid</b>	YELLOW TOP CONTAINER – BODY FLUID
<b>Uric Acid (UA) - Urine 24-hour</b>	24HR URINE (NIL PRESERVATIVE) Note starting and finishing times on urine container. Patient instruction sheet available for Low purine diet with Uric Acid.
<b>Uric Acid (UA) - Urine Random</b>	YELLOW TOP CONTAINER – MORNING URINE Note time of collection on jar.
<b>Urine Cytology</b>	500mL STERILE CONTAINER (URINE CYTOLOGY WHITE TOP) Routine urine cytology consists of three separate specimens preferably collected on 3 consecutive days. Do not collect the first morning urine as this will contain degenerate cells. Collect a specimen after the patient has been hydrated and ambulant. (Ambulation encourages exfoliation of cells). Collect the entire bladder volume into 500mL white top container. If using a smaller urine jar, collect the midstream part of the void. Patient instruction sheet available.
<b>Urine M/C/S (or Catheter Urine)</b>	YELLOW TOP CONTAINER – MID STREAM URINE Patient instruction sheet available.
<b>Vaginal Swab M/C/S</b>	BACTERIAL SWAB (BLUE) Label swab with site of collection.
<b>Valproate</b>	PLAIN TUBE OR GEL TUBE Collect just before next dose or at least 6 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Vancomycin</b>	PLAIN TUBE OR GEL TUBE Collect trough level just before next dose. Peak level is collected 1/2 to 1 hours post dose. Note dosage, time of dose and collection time on referral.
<b>Vancomycin Resistant Enterococci (VRE)</b>	BROWN TOP CONTAINER – FAECES OR BACTERIAL SWAB (BLUE)

# Pathology tests

Alphabetically listed

Test Name	Collection Requirements
<b>Varicella Zoster IgG Antibody (VCZ) (Immunity)</b>	PLAIN TUBE OR GEL TUBE
<b>Varicella Zoster IgG/IgM Antibody (VCZ)</b>	PLAIN TUBE OR GEL TUBE
<b>Vasoactive Intestinal Peptide (VIP)</b>	Refer patient to collection centre
<b>Vault Smear</b>	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.
<b>Vigabatrin</b>	PLAIN TUBE Collect just before next dose. Note dosage, time of dose and collection time on referral.
<b>Viral Culture</b>	PCR has replaced Viral Culture in most situations, please consult a Microbiologist on (02) 9855 5312 for further information.
<b>Vitamin A</b>	Refer patient to collection centre
<b>Vitamin B1</b>	Refer patient to collection centre
<b>Vitamin B12</b>	PLAIN TUBE OR GEL TUBE
<b>Vitamin B2</b>	Refer patient to collection centre
<b>Vitamin B3 - Urine 24-hour</b>	24HR URINE (HCL PRESERVATIVE) Note starting and finishing times on urine container.
<b>Vitamin B6</b>	Refer patient to collection centre
<b>Vitamin C</b>	Refer patient to collection centre
<b>Vitamin D (25OH Vit D)</b>	PLAIN TUBE OR GEL TUBE
<b>Vitamin D Metabolite (1,25OH Vit D)</b>	PLAIN TUBE OR GEL TUBE
<b>Vitamin E</b>	Refer patient to collection centre
<b>Vitamin K</b>	Refer patient to collection centre No Medicare rebate available.
<b>Von Willebrand Studies (VWS)</b>	Refer patient to collection centre



Test Name	Collection Requirements
Vulval Swab M/C/S	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Water Testing	Contact Sonic Food & Water Testing – Penrith for enquiries on 1800 048 993 or (02) 4734 6582. No Medicare rebate available.
Weedicide/Herbicides - 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/Parasite Identification	YELLOW TOP CONTAINER – WORM/INSECT/ PARASITE If DHM laboratory are unable to report, the specimen can be forwarded to ICPMR. If sent to ICPMR test is non-Medicare rebatable.
Wound Swab M/C/S (wound, post operation or deep wound)	BACTERIAL SWAB (BLUE) Label swab with site of collection.
Yersinia enterocolitica Serology	PLAIN TUBE OR GEL TUBE
ZAP-70	Refer patient to collection centre
Zinc (Zn)	Refer patient to collection centre
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) Note starting and finishing times on urine container.
Zinc (Zn) - Urine Random	YELLOW TOP CONTAINER – MORNING URINE (preferred)
Zinc Protoporphyrin	4mL EDTA TUBE

# 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
Pap smears	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
H	Lithium Heparin
C	Sodium Citrate
E	EDTA
U	Urine

# Patient instructions

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

## Fasting

Order Code – 28407

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

Order Code – D00517

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

24-hour Urinary Histamine Diet

D00524

24-hour Urine Collection

D00509

5HT (Serotonin) and 5HIAA

D00520

Collecting Mid-stream Urine

D00511

Dexamethasone Suppression Test

D00527

Diet Sheet Glucose Tolerance Test

D00514

Faeces Collection

D00510

Faeces Occult Blood

D00516

# Patient instructions

Patient Instruction Sheets	Order Code
Fasting Calcium in Urine	D00526
Pinworm Identification	D00519
Semen Analysis	D00518
Sputum M/C/S or Cytology	D00521
Three Day Faecal Fat	28406
Timed Overnight Urine Collection	D00525
Urea Breath Test	D00506
Uric Acid with Low Purine Diet – Urine 24-hour	D00515
Urinary Chlamydia, Gonorrhoeae, Trichomonas and Mycoplasma PCR	D00523
Urine Cytology	D00505

If you require further information please ring the collection centre at which you are having your test.

## 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 Principles 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 Principles".

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






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

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

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














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

# Swab guide

Use	Swab type	Instructions
<b>Bacterial swab – microscopy and culture</b>		
<b>Culture and sensitivity</b> <b>Most sites and lesions</b>	 <b>Blue top swab</b> Product #11346	Please refer to instructions on packaging
To collect nasopharyngeal swab for culture and sensitivity please use orange top swab (thin shaft) - available upon request - Product #24132 and place in the medium provided with blue top swab Product #11346		
<b>PCR swab (flocked swab, no transport medium) – 1 PCR swab preferred for each test</b>		
<b>Herpes simplex and/or</b> <b>Varicella zoster</b>	 <b>Red top swab</b> - supplied by default - Product #24159	Swab from lesion
<b>Bordetella pertussis</b>		Posterior pharynx or nasopharynx swab
<b>Respiratory viruses</b>	 <b>Orange top swab (thin shaft)</b> - available upon request - Product #24132	Throat and nose swabs
<b>Trichomonas vaginalis/other genital PCR</b>		Vaginal/urethral swab
<b>Chlamydia/Gonorrhoea PCR</b>		
<b>Female</b>	 <b>Female PCR swab</b> - Product #31588	Cervical/vaginal/eye PCR swab
<b>Male</b>	Chlamydia/Gonorrhoea	Urine – first part void
<b>Swab for other viral tests – the majority of viruses are now detected by PCR as above</b>		
<b>Antigen detection</b> e.g. measles	 <b>Green top swab</b> - Product #10989	Please refer to instructions on packaging
<b>Viral culture</b> Please contact microbiologist (02) 9855 5312		

# 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
	<b>Green FA Plus</b> Blood culture bottle (410851)	<b>Microbiology</b>	To exclude the possibility of septicaemia
	<b>Orange FN Plus</b> Blood culture bottle (410852)		1 x 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 and mix gently by inverting the bottles 8-10 times.
	<b>Yellow PF Plus (Paed)</b> Blood culture bottle (410853)		<b>Storage and transportation:</b> room temperature Paediatric bottles are available on request and must be filled with 1-4 mLs of blood
	<b>2.7mL</b> (363095)	<b>Coagulation</b>	PR, APTT, INR, Coagulation Studies (Note: Coagulation Studies require 2 citrate tubes and a 4mL EDTA tube)
Sodium Citrate			<b>Fill to at least Minimum Fill and not over Maximum Fill Line marked on the tube</b> MIX WELL BY GENTLY INVERTING 8-10 TIMES
	<b>6.0mL</b> (368985)		Platelet estimation on patients with known history of EDTA induced platelet clumping
ACD			MIX WELL BY GENTLY INVERTING 8-10 TIMES
	<b>10.0mL</b> (367895)	<b>General Biochemistry</b>	Cardiac Markers, Troponin, U&E, LFT, Lipids, HDL, Amylase, Lipase, Magnesium, Fe Studies, Therapeutic Drugs, CRP, Vitamin D, Vitamin B12, Glucose
Plain		<b>General Serology</b>	General Serology, Hormones, Hepatitis Serology, RAST, HIV
			<b>Number of tubes required:</b> 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
	<b>8.5mL</b> (367958)	<b>General Biochemistry &amp; Serology</b>	As above, however, limited therapeutic drug levels – refer to specific details in the Pathology Collection Guide for Doctors.
SST			
	<b>6.0mL</b> (367885)	<b>Biochemistry</b>	Cholinesterase (Red Cell or Plasma), Chromosome Analysis, Organophosphates
Lithium Heparin			MIX WELL BY GENTLY INVERTING 8-10 TIMES
	<b>4.0mL</b> (367839)	<b>Haematology</b>	FBC, Hb, WCC, Diff, Platelets, ESR, Malarial Parasites, Retics
EDTA		<b>Biochemistry</b>	Glycated Hb (HbA1c), Lead, FEP, G6PD, Porphyrins (Red Cell)
		<b>Molecular Genetics</b>	EDTA acceptable, however separate red-rimmed EDTA preferred
	<b>6.0mL</b> (367941)	<b>Blood Bank</b>	Crossmatch, Group & Hold, Antibody Screen, Blood Group (Note: 6mL EDTA and 4mL EDTA tube required for all Crossmatches and Group & Hold)
EDTA		<b>General Serology</b>	PTH (additional plain or gel tube required as well)
			MIX WELL BY GENTLY INVERTING 8-10 TIMES <b>Note:</b> Full patient identification required for Crossmatching and Group & Hold, Blood Group & Ab Screen <b>Doctor/Collector must initial tube to verify patient details</b> Transfusion form required with any Crossmatch or Group & Hold request
	<b>4.0mL</b> (454003)	<b>Flow Cytometry</b>	Lymphocyte Surface Markers (additional 4mL EDTA tube required for WCC), CD59, Paroxysmal Nocturnal Haemoglobinuria
Red Rimmed EDTA		<b>Molecular Genetics</b>	Haemochromatosis, Factor V Leiden, MTHFR, PGM, HLA B27, Fragile X, Coeliac Tissue Typing (separate tube required)
	<b>4.0mL</b> (367935)	<b>Biochemistry</b>	Glucose, Blood Alcohol (Medical)
Fluoride Oxalate			MIX WELL BY GENTLY INVERTING 8-10 TIMES
	<b>Quantiferon Gold Kit – 1.0mL each</b>	<b>Immunoserology</b>	Tuberculosis
			Collect 1mL 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
- Date
- Collector's initials
- First name
- Gender (M or F)
- Time
- 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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