

122

**CARBON MONOXIDE, QUANTITATIVE
(CARBOXYHEMOGLOBIN)**

Specimen Required:

- Quantity:** 3.0 mL
- Type:** Green (Lithium Heparin) Whole Blood
- Temperature:** Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Spectrophotometric/Co-oximetry

Performed by: Avera LabNet

- Collection Notes:** DO NOT use gel tubes.
- DO NOT OPEN tube after collection.
- Avoid exposure of specimen to atmosphere.
- Minimum sample volume: 0.5 mL

1005

**COAGULATION CONSULT STUDY - BLEEDING
DIATHESIS**

Testing only available through Sioux Falls Service Center.

Initial Testing Components: Prothrombin Time, APTT, dRVVT, Factor 8, Factor 8 Related Antigen, Ristocetin, Interpretation

*Reflex Testing Guidelines:
Other specialized coagulation testing may be required and billed to allow for complete interpretation.*

Specimen Required:

- Quantity:** 6.0 mL
- Type:** Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
- Temperature:** Special - Refer to Collection Notes

Test Frequency: Mon-Fri

Methodology: Standard Coagulation Reference Procedures

Performed by: Avera LabNet SF Only

Collection Notes: IMPORTANT PATIENT AND NORMAL CONTROL COMMENT: Avoid warfarin (Coumadin) therapy for 2 weeks and heparin therapy for 2 days prior to collection of specimens for testing. Heparin and/or Warfarin therapy can affect certain coagulation factors or assays, cause poor performance of the assays, or cause spurious results.

REQUIRED INFORMATION: "Coagulation Consult Request Form" must be filled in completely and sent with the specimen. Testing will not be delayed or denied if information is not provided, BUT appropriate testing/interpretation may be compromised.

Sample size, types, handling and storage are critical. REFER TO COAGULATION CONSULT SPECIAL COLLECTION INSTRUCTIONS & COAGULATION CONSULTATION GUIDE

- Specimen Requirement Summary:
- 3.2% Sodium Citrate Plasma
 - Platelet poor plasma is required
 - Submit 6 individual 1 mL frozen plasma aliquots for testing
 - Normal control samples must accompany and be handled exactly as outlined for patient testing specimens

Reflex Testing Comment:
Additional testing may be required to allow for complete interpretation. Complete billing and CPT code information may be obtained from Client Services after all testing is completed and test is reported.

CPT Codes: 85610/85730/85613/85240/85246/85245/85390 + Reflex CPTs

1003

COAGULATION CONSULT STUDY - LUPUS ANTICOAGULANT

Testing only available through Sioux Falls Service Center.

Initial Testing Components:

*Prothrombin Time
APTT
drVVT
Interpretation*

Reflex Testing Guidelines:

Other specialized coagulation testing may be required and billed to allow for complete interpretation.

Specimen Required:

Quantity: 5.0 mL
Type: Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
Temperature: Special - Refer to Collection Notes

Test Frequency: Mon-Fri

Methodology: Standard Coagulation Reference Procedures

Performed by: Avera LabNet SF Only

Collection Notes: IMPORTANT PATIENT AND NORMAL CONTROL COMMENT: Avoid warfarin (Coumadin) therapy for 2 weeks and heparin therapy for 2 days prior to collection of specimens for testing. Heparin and/or Warfarin therapy can affect certain coagulation factors or assays, cause poor performance of the assays, or cause spurious results.

REQUIRED INFORMATION: "Coagulation Consult Request Form" must be filled in completely and sent with the specimen. Testing will not be delayed or denied if information is not provided, BUT appropriate testing/interpretation may be compromised.

Sample size, types, handling and storage are critical. REFER TO COAGULATION CONSULT SPECIAL COLLECTION INSTRUCTIONS & COAGULATION CONSULTATION GUIDE

Specimen Requirement Summary:
- 3.2% Sodium Citrate Plasma
- Platelet poor plasma is required
- Submit 5 individual 1 mL frozen plasma aliquots for testing
- Normal control samples must accompany and be handled exactly as outlined for patient testing specimens

Reflex Testing Comment:
Additional testing may be required to allow for complete interpretation. Complete billing and CPT code information may be obtained from Client Services after all testing is completed and test is reported.

1004

COAGULATION CONSULT STUDY - PROLONGED CLOTTING TIME

Testing only available through Sioux Falls Service Center.

Initial Testing Components:

*Prothrombin Time
APTT
drVVT
Interpretation*

Reflex Testing Guidelines:

Other specialized coagulation testing may be required and billed to allow for complete interpretation.

Specimen Required:

Quantity: 5.0 mL
Type: Light Blue (3.2% Sodium Citrate) Platelet Poor Plasma
Temperature: Special - Refer to Collection Notes

Test Frequency: Mon-Fri

Methodology: Standard Coagulation Reference Procedures

Performed by: Avera LabNet SF Only

Collection Notes: IMPORTANT PATIENT AND NORMAL CONTROL COMMENT: Avoid warfarin (Coumadin) therapy for 2 weeks and heparin therapy for 2 days prior to collection of specimens for testing. Heparin and/or Warfarin therapy can affect certain coagulation factors or assays, cause poor performance of the assays, or cause spurious results.

REQUIRED INFORMATION: "Coagulation Consult Request Form" must be filled in completely and sent with the specimen. Testing will not be delayed or denied if information is not provided, BUT appropriate testing/interpretation may be compromised.

Sample size, types, handling and storage are critical. REFER TO COAGULATION CONSULT SPECIAL COLLECTION INSTRUCTIONS & COAGULATION CONSULTATION GUIDE

Specimen Requirement Summary:
- 3.2% Sodium Citrate Plasma
- Platelet poor plasma is required
- Submit 5 individual 1 mL frozen plasma aliquots for testing
- Normal control samples must accompany and be handled exactly as outlined for patient testing specimens

Reflex Testing Comment:
Additional testing may be required to allow for complete interpretation. Complete billing and CPT code information may be obtained from Client Services after all testing is completed and test is reported.

255

FERRITIN

MEDICARE COVERAGE NOTICE:

Test covered under Medical Review Policy -Medical necessity documentation/evaluation and appropriate waiver [ABN] use required.

Specimen Required:

Quantity: 0.5 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Chemilluminescence

Performed by: Avera LabNet

Collection Notes: Lithium heparin, sodium heparin, and EDTA plasma samples are also acceptable.

Unacceptable Sample: Grossly hemolyzed specimen.

307

HAPTOGLOBIN

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Immunoturbidimetric

Performed by: Avera/ARUP [50280]

Collection Notes: Separate serum or plasma from cells ASAP.

Plasma (EDTA, heparin) is also acceptable.

Unacceptable Samples: Hemolyzed or icteric specimens.

481

PROTEIN ELECTROPHORESIS, BLOOD (SPE)

Test Components:

*Protein Electrophoresis, Serum
Protein, total*

CLINICAL TESTING PROTOCOL: Requires Protein, Total assay also be completed to report out all required components of the Protein Electrophoresis.

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Mon-Fri

Methodology: Electrophoresis/Spectrophotometric

Performed by: Avera/ARUP [50640]

Collection Notes: Separate serum from cells ASAP.

Unacceptable Specimen: Plasma and hemolyzed specimens.

543

SPERM COUNT - POST VASECTOMY

Specimen Required:

Quantity: 1.0 Each
Type: Special - Refer to Collection Notes
Temperature: Special - Refer to Collection Notes

Test Frequency: Mon-Fri

Methodology: Microscopy

Performed by: Avera LabNet

Collection Notes: Testing Hours:
Sioux Falls Service Center:
Monday-Friday 8:00 AM-10:00 AM
Other Service Centers:
Monday-Friday day shift

Collection Guidelines:

1. Patient should abstain from sexual intercourse or masturbation for 72 hours prior to collection.
2. Obtain a sterile glass or hard plastic container from the Laboratory.
3. Best method of collection is by masturbation. Do not use a condom to collect specimen.
4. Collect the entire specimen.
5. For optimum results, the specimen should be delivered to the Laboratory within 30 minutes of collection.
6. Keep specimen warm by carrying in an inside pocket or by holding specimen against the body.
7. Time of collection must be indicated on the test requisition and on the specimen container.

754

THYROID ANTIBODIES

- *Thyroid Peroxidase Ab*
- *Thyroglobulin AB*

Specimen Required:

Quantity: 0.5 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Chemiluminescent Immunoassay

Performed by: ARUP [50645]

Collection Notes: 0.5 mL plasma also acceptable.
Lavendar (EDTA) or green (sodium heparin).