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Test	SFT code	Sample type	Sample volume	SDH or Sent Away	Turnaround time (indicative for non-urgent requests)	Out of Hours	Additional Information	Reference range a=age related / F= female / M=male
17 Hydroxy Progesterone (Adults)	17OHP1	Gold / serum	200 IU	So'ton - Clinical Biochemistry	10 working days	No	9 am during menses	
17 Hydroxy Progesterone (Neonates)	COM	Blood spots	2 complete spots / sample	So'ton - Clinical Biochemistry	11 working days	No		
3 Hydroxybutyrate (Beta Hydroxy Butyrate)	COM	Grey / fluoride plasma / (**on ice)**	0.5 ml	B'Ham IEM lab	3 working days	No	Please state fasting status	
5HIAA (Quantitative)	HIAA24	24 hr urine (glacial acetic acid)	2 ml	So'ton - Clinical Biochemistry	11 working days	No	Mon – Fri. See patient information sheet for SPECIAL DIET instructions. Screen and monitoring Carcinoid Syndrome	

7-Dehydrocholesterol	COM	Green/ Lith Hep plasma or Gold / serum	0.5ML	GOS Enzyme Lab	15 days	No	Discuss with duty Biochemist first. Take blood Mon – Wed ONLY.	
ACE	SACE1	Gold / serum	300 µl	So'ton - Clinical Biochemistry	< 1 day		See Angiotensin Converting Enzyme	
Acetyl Choline Antibody/ Motor End Plate Antibody	ACRAB	Gold / serum	1 ml	Oxford Immunol	14 days	No	Haemolysed, lipaemic or samples that contain high levels of RhF can	
Acetyl Cholinesterase	AACHO	Amniotic Fluid (15-20 wks)	2 ml	Sheffield - Immunology & PRU	2 days	No	produce false results. Microbial contaminated samples.	
ACT							See Alpha 1 anti-Chymotrypsin	
Acid Lipase (Lysosomal Acid Lipase)	COM	EDTA – Whole blood (Onto Guthrie Card)		Glasgow	14 days	No	Allow to dry for 4hrs minimum at room temp (or overnight) Stable for 5 days at room temp.	

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ACTH	ACTH2	Lavender / plasma – must be separated within 2 hrs	100 µl	So'ton - Clinical Biochemistry	5 working days	No	EDTA Plasma ONLY spun and plasma frozen within 24 hours	
Activated Partial Thromboplastin Time (APTT)	APTT	Blue / citrate	2.7 ml or 4.5 ml	SDH	4 hours	Yes	Up to the fill line on the blue top citrate tube.	0.7 – 1.2 Intravenous heparin therapy: 1.5 – 2.5
Acyl Carnitines	CARN	Blood spots	4 spots on Guthrie Card	GOS Clin Biochem	1-2 weeks	No	Spot must completely fill circle & fully soak through card.	
Adalimumab	ADALI	Gold / serum	300µl	Synnovis Hub – Blackfriars Road, London	2 weeks	No		
ADAMTS 13	ADAMST	Citrate	2.7ml x2	University Hospital Southampton TTP Service	2 weeks			
Adrenal Antibody	ADRAB	Gold / serum	100 µL	So'ton - Immunology	10 working days	No		

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Adult Autoimmune Neutropaenia	RAS	Yellow SST	6ml	H&I NHSBT Filton	14 working days	No	Neutrophil count MUST be <2 x 10^9/L	
AFP (see Alpha-Feto Protein)							See Alpha Feto Protein	
AH50 (CH50)	AH50	Gold / serum	20 µL	So'ton - Immunology	20 working days	No	Sample must be frozen within 12 hours after being taken.	
Alanine Transaminase (ALT)	ALT	Gold / serum	2 ml	SDH	1/2 day	Yes	In profiles: L4, LCAP4	M: 10-50 U/L F: 10-35 U/L
Albumin	ALB	Gold / serum	2 ml	SDH	1/2 day	Yes	In profiles: BON, L4, RENA, LCAP4	Adults: 35-50 g/L <1 yr: 30-45 g/L 1-16 yrs: 30-50 g/L
Albumin / Creatinine Ratio	ACR	Early morning urine		SDH	1 day	Yes	N/A	0 - 3 mg/mmol
Alcohol (see Ethanol)							See Ethanol	
Aldosterone / Renin Ratio							See Renin / Aldosterone Ratio	

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Alkaline Phosphatase (ALP)	ALP	Gold / serum	2 ml	SDH	1/2 day	Yes	In profiles: BON, L3, RENA, LCAP3	Males 0-14 d 83-248 U/L 15d-<1yr 122-469 U/L 1yr - <10yr 142-335 U/L 10-<13yrs 129-417 U/L 13-<15yrs 116-468 U/L 15-<17yrs 83-331 U/L 17-<19yrs 55-149 U/L 19-110yrs 40-129 U/L Females 0-14 d 83-248 U/L 15d-<1yr 122-469 U/L 1yr - <10yr 142-335 U/L 10-<13yrs 129-417 U/L 13-<15yrs 57-254 U/L 15-<17yrs 50-117 U/L 17-<19yrs 45-87 U/L

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								19-110yrs 35-104 U/L
Alkaline Phosphatase Isoenzymes	ALPIA	Gold / serum	100 uL	So'ton - Specialist Biochemistry	10 working days	No	Sent Mon - Fri Separated serum or plasma stored at 40°C. Haemolysed samples are unsuitable.	
Allergen Specific IgE (see IgG)							See IgE	
Allo-Antibody Identification Complicated	RAS	2 x Pink EDTA	2 x 6ml	RCI NHSBT Filton	7 working days	No		
Antibody Panel	P	Pink / EDTA	6ml	SDH	1 day	Yes	If further investigation is required, TAT could be up to 5 days.	N/A
Antibody Screen	OS	Pink / EDTA	6ml	SDH	4 hours	Yes		N/A

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Alpha 1 Anti-Trypsin - AAT	AATS	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	0.9-2.0 g/L
Alpha 1 Anti-Trypsin Genotyping	-	Lavender / EDTA / whole blood	2 ml	SDH Wessex regional Genetics	4 weeks	No	**Send to Regional Genetics Salisbury**	
Alpha 1 Anti-Trypsin Phenotyping	AATP	Gold / serum or purple EDTA plasma	2 ml	Chemical Pathology - Bristol Royal Infirmary	14 working days	No	Confirmation by AAT genotyping also required Sent Mon – Thurs. 1st class post.	
Alpha Feto Protein - AFP (Tumour Marker)	AFPE	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	0 - 6 kU/L
Alpha Galactosidase	COM	Blood Spot		Glasgow QE	3 working days			
Alpha Subunit	COM	Gold / serum		Barts and the London NHS Trust	4 weeks	No		

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Aluminium	ALS	Navy /Trace (k2EDTA)/ blood	0.5 ml	So'ton - Clinical Biochemistry	6 working days	No	Sent Mon – Fri	
Amino Acids (serum)	COM	Gold / serum	200 UI	So'ton - Clinical Biochemistry	10 working days	No	Telephone if required urgently Sent Mon – Fri. Samples are stored at below -70^{0}C until required for analysis	
Amino Acids (Urine)	UAAS	Random (children). 24 hr urine (adults)	200 UI	So'ton - Clinical Biochemistry	10 working days	No	Can be sent urgently if discussed with duty Biochemist. Do serum amino acids also. Sent Mon – Fri. Samples are stored at below -70^{0}C until required for analysis	
Amino Acids (CSF)	COM	CSF	100 UI	So'ton - Clinical Biochemistry	10 working days	No	Done urgently - please discuss with duty Biochemist. Samples are stored at below -70^{0}C until required for analysis	

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Amiodarone	AMIO	Lavender / EDTA / plasma	1 ml	Cardiff Toxicol	7 days	No	**Pre-dose** Sent Mon – Thur. Gel tubes must be avoided	
Amisulpride	COM	4 mL of ETDA whole blood is preferred (pre-dose or 'trough' sample). Serum or plasma can be used if required, but please avoid gel-separator tubes.	4 ml	Synnovis Hub – Blackfriars Road, London	5 working days	No	Please refrigerate (if possible) if not sending immediately. Send by first class post.	
Ammonia	AMM	Purple / EDTA	-	SDH	1/2 day	Yes	Contact lab **before** taking samples. Immediate results	Up to 4 weeks: <100 umol/L 4 weeks - 110 yrs: <50 umol/L

Amphetamine L/D Isomer Ratio	AMPR	Urine	500 uL	Black Country Pathology – Sandwell General Hospital	7 working days	No	ONLY in patients prescribed dex-amphetamine Sent Mon – Thur. 1st class post	
Amylase	AMY	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	28-100 U/L
Amylase	AMYUR	Random urine		SDH	1 day	Yes	? Macro-amylasaemia	See report or contact laboratory
Amylase	AMYFL	Pleural / wound / drain fluids		SDH	1/2 day	Yes	N/A	See report or contact laboratory
Amyloid (free light chains for)							See Free Light chains for Amyloid	
Amyloid protein	COM	Gold / serum	2ml	Royal Free London	5 working days	No	1st class post	
ANA, ANF (Anti-Nuclear Antibody Screen), (Connective Tissue Disease screen)	CANT	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	See Anti-Nuclear Antibody	

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ANCA (Anti-Neutrophil Cytoplasmic Antibody) / Vasculitis Screen	VASC (MPO1 and PR31)	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Urgent positive results may be confirmed by telephone	
Androstenedione	AND1	Gold / serum	200 UI	So'ton - Clinical Biochemistry	10 working days	No	Sent Mon – Fri. Store at -20^{0}C	
Angiotensin Converting Enzyme (ACE)	SACE1	Gold / serum	300 µl	So'ton - Clinical Biochemistry	< 1 day		See Angiotensin Converting Enzyme	
Anti-Mullerin Hormone (AMH)	AMH	Gold / serum	500 uL	Plymouth	2 weeks	No		
Anti-Smith Antibodies	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Anti Sm in ENAF	

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Anti–Amphiphysin antibodies	COM	Gold / serum	1 ml	Oxford Immunol	14 days	No		
Anti-B2 Glycoprotein (B2GP1)	AB2G1	Gold / serum	200 µL	So'ton - Immunology	10 working days	No		
Antibody quantitation **(Red-cell)**	RAS	Pink / EDTA blood	6 ml	NHSBT Filton	7 working days	Yes		
Anti-Cardiolipin Antibody IgG (Anti-Phospholipid Antibody)	ACAR1 (ACARG)	Gold / serum	200 µL	So'ton - Immunology	15 working days	No	º anti-phospholipid Ab.	
Anti-Cardiolipin Antibody IgM (Anti-Phospholipid Antibody)	ACAR1 (ACARM)	Gold / serum	200 µL	So'ton - Immunology	15 working days	No	º anti-phospholipid Ab.	
Anti-Centromere Antibody	CENTRO	Gold / serum	200 µL	So'ton - Immunology	10 working days	No		

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Anti-D/c Quantification	RAS	2 x Pink EDTA	2 x 6ml	RCI NHSBT Filton	7 working days	No		
Anti-DNA Antibody, Anti-Ds DNA, "DNA" Binding	DNA1	Gold / serum	200 µL	So'ton - Immunology	5 working days	No		
Anti-Endomysial Antibody (IgA)	AENDO	Gold / serum	200 µL	So'ton - Immunology	10 working days	No	First line test is TTGA. Endomysial ab (IgA) ONLY on borderline TTGA or special cases.	
Anti-Endomysial Antibody (IgG)	MISC	Gold / serum	200 µL	So'ton - Immunology	10 working days	No	Endomysial ab (IgG) ONLY done on confirmed IgA deficiency.	
Anti-GABA +/- GABA B	COM	Gold / serum	1 ml	Oxford Immunol	14 days	No		

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Anti-Gad (glutamic acid decarboxylase) Antibody	TICS (GADAB)	Gold / serum	500 µL	So'ton - Immunology	2 weeks	No	Anti GAD is now part of Triple Islet cell antibody Screen.	
Anti-Gastric Parietal Cell Antibody	PCA	Gold / serum	200 µL	Oxford - Immunology	5 working days	No	See LAIP	
Anti-Glomerular Basement Membrane Antibody	AGBMA 1	Gold / serum	200 µL	So'ton - Immunology	3 working days	No		
Anti-GQ And Anti-GM1	MISC	Gold / serum	1 ml	Neuroimmunology - Glasgow	28 days	No		
Anti-HU (Paraneoplastic Abs)	PNEO	Gold / serum	1 ml	Oxford Immunol	21 days	No	Part of Purkinje Cell Ab screen or Paraneoplastic Antibodies	
Anti-Islet Cell Antibody	TICS (IA2AB)	Gold / serum	500 µL	Royal Devon and Exeter Hospital	2 weeks	No	Anti-Islet Cell Antibody is now part of Triple Islet cell antibody Screen.	

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Anti-La	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No		
Anti-MAG (Myelin Associated Glycoprotein	MAGAB	Gold / serum	1 ml	Oxford Immunol	14 days	No		
Anti-Mitochondrial (M2) Antibody	LAIP	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Part of Liver Autoimmune screen, positive results have M2 antibody test.	
Anti-MUSK Antibodies	AMUSK	Gold / serum	1 ml	Oxford Immunol	14 days	No		
Anti-Ri (Paraneoplastic Abs)	PNEO	Gold / serum	1 ml	Oxford Immunol	21 days	No	Part of Purkinje Cell Ab screen	

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Anti-Ro Antibody	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Part of ENA screen	
Anti-Smooth Muscle Antibody (SMA)	LAIP	Gold / serum	200 µL	So'ton - Immunology	5 working days	NO	See LAIP	
Antithrombin	AT	3 x Blue / citrate	2 x 0.5 ml aliquots	Basingstoke Coag	14 days	Consultant Request		
Anti-Yo (Paraneoplastic Abs)	PNEO	Gold / serum	1 ml	Oxford Immunol	21 days	No		
Apixaban		1 x 4.5ml Citrate	2 x 0.5ml aliquots	Southampton Coagulation	On request or 5 working days	Consultant Request	No 'therapeutic range' has been established, therefore observed peak and trough concentrations are described.	

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Apolipoprotein A-I and B	COM	Gold / serum	2 ml	Synnovis Hub – Blackfriars Road, London	3 working days	No		
Aquaporin 4	AQP4	Gold / serum	1 ml	Oxford Immunol	14 days	No		
Asialo Transferrin (Beta2-transferrin)	COM	Nasal or aural discharge fluid	> 100 µl	Queens Sq London	6 working days	No	To identify CSF rhinorrhoea or otorrhoea. Phone duty Biochemist if required urgently	
Asialylated Transferrin Carbohydrate Deficient Transferrin	CDT	Gold / serum	2 ml	Sheffield - Immunology & PRU	5 days	No		
Aspartate Transaminase (AST)	AST2	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	M: 10-50 U/L F: 10-35 U/L

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Autoimmune Profile (Liver autoantibody)	CANT	Gold / serum	200 µL	So'ton - Immunology	5 working days	No		
Autoimmune Thrombocytopenia	RAS	Yellow SST + 3 x Pink EDTA	6 ml + 3 x 6 ml	H&I NHSBT Filton	7 working days	No	Platelet count should be <100 x 10^9 DO NOT REFRIGERATE SAMPLES	
Azathioprine Sensitivity	TPMTA	Lavender / EDTA / whole blood	2 ml	Black Country Pathology – Sandwell General Hospital	10 working days	No	See Thiopurine Methyl Transferase (TPMT) 1st class post without cooling	
Azathioprine metabolites(6-TGN & 6-MMPN	COM	Lavender / EDTA / whole blood	4 ml	Synnovis Hub – Blackfriars Road, London	5 working days	No		
Basal ganglia Abs	COM	Gold / serum	500 µl	Queens Sq London	10 working days	No	1st class post, sample not haemolysed	

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BCR-ABL	BCRABL	2 x Lavender / EDTA / whole blood	2 x 6 ml tubes	So'ton - Molecular Path	14 days	No	**Avoid** taking sample on **Friday** To arrive at the laboratory within 48 hours of sampling EDTA	
Bence-Jones Protein	BJP	Early morning urine	5 ml	SDH	5 working days	Yes	Serum for EP and Immunoglobulins also if first time	See report or contact laboratory
Bence-Jones Protein (Quantitation)	BJP24	24 hr Urine (plain)	30 ml	St Georges	3-5 days	No	Request from Consultant Haematologists only	
Beta 2 Microglobulin	B2MS1	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Mon – Fri.	
Beta Carotene	COM	Gold / serum (on ice kept dark)	5 ml	Glasgow	10 days	No	Transport frozen, kept in dark	
Bicarbonate	BIC RENA	Gold / serum	2 ml	SDH	1/2 day	Yes	FRESH sample / full tube	Adult : 22 – 29 mmol/L paed : 19-28 mmol/L

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Bile Acids / Salts	BILE	Gold / serum	2 ml	SDH	1/2 day	Yes	Useful if LFTs are NORMAL	0-10umol/L
Total Bilirubin	BIL2	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	14d - 110yrs: < 21 umol/L
Direct Bilirubin	PBIL (paed) DBIL (Adult)	Lith. Hep / plasma (paed) Gold / serum (Adult)		SDH	1/2 day	Yes	N/A	<7 umol/L
DPYD	COM	2x EDTA samples	6 ml	Southampton Molecular Pathology	14 Working days			
Biopterins	COM	Blood spots (screen) or green Lith.Hep / plasma	6 x 10mm BS	B'Ham Neonatal	15 working days	No	Ideally collect when blood phenylalanine is increased Store frozen prior to shipment	
Biotinidase	COM	Lith. Hep / plasma		Sheffield Children's Hospital	14 working days			

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Blood Film	F	Lavender / EDTA / whole blood	2ml	SDH	1 day	Yes		N/A
Blood Gases	BGAS	**Hep syringe ice**	N/A	SDH	POCT	Yes	POCT devices ONLY	See report or contact laboratory
Blood Group Adult routine	FGP / CG	Pink / EDTA	6ml	SDH	4 hours	Yes		N/A
Blood Group and Antibody Screen	BG, FGPS, CGPS, BGP	Pink / blood (6 ml) or paed pink / blood (0-6 /12 babies)	6 ml (adult) 1 ml (paed)	SDH	1 day	Yes		N/A
Blood Group Complicated	RAS	Pink EDTA	6ml	RCI NHSBT Filton	7 working days	No		
Blood Group Neonate	OBC	Paed Pink / EDTA	1ml	SDH	4 hours		Up to fill line, overfilled samples will clot	N/A

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BNP **N terminal pro B type natriuretic peptide**	BNP	Gold / serum	2 ml	SDH	1/2 day	Yes	To rule out heart failure	<400 ng/L
Bone Marrow (Aspirate) Iron	BMAFE	Bone Marrow		SDH	28 days	Yes		Interpretive comment on report
Bone Marrow (Aspirate) & Trephine Biopsy	BM	Bone marrow	N/A	SDH	28 days	No	Discuss with Consultant Haematologist. Can be performed urgently if required within 1 day.	See report or contact laboratory
Bromide	COM	Serum and urine	2 ml	Sheffield - Biomedical Sciences	20 working days	No		
Buprenorphine	BUP	Urine	500 uL	Black Country Pathology – Sandwell General Hospital)	7 working days	No	Mon – Thur. ONLY in patients prescribed buprenorphine 1st class post	
C1 Esterase Inhibitor (Immunochemical)	C1INH	Gold / serum	200 µL	So'ton - Immunology	20 working days	No	Not frozen	

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Complement - C3	C3C4	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	0.9-1.8 g/L
Complement - C4	C3C4	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	0.1-0.4 g/L
CA 125	CA125E	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	< 35 kU/L
CA 15-3	CA153E	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	0-29 kU/L
CA 19-9	CA199E	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	0-34 kU/L
Caeruloplasmin	CAER	Gold / serum	200 uL	So’ton - Clinical Biochemistry	2 days	No	Mon – Fri. Plasma Copper also helpful	

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Caffeine	COM	Gold / serum	2 ml	Black Country Pathology – Sandwell General Hospital	7 working days	No	Phone duty Biochemist if required urgently 1st class post	
Calcitonin	CACIB	Gold / serum / **(on ice. Fasting)**	0.5 ml minimum	Charing X	10 days	No	NO HAEMOLYSIS Rush to lab on ice - separate as quickly as possible (within 30 mins) cold spin and freeze. SEND FROZEN.	
Calcium (adjusted)	CAS, CAP, BON, LCAP3, RENA	Gold / serum	2 ml	SDH	1/2 day	Yes	Phlebotomy uncuffed	Adult: 2.20 – 2.60 mmol/L Neonate < 6d: 1.95 - 2.75 mmol/L Paediatric 6d -1y: 2.15 - 2.75 mmol/L Paediatric >1y - 4 y: 2.15 - 2.60 mmol/L
Calcium	CAU24	24 hr urine	2 ml	SDH	1 day	Yes	N/A	2.5 – 7.5 mmol/24h
Calcium / Creatinine Clearance Ratio	CACL	24 hr urine (fresh) + gold/serum	2 ml (serum)	SDH	1 day	Yes	Serum Calcium and Creatinine during or at end of collection	See report or contact laboratory

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Calcium / Creatinine Ratio	CACR	Random urine (fresh)	5 ml	SDH	1 day	Yes	1st random urine after overnight void ideally	See report or contact laboratory
Calprotectin	CALP	Faeces	N/A	SDH	5 days	Yes	N/A	Comment added to all results.
Carbamazepine	CARBB	Gold / serum / (pre-dose)	2 ml	SDH	1/2 day	Yes	N/A	4 – 12 mg/L Pre-dose
Carbohydrate – Deficient Transferrin	CDT	Gold / serum	2 ml	Sheffield - Immunology & PRU	5 days	No		
Carbon Monoxide	COHB	Green / Lith. Hep. / Whole Blood	2 ml	SDH	POCT	Yes	See Blood Gas POCT only	See guide to profiles and test groups
Carboxy-Haemoglobin	COHB	Green / Lith. Hep. / Whole Blood	2 ml	SDH	POCT	Yes	See Blood Gas POCT only	See guide to profiles and test groups

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Cardiac Muscle Antibody	MISC	Gold / serum	2 ml	Sheffield - Immunology & PRU	5 days	No		
Carotene and Carotenoids	CAROT	Gold / serum **(on ice kept dark)**	5 ml	Glasgow	10 days	No	Mon – Thurs. FASTING plus Vitamin A Light sensitive, wrap in tin foil. Send 1st class post within 48 hours. If later than this separate and freeze.	
CART (Gut Hormone)	GUT	Lavender / EDTA plasma / **(on ice)**	0.4 ml	Charing X SAS Lab	21 days	No	Overnight fast EDTA plasma, spin sample within 15 minutes of venepuncture. Store and send frozen.	
CCP Antibody (Cyclic Citrullinated Peptide)							See Cyclic Citrullinated Peptide	
Soluble CD25	COM	Gold / serum	1ml	GOS Immunology				
CEA	CEAE	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	<5 µg/L

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Cell Markers: Bone Marrow	BMCM	Bone marrow in orange, screw cap, heparin	2-3 mls	So'ton - Immunology	9 days	No	*Same day in urgent cases	
Cell Markers: Immunodeficiency Screen CD4 Count	IS	Lavender / EDTA / whole blood	3 ml minimum	So'ton - Immunology	9 days	No	Mon-Thurs only CD3+, CD4+, CD8+ Absolute counts and ratios	
Cell Markers: Lymphocyte Markers	BCM	Lavender/ EDTA or Green/Lith Hep. Whole blood	3 ml minimum	So'ton - Immunology	9 days	No	*Mon-Thurs unless for diagnosis of AML/ALL	
Cell Markers: Other Specimen Types e.g. CSF	CM	Bone marrow in orange, screw cap, heparin	CSF 2 ml / 5 cells/mm^3	So'ton - Immunology	9 days	No	Discuss with Consultant	
Chloride	CL	Gold / serum (Urine not avail)	2 ml	SDH	1/2 day	Yes	Renal / Paeds or special requests only	Adult: 95 – 108 mmol/L <22d: 95 - 110mmol/L

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Chloride	SWCL	Sweat	N/A	SDH	1 day	Yes	Sweat Test – Primary analyte. Contact laboratory to arrange.	< 40 mmol/L (children/adults 6 months and older) <30 mmol/L (under 6 months)
Cholesterol (Total)	CHOL	Gold / serum	2 ml	SDH	1/2 day	Yes	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification.	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification.
Cholinesterase	CHOLI	Lavender / EDTA / whole blood	3 ml	Bristol S'mead cholinesterase unit	3 weeks	No	Mon – Thurs. Urgents confirmed by sending to Bristol next working day	
Cholinesterase (Organo Phosphate Exposure)	COM	Green / Lithium heparin / whole blood	2 ml	Cardiff Toxicol	7 days	No		

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Cholinesterase Genotyping	COM	Lavender / EDTA / whole blood	3 ml	Bristol S'mead	10 weeks	No	Sent Mon – Thurs. Done for confirmation / family studies 1st class post ASAP Sample should not be taken during a suspected episode of suxamethonium prolonged apnoea, take once awake and breathing unaided.	
Cholinesterase Phenotyping	COM	Gold / serum	1 ml	Bristol S'mead	3 weeks	No	Sent Mon – Thurs. Done if cholinesterase low or for family studies 2nd class post ASAP Sample should not be taken during a suspected episode of suxamethonium prolonged apnoea, take once awake and breathing unaided.	
Chromium	CHRO	Navy / Trace / whole blood	0.5 ml	So'ton - Clinical Biochemistry	6 working days	No	Mon – Fri.	
Chromogranin A	CGA	Lavender / EDTA plasma / **(on ice)**	0.4 ml	Charing X SAS Lab	21 days	No	EDTA plasma, spin sample within 15 minutes of venepuncture. Store and send frozen.	

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Chromogranin B	CGB	Lavender / EDTA plasma / **(on ice)**	0.4 ml	Charing X SAS Lab	21 days	No	EDTA plasma, spin sample within 15 minutes of venepuncture. Store and send frozen.	
Ciclosporin	CYCLR	Lavender / EDTA / whole blood	200 µL	Portsmouth	48 hours	No	Cannot be shared with other tests	
Ciclosporin	CYCSO1	Lavender / EDTA or Green / Lithium heparin whole blood	500 uL	So'ton - Clinical Biochemistry	1 day (excluding transport time)	No	Samples should be timed for a 12 hour trough level. Store samples at 4°C pre and post analysis.	

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Citrate	COM	Random urine / 24hr urine	10ml	UCL London	5 days	No	1st Class Post Methodology Citrate lyase Metrological traceability Limited data available from manufacturer Reportable range 0.1-4.0 mmol/L (to 20mmol/L on dilution) Measurement uncertainty For a nominal concentration of 0.37 mmol/L MU is ±13.4% (i.e. 0.32 – 0.42 mmol/L). For a nominal concentration of 1.31 mmol/L MU is ±8.4% (i.e. 1.20 – 1.42 mmol/L	
CK (see Creatinine Kinase)							See Creatinine Kinase	
CK Isoenzymes	COM	Gold / Serum	1 ml	Royal Free London	1 month	No	1st class post	
Clobazam	COM	Gold / serum	200µl	Chalfont St. Peter	3 working days	No	Discuss with Biochemistry	

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Clonazepam	COM	Gold / serum	200µl	Chalfont St. Peter	3 working days	No		
Clonidine Stimulation (GH series)	COM	Serum taken at -30.0, 0, 30, 60, 90, 120 minutes i.e. 6 samples	200 UI	So'ton - Specialist Biochemistry	5 working days	No	Check times on samples and send FROZEN	
Clotting Screen or Coagulation Screen	**CS** - INR + APTT (+ FIBA)	Blue / citrate	2.7 ml or 4.5 ml	SDH	1/2 Day	Yes	Tube MUST be filled to line. FIBA only done if INR APTT abnormal.	INR 0.8-1.2 APTT 0.8-1.2 FIBA 2.0-4.0 (Please note therapeutic ranges may vary)
Clozapine	CLOZ	Lavender / EDTA / plasma	0.5 ml	Cardiff Toxicol	7 days	No	Gel tubes must be avoided	

Cobalt	CO	Navy / Trace / whole blood	0.5 ml	So'ton - Clinical Biochemistry	6 working days	No	Mon-Fri, industrial screen or operative exposure	
Collagen crosslinks C-terminal telopeptide	CTX	Lavender / EDTA / plasma	0.5 ml	Norfolk & Norwich	2 weeks	No	Transport Frozen Separate and freeze plasma, send frozen.	
Copper	COPS	Navy / Trace / plasma (adults) or Trace / plasma (paeds)	0.5 ml	So'ton - Clinical Biochemistry	4 working days	No	Sent Mon – Fri. See also TRACE METALS	
Copper	COPU	24 hr Urine (plain)	0.5 ml	So'ton - Clinical Biochemistry	6 working days	No	Sent Mon – Fri.	
Cortisol	CORE	Gold / serum / (0900 am ideally)	2 ml	SDH	1/2 day	Yes	Phone duty Biochemist out of hours dynamic test or day curve may be more useful.	See laboratory report for interpretive comments or contact laboratory.

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Cortisol (Urine Free)	UCOR	24 hr Urine	1 ml	So'ton - Clinical Biochemistry	10 working days	No	Sent Mon – Fri. Screen for Cushing's / monitoring Cushing's A 24 hour urine collected into a bottle containing thymol is required. Store at -20^{0}C	
Cortisol Blood Spot Series	COM	Blood spots	2 spots / sample	So'ton - Clinical Biochemistry	10 working days	No	Sent Mon – Fri. Store at room temperature	
Cotinine (urine)	UCOT	Plain spot urine	5 ml	Birmingham Heartlands Hospital	2 weeks			
C-Peptide +/- Insulin	CPEP3	Gold / serum **/ (to lab urgent)**	200 uL	So'ton - Clinical Biochemistry	5 working days	No	Sample must be separated and frozen within 2 hours of venesection	

C-Reactive Protein	CRP	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	< 5 mg/L
Creatinine	CREAT UEC RENA	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	Adult M: 59-104 umol/L Adult F: 45-84 umol/L 2-12m: 14-34 umol/L 1-<3y: 15-31 umol/L 3-<5y: 23-37 umol/L 5-<7y: 25-42 umol/L 7-<9y: 30-47 umol/L 9-<11y: 29-56 umol/L 11-<13y: 39-60 umol/L 13-<15y: 40-68 umol/L
Creatinine	CREU24	24 hr Urine (plain)	N/A	SDH	1 day	Yes	N/A	F: 6.0 - 13 mmol/24h M: 9 - 19 mmol/24h

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Creatinine	CREUR	Random Urine	5 ml	SDH	1 day	Yes	N/A	See report or contact laboratory
Creatinine	CREFL	Wound drain fluids	2 ml	SDH	1/2 day	Yes		See report or contact laboratory
Creatinine Clearance	CRCL	24 hr Urine (plain) + Gold / serum	2 ml (serum)	SDH	1 day	Yes	MUST send serum creatinine during or at end of collection	See report or contact laboratory
Creatinine Kinase	CK	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	F: 25 – 200 U/L M: 40 – 320 U/L
Crossmatch	CTO	Pink / EDTA	6 ml	SDH	1/2 day	Yes	MUST state date and time required plus clinical details.	N/A
CRP (see C-Reactive Protein)							See C-Reactive Protein	
Cryoglobulins	CRYO	3 x Gold / serum 2	2 ml (each tube)	Bristol S'mead	1 week	Yes	**Laboratory MUST be contacted in advance of this test being performed Tubes MUST be pre-warmed and sent to lab warm**	See report or contact laboratory

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CSF Cytospin, CSF Examination For Abnormal WBCs / Blast Cells	CSF	CSF (plain bottle). Do **NOT** send **via air tube**	0.5 ml	SDH	1/2 day	No	DO NOT USE THE AIR TUBE, let the laboratory know it is being sent	See report or contact laboratory
CSF Spectro-photometry (?SAH) - (see Xanthochromia)							See Xanthochromia	
Cyanide								
Cyclic Citrullinated Peptide Antibody (CCP)	CCP1	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	<17 u/mL
Cystatin C	COM	Gold / serum	200ul	Synnovis Hub – Blackfriars Road, London	1 working day			
Cystine Quantitative (See Amino Acids URINE)	COM	24 hr Urine (acid)	200 µL	So'ton - Clinical Biochemistry	10 working days	No	Mon – Fri. Urine amino acids assayed	

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Cystine Screen (See Amino Acids URINE)	UCYSN	Random urine	200 µL	So'ton - Clinical Biochemistry	10 working days	No		
Cystinosis (Leucocyte Cystine)	COM	Green/ Lith.hep blood, 2 ml **to lab ASAP**	Minimum 2ml Lithium Heparin whole blood. Samples more than 24 hours old on receipt will be rejected	GOS Enzyme Lab,	60 days	No	Discuss with duty Biochemist first. Take blood Mon – Wed ONLY.	
Cytochemistry Stains	CYTOCH	Lavender / EDTA / whole blood	Dependant on test required	SDH	2 working days	No	Discuss with Consultant Haematologist	See report or contact laboratory
Dabigatran	DABIG	3 x Blue / citrate	2 x 0.5 ml aliquots	Basingstoke Coagulation or Southampton Coagulation	On request or 5 working days	Consultant Request		

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D-Dimer	DDIM3	Blue / citrate	4.5 ml	SDH	1 hour	Yes	To be used in conjunction with clinical scoring for exclusion of DVT.	0.0-0.5 µg/mL If <0.5 ug/mL - considered NEGATIVE for VTE. For patients over the age of 50 the upper limit of normal is calculated as age/100. For example, for a 70 year old a result of 0.7 ug/ml or below would be considered NEGATIVE
Dexamethasone Suppression Test	DEXE	Gold / serum / **(0900 am)**	2 ml	SDH	1 day	Yes	N/A	See report or contact laboratory
DHEAS	DHEA1	Gold / serum	200 UI	So'ton - Clinical Biochemistry	10 working days	No	Mon – Fri Store at -20^{0}C	

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Digoxin	DIGC	Gold / serum / (6-12 hr post dose)	2 ml	SDH	1/2 day	Yes	N/A	0.8 – 2.0 µg/L 6 – 12 hours post dose
Dihydrotestosterone	COM	Gold / serum	2 ml	Barts and the London NHS Trust	21 days	No	1st class post	
Direct Antiglobulin Test (DAT)	ODAT / MODAT	Pink / EDTA	6ml	SDH	4 hours	Yes		N/A
Downs 1st Trimester	DOWNFT	Gold / serum	300 µL	Portsmouth	3 days	No	Mon – Thur. Counselling required Separated within 48 hours	
Downs 2nd Trimester	DOWNPC	Gold / serum	1.5ml	Oxford University Hospital (via Portsmouth)	3 days	No	Mon - Thur. Counselling required. Separated within 48 hours	

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Drug Induced Antibody Mediated Neutropenias	RAS	Yellow SSt + Sample of implicated drug	6ml	H&I NHSBT Filton	20 working days	No		
Drug Screen / Toxicology	COM	Random urine (30 ml minimum) + Gold / serum + Lavender / EDTA blood + grey / Fluoride plasma + Gastric aspirate, tissues, vomit	15-20 ml urine 5 ml serum / plasma	Black Country Pathology – Sandwell General Hospital	up to 3 weeks	Yes*	3 If analysis is urgent discuss with duty Biochemist. Toxicology requests will be stored for 10 days, please send urine/gastric contents as necessary. If analysis IS required discuss with duty Biochemist. 1st class post	
Drugs Of Abuse Screen (Full)	DAU	Random urine	5 ml	Black Country Pathology – Sandwell General Hospital)	3 working days	No	Urgent paediatric samples refer to duty Biochemist 1st class post, courier if urgent	
EGFR	EGFR	Gold / serum	2 ml	SDH	1/2 day	Yes	Part of UEC CKD-EPI formula in adults.	Contact laboratory for interpretive advice if required
Elastase (see Pancreatic Elastase)							See Pancreatic Elastase	

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Electrolytes (Na + K)	NAU / KU	24 hr urine (plain)	N/A	SDH	1 day	Yes	N/A	Contact laboratory for interpretive advice if required
Electrolytes (Na + K)	NAFL/ KFL	Pleural / wound / drain fluids	N/A	SDH	1/2 day	Yes	N/A	Contact laboratory for interpretive advice if required
Electrophoresis	IG (EPS)	Gold / serum	2 ml	SDH	5 days	Yes	N/A	See report or contact laboratory
Edoxaban	F10A	1 x 4.5ml Citrate	4.5ml	Southampton Coagulation	On request or 5 working days		Can be dispatched fresh or as frozen aliquots. Plasma minimum temp -20°C frozen	
Enhanced Liver Fibrosis Score	ELF (Includes TIMP1, P3NP and Hyaluronic Acid)	Gold / Serum	200 uL	So'ton - Clinical Biochemistry	5 working days	No	Store at -20^{0}C	
ENA (Extractable Nuclear Antigens) Screen	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Includes Ro, La, RNP, Scl70, Jo-1, Sm and centromere B antigens	

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ESR	ESR1	Lavender / EDTA	2ml	SDH	1 day	Yes	Temp Arteritis, PMR, ?myeloma, Paediatric ME, Rheumatology and Hodgkin's disease ONLY	Male Female 17-50yrs: 0-10 0-12 51-60yrs: 0-12 0-19 61-70yrs: 0-14 0-20 >70yrs: 0-30 0-35
Ethanol	ALCOP	Grey / fluoride plasma	2 ml	SDH	1/2 day	Yes	N/A	Contact laboratory for interpretive advice if required
Erythropoietin	EPOA	Gold / serum	250 µL	So'ton - Clinical Biochemistry	1 working day	No	Serum is the sample of choice although lithium heparin plasma can be used if serum is not available. Please note EDTA plasma is not acceptable.	
Ethosuximide	ETHO	Gold / serum	2 ml	Black Country Pathology – Sandwell General Hospital)	10 working days	No	Mon – Thur. 1st class post	

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Extended RBC Phenotype	RAS	Pink EDTA	6ml	RCI NHSBT Filton	7 working days	No		
Factor II Assay	FAC2	2 x Blue / citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	> 400 mg/dL Fatalities reported
Factor V Assay	F5	2 x Blue / citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	50-150%
Factor V Leiden Genotype	LEID	Lavender / EDTA / whole blood	2 ml	SDH Wessex regional Genetics	4 weeks	Yes	**Send to Regional Genetics Salisbury**.	
Factor VII Assay	F7	2 x Blue / citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	50-150%

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Factor VIII Assay	F8C	2 x Blue / citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	50-150%
Factor Inhibitor Screen	FINIS / FINES	2 x Blue citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	N/A
Factor Inhibitor Quantification	FINIQ / FINEQ	2 x Blue citrate	4.5 ml	Basingstoke Coagulation	14 days			
Factor IX Assay	F9C	2 x Blue / citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	50-150%
Factor X Assay	F10	2 x Blue / citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	50-150%
Factor Xa (anti Xa) Heparin (LMWH)	LMWHXA	1 x Blue / citrate	1 ml separated plasma	SDH	1 day	Yes	Monitoring of LMWH At least 1 ml plasma from citrate separated and frozen if not tested same day.	LMWH Treatment: 0.5-1.0 IU/ml LMWH Prophylaxis: 0.4-0.8 IU/ml
Factor Xa (anti Xa) Heparin (UFH)	UFHXA	1 x Blue / citrate	1 ml separated plasma	SDH	1 day	Yes	Monitoring of UFH At least 1 ml plasma from citrate separated and frozen if not tested same day.	UF Heparin: 0.3-0.7 IU/ml

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Factor Xa (anti Xa) (DOAC)	F10A	2 x Blue / citrate	1 ml separated plasma	Basingstoke Coag	1 day		Notes - Monitoring of DOAC	
Factor XI Assay	F11	2 x Blue / citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	50-150%
Factor XII Assay	F12	2 x Blue / citrate	4.5 ml	SDH	1 week	Yes	Discuss with Consultant Haematologist Sample separated and plasma frozen until analysis	50-150%
Faecal Elastase							See Pancreatic Elastase	
FAI							See Free Androgen Index	
Fe							See Iron	
Ferritin	FERE	Gold / serum	2 ml	SDH	1/2 day	Yes	Acute phase reactant	F >17y: 13-150 µg/L M >20y : 30–400 µg/L

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Fetal/Neonatal alloimmune Thrombocytopenia (NAIT)	RAS	Mother - Yellow SST + Pink EDTA Father - Pink EDTA Baby - Paed Pink EDTA	Mother - 6 ml + 6 ml Father - 6 ml Baby - 1 ml	H&I NHSBT Filton	21 working days	No		
Fibrinogen	FIBA	Blue / citrate	4.5 ml	SDH	1/2 day	Yes		2.0 – 4.0 g/L
FK506 (see Tacrolimus)							See Tacrolimus	
Flecainide	FLEC	Lavender / EDTA / plasma	0.5 ml	Cardiff Toxicol	7 days	No	Pre-dose Gel tubes must be avoided	
FMH Screen	KLEI	Pink / Purple EDTA	3 ml	SDH	3 days			
Folate (Serum)	SFOL5	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	3.9- 26.8 µg/L

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Follicle Stimulating Hormone - FSH	FSHE	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	See report or contact laboratory
Free Androgen Index (FAI)	FAI	Derived test	2 ml	SDH	1/2 day	Yes	See Sex Hormone Binding Globulin	Male 20y - 49y: 35.0 - 92.6 Male >50: 24.3 - 72.1 Female 20y - 49y: 0.3 - 5.6 Female >50: 0.2 - 3.6
FMH Estimation/Quantification	RAS	Pink EDTA	6ml	RhD Negative Mothers: Southampton Immunology (Flow cell).	1 working day			
FMH Estimation/Quantification	RAS	Pink EDTA	6ml	RhD Positive Mothers: Poole Hospital Blood Transfusion (Kleihauer).	1 working day			
Free Fatty Acids	COM	Grey / fluoride plasma / (**on ice)**	0.5 ml	Birmingham IEM lab	3 working days	No	Please state fasting status Store frozen prior to shipment	

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Free Light Chains (Serum)	FLC3	Gold / serum	2 ml	SDH	5 days	Yes	Discuss with Consultant Haematologist	Free Kappa: 3.3 - 19.4 Free Lambda: 5.7 - 26.3
Free Light Chains for amyloid	COM	Gold / serum	1 ml	Royal Free London	5 working days	No	1st class post	
Free PSA (see Prostate Specific Antigen)	FPSA	Gold / serum		Charing X SAS Lab		No	See Prostate Specific Antigen	
Free T3	FT3E	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	0d - 6d: 2.7 - 9.7 pmol/L 7d - 14d: 3.0 - 9.3 pmol/L >14d: 3.1 - 6.8 pmol/L
Free T4	FT4E	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	D006: 11.0 - 32.0 pmol/L D014: 11.5 – 28.3 pmol/L Y017: 12.0 – 22.0 pmol/L Y110: 11.0 – 22.0 pmol/L
Free Testosterone (Calculated)	CFT	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	See report or contact laboratory

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Free/Total PSA Ratio (see Prostate Specific Antigen)							See Prostate Specific Antigen	
Fructosamine	FRUCTA	Gold / serum	5 ml	Bath	7 days	No	Sent Mon – Thur	
FSH							See Follicle Stimulating Hormone	
Full Blood Count (FBC)	FBC3	Lavender / EDTA / whole blood	500ul (paed) 1 ml (adult)	SDH	1/2 day	Yes		See guide to profiles and test groups
Functional C1 Esterase Inhibitor	COM	Gold / serum + Purple / EDTA	2 ml SST + 2 ml EDTA	Sheffield - Immunology & PRU	2 - 5 days	No		
Galactosaemia Screen	GALAC	Green /Lith Heparin Lavender EDTA whole blood or blood spots DBS	1 ml	Bristol S'mead	7 days	No	Must be sent on day of sampling Lithium Heparin send as whole blood, stable for up to 5 days	

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Gamma Glutamyl Transferase	GGT3	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	M: <60 U/L F: <40 U/L
Gastrin – Fasting	GAST	Lavender / EDTA plasma / **(on ice)**	0.4 ml	Charing X SAS Lab	21 days	No	Sent as required. Overnight fast / NOT on PPI EDTA plasma, spin sample within 15 minutes of venepuncture. Store and send frozen.	
Gentamicin (Once Daily)	GEN1B	Gold / serum 0-2 hr pre-dose	2 ml	SDH	1/2 day	Yes	N/A	Interpretive comments added to reported results
Gentamicin (Other Regimes)	GENTB	Gold / serum pre and 1 hr post dose,	2 ml	SDH	1/2 day	Yes	N/A	Interpretive comments added to reported results
Gentamicin (Random Sample)	GENTRB	Gold / serum state time	2 ml	SDH	1/2 day	Yes	N/A	Interpretive comments added to reported results
GGT (see Gamma Glutamyl Transferase)							See Gamma Glutamyl Transferase	
GH (see Growth Hormone)							See Growth Hormone	

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Glandular Fever Test (see Infectious Mononucleosis)							See Infectious Mononucleosis	
Globulin	GLOB	Derived test	2 ml	SDH	1/2 day	Yes	N/A	>18y: 21 – 37 g/L
Glucagon – Fasting	GLUG	Lavender / EDTA plasma / **(on ice)**	0.4 ml	Charing X SAS Lab	21 days	No	Overnight fast **to lab ASAP** EDTA plasma, spin sample within 15 minutes of venepuncture. Store and send frozen.	
Glucose (Body fluids - not CSF)	GLUFL	Pleural fluid / wound / drain / ascites / aqueous or vitreous humour (Post Mortem)		SDH	1/2 day	Yes	Fluoride preserved sample required	See report or contact laboratory
Glucose (CSF)	GLUCA	CSF		SDH	1/2 day	Yes	Fluoride preserved sample required	Children up to 16yrs : 3.3 - 4.4 mmol/L Adults over 16 yrs : 2.2 - 3.9 mmol/L

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Glucose – GPs or more than 4 hrs delay	GLUF GLFF	Grey / fluoride plasma	2 ml	SDH	1/2 day	Yes	N/A	Non fasting: 3.3-7.7 mmol/L Fasting 3.3 - 6.0 mmol/L
Glucose – Hypoglycaemia	GLFA GLFFA	Grey / fluoride plasma + Gold / serum **(to lab ASAP)**	2 ml	SDH	1/2 day	Yes	Telephone to alert laboratory take sample for insulin / C-peptide	See report or contact laboratory
Glucose – Wards / less than 4 hrs delay	GLU GLF	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	Non fasting: 3.3-7.7 mmol/L Fasting 3.3 - 6.0 mmol/L
Glucose Tolerance Test GTT	GTT2	Grey / fluoride plasma / fasting 0 + 2 hr	2 ml	SDH	1/2 day	Yes	Done in Pathology Outpatients Tue / Wed / Thur	Interpretive comment on report
Glucose-6-Phosphate Dehydrogenase	G6PA	Lavender / EDTA / whole blood	4 ml	Heartlands - Birmingham	3 days	No		

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Glycosamino-Glycans (mucopolysaccharides)	MUCO	Random urine	5 ml	BRI - metabolic, neuroendocrine and nutrition	3-4 weeks	No	Refrigerate after collection, send as soon as possible. If delay in sending advise to freeze.	
Growth Hormone GH	GHA	**Gold / serum / (sample to lab ASAP)**	100 UI	So'ton - Clinical Biochemistry	5 working days	No	Store at -20^{0}C	
Gut Hormones–Fasting	GUT2	Lavender / EDTA plasma / **(on ice)**	3 ml	Charing X SAS Lab	21 days	No	Overnight fast / NOT on PPI EDTA plasma, spin sample within 15 minutes of venepuncture. Store and send frozen.	
Haemo-Chromatosis HFE Genotype	COM	2 x Lavender / EDTA / whole blood	2 ml	SDH Wessex regional Genetics	4 weeks	No	**Send to Regional Genetics, Salisbury**	
Haemoglobin A1c (HBA1c)	HBA1CC	Lavender / EDTA / whole blood	2 ml	SDH	1 day	Yes	N/A	20-41 mmol/mol

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Haemoglobin Electrophoresis	HBEL	Lavender / EDTA / whole blood	4 ml	SDH	1 week	No		See guide to profiles and test groups
Haemoglobin HPLC (Haemoglobinopathy screening)	HPLC	Lavender / EDTA / whole blood	4 ml	SDH	1 week	No	Request FBC as well	See guide to profiles and test groups
Haptoglobin	HAPT	Gold / serum	200 uL	So'ton - Immunology	< 1 day	No		
HCG (Total)	HCGE	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	< 1 IU/L
HDL Cholesterol	CHDL	Gold / serum	2 ml	SDH	1/2 day	Yes	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification.	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification.

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Heavy Metal Screen	COM	Navy / Trace	0.5 ml	So'ton - Clinical Biochemistry	10 working days	No	Mon – Fri. 24 hour urine also required	
Heinz Bodies	HEINZ	Lavender / EDTA / whole blood		SDH		No		See report or contact laboratory
Heparin Induced Thrombocytopenia (HIT)	RAS	Yellow SST	6ml	H&I NHSBT Filton	7 working days	No		
HFE Genotype	COM	2 x Lavender / EDTA / whole blood	2 ml	SDH Wessex regional Genetics	4 weeks	No	See Haemochromatosis	
Histone Antibodies	HIST	Gold / serum	200 µL	So'ton - Immunology	10 working days	No		
HLA B*57:01	HLAB57	Lavender / EDTA / whole blood	4 ml	Tooting - NHSBT	7 days	No		

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HLA B27	HLAB27	Lavender / EDTA / whole blood	4.5 ml	So'ton - Immunology	9 days	No	Mon – Thur	
HLA DQ2: DQ8 (HLA DQA1 & B1)	HLADQ	Lavender / EDTA / whole blood	4 ml	Tooting - NHSBT	7 days	No	Coeliac disease Mon – Thur	
HLA DR2	HLADR2	Lavender / EDTA / whole blood	6 ml	NHSBT Filton	7 working days	No	Mon – Thur Samples must be labelled by hand	
HLA Specific antibody testing	RAS	Yellow SST	6ml	H&I NHSBT Filton	7 working days	No		
HLA typing Class I	RAS	Pink EDTA	6ml	Tooting - NHSBT	5 working days	No		
HLA Typing Class II	RAS	Pink EDTA	6ml	Tooting - NHSBT	5 working days	No		

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HLA-Coeliac	RAS	Pink EDTA	6ml	Tooting - NHSBT	5 working days	No		
HLA-HFE	RAS	Pink EDTA	6ml	H&I NHSBT Filton	5 working days	No		
HLA-Narcolepsy	RAS	Pink EDTA	6ml	Tooting - NHSBT	5 working days	No		
Homocysteine	HOMO1	Lavender / EDTA plasma / **(on ice)**	200 µL	BRI - chem path	2 week	No	Samples collected onto crushed ice and then separated within 30 minutes.	
HVA/VMA	COM	Random Urine	minimum 100 µL	So'ton Chromatography	5 days	No		

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Hyaluronic acid	HYAL	Gold / serum	200 uL	So'ton - Clinical Biochemistry	5 working days	No	Store at -20^{0}C	
IgA Deficiency/Antibodies	RAS	2 x Pink EDTA	2 x 6ml	RCI NHSBT Filton	7 working days	No		
IgE (Allergen Specific) RAST	RAST	Gold / serum	50 µL per allergen	So'ton - Immunology	5 working days	No	Specify allergens	
IgE (TOTAL)	IGE	Gold / serum	200 µL	So'ton - Immunology	5 working days	No		
IGF-Binding Protein 3 (IGF-BP3)	IGFBP	**Gold / serum / (sample to lab ASAP)**	200 µL	Guildford	5 days	No	Do IGF 1 also First class post	

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IGF1 (Insulin like growth factor)	IGF1A	Gold / serum	200 uL	So'ton - Clinical Biochemistry	5 working days	No	Mon – Fri. 9 am preferred Haemolysed samples are unsuitable for analysis	
IgG Subclasses (IgG4 only)	IGG4	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Mon – Thur.	
Immunofixation Serum	IFS	Gold / serum	2 ml	SDH	5 days	Yes	N/A	See report or contact laboratory
Immunofixation Serum (D,E)	COM	Gold / serum	1 ml	St Georges	2-4 days	No	Mon – Fri.	
Immunofixation Urine (D,E)	COM	EMU or random urine	30 ml	St Georges	3-5 days	No	Mon – Fri. Investigation of proteinuria / myeloma	

Immunofixation Urine	IFU	EMU or random urine	5 ml	SDH	5 days	Yes	Investigation of proteinuria / myeloma	See report or contact laboratory
Immunoglobulins (G, A, M)	IGS	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	See report or contact laboratory
Infant Autoimmune Neutropenia	RAS	Yellow SST + Pink EDTA	2 x 2ml	H&I NHSBT Filton	14 working days	No	Neutrophil count MUST be <2 x 10^9/L	
Infectious Mononucleosis Slide Test	MONS	Lavender / EDTA / plasma	500 µl	SDH	1 day	Yes		N/A
Infliximab	INFLIX	Gold / Serum	>300 µL	Synnovis HUB – Blackfriars Road, London	2 weeks	No	Used in treatment for IBD Arrival time to lab needs to be <5 days from sample collection. Separate and send an aliquot	
Inhibin	COM	Gold / serum		Sheffield - Immunology & PRU	14 working days	No	Ist Class Post	

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INR	INR	Blue / citrate	4.5 ml	SDH	4 hours	Yes		0.8-1.2
Insulin (Fasting)	INS1	**Gold / serum / (sample to lab ASAP)**	500 uL	So'ton - Clinical Biochemistry	5 working days	No	Separate and freeze within 2 hrs. Fasting / fluoride glucose also required Within 2 hours of being drawn , 500µl of sample should be separated and frozen at -20^{0}C	
Insulin Antibodies	COM	**Gold / serum / (on ice)**	100 µL	Guildford	1 week	No	Send Mon – Thur First class post	
Intrinsic Factor Antibody	IFA1	Gold / serum	200 µL	So'ton - Immunology	15 working days	No		
Iron	FES	Gold / serum		SDH	1/2 day	Yes	Only done if renal failure on dialysis or ?iron overload	F: 11 – 32 µmol/L M: 13 – 32 µmol/L
IRT							See Immunoreactive Trypsin	

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JAK2	JAK2	2 x Lavender / EDTA / whole blood	2 ml	SDH Wessex regional Genetics	3 weeks	No	**Send to Regional Genetics Salisbury**	
Jo-1 Antibody	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Part of ENA full screen	
L/D Amphetamine Isomer Ratio (see Amphetamine L/D Isomer ratio)							See Amphetamine L/D Isomer ratio	
Kleihauer(screen only)	KLEI	Pink / EDTA	6 ml	SDH	1/2 day	Yes	500 IU prophylactic anti-D covers up to 4 ml bleed. >2 ml bleed referred to RCI	See report or contact laboratory
Lactate	LACT	Grey / fluoride plasma / (**on ice)**	2 ml	SDH	1/2 day	Yes	Contact lab **before** taking sample. Immediate results.	0.6-2.5 mmol/L
Lactate (CSF)	LACTC	Grey / CSF / **(on ice)**		SDH	1/2 day	Yes	Contact lab **before** taking sample.	See report or contact laboratory

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Lactate Dehydrogenase – LDH (Total)	LDH2	Gold / serum	2 ml	SDH	1/2 day	Yes	Tumour marker. Marker of haemolysis	4-20d: 225-600 U/L 20d -15y: 120-300 U/L M & F > 15yrs: 135-225 U/L
Lamotrigine	LAMO	Lavender / EDTA / whole blood	2 ml	Black Country Pathology – Sandwell General Hospital	10 working days	No	Mon – Thur. Therapeutic range unclear Transport at ambient temperature	
LDH - Total (see Lactate Dehydrogenase)							See Lactate Dehydrogenase	
LDL	LDL	Derived test	2 ml	SDH	1/2 day	Yes	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification.	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification
Lead	LEAD	Navy/Trace or Lavender/EDTA blood	0.5 ml	So'ton - Clinical Biochemistry	6 working days	No	Phone duty Biochemist if urgent	

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Leptin	COM	Lith. Hep / plasma Gold / serum	250µL	Cambridge	28 days	No	Dry Ice Courier	
Levetiracetam	LEVET	Lavender / EDTA / plasma	0.5 ml	Cardiff Toxicol	7 days	No	Gel tubes must be avoided. The following automatic comments added to all results: Please note that brivaracetam interferes in this assay. This assay should not be used in patients undergoing a switch in drug therapy involving levetiracetam and brivaracetam.	
Lipase	COM	Gold / serum	200ul	Synnovis HUB – Blackfriars Road, London	2 weeks			

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Lipoprotein (a)	LIPOPA	Gold / serum	200ul	Bristol Royal Infirmary	21 days	No	Notes: Samples may be stored at 2-8°C for up to 14 days, for prolonged storage sample should be frozen at -20° or below. Frozen samples are stable for up to 3 months. Repeated freeze/thaw cycles should be avoided. Samples that are lipaemia, haemolysed or with circulating immune complexes and/or cryoglobulin should be avoided.	
LH (see Luteinising Hormone)							See Luteinising Hormone	
Full lipid profile	LIP2B	Gold / serum + grey / fluoride	2 ml	SDH	1/2 day	Yes	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification.	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification
Lithium	LIA	Gold / serum (12 hr post dose)	2 ml	SDH	1/2 day	Yes	N/A	0.4 – 1.0 mmol/L 12 hrs post dose

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LKM Antibody (Liver, Kidney Microsomal)	LAIP	Gold / serum	200 µL	So'ton - Immunology	5 working days	No		
Lupus Anticoagulant Screen	LUP2	2 x Blue / citrate + 1 x Gold / serum	2 x 4.5 ml	SDH	3 days	No	Dilute Russell's Viper Venom Time Samples to be spun and plasma frozen ASAP if not testing the same day. Patient testing whilst on a DOAC is contraindicated and needs to be referred to shc-tr.haemenquiries@nhs.net.	Positive Result = dRVVT TR >1.16
Luteinising Hormone - LH	LHE	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	See report or contact laboratory
Macroprolactin Screen	MPROL	Gold / serum	2 ml	SDH	7 days	Yes	All increased Prolactins are screened	Contact laboratory for interpretive advice if required
Magnesium	MG/BON	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	Adult : 0.7 – 1.0 mmol/L Neonate (< 4wks) : 0.6-1.0 mmol/L Infant ie 4wks - 16yrs : 0.7-1.0

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Magnesium	MAGU24	24 hr urine (plain)		SDH	1 day	Yes	N/A	3.5 - 5.0 mmol/24h
Malarial Parasite Rapid Test	RMT	Lavender / EDTA / whole blood	0.5 ml	SDH	4 hours	Yes	To be processed urgently Blood film and Malarial parasites to be requested alongside, URGENT	N/A
Malarial Parasites	BPARA	Lavender / EDTA / whole blood	4 ml	SDH	1 day	Yes	Positives are confirmed at London School of Tropical Med To be processed urgently	N/A
Manganese	MNB	Navy/Trace (adults) or Trace (paeds) whole blood	0.5 ml	So'ton - Clinical Biochemistry	6 working days	No	Mon – Fri. See also TRACE METALS. Whole blood preferred.	
Mannose Binding Lectin	COM	Gold / serum		Sheffield PRU	7 working days			
Mastocytosis (Tryptase)	TRYP	Gold / serum when well and unwell	2 ml	Sheffield - Immunology & PRU	5 days	No	Mon – Fri. Matched pair of sera – baseline and during acute attack. Must discuss with duty Biochemist	

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Methionine	COM	EDTA / plasma		Bristol Royal Infirmary – Chem Path	10 working days		To be collected sent FROZEN - (TNT on a Thursday via Procurement). Serum -15 oC frozen	
Mercury	MERCB	Navy / Trace / whole blood	0.5 ml	So'ton - Clinical Biochemistry	10 working days	No	Mon – Fri. **Keep in dark**. Urine Hg also required	
Mercury	MERCR	EMU + navy / Trace / w.blood	0.5 ml	So'ton - Clinical Biochemistry	10 working days	No	Mon – Fri. **Keep in dark**.	
Mercury	MERCUR	Random urine	0.5 ml	So'ton - Clinical Biochemistry	10 working days	No	Mon – Fri. **Keep in dark**.	
Plasma Metanephrines	COM	Lithium Heparin	1ml	So'ton - Clinical Biochemistry	Within 2 weeks			
24 hour Urine Metanephrines	COM	24 hr urine acidified with glacial acetic acid	A minimum of at least 2 mL of a 24 hour collection.	So'ton - Clinical Biochemistry	5 working days excl. Bank Holidays	No		

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Methotrexate (High Dose)	MTX	Gold / serum	500 uL	So'ton - Clinical Biochemistry	4 hours (excludes transport time)	No	Phone duty Biochemist to discuss Note to add with each sample sent **Please telephone laboratory on 02381 206427 before sending a specimen for urgent analysis to SUHT. Please identify all urgent samples with label stating: URGENT SPECIMEN for Methotrexate.** **PLEASE OPEN IMMEDIATELY DATE SENT.....**	
MS Screen							See Multiple Sclerosis Screen	
Mucopoly Saccharides (MPS screen)	MUCO	Random urine	5 ml	BRI - metabolic, neuroendocrine and nutrition	1-2 weeks	No	Mon – Thur Refrigerate after collection, send as soon as possible. If delay in sending advise to freeze.	
Multiple Sclerosis Screen	COM	CSF (plain) + matched serum	500 µl in each tube	Queens Sq London	STAT	No	Send matched gold top serum 1st class post, sample not haemolysed	

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Myeloperoxidase antibody	MPO1	Gold / serum	200 µL	So'ton - Immunology	5 working days	No		
Myositis Screen	MYOSC	Gold / serum		So'ton - Immunology	20			
Neonatal Allo-immune Neutropenia (NAIN)	RAS	Mother - Yellow SST + Pink EDTA Father - Yellow SST + Pink EDTA Baby - Paed Pink EDTA	Mother - 6 ml + 6 ml Father - 6 ml + 6 ml Baby - 1 ml	H&I NHSBT Filton	14 working days	No		
Neuronal antibodies							See Paraneoplastic Antibodies	
Neutrophil Function Test (Neutrophil Oxidative Burst)	MISC	Green /Lithium heparin / whole blood	3 ml	So'ton - Immunology	9 days	No		

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NIPT Rh D Screening	NIPTD	Pink / EDTA	6ml	IBGRL NHSBT Filton	10 working days	No	Fetal RhD typing was inconclusive. Manage this pregnancy as if this foetus is RhD positive. Rejected sample, please send a repeat sample before 25 weeks gestation. Rejected sample, inappropriate test request (reason will be given)	
NMDA receptor Antibodies (Fixed)	NMDA	Gold / serum	1 ml	Oxford Immunol	7 days	No	Please send paired CSF and Serum samples	
Noradrenaline							See metanephrines	
Nucleosome antibodies	NUCLEO	Gold / serum	200 µL	So'ton - Immunology	10 working days	No		
Occult Blood							This service is no longer available and that it has been replaced by Quantitative Faecal Immunochemical Test (qFIT).	

Oestradiol	E2E	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	See report or contact laboratory
Olanzepine	COM	Lavender / EDTA / plasma	0.5 ml	Cardiff Toxicol	7 days	No	Gel tubes must be avoided	
Oligoclonal Bands	OLIGO	CSF (plain) + matched serum	250 µl in each tube	Queens Sq London	7 working days	No	Send matched gold top serum 1st class post, sample not haemolysed	
Oligosaccharides	COM	Random urine	1 ml	BRI - metabolic, neuroendocrine and nutrition	3-4 weeks	No	Refrigerate after collection, send as soon as possible. If delay in sending advise to freeze.	
Organic Acids	UOAS	Random urine	3 ml	So'ton - Clinical Biochemistry	10 working days (urgent by arrangement)	No	Mon – Fri. Phone duty Biochemist if urgent. Usually also do serum + urine amino acids Samples taken at the time of an acute illness are the most helpful.	

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Osmolality (serum)	OSM	Gold / serum	2 ml	SDH	1 day	Yes	N/A	275-295 mmol/kg
Osmolality (urine)	OSMU	Random urine		SDH	1 day	Yes	Paired serum - Interpret in relation to serum osmolality.	See report or contact laboratory
Osteocalcin	COM	**Gold / serum / (on ice)**		Liverpool	3 weeks	No	Send frozen	
Ovarian Cell Antibodies	COM	Gold / Serum	1 ml	Oxford Immunol	14 days	No		
Oxalate Excretion	OXALU	24 hr urine (acid)	10ml	UCL London	5 days	No	Send Mon – Thur Methodology Oxalate oxidase Metrological traceability NIST certified oxalate standard Reportable range <50-2000 µmol/L (to 4000 on dilution) Measurement uncertainty +/- 5.8% at a mean of 244 µmol/L +/-4.2% at mean of 1030 µmol/L	

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Oxalate Excretion (Paediatrics)	OXALR	Random Urine	10ml	UCL London	5 days	No	Send Mon – Thur Methodology Oxalate oxidase Metrological traceability NIST certified oxalate standard Reportable range <50-2000 µmol/L (to 4000 on dilution) Measurement uncertainty +/- 5.8% at a mean of 244 µmol/L +/-4.2% at mean of 1030 µmol/L	
P3NP							See Procollagen 3N Terminal Peptide	
Faecal (Pancreatic) Elastase	PE1	Faeces	5 g (solid if possible)	So'ton - Clinical Biochemistry	10 working days	No	Mon – Fri A random formed stool specimen is required. E1 concentrations are lower in watery stool samples.	
Pancreatic Polypeptide – Fasting	PP	Lavender / EDTA plasma / **(on ice)**	0.4 ml	Charing X SAS Lab	21 days	No	Overnight fast mandatory EDTA plasma, spin sample within 15 minutes of venepuncture. Store and send frozen.	
Paracetamol	OD	Gold / serum	2 ml	SDH	1/2 day	Yes	Emergency assay	See chart for guidance on treatment of OD in BNF

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Paraneoplastic Antibodies (Hu, Ri, Yo)	PNEO	Gold / serum	1 ml	Oxford Immunol	21 days	No		
Paraquat Qualitative	PQUATU	Random urine (clear natural gastric contents can also be used).	5ml	So'ton - Specialist Biochemistry	1 day (excluding transport time) but aim for 2 hour analytical TAT, result to be telephoned)	Yes	Emergency qualitative assay only. (Quantitative assay not available). A random urine sample collected into a plastic universal container is used for the detection of paraquat (clear natural gastric contents can also be used).	
Parathyroid Hormone	PTHE	Gold / serum, lithium heparin, (paed small green)	2 ml	SDH	1/2 day	Yes	BONPTH profile also required	1.8 - 7.9 pmol/L. Requires serum Ca
Paroxysmal Nocturnal Haematuria (PNH)	PNH1	Lavender / EDTA / whole blood	3 ml	So'ton - Immunology	9 days	No	Flow cytometry for CD55, CD59	

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Paternal Phenotyping	RAS	Pink EDTA	6ml	RCI NHSBT Filton	7 working days	No		
Porphobilinogen (PBG)	COM	Random urine **(Protect from light and keep in the refrigerator)** Do not centrifuge.	2ml	So'ton - Clinical Biochemistry	1 day (excluding transport time)	Yes	Can be done urgently if discussed with duty Biochemist	
PCP							See Procollagen Peptide	
Pemphigoid Antibody	PEMPH	Gold / serum	200 µL	So'ton - Immunology	10 working days	No		
Pemphigus Antibody	PEMPH	Gold / serum	200 µL	So'ton - Immunology	10 working days	No		

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Perampanel (Fycompa)	PERAM	Gold / serum	200µl	Chalfont St. Peter	3 working days	No	None	
Phenobarbital	PHENO	Gold / serum / (pre-dose)		So'ton - Clinical Biochemistry	1/2 day	Yes		
Phenobarbitone	PHENO	Gold / serum or Lith Hep / plasma	500 µL	So'ton - Clinical Biochemistry	1 working day			
Phenylalanine (See amino acids SERUM)	PHE2	Gold / serum	200 µL	So'ton - Clinical Biochemistry	10 working days	No	Monitoring PKU patients	
Phenylalanine on Blood Spots	PHEO1	National heel prick card 4 spots blood	2 full blood spots	Portsmouth	48 hours	No	Monitoring PKU patients (neonates / pregnancy) Collected between 5-8 days old	

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Phenytoin	PHENYB	Gold / serum / (pre-dose)	2 ml	SDH	1/2 day	Yes	N/A	10 – 20 mg/L
Phosphate	PHO, BON, LCAP4, RENA	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	Adult : 0.8 – 1.5 mmol/L Neonate (< 4wks) : 1.3-2.6 mmol/L Infant (4wks-1 yr) : 1.3-2.4 mmol/L 1-16yrs: 0.9-1.8 mmol/L
Phosphate	PHOU24	24 hr urine	2 ml	SDH	1 day	Yes	N/A	15 – 50 mmol/24 hr
Phosphate / Creatinine Clearance Ratio	COM	Random urine **(fresh must send matched serum)**		SDH	1 day	Yes	N/A	See report or contact laboratory
PKU Neonatal Screen	PKU	Blood spots	2 full blood spots	Portsmouth	3 days	No	Collected between 5-8 days old	

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Placental Alkaline Phosphatase (PLAP)	PLAP	Gold / serum		Sheffield – Immunology & PRU	4-5 weeks	No	Mon – Thur. Seminomas / other germ cell tumours ONLY	
Plasma Viscosity	PV	Lavender / EDTA / plasma	4 ml	Bath	1 day	No	Waldenstroms Macroglobulinaemia only.	
Platelet Function Analysis (PFA)	PFA100	2 x Blue / citrate	2 x 4.5 ml	SDH	1 day	No	Discuss with Consultant Haematologist *Take samples straight to Coag DO NOT SPIN	CADP: 61-104 secs CEPI: 74-146 secs
Platelet Nucleotide Analysis	COM	Blue / citrate	3-4 ml	St Thomas' - centre for haemophilia & thrombosis	2 months	No	To be received within 2 hours of venepuncture with minimal agitation Any questions regarding the reports should be directed to the Synnovis Customer Service team (customerservices@synnovis.co.uk).	
Platelet Transfusion Refractoriness	RAS	Yellow SST + Pink EDTA	6 ml + 6 ml	H&I NHSBT Filton	7 working days	No		

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PNH screen	PNH1	Lavender / EDTA	4.5 ml	So'ton - Immunology	5 working days	No	<72 hrs old Monday – Friday 12:00 pm	
Porphyrins (Quantitative)	COM	Random urine **(kept dark)** preferably early morning sample	2 ml	Cardiff Heath Park	10 working days	No	Mon – Thur. Confirmation and monitoring. Usually also lavender blood and faeces (5g). PROTECT FROM LIGHT	
Porphyrins (Quantitative)	COM	Faeces / **(kept dark)**	5 grams	Cardiff Heath Park	15 working days	No	Mon – Thur. Usually also random urine and lavender blood. PROTECT FROM LIGHT	

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Porphyrins (Quantitative)	COM	Lavender/ EDTA/ plasma / **(kept dark)**	5-10 ml	Cardiff Heath Park	10 working days	No	Mon – Thur. Blood / urine / faeces required. PROTECT FROM LIGHT.	
Post-transfusion Purpura (PTP)	RAS	Yellow SST + Pink EDTA	6 ml + 6 ml	H&I NHSBT Filton	7 working days	No		
Potassium	K / UEC,	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	Adult : 3.5 – 5.3 mmol/L Neonate (< 4wks) : 3.4 - 6.0 mmol/L Infant (4wks-1 yr) : 3.5 - 5.7 mmol/L 1-16yrs: 3.5-5.0 mmol/L
Potassium	KU24	24 hr Urine		SDH	1 day	Yes	N/A	25 – 125 mmol/24 hr

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Potassium	KUR	Random Urine		SDH	1 day	Yes	N/A	See report or contact laboratory
Potassium	KFL	Pleural / wound / drain fluids		SDH	1/2 day	Yes	N/A	See report or contact laboratory
PP – Fasting	GUT	EDTA / plasma / **ice**	0.4 ml	Charing X SAS Lab	21 days	No	Overnight fast EDTA plasma, spin sample within 15 minutes of venepuncture. Store and send frozen.	
Procalcitonin	COM	Gold / serum or Lith Hep / plasma	500µL	Basingstoke	1 working day	Yes		
Procollagen 3N Terminal Peptide (P3NP)	P3NP	Gold / serum	200 uL	So'ton - Clinical Biochemistry	5 working days	No		

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Progesterone	PRGE	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	See report or contact laboratory
Prolactin	PRLE	Gold / serum	2 ml	SDH	1/2 day	Yes		Male: 86 - 324 mU/L Female (not pregnant): 102 - 496 mU/L
Prostate Specific Antigen (Total)	PSAE	Gold / serum	2 ml	SDH	1/2 day	Yes		40y - 49y: 0 - 2.5 ug/L 50y - 59y: 0 - 3.5 ug/L 60y - 69y: 0 - 4.5 ug/L 70y - 79y: 0 - 6.5 ug/L For patients aged <40y and >79y please use clinical judgement
Protein	PROTUB	24 hr urine (plain)		SDH	1 day	Yes		< 0.14 g/24 hr

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Protein / Creatinine Ratio (PCR)	PCR	Random urine		SDH	1 day	Yes		< 23 mg/mmol
Protein C	PROC1 HCOAG	3 x Blue / citrate	2 x 0.5 ml aliquots	SDH	On request or 28 working days	No	Part of thrombophilia screen. Levels reduced by warfarin. Can be dispatched fresh or as frozen aliquots	82.1 -161.7 iu/dL
Protein S (Free Protein S)	PROSF1 HCOAG	3 x Blue / citrate	2 x 0.5 ml aliquots	SDH	On request or 28 working days	No	Part of thrombophilia screen. Levels reduced by warfarin, pregnancy, OCP. Can be dispatched fresh or as frozen aliquots	80.0- 140.0 iu/dL
Protein (Body fluids - not CSF)	TPFL	Pleural / wound / drain fluids /ascites		SDH	1/2 day	Yes		See report or contact laboratory
Protein (CSF)	TPCSFB	CSF		SDH	1/2 day	Yes		Adult: 0.15-0.45 g/L
Proteinase 3 (Pr3) Antibody	PR31 MPOPR3	Gold / serum	200 µL	So'ton - Immunology	5 working days	No		

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Prothrombin Gene Variant	PTGV	Lavender / EDTA / whole blood	2 ml	SDH Wessex regional Genetics	4 weeks	No	Usually tested at the same time as Factor V Leiden and can use the same EDTA sample.	
PSA							See Prostate Specific Antigen.	
PSA (Free / Total Ratio)							See Prostate Specific Antigen.	
PTH							See Parathyroid hormone	
PTH-Related Peptide	COM	Special tube, ice		Liverpool	2-3 weeks	No	Phone duty Biochemist to discuss Send frozen with large ice pack by 1st Class Post.	
Purine Screen (urine)	COM	Spot urine (a few crystals of thymol) if unavailable, plain urine tube	2.5 ml	Synnovis Hub – Blackfriars Road, London	3 weeks	No		
Purine Screen (blood)	COM	Lavender / EDTA / whole blood	2-5 ml	Synnovis Hub – Blackfriars Road, London	3 weeks	No		

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Purine Studies	COM	EDTA whole blood + Li hep whole blood + plasma+ 24 hr urine	2.5 ml	Synnovis Hub – Blackfriars Road, London	3 weeks	No		
Rapamune (Sirolimus)							See Sirolimus	
Renin	REN	Lavender / EDTA / plasma / **(to lab ASAP)**	500 µL	So'ton - Clinical Biochemistry	N/A	No	DO NOT put on ice	
Renin / Aldosterone Ratio (Conns Screen)	ALDREN	2 x Lavender plasma to lab ASAP+ gold / serum	500 µL	So'ton - Clinical Biochemistry	5 working days	No	Aldosterone renin ratio <91pmol/mU: Effectively excludes Conn's	

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Reticulocytes	FBCR / RET	Lavender / EDTA / whole blood	2 ml	SDH	1/2 day	Yes*	Set RET to be requested if FBC already performed	Adults: 50-100 $x10^9$/L Neonates: <1 week old 50-150 $x10^9$/L
Rh/Kell Phenotype	ORK	Pink / EDTA	6ml	SDH	4 hours	Yes		N/A
Rheumatoid Factor	RF	Gold / serum	2 ml	SDH	1/2 day	Yes		<12 kU/L
Rivaroxaban		3 x Blue / citrate	2 x 0.5 ml aliquots	Southampton Coagulation	On request or 5 working days	Consultant Request		-
RN Antibody	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Part of ENA full screen	

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Salicylate	OD	Gold / serum	2 ml	SDH	1/2 day	Yes		Contact laboratory for interpretive advice if required
Salivary Gland Antibody	AHSGA	Gold / serum	2 ml	Sheffield - Immunology & PRU	10 days	No		
Scl70 Antibody	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Part of ENA full screen	
Scleroderma screen	SCLER	Gold / serum		So'ton - Immunology				
Selectivity Of Proteinuria	COM	Random urine **(fresh must send matched serum)**	3 ml urine and 1 ml serum	St Georges	3-5 days	No	IgG / Albumin ratio and EP	

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Selenium	SE	Navy / Trace (adults) or Trace (paeds) plasma	0.5 ml	So'ton - Clinical Biochemistry	6 working days	No	Mon – Fri. See also TRACE METALS	
Sex Hormone Binding Globulin (SHBG)	SHBGE	Gold / serum	2 ml	SDH	1/2 day	Yes		Male 20y - 49y: 18.3 - 54.1 nmol/L Male >50y: 20.6 - 76.7 nmol/L Female 20y - 49y: 32.4 - 128 nmol/L Female >50y: 27.1 - 128 nmol/L
Sickle Cell And Thalassaemia Screening (Antenatal)	FOQ2	Lavender / EDTA / whole blood	4 ml	SDH	3 days	No	Must have completed Family Origin Questionnaire	N/A
Sickle Screen	SICK	Lavender / EDTA / whole blood	2 ml	SDH	1 week	Yes		N/A

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Sirolimus (Rapamune)	SIRO	Lavender / EDTA / blood **(pre-dose)**		Synnovis Hub – Blackfriars Road, London		No	Mon – Thur. **MUST be pre-dose.** Avoid taking samples on Fridays	
Sodium	NA/UEC	Gold / serum	2 ml	SDH	1/2 day	Yes		Adult & Paed: 133 – 146 mmol/L
Sodium	NAU24	24 hr urine (plain)		SDH	1 day	Yes		40 – 220 mmol/24 hr
Soluble Transferrin Receptor	TRANR	Gold / serum	>0.5 ml	So'ton - Haematology	< 1 month	No	Discuss with Consultant Haematologist	
Somatomedin C (IGF-1)	SOMAC						See IGF-1	
SS-A (Anti-Ro)	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Part of ENA full screen	

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SS-B (Anti-La)	ENAF	Gold / serum	200 µL	So'ton - Immunology	5 working days	No	Part of ENA full screen	
Steroid Profile	COM	24 Hour urine / Random urine	10ml for adults 2ml minimum for paediatrics	Synnovis Hub – Blackfriars Road, London	21 Days			

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Stone Analysis	STON	Calculus (renal, salivary, biliary)	Ideally 10 mg	UCL London	3 days	No	Mon – Thur Methodology Fourier transform infra-red (FTIR) Metrological traceability The standard polystyrene sample (IR STND 01) has been certified against a NIST wavelength traceable standard (S/N 1045) certified against NIST SRM-1921b Reportable range Reported as % (10-100%) Measurement uncertainty Based on QC data the MU for the following stone compositions: Calcium oxalate 83% ± 12% Calcium phosphate 17% ± 12% Uric acid 19% ± 6% Calcium oxalate 81% ± 6% Cystine 51% ± 5% Calcium phosphate 49% ± 5% MAP 51% ± 8% Calcium phosphate 4 Ammonium urate 34% ± 6% MAP 66% ±4%	

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Sulphonyl Urea	COM	Lavender / EDTA / plasma	2 ml	Guildford	7 days	No	Gel tubes must be avoided	
Synacthen Test	SSYN	2x Gold / serum 0, 30 min after 250 ug im Synacthen		SDH	1/2 day	Yes		See report or contact laboratory
T and B cell Lymphocyte Subsets	BCM	Lavender / EDTA / whole blood	3 ml	So'ton - Immunology	9 days	No	Mon-Thurs. Discuss with Consultant Haematologist. **DO NOT TAKE BLOOD ON FRIDAY**	
Tacrolimus (Fk506)	FK	Lavender / EDTA/ blood **(12 hr post dose)**	200 µL	Portsmouth	48 hours	No	Mon – Thur. Must be 12 hr post dose. Avoid taking samples on Fridays Sample not viable after 7 days. Clotted samples cannot be tested	
Testosterone (Total – Female)	TESTEF	Gold / serum	2 ml	SDH	1/2 day	Yes		20y - 49y: 0.3 - 1.7 nmol/L >50: 0.1 - 1.4 nmol/L

Testosterone (Total – Male)	TESTEM	Gold / serum	2 ml	SDH	1/2 day	Yes		20y - 49y: 8.4 - 29.0 nmol/L > 50: 6.7 - 25.7 nmol/L
Tetrahydro Biopterins	COM	Blood spots (screen) or green Lith.Hep / plasma	6 x 10mm BS	B'Ham Neonatal	15 working days	No	Discuss with duty Biochemist first. Take before PKU diet starts. Ideally collect when blood phenylalanine is increased. Bloodspots made from anti-coagulated blood are NOT acceptable. Exposure of dried blood spot samples to sunlight should be avoided. Dried blood spots must be stored in the freezer in a sealed plastic bag to minimise deterioration.	
Theophylline	THEOB	Gold / serum	2 ml	SDH	1/2 day	Yes		10 – 20 mg/L adults Peak post dose
Thiamine (Vit B1)							See Vitamin B1	
Thiopurine Methyl Transferase (TPMT)	TPMTB	Lavender / EDTA / whole blood	2 ml	Black Country Pathology – Sandwell General Hospital)	10 working days	No	For Azathioprine sensitivity	

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Thrombin Time Ratio	TCT	Blue / citrate	4.5 ml	SDH	1 day	Yes		14-17 secs
Thrombophilia Screen	HCOAG1	4 x Blue / citrate + 1 x Gold / serum	4 x 4.5 ml	SDH	2 weeks	No	Only done after referral to Thrombosis and Haemostasis clinic.	see report or contact laboratory
Thyroglobulin	THYRO	Gold / serum	250 µL	So'ton - Immunology	6 working days	No	Mon – Fri. Also request thyroglobulin antibodies	
Thyroglobulin Antibodies	THYAB	Gold / serum	250 µL	So'ton - Immunology	6 working days	No		
Thyroid Antibodies	ATPO	Gold / serum	2 ml	SDH	1/2 day	Yes	Anti-TPO antibodies	0 - 33 IU/mL
Tissue Trans-Glutaminase Antibody (IgG)	TTGG	Gold / serum	200 µL	So'ton - Immunology	10 working days	No	Only done if IgA deficient	

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Tissue Trans-Glutaminase Antibody (IgA)	TTGA1	Gold / serum	200 µL	So’ton - Immunology	5 working days	No	First line test for coeliac, anti-endomysial (IgA) only on borderline TTGA or special cases	
Tissue Type		Various		NHSBT Filton	1 month or more	No		
Tobramycin	TOBR	Gold / serum	500 µL	So'ton - Clinical Biochemistry	1 working day	Yes		
Total Protein	TP/L4 LCAP4	Gold / serum	2 ml	SDH	1/2 day	Yes	N/A	Adult: 60 – 80 g/L
TPMT							See Thiopurine Methyl Transferase	
Trace Metals Screen (Mn, Cu, Se, Zn)	TRACE	**Navy/Trace x 2** (adults) Trace x 2 (paeds) whole blood AND plasma	0.5 ml	So’ton - Clinical Biochemistry	10 working days	No	Mon – Fri	

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Transferrin	TRAN	Gold / serum	2 ml	SDH	1/2 day	Yes	Only done for renal failure on dialysis or ?iron overload	2.0 – 3.6 g/L
Transferrin Receptor (Soluble)							See Soluble Transferrin Receptor	
Transferrin Saturation (including Iron)	FES	Gold / serum	2 ml	SDH	1/2 day	Yes	Only done for iron overload, haemochromotosis on treatment and assessing IV Fe in CRF.	Iron: 6 - 35 umol/L Transferrin Saturation: 20 - 40% for Females; 20 - 50% for Males
Triglycerides	TRIG	Gold / serum	2 ml	SDH	1/2 day	Yes	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification.	NICE guidelines CG181. Cardiovascular disease: risk assessment & reduction including lipid modification
Trimethylamine	COM	24 hr urine (HCl)	10 ml aliquot	Sheffield - Children's Hosp	8 weeks	No	24 hour urine collected into acid. pH adjust to < pH 2.	

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Triple Islet cell Antibody Screen	TICS	Gold / serum	500 µL	Royal Devon and Exeter Hospital	2 weeks	No	Anti GAD, Anti Islet cell and Zinc Transporter 8 antibodies are included in the Triple Islet cell antibody Screen.	
Troponin T	TROPTA	Gold / serum send separate sample if possible.	2 ml	SDH	1/2 day	Yes	**Follow acute coronary syndrome protocol ONLY**	< 15 ng/L If Troponin T >14ng/L please refer to ACS guidance / guidelines
Tryptase	TRYP	Gold / serum	2 ml	Sheffield - Immunology & PRU	5 days	No	Mon – Fri. Follow anaphylaxis protocol	
Tryptase (Systemic Mastocytosis)	TRYP	Gold / serum When well and unwell	2 ml	Sheffield - Immunology & PRU	5 days	No	Mon – Fri. Matched pair of sera – baseline and during acute attack	
Tryptase Anaphylaxis Protocol	TRYP	Gold / serum immediately and then 1-2 hrs later	2 ml	Sheffield - Immunology & PRU	5 days	No	Mon – Fri. Matched pair of sera: Immediately and 1-2 hours post EVENT. Do total IgE RAST on one serum also	

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TSH	TSHE	Gold / serum	2 ml	SDH	1/2 day	Yes		0 - 6d: 0.70 - 15.20 mU/L 7d - 14d: 0.70 - 11.00 mU/L >14d: 0.27 - 4.20 mU/L
TSH – Neonatal	NTSH	Blood spots	2 full blood spots	Portsmouth	3 days	No	Collected between 5-8 days old	
TSH Receptor Antibody	TSHRA	Gold / serum	2 ml	Sheffield - Immunology & PRU	5 days	No		
TTG (or TTGA)							See Tissue Transglutaminase Antibody	
Urate	URAT	Gold / serum	2 ml	SDH	1/2 day	Yes		Adult F: 140 – 360 umol/L Adult M: 200 – 430 umol/L
Urate	URAT24	24 hr urine (plain)		SDH	1 day	Yes		1.5 – 4.5 mmol/24 hr

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Urea	UREA UES UEC RENA	Gold / serum		SDH	1/2 day	Yes		0-27d: 0.8 - 5.5 mmol/L 28d - 51w: 1.0 - 5.5 mmol/L >51w- 16y: 2.5 - 6.5 mmol/L >16y: 2.5 - 7.8 mmol/L
Urea	UREU UREA24	24 hr urine (plain)		SDH	1 day	Yes		428 - 714 mmol/24 hr
Urea	UREFL	Wound drain fluids		SDH	1/2 day	Yes		See report or contact laboratory
Valproate (Valproic Acid)	VALP	Gold / serum / (2 hours post dose)	200 µl	Poole	2 days (can be done urgently if required)	No	NOT routinely available, phone duty Biochemist to discuss	

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Vancomycin	VPRE, VRAND, VPOST	Gold / serum, green / lithium heparin pre-dose, post dose and random sample.	2 ml	SDH	1/2 day	Yes	Occasional post or random dose (VPOST, VRAND) at discretion of Consultant Microbiologist	Discuss with Consultant Microbiologist.
Vascular Endothelial Growth Factor (VEGF)	MISC	Gold / Serum	500 µl	Queens Sq London	21 working days	No	Sample not haemolysed	
Vasculitis screen	See ANCA							
Very Long Chain Fatty Acids	VLCFA	Lith. Hep plasma (gold / serum or EDTA plasma also acceptable)	0.5ml	Bristol S'mead	21 days	No	Fasting/pre-prandial sample preferable	
Vigabatrin	VIG	Gold / serum / (pre-dose)	2 ml	Black Country Pathology – Sandwell General Hospital)	10 working days	No	Rarely helpful	

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VIP – Fasting	VIP	EDTA / plasma / **ice**	0.4 ml	Charing X SAS Lab	21 days	No	Overnight fast	
Vitamin A – Fasting	VITA	Gold / serum **(kept dark)**	200 µl	So'ton - Clinical Biochemistry	7 working days	No	Overnight fast / no alcohol 24 hours. PROTECT FROM LIGHT	
Vitamin B1	COM	Green /Lithium heparin / whole blood	1 ml	Glasgow	10 days	No	Light sensitive, wrap in tin foil. Contact lab if delivery is outside 72 hours from collection.	
Vitamin B12	B12	Gold / serum	2 ml	SDH	1/2 day	Yes		197 - 771 ng/L
Vitamin B2	COM	Green /Lithium heparin / whole blood	1 ml	Glasgow	10 days	No	Light sensitive, wrap in tin foil. Contact lab if delivery is outside 72 hours from collection.	
Vitamin B6	COM	Green /Lithium heparin / whole blood	1 ml	Glasgow	10 days	No	Light sensitive, wrap in tin foil. Contact lab if delivery is outside 72 hours from collection.	

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Vitamin C	COM	**Special collection tubes**	5 ml	Glasgow	10 days	No	Contact duty Biochemist	
Vitamin D – 1,25 Di-OH	VITDDI	Gold / serum / (on ice)	0.5 ml	Norfolk & Norwich	4 weeks	No	Phone duty biochemist to discuss	
Vitamin D – 25 OH	VITDA	Gold serum / lithium heparin / (Paed small green)	2 ml	SDH	1/2 day	Yes		See report or contact laboratory Vitamin D >50 nmol/L is sufficient for most people.
Vitamin E – Fasting	VITE1	Gold / serum **(kept dark)**	200 µL	So'ton - Clinical Biochemistry	7 working days	No	Overnight fast. PROTECT FROM LIGHT	
Vitamin K	COM	Gold / serum	1ml	Glasgow	2 weeks			
Volted Gated Calcium Channel Antibody	AVGCC	Gold / serum	1 ml	Oxford Immunol	21 days	No		

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Author(s): Sarah Muncaster

Volted Gated Potassium Channel Antibody	AVGKC	Gold / serum	1 ml	Oxford Immunol	14 days	No		
Von Willebrand's Activity	VWFAC	3 x Blue / citrate	4.5 ml	SDH	1 week	No	Discuss with Consultant Haematologist. Part of Von Willebrand screen.	See report or contact laboratory
Von Willebrand's Factor Antigen	F8RA	3 x Blue / citrate	4.5 ml	SDH	1 week	No	Discuss with Consultant Haematologist	See report or contact laboratory
Von Willebrand's Screen	F8C F8RA VWFAC	3 x Blue / citrate	4.5 ml	SDH	1 week	No	Discuss with Consultant Haematologist	See report or contact laboratory
WBC Enzymes	WBCENZ	Lavender / EDTA	3 ml	BRI - metabolic, neuroendocrine and nutrition	3-4 weeks	No	Phone duty Biochemist to discuss. PLEASE MARK PACKAGE "URGENT - WHITE CELL ENZYMES To reach lab within 24 hours from collection	

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Xanthochromia Screen CSF Spectro-photometry (?SAH)	CSFX3	CSF (plain bottle) – **PROTECT FROM LIGHT**. Do NOT send via air tube		SDH	1/2 day	Yes	Lumbar puncture must be performed a minimum of 12 hours post onset of symptoms. EXTRA CSF BOTTLE NEEDED, 4 in total.	Interpretive comment on report
Zinc	ZINC	Navy / Trace / plasma (adults) or Trace / plasma (paeds)	0.5 ml	So'ton - Clinical Biochemistry	4 working days	No	No haemolysis. See also trace metals	
Zinc Transporter 8 antibody	TICS (ZT8AB)	Gold / serum	500 µL	Royal Devon and Exeter Hospital	2 weeks	No	Zinc Transporter 8 antibody is now part of Triple Islet cell antibody Screen.	

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Laboratory	**Address and Telephone**
ST BARTHOLOMEW'S LONDON Clinical Biochemistry	Clinical Biochemistry, 4th Floor Pathology & Pharmacy Building, 80 Newark Street, Whitechapel, London, E1 2ES Tel/General Enquiries 02073 777000 x6 1038 Bleep x6 1611 Duty Biochemist
BASINGSTOKE Coagulation	Haemophilia Haemostasis & Thrombosis Lab, Pathology Department, North Hampshire Hospital Basingstoke, Hants, RG24 9NA Haem Secretary 01256 313296 / 313304 Anticoag Clinic 01256313415 Coag Dept. 01256313294 Special Coagulation 01256 313304
BATH Clinical Biochemistry Haematology	Area Central Laboratory, Royal United Hospital, Coombe Park, Bath, BA1 3NG Tel 01225 824714 (Laboratory/results) Tel 01225 824728 (Haematology Laboratory/results) Clinical Advice Line 01225 824050
BIRMINGHAM City hospital	Dr Jonathan Berg, Clinical Chemistry Department, Birmingham City Hospital, Dudley Road, Birmingham, B18 7QH Tel 0121 507 5353 Fax 0121 507 5290
BIRMINGHAM Inborn Metabolic Lab	Department Newborn Screening & Biochemical Genetics, Paediatric Laboratory Medicine, The Birmingham Children's Hospital NHS Trust, Steelhouse Lane, Birmingham, B4 6NH Tel 0121 333 9942
BIRMINGHAM Neonatal Lab	Department Newborn Screening & Biochemical Genetics, Paediatric Laboratory Medicine, The Birmingham Children's Hospital NHS Trust, Steelhouse Lane, Birmingham, B4 6NH Tel 0121 333 9942 Duty Biochemist 0779 5828617
BIRMINGHAM Toxicology Lab	Drugs of Abuse Section (or Toxicology Section), Regional Lab for Toxicology, City Hospital NHS Trust, Dudley Road, BIRMINGHAM, B18 7QH Tel 0121 5074138
BRISTOL (Southmead) Cholinesterase Unit	Cholinesterase Unit, Southmead Hospital, North Bristol NHS Trust, Westbury-on-Trym, Bristol, BS10 5NB Tel 0117 414 8414
BRISTOL (Southmead) Biochemical Genetics Clinical Chemistry	Blood Sciences and Bristol Genetics, Southmead Hospital, North Bristol NHS Trust, Westbury-on-Trym, Bristol, BS10 5NB Tel 0117 414 8346 (Biochem Genetics Lab)

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BRISTOL (BRI) Chemical Pathology Biochemical Genetics	Department of Clinical Biochemistry, Bristol Royal Infirmary, Queens Building, Level 8, Marlborough Street, Bristol, BS2 8HW Tel 0117 3422040 Metabolic, Neuorendocrine & Nutrition laboratory, Dept of Clinical Biochemistry, Level 8, Queens Building, Bristol Royal Infirmary, Upper Maudlin Street, Bristol, BS2 8HW Tel 0117 3422590 (On call Biochemist direct advice only)
CAMBRIDGE Immunology	Immunology Department, Box 232, Level 4, Addenbrooke's Hospital, Hills Road, Cambridge, CB2 0QQ Tel 0333 1032220 (Help Desk)
CARDIFF Analytical Toxicology Lab	Cardiff Toxicology Laboratories, 4th Floor, Academic Centre, University Hospital Llandough, Penlan Road, Llandough, Vale of Glamorgan, CF64 2XX Tel 02920 716894 or Tel 02920 725349
CARDIFF Medical Biochemistry	Department of Medical Biochemistry & Immunology, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW Tel 029 2074 6255
CHALFONT ST PETER Centre for Epilepsy	Therapeutic Drug Monitoring Unit, Chalfont Centre for Epilepsy, Chesham Lane, Chalfont St Peter, Buckinghamshire, SL9 0RJ Tel 01494 601424 or 601423
CHARING CROSS Medical Oncology Department	The SAS Laboratories, Clinical Biochemistry and Medical Oncology, Charing Cross Hospital, London, W6 8RF Tel 0208 383 3949 General Enquiries/Results 020 3313 5353
DORCHESTER Chemical Pathology	Dorset County Hospital, Williams Avenue, DORCHESTER, DT1 2JY Tel 01305 254331 (Results/Enquiries)
GLASGOW Dept of Clinical Biochemistry	Department of Clinical Biochemistry, Macewen Building, Glasgow Royal Infirmary, Glasgow, G4 0SF Tel 0141 211 4003 / 4
GREAT ORMOND STREET, LONDON	Chemical Pathology Reception, Level 1, Camelia Botnar Building, Great Ormond Street Hospital, Great Ormond Street, London WC1N 3JH Tel 020 7405 9200 (Switchboard) Metabolic Lab x 5225 Enzyme Lab x 6751/1785 Biochemistry x 0415
GUILDFORD Clinical Biochemistry	SAS Peptide Hormone Section, Clinical Laboratory, Royal Surrey County Hospital, Egerton Road Guildford, GU2 7XX Tel 01483 406715

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HAREFIELD Immunology Department	Immunosuppression Monitoring Service, Heart Science Centre, Harefield Hospital, Hill End Road Harefield, Middlesex, UB9 6JH Tel 01895 828570
INSTITUTE OF CHILD HEALTH LONDON	Biochem/Endo/Metabolism Unit, Institute of Child Health, 30 Guilford Street, LONDON, WC1N 1EH Tel 020 7905 2159
KING'S COLLEGE HOSPITAL, LONDON	Kings College Hospital, IDM Service, Liver Studies, Denmark Hill, London, SE5 9RS Tel 020 32993147
KING'S COLLEGE HOSPITAL, LONDON	Dept of Clinical Biochemistry, King's College Hospital, Bessemer Road, LONDON SE5 9RS Biochemistry 02032 994126 Steroids 02032 994131 Porphyrins 02032 993856 Main Enquiries 02071 888008 Option 1
LIVERPOOL Dept of Clinical Chemistry	Department of Clinical Chemistry, Royal Liverpool University Hospital, Prescot Street, Liverpool L7 8XP Tel 0151 706 4230
NHSBT Histocompatibility and immunogenetics	NHSBT – Bristol Centre 500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH Tel 0117 9217372
NHSBT Histocompatibility and immunogenetics	NHSBT – South Thames 75 Cramer Terrace, Tooting, SW17 0RB Tel 020 3123 8347
NHSBT Red Cell Immunohaematology	NHSBT – Bristol Centre 500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH Tel 0117 9217380 OOH - 0117 9693927
NORFOLK & NORWICH Dept of Clinical Chemistry	SAAS Calcium & Metabolic Bone Assays, NNUH, Colney Lane, Norwich, NR4 7UY Tel 01603 287945 or 01603 286929 (Blood Sciences/Enquiries)
OXFORD Immunology	Oxford University Hospitals NHS Foundation Trust, Department of Immunology, Churchill Hospital, Old Road, Headington, Oxford, OX3 7LE Tel 01865 225995
PLYMOUTH Combined Laboratory	Derriford Combined Laboratory, Derriford Hospital, Plymouth, PL6 8DH Tel 01752 433217 (Lab Reception/Enquires)
POOLE Biochemistry Department	Poole NHS Foundation Trust, Longfleet Road, Poole, Dorset, BH15 2JB Tel 01202 448048
PORTSMOUTH Chemical Pathology	Portsmouth Hospitals NHS Trust, Queen Alexandra Hospital, Southwick Hill Road, Portsmouth, Hants, PO6 3LY Tel 02392 286000 Ex 6271 (General Enquiries Haem/Biochem) Ex 6348 OOH

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LIST OF REFERAL LABORATORIES	
QUEEN'S SQUARE, LONDON Neuroimmunology	Neuroimmunology & CSF Laboratory, Institute of Neurology (NHNN Box 76), Queen Square, London, WC1N 3BG Tel 020 3448 3814
Royal Devon and Exeter	Royal Devon & Exeter NHS Trust Tel: 01392 402936 rde-tr.bsaddon@nhs.net
ROYAL FREE, LONDON Chemical Pathology	Clinical Biochemistry, Royal Free Hospital, Pond Street, London, NW3 2QG Tel 0207 830 2081
SHEFFIELD (PRU) Department of Immunology	Department of Immunology, PO Box 894, Sheffield, S5 7YT Tel 0114 226 9196
SHEFFIELD Biomedical Sciences Group	Health & Safety Laboratory, Harpur Hill, Buxton, SK17 9JN Tel 01298 218099
SHEFFIELD Dept Chemical Pathology	Sheffield Childrens Hospital, Western Bank, SHEFFIELD, S10 2TH Tel 0114 271 7404
SHEFFIELD Dept Toxicology	Royal Hallamshire Hospital, Glossop Road, SHEFFIELD, S10 2JF Tel 0114 2267240
SOUTHAMPTON Chemical Pathology, Endocrine, Trace Metals	D Level, South Block, Southampton General Hospital, Tremona Road, SOUTHAMPTON, SO16 6YD. Tel 023 8120 6464 (Results), 023 8120 6675 (Trace Lab)
SOUTHAMPTON Immunology	Wessex Immunology, Mailpoint 8, Level C, South Block, Southampton General Hospital, Tremona Road, SOUTHAMPTON, SO16 6YD. Tel 023 8120 6615 (Autoimmune), Tel 023 8120 6640 (Flow Cytometry), Tel 023 8120 6638 (Molecular)
SOUTHEND Department of Clinical Chemistry	Department of Clinical Chemistry, Southend University Hospital, Prittlewell Chase, Westcliff-on-Sea, Essex, SS0 0RY Tel 01702 385194
ST BARTHOLOMEWS – LONDON	Dept Clinical Biochemistry, St Bartholomews Hospital, LONDON, EC1A 7BE Tel 020 73777000 x 55362 Biochem
ST HELIER'S HOSPITAL Chemical Pathology	Epson & St Heliers University Hospital, Chemical Pathology, Wrythe Lane, St Helier, Sutton, Carshalton, SM5 1AA Tel 0208 296 2825 (General Enquiries)
ST GEORGES, LONDON Protein Reference Unit	SWLP Immunology, Ground Floor, Jenner wing, St George's University Hospitals, NHS Foundation Trust, Blackshaw Road, London, SW17 0RE Tel/Fax 0208 725 0025

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LIST OF REFERAL LABORATORIES	
ST THOMAS'S, LONDON Haemophilia & Thrombosis	Diagnostic Haemostasis @ Synnovis, 4th Floor, North Wing, St. Thomas Hospital, London, SE1 7EH Tel 020 71882799
ST THOMAS'S, LONDON Purine Research Lab	Purine Research Laboratory, 4th Floor, North Wing, St. Thomas Hospital, Westminster Bridge Road, London, SE1 7EH Tel 0207 188 7188
UCL, LONDON Department of Biochemistry	Dept of Biochemistry, UCL Medical School, 3rd Floor, 60 Whitfield Street, London, W1T 4EW Tel 0203 447 9405

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