

WMC LABORATORY TEST LIBRARY

ABO AND Rh

PATIENT BILL ONLY

SPECIMEN REQUIREMENT 1 mL WHOLE BLOOD
CONTAINER 6 mL LAVENDER
CPT CODE 86900 86901
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGES N/A
COLLECTION NOTES INVERT IMMEDIATELY UPON DRAWING

ACETAMINOPHEN (TYLENOL)

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER PLAIN RED TOP
CPT CODE 82003
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 10 - 30 ug/mL
COLLECTION NOTES DO NOT USE SERUM SEPARATOR

ACETONE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82009
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE

ALBUMIN

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82040
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 3.5 - 5.0 g/dL

ALDOSTERONE

SPECIMEN REQUIREMENT 2 mL SERUM OR EDTA PLASMA
CONTAINER SERUM SEPARATOR OR PINK/LAVANDER TOP
CPT CODE 82088
TURN-AROUND TIME 4 DAYS
LABORATORY LABCORP
COLLECTION NOTES PATIENT SHOULD FAST 12 HOURS

ALKALINE PHOSPHATASE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84075
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEWBORN: 71 - 213 u/L
3 YEARS: 71 - 142 u/L
10 YEARS: 107 - 213 u/L
18 YEARS: 38 - 126 u/L

ALPHA-1-ANTITRYPSIN

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP, EDTA, OR LITHIUM HEPARIN
CPT CODE 82103
TURN-AROUND TIME 3 DAYS
LABORATORY LABCORP
REFERENCE RANGE 90 - 200 mg/dl

ALPHA FETOPROTEIN - MATERNAL

SPECIMEN REQUIREMENT 3 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 82105
TURN-AROUND TIME 3 - 4 DAYS
LABORATORY LABCORP
NOTES FETAL INFORMATION SHEET REQUIRED

ALPHA FETOPROTEIN - QUAD SCREEN

SPECIMEN REQUIREMENT 5 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 82105 82677 84702 86336
TURN-AROUND TIME 3 - 4 DAYS
LABORATORY LABCORP
NOTES FETAL INFORMATION SHEET REQUIRED

ALPHA FETOPROTEIN - TUMOR MARKER

SPECIMEN REQUIREMENT 2 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 82105
TURN-AROUND TIME 3 DAYS
LABORATORY LABCORP
REFERENCE RANGE < 8.3 ng/mL

AMYLASE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82150
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 30 - 110 IU/L

ANA DIAGNOSTIC (ANALYZER)

SPECIMEN REQUIREMENT 4 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 86038 86225 86235 X 5 86376 86431 83520 86160 X 2
LABORATORY LABCORP
TURN-AROUND TIME 4 DAYS
REFERENCE RANGE ANA <7.5 IL/mL
ANA PATTERN
dsDNA Abs <5 IL/mL

ANTINUCLEAR ANTIBODY (ANA)

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 86038
LABORATORY LABCORP
SCHEDULE MONDAY, WEDNESDAY, FRIDAY
REFERENCE RANGE < 1:80 NEGATIVE
1:80 BORDERLINE
> 1:80 POSITIVE

ANTISTREPTOLYSIN O ABS (ASO)

SPECIMEN REQUIREMENT 2 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 86060
TURN-AROUND TIME 3 DAYS
LABORATORY LABCORP
REFERENCE RANGE < 200 IU/mL

ANTITHROMBIN III

SPECIMEN REQUIREMENT 2 mL PLASMA CITRATED
CONTAINER BLUE TOP
CPT CODE 85300
TURN-AROUND TIME 3 DAYS
LABORATORY VANDERBILT UNIVERSITY LABORATORY
REFERENCE RANGE 60 - 120%

APTT (ACTIVATED PARTIAL THROMBOPLASTIN)

SPECIMEN REQUIREMENT PLASMA
CONTAINER BLUE TOP
CPT CODE 85730
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 23.7 - 36.7 SECS
COLLECTION NOTES DRAW DISCARDED TUBE IF USING BUTTERFLY
INVERT BLUE TUBE IMMEDIATELY
LET VACUUM FILL UNTIL IT STOPS

AUTOLOGOUS BLOOD DRAW

COLLECTION NOTES CALL RED CROSS FOR APPOINTMENT

BASIC METABOLIC PANEL (SEE PROFILE SECTION FOR TESTS)

SPECIMEN REQUIREMENT 2 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 80048
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEE SEPARATE TESTS
COLLECTION NOTES FASTING 8 - 12 HOURS FOR GLUCOSE

BETA HCG TUMOR MARKER

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84702
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE < 5 mIU/mL

B-PEPTIDE (BNP)

SPECIMEN REQUIREMENT 1ml SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83880
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE <= 75 Years: 0 - 125
>75 Years: 0 - 450

BETA HCG QUANTITATIVE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84702
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NON-PREGNANT: < 5 mIU/mL
APPROXIMATE GESTATIONAL AGE IN WEEKS
0.2 - 1 25-50 mIU/mL
1 - 2 50-500 mIU/mL
2 - 3 100-5,000 mIU/mL
3 - 4 500-10,000 mIU/mL
4 - 5 1,000-50,000 mIU/mL
5 - 6 10,000-100,000 mIU/mL
6 - 8 15,000-200,000 mIU/mL
8 - 12 10,000-100,000 mIU/mL

BILIRUBIN, BABY TOTAL (NEONATAL)

SPECIMEN REQUIREMENT 0.5 mL SERUM
CONTAINER AMBER MICROTAINER
CPT CODE 82247
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0.2 - 1.3 mg/dl
COLLECTION NOTES PROTECT FROM LIGHT

BILIRUBIN, BABY DIRECT (CONJUGATED)

SPECIMEN REQUIREMENT 1.0 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82248
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0 - 0.60 mg/dl
COLLECTION NOTES PROTECT FROM LIGHT

BILIRUBIN, TOTAL

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82247
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0.2 - 1.3 mg/dl

BILIRUBIN, DIRECT (CONJUGATED)

SPECIMEN REQUIREMENT 1.0 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82248
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0 - 0.30 mg/dl
COLLECTION NOTES PROTECT FROM LIGHT

BORRELIA BURGDORFERI (LYME) IgG AND IgM

SPECIMEN REQUIREMENT 2 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86618 X 2
LABORATORY LABCORP
TURN-AROUND TIME 3 DAYS
REFERENCE RANGE NEGATIVE: < .91 INDEX, POSITIVE: > 1.09 INDEX

BUN (BLOOD UREA NITROGEN)

SPECIMEN REQUIREMENT 2 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84520
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 7 - 17 mg/dl (Female), 9 - 20 mg/dl (Male)

C. DIFFICILE TOXIN

SPECIMEN REQUIREMENT STOOL
CONTAINER ANY STERILE CONTAINER
CPT CODE 87324
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE
METHOD EIA
COLLECTION NOTES STORE AT 2 - 8°C UNTIL TESTED,
FORMED STOOLS REJECTED

C-PEPTIDE

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 84681
TURN-AROUND TIME 3 DAYS
LABORATORY LABCORP
REFERENCE RANGE 1.1 - 4.4 ng/dl

C-REACTIVE PROTEIN HIGHLY SENSITIVE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM SEPARATOR
CPT CODE 86141
SCHEDULE DAILY
LABORATORY WILLIAMSON MEDICAL CENTER
REFERENCE RANGE 0.0 - 3.0 mg/L

C-REACTIVE PROTEIN INFLAMMATION

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 86140
SCHEDULE DAILY
LABORATORY WILLIAMSON MEDICAL CENTER
REFERENCE RANGE 0.0 - 0.9 mg/dl

CA-15-3

SPECIMEN REQUIREMENT 2 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 86300
TURN-AROUND TIME 2 - 6 DAYS
LABORATORY LABCORP
REFERENCE RANGE < 25.0 u/ml

CA 125

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 86304
TURN-AROUND TIME 3 DAYS
LABORATORY LABCORP
REFERENCE RANGE < 34.0 u/ml

CALCIUM, SERUM

SPECIMEN REQUIREMENT 2 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82310
SCHEDULE DAILY
LABORATORY WILLIAMSON MEDICAL CENTER
REFERENCE RANGE <= 29 Days 9.0 - 11.0 mg/dl
> 29 Days 8.4 - 10.2 mg/dl

CATECHOLAMINES, FRACTIONATED PLASMA

SPECIMEN REQUIREMENT 4.0 mL EDTA PLASMA
CONTAINER PINK TOP
CPT CODE 82384
TURN-AROUND TIME 3 - 6 DAYS
LABORATORY LABCORP
REFERENCE RANGE N/A

CBC (SEE PROFILE SECTION FOR TESTS)

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 85027
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE WBC 4.8 - 10.8 k/cmm MCV 80 - 99 FL
RBC 4.2 - 6.1 m/cmm MCH 27 - 31 pg
HGB 12 - 18 gm/dl MCHC 32 - 36g/dl
HCT 37 - 52% RDW-SD 37.0 - 51.0 FL
PLT 150 - 400 k/ul RDW-CV 11.5 - 14.5%

CBC AND DIFFERENTIAL (SEE PROFILE SECTION FOR TESTS)

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 85025
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEE CBC SECTION AND DIFF SECTION

CEA (CARCINOEMRYONIC AG)

SPECIMEN REQUIREMENT 2 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82378
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0.0 - 3.0 ng/mL

CERULOPLASMIN

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 82390
LABORATORY LABCORP
TURN-AROUND TIME 3 DAYS
REFERENCE RANGE MALES: 16.2 - 35.6 mg/dL
FEMALES: 17.9 - 53.3 mg/dL

CHEM 7 (ORDER AS ELECTROLYTES, GLUCOSE, BUN, CREATININE)

SPECIMEN REQUIREMENT 2 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE SEE INDIVIDUAL TESTS
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEE SEPARATE TESTS
COLLECTION NOTES FAST 8 - 12 HOURS FOR GLUCOSE

CHLORIDE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82435
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 94 - 109 mEQ/L

CHLAMYDIA/GC GEN-PROBE

SPECIMEN REQUIREMENT GEN-PROBE
CONTAINER GEN-PROBE SWAB
CPT CODE 87490 87590
LABORATORY VANDERBILT UNIVERSITY LABORATORY
TURN-AROUND TIME 1-5 DAYS
REFERENCE RANGE NEGATIVE

CHOLESTEROL

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82465
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE UNDER 19: DESIRABLE: < 170 mg/dL
BORDERLINE: 170 - 199 mg/dL
HIGHER RISK: >/= 200 mg/dL
ADULT: DESIRABLE: < 200 mg/dL
BORDERLINE: 230 - 239 mg/dL
HIGHER RISK: > 239 mg/dL

CKMB

SPECIMEN REQUIREMENT 1 mL PLASMA
CONTAINER LIGHT GREEN (LITHIUM HEPARIN)
CPT CODE 82553
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0 - 2.37 ug/L
COLLECTION NOTES WILL ALWAYS BE STAT TEST

CO₂

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82374
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 22-34 mEQ/L

CORONARY RISK PANEL (SEE LIPID PANEL)**COMPREHENSIVE METABOLIC PANEL**

SPECIMEN REQUIREMENT 2 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 80053
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEE SEPARATE TESTS
COLLECTION NOTES FASTING 12 - 14 HOURS FOR GLUCOSE

CORTISOL AM

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82533
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 4.5 - 22.7 ug/mL
COLLECTION NOTES TIME OF COLLECTION MUST BE INCLUDED

CORTISOL PM

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82533
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 1.7 - 14.1 ug/mL
COLLECTION NOTES TIME OF COLLECTION MUST BE INCLUDED

CPK (CREATININE PHOSPHOKINASE)

SPECIMEN REQUIREMENT 1 mL PLASMA
CONTAINER LITHIUM HEPARIN
CPT CODE 82550
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 30 - 135 U/L (Female), 55 - 170 U/L (Male)

CREATININE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82565
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE FEMALE 0.52 - 1.04 mg/dl
MALE 0.66 - 1.25 mg/dl

CREATININE, CLEARANCE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA AND 24-HOUR URINE
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
24-HOUR URINE JUG
CPT CODE 82575
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 75 - 115 mL/min

CREATININE, URINE 24-HOUR

SPECIMEN REQUIREMENT URINE COLLECTION FOR 24 HOURS
CONTAINER 24-HOUR URINE JUG
CPT CODE 82570
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 800 - 1900 mg/24 hr

CREATININE, URINE RANDOM

SPECIMEN REQUIREMENT URINE
CONTAINER ANY STERILE CONTAINER
CPT CODE 82570
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 29 - 278 mg/dl

CULTURE, AFB AND SMEAR

SPECIMEN REQUIREMENT 5 - 10 mL EXPECTORATED SPUTUM OR
10 mL URINE OR
8 mL BLOOD
CONTAINER STERILE COLLECTION CUP OR BACTEC BOTTLE (BLOOD)
CPT CODE CULTURE: 87116 , SMEAR: 87206, 87015
LABORATORY VANDERBILT UNIVERSITY LABORATORY
TURN AROUND TIME SMEAR 1 - 3 DAYS, CULTURE 6 WEEKS
REFERENCE RANGE NO MYCOBACTERIUM ISOLATED

CULTURE, BLOOD

SPECIMEN REQUIREMENT SEND PATIENT TO WMC LABORATORY
OR COLLECT IN BAC+ ALERT BOTTLE AND SEND TO
WMC WITHIN 8 HOURS
CPT CODE 87040
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
ASSAY TIME 5 DAYS
REFERENCE RANGE NEGATIVE

CULTURE, BODY FLUID WITH GRAM STAIN

SPECIMEN REQUIREMENT SYRINGE WITH FLUID (REMOVE NEEDLE)
CONTAINER CULTURETTE, STERILE CONTAINER CUP
OR CSF TUBE
CPT CODE 87070
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO GROWTH

CULTURE, FUNGUS AND STAIN

SPECIMEN REQUIREMENT 5 mL EXPECTORATED SPUTUM, SWAB
CONTAINER STERILE COLLECTION CUP OR SWAB
CPT CODE 87102 AND 87206
LABORATORY VANDERBILT UNIVERSITY LABORATORY
TURN-AROUND TIME STAIN 1 - 3 DAYS, CULTURE 4 WEEKS
REFERENCE RANGE NEGATIVE

CULTURE, HERPES 1&2

SPECIMEN REQUIREMENT VIRAL SWAB IN VTM 2 - 8°C
CONTAINER CULTURETTE
CPT CODE 87252 X 2
LABORATORY VANDERBILT UNIVERSITY LABORATORY
SCHEDULE DAILY
ASSAY TIME CULTURE HELD 10 DAYS
REFERENCE RANGE NEGATIVE
COLLECTION NOTES VIRAL CULTURE SWAB

CULTURE, ID

SPECIMEN REQUIREMENT CULTURE PLATE
CPT CODE 87163
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
ASSAY TIME 24 - 48 HOURS
REFERENCE RANGE NO PATHOGENS RECOVERED

CULTURE, SPUTUM

SPECIMEN REQUIREMENT 2 mL EXPECTORATE SPUTUM
CONTAINER STERILE COLLECTION CUP
CPT CODE 87070
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO PATHOGENS RECOVERED, Q SCORE > 1
COLLECTION NOTES BRING TO LAB IMMEDIATELY

CULTURE, STOOL

SPECIMEN REQUIREMENT STOOL
CONTAINER STOOL CONTAINER
CPT CODE 87045
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO ENTERIC PATHOGENS

CULTURE, THROAT

SPECIMEN REQUIREMENT SWAB
CONTAINER CULTURETTE
CPT CODE 87070
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO BETA STREP

CULTURE, URINE

SPECIMEN REQUIREMENT CLEAN CATCH MID-STREAM OR CATHERIZED
CONTAINER URINE CULTURE COLLECTION KIT
CPT CODE 87086
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO GROWTH OR NO SIGNIFICANT GROWTH

CULTURE, VIRAL GENERAL

SPECIMEN REQUIREMENTS VIRAL TRANSPORT SWAB
CPT CODE 87252
LABORATORY LABCORP
TURN-AROUND TIME 10 - 27 DAYS
REFERENCE RANGE NO VIRUS ISOLATED

CULTURE, WOUND AEROBIC

SPECIMEN REQUIREMENT SWAB
CONTAINER CULTURETTE
CPT CODE 87070
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO GROWTH, NO PATHOGENS RECOVERED
COLLECTION NOTES PLEASE INDICATE SOURCE OF WOUND

CULTURE, WOUND ANAEROBIC AND AEROBIC

SPECIMEN REQUIREMENT SWAB
CONTAINER ANAEROBIC TRANSPORT MEDIA & CULTURETTE (BLUE TOP)
CPT CODE 87075
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO GROWTH, NO PATHOGENS RECOVERED
COLLECTION NOTES PUSH SWAB FIRMLY INTO TRANSPORT TUBE
PLEASE INDICATE SOURCE OF WOUND

CYTOMEGALOVIRUS TOTAL ABS

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER RED TOP
CPT CODE 86644-G , 86645-M
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE NEGATIVE: < 0.9 INDEX, POSTIVE: > 1.0 INDEX

D-DIMER

SPECIMEN REQUIREMENT CITRATED PLASMA
CONTAINER BLUE
CPT CODE 85379
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0.0 - 0.44 ug/mL

DHEA

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER RED TOP, SERUM SEPERATOR, OR EDTA PLASMA
CPT CODE 82626
LABORATORY LABCORP

DHEAS

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER RED TOP OR SERUME SEPERATOR
CPT CODE 82627
LABORATORY LABCORP

DIFFERENTIAL (MANUAL)

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER OR SMEAR (SEND TO LAB WITHIN 12 HRS)
CPT CODE 85007
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEGS 50 - 70% LYMPHS 1 - 3%
BANDS 2 - 6% 2 - 8%
COLLECTION NOTES INVERT LAVENDER TOP AFTER COLLECTION

DIGOXIN

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP OR LITHIUM HEPARIN
CPT CODE 80162
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0.8 - 2.0 ug/mL THERAPEUTIC
COLLECTION NOTES 6 HOURS AFTER DOSE
DO NOT DRAW FROM ARTERIAL LINE

DILANTIN

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER RED TOP
CPT CODE 80185
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 10-20 ug/mL THERAPEUTIC
COLLECTION NOTES DO NOT DRAW FROM ARTERIAL LINE

DIRECT LDL

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP, EDTA OR LITHIUM HEPARIN
CPT CODE 83721
LABORATORY LABCORP
SCHEDULE DAILY
REFERENCE RANGE OPTIMAL: < 100mg/dl, NEAR OPTIMAL: < 130 mg/dl,
BORDERLINE HIGH: 130 - 159 mg/dl, HIGH: 160 - 189 mg/dl,
VERY HIGH: >189 mg/dl
COLLECTION NOTES FASTING PREFERRED

ELECTROLYTES (SEE PROFILE SECTION FOR TESTS)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 80051
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEE SEPARATE TESTS
COLLECTION NOTES SPIN WITHIN 1/2 HOUR

ELECTROPHORESIS, PROTEIN

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 84165
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE N/A
NOTES SCAN WILL FOLLOW UNDER SEPARATE SHEET

ENDOMYSIAL IGA ABS

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86255
LABORATORY LABCORP
TURN AOUND TIME 2 - 4 DAYS
REFERENCE RANGE N/A

EPSTEIN BARR VIRUS EVALUATION (EBV)

SPECIMEN REQUIREMENT 2 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86663 86664 86665 X 2
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE SEE REPORT

ERYTHROPOIETIN

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 82668
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE SEE REPORT

ESTRADIOL

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82670
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MALES 5 - 66 pg/ml
MENSTRATING FEMALES (by day in cycle relative to LH peak)

FOLLICULAR PHASE	27 - 161 pg/ml
PRE-OVULATORY	187 - 382 pg/ml
LUTEAL PHASE	33 - 201 pg/ml
Postmenopausal females (untreated)	5 - 38 pg/ml

FERRITIN

SPECIMEN REQUIREMENT 1mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82728
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MALE: 17.9 - 464.0 ng/mL
FEMALE (<= 50): 6.2 - 137.0 ng/mL
FEMALE (>50): 11.1 - 264.0 ng/mL

FOLATE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82746
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE DEFICIENT 1.0 - 2.79 ng/mL
NORMAL 2.9 - >20 ng/mL

FOLATE RBC

SPECIMEN REQUIREMENT 1 mL WHOLE BLOOD EDTA
CONTAINER PINK TOP (x2)
CPT CODE 82747, 85014
LABORATORY LABCORP
TURN-AROUND TIME 3 - 4 DAY TURN-AROUND TIME
REFERENCE RANGE 280 - 791 ng/ml RBC
COLLECTION NOTES PUT ON ICE, PROTECT FROM LIGHT, TRANSFER ONE TUBE
WHOLE BLOOD TO A PLASTIC TRANSPORT TUBE AND
FREEZE, REFRIGERATE SECOND TUBE

FREE T4

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84439
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE 2 DAYS
REFERENCE RANGE 0.78 - 2.19 ng/dl

FSH (FOLLICLE STIMULATING HORMONE)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83001
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MALES 13-70 YEARS 1.55 - 9.74 mIU/mL
FEMALES - NORMAL MENSTRATING
FOLLICULAR PHASE 1.98 - 11.6 mIU/mL
MID-CYCLE 5.14 - 23.4 mIU/mL
LUTEAL PHASE 1.38 - 9.58 mIU/mL
POSTMENOPAUSAL 21.5 - 131 mIU/mL

GASTRIN

SPECIMEN REQUIREMENT 2 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 82941
LABORATORY LABCORP
TURN-AROUND TIME 4 DAYS
REFERENCE RANGE N/A

GENTAMYCIN

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP, OR LITHIUM HEPARIN
CPT CODE 80170
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE TROUGH 0 - 2 mcg/mL
PEAK 5 - 8 mcg/mL
COLLECTION NOTES TROUGH IMMEDIATELY BEFORE DOSE
PEAK 30 MIN POST IV INFUSION
DO NOT DRAW FROM ARTERIAL LINE

GGTP

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82977
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE FEMALE: 12 - 43 U/L
MALE: 15-73 U/L

GLIADIN IGG AND IGA

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 83516 X 2
LABORATORY LABCORP
TURN-AROUND TIME 3 DAYS
REFERENCE RANGE GLIADIN IgG < 10.0 u/ml
GLIADIN IgA < 10.0 u/ml

GLUCOSE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82947
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 70 - 110 mg/dl
COLLECTION NOTES FASTING 12 -14 HOURS

GLUCOSE TOLERANCE 3 HOURS

SPECIMEN REQUIREMENT SEND PATIENT TO WMC LAB
CPT CODE 82951 82952 X2
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE MONDAY - FRIDAY
REFERENCE RANGE SEE REPORT
COLLECTION NOTES 8 - 12 HOUR FAST. NO DRINKING, SMOKING, EXERCISE
EATING OR CHEWING GUM OR TOBACCO.
SOME MEDICATIONS CAN INTERFERE.
NOT PERFORMED ON BARIATRIC PATIENTS.
PATHOLOGIST APPROVAL NEEDED FOR PATIENTS <18 YEARS.

GLUCOSE TOLERANCE 5 HOUR

SPECIMEN REQUIREMENT SEND PATIENT TO WMC LAB
CPT CODE 82951 82952 X4
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE MONDAY - FRIDAY
REFERENCE RANGE SEE REPORT
COLLECTION NOTES 8 - 12 HOUR FAST NO DRINKING, SMOKING, EXERCISE
EATING OR CHEWING GUM OR TOBACCO.
SOME MEDICATIONS CAN INTERFERE.
NOT PERFORMED ON BARIATRIC PATIENTS.
PATHOLOGIST APPROVAL NEEDED FOR PATIENTS <18 YEARS.

GLYCOHEMOGLOBIN (SEE HEMOGLOBIN A,C)

GRAM STAIN

SPECIMEN REQUIREMENT ANY SOURCE (EXCEPT URINE)
CONTAINER SWAB OR STERILE COLLECTION CUP
CPT CODE 87205
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY

GROUP B STREP SCREEN

SPECIMEN REQUIREMENT VAGINAL SWAB
CONTAINER LIM BROTH
CPT CODE 87081
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO GROUP B STREP ISOLATED

HAPTOGLOBIN

SPECIMEN REQUIREMENT 2 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP, LITHIUM HEPARIN OR EDTA
CPT CODE 83010
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE 34 - 200 mg/dl

HDL CHOLESTEROL

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83718
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE DESIRABLE: ≥ 60 mg/dL
HIGHER RISK: < 40 mg/dL

HELICOBACTER PYLORI

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 86677
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE MONDAY, WEDNESDAY, FRIDAY
REFERENCE RANGE NEGATIVE

HEMOGLOBIN A₁C

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 83036
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE MONDAY - FRIDAY
REFERENCE RANGE 4.0 - 6.0%
COLLECTION NOTES INVERT TUBE IMMEDIATELY AFTER COLLECTION

HEMOGLOBIN

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 85018
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MALE 14 - 18 g/dl
FEMALE 12 - 16 g/dl

HEMOGLOBINOPATHY EVALUATION

SPECIMEN REQUIREMENT 2 mL WHOLE BLOOD EDTA
CONTAINER PURPLE TOP
CPT CODE 82491
LABORATORY LABCORP
TURN-AROUND TIME 4 DAYS
REFERENCE RANGE HbA 94 - 98 % HbD 0%
HbA2 0.7 - 3.1 % HbE 0%
HbF < 2.0 % HbG 0%
HbC 0% HbS 0%

HEMATOCRIT

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 85014
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MALE 42 - 52 %
FEMALE 37 - 47 %

HEPATIC FUNCTION PANEL (SEE PROFILE SECTION FOR TESTS)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 80076
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEE SEPARATE TESTS
COLLECTION NOTES SPIN CELLS WITHIN 1/2 HOUR AFTER COLLECTION

HEPATITIS B VIRUS CORE TOTAL ABS

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP, OR EDTA
CPT CODE 86704
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE NEGATIVE

HEPATITIS B VIRUS SURFACE TOTAL ABS

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP OR EDTA
CPT CODE 86706
LABORATORY LABCORP
TURN-AROUND TIME 3 - 4 DAYS
REFERENCE RANGE <10.0 mIU/mL

HEPATITIS B VIRUS SURFACE ANITGEN

SPECIMEN REQUIREMENT 4 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP OR EDTA
CPT CODE 87340
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE NEGATIVE

HEPATITIS C VIRUS IgG ABS

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP OR EDTA
CPT CODE 86803
LABORATORY LABCORP
TURN-AROUND TIME 2 - 3 DAYS
REFERENCE RANGE NON REACTIVE

HEPATITIS PANEL

SPECIMEN REQUIREMENT 5 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP, OR EDTA
CPT CODE 80074
LABORATORY LABCORP
TURN-AROUND TIME 2 DAYS
REFERENCE RANGE HEB B S AG NEGATIVE
HEP B CORE AB IGM NEGATIVE
HEP A AB IgM NEGATIVE
HEP C AB NOT DETECTED

HIV SCREEN

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 86701
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE MONDAY, WEDNESDAY, FRIDAY AND STAT IF INDICATED
REFERENCE RANGE NEGATIVE

HLA B 27

SPECIMEN REQUIREMENT MINIMUM OF 3mL WHOLE BLOOD
CONTAINER LAVENDER EDTA TUBE
CPT CODE 86812
LABORATORY LABCORP
SCHEDULE 2 - 3 DAYS
REFERENCE RANGE NEGATIVE

HOMOCYSTEINE

SPECIMEN REQUIREMENT 2 mL PLASMA OR SERUM
CONTAINER PINK OR LAVENDER EDTA, LITHIUM HEPARIN, RED TOP,
OR SERUM SEPERATOR
CPT CODE 83090
LABORATORY LABCORP
TURN-AROUND TIME 2 DAYS
REFERENCE RANGE 0.0 - 15.0 umol/L
COLLECTION NOTES MUST BE SPUN AND SEPERATED FROM CELLS WITHIN
ONE HOUR OF COLLECTIONS TO AVOID FALSE ELEVATED
LEVELS.

IMMUNOGLOBULINS IgA, IgG, IgM

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82784 X 3
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE
IgA 70 - 400 mg/dl
IgG 700 - 1600 mg/dl
IgM 40 - 230 mg/dl

IMMUNOFIXATION/MONOCLONAL GAMMOPATHY

SPECIMEN REQUIREMENT 3 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86334
LABORATORY LABCORP
TURN-AROUND TIME 2-4 DAYS
REFERENCE RANGE NORMAL PATTERN

INSULIN LEVEL

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 83525
LABORATORY LABCORP
TURN-AROUND TIME 3 - 4 DAYS
REFERENCE RANGE < /= 24.9 uU/mL

INTRINSIC FACTOR BLOCKING ABS

SPECIMEN REQUIREMENT 2 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86340
LABORATORY LABCORP
SCHEDULE 4 - 5 DAYS
REFERENCE RANGE NEGATIVE

IRON BINDING CAPACITY

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83550
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE FEMALE: 265 - 497 µg/dL
MALE: 261 - 462 µg/dL

IRON, TOTAL

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83540
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE FEMALE 37 - 170 µg/dL
MALE 49 - 181 µg/dL

KOH PREP - SKIN

SPECIMEN REQUIREMENT SCRAPINGS
CONTAINER STERILE SLIDE OR COLLECTION CUP
CPT CODE 87220
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO FUNGAL ELEMENTS SEEN

KOH PREP - NAILS

SPECIMEN REQUIREMENT NAIL
CONTAINER STERILE COLLECTION CUP
CPT CODE 87206
LABORATORY VANDERBILT UNIVERSITY LABORATORY
SCHEDULE DAILY
REFERENCE RANGE NO FUNGAL ELEMENTS SEEN

LDH

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83615
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 313 - 618 U/L

LEAD WHOLE BLOOD

SPECIMEN REQUIREMENT 7 mL WHOLE BLOOD
CONTAINER ROYAL BLUE OR EDTA MICROTAINER
CPT CODE 83655
LABORATORY LABCORP
TURN-AROUND TIME 3 DAYS
REFERENCE RANGE 0 - 9 mg/dl

LH (LUTEINIZING HORMONE)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83002
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE FEMALES
NORMAL MENSTRUATING
FOLLICULAR 2.6 - 12.1 mIU/MI
MIDCYCLE 27.3 - 96.9 mIU/mL
LUTEAL PHASE 0.8 - 15.5 mIU/mL
POSTMENOPAUSAL 13.1 - 86.5 mIU/mL

LIPASE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83690
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 23 - 300 u/l

LIPID PANEL (SEE PROFILE SECTION FOR TESTS)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 80061
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEE SEPARATE TEST
COLLECTION NOTES **MUST BE FASTING**

LITHIUM

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 80178
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0.6 - 1.2 mmol/l

LIVER PROFILE (SEE HEPATIC PANEL)

MAGNESIUM

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 83735
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 1.6 - 2.3 mg/dl

MEASLES (RUBEOLA) IgG AND IgM

SPECIMEN REQUIREMENT 2 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86765 X 2
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE MEASLES IgG < /= 0.91 OD INDEX
MEASLES IgM < 0.80 AU

MICROALBUMIN RANDOM URINE

SPECIMEN REQUIREMENT 5 mL URINE
CONTAINER STERILE CONTAINER
CPT CODE 82043
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MICROALBUMIN < 20 mg/L
UR CREATININE 30 - 125 mg/L
ALB/CREAT RATIO < 30mg/L

MITOCHONDRIAL TOTAL ABS

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 83516
LABORATORY LABCORP
TURN-AROUND TIME 2 DAYS
REFERENCE RANGE < 20.1

MONOSPOT

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, RED TOP OR EDTA (< or = 24 hours)
CPT CODE 86308
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE

OCCULT BLOOD

SPECIMEN REQUIREMENT STOOL OR EMESIS
CONTAINER ANY
CPT CODE 82270 STOOL 82271 OTHER
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE

OCCULT BLOOD - SINGLE SPECIMAN

SPECIMEN REQUIREMENT STOOL OR EMESIS
CONTAINER ANY
CPT CODE 82272
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE

OVA AND PARASITES

SPECIMEN REQUIREMENT STOOL
CONTAINER PARAPAK PREFERRED, STERILE CUP
CPT CODE 87177
LABORATORY LABCORP
TURN-AROUND TIME 3 - 5 DAYS
REFERENCE RANGE NO PARASITES SEEN
COLLECTION NOTES FORMED STOOLS REJECTED

PHENOBARBITOL

SPECIMEN REQUIREMENT 1 mL WHOLE BLOOD OR SERUM
CONTAINER DARK GREEN SODIUM HEPARIN OR PLAIN RED TOP
LABORATORY VANDERBILT UNIVERSITY LABORATORY
CPT CODE 80184
TURN-AROUND TIME 1 - 2 DAYS
REFERENCE RANGE 15 - 40 ug/mL THERAPEUTIC

PHLEBOTOMY (THERAPEUTIC)

SPECIMEN REQUIREMENT SCHEDULE WITH WMC LAB
CPT CODE 99195
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE MONDAY - FRIDAY DAYS
METHOD BLOOD DRAW
COLLECTION NOTES HAVE PATIENT EAT PRIOR TO TEST

PHOSPHOROUS

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84100
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 2.5 - 4.5 mg/dl

PLATELET COUNT

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 85049
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 150 - 400 k/cmm
COLLECTION NOTES INVERT TUBE IMMEDIATELY AFTER COLLECTION

PLATELET FUNCTION ANALYSIS

SPECIMEN REQUIREMENT PLASMA
CONTAINER 2 BLUE TOPS
CPT CODE 85576
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE COL/EPI 80 - 160 SEC
COL/ADP 60 - 100 SEC

POTASSIUM

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84132
SCHEDULE DAILY
LABORATORY WILLIAMSON MEDICAL CENTER
REFERENCE RANGE 3.5 - 5.1 mEq/l
COLLECTION NOTES SPIN WITHIN 30 MIN POST COLLECTION

POTASSIUM, 24 HOUR URINE

SPECIMEN REQUIREMENT URINE COLLECTION FOR 24 HOURS
CONTAINER 24-HOUR URINE JUG
CPT CODE 84133
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 25-150 mEq/l

POTASSIUM, URINE RANDOM

SPECIMEN REQUIREMENT URINE COLLECTION
CONTAINER STERILE URINE CONTAINER
CPT CODE 84133
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 12 - 75 mmol/l

PREALBUMIN

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84134
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 17.6 - 36.0 mg/dl

PREGNANCY TEST QUALITATIVE SERUM

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 84703
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE

PREGNANCY TEST QUALITATIVE URINE

SPECIMEN REQUIREMENT URINE
CONTAINER ANY CONTAINER
CPT CODE 84703
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE

PRENATAL PROFILE (SEE PROFILE SECTION FOR TESTS)

SPECIMEN REQUIREMENT 4 mL SERUM & 4 mL WHOLE BLOOD
CONTAINER SERUM SEPARATOR AND LAVENDER
CPT CODE 80055
LABORATORY WILLIAMSON MEDICAL CENTER,
VANDERBILT UNIVERSITY LABORATORY
SCHEDULE DAILY
REFERENCE RANGE SEE SEPARATE TESTS

PROGESTERONE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84144
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MALES 0.28-1.22 ng/mL
NORMAL FEMALES
FOLLICULAR PHASE 0.1 - 2.0 ng/mL
LUTEAL PHASE 1.4 - 16.6 ng/mL
MID LUTEAL PHASE 5.2 - 22.7 ng/mL
PERIOVULATORY 0.4 - 4.5 ng/mL

PROLACTIN

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84146
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MALES 3.7 - 17.9 ng/mL
FEMALES
NONPREGNANT 3.0 - 18.6 ng/mL

PROPAFENONE (RHYTHMOL)

SPECIMEN REQUIREMENT 3 mL SERUM OR PLASMA
CONTAINER RED TOP OR LITHIUM HEPARIN
CPT CODE 80299
LABORATORY LABCORP
TURN-AROUND TIME 3 DAYS

PROTEIN C ACTIVITY

SPECIMEN REQUIREMENT 2 mL CITRATED PLASMA
CONTAINER BLUE TOP
CPT CODE 85303
LABORATORY LABCORP
TURN-AROUND TIME 2 - 5 DAYS
REFERENCE RANGE 74 - 151%

PROTEIN S ACTIVITY

SPECIMEN REQUIREMENT 2 mL CITRATED PLASMA
CONTAINER BLUE TOP
CPT CODE 85306
LABORATORY LABCORP
TURN-AROUND TIME 2-4 DAYS
REFERENCE RANGE 65-145 %

PROTIME WITH INR

SPECIMEN REQUIREMENT PLASMA
CONTAINER BLUE TOP
CPT CODE 85610
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE PROTIME: 12.2 - 14.9 SEC
INR: 0.89 - 1.18 (CRITICAL: 5.00)
COLLECTION NOTES INVERT TUBE IMMEDIATELY AFTER DRAWING
ALWAYS DRAW ANOTHER TUBE FIRST

PSA

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84153
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0 - 4.0 ng/mL

PTH, INTACT

SPECIMEN REQUIREMENT 1mL PLASMA
CONTAINER EDTA PLASMA
CPT CODE 83970
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE MONDAY - FRIDAY, 6:30 AM - 2:30 PM
REFERENCE RANGE 8.7 - 79.6 pg/ml

PTH, INTACT INCLUDING TOTAL CALCIUM

SPECIMEN REQUIREMENT 1 mL SERUM AND 1.5 mL PLASMA
CONTAINER SERUM SEPARATOR AND EDTA PLASMA
CPT CODE 83970 82310
LABORATORY LABCORP
TURN-AROUND TIME 2 - 4 DAYS
REFERENCE RANGE PTH 11.1 - 79.5 pg/ml
CALCIUM TOTAL see report

QUALITATIVE FAT STOOL

SPECIMEN REQUIREMENT STOOL
CONTAINER STERILE COLLECTION CONTAINER
CPT CODE 82705
LABORATORY LABCORP
TURN-AROUND TIME 4 - 7 DAYS
REFERENCE RANGE TOTAL FATS: NORMAL (< 100 DROPLETS/hpf)
NEUTRAL FATS: NORMAL (< 60 DROPLETS/hpf)

QUANTITATIVE FAT STOOL

SPECIMEN REQUIREMENT STOOL
CONTAINER CALL WMC LAB FOR CONTAINER
CPT CODE 82710
LABORATORY LABCORP
TURN-AROUND TIME 4 - 7 DAYS
REFERENCE RANGE SEE REPORT
NOTE MUST BE WEIGHED

QUINIDINE

SPECIMEN REQUIREMENT 5 mL WHOLE BLOOD OR SERUM
CONTAINER SODIUM HEPARIN OR RED TOP
CPT CODE 80194
LABORATORY VANDERBILT UNIVERSITY LABORATORY
SCHEDULE 2 DAYS
REFERENCE RANGE 2 - 5 mcg/mL

RA

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR
CPT CODE 86430
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE TUESDAY & THURSDAY 9 AM
REFERENCE RANGE NEGATIVE

RA TITER

SPECIMEN REQUIREMENT 2 mL PLASMA OR 5 mL SERUM
CONTAINER LITHIUM HEPARIN OR SERUM SEPARATOR
CPT CODE 86431
LABORATORY VANDERBILT UNIVERSITY LABORATORY
TURN-AROUND TIME 2 DAYS
REFERENCE RANGE 0 - 15 IU/mL

RENAL FUNCTION PANEL (SEE TESTS IN PANEL SECTION)

SPECIMEN REQUIREMENT 2 mL PLASMA
CONTAINER LITHIUM HEPARIN
CPT CODE 80069
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE SEE SEPARATE TESTS

RENIN ACTIVITY PLASMA

SPECIMEN REQUIREMENT SEND PATIENT TO WMC LAB
CONTAINER PURPLE TOP X 2
CPT CODE 84244
LABORATORY LABCORP
TURN-AROUND TIME 2 DAYS
REFERENCE RANGE SEE REPORT
NOTE IF POSSIBLE, PATIENT SHOULD BE OFF MEDICATION FOR 48 HOURS

RETICULOCYTE COUNT

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 85045
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE RELATIVE RETIC COUNT .5-1.5 %
ABSOLUTE RETIC COUNT 40-90 k/cmm

ROCKY MOUNTAIN SPOTTED FEVER (RICKETTSIA RICKETTSII IgG, IgM)

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86757 X 2
LABORATORY LABCORP
TURN-AROUND TIME 2 - 5 DAYS
REFERENCE RANGE IgG: NEGATIVE < 1:16, PRESENT/PAST 1:16 - 1:64, RECENT >= 1:128
IgM: NEGATIVE < 9 UNITS, EQUIVOCAL 9 - 11 UNITS, POSITIVE > 11 UN

RPR

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86592
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NON-REACTIVE
METHOD CARDIOLIPIN ANTIGEN

RUBELLA

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 86762
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE

SALYCILATE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 80196
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE THERAPEUTIC 2.0 - 20.0 mg/dl
TOXIC > 30.0 mg/dl

SEDIMENTATION RATE

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER (12 HOURS REFRIGERATED)
CPT CODE 85651
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0 - 20

SEMEN ANALYSIS COMPLETE

SPECIMEN REQUIREMENT SEMEN
CONTAINER ANY STERILE
CPT CODE 89320
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE MONDAY - FRIDAY DAYS
MUST BE SCHEDULED
REFERENCE RANGE SEE REPORT
COLLECTION NOTES CALL WMC LAB FOR INSTRUCTIONS AND SCHEDULE

SEMEN ANALYSIS POST VASECTOMY

SPECIMEN REQUIREMENT SEMEN
CONTAINER ANY STERILE
CPT CODE 89300
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE
COLLECTION NOTES CALL WMC LAB FOR INSTRUCTIONS AND SCHEDULE

SGOT (AST)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84450
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE FEMALE 14 - 36 U/L
MALE 17 - 59 U/L

SGPT (ALT)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84460
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE FEMALE 9 - 52 U/L
MALE 21 - 72 U/L

SICKLE CELL SCREEN

SPECIMEN REQUIREMENT 5 mL WHOLE BLOOD
CONTAINER PURPLE TOP
CPT CODE 85660
LABORATORY VANDERBILT UNIVERSITY LABORATORY
SCHEDULE 2 DAYS
REFERENCE RANGE NEGATIVE

SMOOTH MUSCLE TOTAL ABS

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 86255
LABORATORY LABCORP
TURN-AROUND TIME 3 DAYS
REFERENCE RANGE NEGATIVE: 0 - 19
WEAK POSITIVE: 20 - 30
MODERATE TO STRONG POSITIVE: > 30

SODIUM

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84295
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 137 - 145 mEq/l

SODIUM, 24-HOUR URINE

SPECIMEN REQUIREMENT URINE COLLECTION FOR 24 HOURS
CONTAINER 24-HOUR URINE JUG
CPT CODE 84300
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 40 - 220 mEq/24hr

SODIUM, RANDOM

SPECIMEN REQUIREMENT URINE COLLECTION
CONTAINER ANY CONTAINER
CPT CODE 84300
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 30 - 90 mEq/l

STONE ANALYSIS

SPECIMEN REQUIREMENT STONE
CONTAINER STERILE TUBE
CPT CODE 82365
LABORATORY LABCORP
TURN-AROUND TIME 2-5 DAYS
REFERENCE RANGE GRAPH

STREP SCREEN THROAT

SPECIMEN REQUIREMENT SWAB X 2
CONTAINER CULTURETTE
CPT CODE STREP -87430 THROAT CULTURE- 87070
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NEGATIVE
COLLECTION NOTES 2 SWABS REQUIRED (IF ONLY 1 SWAB SUBMITTED,
ONLY CULTURE WILL BE PERFORMED)

T3 TOTAL

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 84480
LABORATORY LABCORP
TURN-AROUND TIME 2 DAYS
REFERENCE RANGE SEE REPORT

T3 UPTAKE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84479
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 23 - 41%

T4 (THYROXINE)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84436
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 5.5 - 11.0 µg/dL

TEGRETOL (CARBAMEZAPINE)

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER RED TOP, SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 80156
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 4 - 12 ug/mL THERAPEUTIC

TESTOSTERONE, FREE

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 84402
LABORATORY LABCORP
TURN-AROUND TIME 2 - 3 DAYS
REFERENCE RANGE SEE SEPARATE REPORT

TESTOSTERONE, TOTAL

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84403
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MALE (0-49 YEARS): 132 - 813 ng/dL
MALE (>50 YEARS): 72 - 623 ng/dL
FEMALE: 6 - 77 ng/dL

THEOPHYLLINE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, LITHIUM HEPARIN OR RED TOP
CPT CODE 80198
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 10 - 20 ug/mL THERAPEUTIC

THYROID STIMULATING IMMUNOGLOBULINS

SPECIMEN REQUIREMENT 3 mL SERUM
CONTAINER SERUM SEPARATOR OR RED TOP
CPT CODE 84445
LABORATORY LABCORP
TURN-AROUND TIME 3 DAYS
REFERENCE RANGE NORMAL: < 130% OF BASAL ACTIVITY

TOBRAMYCIN

SPECIMEN REQUIREMENT 1 mL PLASMA OR SERUM
CONTAINER DARK GREEN SODIUM HEPARIN OR RED TOP
CPT CODE 80200
LABORATORY VANDERBILT UNIVERSITY LABORATORY
TURN-AROUND TIME 2 DAYS
REFERENCE RANGE PEAK 5-10 mcg/mL
TROUGH <0.5 mcg/mL
COLLECTION NOTES DRAW TROUGH IMMEDIATELY BEFORE DOSE
DRAW PEAK 30 MIN POST INFUSION

TOTAL PROTEIN

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84155
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 6.3 - 8.2 g/dl

TRIGLYCERIDE

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84478
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NORMAL: < 150 mg/dl
BORDERLINE HIGH: 150 - 199 mg/dl
HIGH: 200 - 499 mg/dl
VERY HIGH: >= 500 mg/dl
COLLECTION NOTES 12 - 14 HOUR FAST. **MUST BE FASTING**

TROPONIN

SPECIMEN REQUIREMENT 1 mL PLASMA
CONTAINER LIGHT GREEN LITHIUM HEPARIN
CPT CODE 84484
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NO EVIDENCE OF CARDIAC EVENT: 0.000 - 0.034 ng/mL
INDETERMINATE: 0.035 - 0.119 ng/ml
AMI DIAGNOSTIC CUTOFF: >= 0.120ng/ml

TSH THIRD GENERATION

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84443
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 0.3 - 3.0 mIU/mL

TYPE AND SCREEN (PATIENT BILL ONLY)

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 86900 86901 86850
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE N/A
NOTE IF PRE-OP OR PRE-ADMIT, **MUST** HAVE POSITIVE
ID ARMBAND. DRAW AT WMC LAB

URIC ACID

SPECIMEN REQUIREMENT 1 mL SERUM OR PLASMA
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 84550
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE FEMALE: 2.5 - 6.2 mg/dl
MALE: 3.5 - 8.5 mg/dl

URINALYSIS

SPECIMEN REQUIREMENT URINE
CONTAINER ANY STERILE CONTAINER
CPT CODE 81001
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE MICROSCOPIC
COLLECTION NOTES STORE IN REFRIG NO LONGER THAN ONE HOUR

URINE DIP STICK

SPECIMEN REQUIREMENT URINE
CONTAINER ANY CONTAINER
CPT CODE 81002
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE COLOR YELLOW - STRAW BLOOD NEGATIVE
CHARACTER CLEAR Ph 5 - 9
GLUCOSE NEGATIVE UROBIL .2 - 1mg/dl
BILIRUBIN NEGATIVE PROTEIN NEGATIVE
KETONES NEGATIVE NITRITE NEGATIVE
SP GRAV 1.003 - 1.040 LEUK EST NEGATIVE
COLLECTION NOTES REFRIGERATE NO LONGER THAN ONE HOUR
BEFORE READING URINE

VALPORIC ACID (DEPAKENE)

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER RED TOP
CPT CODE 80164
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE 2 DAYS
REFERENCE RANGE 50 - 100 µg/mL

VANCOMYCIN

SPECIMEN REQUIREMENT 1ml SERUM OR PLASMA
CONTAINER SERUM SEPARATOR, LITHIUM HEPARIN OR RED TOP
CPT CODE 80202
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE TROUGH: 5.0 - 20.0 µg/mL
PEAK: 18.0 - 36.0 µg/mL
RANDOM: 5.0 - 36.0 µg/mL
COLLECTION NOTES TROUGH DRAW IMMEDIATELY
BEFORE INFUSION
PEAK DRAW 2 HOURS POST INFUSION

VITAMIN B 12

SPECIMEN REQUIREMENT 1 mL SERUM
CONTAINER SERUM SEPARATOR OR LITHIUM HEPARIN
CPT CODE 82607
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE NORMAL 239 - 931 pg/mL
DEFICIENT 0 - 238 pg/mL

WBC

SPECIMEN REQUIREMENT WHOLE BLOOD
CONTAINER LAVENDER
CPT CODE 85048
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 4.8 - 10.8 k/cmm
COLLECTION NOTES INVERT TUBE IMMEDIATELY AFTER COLLECTION

WHOLE BLOOD GLUCOSE STRIP

SPECIMEN REQUIREMENT SEND PATIENT TO WMC LABORATORY
CPT CODE 82948
LABORATORY WILLIAMSON MEDICAL CENTER
SCHEDULE DAILY
REFERENCE RANGE 65 - 115 mg/dl