

Green Clinic Laboratory

Test Catalog

1200 S. Farmerville Street
Ruston, Louisiana
71270

Open Monday – Friday
7:00 am to 5:00 pm

Medical Director
Laura Kidd, MD

Laboratory Manager
Katie Smith, MT (ASCP)

This catalog contains information about tests performed at Green Clinic Laboratory. For samples to be sent to Quest Diagnostics or any other reference lab please contact the Green Clinic Laboratory (318-251-6378) for sample collection instructions.

Information may be changed without notice after date of publication

May 2022

Online catalog
www.green-clinic.com

Sample Collection Notes

1. Laboratory is open to receive samples from 7:00 am to 5:00 pm Monday thru Friday.
2. Check to see if sample container is not outdated before use.
3. Look for each test's sample requirements before collection.
4. Follow sample container labeling requirements.

Sample Labeling

Patient's Full Name

Patient's Date of Birth

| | |
|-----------|-----------|
| John Doe | 9/24/1951 |
| 5/28/2018 | 13:00 |
| | LC |

Date and Time of Collection

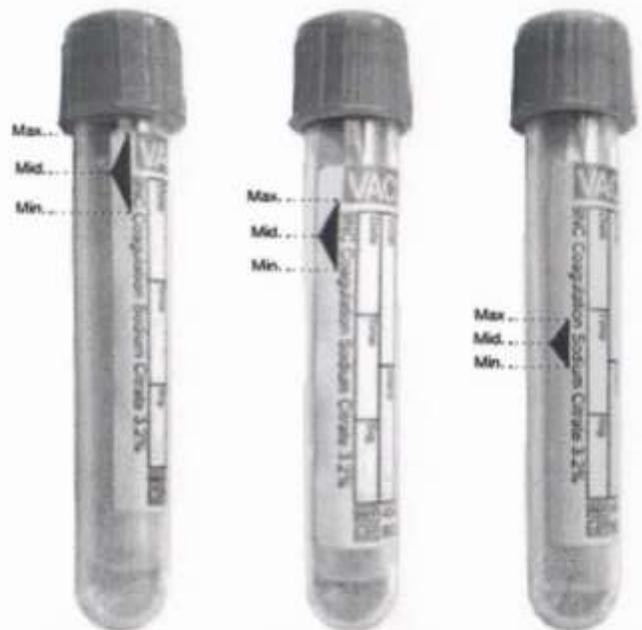
Initials of Nurse or Phlebotomist

5. If centrifuging serum samples before submitting sample to the lab allow the blood samples to clot for 30 min before centrifuging. Centrifuge for 10 to 15 minutes at 3000 rpm. **Do not re-centrifuge tubes.**
6. All serum samples (Tiger, Red, Yellow, SST, etc) must be received at the lab within two hours of collection.
7. Be sure to use a waste tube before filling a blue top citrate tube. Blood must be at the fill line to be accepted.
8. Follow order of draw (found on page 5) when performing phlebotomy.
9. Complete a Green Clinic Lab requisition with all information requested.

Sodium Citrate (Blue top tube) vacutainer instructions

Coagulation Draw Volume Guide  greiner bio-one
Take the Guesswork Out of It

Ensure that the correct blood-to-additive ratio is met by checking the draw volume against the nominal fill mark on the tube or by holding tube up to this guide.



Sample within the range of the arrow represents 9:1 blood-to-additive ratio.

Tech Services 1.888.286.3883
www.gbo.com

Draw volume in accordance with
CLSI and/or ISO Standards

VACUETTE[®]
one step ahead ▶

Reminder ~ Butterfly Needles & Blue Tops-



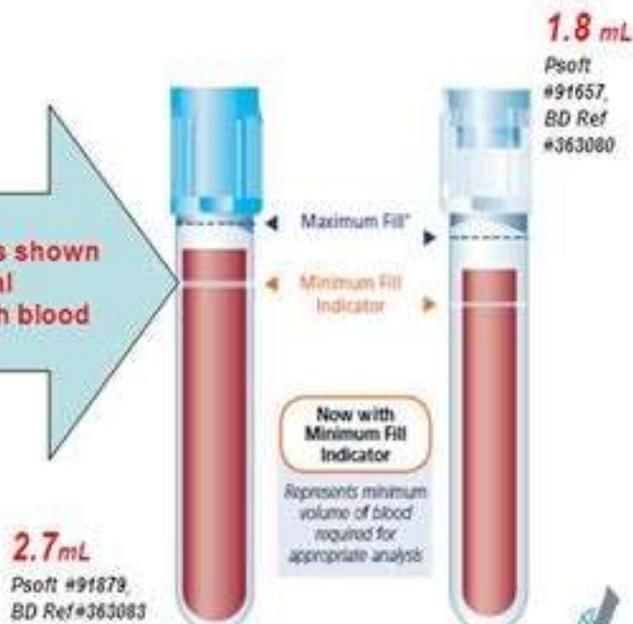
- ◆ For proper filling of Blue top tubes when using a Butterfly (winged collection set) and to avoid specimen rejection due to quantity not sufficient...
- ◆ Draw a Light Blue "discard tube" first!
- ◆ Discard tube MUST be a Light Blue top, to avoid cross contamination of anticoagulants.
- ◆ It is only necessary to draw a discard tube 1" when using a Butterfly for venipuncture.
- ◆ The tube vacuum fills the length of the tubing to pull blood into the tube. This is why the first tube will not completely fill and is your discard tube.
- ◆ When tubing is filled and flowing into the first blue top; switch to the second blue top and it will fill properly.
- ◆ Throw away (discard) the first blue top. Send the second, properly filled tube to the lab.
- ◆ Refer to proper FILL LINE below, the minimum line is etched on the tube

Draw Volume Guide:

Completely fill the collection tube to avoid test refusal. Blood drawn must fall above Minimum Fill Indicator (frosted line on tube) and below Maximum Fill Line (as illustrated).

**Completely fill the tube as shown to avoid test refusal
Invert to mix additive with blood**

For blood transfer from a syringe, do not fill above illustrated dashed Maximum Fill line.



Advancing Diagnosis
and Discovery





Helping all people live healthy lives

BD Vacutainer® Order of Draw for Multiple Tube Collections

Designed for Your Safety

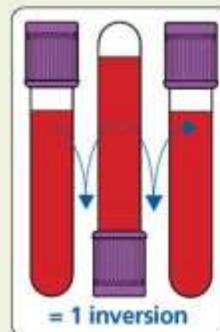
Reflects change in CLSI recommended Order of Draw (H3-A5, Vol 23, No 32, 8.10.2)

* When using a winged blood collection set for venipuncture and a coagulation (citrate) tube is the first specimen tube to be drawn, a discard tube should be drawn first. The discard tube must be used to fill the blood collection set tubing's "dead space" with blood but the discard tube does not need to be completely filled. This important step will ensure proper blood-to-additive ratio. The discard tube should be a nonadditive or coagulation tube.

| Closure Color | Collection Tube | Mix by Inverting |
|---|---|-----------------------------------|
| BD Vacutainer® Blood Collection Tubes (glass or plastic) | | |
| | • Blood Cultures - SPS | 8 to 10 times |
| | • Citrate Tube* | 3 to 4 times |
| or | • BD Vacutainer® SST™ Gel Separator Tube | 5 times |
| | • Serum Tube (glass or plastic) | 5 times (plastic) none (glass) |
| | • BD Vacutainer® Rapid Serum Tube (RST) | 5 to 6 times |
| or | • BD Vacutainer® PST™ Gel Separator Tube With Heparin | 8 to 10 times |
| | • Heparin Tube | 8 to 10 times |
| or | • EDTA Tube | 8 to 10 times |
| | • BD Vacutainer® PPT™ Separator Tube K ₂ EDTA with Gel | 8 to 10 times |
| | • Fluoride (glucose) Tube | 8 to 10 times |

Note: Always follow your facility's protocol for order of draw

Handle all biologic samples and blood collection "sharps" (syringes, needles, luer adapters and blood collection sets) according to the policies and procedures of your facility. Obtain appropriate medical attention in the event of any exposure to biologic samples (for example, through a puncture injury) since they may transmit viral hepatitis, HIV (AIDS), or other infectious diseases. Utilize any built-in used needle protector if the blood collection device provides one. BD does not recommend reusing used needles, but the policies and procedures of your facility may differ and must always be followed. Discard any blood collection "sharps" in biohazard containers approved for their disposal.



BD Technical Services
1.800.631.0174
BD Customer Service
1.888.237.2762
www.bd.com/vacutainer

1 Becton Drive
Franklin Lakes, NJ 07417
www.bd.com/vacutainer

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Franklin Lakes, NJ, 07417 1/10 V55729-6

Green Clinic Laboratory
1200 South Farmerville St
Ruston, La 71270
318-251-6378

Date and Time of Collection: _____

Initials of Nurse or Phlebotomist: _____

Patient's Name: _____

Patient's Date of Birth: _____

Billing Address of Patient: _____

Patient's Medicare or Medicaid number: _____

Ordering Provider: _____

Name of Hospice or Home Health Agency: _____

Billing Address of Hospice, If Hospice is to be billed:

Diagnosis Codes (ICD10): _____

Tests Requested:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Number Report to be faxed to: _____

Number Critical to be Called to: _____

Green Clinic Laboratory Test Catalog

Chemistry Panels

**All serum chemistry samples must be received into the lab or the serum separated from the cells within two hours of collection.

Out of date vacutainer tubes will be rejected.**

| Panel | Includes | Patient Preparation | Specimen | Transport instructions | Other Reject Criteria |
|--------------------------------------|--|--------------------------|-------------------------------------|------------------------|-----------------------|
| Basic Metabolic Panel | Calcium CO2 Chloride Creatinine with eGFR Glucose Potassium Sodium BUN BUN/Creatinine Ratio Anion Gap | Fasting Preferred | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Comprehensive Metabolic Panel | Calcium CO2 Chloride Creatinine with eGFR Glucose Potassium, Sodium BUN BUN/Creatinine Ratio Anion Gap Albumin Total Protein Total Bilirubin ALT AST Alk Phos | Fasting Preferred | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Electrolyte Panel | CO2 Chloride Potassium Sodium Anion Gap | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |

| Panel | Includes | Patient Preparation | Specimen | Transport instructions | Other Reject Criteria |
|--|--|----------------------------|---|-------------------------------|------------------------------|
| Lipid | Cholesterol Triglyceride HDL Calculated LDL HDL/LDL ratio | Fasting | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Lipid with Reflex to Quantitative LDL (Will reflex to quantitative LDL if triglyceride is over 400mg/dl) | Cholesterol Triglyceride HDL Calculated LDL HDL/LDL ratio | Fasting | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Liver Function Panel | Albumin Total Protein Total Bilirubin Direct Bilirubin ALT AST Alk Phos | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Renal Function Panel | Calcium CO2 Chloride, Creatinine with eGFR Glucose Potassium Phosphorus Sodium BUN BUN/Creatinine Ratio, Anion Gap | Fasting Preferred | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Thyroid Panel | TSH fT4 | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |

Chemistry Tests

****All serum chemistry samples must be received into the lab or the serum separated from the cells within two hours of collection.**

Out of date vacutainer tubes will be rejected.**

| Test | Patient Preparation | Specimen | Transport Instructions | Other Reject Criteria |
|---|---------------------|--|------------------------|--------------------------------|
| A1C, Hemoglobin | None | Purple top tube (whole Blood) | Room temperature | Clotted |
| Albumin | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Alkaline Phosphatase | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| ALT | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Amylase | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| AST | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Bilirubin, Direct | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Bilirubin, Neonatal | None | Pediatric Light Protected Capillary Tube | Protect From Light | |
| Bilirubin, Neonatal Total and Direct | None | Pediatric Light Protected Capillary Tube | Protect From Light | |
| Bilirubin, Total | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| (BUN) Urea Nitrogen | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Calcium | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Cholesterol | Fasting | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Chloride | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Carbon dioxide | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Creatinine Kinase (CK) | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Creatinine with eGFR | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Digoxin | None | Red Top Tube | Room Temperature | Drawn in serum separator tube. |
| Ferritin | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |
| Folate | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |

| Test | Patient Preparation | Specimen | Transport Instructions | Reject Criteria |
|------------------------------------|----------------------------|-------------------------------------|--|--|
| GGT | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Glucose | Fasting Preferred | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| HCG, Quantitative | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |
| HAV IgM | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Turbidity |
| HBc IgM | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Turbidity |
| HBsAg | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Turbidity |
| HCV w/ reflex | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Turbidity |
| HBsAg | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Turbidity |
| HIV Combo Screen | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Turbidity |
| HDL | Fasting | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Iron | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Potassium | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Protein, Total | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| LDH | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Lipase | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Magnesium | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Parathyroid Hormone, Intact | None | Red Top Tube only | Must be received in the Lab within 30 Minutes of collection. Room temperature | Hemolysis, Turbidity Yellow or Tiger Tube |
| Phosphorus, Inorganic (PO4) | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Prealbumin | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| PSA | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |
| PSA Screen(Medicare) | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |

| Test | Patient Preparation | Specimen | Transport Instructions | Other Reject Criteria |
|------------------------------------|-------------------------------|-------------------------------------|------------------------|-------------------------------|
| | | | | |
| Rheumatoid Factor | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Rubella IgG Immune Qual | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Turbidity |
| Sodium | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| ft4 | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |
| Total Iron Binding Capacity | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis |
| Testosterone, Total Males | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |
| Triglyceride | Fasting | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| TSH | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |
| Uric Acid | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | |
| Vancomycin, Random | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Drawn in serum separator tube |
| Vancomycin, Peak | 1 Hour After Dose | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Drawn in serum separator tube |
| Vancomycin, Trough | 30 Minutes Before Dose | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Drawn in serum separator tube |
| Vitamin B12 | None | Yellow(Gold), Tiger or Red Top Tube | Room Temperature | Hemolysis, Turbidity |
| Vitamin D | None | Yellow(gold) or Red Top tube | Refrigerated | Turbidity |

Urine Chemistry Tests

*****Urine Samples are good for 48 hours when refrigerated*****

| Test | Patient Preparation | Specimen | Transport instructions | Reject Criteria |
|--|---|--|------------------------|--|
| Creatinine Clearance | Report patient weight and height to lab | 24 Hour Urine and Yellow or Red Top Tube | Refrigerated | 24 hour urine volume less than 600 ml. Serum sample must be drawn within 24 hours of urine collection |
| Microalbumin, Random | | Random Urine Sample | Refrigerated | Hematuria |
| Microalbumin/Creatinine Ratio, Random | | Random Urine Sample | Refrigerated | Hematuria |
| Urine Total Protein, Random | | Random Urine Sample | Refrigerated | |
| Urine Total Protein/Creatinine Ratio, Random | | Random Urine Sample | Refrigerated | |
| Urine Total Protein, 24 Hour Urine | | 24 Hour Urine | Refrigerated | 24 hour urine volume less than 600 ml. |
| Urine Total Protein/Creatinine Ratio, 24 Hour Urine | | 24 Hour Urine | Refrigerated | 24 hour urine volume less than 600 ml. |

Glucose Testing

The following tests offered by Green Clinic Laboratory must be collected at Green Clinic Laboratory

Glucose Tolerance, Gestational , (2 Hour) 75 gram dose

Glucose Tolerance, Gestational , (3 Hour) 100 gm dose

Glucose 1 Hr Post Dose

Glucose 1 Hr Post Dose w Fasting Glucose

Glucose Fasting and Postprandial, (2Hour)

Glucose Tolerance Test (2 Hour)

Glucose Tolerance Test (3 Hour)

Glucose Tolerance Test (5 Hour)

Coagulation

| Test | Patient Preparation | Specimen | Transport instructions | Reject Criteria |
|--|---------------------|-----------------------------------|---|---|
| Prothrombin Time (PT INR) | None | 3.2% Sodium Citrate Blue Top Tube | Room Temperature Must receive sample within 24 hours | Underfilled, Overfilled, Clotted, Turbidity, Icteric, Hemolysis |
| Partial Thromboplastin Time (PTT) | None | 3.2% Sodium Citrate Blue Top Tube | Room Temperature Must receive sample within 4 hours | Underfilled, Overfilled, Clotted, Turbidity, Icteric, Hemolysis |

Etched line on tube is the MINIMUM fill line. Samples will be rejected if below etched line.

Hematology

Submit hematology specimens to the laboratory as soon as possible

Samples may be at room temperature or refrigerated

| Test | Includes | Patient Preparation | Specimen | Transport instructions | Reject Criteria |
|---|---|---------------------|--|--|----------------------------------|
| CBC with Automated Diff | WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, RDW-CV, Neutrophil%, Lymphocyte%, Monocyte%, Eosinophil%, & Basophil% | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 24 hours | Underfilled or Clotted Specimens |
| CBC without Diff | WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, RDW-CV | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 24 hours | Underfilled or Clotted Specimens |
| CBC with Manual Diff | WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, RDW-CV Manual Differential Count: Neutrophil%, Lymphocyte%, Monocyte%, Eosinophil%, Basophil%, & RBC Morphology | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 24 hours | Underfilled or Clotted Specimens |
| Hemoglobin | HGB | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 24 hours | Underfilled or Clotted Specimens |
| Hematocrit | HCT | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 24 hours | Underfilled or Clotted Specimens |
| Platelet Count | PLT | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 24 hours | Underfilled or Clotted Specimens |
| White Blood Cell Count | WBC | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 24 hours | Underfilled or Clotted Specimens |
| Reticulocyte Count | RETIC | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 24 hours | Underfilled or Clotted Specimens |
| ESR-Erythrocyte Sedimentation Rate | ESR | None | EDTA, Whole blood Lavender top tube | Room Temperature Good for 4 hours 24 hours when Refrigerated. | Underfilled or Clotted Specimens |

Microbiology

| Test | Patient Preparation | Specimen | Transport Instructions | Reject Criteria |
|------------------------------|---|---|---|---|
| Urine Culture | A freshly voided (clean catch mid-stream) or CATH urine specimen collected in a clean container | Urine collected by Clean Catch Method or CATH sample | Culture within 2 hours or refrigerate sample. BD Vacutainer Urine Tubes for Culture and Sensitivity are used (sample good for 48 hours at room temp). | Under filled or expired Culture Tube Sample not refrigerated within 2 hours Unlabeled or mislabeled specimens |
| Wound/Abscess Culture | None | Swab transport or sterile container | Room temperature Transport media is good for 48 hours. Sterile container good for 2 hours | Expired transport medium Unlabeled or mislabeled specimens |
| Nasal Culture | None | Swab transport | Room temperature Dry swab is good for 2 hours Transport media is good for 48 hours | Expired transport medium Unlabeled or mislabeled specimens |
| Sinus Culture | None | Swab transport or sinus washings in sterile container | Room temperature Transport media is good for 48 hours. Dry swab or washings good for 2 hours | Expired transport medium Unlabeled or mislabeled specimens |
| MRSA Culture | None | Swab transport | Room temperature Transport media good for 48 hours. Dry swab good for 2 hours. | Expired transport medium Unlabeled or mislabeled specimen |
| Peds Strep Culture | None | Swab transport | Room temperature Transport media good for 48 hours. Dry swab good for 2 hours. | Expired transport medium Specimen unlabeled or mislabeled |
| Throat Culture | None | Swab transport | Room temperature Transport media good for 48 hours Dry swab good for 2 hours | Expired transport medium Unlabeled or mislabeled specimens |

| Test | Patient Preparation | Specimen | Transport Instructions | Reject Criteria |
|------------------------------------|---|--------------------------------------|---|--|
| Ear Culture | None | Swab transport | Room temperature Transport media good for 48 hours Dry swab good for 2 hours | Expired transport medium Unlabeled or mislabeled specimens |
| Sputum Culture | Patient should not use mouth wash before collection. Collect early in the morning before eating or drinking. Rinse mouth with water, take deep breath, and then cough deeply. | Sputum in sterile container | Collect in sterile container and deliver to the lab within 2 hours of collection (if longer than 2 hours keep cool for no longer than 24 hours) | Unlabeled or mislabeled specimens |
| Eye Culture | None | Swab transport | Room temperature Transport media good for 48 hours Dry swab good for 2 hours | Expired transport medium Unlabeled or mislabeled specimens |
| Uro-genital Culture | None | Swab transport | Room temperature Transport media good for 48 hours Dry swab good for 2 hours | Expired transport medium Unlabeled or mislabeled specimens |
| Joint Fluid Culture | None | Capped Syringe | Room temperature Specimen should be delivered to laboratory as soon as collected | Unlabeled or mislabeled specimens |
| Gram Stain | None | Any specimen type performed in-house | Room temperature | Unlabeled or mislabeled specimens |
| C. Difficile | Collect and transport raw specimen to lab within 24 hours of collection. Specimen must be kept refrigerated | Stool | Refrigerated | Unlabeled / mislabeled samples Specimen not refrigerated Collected greater than 24 hours |
| Fecal Leukocyte (Stool WBC) | Collect and transport raw specimen to lab within 2 hours | Stool | Receive in lab within 2 hours of collection; prepare smears immediately upon receipt; refrigerate only if necessary | Unlabeled or mislabeled specimens |

Serology

| Test | Patient Preparation | Specimen | Transport instructions | Reject Criteria |
|--|--|---|---|---|
| BNP (B-Type Natriuratic Peptide) | None | EDTA, Whole blood Lavender top tube | Room Temp < 7 hours of collection | Clotted, Hemolyzed, >7 hours old |
| Cardiac Markers (CK-MB, Troponin) | None | EDTA, Whole blood Lavender top tube | Room Temp < 4 hours of collection | Clotted, Hemolyzed, >4 hours old |
| FLU A & B | None | Nasopharyngeal Foam Swab | Room Temp, < 1 hour Viral Transport Media <72 hours | Any swab other than Foam Swab or Viral Transport Media, Expired Swab |
| HCG,Serum Qualitative | None | Yellow, Red, or Tiger top serum tubes | Room Temp | Tube not centrifuged within 2 hours |
| MonoScreen (IgM) | None | EDTA, Whole blood Lavender top tube | 2-8°C Refrigerated <24 hours | Clotted |
| (OCB) Occult Blood, Fecal | Patients should follow the Patient Instructions at least 7 days prior to and continuing through the collection period. | OCB card(s) with stool applied or stool | OCB card – Room Temp Stool specimen – 2-8°C Refrigerated <24 hours | Stool applied to the incorrect side of the OCB cards, OCB cards with stool applied that are >14 days old |
| RSV (Respiratory Syncytial Virus) | Testing performed on patients < 5 years old | Nasal Wash | Room Temp, < 4 hours; 2-8°C Refrigerated < 24 hours | >4 hours at Room Temp |
| SARS Antigen (SARS / FLU A/B Ag & SARS Ag individual) | None | Nasal Foam Swab | Room Temp ONLY < 1hours | >1 hours old, Not of foam swab |
| Strep A Screen | None | Throat swab (Polyester or Rayon Swab) | Room Temp < 8 hours; 2-8°C Refrigerated <72 hours | Wooden tip swabs, Expired Swab |

Urinalysis

| Test | Patient Preparation | Specimen | Transport instructions | Reject Criteria |
|--|--|--|---|--|
| Urinalysis Chem Only | A freshly voided (clean catch mid-stream) or CATH urine specimen collected in a clean container. | 12 ml of sample is required. For both male and female, a clean catch mid stream specimen is preferred if the sample is not a CATH sample. For urinalysis, urine submitted in BD Vacutainer Urinalysis Transfer Straw Kits are also acceptable (< 72 hours at room temp). | The sample should be brought to the laboratory as soon as possible. If there is to be a delay of more than 1 hour from the time of collection until the sample is submitted to the laboratory, the sample should be refrigerated. Urine analysis is to be performed within 6 hours from the time of collection. | Analysis of the urine sample will not be performed if standards listed in "Specimen" and "Transport Instructions" are not met. |
| Urinalysis with Microscopy | | | | |
| Urinalysis with Reflex to Microscopy | | | | |
| Urinalysis with Microscopy with Reflex to Culture | | | | |
| Urinalysis with Reflex to Microscopy and With Reflex to Culture | | | | |
| Wet Prep | No special patient preparation required. | Vaginal secretions collected in a small, clean test tube containing 0.5 ml of non-bacteristatic saline. | Sample should be sent to the laboratory immediately after collection. | Specimens are rejected if received > 2 hours after collection. |
| Post Vas | No special patient preparation required. | Semen sample collected in a clean container. | Sample should be sent to the laboratory immediately after collection. | Specimens are rejected if received > 2 hours after collection. |
| HCG,Urine Qualitative | None | Urine (First morning urine is preferred but not necessary) | 2-8°C Refrigerated < 48 hours | Urine >1 hour old at room temp or >48 hours old at 2-8°C |

PCR

- Green Clinic Lab will **NOT** be able to perform GC/Chlamydia testing “in-house” on any patient <14 years of age or on any patient with a history of hysterectomy.
- Green Clinic Lab will **NOT** be able to perform Trich testing “in house” on any patient <18 years of age or >78 years of age.
- Green Clinic Lab will **NOT** be able to perform Trich testing “in house” on pregnant patients or patients with a history of hysterectomy.

| Test | Patient Preparation | Specimen | Transport instructions |
|---|---------------------|---|------------------------|
| Group B Strep PCR (Obstetrics only) | None | Vaginal / Cervical swab (Polyester or Rayon Swab) | Room Temperature |
| SARS-CoV-2 / FLU A&B / RSV PCR | None | Nasal Swab in Xpert Viral Transport Medium | Room Temperature |
| Chlamydia trachomatis/ N. gonorrhoeae PCR (Urine) | None | Urine Have patient not urinate for at least one hour before collection. Do not clean body before urination. | Refrigerate |
| Trichomonas vaginalis PCR (Urine) | None | | Refrigerate |

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| | |
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