



Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
IMIPRAMINE (TOFRANIL) – (INCLUDES DESIPRAMINE)	ROYAL BLUE (NO ADDITIVE)	Serum – 2.0 mL. Centrifuge and aliquot into transfer tube. No gel separator.	Collect prior to morning dose or 10 – 12 h after last dose.	Store and ship refrigerated.	Indicate time of last dose and collection. Specify drug to be measured.
IMMUNOELECTROPHORESIS		See Gammopathy Screen.			
IMMUNOELECTROPHORESIS (URINE)	-	See Gammopathy Screen (urine)			
IMMUNOGLOBULIN IGA	SST	Serum - 1.0 mL.		Store and ship refrigerated.	
IMMUNOGLOBULIN IGD	SST	Serum - 1.0 mL.		Store and ship refrigerated.	
IMMUNOGLOBULIN IGE	SST	Serum - 1.0 mL.		Store and ship refrigerated.	
IMMUNOGLOBULIN IGG	SST	Serum - 1.0 mL.		Store and ship refrigerated.	
IMMUNOGLOBULIN IGG SUBCLASSES	SST	Serum – 1.0 mL. Not OHIP billable.		Store and ship refrigerated.	
IMMUNOGLOBULIN IGM	SST	Serum - 1.0 mL.		Store and ship refrigerated.	
IMMUNOLOGY MARKERS (FLOW CYTOMETRY)	LAVENDER + 2 GREEN	Whole Blood – 3.5 mL. Maintain at room temperature. (Ottawa – collected at Main Lab only 1:00 – 4:00 p.m.)	Collect specimens as late in day as possible. Indicate the time of collection on each tube.	Maintain specimens at room temperature. Ship Mon-Thurs only. Do not collect prior to a public holiday. Specimen must be analysed within 24 h.	Indicate time of collection on each tube. Indicate diagnosis and specify markers required on the requisition.
INDICAN (URINE)	-	Urine – Random 10.0 mL. Collect in sterile urine container.		Store and ship refrigerated.	Indicate time of last dose and collection.
INDICES (MCV, MCH, MCHC, RDW)		Separate sample not required. Will be performed automatically if CBC requested.			
INFECTIOUS MONONUCLEOSIS (HETEROPLILE ANTIBODIES)	RED/SST	Serum – 2.0 mL centrifuged			
INFLUENZA VIRUS A & B ANTIBODY	SST/ NASOPHAYNGEAL SWAB	Serum – 10.0 mL or swab. Completed Public Health Laboratory requisition required Ottawa – blood no longer accepted – collect Nasopharyngeal swab only.	Acute (IgM) and convalescent (IgG) sample required.		
INFLUENZA A,B VIRUS DETECTION – SWAB	VIRUS RESPIRATORY KIT	Swab - Acceptable sample type is nasopharyngeal or throat swab. Follow kit instructions for collection. Completed PHL requisition is required.		Store and ship as per kit instructions.	



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INHIBITOR TO FACTOR VIII		See Factor VIII Inhibitor.			
INR	-	See Prothrombin Time.			
INSULIN	RED/SST	Serum – 1.0 mL. Centrifuge and separate as soon as possible. Sample will be frozen upon receipt in laboratory within 24 hrs of collection.	Collect after 8 h fast.	Store and ship refrigerated. Once frozen sample should remain frozen.	
INSULIN (TIMED)	SST	Serum – 1.0 mL. Specimen may be collected in doctor office and submitted as per routine samples but must arrive at GDML Lab within 24 hrs of collection. Samples will be frozen upon receipt in the lab. Centrifuge and separate from cells ASAP.	Collect specimen Mon-Thurs only. Draw specimen at the time specified on the requisition (i.e. 1 hr, 2 hr, etc post drug administration)	Store and ship refrigerated until frozen. Once frozen samples must remain frozen until tested.	Indicate time(s) of collection on the requisition and on the tube(s)
INSULIN-LIKE GROWTH FACTOR I (SOMATOMEDIN –C)	SST	Serum – 2.0 mL. Separate as soon as possible and divide the serum into 2 equal aliquots using transfer tubes. Plasma is NOT suitable for analysis. Sample will be frozen within 24 hrs upon receipt in the laboratory.	Repeat testing in less than 6 months is not beneficial due to slow change in circulating levels.	Store & ship refrigerated until frozen. Multiple freeze/thaw cycles not permitted. Collect Mon-Thurs only.	
INSULIN-LIKE GROWTH FACTOR BP3	SST	Serum – 1.0 mL Separate serum as soon as possible. Sample will be frozen upon receipt in laboratory. Plasma is NOT suitable for analysis.		Store and ship refrigerated until frozen. Once frozen sample must remain frozen.	
INTEGRATED PRENATAL SCREEN 1	SST	Serum – 10 mL. Collect a dedicated SST tube, allow it to clot and centrifuge. An IPS form completed by physician must accompany sample. Results are reported directly to doctor by the hospital performing the test.	IPS1 is ordered when the patient is 15-18 weeks pregnant.	Store and ship refrigerated.	Complete all information requested on form.
INTEGRATED PRENATAL SCREEN 2	SST	Serum – 10 mL. Collect a dedicated SST tube, allow it to clot and centrifuge. An IPS form completed by physician must accompany sample. Results are reported directly to doctor by the hospital performing the test.	IPS1 is ordered when the patient is 11-14 weeks pregnant.	Store and ship refrigerated.	Complete all information requested on form.
INTRINSIC FACTOR	SST	Serum – 3.0 mL Not OHIP billable		Store and ship refrigerated.	
IODINE PLASMA	GREEN	Plasma – 5.0 mL. Collect on green top tube (Na Heparin). Centrifuge and aliquot plasma into transfer tube.		Store and ship refrigerated.	

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IRON, TIBC, % SATURATION	SST	Serum – 1.0 mL Centrifuge within 1 h. Should not be ordered in combination with Ferritin except in specific diagnostic/treatment scenarios.	Fasting specimen preferred. Specimen should be drawn prior to therapeutic iron or blood transfusion.		
IRON (URINE)	-	Urine – 50.0 mL aliquot of a 24 hr urine collected in 24 hr urine container.		Store and ship refrigerated.	State total volume on requisition
ISLET CELL ANTIBODY (PANCREATIC CELL AB)	SST	Serum – 1.0 mL. Hemolysed samples will not be accepted for analysis.			
ISONIAZID	-	Test No Longer Available			
KEPPRA (LEVETIRACETAM)	-	See Levetiracetam			
KETONES		See Acetone			
KETONES URINE		See Acetone (urine)			
LACTATE (LACTIC ACID)	GREY	Plasma – 2.0 mL. Centrifuge and aliquot plasma within 15 minutes. Serum specimens NOT acceptable.	Fasting specimen preferred.	Store and ship refrigerated.	
LACTATE D	GREY	Plasma – 1.0 mL. Centrifuge, aliquot and freeze within 30 min of collection. Collect in GDML PSC only.		Store and ship frozen on dry ice.	
LACTATE DEHYDROGENASE (LD)	SST	Serum – 1.0 mL. Hemolyzed specimens are not accepted			
LACTATE DEHYDROGENASE (LD) ISOENZYMES (INCLUDES TOTAL LD)	SST	Serum - 1.0 mL. Hemolyzed specimens are not accepted.		Store and ship at room temperature.	
LACTOSE TOLERANCE	GREY	Plasma – 4.0 mL per sample. Children weighing less than 25 kg or 55 lbs must be referred to a hospital. Contact lab to confirm which PSC's will perform tolerance testing	Collect fasting sample. Administer 50.0 g lactose followed by 175 mL of water. Start timer and collect blood at 30, 60, 90 & 120 minutes.		
LAMOTRIGINE	SST	Serum – 2.0 mL. Centrifuge	Collect trough level just prior to next dose.	Store and ship refrigerated	Indicate date and time of last dose on both requisition and tube.
LATS (LONG ACTING THYROID STIMULATING HORMONE)		See Thyrotropin Binding Inhibitor Immunoglobulin (TBII). Not OHIP billable.			
LDL CHOLESTEROL	SST	Serum – 2.0 mL Calculated result (must order HDL, CHOL and TRIG)	Collect after a 12 h fast.		Age and sex required.
LDL by ULTRACENTRIFUGATION	SST	Serum – 7.0 mL. Two SST tubes are required to perform this assay.	Collect after a 12 hr fast	Store and ship refrigerated.	

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LE SCREEN	RED	Serum – 1.0 mL			
LEAD (INDUSTRIAL)	ROYAL BLUE (K2EDTA)	Whole Blood - 7.0 mL. Mix well by inversion. Do not centrifuge. Blood is specimen of choice. Not OHIP billable		Store and ship refrigerated.	
LEAD (URINE)	-	Urine - Random – 10.0 mL. Requests for Industrial testing are not OHIP billable.		Store and ship refrigerated.	
LEGIONELLA SPP.	SST/ SERTILE CONTAINER/ SWAB	Serum – 10.0 mL. Test can also be done on whole blood, urine, respiratory tract washings, pleural fluid, lung tissue or a swab of post surgical wound. If submitting blood for serological testing both acute (IgM) and convalescent (IgG) samples are required. A completed Public Health form must accompany the sample.			Indicate if patient is acute or convalescent.
LEISHMANIA AB	SST	Serum - 10.0 mL. Completed PHL Test requisition required.			
LEPTIN	SST	Serum – 1.0 mL. Centrifuge. This test is currently not approved for clinical use, and is to be used for clinical trial or private clients only		Store and ship refrigerated.	
LEPTOSPIRA AB	SST	Serum – 10.0 mL. Completed PHL test requisition required. Test will be referred out by PHL.			
LEUKOCYTE ALKALINE PHOSPHATASE (LAP)	GREEN	Whole Blood – 10.0 mL.		Mon-Thurs. Do not collect blood the day before a Statutory holiday. Sample must be received at the testing laboratory within 24 hour of collection.	
LEVETIRACETAM (KEPPRA)	LAVENDER	Plasma – 2.0 mL. Plasma from a green top (heparin) tube is also accepted. Centrifuge and aliquot plasma into transfer tube.		Store and ship at room temperature. Do not delay transport. Depending on volume and storage time, the decrease in drug level may be significant.	Indicate date and time of last dose and collection on both the requisition and tube.
LH (LUTEINIZING HORMONE)	SST	Serum - 1.0 mL		Store & ship refrigerated	

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LIBRIUM		See Chlordiazepoxide.			
LIGHT CHAINS, FREE (URINE)	-	See Gammopathy Screen Urine.			
LIPASE	SST	Serum - 1.0 mL.		Store & ship refrigerated.	
LIPASE – FLUID	STERILE CONTAINER	Fluid – 1.0 mL. Collect fluid in sterile container or green top tube.		Store and ship refrigerated.	
LIPOPROTEIN (a)	SST	Serum – 1.0 mL. Aliquot into two tubes and freeze as soon as possible.	Collect after a 12 h fast.	Store frozen & ship on dry ice .	
LIPOPROTEIN ELECTROPHORESIS	SST	Serum – 2.0 mL. Includes Cholesterol and Trig	Collect after a 14 h fast.		
LIPOPROTEIN SUBFRACTIONATION PROFILE	SST	Serum – 2.0 mL. Centrifuge specimen and separate serum from cells within 45 minutes of collection. Sample will be frozen upon receipt in laboratory. Not OHIP billable.	Collect after a 10-12 h fast.	Store and ship refrigerated until frozen. Once frozen specimen must remain frozen.	
LITHIUM	SST	Serum - 1.0 mL	Collect 12 hrs post dose		Indicate time of last dose and collection on requisition
LIVER, KIDNEY AND MICROSOMAL ANTIBODY (ANTI LKM)	SST	Serum – 1.0 mL		Store and ship refrigerated.	
LONG ACTING THYROID STIMULATING HORMONE		See Thyrotropin Binding Inhibitor Immunoglobulin (TBII)			
LORAZEPAM	ROYAL BLUE (NO ADDITIVE)	Serum – 3.0 mL. Do not use gel separator. Sample will be frozen upon receipt in laboratory.	Draw trough specimen just prior to dose administration	Store and ship refrigerated until frozen. Once frozen sample should remain frozen.	
LUDIOMIL		See Maprotiline			



Test Name	Tube Type	Specimen Requirements and Additional Information	Patient Preparation & Collection Timing	Specimen Storage and Transport	Clinical Information Required
LUPUS	LIGHT BLUE	<p>Plasma –2.0 mL. Specimen for this test must be collected, processed, aliquoted and frozen within 30 minutes of collection. If unable to meet these requirements, patients must be referred to a GDML Patient service Center for collection. Collect 2 light blue top tubes. Centrifuge and remove the top 2/3 of plasma with a plastic transfer pipette into a transport tube being careful not to disturb the cell layer. Centrifuge plasma aliquot and transfer to 2nd transport tube, staying clear of the cell button at the bottom of the tube. Freeze immediately. If the light blue tube is the first tube to be drawn, collect a small amount of blood in a discard tube before proceeding with the rest of the collection.</p> <p>The Lupus testing panel contains PTT, Russel Viper Venom, StaClot LA, PTT Interpretation and Lupus Interpretation.</p>		Store frozen and ship on dry ice.	
LUVOX		See Fluvoxamine			
LYME DISEASE (BORRELIA BURGDOFFERI)	SST	Serum – 10.0 mL. Completed Public Health Laboratory Test Requisition required.	Acute and convalescent samples required.		Indicate if patient has been bitten and travel history. Note all symptoms.
LYMPHOCYTIC CHORIMENINGITIS (LCM)		Test not available			
LYMPHOGRANULOMA VENEREUM		Test not available			
LYMPHOID MARKERS (FLOW CYTOMETRY)		Please see Immunology Markers			
MACROAMYLASE	SST	Serum – 1.0 mL. Not OHIP billable.		Store and ship refrigerated.	
MACROPROLACTIN	SST	Serum – 2 mL		Store and ship refrigerated.	
MAGNESIUM	SST	Serum – 1.0 mL			
MAGNESIUM (URINE)	-	Urine – 24 h or Random – 10.0 mL aliquot. No preservative required.		Store & ship refrigerated	For 24 h urine state total volume in mL



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MALARIA SMEAR	LAVENDER	Whole Blood – 3.0 mL. Mix well by inversion. Prepare thin and thick smears. It is recommended that specimen be collected within a Gamma-Dynacare Patient Service Center due to the time restraints for slide preparation.	Prepare smears at height of fever.	Slides must be prepared within 1 hour of collection and examination must be done within 8 h of collection.	Specify time of collection on vacutainer.
MANGANESE	ROYAL BLUE (K2EDTA)	Plasma – 2.0 mL. Not OHIP billable. Centrifuge within ½ hour of collection without gel separator and aliquot plasma into polypropylene tube. Collection in glass royal blue or green top tubes with heparin is also acceptable.		Store and ship refrigerated.	
MANGANESE (URINE)	-	Urine – Random – 50.0 mL. Collected in sterile container. Not OHIP billable.		Store and ship refrigerated.	
MAPROTILINE	GREEN	Plasma – 3.0 mL. Centrifuge and aliquot into transfer tube. No gel separator.	Draw trough specimen prior to morning dose.	Store and ship refrigerated.	Indicate time of last dose and collection.
MATERNAL SERUM SCREEN	SST / RED	Serum – 10.0 mL. Draw a dedicated tube and complete the appropriate color-coded form for the genetic center in your area.			Provide all information requested on form.
MEASLES (RUBEOLA, RED MEASLES) ANTIBODY	-	See Rubeolavirus			
MELANIN (URINE)	-	Test is no longer available.			
MELATONIN (SALIVA)	-	Saliva – Collect 1.0 mL saliva in Buhlman Saliva Collection Device available from GDML. Specimen must arrive at the laboratory within 24 hrs of collection. Sample will be processed and frozen upon receipt in the laboratory.		Store and ship refrigerated. Once frozen saliva must remain frozen until tested.	Indicate date and time of collection on requisition and sample.
MELLARIL		See Thioridazine			
MERCURY	ROYAL BLUE (K2EDTA)	Whole Blood – 7.0 mL. DO NOT CENTRIFUGE OR SEPARATE. Note: Urine is the specimen of choice.		Store and ship refrigerated.	
MERCURY (URINE)	-	Urine - 24 h or Random – 50.0 mL aliquot of urine collected in sterile container.		Ship refrigerated in collection container.	For 24 h urine state total volume.

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METANEPHRINES TOTAL (URINE)	-	Urine - 24 h – 50.0 mL aliquot required. Collect 24 hr urine in 25 mL 6 N HCl. Contact Main Lab for collection container.	To be avoided for 48 hrs before collection: ASA, Chloralhydrate, coffee, cola drinks, dopamine, erythromycin, methyl dopa, niacin, phenothiazines, quinidine, quinine, riboflavin, smoking, tea, tetracycline, vitamin B. To be avoided for 72 hours: avacodos, bananas, chocolate, eggplant, fruit and juices, hypertensive drugs (especially ALDOMET), pineapple, plums, Tylenol (acetaminophen), walnuts.	Store and ship refrigerated.	For 24 h urine state total volume in mL
METANEPHRINES FRACTIONATED (URINE)	-	Urine - 24 h – 50.0 mL aliquot required. Collect 24 hr urine in 25 mL 6 N HCl. Contact Main Lab for collection container.	To be avoided for 48 hrs before collection: ASA, Chloralhydrate, coffee, cola drinks, dopamine, erythromycin, methyl dopa, niacin, phenothiazines, quinidine, quinine, riboflavin, smoking, tea, tetracycline, vitamin B. To be avoided for 72 hours: avacodos, bananas, chocolate, eggplant, fruit and juices, hypertensive drugs (especially ALDOMET), pineapple, plums, Tylenol (acetaminophen), walnuts.	Store and ship refrigerated.	For 24 h urine state total volume in mL
METHADONE	ROYAL BLUE (RED LABEL)	Serum – 2.0 mL. Centrifuge without gel separators and aliquot. Not OHIP billable.	Draw trough sample just prior to next dose or peak sample 1 hr after dose.	Store and ship refrigerated.	Specify time of last dose and collection.
METHADONE (QUALITATIVE-URINE)	-	Urine – Random - 10.0 mL urine collected in a sterile container.		Store and ship refrigerated.	



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METHAQUALONE (QUAALUDE) (URINE)	-	Urine – Random – 10.0 mL collected in sterile urine container.		Store and ship refrigerated.	
METHEMALBUMIN	SST	Serum - 2.0 mL. Centrifuge and aliquot serum.		Store and ship refrigerated.	
METHEMOGLOBIN	GREEN	Whole blood – 4.0 mL. Do NOT open or aliquot from this tube.		Samples must arrive at testing lab within 24 hrs of collection. Collect Mon-Thurs. If collecting Thurs sample must reach testing lab by 14:00 hrs on Fri.	
METHOTREXATE	SST	Serum – 1.0 mL. Centrifuge and protect specimen from light.		Store and ship refrigerated protected from light. .	Specify high or low dose therapy and date and time of last dose.
METHOTRIMEPRAZINE	RED	Serum – 3.0 mL. Specimen for this test must be collected, processed, aliquoted and frozen within 30 min of collection. Patients for this test must therefore be referred to a GDML Patient Service Center for collection. Separate serum from cells ASAP.		Store and ship frozen on dry ice.	
METHYLPHENIDATE (RITALIN) (URINE)	-	Urine - Random – 10.0 mL. Must be ordered as Toxicology screen.		Store & ship refrigerated where possible.	State Drug required..
METHYLMALONIC ACID (SERUM)	RED	Serum – 2.0 mL. Centrifuge and aliquot serum within 30 min of collection. Plasma from a green top (heparin) tube is also acceptable		Store and ship refrigerated.	
METHYLMALONIC ACID QUANTITATIVE (URINE)	Sterile urine container	Urine - Random – 10.0 mL no preservative. Sample will be frozen upon receipt in laboratory within 24 hrs of collection.	First morning specimen preferred.	Mon-Thurs. Store and ship refrigerated. Once frozen sample must remain frozen.	List patient's medications.
MEXILETINE		This test is no longer available.			
MHA-TP (Syphilis Diagnostic Confirmatory)	SST	Serum – 10.0 mL. Completed PHL requisition required.			Indicate patient's diagnosis.
MICROALBUMIN	URINE	Urine - Random or 24 hr – 2 X 10.0 mL aliquots transferred into conical/glass tubes.		Store and ship refrigerated.	For 24 h urine state total volume in mL.
MICROFILARIA	LAVENDER	Whole Blood – 5.0 mL. Clearly label tube "MICROFILARIA". Mix well by inversion.			
MICROSOMAL THYROID ANTIBODY	SST	Serum - 1.0 mL		Store and ship refrigerated.	

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MITOCHONDRIAL ANTIBODY		See Anti Mitochondrial Ab.			
MMR SCREEN	SST	Serum – 10.0 mL. Completed PHL form required.	Collect serum for IgM testing 4-28 days after onset of symptoms. Follow up serum collected after 7-10 days may be required for diagnosis.		Indicate if testing is for diagnosis or immunity.
MOGADON		See Nitrazepam			
MOLLUSCUM CONTAGIOSUM VIRUS	VIRUS CULTURE KIT	Swab - Use virus culture kit to collect sample. Instructions are included in the kit. Completed PHL requisition is required.		Store and ship as per kit instructions.	
MOLYBDENUM PLASMA	ROYAL BLUE (K2EDTA)	Plasma – 3.0 mL. Spin within 30 minutes of collection and aliquot plasma into a transfer tube. Do NOT use Sure Sep. Note; Green top tube is also acceptable as a collection tube.		Store and ship refrigerated.	
MOLYBDENUM URINE	URINE	Random Urine – 15.0 mL. Collect a midstream urine in a sterile urine container.		Store and ship refrigerated.	
MONONUCLEOSIS SCREEN (MONO SCREEN, HETEROPHILE ANTIBODIES)	RED/SST	Serum - 2.0 mL			
MORPHINE (URINE)		Urine Random – 25.0 mL.. Must be ordered as Toxicology Screen.		Store and ship refrigerated.	
MUCOPOLYSACCHARIDES (URINE)	-	Urine – 5.0 mL collected in sterile container. Sample must be refrigerated until frozen upon receipt in laboratory.	Early morning sample preferred.	Store and ship refrigerated until frozen. Once frozen sample must remain frozen.	
MUMPS IGG/IGM DIAGNOSIS	SST	Serum - 10.0 mL. Testing is for diagnosis. Collect serum within 7-10 days of symptom onset (acute sample). A follow-up sample collected 7-10 days after the first sample may be required to aid in the interpretation of results (convalescent sample).		Store and ship refrigerated.	Indicate if sample is acute or convalescent and any relevant clinical information.
MUMPS IGG IMMUNE STATUS	SST	Serum – 10.0 mL. Testing is for immune status only. Completed PHL Requisition required.		Store and ship refrigerated.	Indicate sample is for immunity testing.

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MYCOBACTERIUM AVIUM COMPLEX	2 GREEN	Blood – 2 X 10.0 mL – A completed Public Health form must accompany the specimen. Testing may also be performed on tissue, fluids and swabs. Please note that throat swabs are not an acceptable specimen. If sputum for MAC testing is ordered the testing will be performed in Gamma-Dynacare's Ottawa location.			
MYCOBACTERIUM AVIUM INTRACELLULAR URINE	URINE	Urine Random – 10.0 mL. First morning specimen is preferred. Completed PHL form is required.		Store and ship refrigerated.	
MYCOPHENOLIC ACID	LAVENDAR	Plasma – 1.0 mL.		Store and ship refrigerated.	Indicate on req where transplant was performed.
MYCOPLASMA CULTURE (GENITAL)	-	Cervical, Semen, Prostatic Secretions or Urine - Collect in special Mycoplasma/ureaplasma transport media. Store media protected from the light at refrigerated temperatures. Allow media to come to room temperature before use. Follow instructions on vial provided.	Indicate source on specimen and requisition	Protect from direct light. Transport specimen on ice packs.	Record patient clinical information. Indicate source on requisition and specimen
MYCOPLASMA PNEUMONIAE (PULMONARY)	-	MP Kit – Follow instructions provided with kit. Completed Public Health Laboratory Requisition form required.		Collect Mon-Thurs only.	
MYCOPLASMA CULTURE – PHL	MP CULTURE KIT	Swab/Aspirate/Tissue – Collect the required sample following the instructions provided in the MP Kit. Completed PHL form is required. For additional information please refer to the PHL collection manual on the PHL website.		Store and ship as per kit instructions.	
MYCOPLASMA PNEUMONIAE - SEROLOGY	RED	Whole Blood – 10.0 mL. Collect one full red top tube. Test available only in Eastern Ontario Region. Sample must be accompanied by completed CHEO Regional Virology form		Store and ship refrigerated.	Clinical history and date of illness onset is required.



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MYELOPEROXIDASE ANTIBODY	SST	Serum – 1.0 mL. Centrifuge. Serum from a red top tube is also acceptable if aliquoted to a transfer tube.		Store and ship refrigerated.	
MYELIN BASIC PROTEIN (CSF)	STERILE GLASS VIAL	CSF - Specimen may be collected in Dr's office and submitted as per routine samples but must arrive at the main lab within 24 hours of collection. Samples will be frozen upon receipt in a GDML main lab facility. Centrifuge CSF at 2000Xg at refrigerated temperature for five minutes. Withdraw 1.0 mL of supernatant and aliquot into transport tube.	Lumbar puncture should be performed within 5 days of onset of neurologic symptoms suggestive of multiple sclerosis.	If specimen will be received at a GDML main lab within 24 hrs of collection, store and ship refrigerated. If not, store and ship frozen on dry ice.	
MYOCARDIAL ANTIBODY	RED/SST	Serum - 2.0 mL		Store and ship refrigerated	
MYOGLOBIN (URINE)	-	Urine – Random 50.0 mL. 24 hr urine is also acceptable.		Store and ship refrigerated.	
MYSOLINE		See Primidone.			