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USER MANUAL

CHEMSCREEN
LABORATORY SERVICES

Initial Release

Issued under the authority of:

Dr. Tricia Boyce

Signature .....*T.Boyce*.....

Date: 10/12/2015

Effective: 12/12/2015

GENERAL INFORMATION

LOCATION / POSTAL ADDRESS:

ChemScreen Laboratory Services Inc. is located on the 1st floor of the Ars Medicae Building.

#13, 5th Avenue Belleville,

St. Michael BB11114

Tel: (246) 228-9908

(246) 228-9907

Fax: (246) 436-8127

Email: chemscreen@caribsurf.com

SERVICES PROVIDED

- ***Microbiology***
- ***Clinical chemistry***
- ***Haematology***
- ***Serology***
- ***DNA. paternity testing.***
- ***Drug testing on urine***
- ***Environmental analysis (water , swabs)***
- ***Phlebotomy*** at two locations,
    1. #13, 5th Avenue Belleville St. Michael
    2. Warrens Healthcare Complex , Warrens St. Michael.
- ***Courier Service*** to and from doctors' offices, laboratories and clinics.
- ***Home Collections***

POPULATION SERVED

ChemScreen Laboratory Services Inc. is a private laboratory which provides services to practitioners, hospitals, schools, cruise ships, and other health facilities and laboratories throughout the island.

OPERATIONAL HOURS:

Routine Laboratory Services

Mondays to Fridays

7.30am-8.00pm,

Saturdays & Sundays

8.00am – 05:00pm

Phlebotomy hours

Mondays to Fridays

7.30 am - 05:00 pm in Belleville

8:00 am - 12:00 pm in Warrens

Saturdays

8.00am-12:00 pm, Belleville

8.00am-12.00 pm, Warrens,

Sundays

Phlebotomy service unavailable

Emergency Services

Until 08.00pm daily. Last pick up 06:30 pm

Public holidays 9:00am – 02:00pm (Doctors need to call.)

Refer to Appendix 1. List of Tests offered during Emergency Duty.

Courier Services

Mondays to Fridays

8:30 am to 6:30 pm

Saturdays and Sundays

9:00 am to 3:30 pm

Public holidays

9:00 am to 12:30 pm

TEST REQUISITION

COMPLETING THE REQUISITION FORM

ChemScreen Laboratory Services Inc. requisition forms come with carbonless duplicate or they are available online

All information noted on the requisition forms must be legible for processing to occur.

Complete the requisition form with the following information:

- Name of patient
- National ID#
- Date of birth of patient
- Gender
- Doctor requesting test
- Location
- Date and time of collection
- Specimen Type
- Test required
- Diagnosis

Ensure that information is legible on both copies of requisition form.

Urgent Requests

Urgent requests are those needed for immediate management of the patient.

Physician's **shall :**

i. Communicate the urgency prior to or upon sample collection directly to the Laboratory. Indicate whether dropping off sample or whether a collection is required
ii. Complete all relevant details on the request form and specimen container correctly and legibly;

iii. Leave their contact information with the laboratory or note it on the form.

NB: Failure to comply may result in delayed reporting of results.

Verbal Requests

Verbal requests for laboratory services are permitted,

Such requests are granted provided that:

1. The allowable time for addition of test is still relevant.
2. The correct sample type is available
3. The volume is adequate
4. The written request follows by fax or email.
5. Payment approved by CLS

PAYMENT STRUCTURE

Patients are required to pay for their tests prior to having the blood drawn on visiting the Laboratory.

Charge accounts are available to physicians/ Clinics as long as they meet the required accounting criteria.

LABELING OF SPECIMEN

All specimens must be clearly labeled using indelible ink with the following:

- Name of patient
- National ID# and or date of birth
- Date and time of collection (time of collection is especially required for timed specimens eg. Iron studies, PT, D-dimer)
- Location
- Phlebotomist initials

Specimens must have at lease two unique identifiers

1. Name of patient

2. National ID # and / or date of birth

Kindly note that in the case of microbiology, cytology and histology specimens must be clearly identified. Eg. Right ear, urine or fluid.

REJECTION CRITERIA

ChemScreen Laboratory Services desire to work with its clients to produce the best, quality results.

It is therefore imperative that clients provide the best samples, comprehensively labeled and well taken.

Noting that the results obtained from the Laboratory are as good as the sample submitted to the Laboratory.

The following situations would therefore compromise testing and must be avoided. Repeat specimens would be required.

i. Leaking specimens
ii. Specimens with no name or illegible writing
iii. Incorrect container, device or media used for test ordered
iv. No requisition form provided or no test ordered on requisition form
v. Damaged samples,
vi. Insufficient sample (tubes not filled to required mark)
vii. Specimen containing clots for coagulation and hematology
viii. Samples incorrectly stored

STORAGE OF SPECIMENS

It is ideal to have all specimens reach the Laboratory as soon as possible. However in the event that this is not possible, **some** specimens may be stored overnight .

Kindly refer to Table 2. on page 11. for storage time and conditions of specimens based on the test requested.

24 hour urines shall be stored in cool places and brought to the laboratory as soon as completed the following morning.

The following specimens are considered irreplaceable and special emphasis is mentioned here to avoid error with such samples. These samples require diligence in collection and processing.

Number	Type of specimen
1.	Timed samples eg. PTH, cortisol.
2.	Samples collected in an acute situation, where the clinical status of the patient may have changed eg. Drug overdose, hypoglycaemic state.
3.	Samples for culture, where antibiotic therapy has been started eg. Blood culture, wound swab.
4.	Bone Marrow
5.	CSF
6.	Tissue
7.	Other body fluids (not blood)
8.	Samples where recollection presents a risk to patients

Table 1. below lists test that have short life spans and must reach the Laboratory rapidly for separation or analysis.

KEY: h = hour d = day m = month y = year

Stability in whole blood			
Test	Container	At Room Temp	Refrigerated
C- Peptide	Serum ,Li heparin	6h	6h
Cortisol	Serum	2h	4h
Folate	Serum, Li heparin	4h	4h
Lactate	Fluoride	6h	6h
	CSF plain	N/A	N/A
LDH	Serum , Li heparin	2h	4h
PTH	EDTA , Other	24h 6h	24h 6h
Iron	Serum	1h	
Potassium	Serum ,Li heparin	6h	2 h
Inorganic Phosphorous	Serum, Li Heparin	2h	2h
Magnesium	Serum, Li Heparin	6h	24h
Insulin	EDTA , Serum	5h 5h	12h 12h
D Dimers	Citrate	6 h	
FBC	EDTA	24 h	24 h
HGB	EDTA	48 h	48 h
Manual Differential	EDTA	8 h	8 h
PT	Citrate	6 h	6 h
PTT	Citrate	6 h	6 h

PHLEBOTOMY

Phlebotomy services are available to all our clients at Belleville and at the Warrens branch and also available in the privacy of residences and hotels.

Warrens offers services Monday to Saturday 8:00am to 12:00 midday

Belleville offers services 7:30 am to 5:00 pm Monday to Friday and from 8:00am to 12:00 mid day on Saturdays.

Home/ Hotel / ship collections are available by appointments , Kindly call our Belleville location 1 246 228-9908 to set up an appointment.

Doctors or their assistants who perform phlebotomy at their offices should ensure that blood specimen containers are filled to the required mark on the vacutainer tubes to ensure adequate sample volume, and anticoagulant to blood ratio.

COURIER SERVICES

ChemScreen Laboratory Services Inc. offers courier services to our clients island wide.

Couriers are equipped with coolers, spill kits, specimen bags and logs. Kindly sign courier logs when you give specimens or receive reports.

Call 1-246-228-9908 to request a pick up. (Refer to our hours of courier service for times available)

SPECIMEN TRANSPORT TO THE LABORATORY

Clients are also welcome to bring their specimens to the laboratory.

Specimens should be transported at the correct temperatures and sealed tight to avoid leakage,

Forms must be separated from specimens.

Biohazard specimen bags are best to use and can be obtained from the laboratory.

ACCESSING RESULTS

Printed results are delivered to clients by the courier on a daily basis.

Results are also phoned / faxed in cases of emergency, or when results exceed critical values. This is also done as requested by the client.

Results can also be emailed to clients by request

In cases where there is no fax, or client has specially requested, results may be telephoned. Phoned results are to be repeated to Technologist to verify that the correct communication has occurred.

Clients can also access results online. For futher information contact laboratory.

SPECIMEN CONTAINERS

Clients using the services of ChemScreen Laboratory Services Inc. may obtain specimen collection vials from the Laboratory for their use under the condition that the containers are being returned to ChemScreen Laboratory Services Inc. only.

You may call the Laboratory and request the containers, where the courier would deliver, or they may be collected from the Laboratory.

Patients guideline for the collection of specimens are also available from the laboratory.

CONSULTATION

ChemScreen Laboratory has consultants in every discipline that are available to work with and advise clients on results obtained from the laboratory.

For this service kindly call the laboratory and speak to the Laboratory Supervisor or Laboratory Manager, who would be happy to make such arrangements.

COMPLAINTS

ChemScreen Laboratory Services Inc. receives complaints, and makes every effort to handle them in the most amicable way to the satisfaction of all involved. They may be communicated in hard copy, verbally, or by email. Complaints are documented and addressed in the best way for both parties.

CONFIDENTIALITY

It is a condition of employment for all staff and consultants of ChemScreen Laboratory Services Inc. to maintain a highly confidential environment. All employees are required to sign off on a confidentiality agreement. All patient's data is kept in strictest confidence.

Table 2. Showing Test offered, reference range, units, turn around time (TAT) and special requirements, collection containers

Test	Sample Type	Reference Range	Units	Special Requirements	TAT
Alanine Transaminase -ALT	Serum/ Li Hep	3 - 48	IU/L	No haemolysis	48 hrs
Albumin	Serum/ Li Hep	35 – 54	g/L		48 hrs
Alkaline Phosphatase- ALP	Serum/ Li Hep	36 – 126	IU/L	No haemolysis	48 hrs
Alpha feto Protein- AFP	Serum	0 – 8.5	ng/mL	Fasting/ Triple test	2 weeks
Amylase- AMY	Serum/ Li Hep	30 - 110	IU/L		48 hrs
Aspartate Transamianse- AST	Serum/ Li Hep	12 – 45	IU/L	No haemolysis	48 hrs

Test	Sample Type	Reference Range	Units	Special Requirements	TAT
β 2-Microglobulin	Serum	609 –2164	ng/mL		2weeks
Beta Human Chorionic Gonadotropin – β HcG	Serum	0-5	mIU/mL		48 hrs
Bicarbonate	Serum/ Li Hep	18-27	mmol/L	Must be separated	48 hrs
Bilirubin-Direct - DBili	Serum/ Li Hep	0 - 3	mmol/L	Must be separated	48 hrs
Bilirubin-Total – TBili	Serum/ Li Hep	6 - 22	µmol/L	Must be Separated	48 hrs
CA- 15.3	Serum	Premenopausal 0-36.5 Post-menopausal 0-46.8	U/mL		2 weeks
CA 19.9	Serum	0.- 33	U/mL		2 weeks
CA 125	Serum	0 -.20	U/mL		2 weeks
Calcium (Corrected for Albumin)	Serum	2.10 - 2.54	mmol/L	Must be separated	2 days
Carcinoembryonic Antigen - CEA	Serum	Male Non Smoker 0.0-3.4 Male Smoker 0.0-6.2 Female Non Smoker 0.0-2.5 Female Smoker 0.0-4.9	ng/mL		2 weeks
Cholesterol (Total)	Serum/ Li Hep	3.26-5.19	mmol/L	Recommend fasting	48 hrs
Chloride - CL	Serum/ Li Hep	98- 107	mmol/L	Avoid haemoloysis	48 hrs
ortisol	Serum	A.M 139-690 P.M ½ of A.M	nmol/L	Separate immediately	1 week
C-Reactive Protein – CRP	Serum/ Li Hep	0 - 5	mg/L		48 hrs
Creatinine – Creat	Serum/ Li Hep	Male 67-121 Female 55-94	µmol/L		48 hrs
Creatinine Kinase – CK	Serum/ Li Hep	Male 64-644 Female 48-376	U/L	No Haemolysis	48 hrs
Creatinin Kinase –MB	Serum/ Li Hep	Male 7-60 Female 8-22	U/L	No Haemolysis	48 hrs

Test	Sample Type	Reference Range	Units	Special Requirements	TAT
CKMB					
Dehydroepiandrosterone - DHEA	Serum	Male 2.17 - 15.20 Female 0.95-11.67	µmol/L		1 week
Ethanol	Serum	0-10	mg/dL		3 days
Estradiol / Estriol/ Estrone	Serum	Male 0-206 Adult Females: Follicular 0- 587 Luteal 101- 905 Menopausal 0-110 Post-Menopausal 0-341 Oral Contraceptives 0-374	µmol/L		1 week
Folate	Serum	>3.00 -	ng/ml	Separate immediately, protect from light	1 week
Free Thyroxine - FT4	Serum	10.0-24.0	µmol/L		1 week
Follicle Stimulating Hormone- FSH	Serum	Males 0.7-11.1 Adult Females: Follicular 2.8-11.3 Luteal 1.2-9.0 Post-Menopausal 9.7-111 Oral Contraceptives 0.0-4.9	uIU/mL		1 week
Gamma Glutamyl Transferase – GGT	Li Hep/ Serum	13-67	IU/L		48 hrs
Globulin	Li Hep/ Serum	23-67	g/L		48 hrs
Glucose	Flouride Plasma	Fasting 3.5-6.1 Random 4.5-10.0 1hr (drink) 3.5-6.30 2hr pp 4.5-7.2 3hr pp 4.5-7.7 4hr pp 4.5-7.7	mmol/L	Glucose beverage provided by laboratory	48 hrs
HbAlc	EDTA	Non-Diabetics 3.0-6.0 Controlled Diabetics 6.0-8.0	%		5 days
HDL	Li Hep/ Serum	0.75-1.87	mmol/L		48 hrs

Test	Sample Type	Reference Range	Units	Special Requirements	TAT
Iron	Serum	37 – 170	ug/dl	Separate immediately	1 week
Lactate Dehydrogenase –LDH	Serum	94-259	U/L	Separate immediately	48 hrs
LDL- Cholesterol	Li Hep/ Serum	Desirable <3.36 Borderline 3.36-4.11 High >4.43	mmol/L		48 hrs
Lithium	Serum	Therapeutic 0.6-1.2 Potentially Toxic 1.5 Severe Toxicity >2.5	mmol/L		48 hrs
Luteinizing Hormone -LH	Serum	Males 0.8-7.6 Adult Female: Follicular 1.1-11.6 Mid-Cycle 17-77 Luteal 0.0-14.7 Post-Menopausal 11.3-39.8	mlu/mL		1 week
Magnesium- Mg	Li Hep/ Serum	0.66-0.95	mmol/L	Separate within 48 hrs	48 hrs
Sodium Na	Li Hep/ Serum	134 - 144	mmol/L	Avoid haemoloysis	48 hrs
Parathyroid Hormone- PTH	Serum	1.3-6.8	pmol/L	Separate and freeze immediately	1 week
Potassium	Serum/ Li Hep	3..1 - 4.4	mmol/L	Avoid haemoloysis	6 hrs
Phosphorus	Li Hep/ Serum	0.57 - 1.59	mmol/L	Separate immediately No haemolysis	48 hrs
Progesterone	Serum	Males 0.86-2.9 Females Follicular phase 0.0-3.6 Midcycle 1.5-5.5 Luteal Phase 3.0-68.0 Post-Menopausal 0.0-3.2 Oral Contraceptives 1.1-2.9	nmol/L		1 week
Prolactin	Serum	Males: Adult 2.5-17.0 Females :1.9-25.0	ng/mL		1 week

Test	Sample Type	Reference Range	Units	Special Requirements	TAT
Prostatic Specific Antigen –PSA	Serum	0-4	ng/mL		1 week
T_3	Serum	1.2-2.7	nmol/L		1 week
Testosterone	Serum	Males 20-49 yrs 8.5-55.5 ≥ 50yrs 6.22-26.8 Females Ovulating 0-2.8 Post-Menopausal 0-2.6			1 week
Thyroid Simulating Hormone- TSH	Serum	0.32-5.00	µlu/mL		1 week
Total Protein	Li Hep/ Serum	62-80	g/L		48 hrs
Triglycerides	Li Hep/ Serum	0.6-3.15	mmol/L		48 hrs
Tri-iodothyronine (T3)	Serum	1.2-2.7	nmol/L		1 week
Troponin-I	Li Hep/ Serum	Negative/Positive			48 hrs
Urate	Li Hep/ Serum	0.18-0.46	mmol/L		48 hrs
Urea	Li Hep/ Serum	2.5-6.5	mmol/L		48 hrs

SPECIAL TESTS

Test	Sample Type	Reference Range	Units	Special Requirements	TAT
Angiostensin Converting Enzyme (ACE)	Serum	13-75	IU/L		1 week
Anticyclic Citullinated Peptide (ACCP)	Serum	Negative- ≤5 Positive >5	IU/L		1 week
Anti-Thyroid Perioxidase (Anti-TPO)	Serum	Negative <225 Equivocal 225-325 Positive >325	IU/L		2 weeks
C-Peptide	Serum	0.4-1.7	nmol/L		2 weeks

Cabamazepine (Tegretol)	Serum	4-10	µg/mL		1 week
Cholinesterase	Serum	4.1-9.9	IU/L		2 weeks
Digoxin (Lanoxin)	Serum	0.8-2.0	ng/mL		1 week
Dilantin (Phenytoin)	Serum	10-20	µg/mL	A minimum of 4hrs after last dose	1 week
Gentamycin	Serum	5-10	µg/mL		
Growth Hormone	Serum	Adults (≥ 20 years) Children (<20 years)	ng/mL		
Hemoglobin Electrophoresis	EDTA Whole Blood	N/A	N/A		1 week
HIV	EDTA Plasma	Negative/ Positive	N/A		1 week
Immunoglobulins IgA, IgG , IgM	Serum				2 weeks
Immunofixation	Serum				2 weeks
Insulin	Serum /Plasma	< or = 16	uIU/mL		2 weeks
Mercury	EDTA Whole Blood			Royal blue top	2 weeks
Myoglobin	Spot Urine	Negative/ Positive			1 week
Osmolality	Serum Spot Urine	282-295 500-800	mOsm/kg		1 week
Paraprotein Level	Spot Urine		g/L		2 weeks
PTH	Serum , EDTA plasma	1.3 - 6.8	pmol/l	ASAP Separate and freeze, EDTA – 48 hrs Serum - 6 hrs	1 week
Reducing Substances	Urine Stool- Plain Container	Negative /. Positive		Should reach lab within 30 minutes or store refrigerated	1 week
Reticulocyte Count	EDTA	0.3-1.9	%		3 days
Serum Protein Electrophoresis	Serum				1 week

Urine Protein Electrophoresis	Urine				2 weeks
Valporic Acid	Serum	50-100	µg/mL	A minimum of 4 hrs after last dose	1 week
Vitamin D	Serum	30.0-45.0	ng/mL		1 week

URINE CHEMISTRY

Test	Specimen Type	Reference Range	Units	Special Requirements	TAT
Amphetamines	Spot Urine	0-1,000	ng/mL		48 hrs
Amylase	Spot urine-Plain bottle	19-674	IU/L		48 hrs
Barbiturates	Spot Urine	0-300	ng/mL		48 hrs
Bence- Jones Proteins (BJP)	Spot Urine-Plain bottle	Negative/ Positive	N/A		5 days
Benzodiazephines	Spot Urine	0-300	ng/mL		48 hrs
Calcium	Spot Urine 24hr Collection	Male 5.00-92.50 Female 6.46-103.4 15-20	mmol/L mmol/24hrs		48 hrs
Cannabis	Spot Urine	Negative/ Positive	ng/mL	If positive TAT 1 week	48 hrs
Chloride	Spot Urine 24hr Collection	25-40 110-250	mmol/L mmol/24hrs		48 hrs
Cocaine	Spot Urine	0-300	ng/mL		1 week
Creatinine	Spot Urine	2,200-35,200	µmol/L		48 hrs
Creatinine Clearance	24hr Collection	1.29-2.62	mL/sec	Instructions obtainable from lab	48 hrs
Ethanol	Spot Urine	0-10	mg/dL		48 hrs
Magnesium	Spot Urine 24hr Collection	Male 12-74 Female 7-53 2.5-8.5	mmol/L mmol/24hrs		48 hrs 48 hrs
Methamphetamines	Spot Urine	0-1,000	ng/mL		48 hrs

Test	Specimen Type	Reference Range	Units	Special Requirements	TAT
Micro-Albumin Creatinine Ratio	Spot urine	0-37	mg/L		48 hrs
Nicotine	Spot Urine	0-5	ng/mL		48 hrs
Opiates	Spot Urine	0-2,000	ng/mL		48 hrs
Potassium	Spot urine 24hr Collection	40-120 25-12250	mmol/L mmol/24hrs		48 hrs
Phosphorus	Spot Urine 24hr collection	Male 6.46-119.5 Female 6.46-103.4 13-42	mmol/L mmol/24hrs		48 hrs
Pregnancy Test	Spot Urine	Negative/Positive	N/A	Early morning urine	48 hrs
Protein	Spot Urine 24hr Collection	0-0.150 0.0-150	mg/L g/24hrs		48 hrs
Urea	24hr Collection	250-600	mmol/24hrs		48 hrs
Uric Acid	Spot Urine	Male 7-48 Female 4-37	mmol/L		48 hrs
Vanillylmandelic Acid (VMA)	24hr Collection	Negative/ Positive	N/A	Acid preservative	1 week

Test	Sample type	Reference Range	Units	Special Requirements	TAT
Hepatitis A	Serum	Negative	AU/ml		
Hepatitis B Surface Ag	Serum	Negative	index/ml		
Hep B Ab	Serum	< 10 negative	mIU/ml		
Hepatitis C	Serum	Negative	AU/ml		
ANA	Serum	< 40 Neg >40 Pos			
Anti-dsDNA IgG ANA	Serum	<30 Negative	IU/ml		
HIV	Serum	Negative	AU/ml		
AMH	Serum	0.8 – 13 males 0 12 age 20 – 50 females	ng/ml		
Ca 19-9	Serum	< 41	U/ml		
CMV	Serum	Negative	AU/ml		
ANTI TPO	Serum	<30	IU/ml		
AFP	Serum	0.61 – 6.6	IU/ml		
HTLV I &2	Serum	Negative	Index/ml		
CT/GN	Urine	Negative			
Rubella IGg	Serum	Refer to report	IU/ml		

HAEMATOLOGY

Test	Sample type	Reference Range	Units	Special Requirements	TAT
Blood Group	EDTA	ABO Blood Group: A,B,O Rhesus Blood Group:	N/A		48 hrs
Direct and Indirect Coombs Test	EDTA/ Li Hep/ Serum without gel separators	Positive or Negative	N/A		48 hrs
Erythrocyte Sedimentation Rate- ESR	EDTA	Male 0-14 Female 0-20	mm/hr	Should reach the lab within 4 -8 hours	48 hrs
Ferritin	Serum	28-397	ng/mL		1 week
Full Blood Count	EDTA	Contact laboratory for ranges.			1-2 days
Haemoglobin	EDTA	10 – 18	g/dL		48 hrs
Haemolglobin AIC (HbAIC)	EDTA	Non-Diabetics 3.0-6.0 Controlled Diabetics 6.0-8.0	%		5 days
Prothrombin Time (PT/INR)	Citrated plasma	11-15	seconds		48 hrs
Partial Thromboplastin Time (PTT)	Citrated plasma	23-39	seconds		48 hrs
Total Iron binding Capacity- (TIBC)	Serum	245-400	µg/dL		1 week
Transferrin	Li Hep/ Serum	200-360	mg/dL		1 week
Vitamin B12	Serum	174-878	pg/mL	Separate & Freeze immediately	1 week

SEROLOGY

Test	Sample type	Reference Range	TAT
ANA	Serum	Negative/ Positive	1 week
Chlamydia	Serum	Negative/ Positive	1 week
Dengue IgG/IgM Screen	Serum	Negative/ Positive	48 hrs
Dengue IgM Antibody ELISA	Serum	Negative/ Positive	2 week
Helicobacter pylori Ab (H. pylori)	Serum	Negative/ Positive	48 hrs
Helicobacter pylori Ag. (H. pylori)	Stool	Negative/ Positive	48 hrs
Hepatitis A	Serum	Negative/ Positive	1 week
Hepatitis B Ab & Ag	Serum	Negative/ Positive	1 week
Hepatitis C	Serum	Negative/ Positive	1 week
Herpes Simplex Virus I & II	Serum	Negative/ Positive	1 week
Infectious Mononucleosis	Serum	Negative/ Positive	1 week
Lupus Erythmatosis	Serum	Negative/ Positive	1 week
RA Latex	Serum	Negative/ Positive	1 week
Rubella	Serum	Negative/ Positive	1 week
Syphillis-RPR	Serum	Nonreactive/ Reactive	1 week

MICROBIOLOGY

Test	Sample Type	Expected TAT
Blood Culture	Adults 10ml of Blood Infants 1-5mls of Blood	1 week
C. difficile	>5mls of faeces	1 week
Ear Swab	Ear Swab	1 week
Endocervical Swab (ECS)	ECS	1 week
Eye Swab	Eye Swab	1 week
Faeces (Microscopy, Culture & Sensitivity)	>5mls of faeces	1 weeks
Fluid Microscopy	>1mL	1 week
Gram Stain	Blood/ Swab/Fluid	1 day
High Vaginal Swab(HVS)	HVS	1 week
Malaria	EDTA Whole Blood	2 days
Nasal Swab	Nasal Swab	1 week
Occult Blood	Faeces	2 days
Ova, Cyst, Parasite (OCP)	2 mls of Faeces	3 days
Pharyngeal Swab	Pharyngeal Swab	1 week
Semen Analysis	Semen	1 week
Throat Swab	Throat Swab	1 week
Urethral Swab	Urethral Swab	1 week
Urine (Microscopy, Culture & Sensitivity)	Midstream Urine	1 week
Urinalysis	1 ml of Urine	2 days
Wound Swab	Wound Swab	1 week