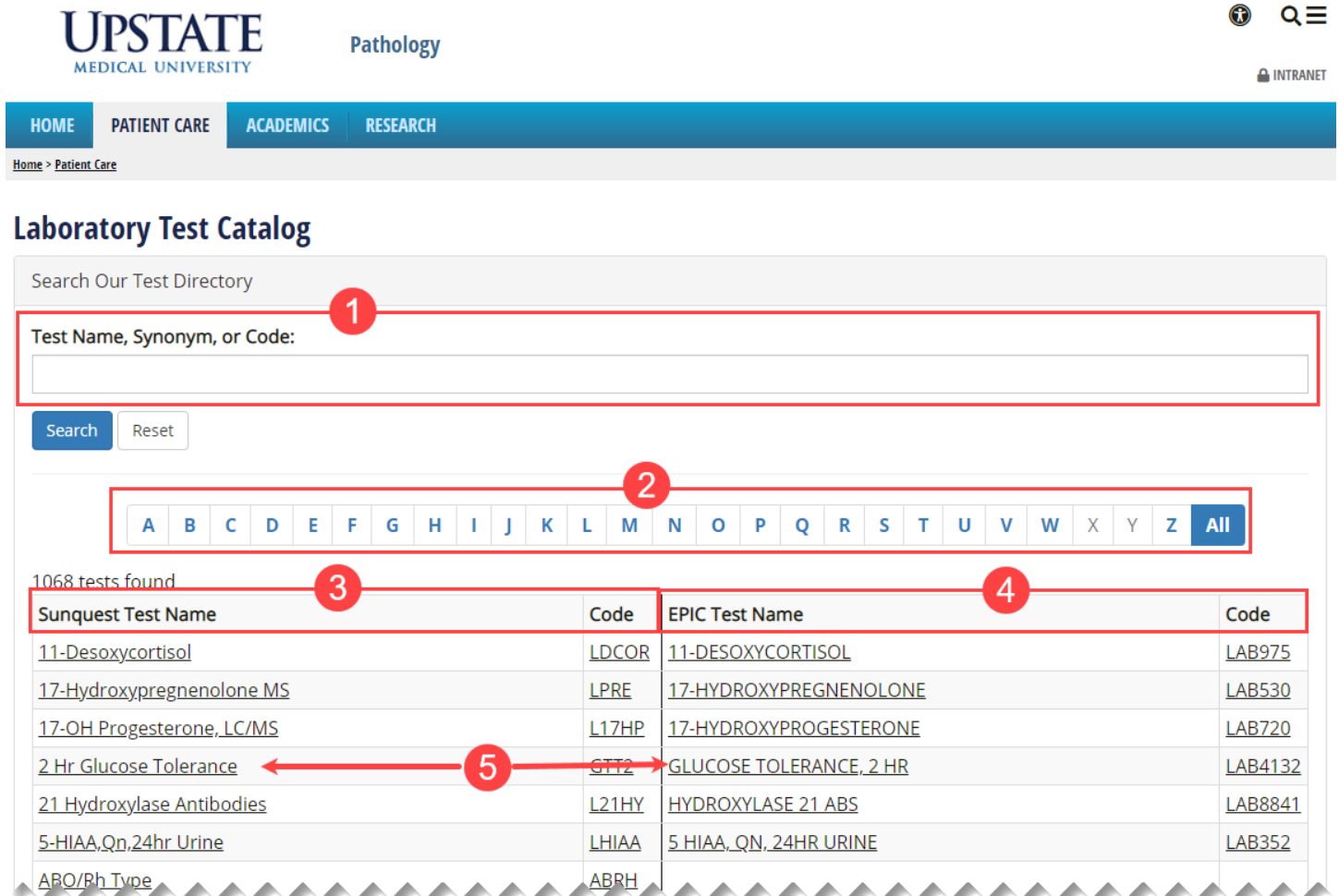


Updated Laboratory Test Catalog

The Upstate Medical University Pathology website has been updated to provide a new, sleek, comprehensive, user-friendly Laboratory Catalog. Each test description includes comprehensive details including specimen requirements, special instructions, clinical indications, links to forms and more. The new test catalog will be available to both internal and external providers of Upstate Medical University.

New Look



The screenshot shows the Pathology website interface. At the top, there is a navigation bar with 'HOME', 'PATIENT CARE', 'ACADEMICS', and 'RESEARCH'. Below this is a search bar labeled 'Search Our Test Directory' (1). A search input field is present (1). Below the search field are 'Search' and 'Reset' buttons. A navigation menu with letters A-Z and 'All' is shown (2). Below the menu, a table of 1068 tests is displayed (3). The table has four columns: 'Sunquest Test Name', 'Code', 'EPIC Test Name', and 'Code' (4). A red double-headed arrow points to the '2 Hr Glucose Tolerance' test in both columns, with a callout (5) indicating that clicking the hyperlink will review the test details.

Sunquest Test Name	Code	EPIC Test Name	Code
11-Desoxycortisol	LDCOR	11-DESOXYCORTISOL	LAB975
17-Hydroxypregnenolone MS	LPRE	17-HYDROXYPREGNENOLONE	LAB530
17-OH Progesterone, LC/MS	L17HP	17-HYDROXYPROGESTERONE	LAB720
2 Hr Glucose Tolerance	GTT2	GLUCOSE TOLERANCE, 2 HR	LAB4132
21 Hydroxylase Antibodies	L21HY	HYDROXYLASE 21 ABS	LAB8841
5-HIAA, Qn, 24hr Urine	LHIAA	5 HIAA, QN, 24HR URINE	LAB352
ABO/Rh Type	ABRH		

1. Type the Test Name, Synonym or Test Code in the search field to search for the test name.
2. Use the alphabet buttons to search test names starting with that letter.
3. The Sunquest Test Name and Test Code will show.
4. The corresponding Epic Test Name and Test Code will show next to its Sunquest counterpart.
5. Click on the test hyperlink to review the test details.

Continued...

Test Description

1. Test Name
2. Specimen Requirements
3. Methods
4. Turnaround Time
5. Reference Ranges
6. Clinical Indications
7. Performed – location of test and additional consent forms
8. Interpretative Information
9. CPT
10. References
11. Contact Information
12. Email the test page to a friend
13. Print the page
14. Not the test you're looking for? Return to the Lab catalog or use the search field to type in the test name, synonym or code to search again.

«back to catalog» 14 Test Name, Synonym, or Code Search again

2 Hr Glucose Tolerance (GTT2) 1

12 13

Specimen Requirements 2

plasma

Minimum Volume:	1 mL
Collection:	Collect specimens using standard laboratory procedures.
Transport:	Room Temperature ASAP
Stability:	After separation, Room Temperature: 8 hours at 25 degrees C Refrigerated: 72 hours at 4 degrees C
Container:	GREY
Processing/Storage:	Separate the sample from the cells ASAP
Rejection Causes:	Hemolysis, Insufficient Sample Volume

Methods 3

Photometric assay using Hexokinase

Turnaround Time 4

Specimen	Turnaround Time	Frequency
plasma	1 day	24/7

Reference Ranges 5

GLUFG (Fasting) - Photometric assay using Hexokinase

All Range	Unit
65-99 mg/dL	mg/dL

GLU2G (2 hour tolerance) - Photometric assay using Hexokinase

All Range
<140 mg/dL

Clinical Indications 6

GTT is performed to check for prediabetes and diabetes and pregnant women for gestational diabetes.

For preparation, since activity can affect test results, patients are asked to sit quietly during the entire test, to inform physician about all medicines that are taking, and may be advised to stop taking certain medicines before the test. Patients should not eat, drink, smoke, or do strenuous exercise for at least 8 hours before first blood sampling.

The first blood sample is taken upon arrival testing for fasting blood glucose value. For adult patients with normal body mass, patient will take a small cup of glucose drink containing 75 or 100 grams of glucose within 5 min, additional blood drawn at 2 hours.

Performed 7

Lab

Chemistry - Downtown

Interpretative Information 8

According to the criteria by International Association of Diabetes and Pregnancy Groups (IADPSG) propose, the diagnosis of GDM is made if at least one value of plasma glucose concentration is ≥ 92 , ≥ 180 and ≥ 153 mg/dL, for fasting, one-hour and 2-hour post glucose load glucose values, respectively, after performing a 75 g OGTT.

CPT 9

82950
82947

References 10

1. International association of diabetes and pregnancy study groups recommendations on the diagnosis and classification of hyperglycemia in pregnancy. International Association of Diabetes and Pregnancy Study Groups Consensus Panel., Metzger BE, Gabbe SG, Persson B, Buchanan TA, Catalano PA, Damm P, Dyer AR, Leiva Ad, Hod M, Kitzmiller JL, Lowe LP, McIntyre HD, Oats JJ, Omori Y, Schmidt MI. Diabetes Care. 2010;33:676-82.
2. Hyperglycemia and adverse pregnancy outcomes. HAPO Study Cooperative Research Group., Metzger BE, Lowe LP, Dyer AR, Trimble ER, Chaovarindr U, Coustan DR, Hadden DR, McCance DR, Hod M, McIntyre HD, Oats JJ, Persson B, Rogers MS, Sacks DA. N Engl J Med. 2008;358:1991-2002.

Contact Information 11

Chemistry - Downtown: (315)464-6729

Continued...

Tests with Additional Consent Forms

In the test description, under the **Performed** section, you will find hyperlinks to any additional consent forms that need submitted with the specimen.

« back to search results

Molecular Diagnostics, Genetics, Factor V (MLCR1)

EPIC Test Name
Molecular Diagnostics, Genetics

Reference Lab

Internal Information

Specimen Requirements

Media

Performed	
Lab	Form
Molecular	LABAP2706
Molecular	F82858
Molecular	F91019

Interpretative Information

Test Includes

CPT
81241

References

Contact Information
Molecular: (315)464-6806

F82858 - Authorization for the Genetic Test for Factor V and Prothrombin 2021G>A

Manuals / Forms / Public Forms (Duplicating Forms)

Keywords:
Cystic Fibrosis, Cytogenetics Testing

Related Documents:
[FBC D-01 - Fetal Demise/Neonatal Death](#)

1 of 2

UPSTATE
UNIVERSITY HOSPITAL

**AUTHORIZATION FOR THE
GENETIC TEST FOR
FACTOR V (LEIDEN) AND
PROTHROMBIN 20210G>A**

Patient Name: _____ MR#: _____
Account #: _____ DOB: _____ Date: _____

Thrombosis Venous thrombosis is abnormal clotting of blood within the veins of the body. Normal clotting of blood occurs when blood components, called coagulation factors, are "turned on." When adequate clotting has taken place, the coagulation factors must be "turned off." Too much clotting can lead to the formation of clots (thrombosis) and blockage of blood vessels, and this in turn results in an increased risk of stroke or heart attack. Two of the coagulation factors that play an important role in normal regulation of blood clotting are Factor V and Prothrombin (F2). There are two copies each of the Factor V gene, called Factor V Leiden, and Prothrombin (F2) gene in an individual's cells. At present, one genetic variation (mutation) in the Factor V (**Factor V Leiden**) and one in the Prothrombin gene (**20210G>A**) have been identified. These abnormal variants can fail to function normally to stop the blood from clotting, thus resulting in an increased risk of venous thrombosis (presence of a blood clot in the circulatory system).

Approximately 1 in 10 people have one normal copy of the Factor V gene and one copy of the **Factor V Leiden** mutation. Some people have two copies of the abnormal Factor V Leiden mutation. **Prothrombin (20210G>A)** is less common, being found only in about 1% of the general population and 18% of patients with a family history of venous thrombosis.

Molecular Test for Thrombosis You will be required to donate 10 mL of blood, which is equal to about two teaspoons. In addition, you may be asked to provide information regarding your medical history. A correct history is critical for proper interpretation of the data. This is a routine clinical laboratory test and the results may aid in diagnosis, so you or your health insurer will be billed for the procedure.

Significance of the Results If the Factor V and/or Prothrombin mutations tested for are found by the testing procedure, you may be predisposed to venous thrombosis. The significance of the results will depend on which mutations are found and what other inherited or acquired risk factors or symptoms are also present. **A positive result by itself should not be used as the sole criteria for determining risk.** Rare (less than 1% of the time) errors may occur, for example due to sample mix-ups, or due to technical errors such as rare genetic variants that mimic or mask the mutation being tested. **To understand your results, you should consult your physician and may wish to consider further independent testing or pursue genetic counseling.**

Limitations The Factor V Leiden and Prothrombin (20210G>A) mutations are the only genetic variations that will be tested. Other abnormalities of the Factor V gene, the Prothrombin gene, or other risk factors associated with developing a thrombosis will not be detected with this test. The genetic test results do not predict the onset or severity of a thrombotic event.

Continued...

Send Out Test Description

Information for a send out test will be in the Reference Lab section. This includes which lab performs the test, a hyperlink to a specific form needed for the test, and/or a link to the send out lab test page, which includes further test descriptions / requirements.

« back to catalog Test Name, Synonym, or Code Search again

11-Desoxycortisol (LDCOR)

Reference Lab
This test is performed by a partner lab as indicated below.

Lab	Referral
Core Lab Sendouts - Downtown	Click Here to visit LabCorp

Specimen Requirements
Rejection Causes: Recently administered isotopes

Special Instructions
No isotopes administered 24 hours prior to venipuncture.

Clinical Indications
Evaluate hypothalamic-pituitary-adrenal axis and pituitary ACTH reserve.

Additional Information
11-Deoxy... same cata... cortisol is... metyrapone... serves as... reserve. T... control va... occurs in... some pati... myxedem... respond p...

Common Compound

CPT
82634

LOINC
1657-6

References
Sindler BH, Griffing GT, Melby JC, et al. The superiority of the metyrapone test versus the Cushing's syndrome. Am J Med. 1983 Apr; 74(4):657-662. PubMed 6837591
Spark RF. Simplified assessment of pituitary-adrenal reserve: Measurement of serum 11-75(5):717-723. PubMed 4330677

Contact Information
Core Lab Sendouts - Downtown: (315)464-6818

Upstate Medical University	Patient Care	More Links
Upstate Leadership	Upstate University Hospital	Upstate News

Bill Pay & Insurance Labs & Appointments Results Test Menu

Use a keyword, test name or number

11-Deoxycortisol

TEST: 500550 **CPT: 82634**

Print Share

Include LOINC® in print

Synonyms

- 11-Desoxycortisol
- Compound S for Metyrapone Test

Expected Turnaround Time 6 - 10 days

Turnaround time is defined as the usual number of days from the date of pickup of a specimen for testing to when the result is released to the ordering provider. In some cases, additional time should be allowed for additional confirmatory or additional reflex tests. Testing schedules may vary.

Related Information • [ACTH Stimulation Test](#)

Related Documents For more information, please view the literature below.
[Adrenal Steroid Response to ACTH: Pediatrics](#)
• [Sample Report](#)

Specimen Requirements

Specimen	Serum, frozen
Volume	0.5 mL
Minimum Volume	0.2 mL (Note: This volume does not allow for repeat testing.)
Container	Red-top tube or gel-barrier tube
Collection	Transfer the serum into a LabCorp PP transpak frozen purple tube with screw cap (LabCorp N° 49482). Freeze immediately and maintain frozen until tested. To avoid delays in turnaround time when requesting multiple tests on frozen samples, please submit separate frozen specimens for each test requested.
Storage Instructions	Freeze.

Stability