University of Vermont Medical Center Laboratory Test Catalog

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DHVD *1,25-Dihydroxyvitamin D, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
1,25-Dihydroxyvitamin D, S

SFUNG *1,3-Beta-D-Glucan (Fungitell), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
(1, 3) Beta-D-Glucan (Fungitell), S

THCM *11-nor-Delta-9-Tetrahydrocannabinol-9-Carboxylic Acid (Carboxy-THC) Confirmation, Meconium*

Mayo Clinic Laboratories in Rochester

Reporting Name
Carboxy-THC Confirmation, M

17OHP *17-Hydroxypregnenolone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
17-Hydroxypregnenolone, S

OHPG *17-Hydroxyprogesterone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
17-Hydroxyprogesterone, S

HMGCR *3-Hydroxy-3-Methylglutaryl Coenzyme-A (HMG-CoA) Reductase, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
HMG-CoA Reductase Ab, S

HIAA *5-Hydroxyindoleacetic Acid, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
5-Hydroxyindoleacetic Acid, U

LAB895 *ABO & Rh BLOOD TYPE*

University of Vermont Medical Center

Reference Range
Blood type

ACAC *Acacia, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Acacia, IgE

ACAR *Acarus siro, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Acarus Siro, IgE

LAB43 *ACETAMINOPHEN, QUANTITATIVE*

University of Vermont Medical Center

Reference Range
All Ages:
Therapeutic: 10 – 30 ug/mL
Possible Toxicity: 150 – 200 ug/mL
Probable Toxicity: >200 ug/mL
Toxicity is best measured 4 hours post dose/ingestion.

ARBI *Acetylcholine Receptor (Muscle AChR) Binding Antibody, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
ACh Receptor (Muscle) Binding Ab

ACHE_ *Acetylcholinesterase, Amniotic Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Acetylcholinesterase, AF

APCRV *Activated Protein C Resistance V (APCRV), Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Activated Protein Resistance V, P

ACRN *Acylcarnitines, Quantitative, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Acylcarnitines, Quantitative, P

ADALX *Adalimumab Quantitative with Reflex to Antibody, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Adalimumab QN with Reflex to Ab, S

ADAMTS *ADAMTS 13 ACTIVITY*

Blood Center of Wisconsin (BCW)

FADPF *Adenosine Deaminase, Pleural Fluid*

ARUP Laboratories

Reporting Name
Adenosine Deaminase Pleural Fld

ACTH *Adrenocorticotropic Hormone, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Adrenocorticotropic Hormone, P

NCSM *AEROBIC ACTINOMYCETE (NOCARDIA) CULTURE AND SMEAR*

University of Vermont Medical Center

Reference Range
No aerobic actinomycetes isolated

LAB877 *AFB CULTURE*

University of Vermont Medical Center

Reference Range
Negative: No acid-fast bacilli isolated, final at 8 weeks

LAB2513 *AFB CULTURE & SMEAR*

University of Vermont Medical Center

Reference Range
Negative: No acid -fast bacilli isolated, final at 8 weeks

LAB17619 *AFB CULTURE FOR CF PATIENTS*

University of Vermont Medical Center

Reference Range
No acid-fast bacilli isolated

LAB266 *AFB SMEAR ONLY, OTHER*

University of Vermont Medical Center

Reference Range
Negative: No Acid Fast Bacilli seen/identified
Positive: Clinicians will be notified of all positive acid-fast bacilli seen.

AFIRMA *AFIRMA GENOMIC SEQUENCING CLASSIFIER FOR INDETERMINATE THYROID NODULES*

University of Vermont Medical Center

AFPTMR *AFP TUMOR MARKER*

University of Vermont Medical Center

Reference Range
> 2 Years: <8.1 ng/mL
< 2 years: Contact Laboratory Customer Service for assistance (847-5121/800-991-2799)

LAB45 *ALBUMIN*

University of Vermont Medical Center

Reference Range — ALBUMIN

Age	Sex	Low	High	Units
0 - 15 days	All	3.4	4.7	g/dL
15 days - 1 year	All	2.9	4.9	g/dL
1 year - 8 years	All	3.9	4.9	g/dL
8 years - 15 years	All	4.2	5.0	g/dL
15 years - 18 years	Male	4.2	5.3	g/dL
15 years - 18 years	Female	4.1	5.1	g/dL
≥18 years	All	3.4	4.9	g/dL

FALB *ALBUMIN, FLUID*

University of Vermont Medical Center

Reference Range
None

LAB17580 *ALCOHOL METABOLITE (EtG) SCREEN WITH REFLEX TO CONFIRMATION, U*

Champlain Toxicology Laboratory

VALC *ALCOHOL METABOLITE (EtG) SCREEN, URINE*

Champlain Toxicology Laboratory

LAB14527 *ALCOHOL METABOLITE CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

ALS *Aldolase, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aldolase, S

ALDU *Aldosterone, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aldosterone, U

ALDS *Aldosterone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aldosterone, S

LAB112 *ALKALINE PHOSPHATASE*

University of Vermont Medical Center

Reference Range — ALKALINE PHOSPHATASE

Age	Sex	Low	High	Units
0 - 15 days	Male	89	239	U/L
15 days - 1 year	Male	125	440	U/L
1 year - 10 years	Male	143	318	U/L
10 years - 13 years	Male	131	393	U/L
13 years - 15 years	Male	119	440	U/L
15 years - 17 years	Male	88	315	U/L
17 years - 18 years	Male	64	150	U/L
≥ 18 years	Male	38	126	U/L
0 - 15 days	Female	89	239	U/L
15 days - 1 year	Female	125	440	U/L
1 year - 10 years	Female	143	318	U/L
10 years - 13 years	Female	131	393	U/L
13 years - 15 years	Female	66	245	U/L
15 years - 17 years	Female	59	120	U/L
17 years - 18 years	Female	55	93	U/L
≥ 18 years	Female	38	126	U/L

ALKP *Alkaline Phosphatase, Total and Isoenzymes, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Alkaline Phosphatase, Tot and Iso,S

ALM *Almond, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Almond, IgE

AATS *ALPHA 1 ANTITRYPSIN*

University of Vermont Medical Center

Reference Range — ALPHA 1 ANTITRYPSIN

Age	Sex	Physiological Status	Low	High	Units
≥ 18 Year	All	N/A	90	200	mg/dL

A1ALC *Alpha-1-Antitrypsin Proteotype S/Z, LC-MS/MS, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
A1AT Proteotype S/Z, LC-MS/MS, S

MAFP1 *Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
AFP Single Marker SCRN, Maternal, S

AFPA *Alpha-Fetoprotein, Amniotic Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Alpha Fetoprotein, AF

AGAS *Alpha-Galactosidase, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Alpha-Galactosidase, S

ALFA *Alpha-Lactalbumin, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Alpha-Lactalbumin, IgE

APGH *Alpha-Subunit Pituitary Tumor Marker, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
AlphaSubunit Pituitary Tumor Marker

LAB132 *ALT (SGPT)*

University of Vermont Medical Center

Reference Range — ALT (SGPT)

Age	Sex	Low	High	Units
0 - 1 year	Male	17	69	U/L
1 year - 13 years	Male	24	45	U/L
13 years - 18 years	Male	22	49	U/L
≥18 years	Male		<50	U/L
0 - 1 year	Female	17	69	U/L
1 year - 13 years	Female	24	45	U/L
13 years - 18 years	Female	20	38	U/L
≥18 years	Female		<35	U/L

ALTN *Alternaria tenuis, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Alternaria Tenuis, IgE

AL *Aluminum, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aluminum, S

ADEVL *Alzheimer Disease Evaluation, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Alzheimer's Disease Evaluation, CSF

PAMIK *Amikacin, Peak, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Amikacin, Peak, S

TAMIK *Amikacin, Trough, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Amikacin, Trough, S

AAQP *Amino Acids, Quantitative, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Amino Acids, QN, P

AAPD *Amino Acids, Quantitative, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Amino Acids, QN, Random, U

AMIO *Amiodarone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Amiodarone, S

AMTRP *Amitriptyline and Nortriptyline, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Amitriptyline and Nortriptyline, S

LAB47 *AMMONIA*

University of Vermont Medical Center

Reference Range — AMMONIA

Age	Sex	Low	High	Units
0 - 1 month	All		<80	µmol/L
1 month - 18 years	All		<50	µmol/L
≥18 years	All		<34	µmol/L

AMOXY *Amoxicillin, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Amoxicillin, IgE

LAB15858 *AMPHETAMINE CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

LAB357 *AMPHETAMINE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

AMPHM *Amphetamine-Type Stimulants Confirmation, Meconium*

Mayo Clinic Laboratories in Rochester

Reporting Name
Amphetamines, Confirmation, M

VAMP *AMPHETAMINES SCREEN, URINE*

Champlain Toxicology Laboratory

AMY *AMYLASE*

University of Vermont Medical Center

Reference Range — AMYLASE

Age	Sex	Physiological Status	Low	High	Units
≥18 years	All	N/A	30	110	U/L

FAMY *AMYLASE, FLUID*

University of Vermont Medical Center

Reference Range
No Reference Range available.

LAB897 *ANAEROBIC CULTURE (INCLUDES AEROBES), & SMEAR*

University of Vermont Medical Center

Reference Range
No growth

LAB9907 (a) *ANAL PAP TEST, THINPREP*

University of Vermont Medical Center

Reference Range
Negative for intraepithelial lesion or malignancy.

LAB17623 *ANAPLASMA AND BABESIA TESTING BY PCR*

University of Vermont Medical Center

Reference Range
No Anaplasma phagocytophilum or Babesia species detected.

LAB17604 *ANCA VASCULITIS PROFILE IFA WITH MPO AND PR3*

University of Vermont Medical Center

Reference Range
Negative

LAB458 *ANCA, IFA (IBD AND AUTOIMMUNE HEPATITIS) NOT FOR VASCULITIS*

University of Vermont Medical Center

Reference Range
Negative

ANST *Androstenedione, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Androstenedione, S

ANECAS *ANEMIA CASCADE*

University of Vermont Medical Center

FACEC *Angiotensin Converting Enzyme, CSF*

ARUP Laboratories

Reporting Name
Angiotensin Convert Enzyme CSF

ACE *Angiotensin Converting Enzyme, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Angiotensin Converting Enzyme, S

LAB311 *ANTI THROMBIN 3, FUNCTIONAL*

University of Vermont Medical Center

Reference Range — ANTI THROMBIN 3, FUNCTIONAL

Age	Sex	Low	High	Units
All	All	85	125	%

FPHET *Anti-Phosphatidylethanolamine Panel*

BioAgilytix Diagnostics

Reporting Name
Anti-Phosphatidylethanolamine Panel

LAB278 *ANTIBODY SCREEN (INDIRECT COOMBS)*

University of Vermont Medical Center

Reference Range
Negative

ENAE *Antibody to Extractable Nuclear Antigen Evaluation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ab to Extractable Nuclear Ag Eval,S

AMH1 *Antimullerian Hormone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Antimullerian Hormone, S

LAB148 *ANTINUCLEAR ANTIBODY, IFA*

University of Vermont Medical Center

Reference Range
All ages: Negative

ASO *Antistrep-O Titer, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Antistrep-O Titer, S

LAB17717 *APIXABAN*

University of Vermont Medical Center

Reference Range
Therapeutic ranges have not been established.

APOLB *Apolipoprotein B, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Apolipoprotein B, S

APPL *Apple, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Apple, IgE

APR *Apricot, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Apricot, IgE

LAB325 *aPTT*

University of Vermont Medical Center

Reference Range
Varies according to reagent lot, see report or call if needed.

LAB326 *aPTT 50/50 MIXING STUDY*

University of Vermont Medical Center

Reference Range
Varies according to reagent lot, see report or call if needed.

LAB1129 *aPTT, HEPARIN REMOVED*

University of Vermont Medical Center

Reference Range
Varies according to reagent lot. See report or call, if needed.

ARBOP *Arbovirus Antibody Panel, IgG and IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Arbovirus Ab Panel IgG and IgM, S

ABOPC *Arbovirus Antibody Panel, IgG and IgM, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Arbovirus Ab Panel IgG and IgM, CSF

AID *ARTHROPOD IDENTIFICATION*

University of Vermont Medical Center

Reference Range
A descriptive report is provided.

VITC *Ascorbic Acid (Vitamin C), Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ascorbic Acid, P

FASPE *Aspen (Populus tremuloides) IgE*

Eurofins Viracor

Reporting Name
Aspen (Populus tremuloides) IgE

ASPAG *Aspergillus (Galactomannan) Antigen, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aspergillus Ag, S

ASPBA *Aspergillus Antigen, Bronchoalveolar Lavage*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aspergillus Ag, BAL

ASP *Aspergillus fumigatus, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aspergillus Fumigatus, IgE

SASP *Aspergillus fumigatus, IgG Antibodies, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aspergillus fumigatus, IgG Ab, S

ASPG *Aspergillus niger, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Aspergillus niger, IgE

LAB131 *AST (SGOT)*

University of Vermont Medical Center

Reference Range — AST (SGOT)

Age	Sex	Low	High	Units
0 - 15 days	All	29	213	U/L
15 days - 1 year	All	29	97	U/L
1 year - 7 years	All	33	66	U/L
7 years - 12 years	All	28	50	U/L
12 years - 18 years	Male	24	49	U/L
12 years - 18 years	Female	23	41	U/L
≥18 years	All	15	46	U/L

AUTOPSY *AUTOPSY*

University of Vermont Medical Center

AVOC *Avocado, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Avocado, IgE

AIAES *Axonal Neuropathy, Autoimmune/ Paraneoplastic Evaluation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Axonal, Autoimm/Paraneo, S

LAB2523 *BACTERIAL CULTURE & SMEAR (C + S)*

University of Vermont Medical Center

Reference Range
No growth

LAB900 *BACTERIAL CULTURE RESPIRATORY & SMEAR (C + S)*

University of Vermont Medical Center

Reference Range
Usual oropharyngeal flora

LAB2516 *BACTERIAL CULTURE, BLOOD/ BONE MARROW*

University of Vermont Medical Center

Reference Range
No Growth

LAB17620 *BACTERIAL CULTURE, CF RESPIRATORY*

University of Vermont Medical Center

Reference Range
Usual oropharyngeal flora

LAB2518 *BACTERIAL CULTURE, SOLID OBJECT*

University of Vermont Medical Center

Reference Range
Negative: No growth. Less than 15 colonies on the blood agar plate suggest that the bacteria are not causing catheter related sepsis. Isolates are identified by gram morphology only. Final results are available in 2 days.
Positive: More than 15 colonies on the blood agar plate correlates best with catheter-associated sepsis. Results are usually available in 2 days. (Three or more organisms may be reported as “Mixed organisms”).

LAB17621 *BACTERIAL CULTURE, SWAB CF RESPIRATORY*

University of Vermont Medical Center

Reference Range
Usual oropharyngeal flora

LAB239 *BACTERIAL CULTURE, URINE*

University of Vermont Medical Center

Reference Range

No growth or usual urogenital flora
- Colony counts are done using a calibrated loop. Colony counts are reported based on 2 reference points: 10,000 CFU/mL and 100,000 CFU/mL.
- Organisms are identified and susceptibility testing is done (when indicated), when more than 10,000 CFU/mL of 1 or 2 pathogens are present.
- A sample with 3 or more potential pathogens is reported as:Mixed organisms, Interpretation difficult. Multiple gram positive organisms representing skin flora or vaginal contamination will be reported as usual urogenital flora.
- No growth reports are finaled between 18 and 48 hours depending upon specimen receipt. Organism identification and susceptibility testing results are completed within 48-72 hours.

BAHG *Bahia Grass, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Bahia Grass, IgE

BANA *Banana, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Banana, IgE

LAB364 *BARBITURATE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
Negative Screen

LAB17557 *Barbiturates Confirmation Panel, Urine*

Champlain Toxicology Laboratory

BARBU *Barbiturates Confirmation, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Barbiturates Confirmation, U

VBAR *BARBITURATES SCREEN, URINE*

Champlain Toxicology Laboratory

BRLY *Barley, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Barley, IgE

BART *Bartonella Antibody Panel, IgG and IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Bartonella Ab Panel, IgG and IgM

BMP *BASIC METABOLIC PANEL*

University of Vermont Medical Center

Reference Range
See individual tests.

FBBLE *Bass Black (Sea Bass) (Centropristis striata) IgE*

Eurofins Viracor

Reporting Name
Bass Black IgE

BCRFX *BCR/ABL1 Qualitative Diagnostic Assay with Reflex to BCR/ABL1 p190 Quantitative Assay or BCR/ABL1 p210 Quantitative Assay, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
BCR/ABL1 Reflex, Qual/Quant

BA190 *BCR/ABL1, p190, mRNA Detection, Reverse Transcription-PCR (RT-PCR), Quantitative, Monitoring Assay, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
BCR/ABL1, p190, Quant, Monitor

BCRAB *BCR/ABL1, p210, mRNA Detection, Reverse Transcription-PCR (RT-PCR), Quantitative, Monitoring Chronic Myeloid Leukemia (CML), Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
BCR/ABL1, p210, Quant, Monitor

BECH *Beech, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beech, IgE

BEEF *Beef, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beef, IgE

BEETS *Beets (Beetroot), IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beets (Beetroot), IgE

VBENZ *BENZODIAZEPINE PANEL CONFIRMATION, URINE*

Champlain Toxicology Laboratory

LAB367 *BENZODIAZEPINE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
Negative Screen

VBNZ *BENZODIAZEPINES SCREEN, URINE*

Champlain Toxicology Laboratory

BERG *Bermuda Grass, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Bermuda Grass, IgE

LAB3190 *BETA HCG QUANTITATIVE, NON PREGNANCY*

University of Vermont Medical Center

Reference Range
For non-pregnant females: <5 mIU/mL
This assay has not been FDA cleared for use as a tumor marker. The results of this assay cannot be interpreted as absolute evidence for the presence or absence of malignant disease. The VITROS total Beta hCG II immunoassay detects the intact hormone, nicked forms of hCG, hyperglycosylated hCG, the beta-core fragment, and the free beta-subunit. Results obtained with different assay methods or kits may be different and cannot be used interchangeably.

LAB143 *BETA HCG QUANTITATIVE, PREGNANCY*

University of Vermont Medical Center

Reference Range
Pregnancy:
Negative = Less than 5 mIU/mL
Indeterminate, recommend repeat in 48 hours = 5-25 mIU/mL
Positive = Greater than >25 mIU/mL

BHOB *BETA HYDROXYBUTYRATE*

University of Vermont Medical Center

Reference Range
All ages: < 0.4 mmol/L

AB2GP *Beta-2 Glycoprotein 1 Antibodies, IgA, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beta 2 GP1 Ab IgA, S

B2GMG *Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beta 2 GP1 Ab, IgM/IgG, S

GB2GP *Beta-2 Glycoprotein 1 Antibodies, IgG, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beta 2 GP1 Ab IgG, S

MB2GP *Beta-2 Glycoprotein 1 Antibodies, IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beta 2 GP1 Ab IgM, S

BETA2 *Beta-2 Transferrin: Detection of Spinal Fluid in Other Body Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beta-2 Transferrin, BF

B2M *Beta-2-Microglobulin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beta-2-Microglobulin, S

CTX *Beta-CrossLaps, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beta-CrossLaps (B-CTx), S

BLAC *Beta-Lactoglobulin, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Beta-Lactoglobulin, IgE

LAB1116 *BETHESDA ASSAY*

University of Vermont Medical Center

Reference Range
0.0 Bethesda units, inhibitor to factor

BILEA *Bile Acids, Total, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Bile Acids, Total, S

LAB168 *BILIRUBIN, DIRECT & INDIRECT*

University of Vermont Medical Center

Reference Range
Conjugated (Direct):
<1 month - use NBIL test
1 month - 1 year: <0.3 mg/dL
1 year+: ≤0.3 mg/dL

Unconjugated (Indirect):
<1 month - use NBIL test
≥1 month old: 0.0 – 1.1 mg/dL

LAB51 *BILIRUBIN, NEONATAL*

University of Vermont Medical Center

Reference Range — BILIRUBIN, NEONATAL

Bilirubin	Age	Sex	Values	Units
Conjugated Bili	0 -1 month	All	<0.3	mg/dL
Unconjugated Bili	0 - 1 month	All	0.6 - 10.5	mg/dL

Reference Range — BILIRUBIN, TOTAL

Age	Sex	Low	High	Units
1 month -12 years	All		≤0.7	mg/dL
12 years - 18 years	All		≤0.8	mg/dL
≥18 Years	All		<1.4	mg/dL

LAB182 *BILIRUBIN, TOTAL & DIRECT*

University of Vermont Medical Center

Reference Range

Conjugated Bilirubin:
0-1 year: <0.3 mg/dL
1 year +: ≤ 0.3 mg/dL
Unconjugated Bilirubin:
≥1 month: ≤1.1 mg/dL
Total Bilirubin (Measured):
1 month up to 12 years: ≤ 0.7 mg/dL
12 years up to 18 years: ≤ 0.8 mg/dL
18 years and up: <1.4 mg/dL

PBKQN *BK Virus DNA Detection and Quantification, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
BKV DNA Detect/Quant, P

UBKQN *BK Virus DNA Detection and Quantification, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
BKV DNA Detect/Quant, U

BBPN *BLOOD BANK PRENATAL STUDY*

University of Vermont Medical Center

Reference Range
See individual tests.

CBCDF *BLOOD COUNT AND DIFFERENTIAL, COMPLETE*

University of Vermont Medical Center

Reference Range
Age and gender specific, see report.

CBC *BLOOD COUNT, COMPLETE*

University of Vermont Medical Center

Reference Range
Age and gender specific, see report

LAB3031 *BLOOD GAS, ARTERIAL*

University of Vermont Medical Center

Reference Range

pH

Age	Sex	Low	High	Units
0 - 1 day	All	7.26	7.49	N/A
1 day - 7 days	All	7.29	7.45	N/A
≥7 days	All	7.35	7.45	N/A

pCO2

Age	Sex	Low	High	Units
0 - 1 day	All	27	40	mmHg
1 day - 7 days	All	27	41	mmHg
≥7 days	All	35	45	mmHg

pO2

Age	Sex	Low	High	Units
0 - 1 day	All	55	80	mmHg
1 day - 7 days	All	54	95	mmHg
≥7 days	All	80	105	mmHg

tCO2

Age	Sex	Low	High	Units
All	All	22	26	mmol/L

Base Level

Age	Sex	Low	High	Units
All	All	-2	3	mmol/L

O2sat

Age	Sex	Low	High	Units
All	All	95	98	%

LAB3033 *BLOOD GAS, CORD BLOOD ARTERIAL*

University of Vermont Medical Center

Reference Range — BLOOD GAS, CORD BLOOD ARTERIAL

Component	Age	Sex	Low	High	Units
pH	All	All	7.18	7.38	N/A
pCO2	All	All	42	71	mmHg
pO2	All	All		<31	mmHg
tCO2	All	All	14	22	mmol/L
Base Level	All	All	-7	1.8	mmol/L

LAB3173 *BLOOD GAS, CORD VENOUS*

University of Vermont Medical Center

Reference Range — BLOOD GAS, CORD VENOUS

Component	Age	Sex	Low	High	Units
pH	All	All	7.25	7.45	N/A
pCO2	All	All	31	53	mmHg
pO2	All	All	17	41	mmHg
tCO2	All	All	14	22	mmol/L
Base Level	All	All	-7	0.6	mmol/L

Reference Range — BLOOD GAS, VENOUS

Component	Age	Sex	Low	High	Units
pH	All	All	7.31	7.41	N/A
pCO2	All	All	41	51	mmHg
pO2	All	All	30	50	mmHg
tCO2	All	All	22	28	mmol/L
Base Level	All	All	-2	3	mmol/L
O2sat	All	All	60	85	%

MUSS *Blue Mussel, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Blue Mussel, IgE

BLUE *Blueberry, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Blueberry, IgE

BAP *Bone Alkaline Phosphatase, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Bone Alkaline Phosphatase, S

MAR *BONE MARROW EXAM*

University of Vermont Medical Center

LAB17709 *BORDETELLA PERTUSSIS/ PARAPERTUSSIS, PCR*

University of Vermont Medical Center

Reference Range
Negative

BXMPL *Box Elder/Maple, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Box Eld/Maple, S, IgE

PA-BTB *BRAIN TUMOR BIOPSY*

University of Vermont Medical Center

BRAZ *Brazil Nut, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Brazil Nut, IgE

PA-BC *BREAST CARCINOMA SPECIMEN*

University of Vermont Medical Center

BROC *Broccoli, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Broccoli, IgE

BRUSL *BRUCELLA ANTIBODY*

Vermont Department of Health Laboratory

LAB140 *BUN*

University of Vermont Medical Center

Reference Range — BUN

Age	Sex	Low	High	Units
0 - 15 days	All	3	23	mg/dL
15 days - 1 year	All	3	17	mg/dL
1 year - 10 years	All	9	22	mg/dL
10 years - 18 years	Male	7	21	mg/dL
10 years - 18 years	Female	7	19	mg/dL
≥18 years	All	10	26	mg/dL

VBUPUN *BUPRENORPHINE AND METABOLITE CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

LAB3672 *BUPRENORPHINE AND METABOLITES SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

VBUP *BUPRENORPHINE SCREEN, URINE*

Champlain Toxicology Laboratory

BUTAS *Butalbital, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Butalbital, S

CPR *C-Peptide, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
C-Peptide, S

LAB149 *C-REACTIVE PROTEIN*

University of Vermont Medical Center

Reference Range

Age	Sex	Normal	Units
All ages	All	<10	mg/L

CDIFBD *C. DIFFICILE, PCR*

University of Vermont Medical Center

Reference Range
Negative for C. difficile toxin by PCR

C1ES *C1 Esterase Inhibitor Antigen, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
C1 Esterase Inhibitor Antigen, S

C1INF *C1 Esterase Inhibitor, Functional, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
C1 Esterase Inhib, Functional, S

C2 *C2 Complement, Functional, with Reflex, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
C2 Complement,Functional,w/Reflex,S

C3CS *C3 COMPLEMENT*

University of Vermont Medical Center

Reference Range — C3 COMPLEMENT

Age	Sex	Physiological Status	Low	High	Units
≥18 years	All		81	157	mg/dL

Reference Range — C4 COMPLEMENT

Age	Sex	Physiological Status	Low	High	Units
≥18 years	All		13	39	mg/dL

C5AG *C5 Complement, Antigen, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
C5 Complement, Antigen, S

CA125T *CA 125*

University of Vermont Medical Center

Reference Range
≥17: < 30 U/mL

LAB3619 *CA 19-9*

University of Vermont Medical Center

Reference Range
≥17 years: < 35 U/mL

LAB853 *CA 27.29*

University of Vermont Medical Center

Reference Range
≥18 years: <38 U/mL

CABB *Cabbage, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cabbage, IgE

COCOA *Cacao/Cocoa, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cacao/Cocoa, IgE

CDU *Cadmium, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cadmium, 24 Hr, U

CATN *Calcitonin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Calcitonin, S

LAB53 *CALCIUM*

University of Vermont Medical Center

Reference Range — CALCIUM

Age	Sex	Low	High	Units
0 - 1 year	All	8.3	10.6	mg/dL
1 year - 18 years	All	8.9	10.2	mg/dL
≥18 years	All	8.5	10.5	mg/dL

CAI *Calcium, Ionized, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Calcium, Ionized, S

LAB814 *CALCIUM, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range
≥18 years: 100 - 300 mg/24 Hour (Assumes a normal daily intake of calcium between 600 - 800 mg/day)

LAB371 *CALCIUM, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No established reference ranges.

LAB9934 *CALCULATED CALCIUM*

University of Vermont Medical Center

Reference Range — CALCULATED CALCIUM

Age	Sex	Low	High	Units
0 - 1 year	All	8.3	10.6	mg/dL
1 year - 18 years	All	8.9	10.2	mg/dL
≥ 18 years	All	8.5	10.5	mg/dL

CALPR *Calprotectin, Feces*

Mayo Clinic Laboratories in Rochester

Reporting Name
Calprotectin, F

CALX *CALR Mutation Analysis, Myeloproliferative Neoplasm (MPN), Reflex, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
CALR, Gene Mutation, Exon 9, Reflex

CA153 *Cancer Antigen 15-3 (CA 15-3), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cancer Ag 15-3, (CA 15-3), S

CDAB *Candida albicans (Monilia), IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Candida Albicans(Monilia), IgE

LAB447 *CANNABINOIDS SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

LAB21 *CARBAMAZEPINE*

University of Vermont Medical Center

Reference Range
All ages: Therapeutic Range: 4 – 12.0 ug/mL

CARFT *Carbamazepine, Free and Total, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Carbamazepine, Free and Total, S

CDG *Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
CDG, S

CDTA *Carbohydrate Deficient Transferrin, Adult, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Carb Def Transferrin, Adult, S

CO2 *CARBON DIOXIDE*

University of Vermont Medical Center

Reference Range — CARBON DIOXIDE

Age	Sex	Low	High	Units
All	All	22	32	mmol/L

CHB *CARBOXYHEMOGLOBIN*

University of Vermont Medical Center

Reference Range
All ages:
Non-smoker: <5%
Smoker: <10%

CEAPC *Carcinoembryonic Antigen (CEA), Pancreatic Cyst Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
CEA, Pancreatic Cyst

FCRDE *Carmine Dye/Red Dye Cochineal (Dactylopius coccus) IgE (Red # 4)*

Eurofins Viracor

Reporting Name
Carmine Dye/Red Dye IgE

CARN *Carnitine, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Carnitine, P

CARNS *Carnitine, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Carnitine, S

CAROB *Carob, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Carob, IgE

CROT *Carrot, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Carrot, IgE

CASE *Casein, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Casein, IgE

CASH *Cashew, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cashew, IgE

CAT *Cat Epithelium, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cat Epithelium, IgE

CATU *Catecholamine Fractionation, Free, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Catecholamine Fract, Free, U

CATP *Catecholamine Fractionation, Free, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Catecholamine Fract, Free, P

CALFL *Cauliflower, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cauliflower, IgE

LAB8971 *CBC HEMOLYSIS REVIEW*

University of Vermont Medical Center

LAB8917 *CBC SMEAR REVIEW*

University of Vermont Medical Center

CD1920 *CD19 CD20 PANEL*

University of Vermont Medical Center

Reference Range
CD19: 6 - 24%
CD20: 6 - 24%
Patients being treated with Rituximab should have CD19 and CD20 percentages of <1%.

CEA *CEA*

University of Vermont Medical Center

Reference Range
≥18 years all sexes:
0 - 2.5 in 98.2% of Nonsmokers and 87.3% of Smokers
2.6 – 5 in 1.8% of Nonsmokers and 8% of smokers
5.1 – 10.1 in 4.7% of Smokers

RCEA *CEA REPEAT*

University of Vermont Medical Center

Reference Range
0 - 2.5 in 98.2% of Nonsmokers and 87.3% of Smokers
2.6 – 5.0 in 1.8% of Nonsmokers and 8% of smokers
5.1 – 10.1 in 4.7% of Smokers

CELY *Celery, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Celery, IgE

CELI *Celiac Associated HLA-DQ Alpha 1 and DQ Beta 1 DNA Typing, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Celiac Associated HLA-DQ Typing

LAB2736 *CELIAC DISEASE PANEL*

University of Vermont Medical Center

Reference Range
See report.

LAB212 *CELL COUNT & DIFFERENTIAL, CSF*

University of Vermont Medical Center

Reference Range
Age and gender specific, see report.

LAB209 *CELL COUNT, FLUID*

University of Vermont Medical Center

Reference Range
Appearance: Clear, Pale Yellow
Cell Count: 0-8 Lymphocytes/cumm

LAB211 *CELL COUNT, SYNOVIAL FLUID*

University of Vermont Medical Center

Reference Range
Nucleated Cell Count: 0-200/cumm
Mono/Macro: 55-75%
Lymphocytes: 10-20%
Neutrophils: 10-24%

SFIG *Cerebrospinal Fluid IgG Index Profile, Serum and Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
CSF IgG Index Profile

CERS *Ceruloplasmin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ceruloplasmin, S

FAMCE *Cheese American IgE*

Eurofins Viracor

Reporting Name
Cheese American IgE

CCHZ *Cheese, Cheddar, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cheese, Cheddar, IgE

MCHZ *Cheese, Mold, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cheese, Mold, IgE

CHER *Cherry, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cherry, IgE

CNUT *Chestnut, Sweet, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chestnut, Sweet, IgE

CHXP *Chick Pea, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chick Pea, IgE

CHCK *Chicken Feathers, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chicken Feathers, IgE

CHIC *Chicken, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chicken, IgE

LAB2664 *CHLAMYDIA & NEISSERIA GONORRHOEAE AMPLIFIED NUCLEIC ACID*

University of Vermont Medical Center

Reference Range
Negative

MCTGC *Chlamydia trachomatis and Neisseria gonorrhoeae, Miscellaneous Sites, Nucleic Acid Amplification, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Misc C trach/N gonor Amplified RNA

LAB3215 *CHLAMYDIA/ GONORRHEA AMPLIFIED DNA, THINPREP*

University of Vermont Medical Center

Reference Range
Negative

CL *CHLORIDE*

University of Vermont Medical Center

Reference Range — CHLORIDE

Age	Sex	Low	High	Units
All	All	96	110	mmol/L

LAB375 *CHLORIDE, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range
Male and Female patients ≥18 years: 110 - 250 mmol/24 hours

LAB374 *CHLORIDE, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No Established Reference Range

CHOL *CHOLESTEROL*

University of Vermont Medical Center

Reference Range
Male & Female

0 to 18 years: <170 mg/dL
≥ 18 years: <200 mg/dL

FCHOL *CHOLESTEROL, FLUID*

University of Vermont Medical Center

Reference Range
No Established Reference Range

LAB101 *CHOLESTEROL, HDL*

University of Vermont Medical Center

Reference Range — CHOLESTEROL, HDL

Age	Sex	Low	High	Units
0 - 18 years	All	>45		mg/dL
≥18 years	Male	≥40		mg/dL
≥18 years	Female	≥50		mg/dL

NHDLCH *CHOLESTEROL/NON-HDL CALCULATED*

University of Vermont Medical Center

Reference Range — CHOLESTEROL/NON-HDL CALCULATED

Age	Sex	Low	High	Units
0 - 18 years	All		<120	mg/dL
≥18 years	All		<160	mg/dL

CRS *Chromium, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chromium, S

LAB14969 *CHROMOGENIC FACTOR VIII*

University of Vermont Medical Center

Reference Range
≥ 18 years: 43.2 – 159.3%

CGAK *Chromogranin A, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chromogranin A, S

LAB9912 *CHROMOSOME ANALYSIS*

University of Vermont Medical Center

CHRAF *Chromosome Analysis, Amniotic Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chromosomes, Amniotic Fluid

CHRCV *Chromosome Analysis, Chorionic Villus Sampling*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chromosomes, Chorionic Villus Samp

CHRCB *Chromosome Analysis, Congenital Disorders, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Chromosomes, Congenital, Blood

CINN *Cinnamon, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cinnamon, IgE

LAB62 *CK*

University of Vermont Medical Center

Reference Range — CK

Age	Sex	Low	High	Units
≥ 18	Female	30	135	U/L
≥ 18	Male	0	250	U/L

LAB17784 *CKD SCREEN (KIDNEY PROFILE)*

University of Vermont Medical Center

CLAD *Cladosporium, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cladosporium, IgE

CLAM *Clam, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Clam, IgE

CLOBZ *Clobazam and Metabolite, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Clobazam and metabolite, S

CLZ *Clozapine, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Clozapine, S

ONCCMP *CMP, HEME ONC USE ONLY*

University of Vermont Medical Center

Reference Range
See individual Tests.

LAB957 *CMV IgG ANTIBODY*

University of Vermont Medical Center

Reference Range
All ages and sexes:
Negative: Absence of detectable CMV IgG antibodies. A negative result generally indicates that the patient is susceptible to CMV.
Equivocal: Recommend collecting a second sample for testing in no less than one to two weeks.
Positive: Presence of detectable CMV IgG antibodies.

CDS1 *CNS Demyelinating Disease Evaluation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
CNS Demyelinating Disease Eval, S

LAB2011 *COAG SPIN AND FREEZE*

University of Vermont Medical Center

Reference Range
N/A

FXCH *Coagulation Factor X Chromogenic Activity Assay, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Factor X Chromogenic Activity Assay

COS *Cobalt, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cobalt, S

COKEM *Cocaine and Metabolites Confirmation, Meconium*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cocaine and Metabolites, Confirm, M

VCOC *COCAINE METABOLITE (BENZYLECGONINE) SCREEN, URINE*

Champlain Toxicology Laboratory

VCOCN *COCAINE METABOLITE CONFIRMATION, URINE*

Champlain Toxicology Laboratory

LAB378 *COCAINE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

COCR *Cockroach, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cockroach, IgE

CCNT *Coconut, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Coconut, IgE

COD *Codfish, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Codfish, IgE

CATTR *Cold Agglutinin Titer, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cold Agglutinin Titer

PA-CC *COLON CARCINOMA SPECIMEN*

University of Vermont Medical Center

C1Q *Complement C1q, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Complement C1q, S

COM *Complement, Total, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Complement, Total, S

CMP *COMPREHENSIVE METABOLIC PANEL*

University of Vermont Medical Center

Reference Range
See individual Tests.

DATP *COOMBS, DIRECT*

University of Vermont Medical Center

Reference Range
Negative

CPAVP *Copeptin proAVP, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Copeptin proAVP, P

CUU *Copper, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Copper, 24 Hr, U

CUS1 *Copper, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Copper, S

BB-CORD *CORD BLOOD ROUTINE*

University of Vermont Medical Center

CORN *Corn-Food, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Corn-Food, IgE

CORTI *CORTISOL*

University of Vermont Medical Center

Reference Range — CORTISOL

Age	Sex	Collection Time	Low	High	Units
≥18 years old	All	Before 10 am	4	23	ug/dL
≥18 years old	All	After 5 pm	2	14	ug/dL

The results of this assay can be **falsely elevated** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

LAB711 *CORTISOL STIMUATION 30 MINUTES*

University of Vermont Medical Center

Reference Range

Age: ≥ 18 y Baseline: 4-23 ug/dL
A cortisol value of ≥18 ug/dL at the Baseline, 30 min, or 60 min sample is consistent with normal adrenal function.
The results of this assay can be **falsely elevated** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

LAB2042 *CORTISOL STIMULATION 60 MINUTES*

University of Vermont Medical Center

Reference Range

Age ≥ 18y Baseline: 4-23 ug/dL
A cortisol value of ≥18 ug/dL at the Baseline, 30 min, or 60 min sample is consistent with normal adrenal function.
The results of this assay can be falsely elevated due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

LAB511 *CORTISOL STIMULATION BASELINE*

University of Vermont Medical Center

Reference Range

Age: ≥ 18y Baseline: 4-23 ug/dL
A cortisol value of ≥18 ug/dL at the Baseline, 30 min, or 60 min sample is consistent with normal adrenal function.
The results of this assay can be **falsely elevated** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

CORTU *Cortisol, Free, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cortisol, Free, U

SALCT *Cortisol, Saliva*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cortisol, Saliva

VCOT *COTININE SCREEN, URINE*

Champlain Toxicology Laboratory

CTWD *Cottonwood, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cottonwood, IgE

COW *Cow Epithelium, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cow Epithelium, IgE

CRAB *Crab, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Crab, IgE

CRAY *Crayfish, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Crayfish, IgE

LAB383 *CREATININE CLEARANCE*

University of Vermont Medical Center

Reference Range — CREATININE CLEARANCE

Age	Sex	Low	High	Unit
≥18 years	Female	88	128	mL/min
≥18 years	Male	97	137	mL/min

FCREA *CREATININE, FLUID*

University of Vermont Medical Center

Reference Range
No Established Reference Range

LAB66 *CREATININE, SERUM*

University of Vermont Medical Center

Reference Range — CREATININE, SERUM

Age	Sex	Low	High	Units
0 - 15 days	All	0.31	0.86	mg/dL
15 days - 2 years	All		≤0.33	mg/dL
2 years - 5 years	All	0.18	0.40	mg/dL
5 years - 12 years	All	0.28	0.57	mg/dL
12 years - 15 years	All	0.42	0.76	mg/dL
15 years - 18 years	Male	0.58	1.01	mg/dL
15 years - 18 years	Female	0.45	0.78	mg/dL
≥18 years	Male	0.66	1.25	mg/dL
≥18 years	Female	0.52	1.04	mg/dL

Each creatinine result is accompanied by an eGFR calculation on patients ≥18 years old. UVMMC uses the **CKD-EPI Creatinine Equation (2021)** to estimate GFR. The reference range for eGFR on patients ≥18 years old is >60 mL/min/1.73m^2.

Reference Range — CREATININE, URINE, 24 HOUR

Age	Sex	Low	High	Units
≥18 Years	Female	0.8	1.8	g/24-hour
≥18 Years	Male	1.0	2.0	g/24-hour

LAB384 *CREATININE, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No Established Reference Range

CJDE *Creutzfeldt-Jakob Disease Evaluation, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
CJD Evaluation, CSF

CRY_S *Cryoglobulin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cryoglobulin, S

LAB927 *CRYPTOCOCCAL ANTIGEN, CSF*

University of Vermont Medical Center

Reference Range
Negative (no Cryptococcal Antigen detected)

SCAG *CRYPTOCOCCAL ANTIGEN, SERUM*

University of Vermont Medical Center

Reference Range
Negative (No cryptococcal antigen detected)

LAB940 *CRYSTAL ANALYSIS, FLUID*

University of Vermont Medical Center

Reference Range
No crystals seen

LAB666 *CTFR AMPLIFIED, AMBRY GENETICS*

Ambry Genetics

CUKE *Cucumber, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cucumber, IgE

CIFS *Cutaneous Immunofluorescence Antibodies, IgG and IgG4, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cutaneous Immfluor. Ab, IgG/IgG4, S

LAB2316 *CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range
≥19 years: Negative: <5 U/mL
≥19 years: Positive: ≥ 5 U/mL

CYCSCR *CYCLOSPORINE DRUG SCREEN PANEL, BLOOD*

University of Vermont Medical Center

Reference Range
See individual tests.

CYCLO *CYCLOSPORINE, BLOOD*

University of Vermont Medical Center

Reference Range
Therapeutic Range: 50 - 250 ng/mL (the goal level is based on clinical content)

CSTCE *Cystatin C with Estimated Glomerular Filtration Rate (eGFR), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cystatin C with Estimated GFR, S

CFMP *Cystic Fibrosis, CFTR Gene, Variant Panel, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cystic Fibrosis (CF) Mutation Panel

CYSTIN *CYSTINE GRANULOCYTE ASSAY*

University of California, San Diego, Biochemical Genetics Lab

CYSQN *Cystinuria Profile, Quantitative, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cystinuria Profile, QN, 24 hour

LAB9914 *CYTOGENETICS FIBROBLAST CULTURE FOR SEND OUT*

University of Vermont Medical Center

LAB9906 *CYTOLOGY BODY FLUID*

University of Vermont Medical Center

LAB9906 (f) *CYTOLOGY BRONCIAL BRUSHING/WASHING AND TRANSBRONCHIAL ASPIRATES*

University of Vermont Medical Center

LAB9906 (d) *CYTOLOGY CSF*

University of Vermont Medical Center

LAB9906 (c) *CYTOLOGY ESOPHAGEAL BRUSH*

University of Vermont Medical Center

LAB9906 (b) *CYTOLOGY GASTRIC BRUSH*

University of Vermont Medical Center

LAB9906 (e) *CYTOLOGY NIPPLE DISCHARGE*

University of Vermont Medical Center

LAB9906 (h) *CYTOLOGY SPUTUM*

University of Vermont Medical Center

LAB9906 (k) *Cytology Urinary Tract Brush - Wash*

University of Vermont Medical Center

LAB9906 (g) *CYTOLOGY URINE - VOIDED*

University of Vermont Medical Center

CMVM *Cytomegalovirus (CMV) Antibodies, IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cytomegalovirus Ab, IgM, S

CMVQN *Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
CMV DNA Detect/Quant, P

CMVLR *Cytomegalovirus (CMV) Molecular Detection, PCR, Lower Respiratory*

Mayo Clinic Laboratories in Rochester

Reporting Name
Cytomegalovirus, PCR, Lower Resp

LAB313 *D-DIMER*

University of Vermont Medical Center

Reference Range
≤230 ng/mL DDU (DDIMER Units)
Any use of the age-adjusted cutoff value is a post-analytic modification of this FDA-approved test and is considered “off-label” use of the test result. UVMMC laboratory does not have literature to support the validity of age-adjusted cutoff for our specific assay.

DHEA_ *Dehydroepiandrosterone (DHEA), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Dehydroepiandrosterone, S

DEXSPR *DEXAMETHASONE SUPPRESSION TEST*

University of Vermont Medical Center

Reference Range
Ages ≥ 18y:
Non-suppression: ≥ 1.8 ug/dL
Suppression (normal): < 1.8 ug/dL

LAB524 *DHEA SULFATE*

University of Vermont Medical Center

Reference Range — DHEA SULFATE

Age	Sex	Low	High	Units
15-20 years	Female	61	494	ug/dL
20-25 years	Female	134	407	ug/dL
25-35 years	Female	96	512	ug/dL
35-45 years	Female	75	410	ug/dL
45-55 years	Female	56	283	ug/dL
55-65 years	Female	30	182	ug/dL
65-70 years	Female	34	79	ug/dL
15-20 years	Male	45	385	ug/dL
20-24 years	Male	238	539	ug/dL
25-35 years	Male	168	592	ug/dL
35-45 years	Male	140	484	ug/dL
45-55 years	Male	136	448	ug/dL
55-65 years	Male	49	362	ug/dL
65-70 years	Male	228	284	ug/dL

DIALH2 *DIALYSIS HEPATITIS*

University of Vermont Medical Center

Reference Range
See individual tests.

DIFFAD *DIFFERENTIAL BLOOD COUNT-HEMATOLOGY USE ONLY*

University of Vermont Medical Center

Reference Range

MALE and FEMALE		
Age	**Cell Type**	**Absolute Number - x 10^3**
>18 Years	Neutrophil	2.20 - 8.85
>18 Years	Lymphocyte	1.09 - 3.30
>18 Years	Monocyte	0.10 - 0.8*
>18 Years	Eosinophil	0.03 - 0.61
>18 Years	Basophil	0.01 - 0.11
>18 Years	Immature Grans	0.00 - 0.06
>18 Years	Ret	0.5 - 2.5 %

References: MCHV normal value data from Employee Health Samples - 1994 (95% confidence range) - NE-8000 cell counter
Males: N=49
Female N=64
9/3/98 adult Monocyte reference range adjusted for Gen*S (N=37)
Ranges were verified by 2012 study on the Beckman Coulter DxH 800

DIGOX *DIGOXIN*

University of Vermont Medical Center

Reference Range
All ages Therapeutic Range: 0.8 - 2.0 ng/mL

DHTS *Dihydrotestosterone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Dihydrotestosterone, S

DRVV *DILUTE RUSSELL VIPER VENOM TIME*

University of Vermont Medical Center

Reference Range
Dilute Russell Viper Venom Time: Varies according to reagent lot. See report.

DSAC *Disaccharidase Activity Panel, Tissue*

Mayo Clinic Laboratories in Rochester

Reporting Name
Disaccharidase Activity Panel, Ts

DOGD *Dog Dander, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Dog Dander, IgE

LAB2327 *DONOR SCREENING PANEL, IVF ONLY*

University of Vermont Medical Center

LAB17651 *DRUG SCREEN 12, URINE (ED, L&D, NICU/NUR, and UVM STUDENT HEALTH ONLY)*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

PDSU *Drug Screen, Prescription/Over the Counter, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Drug Screen, Prescription/OTC, U

DSS *Drug Screen, Prescription/Over the Counter, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Drug Screen, Prescription/OTC, S

DASM4 *Drugs of Abuse Screen, Meconium 4*

Mayo Clinic Laboratories in Rochester

Reporting Name
Drugs of Abuse Screen, Meconium 4

LAB648 *dsDNA (DOUBLE STRANDED) ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range
All Ages:
Negative: <27 IU/mL
Intermediate: 27 - 35 IU/mL
Positive: >35 IU/mL

DUCK *Duck Feathers, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Duck Feathers, IgE

EBVPAN *EBV PANEL*

University of Vermont Medical Center

Reference Range
All Ages:
VCA IgG: Negative,
VCA IgM: Negative,
EBNA IgG: Negative Interpretation: Results indicate no previous exposure to Epstein-Barr virus.

VCA IgG: Positive
VCA IgM: Positive
EBNA IgG: Negative Interpretation: Results indicate recent infection with Epstein-Barr virus.

VCA IgG: Positive,
VCA IgM: Negative,
EBNA IgG: Positive Interpretation: Results indicate past infection with Epstein-Barr virus.

VCA IgG: Positive,
VCA IgM: Negative,
EBNA IgG: Negative Interpretation: Indeterminate, result might indicate recent infection with Epstein-Barr virus. Time of infection cannot be definitively determined in absence of EBNA IgG.

VCA IgG: Negative,
VCA IgM: Positive,
EBNA IgG: Negative Interpretation: Result indicates recent infection with Epstein-Barr virus.

VCA IgG: Negative,
VCA IgM: Positive,
EBNA IgG: Positive Interpretation: Result indicates recent infection with Epstein-Barr virus.

VCA IgG: Positive,
VCA IgM: Positive,
EBNA IgG: Positive Interpretation: Result indicates recovery from or recent reactivation with Epstein-Barr virus.

VCA IgG: Negative,
VCA IgM: Negative,
EBNA IgG: Positive Interpretation: Indeterminate, suggest recollection if clinically indicated.

VCA IgG, VCA IgM, and/or EBNA IgG: Equivocal Interpretation: Indeterminate, suggest recollection if clinically indicated.

EGG *Egg White, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Egg White, IgE

YOLK *Egg Yolk, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Egg Yolk, IgE

LYT *ELECTROLYTES PANEL*

University of Vermont Medical Center

Reference Range
See individual tests.

ULYT *ELECTROLYTES PANEL, URINE*

University of Vermont Medical Center

Reference Range
See individual Tests.

PA-EM *ELECTRON MICROSCOPY*

University of Vermont Medical Center

ELM *Elm, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Elm, IgE

O182432 *EMPLOYEE LABS-BLOODBOURNE PATHOGEN EXPOSURE (EMPLOYEE HEALTH EXPOSURE)*

University of Vermont Medical Center

Reference Range
HIVSS2: Negative
HBSAG: Negative
HCVQU: Undetected

LAB3983 *ENA ANTIBODY PANEL*

University of Vermont Medical Center

Reference Range — ENA ANTIBODY PANEL
For each antibody:

Age	Sex	Low	High	Units
All	All	<20 (Negative)	≥20 (Positive)	CU

FENC *Encainide (Enkaid), ODE and MODE*

Medtox Laboratories, Inc.

Reporting Name
Encainide (Enkaid)

ENS2 *Encephalopathy, Autoimmune/ Paraneoplastic Evaluation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Encephalopathy, Autoimm/Paraneo, S

ENC2 *Encephalopathy, Autoimmune/ Paraneoplastic Evaluation, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Enceph, Autoimm/Paraneo, CSF

LENT *Enterovirus, Molecular Detection, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Enterovirus PCR

EPUR *Epicoccum purpurascens, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Epicoccum Purpurascens, IgE

EBVQN *Epstein-Barr Virus DNA Detection and Quantification, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
EBV DNA Detect/Quant, P

EPO *Erythropoietin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Erythropoietin (EPO), S

LAB523 *ESTRADIOL, ADULTS*

University of Vermont Medical Center

Reference Range — ESTRADIOL, ADULTS

Age	Sex	Physiological Status	Low	High	Units
≥18 years	Female	Follicular Phase (-12 to -4 days)	20	144	pg/mL
≥18 years	Female	Mid Cycle (-3 to 2 days)	64	357	pg/mL
≥18 years	Female	Luteal Phase (+4 to 12 days)	56	214	pg/mL
≥18 years	Female	Post Menopausal		<32	pg/mL
≥18 years	Male			<40	pg/mL

EEST *Estradiol, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Estradiol, Mass Spectrometry, S

PA-ESTREC *ESTROGEN RECEPTOR ASSAY*

University of Vermont Medical Center

ESTF *Estrogens, Estrone (E1) and Estradiol (E2), Fractionated, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Estrogens, E1+E2, fractionated, S

E1 *Estrone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Estrone, S

ETOH *ETHANOL, BLOOD*

University of Vermont Medical Center

Reference Range
<10 mg/dL in abstaining adults

ETHYL *ETHYLENE GLYCOL, QUANTITATIVE*

University of Vermont Medical Center

Reference Range
All Ages: <5 mg/dL

EVROL *Everolimus, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Everolimus, B

PA-EYE *EYE PATHOLOGY*

University of Vermont Medical Center

LAB758 *FACTOR 10 ASSAY*

University of Vermont Medical Center

Reference Range

Age	Reference Range	Units
0 up to 1 day	12 - 68	%
1 day up to 5 days	19 - 79	%
5 days up to 1 month	31 - 87	%
1 month up to 3 months	35 - 107	%
3 months up to 6 months	38 - 118	%
6 months up to 1 year	86 - 195	%
1 year up to Unspecified	77 - 131	%

LAB309 *FACTOR 11 ASSAY*

University of Vermont Medical Center

Reference Range

Age	Reference Range	Units
0 up to 1 day	10 - 66	%
1 day up to 5 days	23 - 87	%
5 days up to 1 month	27 - 79	%
1 month up to 3 months	41 - 97	%
3 months up to 6 months	49 - 134	%
6 months up to 1 year	62 - 145	%
1 year up to Unspecified	65 - 150	%

LAB310 *FACTOR 12 ASSAY*

University of Vermont Medical Center

Reference Range

Age	Reference Range	Units
0 up to 1 day	13 - 93	%
1 day up to 5 days	11 - 83	%
5 days up to 1 month	17 - 81	%
1 month up to 3 months	25 - 109	%
3 months up to 6 months	39 - 115	%
6 months up to 1 year	50 - 150	%
1 year up to Unspecified	50 - 150	%

LAB1113 *FACTOR 13 ANTIGEN*

University of Vermont Medical Center

Reference Range
Range varies according to reagent lot, see report or call Coagulation at 847-5121.

LAB303 *FACTOR 2 ASSAY*

University of Vermont Medical Center

Reference Range

Age	Reference Range	Units
0 up to 1 day	26 - 70	%
1 day up to 5 days	33 - 93	%
5 days up to 1 month	34 - 102	%
1 month up to 3 months	45 - 105	%
3 months up to 6 months	60 - 116	%
6 months up to 1 year	60 - 116	%
1 year up to Unspecified	79 - 131	%

LAB304 *FACTOR 5 ASSAY*

University of Vermont Medical Center

Reference Range

Age	Reference Range	Units
0 up to 1 day	34 - 108	%
1 day up to 5 days	45 - 145	%
5 days up to 1 month	62 - 134	%
1 month up to 3 months	45 - 132	%
3 months up to 6 months	55 - 127	%
6 months up to 1 year	63 - 135	%
1 year up to Unspecified	62 - 139	%

LAB305 *FACTOR 7 ASSAY*

University of Vermont Medical Center

Reference Range

Age	Reference Range	Units
0 up to 1 day	50 - 129	%
1 day up to 5 days	35 - 143	%
5 days up to 1 month	42 - 138	%
1 month up to 3 months	39 - 143	%
3 months up to 6 months	47 - 127	%
6 months up to 1 year	51 - 161	%
1 year up to Unspecified	50 - 129	%

LAB306 *FACTOR 8 ASSAY*

University of Vermont Medical Center

Reference Range

Age	Reference Range	Units
0 up to 1 day	50 - 178	%
1 day up to 5 days	50 - 154	%
5 days up to 1 month	50 - 157	%
1 month up to 3 months	50 - 150	%
3 months up to 6 months	50 - 109	%
6 months up to 1 year	50 - 150	%
1 year up to Unspecified	50 - 150	%

LAB308 *FACTOR 9 ASSAY*

University of Vermont Medical Center

Reference Range

Age	Reference Range	Units
0 up to 1 day	15 - 91	%
1 day up to 5 days	15 - 91	%
5 days up to 1 month	21 - 81	%
1 month up to 3 months	21 - 113	%
3 months up to 6 months	36 - 136	%
6 months up to 1 year	75 - 150	%
1 year up to Unspecified	65 - 150	%

F5DNA *Factor V Leiden (R506Q) Mutation, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Factor V Leiden (R506Q) Mutation, B

FFX3F *Factor XIII, Functional*

Quest Diagnostics Nichols Institute

Reporting Name
Factor XIII, Functional

FATF *Fat, Feces*

Mayo Clinic Laboratories in Rochester

Reporting Name
Fat, F

POX *Fatty Acid Profile, Peroxisomal (C22-C26), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Fatty Acid Profile, Peroxisomal, S

PA-FTR *FATTY TUMOR RESECTION*

University of Vermont Medical Center

LAB3625 *FECAL BACTERIAL PATHOGENS BY PCR*

University of Vermont Medical Center

Reference Range
No Salmonella spp. DNA detected.
No Shigella spp. or Enteroinvasive E.coli DNA detected.
No Campylobacter spp. (jejuni or coli) DNA detected.
No shiga toxin producing genes detected.

LAB17708 *FECAL IMMUNOCHEMICAL TEST (FIT), COLORECTAL CANCER SCREEN*

University of Vermont Medical Center

LAB3281 *FECAL LACTOFERRIN FOR WBC*

University of Vermont Medical Center

Reference Range
Absence of elevated lactoferrin

FELBA *Felbamate (Felbatol), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Felbamate (Felbatol), S

VFENTC *FENTANYL AND METABOLITE CONFIRMATION, URINE*

Champlain Toxicology Laboratory

LAB17585 *FENTANYL SCREEN WITH REFLEX TO CONFIRMATION, U.*

Champlain Toxicology Laboratory

FEEP *Ferret Epithelium, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ferret Epithelium, IgE

Reference Range — FERRITIN

Age	Sex	Low	High	Units
0 - 15 days	All	6	421	ng/mL
15 days - 6 months	All	6	421	ng/mL
6 months - 1 year	All	6	421	ng/mL
1 year - 5 years	All	13	89	ng/mL
5 years - 14 years	All	13	89	ng/mL
14 years - 18 years	Male	11	135	ng/mL
14 years - 18 years	Female	7	76	ng/mL
≥18 years	Male	30	322	ng/mL
≥18 years	Female	30	291	ng/mL

RFFN *FETAL FIBRONECTIN*

University of Vermont Medical Center

Reference Range
Negative
A Positive fFN result may be observed in patients who have experienced cervical disruption caused by, but not limited to, events such as sexual intercourse, digital cervical examination, and/or vaginal probe ultrasound.

BB-FETALSCR *FETAL SCREEN*

University of Vermont Medical Center

LAB314 *FIBRINOGEN*

University of Vermont Medical Center

Reference Range
Varies according to reagent lot. See report or call, if needed.

LAB9906 (a) *FINE NEEDLE ASPIRATE CYTOLOGY*

University of Vermont Medical Center

FANT *Fire Ant, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Fire Ant, IgE

LAB9913 *FISH TESTING (FLUORESCENCE IN SITU HYBRIDIZATION)*

University of Vermont Medical Center

FLEC *Flecainide, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Flecainide, S

FLT *FLT3 Mutation Analysis, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
FLT3 Mutation Analysis, V

FOL *FOLATE*

University of Vermont Medical Center

Reference Range
≥18 years:
Normal: >5.4 ng/mL
Indeterminate: 3.4 – 5.4 ng/mL
Deficient: <3.4 ng/mL
The results of this assay can be **falsely elevated** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

FXS *Fragile X Syndrome, Molecular Analysis, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Fragile X Syndrome, Mol. Analysis

FUFXS *Fragile X, Follow-up Analysis*

Mayo Clinic Laboratories in Rochester

Reporting Name
Fragile X, Follow up Analysis

LAB2477 *FREE LIGHT CHAINS, SERUM*

University of Vermont Medical Center

Reference Range
≥18 year Male
Kappa free light chain: 0.33 – 1.94 mg/dL
Lambda free light chain: 0.57 – 2.63 mg/dL
Kappa/Lambda free light chain ratio: 0.26 –1.65 mg/dL
≥18 year Female
Kappa free light chain: 0.33 – 1.94 mg/dL
Lambda free light chain: 0.57 – 2.63 mg/dL
Kappa/Lambda free light chain ratio: 0.26 –1.65 mg/dL

FRTUP *Free Thyroxine Index (FTI), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Free Thyroxine Index(FTI), S

FRS *FROZEN SECTION*

University of Vermont Medical Center

FRUCT *Fructosamine, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Fructosamine, S

FSH *FSH*

University of Vermont Medical Center

Reference Range — FSH

Age	Sex	Physiological Status	Low	High	Units
≥13 years	Female	Follicular(-12 to-4 days)	2.5	10.2	mIU/mL
≥13 years	Female	Midcycle(-3 to +2 days)	3.4	33.4	mIU/mL
≥13 years	Female	Luteal(+4 to +12 days)	1.5	9.1	mIU/mL
≥18 years	Female	Postmenopausal	23.0	116.3	mIU/mL
13-70 years	Male	N/A	1.4	18.1	mIU/mL

FSM *FUNGAL SMEAR*

University of Vermont Medical Center

Reference Range
No fungi seen

LAB240 *FUNGUS CULTURE*

University of Vermont Medical Center

Reference Range
No fungus isolated

LAB242 *FUNGUS CULTURE & SMEAR (C + S)*

University of Vermont Medical Center

Reference Range
No fungus isolated

LAB1294 *FUNGUS CULTURE, SKIN, HAIR OR NAIL*

University of Vermont Medical Center

Reference Range
No fungus isolated.

FCSKS *FUNGUS CULTURE, SKIN, HAIR OR NAIL, & SMEAR*

University of Vermont Medical Center

Reference Range
No fungus isolated.

FUSM *Fusarium moniliforme, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Fusarium Moniliforme, IgE

GABA *Gabapentin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Gabapentin, S

LAB17697 *GABAPENTINOID CONFIRMATION PANEL, QL, URINE*

Champlain Toxicology Laboratory

GAL3 *Galectin-3, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Galectin-3, S

GAES *Ganglioside Antibodies Evaluation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ganglioside Antibodies Eval, S

GARL *Garlic, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Garlic, IgE

GAST *Gastrin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Gastrin, S

PA-GEA *GASTROESOPHAGEAL ADENOCARCINOMA SPECIMEN*

University of Vermont Medical Center

EXTHLD *GENETIC TESTING SUPPORT FOR INHERITED DISEASE OR INHERITED RISK*

University of Vermont Medical Center

LAB28 *GENTAMICIN, PEAK*

University of Vermont Medical Center

Reference Range — GENTAMICIN, PEAK

Age	Sex	Physiological Status	Low	High	Units
All	All	Peak	5.0	12.0	ug/mL

LAB27 *GENTAMICIN, RANDOM*

University of Vermont Medical Center

Reference Range
No Established Reference Range.

LAB26 *GENTAMICIN, TROUGH*

University of Vermont Medical Center

Reference Range — GENTAMICIN, TROUGH

Age	Sex	Physiological Status	Low	High	Units
All	All	Trough		<1.5	ug/mL
All	All	Call Value		>1.5	ug/mL

GERB *Gerbil Epithelium, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Gerbil Epithelium, IgE

LAB85 *GGT (GAMMA GT)*

University of Vermont Medical Center

Reference Range — GGT (GAMMA GT)

Age	Sex	Low	High	Units
0 - 15 days	Male	19	196	U/L
15 days - 1 year	Male		≤113	U/L
1 year - 11 years	Male		≤13	U/L
11 years - 18 years	Male		≤17	U/L
≥18 years	Male	15	73	U/L
0 - 15 days	Female	19	196	U/L
15 days - 1 year	Female		≤113	U/L
1 year - 11 years	Female		≤13	U/L
11 years - 18 years	Female		≤17	U/L
≥18 years	Female		<44	U/L

GRW *Giant Ragweed, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Giant Ragweed, IgE

GBM *Glomerular Basement Membrane Antibodies, IgG, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Glomerular Basement Membrane IgG Ab

GLP *Glucagon, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Glucagon, P

G6PD1 *Glucose 6-Phosphate Dehydrogenase Enzyme Activity, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
G6PD Enzyme Activity, B

LAB2185 *GLUCOSE TOLERANCE, 1 HOUR SCREEN (GESTATIONAL)*

University of Vermont Medical Center

Reference Range
1 Hour Plasma Glucose: 70 - 134 mg/dL

LAB2182 *GLUCOSE TOLERANCE, 2 HOUR*

University of Vermont Medical Center

Reference Range — GLUCOSE TOLERANCE, 2 HOUR

Age	Sex	Physiological Status	Low	High	Units
All	All	Fasting Non-gestational	70	99	mg/dL
All	All	2-Hour Non-gestational	70	139	mg/dL

LAB2183 *GLUCOSE TOLERANCE, 3-HOUR (GESTATIONAL)*

University of Vermont Medical Center

Reference Range — GLUCOSE TOLERANCE, 3-HOUR (GESTATIONAL)

Age	Sex	Physiological Status	Low	High	Units
All	Female	Fasting	70	94	mg/dL
All	Female	1-Hour Plasma Glucose	70	179	mg/dL
All	Female	2-Hour Plasma Glucose	70	154	mg/dL
All	Female	3-Hour Plasma Glucose	70	139	mg/dL

CGL *GLUCOSE, CSF*

University of Vermont Medical Center

Reference Range
60-80% of serum glucose.

FGL *GLUCOSE, FLUID*

University of Vermont Medical Center

Reference Range
No established reference range.

GL *GLUCOSE, PLASMA*

University of Vermont Medical Center

Reference Range — GLUCOSE, PLASMA

Age	Sex	Physiological Status	Low	High	Units
0 - 1 day	All	Fasting	40	100	mg/dL
1 - 7 days	All	Fasting	50	100	mg/dL
≥7 days	All	Fasting	70	100	mg/dL

GLS *GLUCOSE, SCREENING*

University of Vermont Medical Center

LAB82 *GLUCOSE, SERUM*

University of Vermont Medical Center

Reference Range — GLUCOSE, SERUM

Age	Sex	Physiological Status	Low	High	Units
0 - 1 day	All	Fasting	40	99	mg/dL
1 - 7 days	All	Fasting	50	99	mg/dL
≥7 days	All	Fasting	70	99	mg/dL

LAB396 *GLUCOSE, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range
All ages: <500 mg/24hr

LAB15179 *GLUCOSE, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
All ages: <30 mg/dL

GD65S *Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
GAD65 Ab Assay, S

GD65C *Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
GAD65 Ab Assay, CSF

GLT *Gluten, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Gluten, IgE

GDOM *Glycyphagus domesticus, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Glycyphagus Domesticus, IgE

GLDR *Goldenrod, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Goldenrod, IgE

GOOS *Goose Feathers, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Goose Feathers, IgE

GRAP *Grape, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Grape, IgE

GRFR *Grapefruit, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Grapefruit, IgE

GRAS1 *Grass Panel # 1, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Grass Panel # 1

GRAS2 *Grass Panel # 2, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Grass Panel # 2

GRAS3 *Grass Panel # 3, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Grass Panel # 3

GPEA *Green Pea, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Green Pea, IgE

GSTB *Green String Bean, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Green String Bean, IgE

ALDR *Grey Alder, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Grey Alder, IgE

LAB14535 *GROUP A STREP PCR*

University of Vermont Medical Center

Reference Range
Negative for Group A Streptococcus

LAB3584 *GROUP B STREP FOR PENICILLIN ALLERGIC PATIENTS*

University of Vermont Medical Center

Reference Range
Negative

LAB2540 *GROUP B STREP, PCR*

University of Vermont Medical Center

Reference Range
Negative

HGH *Growth Hormone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Growth Hormone, S

LAB697 *GUAIAC OCCULT BLOOD, FECES*

University of Vermont Medical Center

Reference Range
Negative

GUIN *Guinea Pig Epithelium, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Guinea Pig Epithelium, IgE

HALI *Halibut, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Halibut, IgE

HEPI *Hamster Epithelium, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Hamster Epithelium, IgE

HAPTS *HAPTOGLOBIN*

University of Vermont Medical Center

Reference Range — HAPTOGLOBIN

Age	Sex	Physiological Status	Low	High	Units
>18 years	All		32	197	mg/dL

NUTH *Hazelnut-Food, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Hazelnut-Food, IgE

HAZ *Hazelnut-Tree, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Hazelnut-Tree, IgE

LAB144 *HCG FOR ACCUTANE MONITORING*

University of Vermont Medical Center

Reference Range
Pregnancy:
Negative: Less than 5 mIU/mL
Indeterminant: Between 5 and 25 mIU/mL, recommend repeat testing in 48 hours
Positive: Greater than 25 mIU/mL

HCVQU1 *HCV RNA DETECTION QUANTITATION PCR*

University of Vermont Medical Center

Reference Range
All ages: Undetected

HCVRX2 *HCV RNA QUANT BY PCR WITH REFLEX TO GENOTYPE*

University of Vermont Medical Center

Reference Range
All ages: Undetected

HMDB *Heavy Metals Screen with Demographics, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Heavy Metals Scrn with Demographics

HMU24 *Heavy Metals Screen, with Reflex, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Heavy Metal Scrn w/Reflex, 24 Hr, U

UBT *Helicobacter pylori Breath Test*

Mayo Clinic Laboratories in Rochester

Reporting Name
H. pylori C Urea Breath Test

LAB1016 *HELICOBACTER PYLORI STOOL ANTIGEN TESTING*

University of Vermont Medical Center

Reference Range
All ages: Negative
Performance characteristics have not been established for watery, diarrheal stools. False negative results may be obtained within 2 weeks of treatment with antimicrobials, bismuth, or proton pump inhibitors. A negative result in such a situation should be followed up with repeat testing at least 2 weeks after discontinuation of therapy.

HPYAP *HELICOBACTOR PYLORI BY IMMUNOHISTOCHEMISTRY*

University of Vermont Medical Center

Reference Range
Negative or Positive

HELM *Helminthosporium halodes, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Helminthosporium Halodes, IgE

HCT *HEMATOCRIT*

University of Vermont Medical Center

Reference Range — HEMATOCRIT

Age	Sex	Physiological Status	Low	High	Units
≥18 years	Female		34.9	44.4	%
≥18 years	Male		39.5	50.2	%
12-17 years	Female		36.0	46.0	%
12-17 years	Male		37.0	49.0	%
6-11 years	All		35.0	45.0	%
2-5 years	All		34.0	40.0	%
6-23 months	All		33.0	39.0	%
3-5 months	All		29.0	41.0	%
<3 months	All		28.0	42.0	%

FHCT *HEMATOCRIT, BODY FLUID*

University of Vermont Medical Center

Reference Range
No reference range

MHT *HEMATOCRIT, SPUN (a.k.a. micro hematocrit)*

University of Vermont Medical Center

Reference Range — HEMATOCRIT, SPUN (a.k.a. micro hematocrit)

Age	Sex	Physiological Status	Low	High	Units
≥18 years	Female		34.9	44.4	%
≥18 years	Male		39.5	50.2	%
12-17 years	Female		36.0	46.0	%
12-17 years	Male		37.0	49.0	%
6-11 years	All		35.0	45.0	%
2-5 years	All		34.0	40.0	%
6-23 months	All		33.0	39.0	%
3-5 months	All		29.0	41.0	%
<3 months	All		28.0	42.0	%

Reference Range — HEMOGLOBIN

Age	Sex	Physiological Status	Low	High	Units
≥18 years	Female		11.6	15.2	gm/dL
≥18 years	Male		13.8	17.3	gm/dL
12-17 years	Female		12.0	16.0	gm/dL
12-17 years	Male		13.0	16.0	gm/dL
6-11 years	All		11.5	15.5	gm/dL
2-5 years	All		11.5	13.5	gm/dL
6-23 months	All		10.5	13.5	gm/dL
3-5 months	All		9.5	13.5	gm/dL
<3 months	All		9.0	14.0	gm/dL

LAB90 *HEMOGLOBIN A1C*

University of Vermont Medical Center

Reference Range

The following A1c interpretive data reflect the 2017 American Diabetes Association (ADA) guidelines and will be reported with each A1c result:
Normal: <5.7%
Prediabetes: 5.7 - 6.4%
Diagnostic for diabetes (if confirmed): ≥6.5%

Goals for glycemic control in diabetes (ADA 2017)
<7% - The A1c target for nonpregnant adults with diabetes.
More or less stringent targets may be appropriate for individual patients.
<7.5% - The A1c target for children and adolescents with type 1 diabetes.

HBA2 *HEMOGLOBIN A2*

University of Vermont Medical Center

Reference Range — HEMOGLOBIN A2

Age	Sex	Physiological Status	Low	High	Units
≥1 year	All		2.2	3.2	%

ACIDH *HEMOGLOBIN ELECTROPHORESIS, ACID*

University of Vermont Medical Center

Reference Range
All ages: No abnormal hemoglobins identified

SIC *HEMOGLOBIN S SCREEN (a.k.a. sickle cell solubility)*

University of Vermont Medical Center

Reference Range
Negative
False negatives may occur in infants less than 6 months of age due to elevated levels of Hemoglobin F. It is recommended, therefore, that infants not be tested prior to six months of age.

LAB4062 *HEMOGLOBIN S THERAPEUTIC MONITORING*

University of Vermont Medical Center

Reference Range
No established reference range

LAB292 *HEMOGLOBIN, FETAL*

University of Vermont Medical Center

Reference Range — HEMOGLOBIN, FETAL

Age	Sex	Low	High	Units
≥1 year	All	<2%		%

HBEVAL *HEMOGLOBIN/THALASSEMIA EVALUATION*

University of Vermont Medical Center

Reference Range
All ages: No abnormal hemoglobins identified

LAB9906 (i) *HEMOSIDERIN LADEN MACROPHAGES*

University of Vermont Medical Center

LAB317 *HEPARIN LEVEL-UFH*

University of Vermont Medical Center

Reference Range
THERAPEUTIC HEPARIN RANGE:
Unfractionated heparin therapeutic range 0.3 – 0.7 IU/mL. Results may not be reliable for direct thrombin inhibitors or pentasaccharides such as fondaparinux.

LAB316 *HEPARIN LEVEL, LOW MOLECULAR WEIGHT (LMWH)*

University of Vermont Medical Center

Reference Range
THERAPEUTIC HEPARIN RANGE
(for **twice-a-day dosing**, peak sample drawn 4 hours post subcutaneous injection) for treatment of venous thromboembolism: Adults and children: 0.5 – 1.1 IU/mL Newborn: 0.5 - 1.0 IU/mL

(for **once-a-day dosing**, peak sample drawn 4 hours post subcutaneous injection) for treatment of venous thromboembolism: 1.0 – 2.0 IU/mL Patient sample tested against Low Molecular Weight heparin – Results may not be reliable for unfractionated heparin, pentassacharide (Fondaparinux) or Danaparoid (ORGARAN).

HITIG *Heparin-PF4 IgG Antibody, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Heparin-PF4 IgG Ab (HIT), S

LIVR *HEPATIC FUNCTION PANEL*

University of Vermont Medical Center

Reference Range
See individual tests, Albumin, Alkaline Phosphatase, ALT, AST, Direct Bilirubin, Total Bilirubin, and Total Protein.

HAIGM2 *HEPATITIS A ANTIBODY IgM*

University of Vermont Medical Center

Reference Range
All ages: Negative
The results of this assay can be **falsely lowered** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

HAAB2 *HEPATITIS A ANTIBODY WITH REFLEX*

University of Vermont Medical Center

Reference Range
All ages: Negative
The results of this assay can be **falsely elevated** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood draw.

HAABN *HEPATITIS A TOTAL ANTIBODY - IMMUNITY*

University of Vermont Medical Center

Reference Range
All ages: Negative
The results of this assay can be falsely **elevated** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood draw.

HBCOR *HEPATITIS B CORE ANTIBODY*

University of Vermont Medical Center

Reference Range
All ages: Negative

HEPB2 *HEPATITIS B PROFILE*

University of Vermont Medical Center

Reference Range
See individual Tests.

LAB472 *HEPATITIS B SURFACE ANTIBODY*

University of Vermont Medical Center

Reference Range
HBABQL: Vaccinated - Positive, Unvacinated - Negative
HBABQT: <10.0 mIU/mL - Negative, ≥10.0 mIU/mL - Positive

LAB471 *HEPATITIS B SURFACE ANTIGEN*

University of Vermont Medical Center

Reference Range
All ages: Negative

LAB17665 *HEPATITIS B SURFACE ANTIGEN, PRENATAL*

University of Vermont Medical Center

Reference Range
All ages: Negative

HBVQN *Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
HBV DNA Detect/Quant, S

HBIM *Hepatitis B Virus Core IgM Antibody, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
HBc IgM Ab, S

HEAG *Hepatitis B Virus e Antigen and Hepatitis B Virus e Antibody, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Hepatitis Be Ag and Ab, S

LAB868 *HEPATITIS C ANTIBODY WITH REFLEX TO HCV RNA BY PCR*

University of Vermont Medical Center

Reference Range
All ages: Negative

HCVG *Hepatitis C Virus Genotype, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
HCV Genotype, S

LAB3586 *HEPATITIS PROFILE - ACUTE*

University of Vermont Medical Center

Reference Range
See individual tests

HEPUNK *HEPATITIS PROFILE, CHRONIC UNKNOWN TYPE*

University of Vermont Medical Center

Reference Range
See individual tests

HER2A *HER2 TEST*

University of Vermont Medical Center

Reference Range
0-1+ negative for Her2 protein overexpression,
2-3+ positive for Her2 protein overexpression, (See Reference Ranges for clarification).
A 3+ Her2Test result has an approximate 95% correlation with gene amplification studies. A 2+ result is also considered positive; however 2+ tumors have much lower Trastuzamab (Herceptin). All new breast cancers are tested using insitu hybridization to evaluate.

HFET *Hereditary Hemochromatosis, HFE Variant Analysis, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Hereditary Hemochromatosis HFE Test

V6AMC *HEROIN METABOLITE (6-AM) CONFIRMATION, URINE*

Champlain Toxicology Laboratory

LAB3753 *HERPES SIMPLEX VIRUS, PCR*

University of Vermont Medical Center

Reference Range
No virus detected

FHEXA *Hexagonal Phospholipid Neutralization*

Esoterix Coagulation

Reporting Name
Hexagonal Phospholipid Neutral

NAGR *Hexosaminidase A and Total, Leukocytes/ Molecular Reflex, Whole Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Hexosaminidase A and Tot, WBC/Mole

LAB150 *HIGH SENSITIVITY CRP*

University of Vermont Medical Center

Reference Range

Risk Level	Age/Sex	Range	Units
Less Risk	All	<1.0	mg/L
Average Risk	All	1.0 - 3.0	mg/L
High Risk	All	>3.0	mg/L
*Indeterminate	All	>10.0	mg/L

*May be an indication of inflammation or infection.

FHSPL *Histamine Plasma*

Eurofins Viracor

Reporting Name
Histamine Plasma

UHBAG *Histoplasma and Blastomyces Antigen, Enzyme Immunoassay, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Histoplasma/Blastomyces Ag, EIA, U

HISER *Histoplasma Antibody Complement Fixation and Immunodiffusion, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Histoplasma Ab CompFix/ImmDiff, S

LAB159 *HIV 1 & 2 ANTIGEN AND ANTIBODY, 4TH GENERATION*

University of Vermont Medical Center

Reference Range
All ages: Negative

LAB14299 *HIV 1 RNA QUANT WITH REFLEX TO GENOTYPE*

University of Vermont Medical Center

Reference Range
All ages: Undetected

HIVQU1 *HIV 1 RNA QUANTITATION*

University of Vermont Medical Center

Reference Range
All agges: Undetected

LAB3340 *HIV ANTIBODY CONFIRMATION/ DIFFERENTIATION*

University of Vermont Medical Center

Reference Range
All ages: Negative

HIS12 *HIV-1/HIV-2 RNA Detection, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
HIV-1/HIV-2 RNA Detect, S

HIVSS2 *HIV, RAPID 1 & 2 ANTIBODY*

University of Vermont Medical Center

Reference Range
All ages: Negative

LY27B *HLA-B27, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
HLA-B27, B

HCY *HOMOCYSTEINE*

University of Vermont Medical Center

Reference Range — HOMOCYSTEINE

Age	Sex	Physiological Status	Low	High	Units
≥18 year	All		5	13.9	umol/L

HVA *Homovanillic Acid, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Homovanillic Acid (HVA), 24 Hr, U

HBV *Honeybee Venom, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Honeybee Venom, IgE

HORS *Horse Dander, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Horse Dander, IgE

DF *House Dust Mites/Dermatophagoides farinae, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
House Dust Mites/D.F., IgE

DP *House Dust Mites/Dermatophagoides pteronyssinus, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
House Dust Mites/D.P., IgE

HDG *House Dust/Greer Lab, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
House Dust/Greer Lab, IgE

HDHS *House Dust/H-S Lab, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
House Dust/H-S Lab, IgE

LAB1365 *HPV DNA DETECTION with GENOTYPING, PCR*

University of Vermont Medical Center

Reference Range
Negative for HPV. No DNA detected from HPV types 16,18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68.

LAB947 *HSV TYPE 1&2 ANTIBODY, IgG*

University of Vermont Medical Center

Reference Range
All ages: Negative

VHPV *Human Papillomavirus (HPV) Vaginal Detection with Genotyping for High-Risk Types by PCR*

Mayo Clinic Laboratories in Rochester

Reporting Name
HPV Vaginal Detect / Genotyping PCR

HTLVI *Human T-Cell Lymphotropic Virus Types I and II Antibody Screen with Confirmation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
HTLV-I/-II Ab Screen, S

HAD *Huntington Disease, Molecular Analysis, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Huntington Disease Analysis

FHSPP *Hypersensitivity Pneumonitis Panel*

Eurofins Viracor

Reporting Name
Hypersensitivity Pneumonitis Panel

FIAAB *IA2 Autoantibodies*

Esoterix Endocrinology

Reporting Name
IA-2 Autoantibodies

FIBUP *Ibuprofen (Motrin, Advil, Nuprin), serum*

Medtox Laboratories, Inc.

Reporting Name
Ibuprofen (Motrin, Advil, Nuprin)

AIO *IDENTIFY ISOLATED ANAEROBE*

University of Vermont Medical Center

IO *IDENTIFY ISOLATED ORGANISM*

University of Vermont Medical Center

LAB1077 *IgA*

University of Vermont Medical Center

Reference Range — IgA

Age	Sex	Low	High	Units
0 - 1 year	All		≤13	mg/dL
1 year - 3 years	All		≤80	mg/dL
3 years - 6 years	All		≤140	mg/dL
6 years - 14 years	All	30	220	mg/dL
14 years - 18 years	All	40	290	mg/dL
≥18 years	All	84.5	499	mg/dL

IGE *IgE*

University of Vermont Medical Center

Reference Range — IgE

ge	Sex	Physiological Status	Low	High	Units
0 - 1 year	All	N/A	<52		IU/mL
1 - 5 years	All	N/A	<352		IU/mL
5 - 11 years	All	N/A	<393		IU/mL
11 - 16 years	All	N/A	<170		IU/mL
≥16 years	All	N/A	<158		IU/mL

Reference Range — IgG

Age	Sex	Low	High	Units
0 - 15 days	All	320	1210	mg/dL
15 days - 1 year	All	150	630	mg/dL
1 year - 4 years	All	320	990	mg/dL
4 years - 10 years	All	500	1170	mg/dL
10 years - 18 years	All	600	1310	mg/dL
≥18 years	All	610	1616	mg/dL

IGGS *IgG Subclasses, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
IgG Subclasses, S

BCLL *IGH Somatic Hypermutation Analysis, B-Cell Chronic Lymphocytic Leukemia (B-CLL), Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
IGH Somatic Hypermutation in B-CLL

LAB72 *IgM*

University of Vermont Medical Center

Reference Range — IgM

Age	Sex	Low	High	Units
0 - 15 days	All		≤30	mg/dL
15 days - 91 days	All		≤70	mg/dL
91 days - 1 year	All		≤80	mg/dL
1 year - 18 years	Male	40	140	mg/dL
1 year - 18 years	Female	50	180	mg/dL
≥18 years	All	35	242	mg/dL

LAB17564 *IMMATURE PLATELET FRACTION (IPF)*

University of Vermont Medical Center

Reference Range
Adult reference range is 1.2 - 8.6%

PA-IMMUNO *IMMUNOFLUORESCENCE*

University of Vermont Medical Center

IGD *Immunoglobulin D (IgD), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Immunoglobulin D (IgD), S

LAB166 *IMMUNOGLOBULINS*

University of Vermont Medical Center

Reference Range
See individual Tests.

LAB174 *IMMUNOTYPING/ ELECTROPHORESIS*

University of Vermont Medical Center

Reference Range
All ages: Negative for Monoclonal Immunoglobulins

INFXR *Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Infliximab QN with Reflex to Ab, S

HPFLU *Influenza Virus Type A and Type B and Respiratory Syncytial Virus (RSV) RNA, Molecular Detection, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Influenza A/B and RSV, PCR, Varies

INHAB *Inhibin A and B, Tumor Marker, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Inhibin A and B, Tumor Marker, S

INHB *Inhibin B, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Inhibin B, S

LAB527 *INSULIN*

University of Vermont Medical Center

Reference Range — INSULIN

Age	Sex	Low	High	Units
0 - 1 year	All	<23.5		uIU/m
1 - 6 years	All	<40.2		uIU/m
6 - 19 years	All	<49.7		uIU/m
≥19 years	All	<29		uIU/m

IGFMS *Insulin-Like Growth Factor-1, Mass Spectrometry, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
IGF-1, LC/MS, S

IGFB3 *Insulin-Like Growth Factor-Binding Protein 3, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
IGFBP-3, S

SIL2R *Interleukin-2 Receptor Alpha Soluble, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
IL-2 receptor alpha soluble, P

IFBA *Intrinsic Factor Blocking Antibody, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Intrinsic Factor Blocking Ab, S

LAB2039 *IONIZED CALCIUM*

University of Vermont Medical Center

Reference Range — IONIZED CALCIUM

Age	Sex	Low	High	Units
0 - 1 month	All	1.00	1.50	mmol/L
1 month - 6 months	All	0.95	1.50	mmol/L
≥6 months	All	1.14	1.35	mmol/L

Reference Range — IRON

Age	Sex	Low	High	Units
0 - 14 years	All	27	141	ug/dL
14 years - 18 years	Male	42	182	ug/dL
14 years - 18 years	Female	31	176	ug/dL
≥18 years	Male	49	181	ug/dL
≥18 years	Female	37	170	ug/dL

LAB829 *IRON BINDING CAPACITY*

University of Vermont Medical Center

Reference Range — IRON BINDING CAPACITY

Age	Sex	Low	High	Units
0 - 3 months	All	59	175	ug/dL
3 months - 18 years	All	250	400	ug/dL
≥18 years	All	240	450	ug/dL

FET *Iron, Liver Tissue*

Mayo Clinic Laboratories in Rochester

Reporting Name
Iron, Liver Ts

BB-ISOHQL *ISOHEMAGGLUTININS*

University of Vermont Medical Center

BB-ISOHQN *ISOHEMAGGLUTININS, QUANTITATIVE*

University of Vermont Medical Center

ITCON *Itraconazole, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Itraconazole, S

JAKXB *JAK2 Exon 12 and Other Non-V617F Mutation Detection, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
JAK2 Exon 12 Mutation Detection, B

JAK2B *JAK2 V617F Mutation Detection, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
JAK2 V617F Mutation Detection, B

JAK2M *JAK2 V617F Mutation Detection, Bone Marrow*

Mayo Clinic Laboratories in Rochester

Reporting Name
JAK2 V617F Mutation Detection, BM

JCPCR *JC Virus, Molecular Detection, PCR, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
JC Virus, PCR, CSF

JOHN *Johnson Grass, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Johnson Grass, IgE

JUNE *June Grass, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
June Grass, IgE

KARYOTYPE *KARYOTYPE*

University of Vermont Medical Center

LAB17257 *KETAMINE AND METABOLITE CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

KIDBN *Kidney Bean (Red), IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Kidney Bean (Red), IgE

PA-KIDNEY *KIDNEY BIOPSY*

University of Vermont Medical Center

KIDST *Kidney Stone Analysis*

Mayo Clinic Laboratories in Rochester

Reporting Name
Kidney Stone Analysis

KIT (D816V) Digital PCR in Systemic Mastocytosis *KIT (D816V) Digital PCR in Systemic Mastocytosis*

LabCorp Laboratory

KIWI *Kiwi Fruit, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Kiwi Fruit, IgE

LAB15186 *KLEIHAUER TEST, BLOOD*

University of Vermont Medical Center

Reference Range
Negative

Laboratory Forms

University of Vermont Medical Center

LACO *Lacosamide, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lacosamide, S

LDBF *Lactate Dehydrogenase (LDH), Body Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lactate Dehydrogenase (LD), BF

LAB729 *LACTIC ACID*

University of Vermont Medical Center

Reference Range
All ages: ≤ 2.0 mmol/L

CLAC *LACTIC ACID, CSF*

University of Vermont Medical Center

Reference Range
No established reference range available.

FLACQ *Lactoferrin, Quantitative, Stool*

Quest Diagnostics Nichols Institute

Reporting Name
Lactoferrin, QN, Stool

LAMB *Lamb, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lamb, IgE

LAMO *Lamotrigine, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lamotrigine, S

LATX *Latex, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Latex, IgE

LAB96 *LDH*

University of Vermont Medical Center

Reference Range — LDH

Age	Sex	Low	High	Units
0 - 15 days	All		≤580	U/L
15 days - 1 year	All		≤580	U/L
1 year - 10 years	All	195	349	U/L
10 years - 15 years	Male	177	358	U/L
10 years - 15 years	Female	146	297	U/L
15 years - 18 years	Male	134	314	U/L
15 years - 18 years	Female	120	250	U/L
≥18 years	All	120	246	U/L

FLDH *LDH, FLUID*

University of Vermont Medical Center

Reference Range
No established reference range.

LDL *LDL CALCULATED*

University of Vermont Medical Center

Reference Range
Male & Female
0 - 18 years: <110 mg/dL
≥18 years: <160 mg/dL

The Friedewald equation is used at UVMMC to calculate LDL
LDL = (Total Cholesterol) - (HDL Cholesterol) - (Triglycerides/5)

LAB3245 *LDL, DIRECT*

University of Vermont Medical Center

Reference Range
Male & Female
0 - 18 years: <110 mg/dL
≥18 years: <160 mg/dL

LAB17821 *LEAD, CAPILLARY*

University of Vermont Medical Center

Reference Range
All ages: <2.0 µg/dL

LAB17820 *LEAD, VENOUS*

University of Vermont Medical Center

Reference Range
All ages: <2.0 µg/dL

LEFLU *Leflunomide Metabolite (Teriflunomide), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Leflunomide Metabolite, S

LEGUAG *LEGIONELLA ANTIGEN DETECTION, URINE*

University of Vermont Medical Center

Reference Range
No legionella antigen detected

LEM *Lemon, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lemon, IgE

LEN *Lentil, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lentil, IgE

LETT *Lettuce, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lettuce, IgE

LAB9911 *LEUKEMIA/LYMPHOMA PANEL BY FLOW CYTOMETRY*

University of Vermont Medical Center

Reference Range
No Reference Ranges

LEVE *Levetiracetam, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Levetiracetam, S

LAB87 *LH*

University of Vermont Medical Center

Reference Range — LH

Age	Sex	Physiological Status	Low	High	Units
0 - 20 years	Male		<6.0		mIU/mL
20 years - 70 years	Male		1.5	9.3	mIU/mL
≥70 years	Male		3.1	34.6	mIU/mL
	Female	Pre-Pubertal	<6.0		mIU/mL
	Female	Folicular	1.9	12.5	mIU/mL
	Female	Mid Cycle	8.7	76.3	mIU/mL
	Female	Luteal	0.5	16.9	mIU/mL
	Female	Post menopausal	15.9	54.0	mIU/mL

Licensure and Accreditations

University of Vermont Medical Center

LIME *Lime, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lime, IgE

LAB99 *LIPASE*

University of Vermont Medical Center

Reference Range — LIPASE

Age	Sex	Low	High	Units
0 - 18 years	All		≤148	U/L
≥18 years	All		<251	U/L

FLIPA *LIPASE, FLUID*

University of Vermont Medical Center

Reference Range
No established reference range.

LLMACRO *LIPID LADEN MACROPHAGES*

University of Vermont Medical Center

LAB18 *LIPID PANEL*

University of Vermont Medical Center

Reference Range
See individual tests.

LMPP *Lipoprotein Metabolism Profile, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lipoprotein Metabolism Profile

LIPA1 *Lipoprotein(a), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lipoprotein(a), S

LITH *LITHIUM*

University of Vermont Medical Center

Reference Range — LITHIUM

Age	Sex	Physiological Status	Low	High	Units
≥18 years	All	Therapeutic Range	0.6	1.2	mEq/L
≥18 years	All	Potentially Toxic		>1.5	mEq/L

Therapeutic range not established for individuals <18 years old.

LKM *Liver/Kidney Microsome Type 1 Antibodies, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Liver/Kidney Microsome Type 1 Ab, S

LOB *Lobster, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lobster, IgE

LORAZ *Lorazepam (Ativan), Serum*

Medtox Laboratories, Inc.

Reporting Name
Lorazepam (Ativan)

LDLD *Low-Density Lipoprotein (LDL) Cholesterol, Beta-Quantification, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
LDL Cholesterol (Beta-Quant), S

LAB3629 *LUPUS ANTICOAGULANT CASCADE*

University of Vermont Medical Center

Reference Range
See report.

LAB16207 *LYME AB CONFIRMATION (CLIA)*

University of Vermont Medical Center

Reference Range
All ages:
Lyme IgG Ab: Negative
Lyme IgM Ab: Negative

LAB3035 *LYME ANTIBODY (BORRELIA BURGDORFERI IgG & IgM)*

University of Vermont Medical Center

Reference Range
All ages: Negative

LNBAB *Lyme Central Nervous System Infection IgG with Antibody Index Reflex, Serum and Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lyme CNS Infection IgG w/ AI Reflex

LNBAI *Lyme Central Nervous System Infection IgG, Antibody Index, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lyme CNS Infection IgG, Ab Index

LYMPV *Lyme Disease, Molecular Detection, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Lyme Disease, PCR, Varies

PA-LYMPH *LYMPH NODE BIOPSY*

University of Vermont Medical Center

LYNN *Lynn ID test (Design work in progress)*

University of Vermont Medical Center

Reference Range
Therapeutic: 10 – 30 ug/mL
Possible Toxicity: 150 – 200 ug/mL
Probable Toxicity: >200 ug/mL
Toxicity is best measured 4 hours post dose/ingestion.

MACNT *Macadamia Nut, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Macadamia Nut, IgE

MACK *Mackerel, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mackerel, IgE

LAB103 *MAGNESIUM*

University of Vermont Medical Center

Reference Range — MAGNESIUM

Age	Sex	Low	High	Units
0 - 7 days	All	1.2	2.6	mg/dL
7 days - 6 years	All	1.5	2.4	mg/dL
6 years - 18 years	All	1.5	2.3	mg/dL
≥18 years	All	1.7	2.8	mg/dL

LAB406 *MAGNESIUM, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range — MAGNESIUM, URINE, 24 HOUR

Age	Sex	Low	High	Units
All	All	12	192	mg/24 Hours

LAB405 *MAGNESIUM, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No established reference range.

MALT *Malt, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Malt, IgE

MAND *Mandarin, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mandarin, IgE

MANGO *Mango, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mango, IgE

LAB17663 *MaterniT21 Testing*

LabCorp Laboratory

VECSTC *MDMA (ECSTACY) CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

MEAD *Meadow Fescue, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Meadow Fescue, IgE

ROM *Measles (Rubeola) Antibodies, IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Measles (Rubeola) Ab, IgM, S

LAB657 *MEASLES IgG ANTIBODY*

University of Vermont Medical Center

Reference Range
Negative – Absence of detectable measles virus IgG antibodies. A negative result generally indicated that the patient is susceptible to measles.
Equivocal – Recommend collecting a second sample for testing in no less than one to two weeks.
Positive – Presence of detectable measles virus IgG antibodies.

MEASLESPCR *Measles PCR*

Vermont Department of Health Laboratory

HG *Mercury, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mercury, B

LAB3310 *METAL ALLERGY PANEL 1*

Orthopedic Analysis

LAB3311 *METAL ALLERGY PANEL 2*

Orthopedic Analysis

MHBRP *Metamycoplasma hominis, Molecular Detection, PCR, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mycoplasma hominis PCR, B

MHRP *Metamycoplasma hominis, Molecular Detection, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mycoplasma hominis PCR

METAF *Metanephrines, Fractionated, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Metanephrines, Fractionated, 24h, U

PMET *Metanephrines, Fractionated, Free, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Metanephrines, Fract., Free, P

PA-MMB *METASTATIC MELANOMA BIOPSY*

University of Vermont Medical Center

VMETH *METHADONE AND METABOLITE CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

MDNS *Methadone and Metabolites, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Methadone and Metabolite, S

LAB3012 *METHADONE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

VMTH *METHADONE SCREEN, URINE*

Champlain Toxicology Laboratory

LAB3673 *METHAMPHETAMINE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

MET *METHEMOGLOBIN*

University of Vermont Medical Center

Reference Range
All ages: <1.5%

MTXT *METHOTREXATE*

University of Vermont Medical Center

Reference Range
Dependent on Therapy Protocol

MMAS *Methylmalonic Acid, Quantitative, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Methylmalonic Acid, QN, S

LCMSP *Microsporidia species, Molecular Detection, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Microsporidia PCR

MILK *Milk, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Milk, IgE

LAB17560 *MISCELLANEOUS TEST, BUCCAL SWAB*

Send Out Laboratory

LAB2392 *MISCELLANEOUS TEST, MAYO*

Mayo Clinic Laboratories in Rochester

LAB2396 *MISCELLANEOUS TEST, NON MAYO*

Send Out Laboratory

AMA *Mitochondrial Antibodies (M2), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mitochondrial Ab, M2, S

FIOM *MOLD IDENTIFICATION, PLATE SUBMITTED*

University of Vermont Medical Center

Reference Range
Mold identified to genus/species level

MOLD1 *Mold Panel, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mold Panel

LAB17401 *MOLECULAR VAGINITIS/ VAGINOSIS ASSAY*

University of Vermont Medical Center

Reference Range
Negative

LAB3206 *MONOCLONAL PROTEIN DIAGNOSTIC PANEL, SERUM*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB3205 *MONOCLONAL PROTEIN MONITORING PANEL, SERUM*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB205 *MONOCLONAL STUDY URINE, RANDOM*

University of Vermont Medical Center

Reference Range
Negative for free monoclonal light chains.

LAB2027 *MONOCLONAL STUDY, URINE, 24 HOUR*

University of Vermont Medical Center

MONO *MONOSPOT*

University of Vermont Medical Center

Reference Range
All ages: Negative

CED *Mountain Cedar, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mountain Cedar, IgE

MPLR *MPL Exon 10 Mutation Detection, Reflex, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
MPL Exon 10 Mutation Detection, R

MRSBD *MRSA PCR*

University of Vermont Medical Center

Reference Range
No Staphylococcus aureus DNA detected by PCR

MUC *Mucor, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mucor, IgE

MUG *Mugwort, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mugwort, IgE

LAB160 *MUMPS ANTIBODY IgG*

University of Vermont Medical Center

Reference Range
All ages:
Negative – Absence of detectable mumps virus IgG antibodies. A negative result generally indicates that the patient is susceptible to mumps.
Equivocal – Recommend collecting a second sample for testing in no less than one to two weeks.
Positive – Presence of detectable mumpsvirus IgG antibodies.

MUMPCR *MUMPS PCR*

Vermont Department of Health Laboratory

MMPM *Mumps Virus Antibody, IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mumps Ab, IgM, S

PA-MUSCLE *MUSCLE BIOPSY*

University of Vermont Medical Center

LAB17261 *MUSCLE RELAXANT CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

MUSK *Muscle-Specific Kinase (MuSK) Autoantibody, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
MuSK Autoantibody, S

MUSH *Mushroom, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mushroom, IgE

MSTD *Mustard, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mustard, IgE

MGMR *Myasthenia Gravis Evaluation with Muscle-Specific Kinase (MuSK) Reflex, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
MG Evaluation MuSK Reflex, S

MGLE *Myasthenia Gravis/Lambert-Eaton Myasthenic Syndrome Evaluation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
MG/LEMS Evaluation, S

CTBBL *Mycobacterial Culture, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mycobacterial Culture, B

MTBRP *Mycobacterium tuberculosis Complex, Molecular Detection, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
M tuberculosis Complex PCR

SPUTBB *MYCOBACTERIUM TUBERCULOSIS, PCR*

University of Vermont Medical Center

Reference Range
No Mycobacterium tuberculosis complex DNA detected by PCR.

A single negative result has a high negative predicitve value and can be used in conjunction with other clinical findings to decide whether to remove suspected tuberculosis patients from isolation.

MPA *Mycophenolic Acid, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mycophenolic Acid, S

AMGEN *Mycoplasma genitalium, Transcription-Mediated Amplification, Urine or Urogenital Swab*

Mayo Clinic Laboratories in Rochester

Reporting Name
Mycoplasma genitalium, TMA, Varies

MYCO *Mycoplasma pneumoniae Antibodies, IgG and IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
M. pneumoniae Ab, IgG and IgM, S

MOGFS *Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
MOG FACS, S

MAGES *Myelin-Associated Glycoprotein Autoantibodies, IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
MAG IgM, S

LAB17645 *MYELOPEROXIDASE (MPO) AND PROTEINASE 3 (PR3) ANTIBODIES VASCULITIS PANEL*

University of Vermont Medical Center

Reference Range — MYELOPEROXIDASE (MPO) AND PROTEINASE 3 (PR3) ANTIBODIES VASCULITIS PANEL

Test	Age	Sex	Low	High	Units
Myeloperoxidase Ab, IgG	All	All	≤5.97 (Negative)	>5.97 (Positive)	IU/mL
Proteinase 3 Ab, IgG	All	All	≤5.0 (Negative)	>5.0 (Positive)	IU/mL

LAB17602 *MYELOPEROXIDASE (MPO) ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range — MYELOPEROXIDASE (MPO) ANTIBODY, IGG

Age	Sex	Low	High	Units
All	All	≤5.97 (Negative)	>5.97 (Positive)	IU/mL

MPNR *Myeloproliferative Neoplasm, JAK2 V617F with Reflex to CALR and MPL, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
MPN (JAK2 V617F, CALR, MPL) Reflex

MYGLU *Myoglobin, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Myoglobin, Random, U

MYGLS *Myoglobin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Myoglobin, S

FMMPP *MyoMarker 3 Plus Profile*

Esoterix Endocrinology

Reporting Name
MyoMarker 3 Plus Profile

LAB17258 *NALOXONE AND NALTREXONE CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

LAB3641 *NAT DONOR SCREENING , MBC*

Memorial Blood Center

LAB17696 *NEPHROLOGY PROFILE*

University of Vermont Medical Center

Reference Range
See individual tests.

PA-NERVE *NERVE BIOPSY*

University of Vermont Medical Center

NMOFS *Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
NMO/AQP4 FACS, S

NMOFC *Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
NMO/AQP4 FACS, CSF

NSAIP *Neurosyphilis IgG Antibody Index with VDRL, Serum and Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Neurosyphilis IgG Ab Indx w/VDRL

NAB *NEUTROPHIL ANTIBODY*

American Red Cross

Reference Range
See report

MIS-NEWBORN *NEWBORN SCREEN*

Vermont Department of Health Laboratory

NICOU *Nicotine and Metabolites, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Nicotine and Metabolites, U

NICOS *Nicotine and Metabolites, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Nicotine and Metabolites, S

NITU *Nitrogen, Total, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Nitrogen, Total, U

LNORO *Norovirus PCR, Molecular Detection, Feces*

Mayo Clinic Laboratories in Rochester

Reporting Name
Norovirus PCR, F

NOTRP *Nortriptyline, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Nortriptyline, S

Reference Range — NT-proBNP

Age	Sex	Low	High	Units
0 - 3 days	All	321	11,987	pg/mL,
3 days - 12 days	All	263	5,918	pg/mL
12 days - 1 year	All	27	646	pg/mL
1 year - 2 years	All	39	413	pg/mL
2 years - 6 years	All	23	289	pg/mL
6 years - 14 years	All		<158	pg/mL
14 years - 18 years	All		<159	pg/mL
18 years - 50 years	Female		<95	pg/mL
50 years - 75 years	Female		<221	pg/mL
≥ 75 years	Female		<296	pg/mL
18 years - 50 years	Male		<125	pg/mL
50 years - 75 years	Male		<299	pg/mL
≥ 75 years	Male		<326	pg/mL

In the acute setting NT-proBNP values <300 pg/mL have a 98% NPV for excluding acute heart failure. In outpatient populations, NT-proBNP values <125 pg/mL have a 99% NPV for excluding heart failure.

FOAKE *Oak Live (Quercus virginiana) IgE*

Eurofins Viracor

Reporting Name
Oak Live (Quercus virginiana) IgE

FROE *Oak Red (Quercus rubra) IgE*

Eurofins Viracor

Reporting Name
Oak Red (Quercus rubra) IgE

OAK *Oak, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Oak, IgE

OATS *Oat, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Oat, IgE

OLIG *Oligoclonal Banding, Serum and Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Oligoclonal Banding

OLIV *Olive Tree, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Olive-Tree, IgE

OLIVF *Olive-Food, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Olive-Food, IgE

ONIN *Onion, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Onion, IgE

OPATM *Opiate Confirmation, Meconium*

Mayo Clinic Laboratories in Rochester

Reporting Name
Opiate Confirmation, M

VOPIUR *OPIATE PANEL CONFIRMATION, URINE*

Champlain Toxicology Laboratory

LAB416 *OPIATE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

LAB17263 *OPIATES AND METABOLITES CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

LAB3734 *OPIATES SCREEN, URINE*

Champlain Toxicology Laboratory

OCSC *ORAL CAVITY SCRAPINGS FOR CYTOLOGY*

University of Vermont Medical Center

ORNG *Orange, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Orange, IgE

ORCH *Orchard Grass, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Orchard Grass, IgE

OAU *Organic Acids Screen, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Organic Acids Scrn, U

IOSUSC *ORGANISM IDENTIFICATION & SUSCEPTIBILITY*

University of Vermont Medical Center

IDENT *Organism Referred for Identification, Aerobic Bacteria*

Mayo Clinic Laboratories in Rochester

Reporting Name
Organism Refer for ID, Aerobic Bact

ANIDE *Organism Referred for Identification, Anaerobic Bacteria*

Mayo Clinic Laboratories in Rochester

Reporting Name
Organism Ref for ID, Anaerobic Bact

OSM *OSMOLALITY, SERUM*

University of Vermont Medical Center

Reference Range — OSMOLALITY, SERUM

Age	Sex	Physiological Status	Low	High	Units
All ages	All	N/A	275	295	mOsm/kg

LAB107 *OSMOLALITY, URINE*

University of Vermont Medical Center

Reference Range — OSMOLALITY, URINE

Age	Sex	Low	High	Units
0 - 1 year	All	50	750	mOsm/kg
≥1 year	All	150	1,150	mOsm/kg

FRAG *Osmotic Fragility, Erythrocytes*

Mayo Clinic Laboratories in Rochester

Reporting Name
Osmotic Fragility, RBC

OVAL *Ovalbumin, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ovalbumin, IgE

OVMU *Ovomucoid, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ovomucoid, IgE

OXI *Ox-Eye Daisy, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ox-Eye Daisy, IgE

OXU *Oxalate, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Oxalate, 24 Hr, U

OMHC *Oxcarbazepine Metabolite, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Oxcarbazepine Metabolite (MHC), S

LAB17259 *OXYCODONE CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

LAB3064 *OXYCODONE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

VOXY *OXYCODONE SCREEN, URINE*

Champlain Toxicology Laboratory

OSAT *OXYGEN SATURATION*

University of Vermont Medical Center

Reference Range
O2 Saturation: 95 - 98%
Oxyhemoglobin: 89 - 96%
Deoxyhemoglobin: <5%
Methemoglobin: <1.5%
Carboxyhemoglobin (smoker): <10.0%
Carboxyhemoglobin (nonsmoker): <5.0%

OYST *Oyster, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Oyster, IgE

ELASF *Pancreatic Elastase, Feces*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pancreatic Elastase, F

HPP *Pancreatic Polypeptide, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pancreatic Polypeptide, P

LAB17658 *Panorama Noninvasive Prenatal Testing (NIPT)*

Natera Laboratory

LAB9907 *PAP TEST, THINPREP, IMAGE-ASSISTED*

University of Vermont Medical Center

Reference Range
Negative for intraepithelial lesion or malignancy.

PAC1 *Paraneoplastic, Autoantibody Evaluation, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Paraneoplas Autoantibody Eval,CSF

LAB2545 *PARASITE EXAM, BLOOD*

University of Vermont Medical Center

Reference Range
No blood parasite seen. Positives are reported by phone immediately.

PTHRP *Parathyroid Hormone-Related Peptide, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
PTH-Related Peptide

PTHIN *PARATHYROID HORMONE, INTACT*

University of Vermont Medical Center

Reference Range
All ages: 19 - 88 pg/mL

PTHOP *PARATHYROID HORMONE, INTACT, INTRAOPERATIVE*

University of Vermont Medical Center

Reference Range
All ages: 19 - 88 pg/mL

PLINK *Paroxysmal Nocturnal Hemoglobinuria, PI-Linked Antigen, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
PNH, PI-Linked AG, B

PSLY *Parsley, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Parsley, IgE

PARVS *Parvovirus B19 Antibodies, IgG and IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Parvovirus B19 Ab, IgG and IgM, S

BB-PATER *PATERNITY TESTING*

Not offered at University of Vermont Medical Center

LAB8791 *PATH REVIEW - HEMATOLOGY*

University of Vermont Medical Center

LAB17255 *PCP CONFIRMATION, URINE*

Champlain Toxicology Laboratory

PDL1 *PD-L1 IMMUNOHISTOCHEMISTRY*

University of Vermont Medical Center

PECH *Peach, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Peach, IgE

PEANT *Peanut, IgE with Reflex to Peanut Components, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Peanut Component Reflex, S

PEAN *Peanut, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Peanut, IgE

PEAR *Pear, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pear, IgE

PEC *Pecan-Food, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pecan-Food, IgE

PCDES *Pediatric Autoimmune Encephalopathy/ CNS Disorder Evaluation, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Peds Autoimm Enceph CNS, S

PCDEC *Pediatric Autoimmune Encephalopathy/ CNS Disorder Evaluation, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
Peds Autoimm Enceph CNS, CSF

PENL *Penicillium chrysogenum, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Penicillium, IgE

PH *PH*

University of Vermont Medical Center

Reference Range
All ages: 7.31 - 7.41

STLPH *PH, FECES*

University of Vermont Medical Center

Reference Range
All ages: 6.0 - 7.0.

UPH *pH, URINE*

University of Vermont Medical Center

Reference Range
All ages: 4.6 - 8.0

LAB3674 *PHENCYCLIDINE SCREEN (PCP), URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

LAB30 *PHENOBARBITAL*

University of Vermont Medical Center

Reference Range
All ages: Therapeutic Range: 15 – 40 µg/mL

PKU *Phenylalanine and Tyrosine, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Phenylalanine and Tyrosine, P

LAB176 *PHENYTOIN*

University of Vermont Medical Center

Reference Range
Therapeutic Range: 10 – 20 µg/mL

PNYF *Phenytoin, Free, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Phenytoin, Free, S

PETH *Phosphatidylethanol Confirmation, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Phosphatidylethanol Confirmation, B

PLA2M *Phospholipase A2 Receptor, Monitoring, Enzyme-Linked Immunosorbent Assay, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
PLA2R, Monitoring, ELISA, S

CLPMG *Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Phospholip Ab (Cardiolip) IgM/IgG

LAB113 *PHOSPHORUS*

University of Vermont Medical Center

Reference Range — PHOSPHORUS

Age	Sex	Low	High	Units
0 - 15 days	All	5.9	10.9	mg/dL
15 days - 1 year	All	5.1	8.8	mg/dL
1 year - 5 years	All	4.5	7.1	mg/dL
5 years - 13 years	All	4.4	6.3	mg/dL
13 years - 16 years	Male	3.8	6.5	mg/dL
13 years - 16 years	Female	3.4	5.8	mg/dL
16 years - 18 years	All	3.2	5.3	mg/dL
≥18 years	All	2.5	4.5	mg/dL

LAB426 *PHOSPHORUS, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range
All ages: 0.4 - 1.3 g/24 Hours

LAB427 *PHOSPHORUS, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No established reference range.

PINE *Pine Nut, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pine Nut, IgE

PNAP *Pineapple, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pineapple, IgE

PISTA *Pistachio, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pistachio, IgE

PCPDS *Plasma Cell Proliferative Disorder, High Risk with Reflex Probes, Diagnostic FISH Evaluation, Bone Marrow*

Mayo Clinic Laboratories in Rochester

Reporting Name
Plasma Cell Prolif, High Risk, FISH

PLHBB *Plasma Free Hemoglobin, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Plasma Free Hemoglobin, P

PAI1 *Plasminogen Activator Inhibitor Antigen, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
PAI-1 Ag, P

PLTAGG *PLATELET AGGREGATION AND SECRETION ASSAY*

University of Vermont Medical Center

Reference Range
Interpretive Report

PLTC *PLATELET COUNT*

University of Vermont Medical Center

Reference Range — PLATELET COUNT

Age	Sex	Physiological Status	Low	High	Units
≥18 years	All		141	377	K/cmm
<18 years	All		156	312	K/cmm

LAB318 *PLATELET FUNCTION ANALYSIS*

University of Vermont Medical Center

Reference Range
COL/EPI: 94 – 193 Seconds
COL/ADP: 71 – 118 Seconds

PMAA *PLATELET MAPPING FOR ASPIRIN (ARACHIDONIC ACID)*

University of Vermont Medical Center

Reference Range
Normal platelet function without evidence of significant inhibition using the arachidonic acid agonist.

PMADPA *PLATELET MAPPING FOR ASPIRIN & PLAVIX*

University of Vermont Medical Center

Reference Range
Normal platelet function without evidence of significant inhibition using the ADP and arachidonic acid.

PMADP *PLATELET MAPPING FOR PLAVIX (ADP)*

University of Vermont Medical Center

Reference Range
Normal platelet function without evidence of significant inhibition using the ADP agonist.

PLPH *PLEURAL FLUID pH*

University of Vermont Medical Center

Reference Range
No established reference range.

PMLR *PML::RARA Quantitative, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
PML/RARA Quantitative, PCR

PNRP *Pneumocystis jiroveci, Molecular Detection, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pneumocystis PCR

LAB9906 (j) *PNEUMOCYSTIS PREP*

University of Vermont Medical Center

POC1 *POCT ACTIVATED CLOTTING TIME, KAOLIN iSTAT*

University of Vermont Medical Center

Reference Range
All ages:
74 - 137 Secon (Pre-Heparin)
≥ 480 Seconds (3 minutes post heparin dose during CPB)

POC133 *POCT BASIC LIPID*

University of Vermont Medical Center

Reference Range — POCT BASIC LIPID

Test	Adult (≥18 years)	Pediatric (<18 years)	Sex	Units
Total Cholesterol	<200	<170	All	mg/dL
HDL Cholesterol	≥40	>45	Male	mg/dL
HDL Cholesterol	≥50	>45	Female	mg/dL
LDL Cholesterol	<160	<110	All	mg/dL
Non-HDL Cholesterol	<160	<120	All	mg/dL
Cholesterol/HDL Ratio	N/A	N/A	N/A	N/A

Triglycerides (TRG): ≥18 years: ≤150 mg/dL
10-18 years: <90 mg/dL
<10 years: <75 mg/dL

POC22 *POCT BLOOD GAS, CG8, iSTAT*

University of Vermont Medical Center

Reference Range

Arterial:
pH:
0-1 day: 7.26-7.49
1-7 days: 7.29-7.45
≥7 days: 7.35-7.45
pCO2:
0-1 day: 27-40 mmHg
1-7 days: 27-41 mmHg
≥7 days: 35-45 mmHg
pO2:
0-1 day: 55-80 mmHg
1-7 days: 54-95 mmHg
≥7 days: 80-105 mmHg
HCO3, Calculated: All Ages: 22-26 mmol/L
TCO2, Calculated: All Ages: 23-27 mmol/L
BE, Calculated: All Ages: -2 to +3 mmol/L
sO2, Calculated: All Ages: 95-98%
Sodium: All Ages: 136-145 mmol/L
Potassium:
0-8 days 3.2-5.5 mmol/L
8 days - 1 months: 3.4-6.0 mmol/L
1-6 months: 3.5-5.6 mmol/L
6 months-1 year: 3.5-6.1 mmol/L
1-17 y:ears 3.3-4.6 mmol/L
≥17 years: 3.5-5.0 mmol/L
Glucose Fasting:
0-1 day: 40-100 mg/dL
1-8 days: 50-100 mg/dL
≥8 days: 70-100 mg/dL
Calcium, Ionized:
0-1 month: 1.0-1.5 mmol/L
1-6 months: 0.95-1.5 mmol/L
≥6 months: 1.12-1.32 mmol/L
Hematocrit:
0-3 months: 28.0-42.0%
3-6 months: 29.0-41.0%
6 months-2 years: 33.0-39.0%
2-6 years: 34.0-40.0%
6-12 years: 35.0-45.0%
12-18 years: 37.0-49.0%
≥18 years: 39.5-50.2%
Venous: All Ages:
pH: 7.31-7.41
pCO2: All Ages: 41-51 mmHg
pO2:N/A
HCO3, Calculated: All Ages: 23-28 mmol/L
TCO2, Calculated: All Ages: 24-29 mmol/L
BE, Calculated: All Ages: -2 to +3 mmol/L
sO2, Calculated: N/A
Sodium: All Ages: 136-145 mmol/L
Potassium:
0-8 days: 3.2-55 mmol/L
8 days- 1 months: 3.4-6.0 mmol/L
1-6 months: 3.5-5.6 mmol/L
6 months-1 y: 3.5-6.1 mmol/L
1-17 years: 3.3-4.6 mmol/L
≥17 years: 3.5-5.0 mmol/L
Glucose: Fasting:
0-1 day: 40-100 mg/dL
1-8 days: 50-100 mg/dL
≥8 days: 70-100 mg/dL
Calcium, Ionized:
0-1 month: 1.0-1.5 mmol/L
1-6 months: 0.95-1.5 mmol/L
≥6 months: 1.12-1.32 mmol/L
Hematocrit:
0-3 months: 28.0-42.0%
3-6 months: 29.0-41.0%
6 months-2 years: 33.0-39.0%
2-6 years: 34.0-40.0%
6-12 years: 35.0-45.0%
12-18 years: 37.0-49.0%
≥18 years: 39.5-50.2%

POC17 *POCT BLOOD GAS, EG6 iSTAT*

University of Vermont Medical Center

Reference Range

pH:
Venous: All ages 7.31-7.41
Arterial: 0-1 day old: 7.26-7.49
1-7 days old: 7.29-7.45
>7 days old: 7.35-7.45

PCO2:	**Arterial**	**Venous**
0-1 day old:	27-40 mm/Hg	27-40 mm/Hg
1-7 days old:	27-41 mm/Hg	27-41 mm/Hg
>7 days old:	35-45 mm/Hg	41-51 mmHg

PO2:	**Arterial**	**Venous:**
0-1 day old:	55-80 mm/Hg	
1-7 days old:	54-95 mm/Hg	
7 days-Adult:	80-105 mm/Hg	N/A

HCO3 Calculated:	**Arterial**	**Venous**
	22-26 mmol/L	23-28 mmol/dL

TCO2 Calculated:	**Arterial**	**Venous**
	23-27 mmol/L	24-29 mmol/dL

BE Calculated: Arterial and Venous
-2-3 mmol/L

sO2 Calculated:	**Arterial**	**Venous**
	95-98%	N/A

Sodium: Arterial and Venous
136-145 mmol/L
Potassium: Arterial and Venous
0-8 days old: 3.2-5.5 mmol/L
8 days- 1 month old: 3.4-6.0 mmol/L
1-6 months old: 3.5-5.6 mmol/L
6 months-1 year old: 3.5-6.1 mmol/L
1-17 years old: 3.3-4.6 mmol/L
≥17 years old: 3.5-5.0 mmol/L

Hematocrit:	**Arterial and Venous**	
	Male	**Female**
0-3 months old:	28.0-42.0%	28.0-42.0%
3-6 months old:	29.0-41.0%	29.0-41.0%
6 months-2 years old:	33.0-39.0%	33.0-39.0%
2-6 years old:	34.0-40.0%	34.0-40.0%
6-12 years old:	35.0-45.0%	35.0-45.0%
12-18 years old:	37.0-49.0%	36.0-46.0%
≥18 years old:	40.0-50.0%	35.0-44.0%

POC47 *POCT CREATININE, iSTAT*

University of Vermont Medical Center

Reference Range

Age	Sex	Values	Units
0 up to 15 days	Female/Male	0.3 - 0.9	mg/dL
15 days up to 2 years	Female/Male	≤0.3	mg/dL
2 years up to 5 years	Female/Male	0.2 - 0.4	mg/dL
5 years up to 12 years	Female/Male	0.3 - 0.6	mg/dL
12 years up to 15 years	Female/Male	0.4 - 0.8	mg/dL
15 years up to 18 years	Female	0.5 - 0.8	mg/dL
15 years up to 18 years	Male	0.6 - 1.0	mg/dL
≥18 years	Female	0.5 - 1.0	mg/dL
≥18 years	Male	0.7 - 1.3	mg/dL

Each creatinine result is accompanied by an eGFR calculation on patients ≥18 years old. UVMMC uses the **CKD-EPI Creatinine Equation (2021)** to estimate GFR. The reference range for eGFR on patients ≥18 years old is >60 mL/min/1.73m^2.

POC21 *POCT EC8, iSTAT NICU ONLY*

University of Vermont Medical Center

Reference Range

Sodium: All Ages:
136-145 mmol/L
Potassium:
0-8 days old: 3.2-5.5 mmol/L
8 days- 1 month old: 3.4-6.0 mmol/L
1-6 months old: 3.5-5.6 mmol/L

6 months-1 year old: 3.5-6.1 mmol/L
1-17 years old: 3.3-4.6 mmol/L
≥17 years old: 3.5-5.0 mmol/L

Chloride:
96-110 mmol/L

Glucose:
0-1 day old: 40-100 mg/dL
1-8 days old: 50-100 mg/dL
>8 days- Adult: 70-100 mg/dL

BUN:	**Male**	**Female**
1-8 days old:	<14 mg/dL	<14 mg/dL
8 days-1 month old:	<17 mg/dL	<16 mg/dL
1-4 months old:	<13 mg/dL	<15 mg/dL
4 months-1 year old:	<15 mg/dL	<14 mg/dL
1-4 years old:	5-17 mg/dL	5-17 mg/dL
4-14 years old:	7-17 mg/dL	7-17 mg/dL
14-18 years old:	8-21 mg/dL	8-21 mg/dL
>18 years old:	10-26 mg/dL	10-26 mg/dL

Hematocrit:	**Male**	**Female**
1-3 months old:	28.0-42.0%	28.0-42.0%
3-6 months old:	29.0-41.0%	29.0-41.0%
6 months-2 years old:	33.0-39.0%	33.0-39.0%
2-6 years old:	34.0-40.0%	34.0-40.0%
6-12 years old:	35.0-45.0%	35.0-45.0%
12-18 years old:	37.0-49.0%	36.0-46.0%
≥18 years old:	39.5-50.2%	39.9-44.4%

<1 month old not established

pH:
Venous: All ages 7.31-7.41
Arterial: 0-1 day old: 7.26-7.49
1-7 days old: 7.29-7.45
>7 days old: 7.35-7.45

PCO2:	**Arterial**	**Venous**
0-1 day old:	27-40 mm/Hg	27-40 mm/Hg
1-7 days old:	27-41 mm/Hg	27-41 mm/Hg
>7 days old:	35-45 mm/Hg	41-51 mmHg

POC50 *POCT FERN TEST*

University of Vermont Medical Center

Reference Range
Negative (Absent)

POC10 *POCT GLUCOSE*

University of Vermont Medical Center

Reference Range
Fasting:
0-1 day: 40-100 mg/dL
1-8 days: 50-100 mg/dL
≥8 days: 70-100 mg/dL

POC505 *POCT GLUCOSE, iSTAT*

University of Vermont Medical Center

Reference Range
Fasting:
0-1 day: 40-100 mg/dL
1-8 days: 50-100 mg/dL
≥8 days: 70-100 mg/dL

POC504 *POCT GUAIAC OCCULT BLOOD, FECES*

University of Vermont Medical Center

Reference Range
All ages: Negative

POC12 *POCT HEMOGLOBIN*

University of Vermont Medical Center

Reference Range
MALE
0-3 months: 9.0-14.0 mg/dL
3-6 months: 9.5-13.5 mg/dL
6 months-2 years: 10.5-13.5 mg/dL
2-6 year: 11.5-13.5 mg/dL
6-12 years: 11.5-15.5 mg/dL
12-18 years: 13.0-16.0 mg/dL
≥18 years: 13.8-17.3 mg/dL
FEMALE
0-3 months: 9.0-14.0 mg/dL
3-6 months: 9.5-13.5 mg/dL
6 months-2 years: 10.5-13.5 mg/dL
2-6 years: 11.5-13.5 mg/dL
6-12 years: 11.5-15.5 mg/dL
12-18 years: 12.0-16.0 mg/dL
≥18 years: 11.6-15.2 mg/dL

POC507 *POCT HEMOGLOBIN A1c*

University of Vermont Medical Center

Reference Range
All Ages: The following A1c interpretive data reflect the 2017 American Diabetes Association (ADA) guidelines and will be reported with each A1c result:
Normal: <5.7%
Prediabetes: 5.7 - 6.4%
Diagnostic for diabetes (if confirmed): ≥6.5%

Goals for glycemic control in diabetes (ADA 2017) <7% - The A1c target for nonpregnant adults with diabetes. More or less stringent targets may be appropriate for individual patients.
<7.5% - The A1c target for children and adolescents with type 1 diabetes.

POC9 *POCT KOH PREP (SKIN, HAIR, & NAILS)*

University of Vermont Medical Center

Reference Range
All ages: Negative

POC251 *POCT LEAD TEST*

University of Vermont Medical Center

Reference Range
All ages: <3.3 μg/dL

POC145 *POCT NITRAZINE/FERN PANEL*

University of Vermont Medical Center

Reference Range
Nitrazine: ≤4.5
Fern: Negative (Absent)

POC85 *POCT pH DIALYSATE*

University of Vermont Medical Center

Reference Range

Analyte	Reference Range
pH	See procedure

POC112 *POCT pH VAGINAL*

University of Vermont Medical Center

Reference Range
See procedure

POC14 *POCT RAPID STREP SCREEN*

University of Vermont Medical Center

Reference Range
All ages: Negative

POC6 *POCT SCABIES*

University of Vermont Medical Center

Reference Range
All ages: Negative

POC91 *POCT SEMEN ANALYSIS QUALITATIVE*

University of Vermont Medical Center

Reference Range
Post Vasectomy: Absent

POC116 *POCT SEMEN ANALYSIS, COMPLETE*

University of Vermont Medical Center

POC5 *POCT URINE DIPSTICK*

University of Vermont Medical Center

Reference Range

Analyte	All Ages and Gender Reference Range
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
Specific Gravity	1.001 - 1.035
Blood	Negative
pH	4.6 - 8.0
Protein	Negative
Urobilinogen	0.2 - 1.0 mg/dL
Nitrite	Negative
Leukocytes	Negative

POC114 *POCT URINE PREGNANCY TEST, AUTOMATED*

University of Vermont Medical Center

Reference Range

Analyte	Reference Range
Urine Pregnancy Test	Negative

POC7 *POCT URINE PREGNANCY TEST, MANUAL*

University of Vermont Medical Center

Reference Range

Analyte	Reference Range
Urine Pregnancy Test	Negative

POC8 *POCT URINE SEDIMENT*

University of Vermont Medical Center

Reference Range

Analyte	Reference Range
WBC	0 - 3/HPF
RBC	0 - 2/HPF
Squamous Epithelial Cells	None seen
Renal Epithelial Cells	None seen
Hyaline Casts	None seen to Few seen
Bacteria	None seen

POC4 *POCT VAGINAL WET PREP (INCLUDES KOH)*

University of Vermont Medical Center

Reference Range
All Ages: Clue Cells: Absent Trichomonas: Absent Yeast Forms: Absent White Blood Cells: Absent

POC503 *POINT OF CARE DRUG SCREEN, URINE*

University of Vermont Medical Center

Reference Range

Analyte	Reference Range
Urine Drug Screen All Ages	Negative

This screen is intended for use in clinical monitoring or management of patients.
Adulterants: Temperature: 90-100°F Specific Gravity: 1.005-1.025 Creatinine: 20-200 mg/dL pH: 4.0-9.0

Policies

University of Vermont Medical Center

FPOLO *Poliovirus (Types 1, 3) Antibodies, Neutralization*

Quest Diagnostics

Reporting Name
Poliovirus (Types 1, 3) Ab, Neut

LAB3740 *POLYSUBSTANCE DRUG PANEL, URINE*

Champlain Toxicology Laboratory

PORK *Pork, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pork, IgE

PQNU *Porphyrins, Quantitative, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Porphyrins, QN, U

POSA *Posaconazole, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Posaconazole, S

LAB114 *POTASSIUM*

University of Vermont Medical Center

Reference Range — POTASSIUM

Age	Sex	Low	High	Units
0 - 1 year	All	3.7	6.0	mmol/L
1 year - 18 years	All	3.5	5.0	mmol/L
≥18 years	All	3.5	5.0	mmol/L

LAB436 *POTASSIUM, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range
Male & Female for all Ages : 25 – 125 mmol/24 hours

LAB434 *POTASSIUM, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No established reference range.

LAB17128 *PRE-ECLAMPSIA PROTEIN/ CREATININE RATIO, URINE*

University of Vermont Medical Center

Reference Range
Pregnant Females - All Ages:
<0.30 mg/mg Creatinine

PALBS *PREALBUMIN*

University of Vermont Medical Center

Reference Range — PREALBUMIN

Age	Sex	Physiological Status	Low	High	Units
≥18 years	All	N/A	20	40	mg/dL

UPT *PREGNANCY TEST, URINE*

University of Vermont Medical Center

Reference Range
All ages: Negative

PREGN *Pregnenolone, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pregnenolone, S

PADF *Prenatal Aneuploidy Detection, FISH*

Mayo Clinic Laboratories in Rochester

Reporting Name
Prenatal Aneuploidy Detection, FISH

LAB2200 *PRENATAL PANEL*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB17656 *PRENATAL WHOLE GENOME CHROMOSOMAL MICROARRAY*

GeneDx Laboratory

BB-PBP *PREPARE BLOOD PRODUCTS, ADULT OR CHILD*

University of Vermont Medical Center

LAB17721 *PRIMARY HPV WITH PAP IF INDICATED*

University of Vermont Medical Center

Reference Range
Negative for HPV. No DNA detected from HPV types 16,18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68.

PMND1 *Primary Membranous Nephropathy Diagnostic Cascade, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Prim Membranous Nephropathy Diag, S

PRMB *Primidone and Phenobarbital, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Primidone and Phenobarbital, S

PROCAL *PROCALCITONIN*

University of Vermont Medical Center

Reference Range
<0.5 ng/mL – Low risk of severe sepsis
>2.0 ng/mL – High risk of severe sepsis

PINP *Procollagen I Intact N-Terminal, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Procollagen I Intact N-Terminal, S

PA-POC *PRODUCTS OF CONCEPTION*

University of Vermont Medical Center

LAB3635 *PROFILE ACCUTANE FOUR SEASONS DERMATOLOGY*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB2203 *PROFILE ACCUTANE-NO RISK OF PREGNANCY*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB2202 *PROFILE ACCUTANE-PREGNANCY RISK*

University of Vermont Medical Center

Reference Range
See individual tests.

DARM *PROFILE ARMY*

University of Vermont Medical Center

Reference Range
See individual tests.

ARTH1 *PROFILE ARTHRITIS*

University of Vermont Medical Center

Reference Range
Tests included are: ANA IFA and Rheumatoid Factor see indivual tests.

LAB2205 *PROFILE AUTOLOGOUS STEM CELL DONOR*

University of Vermont Medical Center

Reference Range
See individual tests.

CFPROF *PROFILE CF VITAMIN*

University of Vermont Medical Center

DLYS *PROFILE DIALYSATE*

University of Vermont Medical Center

Reference Range
No established reference range

DIALR *PROFILE DIALYSIS ROUTINE*

University of Vermont Medical Center

Reference Range
See individual tests.

DIALRH *PROFILE DIALYSIS ROUTINE, HOME CARE*

University of Vermont Medical Center

Reference Range
See individual tests.

RHEUM *PROFILE DMARD*

University of Vermont Medical Center

Reference Range
See individual test.

CHCREF *PROFILE DOMESTIC HEALTH*

UVMC & Mayo Medical Laboratory Rochester

Reference Range
See individual tests.

LAB2177 *PROFILE ER CARDIAC PACK*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB2051 *PROFILE IRON STUDIES*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB2210 *PROFILE IVF DONOR (MALE), IVF ONLY*

University of Vermont Medical Center

LAB2692 *PROFILE IVF FEMALE, IVF USE ONLY*

University of Vermont Medical Center

NONDON *PROFILE IVF NONDONOR*

University of Vermont Medical Center

Reference Range
See individual tests.

LIPRX *PROFILE LIPID RX 2*

University of Vermont Medical Center

Reference Range
See Individual Tests.

METHO *PROFILE MTX*

University of Vermont Medical Center

Reference Range
See individual tests.

PREFUG *PROFILE NEW AMERICAN ASSESSMENT*

University of Vermont Medical Center

Reference Range
See individual tests.

PET *PROFILE PERITONEAL DIALYSATE*

University of Vermont Medical Center

Reference Range
No established reference range.

PITPNL *PROFILE PITUITARY FEMALE*

UVMC and Mayo Medical Laboratory

Reference Range
See individual tests.

PITPLM *PROFILE PITUITARY MALE*

UVMC and Mayo Medical Laboratory

Reference Range
See individual tests.

DCOB *PROFILE PREECLAMPTIC*

University of Vermont Medical Center

Reference Range
See individual tests.

PEPNAT *PROFILE PREECLAMPTIC AND PRENATAL*

University of Vermont Medical Center

Reference Range
See individual Tests.

VPNAT *PROFILE PRENATAL AND VARICELLA*

University of Vermont Medical Center

Reference Range
See individual tests.

TP1 *PROFILE THROMBOSIS, NO COUMADIN*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB529 *PROGESTERONE*

University of Vermont Medical Center

Reference Range — PROGESTERONE

Age	Sex	Physiological Status	Low	High	Units
	Female	Pre-Pubertal		≤0.2	ng/mL
≥18 years	Female	Menstruating,Non-pregnant, Follicular Phase		≤1.4	ng/mL
≥18 years	Female	Menstruating, Non-pregnant, Luteal Phase	3.3	25.6	ng/mL
≥18 years	Female	Menstruating, Non-pregnant, Mid-Luteal Phase	4.4	28.0	ng/mL
≥18 years	Female	Pregnant, 1st Timester	11.2	90.0	ng/mL
≥18 years	Female	Pregnant, 2nd Trimester	25.6	89.4	ng/mL
≥18 years	Female	Pregnant, 3rd Trimester	48.4	422.5	ng/mL
≥18 years	Female	Postmenopausal		≤0.7	ng/mL
0 - 18 years	Male	N/A		≤0.3	ng/mL
≥18 years	Male	N/A	0.3	1.2	ng/mL

For **ectopic pregnancy**, consult a pathologist.

PA-PROG *PROGESTERONE RECEPTOR ASSAY*

University of Vermont Medical Center

Reference Range
Reported as negative or positive for estrogen receptors in XX% of tumor cells.

PINS *Proinsulin, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Proinsulin, P

LAB531 *PROLACTIN*

University of Vermont Medical Center

Reference Range — PROLACTIN

Age	Sex	Physiological Status	Low	High	Units
0 - 1 month	All	N/A	31	237	ng/mL
1 month - 2 months	All	N/A	24	148	ng/mL
2 months - 3 months	All	N/A	5	99	ng/mL
3 months - 6 months	All	N/A	4	99	ng/mL
6 months - 9 months	All	N/A	4	78	ng/mL
9 months - 12 months	All	N/A	5	39	ng/mL
1 year - 2 years	Male	N/A	3	37	ng/mL
1 year - 2 years	Female	N/A	3	41	ng/mL
2 years - 5 years	Male	N/A	3	34	ng/mL
2 years - 5 years	Female	N/A	3	30	ng/mL
5 years - 9 years	Male	N/A	2	21	ng/mL
5 years - 9 years	Female	N/A	2	22	ng/mL
9 years - 12 years	All	N/A	2	26	ng/mL
12 years - 18 years	Male	N/A	2	23	ng/mL
12 years - 18 years	Female	N/A	3	28	ng/mL
≥18 years	Male	N/A	2.1	17.7	ng/mL
≥18 years	Female	Postmenopausal	1.8	20.3	ng/mL
≥18 years	Female	Pregnant	9.7	208.5	ng/mL
≥18 years	Female	Non-pregnant	2.8	29.2	ng/mL

LAB3675 *PROPOXYPHENE SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

FPDPG *Prostaglandin D2 (PGD2)*

Inter Science Institute

Reporting Name
Prostaglandin D2 (PGD2)

PHI11 *Prostate Health Index Reflex, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Prostate Health Index Reflex, S

PSAU *Prostate-Specific Antigen (PSA) Ultrasensitive, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
PSA, Ultrasensitive, S

PSAFT *Prostate-Specific Antigen (PSA), Total and Free, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
PSA Total and Free, S

PACP *Prostatic Acid Phosphatase, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Prostatic Acid Phosphatase, S

PCAG *Protein C Antigen, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Protein C Ag, P

LAB290 *PROTEIN C, FUNCTIONAL (CLOT-BASED)*

University of Vermont Medical Center

Reference Range
Varies according to reagent lot, see report or call if needed.

LAB3650 *PROTEIN CREATININE RATIO, URINE*

University of Vermont Medical Center

Reference Range
6-24 months: <0.50 mg/mg Creatinine
24 months-18 years: <0.20 mg/mg Creatinine
> 18 years old: <0.15 mg/mg Creatinine
No reference values have been established patients under 6 months of age.

PSTF *Protein S Antigen, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Protein S Ag, P

LAB844 *PROTEIN S, FUNCTIONAL (CLOT-BASED)*

University of Vermont Medical Center

Reference Range
Varies according to reagent lot, see report or call if needed.

FTP *PROTEIN TOTAL, FLUID*

University of Vermont Medical Center

Reference Range
No Established Reference Range.
Best interpreted in the context of a paired serum or plasma Total Protein value.

LAB118 *PROTEIN TOTAL, SERUM*

University of Vermont Medical Center

Reference Range — PROTEIN TOTAL, SERUM

Age	Sex	Low	High	Units
0 - 15 days	All	5.4	8.5	g/dL
15 days - 1 year	All	4.5	7.3	g/dL
1 year - 6 years	All	6.2	7.7	g/dL
6 years - 9 years	All	6.5	7.9	g/dL
9 years - 18 years	All	6.6	8.3	g/dL
≥18 years	All	6.3	8.2	g/dL

LAB195 *PROTEIN, CSF*

University of Vermont Medical Center

Reference Range — PROTEIN, CSF

Age	Sex	Low	High	Units
0 - 30 days	All		<100	mg/dL
30 days - 60 years	All	12	45	mg/dL
≥60 years	All	12	60	mg/dL

LAB441 *PROTEIN, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range
All ages: <150 mg/24-Hours

LAB439 *PROTEIN, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No established reference range

LAB17603 *PROTEINASE 3 (PR3) ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range — PROTEINASE 3 (PR3) ANTIBODY, IGG

Age	Sex	Low	High	Units
All	All	≤5.0 (Negative)	>5.0 (Positive)	IU/mL

PTNT *Prothrombin G20210A Mutation, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Prothrombin G20210A Mutation, B

LAB320 *PROTHROMBIN TIME*

University of Vermont Medical Center

Reference Range
Varies according to reagent lot, see report or call if needed.

LAB321 *PROTHROMBIN TIME 50/50 MIXING STUDY*

University of Vermont Medical Center

Reference Range
Varies according to reagent lot, see report or call if needed.

PPFE *Protoporphyrins, Fractionation, Whole Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Protoporphyrins, Fractionation, WB

LAB117 *PSA (PROSTATE SPECIFIC ANTIGEN) SCREENING*

University of Vermont Medical Center

Reference Range — PSA (PROSTATE SPECIFIC ANTIGEN) SCREENING

Age	Sex	Low	High	Units
0 - 50 years	Male		≤2.5	ng/mL
50 - 60 years	Male		≤3.5	ng/mL
60 - 70 years	Male		≤4.5	ng/mL
≥70 years	Male		≤6.5	ng/mL

LAB116 *PSA (PROSTATE SPECIFIC ANTIGEN) TOTAL, DIAGNOSTIC*

University of Vermont Medical Center

Reference Range — PSA (PROSTATE SPECIFIC ANTIGEN) TOTAL, DIAGNOSTIC

Age	Sex	Low	High	Units
0 - 50 years	Male		≤2.5	ng/mL
50 - 60 years	Male		≤3.5	ng/mL
60 - 70 years	Male		≤4.5	ng/mL
≥ 70 years	Male		≤6.5	ng/mL

PUSE *Pumpkin Seed, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pumpkin Seed, IgE

PLP *Pyridoxal 5-Phosphate, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pyridoxal 5-Phosphate (PLP), P

PYR *Pyruvic Acid, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Pyruvic Acid, B

QFEVR *Q Fever Antibody Screen with Titer Reflex, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Q Fever Ab Scrn w/ Titer Reflex, S

QFP *Q Fever IgM and IgG, Titer, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Q Fever IgM/IgG, Titer, S

QUAD1 *Quad Screen (Second Trimester) Maternal, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
QUAD SCRN (2nd Tri) Maternal, S

LAB3051 *QUANTIFERON TB GOLD PLUS*

University of Vermont Medical Center

Reference Range
All ages: Negative

REPII *Rabbit Epithelium, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Rabbit Epithelium, IgE

RSER *Rabbit Serum Proteins, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Rabbit Serum Proteins, IgE

RUPR *Rabbit Urine Proteins, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Rabbit Urine Proteins, IgE

FRFIT *Rabies Antibody Endpoint*

RFFIT/K-State Rabies Laboratory Manhattan/K-State Innovation Center

Reporting Name
Rabies RFFIT Endpoint, S

RPRT1 *Rapid Plasma Reagin (RPR) Screen with Reflex to Titer, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
RPR Screen w/ Reflex to Titer,S

RPRT3 *Rapid Plasma Reagin (RPR) with Reflex to Treponema pallidum Particle Agglutination, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
RPR w/ Reflex to TP-PA, S

RASP *Raspberry, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Raspberry, IgE

PA-RECBX *RECTAL BIOPSY*

University of Vermont Medical Center

FRSE *Red Snapper (Lutjanus spp) IgE*

Eurofins Viracor

Reporting Name
Red Snapper IgE

REDT *Red Top, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Red Top, IgE

PA-RTR *RENAL TUMOR RESECTION*

University of Vermont Medical Center

PRA *Renin Activity, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Renin Activity, P

PREPCA *RESEARCH PREP TIME*

University of Vermont Medical Center

RPR1 *Respiratory Profile, Region 1, North Atlantic (CT, MA, ME, NJ, NH, NY, PA, RI, VT), Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Resp Profile, Reg 1, North Atlantic

RESEXP *RESPIRATORY VIRAL PANEL EXPANDED, PCR*

University of Vermont Medical Center

Reference Range
No virus detected

LAB17561 *RETICULOCYTE BATTERY*

University of Vermont Medical Center

Reference Range — RETICULOCYTE BATTERY

Component	Age	Sex	Low	High	Units
Reticulocyte Count	All	All	0.5	2.5	%
Reticulocyte Hemoglobin	≥18 years	All	31.2	39.9	pg
*Reticulocyte Hemoglobin	<18 years	All	N/A	N/A	N/A
Immature Reticulocyte Fraction	≥18 years	Female	3.0	15.9	%
Immature Reticulocyte Fraction	≥18 years	Male	2.3	13.4	%
*Immature Reticulocyte Fraction	<18 years	All	N/A	N/A	N/A

.*No reference range currently available for patients under 18.

LAB296 *RETICULOCYTE COUNT*

University of Vermont Medical Center

Reference Range
0.5 – 2.5%

BB-RHIG *RH IMMUNE GLOBULIN*

University of Vermont Medical Center

LAB206 *RHEUMATOID FACTOR*

University of Vermont Medical Center

Reference Range
All sexes:
0 - 15 days: <19.0 IU/mL
≥15 days: <12.0 IU/mL

VITB2 *Riboflavin (Vitamin B2), Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Riboflavin (Vitamin B2), P

RICE *Rice, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Rice, IgE

VRITC *RITALINIC ACID PANEL CONFIRMATION, URINE*

Champlain Toxicology Laboratory

LAB772 *RNP ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range — RNP ANTIBODY, IGG

Age	Sex	Low	High	Units
All	All	<20 (Negative)	≥20 (Positive)	CU

LAB17611 *Ro52 ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range — Ro52 ANTIBODY, IGG

Age	Sex	Low	High	Units
All	All	<20 (Negative)	≥20 (Positive)	CU

LAB17612 *Ro60 ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range — Ro60 ANTIBODY, IGG

Age	Sex	Low	High	Units
All	All	<20 (Negative)	≥20 (Positive)	CU

ROTA *Rotavirus Antigen, Feces*

Mayo Clinic Laboratories in Rochester

Reporting Name
Rotavirus Ag, F

LAB496 *RUBELLA IgG ANTIBODY*

University of Vermont Medical Center

Reference Range
All ages:
Negative: Absence of detectable Rubella virus IgG antibodies. A negative result indicated no detectable antibody, but does not rule out acute infection.
Equivocal: Recommend collecting a second sample for testing in no less than one to two weeks.
Positive: Presence of detectable Rubella virus IgG antibodies.

RUSS *Russian Thistle, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Russian Thistle, IgE

RYEG *Rye Grass, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Rye Grass, IgE

RYE *Rye, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Rye, IgE

SALI *SALICYLATE*

University of Vermont Medical Center

Reference Range
All ages:
Negative: <2 mg/dL
Therapeutic: <20 mg/dL
Possible toxicity: >30 mg/dL

SALM *Salmon, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Salmon, IgE

SARD *Sardine (Pilchard), IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Sardine (Pilchard), IgE

LAB14319 *SARS COV2 DETECT BY PCR (COVID-19 TESTING)*

UVMMC

LAB17655 *SARS COV2, FLU A/B, AND RSV DETECTION BY PCR*

University of Vermont Medical Center

Reference Range
Negative for all 4 analytes.

SCALS *Scallop, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Scallop, IgE

BILHA *Schistosoma species Antibody, IgG, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Schistosoma Ab, IgG, S

SCL70 *Scl 70 Antibodies, IgG, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Scl 70 Ab, IgG, S

FSCPR *Scleroderma Comprehensive Profile*

Esoterix Endocrinology

Reporting Name
Scleroderma Comp Profile

SCONFH *SCT CONFIRM HEPZYMED*

University of Vermont Medical Center

Reference Range
Reported in seconds. Ranges are subject to change with subsequent reagent lot numbers.

SEAFP *Seafood Allergen Profile, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Seafood Allergen Profile

LAB322 *SED RATE, WESTERGREN*

University of Vermont Medical Center

Reference Range — SED RATE, WESTERGREN

Age	Sex	Low	High	Units
<49 years	Female	0	20	mm/hr
>50 years	Female	0	30	mm/hr
<49 years	Male	0	15	mm/hr
>50 years	Male	0	20	mm/hr

FSHPU *Sedative Hypnotic Panel, Urine*

Medtox Laboratories, Inc.

Reporting Name
Sedative Hypnotic Panel, UR

SES *Selenium, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Selenium, S

SRAU *Serotonin Release Assay, Unfractionated Heparin, Mass Spectrometry, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Serotonin Release Assay, UFH, MS, S

SERWB *Serotonin, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Serotonin, B

SER *Serotonin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Serotonin, S

SESA *Sesame Seed, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Sesame Seed, IgE

HPCOV *Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2), Molecular Detection, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
SARS CoV-2 RNA, PCR, Varies

LAB839 *SEX HORMONE BINDING GLOBULIN*

University of Vermont Medical Center

Reference Range — SEX HORMONE BINDING GLOBULIN

Age	Sex	Physiological Status	Low	High	Units
0 - 1 month	All	N/A	16	>200	nmol/L
1 month - 13 years	All	N/A	37.5	>200	nmol/L
13 years - 18 years	All	N/A	21.1	152	nmol/L
18 years - 50 years	Male	N/A	11.5	54.5	nmol/L
18 years - 50 years	Female	Pre-menopausal	17.7	138.2	nmol/L
≥50 years	Male	N/A	17.3	71.5	nmol/L
≥50 years	Female	Post-menopausal	23.7	110.6	nmol/L

The results of this assay can be **falsely lowered** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

SHBG1 *Sex Hormone-Binding Globulin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Sex Hormone-Binding Globulin, S

SHWL *Sheep Wool, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Sheep Wool, IgE

SRW *Short Ragweed, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Short Ragweed, IgE

SHRI *Shrimp, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Shrimp, IgE

SCCONF *SILICA CLOTTING TIME CONFIRMATION TEST*

University of Vermont Medical Center

Reference Range
Reported in seconds, ranges are subject to change with subsequent reagent lot numbers.

BIR *Silver Birch, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Silver Birch, IgE

SIRO *SIROLIMUS*

University of Vermont Medical Center

Reference Range
Therapy dependent

LAB2037 *SLIDE REQUEST*

University of Vermont Medical Center

LAB2373 *Sm (SMITH) ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range — Sm (SMITH) ANTIBODY, IGG

Age	Sex	Low	High	Units
All	All	<20 (Negative)	≥20 (Positive)	CU

SM *Smith (Sm) Antibodies, IgG, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Sm Ab, IgG, S

SMAS *Smooth Muscle Antibody Screen, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Smooth Muscle Ab Screen, S

LAB122 *SODIUM*

University of Vermont Medical Center

Reference Range — SODIUM

Age	Sex	Low	High	Units
All	All	136	145	mmol/L

LAB446 *SODIUM, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range — SODIUM, URINE, 24 HOUR

Age	Sex	Low	High	Units
0 - 1 month	All	0.3	3.5	mmol/24h
1 month - 16 years	All	40	180	mmol/24h
≥16 years	All	40	220	mmol/24h

LAB444 *SODIUM, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No established reference range

PA-SOFT *SOFT TISSUE BIOPSIES*

University of Vermont Medical Center

SOLEF *Sole, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Sole, IgE

O225313 *SOURCE PATIENT LABS-BLOODBOURNE PATHOGEN EXPOSURE*

University of Vermont Medical Center

Reference Range
HIVSS2: Negative
HBSAG: Negative
HCVQU: Target not detected

SOY *Soybean, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Soybean, IgE

URSG *SPECIFIC GRAVITY, URINE*

University of Vermont Medical Center

Reference Range
All ages: 1.001 – 1.030

VALSCN *SPECIMEN TAMPERING/VALIDITY PANEL, URINE*

Champlain Toxicology Laboratory

LAB119 *SPEP, INCLUDES QUANTITATION OF MONOCLONAL SPIKE*

University of Vermont Medical Center

Reference Range — SPEP, INCLUDES QUANTITATION OF MONOCLONAL SPIKE

	Age	Low	High	Units
Albumin	All	3.6	5.2	g/dL
Albumin %	All	55.8	66.1	%
Alpha 1	All	0.15	0.40	g/dL
Alpha 1 %	All	2.9	4.9	%
Alpha 2	All	0.5	1.00	g/dL
Alpha 2 %	All	7.1	11.8	%
Beta	All	0.6	1.2	g/dL
Beta %	All	8.4	13.1	%
Gamma	All	0.6	1.6	g/dL
Gamma %	All	11.1	18.8	%

LAB2005 *SPERM SCREEN*

University of Vermont Medical Center

Reference Range
No sperm seen.

SPIN *Spinach, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Spinach, IgE

SMNCS *Spinal Muscular Atrophy Carrier Screening, Deletion/Duplication Analysis, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
SMA Carrier by Del/Dup

SFGP *Spotted Fever Group Antibody, IgG and IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Spotted Fever Group Ab, IgG, IgM, S

SQUID *Squid, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Squid, IgE

LAB2378 *SS-B (La) ANTIBODY, IGG*

University of Vermont Medical Center

Reference Range — SS-B (La) ANTIBODY, IGG

Age	Sex	Low	High	Units
All	All	<20 (Negative)	≥20 (Positive)	CU

LAB3356 *SSA/SSB ANTIBODY PANEL*

University of Vermont Medical Center

Reference Range
For Ro52, Ro60, and SS-B (all ages):
Negative: <20 CU
Positive: ≥20 CU

SCCPB *STEM CELL CD34, BLOOD*

University of Vermont Medical Center

Reference Range — STEM CELL CD34, BLOOD

	Age	Sex	Low	High	Units
CD34 Percent Blood	All	All	0.013	0.110	%
Absolute CD34	All	All	0.7	6.9	cells/uL

ATEST *STERILIZER TEST*

University of Vermont Medical Center

Reference Range
Reported as negative or positive.

LAB17809 *StoneRisk Panel (Quest)*

Quest Diagnostics Laboratory

LAB3583 *STRATIFY JCV AB (with Index) WITH REFLEX TO INHIBITION ASSAY*

Quest Diagnostics Nichols Institute

STBY *Strawberry, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Strawberry, IgE

SXPNAG *STREP PNEUMONIAE URINE ANTIGEN DETECTION*

University of Vermont Medical Center

Reference Range
Negative

PN23M *Streptococcus pneumoniae IgG Antibodies, 23 Serotypes, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
S. pneumoniae IgG Ab,23 serotypes,S

STRNG *Strongyloides Antibody, IgG, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Strongyloides Ab, IgG, S

FSUAB *Sulfatide Autoantibody Test*

Athena Diagnostics

Reporting Name
Sulfatide Autoantibody Test

SUP24 *Supersaturation Profile, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Supersaturation, 24 HR, U

PA-HARDWARE *SURGICAL HARDWARE*

University of Vermont Medical Center

LAB9872 *SURGICAL PATHOLOGY SPECIMEN*

University of Vermont Medical Center

DECAL *SURGICAL TISSUE, DECALCIFICATION*

University of Vermont Medical Center

PA-SKIN *SURGICAL TISSUE, SKIN BIOPSY*

University of Vermont Medical Center

SUSC *SUSCEPTIBILITY TEST*

University of Vermont Medical Center

SWEAT *SWEAT TEST*

University of Vermont Medical Center

Reference Range
All ages
≤29 mmol/L Unlikely for CF
30-59 mmol/L Intermediate,
≥60 mmol/L Indicative of CF

SPOT *Sweet Potato, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Sweet Potato, IgE

VERG *Sweet Vernal Grass, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Sweet Vernal Grass, IgE

LAB17639 *SYMPTOMATIC TICK PANEL (FOR ATLAS CLIENTS ONLY)*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB17262 *SYNTHETIC OPIOID CONFIRMATION PANEL, URINE*

Champlain Toxicology Laboratory

LAB3037 *SYPHILIS SEROLOGY*

University of Vermont Medical Center

Reference Range
All ages: Negative

TCGR *T-Cell Receptor Gene Rearrangement, PCR, Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
T Cell Receptor Gene Rearrange, B

LAB15287 *T-CELL SUBSETS*

University of Vermont Medical Center

LAB15288 *T, B, NK-CELL SUBSETS*

University of Vermont Medical Center

Reference Range
≥18 years
CD3%: 56 – 84%
CD4%: 31 – 64%
CD8%: 9 – 39%
CD19%: 5 - 25%
CD16+CD56%: 5 - 31%
Absolute CD3: 840 - 2,669 cells/uL
Absolute CD4: 488 – 1,734 cells/uL
Absolute CD8: 154 - 1,097 cells/uL
Absolute CD19: 73 - 562 cells/uL
Absolute CD16+CD56: 108 - 680 cells/uL
4/8 Ratio: ≥0.9

RT3 *T3 (Triiodothyronine), Reverse, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
T3 (Triiodothyronine), Reverse, S

LAB137 *T3, FREE*

University of Vermont Medical Center

Reference Range — T3, FREE

Age	Sex	Low	High	Units
0 - 2 weeks	All	3.0	12.4	pg/mL
2 weeks - 4 years	All	3.5	7.4	pg/mL
4 years - 13 years	All	4.3	7.0	pg/mL
13 years - 18 years	Female	3.7	6.1	pg/mL
13 years - 18 years	Male	4.1	6.7	pg/mL
≥18 Years	All	2.8	5.3	pg/mL

LAB136 *T3, TOTAL*

University of Vermont Medical Center

Reference Range — T3, TOTAL

Age	Sex	Low	High	Units
0 - 2 weeks	All	31	301	ng/dL
2 weeks - 10 years	All	139	301	ng/dL
10 years - 18 years	Male	127	339	ng/dL
10 years - 18 years	Female	112	208	ng/dL
≥18 years	All	97	169	ng/dL

FRT4D *T4 (Thyroxine), Free, Dialysis, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
T4 (Thyroxine), Free by Dialysis, S

LAB127 *T4, FREE*

University of Vermont Medical Center

Reference Range — T4, FREE

Age	Sex	Low	High	Units
0 - 15 days	All	1.0	4.1	ng/dL
15 days - 1 month	All	0.8	2.3	ng/dL
1 month - 4 months	All	0.8	1.8	ng/dL
4 months - 1 year	All	0.8	1.7	ng/dL
1 year - 18 years	All	0.8	1.4	ng/dL
≥18 years	All	0.8	2.2	ng/dL

Reference Range — T4, TOTAL

Age	Sex	Low	High	Units
0 - 14 days	All	3.2	24.7	ug/dL
14 days - 4 years	All	6.9	18.7	ug/dL
4 years - 15 years	All	6.2	10.8	ug/dL
15 years - 18 years	Male	5.7	9.3	ug/dL
15 years - 18 years	Female	6.0	15.5	ug/dL
≥18 years	All	5.5	11.0	ug/dL

FK506 *TACROLIMUS*

University of Vermont Medical Center

Reference Range
Therapy dependent

Test Documents

University of Vermont Medical Center

PA-RANDTBX *TESTICULAR BIOPSY*

University of Vermont Medical Center

LAB124 *TESTOSTERONE*

University of Vermont Medical Center

Reference Range — TESTOSTERONE

Age	Sex	Physiological Status	Low	High	Units
2 years - 11 years	Male	N/A	<11		ng/dL
11 years - 12 years	Male	N/A	<479		ng/dL
12 years - 13 years	Male	N/A	<488		ng/dL
13 years - 14 years	Male	N/A	8	550	ng/dL
14 years - 15 years	Male	N/A	9	535	ng/dL
15 years - 16 years	Male	N/A	66	757	ng/dL
16 years - 21 years	Male	N/A	228	710	ng/dL
21 - 50 years	Male	N/A	229	902	ng/dL
≥50 years	Male	N/A	229	902	ng/dL
2 years - 11 years	Female	N/A	<12		ng/dL
11 years - 16 years	Female	N/A	<28		ng/dL
16 years - 21 years	Female	N/A	12	43	ng/dL
21 - 50 years	Female	N/A	8	35	ng/dL
≥50 years	Female	N/A	<36		ng/dL

The results of this assay can be **falsely elevated** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood draw.

FTES2 *TESTOSTERONE, TOTAL AND FREE*

University of Vermont Medical Center

Reference Range — TESTOSTERONE, TOTAL AND FREE

Testosterone, Free (Calculated)

Age	Sex	Low	High	Units
0 - 1 year	Male	0.4	2.9	ng/dL
1 year - 9 years	Male	≤0.3		ng/dL
9 years - 10 years	Male	≤0.6		ng/dL
10 years - 11 years	Male	≤1.3		ng/dL
11 years - 12 years	Male	≤5.0		ng/dL
12 years - 13 years	Male	≤8.3		ng/dL
13 years - 14 years	Male	≤11.2		ng/dL
14 years - 15 years	Male	0.6	13.6	ng/dL
15 years - 16 years	Male	1.6	15.7	ng/dL
16 years - 17 years	Male	2.7	17.3	ng/dL
17 years - 18 years	Male	4.0	18.5	ng/dL
18 years - 19 years	Male	4.9	19.3	ng/dL
19 years - 20 years	Male	4.9	18.7	ng/dL
20 years - 25 years	Male	4.8	18.3	ng/dL
25 years - 30 years	Male	4.7	17.5	ng/dL
30 years - 35 years	Male	4.5	16.8	ng/dL
35 years - 40 years	Male	4.3	16.0	ng/dL
40 years - 45 years	Male	4.1	15.2	ng/dL
45 years - 50 years	Male	4.0	14.5	ng/dL
50 years - 55 years	Male	3.8	13.8	ng/dL
55 years - 60 years	Male	3.6	13.1	ng/dL
60 years - 65 years	Male	3.4	12.4	ng/dL
65 years - 70 years	Male	3.3	11.6	ng/dL
70 years - 75 years	Male	3.1	10.9	ng/dL
75 years - 80 years	Male	2.9	10.1	ng/dL
80 years - 85 years	Male	2.7	9.4	ng/dL
85 years - 90 years	Male	2.6	8.6	ng/dL
90 years - 95 years	Male	2.4	7.9	ng/dL
≥95 years	Male	2.2	7.1	ng/dL
0 - 1 year	Female	≤0.5		ng/dL
1 year - 7 years	Female	≤0.3		ng/dL
7 years - 8 years	Female	≤0.4		ng/dL
8 years - 9 years	Female	≤0.5		ng/dL
9 years - 10 years	Female	≤0.6		ng/dL
10 years - 11 years	Female	≤0.7		ng/dL
11 years - 12 years	Female	≤0.8		ng/dL
12 years - 13 years	Female	≤0.9		ng/dL
13 years - 14 years	Female	≤1.1		ng/dL
14 years - 20 years	Female	≤1.2		ng/dL
20 years - 30 years	Female	0.3	1.2	ng/dL
30 years - 50 years	Female	0.3	1.1	ng/dL
50 years - 65 years	Female	0.3	1.0	ng/dL
65 years - 85 years	Female	0.3	0.9	ng/dL
≥85 years	Female	0.3	0.8	ng/dL

See Testosterone TESTO2 and Sex Hormone Binding Globulin SHBG2 for Reference Ranges.

TGRP *Testosterone, Total and Free, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Testosterone, Total and Free, S

TTFB *Testosterone, Total, Bioavailable, and Free, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Testosterone, Total, Bio, Free, S

VTHC *THC CONFIRMATION*

Champlain Toxicology Laboratory

VCAN *THC METABOLITES (CANNABINOIDS) SCREEN, URINE*

Champlain Toxicology Laboratory

THEOP *THEOPHYLLINE*

University of Vermont Medical Center

Reference Range
All ages: Trough: 10.0 – 20.0 ug/mL

TDP *Thiamine (Vitamin B1), Whole Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Thiamin (Vitamin B1), WB

THIO *Thiopurine Metabolites, Whole Blood*

Mayo Clinic Laboratories in Rochester

Reporting Name
Thiopurine Metabolites, B

TPMT3 *Thiopurine Methyltransferase Activity Profile, Erythrocytes*

Mayo Clinic Laboratories in Rochester

Reporting Name
TPMT Activity Profile, RBC

LAB324 *THROMBIN TIME*

University of Vermont Medical Center

Reference Range
Units: Seconds.
Range varies according to reagent lot, see report or call if needed.

TEG *THROMBOELASTOGRAPH*

University of Vermont Medical Center

Reference Range
See report

LAB515 *THYROGLOBULIN ANTIBODY*

University of Vermont Medical Center

Reference Range
All ages: ≤60 U/mL

HTG2 *Thyroglobulin, Tumor Marker, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Thyroglobulin, Tumor Marker

THYRAB *THYROID ANTIBODIES*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB2103 *THYROID CASCADE*

University of Vermont Medical Center

Reference Range
See Individual Tests

LAB129 *THYROID STIMULATING HORMONE*

University of Vermont Medical Center

Reference Range — THYROID STIMULATING HORMONE

Age	Sex	Low	High	Units
0 - 5 days	All	3.20	19.00	mIU/L
5 days - 1 month	All	1.70	9.10	mIU/L
1 month - 3 months	All	0.50	6.30	mIU/L
3 months - 6 months	All	0.50	4.77	mIU/L
6 months - 1 year	All	0.61	4.58	mIU/L
1 year - 14 years	All	0.73	4.09	mIU/L
14 years - 18 years	All	0.47	4.00	mIU/L
≥18 years	All	0.47	4.68	mIU/L

The results of this assay can be **falsely lowered** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

TSI *Thyroid-Stimulating Immunoglobulin, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Thyroid-Stimulating Immunoglob, S

TPO *THYROPEROXIDASE ANTIBODY*

University of Vermont Medical Center

Reference Range
All ages: ≤60 U/mL

THYRO *Thyrotropin Receptor Antibody, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Thyrotropin Receptor Ab, S

O170000 *TICK PANEL, SYMPTOMATIC*

University of Vermont Medical Center

Reference Range
See individual tests.

TIMG *Timothy Grass, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Timothy Grass, IgE

LAB723 *TISSUE TRANSGLUTAMINASE ANTIBODY IGA*

University of Vermont Medical Center

Reference Range
All Ages:
Negative: <20 CU
Weak Positive: 20 - 30 CU
Positive: >30 CU

LAB36 *TOBRAMYCIN, PEAK*

University of Vermont Medical Center

Reference Range
All ages:
Peak: 5.0 – 12.0 ug/mL

LAB37 *TOBRAMYCIN, RANDOM*

University of Vermont Medical Center

Reference Range
No established reference range.

LAB38 *TOBRAMYCIN, TROUGH*

University of Vermont Medical Center

Reference Range
All ages:
Trough: <1.5 ug/mL

TOMA *Tomato, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Tomato, IgE

TOPI *Topiramate, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Topiramate, S

TOXGP *Toxoplasma gondii Antibody, IgG, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Toxoplasma Ab, IgG, S

TXM *Toxoplasma gondii Antibody, IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Toxoplasma Ab, IgM, S

TRAM *Tramadol and Metabolite, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Tramadol and Metabolite, U

TRANSFUS-TEST *TRANFUSION PROCEDURE*

University of Vermont Medical Center

LAB133 *TRANSFERRIN*

University of Vermont Medical Center

Reference Range — TRANSFERRIN

Age	Sex	Low	High	Units
0 - 2 months	All	97	229	mg/dL
2 months - 1 year	All	101	339	mg/dL
1 year - 18 years	All	225	354	mg/dL
≥ 18 years	All	201	352	mg/dL

LAB2105 *TRANSFERRIN SATURATION*

University of Vermont Medical Center

Reference Range
Transferrin Saturation All Ages: 15-45%
Also see Iron and Iron Binding Capacity.

BB-TRANSRXDEL *TRANSFUSION REACTION WORKUP, DELAYED*

University of Vermont Medical Center

BB-TRANSRXIMM *TRANSFUSION REACTION WORKUP, IMMEDIATE*

University of Vermont Medical Center

TREE3 *Tree Panel #3, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Tree Panel # 3

TREE4 *Tree Panel #4, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Tree Panel # 4

TRIOP *TRICHROME STAIN FOR PARASITES*

University of Vermont Medical Center

Reference Range
No ova or parasites seen

LAB3676 *TRICYCLIC ANTIDEPRESSANT SCREEN, URINE*

University of Vermont Medical Center

Reference Range
This screen is intended for use in clinical monitoring or management of patients.

LAB134 *TRIGLYCERIDE*

University of Vermont Medical Center

Reference Range

Age	Sex	Reference Range	Units
0 - 10 years	All	<75	mg/dL
10 years - 18 years	All	<90	mg/dL
≥18 years	All	≤150	mg/dL

TROPI *TROPONIN I*

University of Vermont Medical Center

Reference Range
All Ages: <0.034 ng/mL
The results of this assay can be **falsely lowered** due to the consumption of Biotin. Please instruct patients to discontinue the use of vitamins or supplements that contain Biotin 12 hours before blood collection.

TROT *Trout, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Trout, IgE

FTRIG *TRYGLYCERIDE, FLUID*

University of Vermont Medical Center

Reference Range
No established reference range.
Best interpreted in the context of a paired serum or plasma Triglyceride value.

TRYPT *Tryptase, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Tryptase, S

TUNA *Tuna, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Tuna, IgE

TURK *Turkey, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Turkey, IgE

LAB276 *TYPE & SCREEN*

University of Vermont Medical Center

BLTZK *TZANK PREP TESTING*

University of Vermont Medical Center

LAB14587 *UA CASCADE TO CULTURE*

University of Vermont Medical Center

Reference Range
Chemical:
Specific Gravity: 1.001 – 1.030
Bilirubin: Negative
Blood: Negative
Glucose: Negative
Ketones: Negative
Leukocyte Esterase: Negative
Nitrite: Negative
Protein: Negative
Urobilinogen: 0.2 - 1.0 mg/dL
pH: 4.6 – 8.0
Sediment:
WBC = 0-3/HPF
RBC = 0-2/HPF
Squamous Epithelial Cells = None Seen
Hyaline Casts = ≤10/LPF
Bacteria = None Seen
Urine Crystals = None Seen
Urine Yeast = None Seen
Small Round Cells = None Seen
Pathologic Casts = None Seen

LAB348 *UA CHEMICAL & SEDIMENT*

University of Vermont Medical Center

Reference Range

Chemical:
Specific Gravity: 1.001 – 1.030
Bilirubin: Negative
Blood: Negative
Glucose: Negative
Ketones: Negative
Leukocyte Esterase: Negative
Nitrite: Negative
Protein: Negative
Urobilinogen: 0.2 - 1.0 mg/dL
pH: 4.6 – 8.0
Sediment:
WBC = 0-3/HPF
RBC = 0-2/HPF
Squamous Epithelial Cells = None Seen
Hyaline Casts = ≤10/LPF
Bacteria = None Seen
Urine Crystals = None Seen
Urine Yeast = None Seen
Small Round Cells = None Seen
Pathologic Casts = None Seen

LAB14286 *UA CHEMICAL & SEDIMENT + REFLEX TO CULTURE*

University of Vermont Medical Center

Reference Range

Chemical:
Specific Gravity: 1.001 – 1.030
Bilirubin: Negative
Blood: Negative
Glucose: Negative
Ketones: Negative
Leukocyte Esterase: Negative
Nitrite: Negative
Protein: Negative
Urobilinogen: 0.2 - 1.0 mg/dL
pH: 4.6 – 8.0
Sediment:
WBC = 0-3/HPF
RBC = 0-2/HPF
Squamous Epithelial Cells = None Seen
Hyaline Casts = ≤10/LPF
Bacteria = None Seen
Urine Crystals = None Seen
Urine Yeast = None Seen
Small Round Cells = None Seen
Pathologic Casts = None Seen

LAB3695 *UA CHEMICAL ONLY*

University of Vermont Medical Center

Reference Range

Specific Gravity	1.001 - 1.030
Bilirubin	Negative
Blood	Negative
Glucose	Negative
Ketones	Negative
Leukocyte Esterase	Negative
Nitrite	Negative
Protein	Negative
Urobilinogen	0.2 - 1.0 mg/dL
pH	4.6 - 8.0

LAB9896 *UA SEDIMENT + REFLEX TO CULTURE*

University of Vermont Medical Center

Reference Range

All ages:
WBC = 0-3/HPF
RBC = 0-2/HPF
Squamous Epithelial Cells = None Seen
Hyaline Casts = ≤10/LPF
Bacteria = None Seen
Urine Crystals = None Seen
Urine Yeast = None Seen
Small Round Cells = None Seen
Pathologic Casts = None Seen

LAB3696 *UA SEDIMENT ONLY*

University of Vermont Medical Center

Reference Range

All ages:
WBC = 0-3/HPF
RBC = 0-2/HPF
Squamous Epithelial Cells = None Seen
Hyaline Casts = ≤10/LPF
Bacteria = None Seen
Urine Crystals = None Seen
Urine Yeast = None Seen
Small Round Cells = None Seen
Pathologic Casts = None Seen

LAB17617 *Umbilical Cord Drug Screen*

Champlain Toxicology Laboratory

LAB449 *UREA NITROGEN, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range

All ages: 12 – 20 g/24 Hours

LAB748 *UREA NITROGEN, URINE, RANDOM*

University of Vermont Medical Center

Reference Range

No established reference range.

URR *UREA REDUCTION RATE*

University of Vermont Medical Center

Reference Range

No established reference range.

URRP *Ureaplasma species, Molecular Detection, PCR, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name

Ureaplasma PCR

Reference Range — URIC ACID

Age	Sex	Low	High	Units
0 - 15 days	All	2.8	12.6	mg/dL
15 days - 1 year	All	1.7	6.3	mg/dL
1 year - 12 years	All	1.9	4.9	mg/dL
12 years - 18 years	Male	2.7	7.6	mg/dL
12 years - 18 years	Female	2.6	5.9	mg/dL
≥18 years	Male	3.9	9.0	mg/dL
≥18 years	Female	2.2	7.7	mg/dL

Reference Range — URIC ACID, ELITEK

Age	Sex	Low	High	Units
0 - 15 days	All	2.8	12.6	mg/dL
15 days - 1 year	All	1.7	6.3	mg/dL
1 year - 12 years	All	1.9	4.9	mg/dL
12 years - 18 years	Male	2.7	7.6	mg/dL
12 years - 18 years	Female	2.6	5.9	mg/dL
≥18 years	Male	3.9	9.0	mg/dL
≥18 years	Female	2.2	7.7	mg/dL

LAB841 *URIC ACID, URINE, 24 HOUR*

University of Vermont Medical Center

Reference Range
All ages: 250 – 750 mg/24 hours

LAB450 *URIC ACID, URINE, RANDOM*

University of Vermont Medical Center

Reference Range
No established reference range

LAB743 *URINE ALBUMIN-TO-CREATININE RATIO (ACR)*

University of Vermont Medical Center

Reference Range

Normal	<30 ug/mg Creatinine
Moderately Increased Albuminuria	30 - 300 ug/mg Creatinine
Severely Increased Albuminuria	>300 ug/mg Creatinine

USTEK *Ustekinumab Quantitation with Antibodies, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Ustekinumab QN with Antibodies, S

LAB17610 *VAGINAL CTGC AND VAGINITIS/ VAGINOSIS MOLECULAR DETECTION*

University of Vermont Medical Center

Reference Range
Negative for each target analyte.

VALP *VALPROIC ACID*

University of Vermont Medical Center

Reference Range
All ages
Reference/Therapeutic Range: 50 – 100 ug/mL
Critical: >150 ug/mL

VALPG *Valproic Acid, Free and Total, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Valproic Acid, Free and Total, S

LAB40 (a) *VANCOMYCIN, PEAK*

University of Vermont Medical Center

LAB40 *VANCOMYCIN, RANDOM*

University of Vermont Medical Center

Reference Range
All ages:
Trough: 10.0 - 20.0 ug/mL
Peak: 25.0 - 50.0 ug/mL

LAB39 *VANCOMYCIN, TROUGH*

University of Vermont Medical Center

Reference Range
All ages: Trough Level: 10 – 20 ug/mL

VH *Vanillylmandelic Acid and Homovanillic Acid, Random, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
VMA and HVA, Random, U

VMA *Vanillylmandelic Acid, 24 Hour, Urine*

Mayo Clinic Laboratories in Rochester

Reporting Name
Vanillylmandelic Acid, 24 Hr, U

LAB162 *VARICELLA IgG ANTIBODY*

University of Vermont Medical Center

Reference Range
All ages:
Negative: Absence of detectable Varicella Zoster virus IgG antibodies. A negative result indicated no detectable antibody, but does not rule out acute infection.
Equivocal: Recommend collecting a second sample for testing in no less than one to two weeks.
Positive: Presence of detectable Varicella Zoster virus IgG antibodies.

LAB3754 *VARICELLA ZOSTER VIRUS, PCR*

University of Vermont Medical Center

Reference Range
Negative

VEGF *Vascular Endothelial Growth Factor, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Vascular Endothelial Growth Fctr, P

VIP *Vasoactive Intestinal Polypeptide, Plasma*

Mayo Clinic Laboratories in Rochester

Reporting Name
Vasoactive Intestinal Polypeptide,P

VDSF *VDRL, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
VDRL, CSF

VEDOL *Vedolizumab Quantitation with Reflex to Antibodies, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Vedolizumab QN, S

VELV *Velvet Leaf, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Velvet Leaf, IgE

SVISC *Viscosity, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Viscosity, S

VITA *Vitamin A, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Vitamin A, S

B12 *VITAMIN B12*

University of Vermont Medical Center

Reference Range
All ages: 211 – 911 pg/mL

LAB3036 *VITAMIN D, 25-OH (TOTAL)*

University of Vermont Medical Center

Reference Range

	Age/Sex	Range	Units
Deficiency	All	<10	ng/mL
Insufficiency	All	10 - 30	ng/mL
Sufficiency	All	30 - 100	ng/mL
Toxicity	All	>100	ng/mL

VITE *Vitamin E, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Vitamin E, S

VITK1 *Vitamin K1, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Vitamin K1, S

ALC *VOLATILE SCREEN*

University of Vermont Medical Center

Reference Range
All ages: <5 mg/dL

LAB1111 *VON WILLBRAND FACTOR MULTIMER PANEL*

University of Vermont Medical Center

Reference Range
See individual tests.

LAB3116 *VON WILLEBRAND FACTOR ACTIVITY*

University of Vermont Medical Center

Reference Range
49 – 153%

LAB307 *VON WILLEBRAND FACTOR ANTIGEN*

University of Vermont Medical Center

Reference Range
50 – 185%

VORI *Voriconazole, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Voriconazole, S

WALN *Walnut Tree, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Walnut Tree, IgE

BLW *Walnut-Food, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Walnut-Food, IgE

BLWRF *Walnut-Food, IgE, with Reflex to Walnut-Food Components, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Walnut-Food Component Reflex, S

WSPV *Wasp Venom, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Wasp Venom, IgE

WATER *WATER TEST, CHEMICAL*

University of Vermont Medical Center

Reference Range
<2 uS/cm (micromhos)

WBC *WBC*

University of Vermont Medical Center

Reference Range — WBC

Age	Sex	Physiological Status	Low	High	Units
≥18 years	Female		4.0	12.4	K/cmm
≥18 years	Male		4.0	10.4	K/cmm
16-17 years	All		4.6	11.2	K/cmm
10-15 years	All		4.5	13.0	K/cmm
6-9 years	All		4.5	13.5	K/cmm
4-5 years	All		5.0	14.5	K/cmm
2-3 years	All		5.5	15.5	K/cmm
1-2 years	All		6.0	17.0	K/cmm
<1 year	All		6.0	17.5	K/cmm

WEED2 *Weed Panel # 2, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Weed Panel # 2

WEED3 *Weed Panel # 3, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Weed Panel # 3

WNS *West Nile Virus Antibody, IgG and IgM, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
West Nile Virus Ab, IgG and IgM, S

WNC *West Nile Virus Antibody, IgG and IgM, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
West Nile Virus Ab, IgG and IgM,CSF

WNCSF *West Nile Virus, RNA, PCR, Molecular Detection, Spinal Fluid*

Mayo Clinic Laboratories in Rochester

Reporting Name
West Nile Virus RNA, PCR, CSF

WHT *Wheat, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Wheat, IgE

BENW *White Bean, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
White Bean, IgE

WFHV *White Faced Hornet Venom, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
White Faced Hornet Venom, IgE

WHIC *White Hickory, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
White Hickory, IgE

WPIN *White Pine, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
White Pine, IgE

POTA *White Potato, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
White Potato, IgE

LAB2122 *WHOLE GENOME MICROARRAY*

GeneDx Laboratory

LAB247 *WORM IDENTIFICATION*

University of Vermont Medical Center

Reference Range
A descriptive report is provided.

WORM *Wormwood, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Wormwood, IgE

LAB17587 *XYLAZINE CONFIRMATION, U.*

Champlain Toxicology Laboratory

YMCRO *Y Chromosome Microdeletions, Molecular Detection, Varies*

Mayo Clinic Laboratories in Rochester

Reporting Name
Y Microdeletion

FIOY *YEAST IDENTIFICATION, PLATE SUBMITTED*

University of Vermont Medical Center

Reference Range
Yeast identified to genu/species level.

YFHV *Yellow Faced Hornet Venom, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Yellow Faced Hornet Venom, IgE

YJV *Yellow Jacket Venom, IgE, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Yellow Jacket Venom, IgE

FYOG *Yogurt (Lactobacillus bulgaricus) IgE*

Eurofins Viracor

Reporting Name
Yogurt IgE

LAB15824 *Zinc, Plasma (Mayo FZINC)*

University of Vermont Medical Center

Reference Range
Reporting limit determined each analysis
Adults: 80 - 120 mcg/dL
Concentrations are age and diet dependent. Serum zinc concentrations can be 5 - 15% higher than plasma concentrations.

ZN_S *Zinc, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Zinc, S

LAB17256 *ZOLPIDEM CONFIRMATION, URINE*

Champlain Toxicology Laboratory

ZONI *Zonisamide, Serum*

Mayo Clinic Laboratories in Rochester

Reporting Name
Zonisamide, S

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