
GENTAMICIN

Indicate Peak, Trough or Random on requisition and specimen tube.

Specimen Requirements: 0.5 mL serum (red). **DO NOT USE SST. FREEZE.**
Draw peak 1/2 hour after a 30-60 minute IV infusion or
Immediately after a 2 hour or longer IV infusion.

Draw trough 1/2 hour to immediately before a dose.

Reference Range: Therapeutic Peak 4.0 - 10.0 ug/mL

Report Time: 24 Hours

Day(s) Set Up: Monday through Sunday

CPT Code(s): 80170

GGT

Specimen Requirements: 1.0 mL plasma (green or PST). **Avoid hemolysis.**

Reference Range: Female 12 - 43 U/L
Male 15 - 73 U/L
Refer to Addendum #5 for additional reference ranges.

Report Time: 24 Hours

Day(s) Set Up: Monday through Sunday

CPT Code(s): 82977

GIARDIA CRYPTOSPORIDIUM ANTIGEN

Giardia and *Cryptosporidium* are the two most prevalent parasitic infections. Antigens specific to these two parasites are readily detected with an enzyme immunoassay (EIA) test. Since EIA testing is more sensitive than conventional O & P examination by microscopy, **only one specimen is recommended** for the reliable detection of both of these parasites.

Specimen requirements: Collect a urine-free stool and place in SAF preservative which then is stable for 60 days at room temperature, but is **not** suitable for other tests such as fecal WBC's and *Clostridium difficile* toxin. SAF preservative/transport vials are available from St. Marys Laboratory Services. One specimen per day accepted. Multiple samples collected same day will be pooled and tested as a single specimen.

SAF vials: Use the spoon in the cap to add approximately one-third volume of stool to the volume of liquid in the vial. Sample any blood or mucous portions of the stool.

Tightly cap the vial, shake to mix, and hold at room temperature.

Reference Range: Negative

Report Time: 24 hours

Day(s) Set Up: Monday through Friday

CPT Code(s): Giardia lamblia Ag 87329

GLUCOSE

Specimen Requirements: 1.0 mL plasma (green or PST).
Fasting preferred. **Avoid hemolysis.**

Reference Range: 70-99 mg/dL (Fasting)
Refer to Addendum #5 for additional reference ranges.

Report Time: 24 Hours

Day(s) Set Up: Monday through Sunday

CPT Code(s): 82947

GLUCOSE CSF

Specimen Requirements: 0.5 mL CSF. **Deliver within 6 hours.**

Reference Range: 40 - 70% of blood glucose

Report Time: 24 Hours

Day(s) Set Up: Monday through Sunday

CPT Code(s): 82947

GLUCOSE FLUID

Specimen Requirements: 3 mL fluid in green or red top tube. **Do not use PST.**
Specimens cannot be analyzed if too viscous

Reference Range: No reference range established

Report Time: 48 Hours

Day(s) Set Up: Monday through Sunday

CPT Code(s): 82947

GLUCOSE - 1 HR GESTATIONAL (GESTATIONAL DIABETES SCREEN)

Specimen Requirements: 1 mL plasma (green or PST). The test is performed between the 24th and 26th week of gestation. The patient is given 50 grams of glucose without regard to time of day or time of last meal. A single blood sample is drawn one hour later. Avoid hemolysis.

Reference Range: < 140 mg/dL

Report Time: 24 hours

Day(s) Set Up: Monday through Sunday

CPT Code(s): 82950

GLUCOSE TOLERANCE TEST (GESTATIONAL)

Specimen Requirements:

A diet of at least 150 grams of carbohydrates each day for 3 days prior to the test is recommended. Patient must be fasting for at least 8 hours but no longer than 16 hours prior to the test. Smoking is prohibited during the test. All blood specimens should be collected in green or PST tubes. Separate plasma. **Avoid hemolysis.** Collect a fasting blood glucose specimen. Label specimen - "FASTING".

Administer 10 oz of glucose tolerance beverage (a total of 100 gm of glucose). Collect blood specimens at 1, 2, 3 hours as required, timing collection from completion of drinking glucose solution. Label all specimens appropriately, including the hour of collection. All specimens should be sent at the same time. If ill during test or vomiting, stop the test, consult physician immediately.

Gestational diabetes	Glucose tolerance testing for gestational diabetes uses a 100 gm oral glucose dose, administered in the morning after an overnight fast. Two or more of the following are abnormal in gestational diabetes:
	Fasting <105 mg/dL
	1 hour ≤ 190 mg/dL
	2 hour ≤ 165 mg/dL
	3 hour ≤ 145 mg/dL

Report Time: 24 Hours

Day(s) Set Up: Monday through Sunday

CPT Code(s): 82951 (3 specimens + Glucose Dose)
82952 (each additional specimen)

GLUCOSE TOLERANCE TEST (NON PREGNANT)

Specimen Requirements:

A diet of at least 150 grams of carbohydrates each day for 3 days prior to the test is recommended. Patient must be fasting for at least 8 hours but no longer than 16 hours prior to the test. Smoking is prohibited during the test. All blood specimens should be collected in green or PST tubes. Separate plasma. Avoid hemolysis. Collect a fasting blood glucose specimen. Label specimen - "FASTING".

Administer glucose solution with the following dosage:

1. Non-pregnant adults over 100 lbs: 75 gms (7.5 oz of a 100 gram glucose tolerance beverage)
2. Children: Use the chart provided on page A13 for assistance:
 - a. Body Wt. (kg) * 0.175 oz = # of oz of glucose tolerance beverage
 - b. Note: (1 lb = 0.45 kg)

Collect a Fasting and 2 hours blood specimens, timing collection from completion of drinking glucose solution. Label all specimens appropriately, including the hour of collection. All specimens should be sent at the same time

Reference Range:

The National Diabetes Data Group and American Diabetes Association recommend diagnosing diabetes mellitus under any of the following three circumstances (with confirmation on another day):

1. When the fasting plasma glucose exceeds 125 mg/dL (preferred criteria).
2. The 2 hour value on a glucose tolerance test is equal to or greater than 200 mg/dL.
3. Any random glucose measurement is >199 mg/dL associated with symptoms of diabetes.

Glucose tolerance results for nonpregnant adults are as follows:

<u>Fasting Specimen:</u>	Normal	<100 mg/dL
	Borderline (Impaired fasting glucose)	110 - 125 mg/dL
	Abnormal (Diabetes)	>125 mg/dL
<u>Two Hour Specimen:</u>	Normal	<140 mg/dL
	Borderline (Impaired fasting glucose)	140-199 mg/dL
	Abnormal (Diabetes)	>199 mg/dL

Diabetes in Children:

The diagnosis of diabetes in children is established by the same criteria as in adults. In children, this is usually the presence of classical symptoms and random plasma glucose over 200 mg/dL. Glucose tolerance testing in children is done only when there are clear indications.

The oral GTT is performed in the same way and under the same standardized conditions used in the adult. The dose of glucose is 0.175 oz. (1.75 g Dextrose) per Kilogram of ideal body weight up to 7.5 oz (75 g Dextrose).

Report Time:	24 Hours
Day(s) Set Up:	Monday through Sunday
CPT Code(s):	82951 (3 specimens + Glucose Dose) 82952 (each additional specimen)