


(effective on February 6, 2023)


[illegible]

1	Complement C2			
	Test Code : 8616004 - Laboratory Services			
	Methodology : RIA - Performed : Tue 08:00 - Reported : 21 days			
	Specimen Type	Container	Volume	Transport
	Serum	Separator Tube	0,3mL	<0°C

2	Nitisinone			
	Test Code : 8403004 - Laboratory Services			
	Methodology : LC-MS/MS - Performed : Thu 08:00 - Reported : Fri 18:00			
	Specimen Type	Container	Volume	Transport
	Capillary Blood	Filter Paper		18-24°C

3	Acetaminophen (Paracetamol)			
	Test Code : 8200301 - Laboratory Services			
	Methodology : LC-MS/MS - Performed : Mon 12:00 Fri 12:00 - Reported : Tue 18:00 Sat 18:00			
	Specimen Type	Container	Volume	Transport
	Serum	Plain Tube	0,3mL	2-8°C

4	Coombs, Indirect			
	Test Code : 8688501 - Laboratory Services			
	Methodology : GEL CENTRIFUGATION - Performed : Mon 12:00 Wed 12:00 - Reported : Tue 18:00 Thu 18:00			
	Specimen Type	Container	Volume	Transport
	Serum and Whole Blood (EDTA)	Separator + Lavander	4mL	18-24°C
	Whole Blood	Lavender (EDTA)		
	Additional Information 			
	<p>Serum and Whole Blood (EDTA)</p> <p>It is necessary to know whether there is a pregnancy in the individual to be tested, if pregnancy is available, the week of pregnancy, whether the Anti-D vaccine has been given, if it has been done, the date of the pregnancy, the blood group result and whether transfusion / transplantation has been performed. Immunohematology Tests Information Form must be filled in completely and sent by the physician as stamped/signed with the sample.</p>			

5	Coombs, Indirect-Titrimetric			
	Test Code : 8688502 - Laboratory Services			
	Methodology : GEL CENTRIFUGATION - Performed : Mon 12:00 Wed 12:00 - Reported : Tue 18:00 Thu 18:00			
	Specimen Type	Container	Volume	Transport
	Serum and Whole Blood (EDTA)	Separator + Lavander	4mL	18-24°C
	Additional Information 			
	<p>Serum and Whole Blood (EDTA)</p> <p>It is necessary to know whether there is a pregnancy in the individual to be tested, if pregnancy is available, the week of pregnancy, whether the Anti-D vaccine has been given, if it has been done, the date of the pregnancy, the blood group result and whether transfusion / transplantation has been performed. Immunohematology Tests Information Form must be filled in completely and sent by the physician as stamped/signed with the sample.</p>			

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Antibody Identification (11 Antibodies)

Test Code : **8687001** - Laboratory ServicesMethodology : **GEL CENTRIFUGATION** - Performed : **Mon 08:00 Wed 08:00** - Reported : **Tue 18:00 Thu 18:00**

Specimen Type	Container	Volume	Transport
Serum and Whole Blood (EDTA)	Separator + Lavander	10mL	18-24°C

Additional Information

Serum and Whole Blood (EDTA)

Whole Blood (EDTA) Immunohematology Tests Information Form must be filled in completely and sent by the physician as stamped/signed with the sample.

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Cold Agglutinin

Test Code : **8615701** - Laboratory ServicesMethodology : **GEL CENTRIFUGATION** - Performed : **Mon-Fri 12:00** - Reported : **Mon-Fri 18:00**


Specimen Type	Container	Volume	Transport
Serum and Whole Blood (EDTA)	Separator + Lavander	4mL	2-8°C
Whole Blood	Lavender (EDTA)		

Additional Information

Serum and Whole Blood (EDTA)

Immunohematology Tests Information Form must be filled in completely and sent by the physician as stamped/signed with the sample.

8	Cold Agglutinin (Titer)			
	Test Code : 8615702 - Laboratory Services			
	Methodology : GEL CENTRIFUGATION - Performed : Mon-Fri 12:00 - Reported : Mon-Fri 18:00			
	Specimen Type	Container	Volume	Transport
	Serum and Whole Blood (EDTA)	Separator + Lavander	4mL	2-8°C
Additional Information 				
Serum and Whole Blood (EDTA) Immunohematology Tests Information Form must be filled in completely and sent by the physician as stamped/signed with the sample.				

9	Preeclampsia sFlt-1/PlGF ratio			
	Test Code : 8742503 - Laboratory Services			
	Methodology : ECLIA - Performed : Tue 08:00 - Reported : 1 week			
	Specimen Type	Container	Volume	Transport
	Serum	Separator Tube	1mL	<0°C
Clinical Information 				
Preeclampsia is a serious complication of pregnancy characterized by hypertension and proteinuria after 20 weeks of gestation. Preeclampsia occurs in 3-5 % of pregnancies and results in substantial maternal and fetal or neonatal mortality and morbidity. Circulating levels of PlGF and sFlt 1 can discriminate normal pregnancy from preeclampsia even before clinical symptoms occur. In women who develop preeclampsia, sFlt 1 levels have been found to be higher and PlGF levels have been found to be lower than in normal pregnancy. The ratio of sFlt 1 to PlGF has been shown to be a better predictor of preeclampsia than either measure alone.				

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