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## SPECIMEN INSTRUCTIONS

A	Arterial blood in a heparinized syringe. Expel air.	\$	Stool specimen in wide-mouth screw cap container, 1/2 full. ("urine specimen container")
B	CITRATE. Tube must be full (blue stopper)		
F	FLUORIDE tube (grey stopper)	U	25 ml random urine specimen
G	SST GEL tube (gold stopper)	U◇	24hr urine collection without preservative
H	HEPARIN Lithium tube (green stopper)	U◇	24hr urine collection with preservative
P	EDTA (purple stopper)	☎	Arrange with Laboratory
R	NO GEL Plain tube (red stopper)	*	On ice (refer patient to nearest depot)
K	Capillary blood	☾	Protect against light (wrap in foil)
S	Stool specimen	⌚	Take specimen immediately before next dose.
6MLP	6ML EDTA tube		

CHEMISTRY	ENDOCRINOLOGY	HAEMATOLOGY	SEROLOGY
<b>RENAL / ELECTROLYTES / BONE</b>	<b>ENDOCRINE - THYROID</b>	<b>GENERAL</b>	<b>AUTO-IMMUNE</b>
G <input type="checkbox"/> U&E, CREAT	G <input type="checkbox"/> TSH	6MLPGPR <input type="checkbox"/> ANTENATAL SCREEN	GP <input type="checkbox"/> ARTHRITIS SCREEN
G <input type="checkbox"/> ELECTROLYTES	G <input type="checkbox"/> FREE T4	6MLPGGPR <input type="checkbox"/> ANTENATAL SCREEN + HIV	GP <input type="checkbox"/> AUTO-IMMUNE SCREEN
G <input type="checkbox"/> SODIUM	G <input type="checkbox"/> FREE T3	P <input type="checkbox"/> FBC	G <input type="checkbox"/> ANF + ANTI DNA
G <input type="checkbox"/> POTASSIUM	G <input type="checkbox"/> THYROID FUNCTIONS (TSH / FT4)	P <input type="checkbox"/> ESR	G <input type="checkbox"/> RHEUMATOID FACTOR
G <input type="checkbox"/> UREA	G <input type="checkbox"/> THYROID ANTIBODIES	P <input type="checkbox"/> HAEMOGLOBIN	G <input type="checkbox"/> ENA
G <input type="checkbox"/> CREATININE	G <input type="checkbox"/> TSH RECEPTOR ANTIBODIES	P <input type="checkbox"/> WBC + DIFF COUNT	G <input type="checkbox"/> CARDIOLIPIN Ab (Lupus anticoagulant)
UG◇ <input type="checkbox"/> CREATININE CLEARANCE	P <input type="checkbox"/> PTH	P <input type="checkbox"/> RETICULOCYTES	
U◇ <input type="checkbox"/> PROTEIN (24hr urine)	<b>ENDOCRINE - REPRODUCTIVE</b>	G <input type="checkbox"/> IRON STUDIES	<b>INFECTIVE</b>
G <input type="checkbox"/> URIC ACID	G <input type="checkbox"/> MENOPAUSAL SCREEN	G <input type="checkbox"/> FERRITIN	G <input type="checkbox"/> ASOT
U◇ <input type="checkbox"/> URIC ACID (24hr urine)	GG <input type="checkbox"/> HIRSUTISM SCREEN	GP <input type="checkbox"/> FOLATE (serum / rbc)	G <input type="checkbox"/> ANTI-DNAse B
G <input type="checkbox"/> MAGNESIUM	G <input type="checkbox"/> MENSTRUAL IRREGULARITY (Rest 15 mins)	G <input type="checkbox"/> VIT B12	G <input type="checkbox"/> BILHARZIA (Elisa)
G <input type="checkbox"/> CALCIUM (serum - no cuff)	G <input type="checkbox"/> OVULATORY PROFILE (day 21) (rest 15 mins)	P <input type="checkbox"/> Hb ELECTROPHORESIS (sickling)	G <input type="checkbox"/> CMV
G <input type="checkbox"/> PHOSPHATE (serum)	GG <input type="checkbox"/> INFERTILITY (female day 3) (rest 15 mins)	R <input type="checkbox"/> ABO / RH (Blood Grouping)	G <input type="checkbox"/> EBV SEROLOGY
U◇ <input type="checkbox"/> CALCIUM / PHOSPHATE (24hr urine)	G <input type="checkbox"/> INFERTILITY (male) (rest 15 mins)	P <input type="checkbox"/> COOMBS TEST (DIRECT)	G <input type="checkbox"/> MONOSPOT
U◇* <input type="checkbox"/> DEOXYPYRIDINOLINE (urine)	G <input type="checkbox"/> FREE ANDROGEN INDEX	6MLP <input type="checkbox"/> COOMBS TEST (INDIRECT)	G <input type="checkbox"/> H PYLORI (stool antigen)
G <input type="checkbox"/> CALCULUS ANALYSIS	G <input type="checkbox"/> GALACTORRHOEA SCREEN (rest 15 mins)	P <input type="checkbox"/> MALARIA (QBC)	G <input type="checkbox"/> H PYLORI (serum)
<b>LIVER / PANCREAS</b>	<b>SEMEN ANALYSIS</b>	<b>COAGULATION</b>	G <input type="checkbox"/> RUBELLA IgM
G <input type="checkbox"/> LFT	G <input type="checkbox"/> β-HCG quantitative	BP <input type="checkbox"/> BLEEDING TENDENCY SCREEN	G <input type="checkbox"/> CMV
G <input type="checkbox"/> LFT + PROTEINS	G <input type="checkbox"/> PROLACTIN (rest 15 minutes)	☎ <input type="checkbox"/> BLEEDING TIME	G <input type="checkbox"/> EBV SEROLOGY
G <input type="checkbox"/> PROT ELECTROPH (Incl. myeloma)	G <input type="checkbox"/> FSH	B <input type="checkbox"/> PT+INR	G <input type="checkbox"/> MONOSPOT
G <input type="checkbox"/> PROTEIN TOTAL / ALBUMIN	G <input type="checkbox"/> LH	B <input type="checkbox"/> PTT	S <input type="checkbox"/> H PYLORI (stool antigen)
G <input type="checkbox"/> BILIRUBIN (total, conj)	G <input type="checkbox"/> OESTRADIOL (E <sub>2</sub> )	BP <input type="checkbox"/> DIC SCREEN	G <input type="checkbox"/> H PYLORI (serum)
G <input type="checkbox"/> ALP	G <input type="checkbox"/> PROGESTERONE (Ovulation day 21)		G <input type="checkbox"/> RUBELLA IgM
G <input type="checkbox"/> GGT	G <input type="checkbox"/> 17-OH PROGESTERONE	<b>ALLERGY</b>	G <input type="checkbox"/> RUBELLA IMMUNITY (IgG only)
G <input type="checkbox"/> AST	G <input type="checkbox"/> DHEA-S	G <input type="checkbox"/> IgE Total	G <input type="checkbox"/> TOXOPLASMA IgM
G <input type="checkbox"/> ALT	G <input type="checkbox"/> TESTOSTERONE	G <input type="checkbox"/> PAEDIATRIC FOOD SCREEN	G <input type="checkbox"/> CHLAMYDIA PCR (urine)
G <input type="checkbox"/> CARBOHYDRATE DEFICIENT TRANSFERRIN	<b>HYPERTENSION / OTHER ENDOCRINE</b>	G <input type="checkbox"/> ADULT FOOD SCREEN	G <input type="checkbox"/> HERPES SIMPLEX I & II (IgM/IgG)
G <input type="checkbox"/> AMYLASE	U◇ <input type="checkbox"/> METANEPHRINES 24hr urine (pho)	G <input type="checkbox"/> PHADIATOP (Inhalents)	G <input type="checkbox"/> RPR / VDRL
U <input type="checkbox"/> AMYLASE (urine random)	U◇ <input type="checkbox"/> 5-HIAA 24hr urine (carcinoid)	Other ALLERGIES please specify under OTHER TESTS	G <input type="checkbox"/> RICKETTSIA
G <input type="checkbox"/> LIPASE	PG <input type="checkbox"/> RENIN / ALDOSTERONE	<b>DRUGS</b>	G <input type="checkbox"/> WIDAL
G <input type="checkbox"/> CHOLINESTERASE (PSEUDO)	G <input type="checkbox"/> CORTISOL (serum)	<b>DRUG SCREEN</b>	G <input type="checkbox"/> T. PALLIDUM ELISA
<b>CARDIAC / MUSCLE</b>	U◇ <input type="checkbox"/> CORTISOL (24hr urine)	U <input type="checkbox"/> OPIATES	GG <input type="checkbox"/> TORCH SCREEN
H <input type="checkbox"/> CARDIAC MARKERS	☎G <input type="checkbox"/> DEXAMETHAZONE SUPPRESSION	U <input type="checkbox"/> COCAINE	PGS <input type="checkbox"/> FEBRILE / PUO (+ Blood Culture)
H <input type="checkbox"/> MYOGLOBIN	G <input type="checkbox"/> GROWTH HORMONE	U <input type="checkbox"/> CANNABIS	<b>HEPATITIS TESTS</b>
H <input type="checkbox"/> CK-MB MASS	G <input type="checkbox"/> PITUITARY SCREEN (Rest 15 mins)	U <input type="checkbox"/> DRUGS OF ABUSE (amphetamine, barbiturate, benzodiazepine, cannabis, cocaine, mandrax, opiates, methadone, phencyclidine)	G <input type="checkbox"/> Hep A
H <input type="checkbox"/> TROPONIN I	<b>TUMOUR MARKERS</b>	Please specify individual or other drugs under OTHER TESTS	G <input type="checkbox"/> Hep B (s Ag)
G <input type="checkbox"/> CK	G <input type="checkbox"/> PSA	<b>DRUG MONITORING</b>	G <input type="checkbox"/> Hep C
<b>LIPIDS / CAD RISK</b>	G <input type="checkbox"/> CEA (G.I.T., lung, breast)	G <input type="checkbox"/> GENTAMICIN G <input type="checkbox"/> POST	G <input type="checkbox"/> ACUTE HEPATITIS SCREEN (Hep A IgM + Hep B sAg + Hep Bc IgM)
G <input type="checkbox"/> LIPOGRAM	G <input type="checkbox"/> CA 19-9 (G.I.T., pancreas)	G <input type="checkbox"/> CARBAMAZEPINE	G <input type="checkbox"/> CHRONIC SCREEN (Hep B sAg, Hep B cAb, Hep B sAb, HCV Ab)
G <input type="checkbox"/> CHOLESTEROL	G <input type="checkbox"/> CA 125 (ovary)	G <input type="checkbox"/> DIGOXIN	<b>HIV TESTS</b>
P* <input type="checkbox"/> HOMOCYSTEINE	G <input type="checkbox"/> CA 15-3 (breast)	G <input type="checkbox"/> LITHIUM	G <input type="checkbox"/> HIV Ab1 + 2 Antibodies
G <input type="checkbox"/> ULTRASENSITIVE CRP	G <input type="checkbox"/> AFP	G <input type="checkbox"/> PHENYTOIN	G <input type="checkbox"/> HIV 1 & 2 WESTERN BLOT (confirmation)
<b>DIABETES</b>	U <input type="checkbox"/> BENICE-JONES PROT (urine)	G <input type="checkbox"/> SODIUM VALPROATE	P <input type="checkbox"/> CD4,8
F <input type="checkbox"/> GLUCOSE fasting F 1045 <input type="checkbox"/> Random	G <input type="checkbox"/> β2-MICROGLOBULIN	P <input type="checkbox"/> CYCLOSPORIN	P <input type="checkbox"/> HIV 1 PCR quantitative
F <input type="checkbox"/> GLUCOSE 2 hr post prandial	S <input type="checkbox"/> OCCULT BLOOD (faeces)	Please specify OTHER DRUGS under OTHER TESTS	PP <input type="checkbox"/> HIV 1 VIRAL LOAD (baseline)
☎ <input type="checkbox"/> GLUCOSE TOLERANCE TEST (2hrs)			
☎ <input type="checkbox"/> GLUCOSE TOLERANCE PREGNANCY			
P <input type="checkbox"/> HBA1C			
<input type="checkbox"/> C-PEPTIDE			
<input type="checkbox"/> ISLET CELL ANTIBODIES			
U <input type="checkbox"/> MICROALBUMIN (urine / quantitative)			
<b>INFLAMMATION / IMMUNE</b>			
G <input type="checkbox"/> CRP			
G <input type="checkbox"/> COMPLEMENT C3/C4			
G <input type="checkbox"/> IgG, IgA, IgM			
G+CSF <input type="checkbox"/> OLIGOCLONAL BANDS (csf, blood)			