FLEXILAB Labeling Guide

REQUISITION LABEL

GA NUMBER →
SSN / PATIENT ID NUMBER →
PHYSICIAN / CLIENT →
GA BARCODE FOR BILLING →
FL# AND TEST CODES →

```
233981      MOUSE, MICKEY
1346500932 ST JOHNS HOSP/H
ST JOHNS HEALT 11/11 08:00
H11066:1TV,ANA,B12FOL,CD4,
COXB,GLUG,PELP,STONEB,    &
```

← PATIENT'S NAME
← ORDERING FACILITY
← COLLECTION DATE / TIME

```
233981         CONTINUATION
1346500932 ST JOHNS HOSP/H
TESTFR,URICUQ
```

COLLECTION LABEL

INPUT SITE ↓

SSN / PATIENT ID NUMBER →
PATIENT'S NAME →
COLLECTION DATE / TIME →
FL BARCODE FOR TESTING →
TEST CODES →

```
1346500932   P10   H11066
MOUSE, MICKEY      75Y M H
11/11 0800    1 PLN RED
B12FOL
```

← FL#
← PATIENT'S AGE / SEX / SPECIES
← TUBE TYPE

ALIQUOT LABEL

INPUT SITE ↓

SSN / PATIENT ID NUMBER →
PATIENT'S NAME →
COLLECTION DATE / TIME →
FL BARCODE FOR TESTING →
TEST CODES →

```
1346500932   P10   H11066
MOUSE, MICKEY      75Y M H
11/11 0800    FZFF
B12FOL              &
                  *ALIQ*
```

← FL#
← PATIENT'S AGE / SEX / SPECIES
← ALIQUOT CODE*
← INDICATES ALIQUOT

Primary or Requisition Labels

```
244919       MOUSE,MICKEY
1350400003 INCYTE PATHOLOG
ALLERDING MD,   12/20 10:00
M7429:BTB,BUN,CARB,CL,CO2,
CRE,DIG,DIL,FT4,GLU,K,NA,&
```

```
244919         CONTINUATION
1350400003 INCYTE PATHOLOG
PSA,TSH
```

Collection Labels

```
1350400003   P10    M7429
MOUSE,MICKEY        76Y M H
12/20 1000    3 SST
BTB,BUN,CARB,CL,CO2
CRE,DIG,DIL,FT4,GLU &
```

```
1350400003   P10    M7429
MOUSE,MICKEY        76Y M H
12/20 1000    3 SST
K,NA,PSA,TSH
                    *CONT*
```

```
1350400003   P10    M7429
MOUSE,MICKEY        76Y M H
12/20 1000    3 SST
BTB,BUN,CARB,CL,CO2
CRE,DIG,DIL,FT4,GLU *CONT*
```

```
1350400003   P10    M7429
MOUSE,MICKEY        76Y M H
12/20 1000    3 SST
K,NA,PSA,TSH
                    *CONT*
```

```
1350400003   P10    M7429
MOUSE,MICKEY        76Y M H
12/20 1000    3 SST
BTB,BUN,CARB,CL,CO2
CRE,DIG,DIL,FT4,GLU *CONT*
```

```
1350400003   P10    M7429
MOUSE,MICKEY        76Y M H
12/20 1000    3 SST
K,NA,PSA,TSH
                    *CONT*
```

Aliquot Labels

```
1350400003   P10    M7429
MOUSE,MICKEY        76Y M H
12/20 1000    FGKX
BTB,BUN,CARB,CL,CO2 &
CRE,DIG,DIL,FT4,GLU *ALIQ*
```

```
1350400003   P10    M7429
MOUSE,MICKEY        76Y M H
12/20 1000    FGKX
K,NA,PSA,TSH        *CONT*
                    *ALIQ*
```

Reminders

- Use PAML provided 4 mL transport tubes, with the following exceptions:
  - **CO2**, **EP**, **RENALA**, **CMPA**, **BMPA**, and **ICAL** must be left capped in original vacutainer.
  - **Whole blood** specimens must be in original tube.
- Use the *aliquot labels* indicated with an ampersand (&) above ***ALIQ***, and do not use the continuation labels indicated with *CONT* above ***ALIQ***.
- Place aliquot labels on tube with the patient's last name at the top of the tube.
- Place aliquot labels over the manufacturer's label or white writing space on the tube.
- The first two letters of the 4 or 6 aliquot code (found only on the ***ALIQ*** labels) identify the storage temperature.* (The remaining letters are for PAML use only to indicate testing bench.):

  FG = refrigerated
  FZ = frozen
  RT = room temperature
- PRS, PRS4 ,FRAGX, CONN26, SSMA, RRETT and Cystic Fibrosis testing require additional information to accompany the specimen.