

B**B1, B6 & B12**

See VITAMINS

BARBITURATES

See DRUGS of ABUSE

BARMAH FOREST VIRUS ANTIBODY (BFV) IGG + IGMSpecimen required: **Serum (1 x SST)**

Department: Serology

Indications: May include fever, rash, acute arthritis/arthritis, myalgia and fatigue.

Results: Reported as Detected / Not Detected with appropriate interpretative comments.

BARTONELLA ANTIBODIES

See CAT SCRATCH

B-CELLS

See IMMUNOPHENOTYPING

BCR – ABLSpecimen required: **4 x 4ml EDTA or 2 x ACD or Bone Marrow**

Department: Referred test TRANSPORT WITHIN 24 HOURS TO RPH (store at room temperature), and before 3.00pm on Fridays. No weekend specimens accepted.

Comment: Positive in Chronic Myeloid Leukaemia

BENCE JONES PROTEIN (BJP)

See URINE ELECTROPHORESIS

BENZODIAZEPINES

See DRUGS of ABUSE

BETA CAROTENE

See CAROTENE

BETA HCG & QUANTITATIVE BETA HCG

See Human Chorionic Gonadotrophin

BETA-2 GLYCOPROTEIN 1 ANTIBODIESSpecimen required: **Serum (1 x SST)**

Department: Referred test

Comment: Additional test when the ACLA titre is high.

BETA-2 MICROGLOBULINSpecimen required: **Serum (1 x SST) or spot urine if specifically requested**

Department: Biochemistry

Reference range: 0.60 - 2.37 mg/L

Interpretation: HIGH - Renal failure, liver disease, malignant disease, immune disorders.

Comment: Can be used to monitor glomerular filtration in renal disease.

In lymphoma and myeloma, levels are related to tumour load and disease activity.

BK VIRUS

Specimen required: **Urine for cytology (see cytology)
PCR (urine)**

Department: Cytology/ Referred test

Comment: One of the polyoma viruses, can cause ureteric pain and obstruction. May be seen in urine cytology specimens especially from renal transplant patients.

BLEEDING TIME

TEST NO LONGER PERFORMED. REPLACED BY PLATELET FUNCTION TEST

BLOOD CULTURES

Specimen required: **10 mL of blood** inoculated aseptically into each of one aerobic and one anaerobic *Bactec* blood culture bottle.

Note the level of fluid in the bottle and ensure that no more than 10ml of blood is drawn into the bottle.

It is preferable that at least three blood culture sets be collected on separate occasions preferably during the fever spikes. Two at initial presentation taken from different arms, ten minutes apart, and a third at ½ hour to 1 hour later or arrange for domiciliary collection at home. These need to be sent to the Laboratory immediately. Collection is preferable prior to any antibiotic treatment.

DO NOT Refrigerate and ALWAYS treat as URGENT

Department: Microbiology

Note: Blood culture sets are available from the Laboratory on request and must be stored at room temperature. **Special blood culture bottles are available for AFB/TB from Microbiology.**

Comment: Positive results are reported immediately growth is detected. Negative reports are issued after 2 days incubation.

BLOOD GROUPING

Specimen required: **1 x EDTA**

Department: Haematology

Results: Blood samples are grouped for ABO and Rh(D) antigens routinely.

Note: **Specimen must be labelled with FULL NAME and Date of Birth**

BLOOD SUGAR LEVEL (BSL)

See GLUCOSE and/or GLUCOSE TOLERANCE TEST

BNP

See Brain Natriuretic Peptide

BONE MARROW / BONE TREPINE

Specimen Required: **By arrangement with Haematologist.**

Department: Haematology

Note: **Bone marrow for AFB/TB see Tuberculosis**

BORDETELLA CULTURE / PCR (WHOOPING COUGH)

See POST NASAL ASPIRATE

BORDETELLA PERTUSSIS SEROLOGY (WHOOPING COUGH)

Specimen required: **(1) Serum (1 x SST) IgA
(2) PNA IgA, only if enough specimen >1ml**

Department: Referred test

Comment: For acute symptomatic Pertussis, culture/PCR via PNA is optimal and nasal IgA via PMH
For chronic symptomatic Pertussis, blood serology may be preferred.
Also see postnasal aspirate

BORRELIA BURGENDORFERI SEROLOGY (LYME DISEASE SEROLOGY)

Specimen required: **Serum (1 x SST)**. Please record any overseas travel history for the past six months.
Department: Referred test
Indications: May include distinctive skin lesions (Erythema chronicum migrans), headache, neck stiffness, myalgia, arthralgia, malaise and fatigue. Consider also RRV, BFV and EBV.
Comment: There is no evidence that Lyme disease is present in Australia.
Lyme disease is endemic in parts of USA and Europe and requests for Lyme serology may suggest recent travel to these areas. Supplementary test is immunoblot; follow up tests may be needed.

BOTULISM

Specimen required: **Stool sample**
Department: Microbiology
Note: PCR and Toxin assays available as referred tests. Please discuss with Clinical Microbiologist before requesting.
Comment: Toxin from Clostridium Botulinum causing paralysis (Same toxin used in Botox injections)

BOWEL / COLON / RECTUM TUMOUR MARKERS

See CA19-9, CARCINO EMBRYONIC ANTIGEN (CEA)

BRAIN NATRIURETIC PEPTIDE

Specimen required: **Serum (1 x SST)**
Department: Referred
Reference Range: As stated on report

BRCA 1&2 (BREAST CANCER GENE STUDIES)

Referring doctors must discuss this test with a Geneticist at PMH (ph 9340 1603) before proceeding.
Specimen required: 1 x EDTA and 1 x Hep No Gel
Also see: Genetic Disorders

BREAST TUMOUR MARKERS

See CA15-3 and CARCINO EMBRYONIC ANTIGEN (CEA)

BREATH TEST

See HELICOBACTER BREATH TEST

BRUCELLA SEROLOGY

Specimen required: **Serum (1 x SST)**
Department: Referred test
Symptoms: Septicaemia and/or localised infections of bone, tissue or organ systems. It is associated with exposure to animals or animal products. Can occur in travellers who may have been exposed to unpasteurised food products.
Note: **Blood cultures could be considered in acute brucellosis and the Laboratory should be notified of this possible diagnosis to avoid laboratory staff acquired brucellosis infection.**

BURKHOLDERIA PSEUDOMALLEI SEROLOGY (MELIODOSIS)

Specimen required: **Serum (1 x SST)**
Department: Referred test
Note: **Acute infection requires blood cultures x3**
Comment: Endemic in Australian top end and in travelers to SE Asia