

I

IGE

Specimen required: **Serum (1 x SST)**
 Department: Biochemistry
 Reference range: < 25 kU/L 84% population non atopic
 > 100 kU/L 78% population atopic
 Interpretation: HIGH - Allergy, atopic eczema. RAST tests done in conjunction can help pinpoint specific allergens. Other causes of an increased serum IgE level include parasite infestations, chronic bronchopulmonary fungal disease and some immunodeficiency syndromes.

IGF-1

See INSULIN LIKE GROWTH FACTOR 1

IGG SUBCLASSES

Specimen required: **Serum (1 x SST)**
 Department: Referred test
 Reference range: As stated on report
 Different ranges apply to children. Age must be specified.

IL-6

See INTERLEUKIN 6

IMIPRAMINE (TOFRANIL)

Specimen required: **Serum (1 x SST) Collect PRE-DOSE sample (Trough).**
 Department: Referred
 Reference range: As stated on report
 Toxic levels at greater than 500ug/L.
 Peak Level: 1 - 2 hours after oral dose
 Half Life: 9 - 24 hours.

IMMUNOFIXATION (IFE)

Specimen required: **Serum (1 x SST)**
 Department: Biochemistry
 Reference range: Not applicable.
 Comment: If an abnormal band is detected in the QEP, the band(s) should be confirmed and typed using I.F.E.

IMMUNOFLUORESCENT SKIN BIOPSY

Specimen required: **Contact Laboratory 24 hours before collection to organise solutions**
 Department: Immunology
 Note: Useful for specific inflammatory skin conditions e.g. Suspected Lupus and Bullous pemphigus

IMMUNOGLOBULINS (IGA, IGG, IGM)

Specimen required: **Serum (1 x SST)**
 Department: Biochemistry
 Reference range: IgA 0.7 - 4.0 g/L adults
 IgG 7.0 - 16.0 g/L adults
 IgM 0.4 - 2.3 g/L adults
 Interpretation: Low Levels: Often associated with primary or acquired immunodeficiency syndromes.
 High Levels: (i) Polyclonal. Infections, liver disease etc
 (ii) Monoclonal. Myeloma, Lymphoma, Macroglobulinaemia

IMMUNOPHENOTYPING (IPT1 / IPT2 / IPT2A)

Specimen required:	1 x ACD/CPDA blood (Pale yellow top) and 1 x EDTA
Department:	Haematology
Comment:	Includes requests for CD4/CD8 RATIO, NK CELLS, LYMPHOCYTE SURFACE MARKERS, T-CELLS & SUBSETS, B CELLS, CD MARKERS and LYMPHOCYTE ACTIVATION MARKERS CD3 * - Circulating T cells CD4 * - T Helper cells CD8 * - T Suppressor cells CD5&/orCD56 - Mature T cells, B cells subset, thymocytes CD16 - NK Cells CD19 - B cells, precursor B cells CD20 - B cells, precursor B cell subset HLA DR+ - B cells, activated T cells Kappa / Lambda light chains * Reported as a percentage of total lymphocytes as well as absolute values where indicated.
	For immunological assessment CD3, 4, 8, 16, 56 and 19 are performed. A CD 4/8 Ratio is calculated. For investigation of lymphocytic leukaemia, chronic lymphoma or chronic lymphocytosis, the additional markers CD5, 20 and HLA DR+ are performed. Kappa/Lambda studies performed as required.
Reference range:	As reported. Haematologist comment where relevant
Note:	For other immunophenotyping - 5 ml of EDTA blood is required (referred to RPH Immunology Department).

IM SCREEN (INFECTIOUS MONONUCLEOSIS SCREEN)

Specimen required:	1 x EDTA or 1 x SST
Department:	Haematology
Reference range:	Negative.
Note:	This test may be negative in children with EBV infection. Specific EBV serology (IgG & IgM) is also available. See EBV SEROLOGY

INFLUENZA PCR

Specimen required:	Throat and/or anterior nasal dry swab (no transport media)
Department:	Referred test
See also:	VIRUS DETECTION
Comment:	Viral transport media should be used if viral culture is required

INFLUENZA (RAPID TEST)

Specimen required:	Nasal swab x2 at height of catarrhal symptoms, within one-two days of symptoms only PNA may also be used
Department:	Microbiology (Kit used Quickvu)
Note:	Specimens need to be sent to the Laboratory within 2-4 hours so that rapid results will be meaningful. For patients with suspected bird flu , please notify the microbiologist prior to testing as special requirements are needed. Although a negative result on a rapid influenza test does not rule out influenza, it does indicate that the patient is no longer likely to respond to specific anti-viral medications which are best started within 1-2 days of influenza.
Comment:	Rapid identification of Influenza virus enables patient to be commenced on appropriate anti-viral agents now available Zanamivir (Relenza) and Oseltamivir (Tamiflu).
See also:	RESPIRATORY VIRUS DETECTION

INFLUENZA SEROLOGY

Specimen required:	Serum (1 x SST)
Department:	Referred test
Indications:	May include fever, fatigue, headache, myalgia and pneumonia. Consider also Mycoplasma, Bordetella, and Chlamydia, Legionella, other bacterial pneumonias and respiratory viruses.
See also:	RESPIRATORY VIRUS DETECTION

INFLUENZA VIRUS IMMUNOFLUORESCENCE

See RESPIRATORY VIRUS IMMUNOFLUORESCENCE

I N R (INTERNATIONAL NORMALISED RATIO)

See PROTHROMBIN TIME

INSULIN

Specimen required: **Serum (1 x SST) – Fluoride Oxalate NOT suitable. Patient must be fasting**
Department: Biochemistry
Reference range: Fasting - < 20 mU/L
Note: Performed as a FASTING test together with a Glucose assay. Hyperinsulinaemia is associated with insulin Type 2 Diabetes mellitus, PCOS and metabolic syndrome.

INSULIN ANTIBODIES

Specimen required: **Serum (1 x SST). Patient must be fasting. Spin and freeze ASAP**
Department: Referred test

INSULIN LIKE GROWTH FACTOR 1 (IGF-1)

Specimen required: **Serum (1 x SST) – Separate and freeze as soon as possible after collection**
Department: Biochemistry
Note: **If collected with Growth hormone, patient needs to be Fasting, and resting for ~30 min.**

INSULIN LIKE GROWTH FACTOR BP-3 (IGF-BP3)

Specimen Required: **Serum (1 x SST) - Freeze as soon as possible (urgent courier NOT required). Patient needs to be fasting, and resting for ~30 min.**
Department: Referred test

INSULIN RESISTANCE

Specimen required: **Serum (1 x SST) & Glucose tube (Oxalate) – MUST BE FASTING**
Department: Biochemistry
Reference range: Glucose / Insulin Ratio > 10

INTERLEUKIN 6

Specimen required: **Serum (1 x SST) - Refrigerate**
Department: Referred test
Note: No medicare rebate is available for this test. Please contact Duty manager for current cost if required.

INTRINSIC FACTOR ANTIBODIES

Specimen required: **Serum (1 x SST)**
Department: Referred test

INTRAVENOUS CATHETER TIP CULTURE

Specimen required: **Cut off tip with sterile scissors and place in sterile yellow topped jar**
Department: Microbiology

IODINE LEVELS

Specimen required: **Spot urine or 24 hour urine (no preservative)**
Department: Referred test

IONISED CALCIUM

See CALCIUM (IONISED)

IPT1 OR IPT2/IPT2A

See IMMUNOPHENOTYPING

IRON (FE)

Specimen required: **Serum (1 x SST)**

Department: Biochemistry

Reference range: Males: 8.1 – 28.6 umol/L

Females: 5.4 – 28.6 umol/L

Interpretation: LOW - Iron deficiency anaemia, acute and chronic disease states, diurnal variation

HIGH - Iron therapy, haemochromatosis, and liver disease

IRON STUDIES (IS)

Specimen required: **Serum (1 x SST)**

Department: Biochemistry

Tests include: SERUM IRON, TRANSFERRIN, SATURATION (%), FERRITIN.

ISLET CELL ANTIBODIES

Specimen required: **Serum (1 x SST)**

Department: Referred test