

L

LACTATE

Specimen required: **1 x Fluoride Oxalate**
Routine test: Special processing no longer required
Department: Biochemistry
Reference range: 0.5 - 2.2 mmol/L, at rest

LACTATE DEHYDROGENASE (LDH)

Specimen required: **Serum (1 x SST)**
Department: Biochemistry
Reference range: < 240 U/L
Interpretation: HIGH - Myocardial infarction (late stage), muscle damage, liver disease
(especially hepatocellular)
FALSE HIGH - Haemolysed blood specimen.

LACTIC ACID

See LACTATE

LACTOSE TOLERANCE TEST

Specimens required: **1 x Fluoride oxalate (glucose) tube collected:**
At fasting, 1/2 hour, 1 hour and 2 hours post Lactose load.
Load: Contact Duty Manager for lactose load. (*50gms load for adults or 1 gm/kg body weight for children*).
Department: Biochemistry
Reference range: A rise in blood glucose of >1.7 mmol/L above fasting is normal, levels of 1.1-1.7 are equivocal
Interpretation: Lactase deficient (lactose intolerance) maybe seen where blood glucose levels do not rise above fasting levels.
Note: Please contact Main Laboratory prior to testing. A special lactose preparation is required and patient must be fasting prior to the test. During the test please note whether patient has symptoms (abdominal cramps, diarrhea etc) after taking lactose, on the request form

LAMICTAL

See LAMOTRIGINE

LAMOTRIGINE (LAMICTAL)

Specimen required: **1 x Heparin NO GEL**
Sample just prior to next dose (TROUGH LEVEL)
Department: Referred test
Reference range: 2 – 14 mg/L

LANOXIN

See DIGOXIN

LATS (LONG ACTING THYROID STIMULATION)

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

LIPOPROTEIN (a)

Specimen required: **Serum (1 x SST) - Fasting.**
 Department: Referred Test
 Reference range: As stated on report

LISTERIA MONOCYTOGENES

Specimen required: **NO SEROLOGY AVAILABLE**
Blood Culture x 2-3
 Department: Microbiology
 Comment: Causes Listeriosis, which is dangerous in pregnancy.
 Faeces not routinely indicated as it may represent colonisation.

LITHIUM

Specimen required: **Serum (1 x SST) - Taken 12 hrs post dose, or trough sample.**
MUST be a SERUM SAMPLE
 Department: Biochemistry
 Results: Therapeutic Range: 0.6 - 1.2 mmol/L
 Potentially Toxic: > 1.6 mmol/L (at 12 hrs post dose)
 Peak Level: 1 - 3 hours after oral administration.
 Half Life: 14 - 33 hours.
 Note: Please note time of collection and last dose.

LIVER FUNCTION TESTS (LFT)

Specimen required: **Serum (1 x SST)**
 Department: Biochemistry
 Tests include: AST.
 ALT
 ALKALINE PHOSPHATASE.
 GAMMA GT.
 BILIRUBIN.
 TOTAL PROTEIN.
 ALBUMIN.
 See also: Specific individual tests.

LUPUS ANTICOAGULANT (LA)

Specimen required: **1 x Sodium citrate. Bunbury Pathology to collect 3 x Na Citrate**
 Department: Haematology
 Reference range: Negative

LUTEINISING HORMONE (LH)

Specimen required: **Serum (1 x SST)**
 Department: Biochemistry
 Reference range: Female:
 Follicular 2 - 7 U/L
 Mid Cycle 9 - 74 U/L
 Luteal 1 - 9 U/L
 Menopausal 19 - 100 U/L
 Male: 1 - 9 U/L

LYCOPENE

Specimen required: **Serum (1 x SST)**
 Department: Referred test
 Note: **Protect from light (wrap sample in Alfoil)**

LYME DISEASE SEROLOGY

See BORRELIA BURGDORFERI SEROLOGY

Comment: This disease is not believed to exist in Australia but is prevalent in Europe and North America and is seen in returned travellers.

LYMPHOCYTE CELL MARKERS

See IMMUNOPHENOTYPING

LYMPHOCYTE SURFACE MARKERS

See IMMUNOPHENOTYPING

LYMPHOGRANULOMA VENEREUM (LGV)

Specimen required: **Dry swab for Chlamydia trachomatis PCR**

Aspirated fluid

Department: Chlamydia PCR: Microbiology

LGV Serology: Referred test:

Note: Currently used Chlamydia PCR (Amplicor) detects all strains of Chlamydia trachomatis including L1, L2 and L3 strains which cause LGV. To specify a positive PCR as due to LGV strains, additional molecular sub typing may be needed.

Comment: An ulcerating genital disease resulting in enlarged lymph nodes and abscesses. Causative agent L1, 2, 3 types of Chlamydia trachomatis.

LYMPH NODE CULTURE

Discuss with Microbiologist/Histopathologist.
