

R**RABIES**

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

RAST

Specimen required: **Serum (1 x SST)**
Department: Biochemistry
Interpretation: Allergy testing for specific allergens or combinations of allergens, which elicit an IgE-mediated response.
Inhalant Screen: Includes a panel for airborne allergens (grasses, house dusts mites, animal dander and mould).
Food Testing: Testing should be restricted to foods where there is a clinical suggestion of allergy.
Antibiotics: Penicillin, Amoxycillin, Cefaclor are available.
Other Allergens available on request (eg bee, wasp venom, latex)
Note: Contact dermatology is **not** an indication for RAST testing.

REARRANGEMENT STUDIES

See GENE REARRANGEMENT STUDIES

RECTUM / BOWEL / COLON TUMOUR MARKERS

See CA19-9 CEA and Faeces- Occult Blood

RED CELL FOLATE

See FOLIC ACID (RED CELL)

RED CELL MAGNESIUM

Specimen required: **2 x Trace Element (Royal blue top K₂EDTA)**
Department: Referred Test
Reference range: 1.7 – 2.8 mmol/L

RED CELL POTASSIUM

Specimen required: **1 x Heparin NO GEL**
Reference range: 80 - 140 mmol/L

RED CELL THIAMINE (VITAMIN B1)

Specimen required: **Serum (1 x SST) and 1 x EDTA**
Department: Referred test
Note: Antibiotics interfere with assay, so collect 2 weeks after cessation of antibiotic treatment.

RED CELL ZINC

Specimen required: **2 x Trace Element (Royal blue top K₂EDTA)**
Department: Referred test
Reference range: As stated on report

RENAL FUNCTION TESTS

Specimen required: **Serum (1 x SST)**
Department: Biochemistry
Note: We routinely perform Na⁺, K⁺, Cl⁻ and HCO₃⁻, urea and creatinine.

RENAL STONES

Specimen required: **Renal stone.**
 Department: Referred test
 Interpretation: To test for the presence of calcium, oxalate, cystine, uric acid, phosphate, ammonium, carbonate, magnesium, xanthine or other constituents. The exact crystalline structure is determined geochemically; this information is of assistance to the physician in the resolution of the causes for the formation of the calculus.

RENIN

Specimen required: **1 x EDTA (at least 1 mL PLASMA required)**
 Ensure sample is collected while patient is erect or supine (as indicated by requesting doctor). Sample should be taken following 20 minutes in each position. Label accordingly and freeze immediately.
 Department: Referred test
Note: **COLLECTED AT MAIN LABORATORY ONLY.** Please note medications on request form

RESPIRATORY SYNCYTIAL VIRUS SEROLOGY

Specimen required: **Serum (1 x SST)**
 Department: Referred test
 Indications: Infection of the respiratory tract. Consider also other respiratory viruses.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

See RESPIRATORY VIRUS DETECTION

RESPIRATORY VIRUS DETECTION**RESPIRATORY VIRUS - SEROLOGY**

Specimen: **Serum (1 x SST) antibody testing**
 Choice between respiratory secretions or serology will be determined by the request form. If in doubt ring the Duty Manager for advice.
 Department: Referred test
Note: **Serology for respiratory viruses** including:
 Influenza Types A & B
 Parainfluenza Types 1, 2 & 3
 Adenovirus
 RSV (infants and the elderly)
 Consider also serology for **bacteria** including: *Bordetella pertussis*, *Chlamydothlyla pneumoniae*, *Chlamydia psittaci* and *Legionella pneumoniae* and *longbeachae*.

SAFETY NOTE:

It is now required that for your own personal protection while collecting any routine respiratory samples (e.g. throat and nasal swabs including those for viral studies) a surgical face mask, eye protection (eye shields), gloves and disposable plastic apron must be worn.

RESPIRATORY VIRUS - IMMUNOFLUORESCENCE (RAPID) TEST

Specimen required: **Post Nasal Aspirate**
 Department: Referred test
 Note: Panel includes Influenza A, B; Adenovirus; Parainfluenza 1, 2, 3; RSV plus culture if Immunofluorescence is negative. Culture for Metapneumovirus, Rhinovirus, Enteroviruses, Corona viruses etc is processed routinely and then referred for PCR

RESPIRATORY VIRUS – PCR

Respiratory secretions: posterior nasal swab, post nasal aspirate, (only available at certain collection centres) throat swab. If unspecified, do a posterior nasal swab. Orange topped wire swab returned to lab in dry sheath for PCR testing.

Note: **PCR for respiratory viruses** may include:

Influenza Types A & B
 Parainfluenza Types 1, 2 & 3
 Human Metapneumovirus
 RSV (infants and the elderly)
 Less common - Rhinovirus
 - Coronavirus
 - Adenovirus

} must be separately requested

See also: Pertussis detection

RETICULOCYTES

Specimen required: **1 x EDTA blood** (*Must be fresh blood - processed same day as collection*).

Department: Haematology

Reference range: Adult 0.2 - 2.0%

RETINOL BINDING PROTEIN

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

Department: Referred test

REVERSE T3

Specimen required: **1 x SST (Serum). Freeze ASAP**

Department: Referred Test

RH ANTIBODIES

See BLOOD GROUP ANTIBODIES

RHEUMATOID FACTOR

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

Department: Biochemistry

Reference range: 0 - 14 IU/L.

See also: Anti CCP (**ANTI CYCLIC CITRULLINATED PEPTIDE**)

RISTOCETIN CO-FACTOR

See VON WILLEBRANDS SCREEN

RICKETTSIA SEROLOGY (TYPHUS)

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

Department: Referred test

Indications: May include fever, headache, rash, myalgia, arthralgia, malaise, pneumonia, hepatomegaly and hepatitis.

Consider also measles and arboviruses.

ROSS RIVER VIRUS SEROLOGY (RRV) IGG & IGM

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

Department: Serology

Results: IgG and IgM reported as Positive or Negative.

Indications: May include fever, rash, polyarthritis, myalgia and fatigue.

Consider also Barmah Forest Virus or Parvo B19, rubella and rickettsiae.

RPR (VDRL)

See SYPHILIS (SEROLOGY)

RUBELLA VIRUS ANTIBODY (IGG & IGM)

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

Note: Specimens collected less than 8 or more than 21 days after the onset of symptoms may not contain enough IgM to record a positive result.

Department: Serology

Comment: For routine screening an enzyme immunoassay test for Rubella IgG is performed. If the history suggests recent exposure or if specifically requested, a Rubella IgM is performed by enzyme immunoassay.

Reference range: As reported

Indications: May include low-grade fever, maculopapular rash, arthralgia and arthritis.
Consider also Measles Virus, Parvo B19 or meningococcaemia, RRV, BFV
