

Laboratory Tests Results Turn Around Time (TAT) - British Columbia

LifeLabs is committed to the confidential timely release of accurate test results consistent with the requirements of our patients, Health Care Providers (HCP) and Public Health.

Routine Test Requests

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Chemistry, Coagulation, Hematology, Urinalysis routine tests generally have turnaround times of 24 hours after receipt in the laboratory.

Routine Microbiology and Parasitology tests generally have turnaround times of 72 hours after receipt in the laboratory.

Molecular testing such as: Alpha Thalassemia (HBA1 and HBA2) 7 Deletions and Two Non-Deletional Variants DNA Screen testing, Prothrombin (*F2*) c.*97G>A (G20210A) and Factor V Leiden (*F5*) c.1601G>A (R506Q) Pathogenic Variant testing and HLA-B27 Genotyping by PCR, generally have an average turnaround time of 7 days after receipt in the testing laboratory.

Esoteric or low volume tests may be processed in 'batches' through the week and will have longer turnaround times. Call LifeLabs Customer Information Centre 1-800-431-7206 for more information.

Routine test results are communicated to the HCP via web based Excelleris, hard copy or fax depending on the HCPs pre-selected method of resulting.

If there is a critical test result the HCP will be phoned to communicate the critical result.

STAT (Urgent) Requests

LifeLabs provides to the extent practicable, prioritized preferential service to specimens designated by the ordering HCP as being STAT (urgent) in nature.

Test results will be reported and phoned to the HCP within 6 hours of receipt at the laboratory. Microbiology specimens will have preliminary results available within 24 hours.

Not all tests are available as a STAT request, phone Customer Information Centre for more detail.

Unexpected Delays in Result Reporting

LifeLabs is committed to timely reporting but occasionally the laboratory may experience difficulties that affect its ability to provide results within the stated timeframes, e.g., weather disruptions, equipment down time.