



Grace Health, Inc.

**REQUEST FOR PROPOSAL FOR  
LABORATORY SERVICES RFP#2021-5**

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## I. INTRODUCTION AND PROJECT DESCRIPTION

Grace Health (GH) is a non-profit Federally Qualified Health Center that includes outpatient health clinics and school-based health locations in Southeastern Kentucky. Grace Health employs more than 250 individuals, all of whom support the organization's commitment to providing high-quality care to our rural Kentucky communities. Grace Health treats more than 35,000 patient visits annually through a comprehensive range of services, including Family medicine, Internal Medicine, Obstetrics/Gynecology and Pediatrics, dental care, behavioral health, specialty care, case management, and walk-in services.

One of Grace Health's core services is the provision of primary and other health care services to the underserved and uninsured members of our service area. As a Federally Qualified Health Center, Grace Health is committed to its mission of delivering health care to patients without regard to the ability to pay.

Grace Health has been recognized as a Patient Centered Medical Home and is committed to population health management to improve both clinical and financial outcomes.

Grace Health is in the process of selecting a Laboratory to service patients from our 11 Health Centers.

The RFP responses will provide Grace Health with proposals to evaluate and select a vendor to provide the required services.

This RFP outlines the overall objectives and expectations of the contract and will provide Grace Health with the required information so that GH can make an informed and prudent decision for the acquisition of the services and products described herein.

As a recipient of Federal funds under Section 330 of the Public Health Services Act, Grace Health is required to adhere to all applicable Federal procurement rules and regulations other program expectations of the Federally Qualified Health Center program. Respondents are encouraged to become familiar with any special procurement rules that may affect their response to this RFP.

Preferred Providers will possess, at a minimum, the following characteristics:

1. Demonstrable Subject Matter Expertise
  - a. Demonstrable expertise and experience in the specified subject area(s) for the relevant services.
  - b. Functional knowledge of the industry and/or lines of business.
2. Competitive Pricing
  - a. Competitive rates based on the prevailing market for services of the nature and scope requested.
3. Good Relationships & Prior Track Record
  - a. Evidence of continuous, sustained, and mutually beneficial relationships with clients.
  - b. Evidence of a willingness to establish and maintain a true long-term strategic relationship to help Grace Health achieve its objectives.
  - c. A demonstrable track record of successfully delivering laboratory services like those requested by Grace Health.

4. A Commitment to Invest in Service Delivery and Processes
  - a. Commitment ensures that knowledgeable teams work on Company matters in meaningful ways to streamline the related process and minimize time spent looking for data.
  - b. Demonstrable investment in and continuous use of best practices in processes in the delivery of services.
  - c. A cooperative approach to use appropriate technology to provide services effectively, and efficiently.
  - d. Proactive solutions to timely communicate and keep Grace Health informed of the progress of matters in the process.
  - e. Willingness to educate Grace Health personnel proactively and creatively through seminars or other in-person presentations.
  - f. Willingness and ability to submit invoices electronically.
  - g. Utilization of robust cyber security measures to protect PHI data.

## **II. General Conditions**

By submitting a response to this RFP, the Respondent agrees to all the following:

- A. Grace Health reserves the right to award or cancel this procurement process at any time.
- B. Grace Health is not bound to accept the lowest bid, nor any proposal submitted. A contract for the accepted proposal will be drafted based upon the factors described in this RFP.
- C. Failure to meet the response delivery date may be a basis for disqualification of the Respondent's proposal.
- D. Grace Health will facilitate a conference call to allow for questions related to the RFP. Vendors who return an Intent to Submit, are encouraged to participate in the call.
- E. Respondents are fully responsible for all costs, both direct and indirect, of development and submission of their response to this RFP, including, but not limited to, any supplementary documentation, information, travel, and presentation expenses.
- F. Grace Health will open all proposals on the date stated in Section V.
- G. Grace Health will maintain sole ownership of responses after submission.
- H. Respondents agree that submission of a proposal warrants acceptance of the above general terms and considerations and guaranteed pricing for three years. Option to extend the contract one year per extension up to 3 extensions.
- I. The successful applicant may also be required to present additional documentation/or information necessary to determine financial and programmatic capability.
- J. Facility tours are available by appointment only. Please contact Sharon Bush at (606) 526-9005 ext. 6000 to schedule a tour.
- K. Respondents agree to show evidence of insurance coverage commonly known as or similar to:
  - Worker's Compensation – Statutory limits per the State of Kentucky
  - Comprehensive General Liability.
- L. The successful bidder(s) will indemnify Grace Health against all liabilities, losses, or damages caused by its omissions and/or negligent acts. It will also agree to defend any lawsuit against Grace Community, its officers, employees, and agents which arise from the negligence, willful acts, and/or omissions of the successful bidder.

### III. LOCATION OF HEALTH CENTER SITES

Grace Health consists of 11 community health center sites throughout South Eastern Kentucky that vary in square footage and layout. The following table lists the location and hours of each site that will require vendor\contractor services described in this RFP. The hours listed below reflect current locations and hours of operation and are subject to change in the future. The successful submission will be expected to provide services during hours of operations.

Site	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Bishop St.</b> 121 Bishop St, Corbin, KY 40701	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	
<b>Falls Hwy.</b> 1419 Cumberland Falls Hwy, Corbin, KY 40701	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 12pm
<b>Gray</b> 39 Cumberland Gap Plaza, Gray, KY 40734	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	
<b>Hyden</b> 21154 Hwy 421, Hyden, KY 41749	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 12pm
<b>Levi Center</b> 934 S Laurel Rd., Suite1, London, KY 40504	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 6pm	
<b>Manchester</b> 85 Hwy 80, Manchester, KY 40962	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	
<b>Mt. View</b> 272 Mountain View Dr., London, KY 40741	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	
<b>Pediatrics</b> 120 N. Commonwealth Ave. Corbin, KY 40701	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	
<b>Pineville</b> 313 Cherry St. Pineville, KY 40977	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	
<b>UC Clinic</b> 49 W. Sycamore St. Williamsburg, KY 40769	8am -4:30pm	8am -4:30pm	8am -4:30pm	8am -4:30pm	8am -4:30pm	
<b>Women's Care</b> 1019 Cumberland Falls Hwy, Suite D141 Corbin, KY 40701	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	

### **III. REQUIRED SERVICES AND PRODUCTS**

Grace Health is seeking the following services and products from one or more vendors\contractors. All work must be performed to state and local codes. Any work that requires licensure or certification must only be performed by qualified individuals. Licenses, certificates, or other required documents are to be included in vendor\contractors' response according to Section VI. Instruction to Vendors contained in this RFP. Selected vendor\contractor is required to obtain all necessary work and\or site permits, inspections, and approvals, as necessary.

#### **Requirement A – Lab Accreditation / Certifications**

- Accredited by the College of American Pathologists (CAP)
- CLIA Certified
- Trained Phlebotomist - Phlebotomist is responsible for supplies, must be able to operate within an electronic environment, and work in different clinical settings

#### **Requirement B – Ability to Service wide age ranges**

- Patient population from Newborn to 99+ years of age

#### **Requirement C – Submit Sample Patient Reports with Proposal**

##### **Sample Reports**

Liquid PAP  
PAP with HPV  
PAP HPV Reflex  
Cervical biopsies  
Pediatric Sample Reports  
Critical ranges for adults and pediatrics  
PAP Liquid Based  
Reflex HPV ASCU  
CBC with differential/platelet, BUN, HbA1c  
Gonorrhea Chlamydia HPV ASCU  
Chlamydia/GC Amplification

**Requirement D – FQHC Experience. Please list federally qualified health centers for which you have provided services.**

#### **Requirement E – Software and HMO's**

- Software (may have an additional cost) that can provide population analytics and risk stratification to assist in Population Health Management and Quality Reports for Grace Health patients. Please elaborate on specific indicators your software can track and specify if it can be modified to be site/provider specific. Also, provide information on how your software can assist Grace Health in identifying high-risk groups and identify gaps in care.
- Kindly provide a list of HMOs in which you are the preferred lab and note if you provide lab data feeds to the plans. Please specify labs and HMOs with which you participate and comment on the benefits of the lab data feeds your organization can provide.

#### **Requirement F – Laboratory Consultation**

The vendor shall provide expert toxicologist consultation services including pathology, genetics, toxicology, HIV, microbiology, and other consultation services as needed to aid providers with test result interpretation. Vendor staff shall be available to consult with Grace Health by telephone during normal laboratory working hours to discuss testing procedures and to provide the status of test results. Additionally, the Vendor shall have a toxicologist or certified personnel employed on call at Vendor’s address for telephone consultations, at no additional cost.

**V. TIMELINES**

This process will be guided by the following timeline. All dates are subject to change at the sole discretion of Grace Health.

<b>Milestone</b>	<b>End or Due Date</b>
RFP Issued	<b>December 6, 2021</b>
Contractor/vendor Intention to Bid received by Grace Health Representative	<b>December 17, 2021</b>
Contractor/vendor conference call.	<b>January 7, 2022</b>
Contractor/Vendor Responses received by Grace Health Representative	<b>January 14, 2022</b>
Responses Opened and Evaluated including clarifications	<b>January 21, 2022</b>
Contractor \Vendor Selected	<b>January 31, 2022</b>
Contract Term 3-year beginning Start Date	<b>TBD</b>

**VI. Specific Price Request**

Complete Table as provided below by adding the price of the specific test listed. These are the most ordered tests and would have the greatest impact on our patients. Tests ordered by our providers are not limited to this list.

**Requirement A – Common Testing Price List Sample (For complete list and volumes see Attachment F)**

<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
322000	Comp. Metabolic Panel (14)	21595		
005009	CBC With Differential/Platelet	21099		
303756	Lipid Panel	16754		
998085	Phlebotomy Charge	16641		
001453	Hemoglobin A1c	9066		

**Requirement B: Additional Services**

- **Occupational Health Services Price List and process for accessing results**

<b>Test</b>	<b>Price</b>
Urine Drug Screen-Confirmation	
QuantiFeron TB Gold Plus	
Hep B titer	
Hepatitis B Surface Ab, Quantitative	
Hepatitis Panel & HIV Ab/Ag with Reflex	

**VII. Testing Services and Support**

**Requirement A – Provide Explanations of Protocols or Policies**

- What is your protocol for stat labs and routine labs?
- Stat lab turnaround time?
- What is the routine lab turnaround time?
- Critical Results protocol?
- Procedure for collection of service fees?
- What is your in-house quality control program?
- How do you handle specimens for patients that are Medicaid pending?
- What is the cost to repeat an unsatisfactory PAP or lab test?
- What is your phlebotomy fee?

**Requirement B- Ordering and Receiving Specimens**

- Does the Lab Information System (Lab Information System (LIS)) enable a requester to submit requests for future orders?
- Does the LIS allow various users to track the progress of an order?
- Can the LIS receive an order via auto-fax?
- Describe the process for blood collection in exam rooms.
- Does the LIS direct an order received by fax to the patient file or general inbox?
- Does the LIS produce a “pending” status worklist?
- Does the LIS allow the user to modify, cancel, or reject a request form with comments, and then allow for resubmission of a corrected request form? Please describe this process.
- Describe the process for canceling an order/delivery in the LIS



- Describe the Phlebotomy staffing model (how you determine the number of staff needed, hours of coverage, and indicators for additional staff).
- Describe specimen pick up and transportation services including schedule.
- Describe the process to notify staff of orders that have not been collected

#### **Requirement C – Specimen Tracking**

- Can the LIS send an automatic email notification to a client’s contact person(s) once the specimen has been received?
- What barcoding equipment interfaces with the LIS?
- What type of labels are available? Please explain
- Does the LIS offer barcoded label printing for specimen vials and requisitions?
- Can the LIS print linear barcodes and two-dimensional barcodes?
- The Vendor must keep a daily log to track specimens. The daily log is a record that serves as a check and balance between what orders were sent to the reference lab and the results received for each patient at each location. Describe your processes for logging and tracking specimens and follow?
- The Contractor must have a process to reconcile specimens sent out and results flowing in and be able to identify any gaps and follow up on them. Report of this reconciliation process should be provided to health centers routinely. What process do you have to identify orders not collected or completed and how is this information reported to Grace Health?
- Does the LIS provide a chain of custody audit trail?

#### **Requirement D – Test Reporting**

- A report is defined as a final copy of laboratory testing results.
- This report shall be received by remote terminal where applicable.
- If results are previously telephoned, the report must include the name of the individual notified of the results.
- Each test report shall include all information as required by Regulatory Agency Requirements.
- All completed and/or partial test results shall be reported to the ordering facility immediately upon availability.
- The vendor shall provide all required hardware and software (including installation) and related consumable supplies to support the transmission of electronic data for each ordering activity at no additional charge (Any necessary “additional required connections” shall be the responsibility of the vendor.
- The Vendor shall ensure that all required documentation is, at a minimum, timely, legible, and accurate.
- The Vendor shall have a system in place to identify the personnel performing the test analysis.
- All equipment, software, and hardware remain the property of the vendor.
- Vendor shall be responsible for preventive and as-needed maintenance on any installed fax and all peripheral devices; shall have the responsibility to train medical center personnel in routine operations (loading and unloading paper, ribbon changes, test and reset); and shall

provide a validation service (fax or telephone) in the event of transmission or printer degradation, if requested by the ordering activity.

**Additionally, the Vendor is responsible for the transmission of all data to be accomplished in a manner that protects the privacy of all personally identifiable patient information**

#### Critical Tests

The Vendor shall immediately telephone the requesting Clinician or designee to report Critical Value or test results that may indicate a life-threatening condition. Appropriate notification information will be provided at the time of task order award.

#### STAT/Emergency Tests

The Vendor shall report all STAT and abnormal test results to ordering activity upon completion of testing.

#### Routine Tests

The Vendor shall provide routine test results to the ordering activity in accordance with the testing specifications defined in the Vendor's commercial specimen collection guide. Test procedures requiring a turnaround time longer than 24 hours (excluding the above exceptions) shall be identified by the Vendor before contract award and approved by the Contracting Officer.

- If test results will take longer than 24 hours, the Vendor will acknowledge receipt of the specimen electronically.
- Vendor to provide software/reporting that allows Grace Health to track processes including the location of the sample, progress in the processing of the sample.
- Vendor to provide an alert system that identifies any problems with provided samples and notifies appropriate Grace Health employees of any difficulties or problems promptly to ensure timely rectification.

### **Requirement E - Retention of Specimens**

Upon completion of the testing, the Contractor shall retain all specimens as required by the Clinical Laboratory Improvements Amendments of 1988 (CLIA). Additionally, if a specimen is required for medical-legal issues, at the request of the Government, the specimen shall be retained indefinitely.

## **VIII. Insurance and Billing**

### **Requirement A – Provide a list or attach all Insurances/HMO's the lab is contracted with**

- List all Insurances

### **Requirement B – Insurance and Third-Party Billing**

- The vendor will be responsible for all third-party billing. Please describe your billing processes. Do you have an internal billing team or an external billing company?
- Do you use a collection agency? If so, what is the time frame to be turned over to collections?
- How do you handle patients who do not have insurance? Do you offer special pricing?
- How do you handle payer denials?
- Do you have client bill pricing?
- Please describe your process for accounts that you are unable to bill if you exceed the timeliness of billing parameters.
- What are your time frames for issuing refunds?
- What report or data would you supply to Grace Health on usage and charges?

### **Requirement C – Sliding Fee/Indigent Billing**

- Is the vendor able to provide laboratory testing services to Grace Health’s Indigent and Uninsured Patients (patients at or below the 200% FPG-Federal Poverty guidelines? Eligibility determined by Grace Health using only Income and Family size.
- Please describe your ability and processes to offer sliding fees and/or write-off options for indigent clients (defined by Grace Health policies) including specific patient cost information.
- Please describe your processes for providing reduced cost client billed services for self-pay patients.
- Describe the services and support to be provided concerning billing

## **IX. Information Systems**

### **Requirement A- IT Requirements (See attachment E for complete details)**

- Bi-Directional Interface
- HL7 Compliant
- Integration with NextGen
- Ability to connect remotely to our server
- 24/7 IT Support
- Furnish office supplies, printers, computers for phlebotomist

## **X. Reports and Data**

### **Requirement A- Reports**

- Can the LIS generate reports on specified automated schedules (daily, weekly, monthly)?
- Does the LIS provide the ability to dynamically search all data and create custom reports?
- Can custom reports be saved?
- Can data and reports be printed and/or exported in multiple formats (PDF, MS Excel, MS Word, etc.)?
- Describe the types of detailed billing reports supported.
- Describe the types of Regulatory reports supported.
- Describe how the LIS enables the administrator and/or user to create ad hoc reports and/or queries as necessary.
- Describe pre-defined report elements.
- Describe the types of Protocol reports supported.
- If reports are customizable, please explain what platform or training is required for an administrator to create or customize reports.
- List any additional reports included with Vendor’s standard LIS.
- Does the LIS interface with third-party reporting applications and/or reporting tools (e.g., Excel, Crystal Reports, data dumps, etc.)? Please explain.

## **XI. Additional value**

- Please detail any other value-add services you are willing to offer to Company in connection with your engagement.
- Please detail any relevant training, know-how, industry updates, and subject matter training you are willing to offer Grace Health and its staff, indicating when or whether this will be chargeable.
- Is there anything else (in less than 500 words) that you would like us to consider as we evaluate your response to this RFP?
- The finalist may be asked to provide a copy of the basic contract/agreement for services before the final award.

Checklist – Please complete and include the requested items below to ensure a complete proposal package.

Item	Completed
Review Entire Packet	
Complete and return Intention to Submit Bid form	
<p>Contractor/vendor conference call.</p> <p><b>Please join my meeting from your computer, tablet, or smartphone.</b>  <a href="https://www.gotomeet.me/JerrellCloud">https://www.gotomeet.me/JerrellCloud</a></p> <p><b>You can also dial in using your phone.</b>            United States: <a href="tel:+18722403212">+1 (872) 240-3212</a></p> <p><b>Access Code:</b> 258-206-189</p>	
Complete return Proposal for Services including pricing and signatures. Return in the completed submission packet	
Complete Reference Information. Return in the completed submission packet	
Submit copies of required insurance and W9 and return in the completed submission packet	

Completed forms and RFP submissions can be returned to:

Sharon Bush  
 1019 Cumberland Falls Hwy, Suite B201  
 Corbin, KY 40701

Completed bids may also be submitted via email to [sharon.bush@gracehealthky.org](mailto:sharon.bush@gracehealthky.org)

## **Intention to Submit Bid Form**

To: Sharon Bush. (606) 526-9006, Fax: (606) 528-3871, e-mail:  
[sharon.bush@gracehealthky.org](mailto:sharon.bush@gracehealthky.org). This fax is to acknowledge that we are in receipt of your RFP  
for Laboratory Services and have noted our intention to bid.

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **PLAN TO SUBMIT A BID.**

- Yes, I will be submitting a bid.
- Maybe, I need to research and get more information (contact HACSB-information listed above)
- No, I will not be submitting a bid.

**CURRENT CLIENT REFERENCES (REQUIRED)**

Submit this form with the BID, failure to do so is grounds for disqualification.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



### 2021 Sliding Fee Schedule-Annual Income

Fed. Poverty Guideline	At or Below 100%	101% - 125%	126% - 150%	151% - 200%	Above 200%
Family Size	Nominal Fee (\$10)	Level 1 Charge \$20	Level 2 Charge \$30	Level 3 Charge \$40	No Discount
1	0 \$12,880	\$12,881 \$16,100	\$16,101 \$19,320	\$19,321 \$25,760	>\$25,761
2	0 \$17,420	\$17,421 \$21,775	\$21,776 \$26,130	\$26,131 \$34,840	>\$34,841
3	0 \$21,960	\$21,961 \$27,450	\$27,451 \$32,940	\$32,941 \$43,920	>\$43,921
4	0 \$26,500	\$26,501 \$33,125	\$33,126 \$39,750	\$39,751 \$53,000	>\$53,001
5	0 \$31,040	\$31,041 \$38,800	\$38,801 \$46,560	\$46,561 \$62,080	>\$62,081
6	0 \$35,580	\$35,581 \$44,475	\$44,476 \$53,370	\$53,371 \$71,160	>\$71,161
7	0 \$40,120	\$40,121 \$50,150	\$50,151 \$60,180	\$60,181 \$80,240	>\$80,241
8	0 \$44,600	\$44,601 \$55,750	\$55,751 \$66,900	\$66,901 \$89,200	>\$89,201

\*Based on 2021 Federal Poverty Guidelines published in the Federal Register January 13, 2021  
 For families/households with **more than 8 persons add \$4,540 for each additional person.**  
 Discounted charge includes all services performed by the center during the visit (i.e. in-house labs, x-rays, injections, labs performed by Lab Corp and any non-face to face visits associated f/u instructions initiated during the face to face visit.)





**2021 Sliding Fee Schedule-Monthly Income**

<b>Fed. Poverty Guideline</b>	<b>At or Below 100%</b>	<b>101% - 125%</b>	<b>126% - 150%</b>	<b>151% - 200%</b>	<b>Above 200%</b>
<b>Family Size</b>	<b>Nominal Fee (\$10)</b>	<b>Level 1 Charge \$20</b>	<b>Level 2 Charge \$30</b>	<b>Level 3 Charge \$40</b>	<b>No Discount</b>
<b>1</b>	\$0- \$1,073	\$1,074 \$1,341	\$1,342 \$1,610	\$1,611 \$2,146	>\$2,147
<b>2</b>	\$0- \$1,452	\$1,453 \$1,815	\$1,816 \$2,178	\$2,179 \$2,904	>\$2,905
<b>3</b>	\$0- \$1,830	\$1,831 \$2,288	\$2,289 \$2,745	\$2,746 \$3,660	>\$3,661
<b>4</b>	\$0- \$2,208	\$2,209 \$2,760	\$2,761 \$3,312	\$3,313 \$4,416	>\$4,417
<b>5</b>	\$0- \$2,587	\$2,588 \$3,234	\$3,235 \$3,881	\$3,882 \$5,174	>\$5,175
<b>6</b>	\$0- \$2,965	\$2,966 \$3,706	\$3,707 \$4,448	\$4,449 \$5,930	>\$5,931
<b>7</b>	\$0- \$3,343	\$3,344 \$4,179	\$4,180 \$5,015	\$5,016 \$6,686	>\$6,687
<b>8</b>	\$0- \$3,717	\$3,718 \$4,646	\$4,647 \$5,576	\$5,577 \$7,434	>\$7,435
	<b>Nominal Fee-\$10</b>	<b>Level 1 \$20 Charge</b>	<b>Level 2 \$30 Charge</b>	<b>Level 3 \$40 Charge</b>	<b>NO Discount</b>

\*Based on 2021 Federal Poverty Guidelines published in the Federal Register on Jan. 13, 2021

For families/households with **more than 8 persons add \$378 for each** additional person. Discounted charge includes all services performed by the center during the visit (i.e. in-house labs, x-rays, injections, labs performed by Lab Corp and any non-face to face visits associated f/u instructions initiated during the face to face visit.)

# Lab RFP - IT Requirements

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## Interface

1. Support bi-directional HL7 interface
  - Supports lab orders and lab results
2. Support order modification and cancellation via HL7 Interface
  - Lab modification includes being able to add or remove individual tests from an existing order
  - Lab modification includes changing properties of the order like insurance, or diagnosis attached to tests
  - Cancel lab order via interface
3. Support indigent
  - Support receiving an electronic indicator of an indigent patient via lab interface
4. Support supplying collected date and time via results interface
  - At a minimum supplying collected date/time when final results are sent
  - Support being able to send collected date/time at the time specimen is collected
    - If not possible, must be able to either automatically generate reports or provide a way to run ad hoc reports that supply a list of lab results and collected date/time for the lab that resulted in a date range
    - The report must be available to us in an electronic, discrete format, such as CSV or Excel for additional analysis
  - Have a lab reconciliation process that includes reconciling all labs resulted against results available in NextGen.
    - This could include reconciling against the system directly or reconciling against a report that can be made available to reconcile against
  - Support for scheduled labs over HL7 is preferred
    - Our providers routinely order both same-day labs and labs scheduled for 1/3/6 months in advance. It is preferred to support receiving that information via an interface so phlebotomists can identify which labs are being drawn when multiple orders have been sent.

## Process

1. Support processing lab orders at the point of care (Preferred)
  - Our preference is that the phlebotomists or lab techs can be involved in processing the order at the point of care to maximize the accuracy of the lab order information and payer details.
    - Payer information can be updated before sending the order
    - Indigent status can be verified at the time of lab collection
    - Phlebotomists/Lab Techs will not be creating orders for patients, orders from providers will already be present
    - Collection date/time is obtained in our system at the time of collection to aid in reporting.
  - We can supply an access-limited account and training in our EMR to process lab orders from the order module.
    - The account will be limited to access only the minimum required to process lab orders out of the module according to the ability of the EHR to limit access

- Audit logs can be provided regularly if required for the lab company to monitor access
- We can supply computer or other devices and network access to aid in this process if necessary
- If it is not possible for phlebotomists/lab techs to access our EHR for lab order processing
  - Lab vendor must support real-time or near real-time access to collection dates and times for lab orders that have been collected
  - Lab vendors must have processes in place for indigent determination that is independent of what is sent across the interface in the lab order
  - Prefer Lab vendor to support scheduled orders via HL7 to obtain the correct lab orders for patients with multiple orders in our EHR system

## **Information Management**

1. Must be able to help support our requirement under FTCA for order management
  - We are required to track lab orders from the time of order until the patient is notified of the result and be able to track any lab order through the process until the final status
    - We need to be able to track lab orders through the following status' through reporting
      - Lab Ordered
      - Lab Collected
      - Lab Resulted
      - Lab Result Obtained by us (Result in our EHR)
      - Patient Notified of Result
  - Some of these status' we are able to track ourselves
  - Once the lab is ordered, we are able to accurately track it in our system until it is collected. Depending on the process surrounding test collection we may rely on data from the lab vendor to track specimen collection dates and times
  - Once collected, we are only aware of the status of the lab order when it is available in our EHR software. We need to be able to collect information about lab tests that were collected and get dates/times when the result was available to track outstanding labs which we are waiting on results and to ensure we receive results for all orders for which specimens were collected.
  - Once the result is available in our EHR we are able to track it through our patient notification and provider sign-off processes.
2. All reporting must use digital file formats that can be used by automated systems. We prefer output files in csv or excel format to be used by our systems for data integration and reporting
3. Any portals or public facing systems must use HIPAA compliant technologies to support secure, authenticated access

## Volumes from 7-1-20 to 6-30-21

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
322000	Comp. Metabolic Panel (14)	21595		
005009	CBC With Differential/Platelet	21099		
303756	Lipid Panel	16754		
998085	Phlebotomy Charge	16641		
001453	Hemoglobin A1c	9066		
081950	Vitamin D, 25-Hydroxy	8646		
004259	TSH	7304		
MDLABS	MD LABS CUST PANEL	7004		
224576	TSH+Free T4	6082		
000810	Vitamin B12 and Folate	5221		
140285	Microalb/Creat Ratio, Randm Ur	3451		
001503	Vitamin B12	3376		
008847	Urine Culture, Routine	3312		
183194	Chlamydia/GC Amplification	2666		
083935	HIV 1/0/2 Ag/Ab with Reflex	2286		
028142	CBC, Platelet; No Differential	2075		
010322	Prostate-Specific Ag, Serum	1853		
006627	C-Reactive Protein, Quant	1759		
Opiates/Opioids Reflex	Opiates/Opioids Reflex (Screen/Conf)	1546		
001321	Iron and TIBC	1544		
BENZO Reflex	Benzodiazepines Reflex (Screen/Conf)	1543		
AMP Reflex	Amphetamines and Stimulants Reflex (Screen/Conf)	1542		
000620	Thyroid Panel With TSH	1539		
BUP/NAL Conf Panel	Buprenorphine/Naloxone Confirmation	1537		
BARB Reflex	Barbiturates Reflex (Screen/Conf)	1537		
Methadone Conf Panel	Methadone Confirmation	1535		

<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
Muscle Relaxants Conf Panel	Muscle Relaxants Confirmation	1534		
Nicotine Metabolite Confirmation	Nicotine Metabolite Confirmation	1534		
Anticonvulsants Conf Panel	Anticonvulsants Confirmation	1534		
Sed/Hyp Confirmation	Sedatives/Hypnotics Confirmation	1533		
TCA Confirmation	Tricyclic Antidepressants Confirmation	1531		
Cocaine Reflex	Cocaine Reflex (Screen/Conf)	1529		
Ethanol Reflex	Ethanol Reflex (Screen/Conf)	1491		
Marijuana Reflex	Marijuana Reflex (Screen/Conf)	1473		
001537	Magnesium, Serum	1448		
005215	Sedimentation Rate-Westergren	1444		
003038	Urinalysis, Routine	1435		
10231	COMPREHENSIVE METABOLIC PANEL	1418		
322758	Basic Metabolic Panel (8)	1410		
6399	CBC (INCLUDES DIFF/PLT)	1401		
7600	LIPID PANEL	1380		
004598	Ferritin, Serum	1322		
001057	Uric Acid, Serum	1234		
140659	HCV Antibody	1218		
006015	Antibody Screen	1071		
006049	ABO Grouping and Rho(D) Typing	997		
7065	VITAMIN B12/FOLATE, SERUM PANEL	979		
012005	RPR, Rfx Qn RPR/Confirm TP-PA	962		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
140103	Testosterone, Free and Total	935		
006510	HBsAg Screen	928		
058495	Measles/Mumps/Rubella Immunity	914		
102277	Gest. Diabetes 1-Hr Screen	886		
496	HEMOGLOBIN A1C	882		
188139	Group B Streptococcus Colonization Detection, NNA with reflex to susceptibilities	843		
322744	Hepatitis Panel (4)	717		
004317	Progesterone	698		
199330	Pap IG, HPV (Aptima)	694		
004416	hCG,Beta Subunit, Qnt, Serum	688		
17306	VITAMIN D,25-OH,TOTAL,IA	640		
006502	Rheumatoid Arthritis Factor	621		
790600	Compliance Drug Analysis, Ur	611		
001404	Lipase, Serum	583		
001362	Creatine Kinase,Total,Serum	550		
199300	Pap IG, rfx HPV ASCU (Aptima)	537		
164055	SARS-Cov-2 Antibody, IgG	499		
199123	Pap IG, HPV-hr	487		
008086	Urine Culture,Comprehensive	476		
164947	Antinuclear Antibodies, ANA, IFA	464		
001396	Amylase, Serum	460		
199325	Pap IG, rfx HPV ASCU + CtNgTv (Aptima)	454		
004309	FSH, Serum	444		
322755	Hepatic Function Panel (7)	434		
6517	MICROALBUMIN, RANDOM URINE (W/CREATININE)	414		
004333	Insulin	403		
36127	TSH W/REFLEX TO FREE T4	397		
004515	Estradiol	396		
180066	NuSwab VG+, HSV	390		
7444	THYROID PANEL WITH TSH, 3RD GENERATION	372		

196250	Pap IG, rfx HPV all pth	369		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
349829	TSH Rfx on Abnormal to Free T4	351		
4420	C-REACTIVE PROTEIN	337		
500918	Histopathology	320		
164914	CCP Antibodies IgG/IgA	313		
196527	Pap IG, Ct-Ng TV rfx HPV ASCU	303		
004465	Prolactin	301		
004226	Testosterone, Serum	295		
451937	MaterniT21 PLUS Core+ESS+SCA	267		
149997	Microalbumin, Random urine	252		
003772	Urinalysis, Complete	250		
164034	SARS-Cov-2 Antibody, IgM	233		
5363	PSA, TOTAL	225		
372	C-PEPTIDE	225		
006072	RPR	218		
028480	FSH and LH	203		
004020	DHEA-Sulfate	197		
020321	PT and PTT	192		
140889	B-Type Natriuretic Peptide	185		
899	TSH, 3RD GENERATION	185		
163683	H pylori, IgM, IgG, IgA Ab	183		
809	SED RATE BY MODIFIED WESTERGREN	174		
010108	C-Peptide, Serum	173		
015610	PTH, Intact	168		
706961	Methylmalonic Acid, Serum	164		
004283	Luteinizing Hormone(LH), S	163		
194074	Pap IG, rfx HPV ASCU	158		
180021	NuSwab Vaginitis Plus (VG+)	157		
010389	Triiodothyronine,Free,Serum	155		
003277	Protein Total, Qn, 24-Hr Urine	146		
102004	Gestational Glucose Tolerance	141		
096339	Anti-dsDNA Antibodies	141		
738526	Select Drug Analysis, Ur	134		
16558	VITAMIN D, 1,25 DIHYDROXY LC/MS/MS	134		

188052	Trich vag by NAA	126		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
008144	Stool Culture	126		
115188	D-Dimer	125		
164072	SARS-Cov-2 Antibody, IgA	123		
008623	Ova + Parasite Exam	123		
905	URIC ACID	121		
144980	Testosterone, Free, Direct	121		
199328	Pap IG, HPV + CtNgTv (Aptima)	121		
002014	Folate (Folic Acid), Serum	117		
010389	T3,Free,Serum	116		
194027	Pap IG, Ct-Ng, rfx HPV ASCU	113		
008342	Upper Respiratory Culture	111		
005199	Prothrombin Time (PT)	109		
016667	Rocky Mtn Spotted Fever, IgM	109		
005280	Reticulocyte Count	107		
001974	Thyroxine (T4) Free, Direct, S	106		
086207	C difficile Toxins A+B, EIA	106		
451937	MaterniT21 PLUS Core + ESS + SCA	105		
457	FERRITIN	104		
258004	Lyme Ab/Western Blot Reflex	102		
017319	AFP Tetra	102		
164922	HSV 1 and 2-Spec Ab, IgG w/Rfx	101		
016592	Rocky Mtn Spotted Fev, IgG, Qn	101		
003129	Protein and Creatinine, Random Urine	101		
001115	LDH	95		
165092	ANA Comprehensive Panel	94		
001024	Phosphorus, Serum	93		
008003	Anaerobic and Aerobic Culture	92		
377200	UA, Complete w/ Micro Exam w/Rfx Culture, Comp	92		
700892	Drug Screen 13 w/Conf, WB	87		
183160	Ct, Ng, Trich vag by NAA	85		
235010	Lipid Panel With LDL/HDL Ratio	80		



Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
005300	Hematopath Consultation, Smear	80		
006676	Thyroid Peroxidase (TPO) Ab	79		
143000	proBNP	75		
180836	H. pylori Breath Test	74		
001180	Potassium, Serum	73		
5616	IRON, TIBC AND FERRITIN PANEL	72		
004804	Calcium, Ionized, Serum	69		
001172	Triglycerides	69		
008656	White Blood Cells (WBC), Stool	68		
007054	Ammonia, Plasma	66		
165180	HSV 1 and 2 IgM Abs, Indirect	66		
550090	HCV RNA by PCR, Qn Rfx Geno	66		
716936	Levetiracetam (Keppra), S	65		
164962	ANA w/Reflex	58		
008649	Aerobic Bacterial Culture	55		
001612	Alk Phos Isoenzyme	55		
010330	Bile Acids	54		
001487	Protein Electro.,S	53		
183480	GI Profile, Stool, PCR	52		
7573	IRON AND TOTAL IRON BINDING CAPACITY	51		
001974	T4 Free, Direct, Serum	51		
001065	Cholesterol, Total	51		
480947	PSA Total+% Free	51		
006726	Hep A Ab, Total	49		
006685	Thyroglobulin Antibody	48		
164863	ANA w/Reflex if Positive	48		
377036	UA/M w/rflx Culture, Routine	47		
001958	GGT	46		
138412	Ehrlichia Detection PCR	46		
182879	QuantiFERON-TB Gold Plus	46		
006530	Hepatitis B Surf Ab Quant	44		
016931	Prealbumin	42		
340897	ANA	42		
002303	Cancer Antigen (CA) 125	42		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
007401	Phenytoin (Dilantin), Serum	42		
180039	NuSwab Vaginitis (VG)	41		
4418	RHEUMATOID FACTOR	41		
006395	Hep B Surface Ab	39		
31348	PSA (FREE AND TOTAL)	38		
480640	PSA (Reflex To Free) (Serial)	38		
006684	Thyroid Antibodies	38		
807003	Alpha-Gal Panel	38		
004100	DHEA, Serum	36		
550123	HCV FibroSURE	36		
006718	Hep B Core Ab, Tot	34		
1759	CBC (H/H, RBC, INDICES, WBC, PLT)	34		
374	CREATINE KINASE, TOTAL	34		
165142	Celiac Disease Panel	33		
004549	Estrogens, Total	31		
096206	Varicella-Zoster V Ab, IgG	30		
183480	Gastrointestinal Profile, Stool, PCR	30		
500183	Anti-Mullerian Hormone (AMH)	29		
004556	hCG, Beta Subunit, Qual, Serum	28		
11173	CYCLIC CITRULLINATED PEPTIDE (CCP) AB (IGG)	27		
480772	PSA Total (Reflex To Free)	27		
164920	ANA Comprehensive Plus Profile	27		
OF Opiates/Opioids Reflex	OF Opiates/Opioids Reflex (Screen/Conf)	27		
007708	Lithium (Eskalith), Serum	26		
121186	Vitamin B1 (Thiamine), Blood	26		
100800	Fructosamine	26		
139900	COVID-19	26		
180764	H. pylori Stool Ag, EIA	25		
008250	HSV Culture and Typing	25		
OF Ethanol Screen	OF Ethanol Screen	25		
OF Amp Only Conf	OF Amphetamine LCMS Confirmation	25		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
602989	Food Allergy Profile	25		
017996	Ethanol, Blood	25		
002311	Creatine Kinase (CK), MB/Total	24		
OF Bup Reflex	OF Buprenorphine Reflex (Screen/Conf)	24		
OF Cocaine Reflex	OF Cocaine Reflex (Screen/Conf)	24		
OF Tram Reflex	OF Tramadol Reflex (Screen/Conf)	24		
OF Cannabinoids Reflex	OF Cannabinoids Reflex (Screen/Conf)	24		
OF Meth Reflex	OF Methamphetamine Reflex (Screen/Conf)	24		
138651	HSV 1/2 PCR	23		
266015	Folate, RBC	23		
833	PATHOLOGIST REVIEW OF PERIPHERAL SMEAR	22		
002253	AFP, Serum, Tumor Marker	22		
354928	Protein Electro, Random Urine	22		
121251	Cystatin C	22		
139900	SARS-CoV-2, NAA	22		
706994	Homocyst(e)ine, Plasma	21		
606	LIPASE	21		
716811	Gabapentin (Neurontin), Serum	21		
164065	Rheumatoid Arthritis Profile	21		
700886	Drug Screen 10 w/Conf, WB	21		
004051	Cortisol	21		
550140	NASH FibroSURE	21		
193060	Gyn Pap Test-Age -based Guideline for Cervical Cancer (Aptima) and STDs	21		
NG501561	Insulin, Free And Total	21		
162289	H. pylori IgG, Abs	20		
511154	Factor V Leiden Mutation	20		
39504	SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay	20		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
001982	Alpha-1-Antitrypsin, Serum	19		
927	VITAMIN B12	19		
511238	MTHFR	19		
024026	T4 and TSH	18		
001214	Bilirubin, Total/Direct, Serum	18		
007130	Hepatitis B Surface Antigen, Quantitative	18		
123016	Lactoferrin, Fecal, Quantitative	17		
123110	Amylase Isoenzymes	17		
163873	ANCA Panel	17		
37386	B-TYPE NATRIURETIC PEPTIDE	17		
480061	CA 125, Serum (Serial)	17		
164722	Ehrlichia Ab Panel	17		
001701	5' Nucleotidase	17		
196553	Pap IG, Ct-Ng TV HPV-hr	17		
007260	Valproic Acid (Depakote),S	17		
231	ALKALINE PHOSPHATASE ISOENZYMES	16		
180071	NuSwab VG, HSV	16		
007823	Phenobarbital, Serum	16		
001545	ALT (SGPT)	16		
007419	Carbamazepine(Tegretol), S	15		
120295	LDL Cholesterol (Direct)	15		
36170	TESTOSTERONE, FREE AND TOTAL, LC/MS/MS	15		
001032	Glucose, Serum	15		
005041	Hemoglobin	15		
243	AMYLASE	15		
120766	C-Reactive Protein, Cardiac	15		
001339	Iron, Serum	15		
160333	Lyme, IgM, Early Test/Reflex	14		
5463	URINALYSIS, COMPLETE	14		
004770	Lactic Acid, Plasma	14		
165118	Celiac Disease Ab Screen w/Rfx	14		
322777	Renal Panel (10)	14		
006536	Mono Qual W/Rflx Qn	13		
004655	Vitamin B6	13		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
007385	Digoxin, Serum	13		
104018	Cortisol - AM	13		
002139	CEA	13		
005207	PTT, Activated	13		
163033	Herpes Simplex Virus (HSV) Type 2-Specific Antibodies, IgG With Reflex To Supplemental Testing	13		
120832	Troponin I	12		
140150	Troponin T	12		
006056	ABO Grouping	12		
165126	Celiac Disease Comprehensive	12		
144065	HCV Ab w/Rflx to Verification	12		
35202	PTH, INTACT (WITHOUT CALCIUM)	12		
180043	NuSwab BV and Candida, NAA	11		
500711	Lupus Anticoag/Cardiolipin Ab	11		
622	MAGNESIUM	11		
550080	HCV RT-PCR, Quant (Non-Graph)	11		
006452	Complement C3, Serum	11		
001834	Complement C4, Serum	11		
006650	Mitochondrial (M2) Antibody	11		
Marijuana Screen Only	Marijuana Screen Only	11		
791486	Buprenorphine and Metabolite, Blood	11		
Ethyl Sulfate CONF	Ethyl Sulfate Confirmation	10		
006189	Mononucleosis Test, Qual	10		
182352	Gram Stain w/Sputum Cult Rflx	10		
480260	Comp panel: Leukemia/Lymphoma	10		
160325	Lyme, Total Ab Test/Reflex	10		
006924	HLA B 27 Disease Association	10		
511345	Hered.Hemochromatosis, DNA	10		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
001016	Calcium, Serum	10		
192153	Pap IG, Ct-Ng, HPV-hr	10		
001800	Zinc, Plasma or Serum	10		
012708	Sjogren's Ab, Anti-SS-A/-SS-B	10		
002154	CK, Total+Isoenzymes, Serum	9		
AMP Conf Panel	Amphetamines and Stimulants Confirmation	9		
7286	BILIRUBIN, FRACTIONATED	9		
8837	PTH, INTACT AND CALCIUM	9		
163204	Helicobacter pylori, IgM Ab	9		
717009	Lead, Blood (Pediatric)	9		
001628	Haptoglobin	9		
163600	Lyme, Western Blot, Serum	9		
140277	Erythropoietin (EPO), Serum	9		
249	ANA IFA SCREEN W/REFL TO TITER AND PATTERN, IFA	9		
006643	Actin (Smooth Muscle) Antibody	9		
648014	Allergen Profile, Food-Basic	8		
602284	Allergen Profile, Food-Meat	8		
183467	MRSA Screening Culture	8		
OF Cannabinoids Screen Only	OF Cannabinoids Screen Only	8		
OF Cocaine Screen Only	OF Cocaine Screen Only	8		
016881	Hep B Core Ab, IgM	8		
OF Tramadol Screen Only	OF Tramadol Screen Only	8		
OF Opiates/Opioids Screen Only	OF Opiates/Opioids Screen Only	8		
OF THC Screen	OF THC Screen Only	8		
144050	HCV Antibody RFX to Quant PCR	8		

096230	EBV Ab VCA, IgG	8		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
117079	Antiphospholipid Syndrome (APS) Profile	8		
004354	Aldosterone/Renin Ratio	8		
OF Meth Screen Only	OF Methamphetamine Screen Only	8		
OF Benzo Screen Only	OF Benzodiazepine Screen Only	8		
8472	HEPATITIS C AB W/REFL TO HCV RNA, QN, PCR	8		
096735	EBV Ab VCA, IgM	8		
Cocaine Screen Only	Cocaine Screen Only	8		
002071	Osmolality, Serum	8		
003442	Osmolality, Urine	8		
AMP Screen Only	Amphetamine Screen Only	8		
726778	726778 7+Alc-Unbund	8		
013672	Creatinine, Urine	8		
010405	Myoglobin, Serum	8		
3020	URINALYSIS, COMPLETE W/REFLEX TO CULTURE	8		
OF Zolp Only Conf	OF Zolpidem LCMS Confirmation	7		
Opiates/Opioids Conf Panel	Opiates/Opioids Confirmation Panel	7		
OF Methadone Only Conf	OF Methadone Only Conf	7		
OF Opi Conf Panel	OF Opiates/Opioid Confirmation	7		
OF Benzo Conf Panel	OF Benzodiazepines Confirmation	7		
Dissociatives Confirmation	Dissociatives Confirmation	7		
BENZO Conf Panel	Benzodiazepines Confirmation	7		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
Opiates/Opioids Screen Only	(contains Opiate and Oxy screens)	7		
11-nor-9-carboxy-THC Conf	11-nor-9-carboxy-THC Confirmation	7		
BENZO Screen Only	Benzodiazepines Scren Only	7		
004234	Metanephrines, Frac, Qn, 24-Hr	7		
551722	HBV Quant PCR Rfx to Genotype	7		
255505	HBV/HCV (Profile VIII)	7		
001560	Ceruloplasmin	7		
Ethanol Screen Only	(contains Ethanol and ETG screens)	7		
Benzoyllecgonine CONF	Benzoyllecgonine Confirmation	7		
BARB Conf Panel	Barbiturates Confirmation	7		
OF Bup Only Conf	OF Buprenorphine LCMS Confirmation	7		
OF Bup Screen Only	OF Buprenorphine Screen Only	7		
OF Oxy Conf Panel	OF Oxycodone/Oxymorphone Confirmation	7		
OF Methamp Only Conf	OF Methamphetamine LCMS Confirmation	7		
92813	ANA SCREEN, IFA, W/REFLEX TO TITER AND PATTERN/RHEUMATOID ARTHRITIS PANEL 2	7		
240610	EBV Antibody Profile	7		
003012	Creatinine, 24-Hour Urine	7		
8659	D-DIMER, QUANTITATIVE	7		
Cotinine Conf	Cotinine LCMS Confirmation	7		
OF Tram Only Conf	OF Tramadol LCMS Confirmation	7		
182949	Occult Blood, Fecal, IA	7		



Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
OF Benzoylcegonine Only Conf	OF Benzoylcegonine Only Conf	7		
Mitrag Only Conf	Mitragynine LCMS Confirmation	7		
Ethyl Glucuronide CONF	Ethyl Glucuronide Confirmation	7		
SSRIs/SNRIs Conf Panel	SSRIs/SNRIs Confirmation Panel	7		
499	HEPATITIS B SURFACE ANTIBODY QL	7		
OF THC Only Conf	OF Delta-9-THC LCMS Confirmation	7		
OF Fent Only Conf	OF Fentanyl LCMS Confirmation	7		
OF Car/Mpb Conf Panel	OF Carisoprodol/Meprobamate Confirmation	7		
884247	NMR LipoProfile	7		
BARB Screen Only	Barbituates Screen Only	7		
10165	BASIC METABOLIC PANEL	7		
764875	Drug Profile, Urine (12 Drugs)	6		
138685	Lyme (B. burgdorferi) PCR	6		
121806	Metanephrines, Frac., Pl. Free	6		
001156	T3 Uptake	6		
39433	SARS-CoV-2 RNA, QUALITATIVE REAL-TIME RT-PCR	6		
283655	Protein C Deficiency Profile	6		
866	T4, FREE	6		
008482	Fungus (Mycology) Culture	6		
001776	Immunoglobulin G, Qn, Serum	6		
511035	Chromosome, Blood, Routine	6		
001685	Immunofixation, Serum	6		
36504	HEPATITIS A AB, TOTAL W/REFL IGM	6		

551300	HCV RealTime Abbott	6		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
503380	PTHrP (PTH-Related Peptide)	6		
086249	Factor V Activity	6		
35080	LEUKEMIA/LYMPHOMA EVALUATION	6		
501	HEPATITIS B CORE AB TOTAL	6		
004440	ACTH, Plasma	6		
117754	Protein S Panel	6		
182956	MRSA by NAA	6		
7260	THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES	6		
001149	Thyroxine (T4)	6		
330015	Thyroid Cascade Profile	5		
000455	Thyroid Panel	5		
793	RETICULOCYTE COUNT	5		
086007	Acetylcholine Receptor Ab, All	5		
910180	Calculi, with Photograph	5		
NG005009	CBC W/diff	5		
164125	Gluten Sensitivity Screen	5		
91431	HIV 1/2 ANTIGEN/ANTIBODY, FOURTH GEN W/ REFLEX	5		
NG303756	Lipid Panel	5		
4021	ESTRADIOL	5		
042060	TgAb+Thyroglobulin, IMA or RIA	5		
096776	Varicella-Zoster Ab, IgM	5		
819290	Vectra(R) DA Disease Activity	5		
058545	Hepatitis B Virus (Profile VI)	5		
418	DIGOXIN	5		
NG322000	CMP	5		
001081	Albumin, Serum	5		
008300	Blood Culture, Routine	5		
001792	Immunoglobulin M, Qn, Serum	5		
001784	Immunoglobulin A, Qn, Serum	5		
026971	LH, Serum (2 Specimens)	5		
010314	Thyrotropin Receptor Ab,	5		

<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
164000	Strongyloides, IgG AB, Qualitative EIA	5		
144039	Vitamin A and E	5		
017509	Vitamin A, Serum	5		
193030	PapIG HPV, CtNg Age Gdln ACOG	5		
002170	Immunoglobulin E, Total	5		
007566	Digoxin, Random, Serum	5		
081091	Calcitriol(1,25 di-OH Vit D)	5		
163162	Bartonella Antibody Panel	5		
164855	Antinuclear Antibodies Direct	5		
601831	Allergen Profile, Vegetable I	5		
004069	5-HIAA,Quant.,24 Hr Urine	4		
123255	Calprotectin, Fecal	4		
138230	Epstein-Barr DNA Quant, PCR	4		
213660	Insulin and C-Peptide, Serum	4		
164806	HSV, IgM I/II Combination	4		
193000	Pap IG (Image Guided)	4		
192005	Pap Lb (Liquid-based)	4		
013334	Potassium, Spot Urine Random Without Creatinine	4		
82044	URINE MICRAL	4		
17099	PROTEIN ELECTROPHORESIS AND KAPPA/LAMBDA LIGHT CHA	4		
192112	Pap Lb, Ct-Ng, rfx HPV ASCU	4		
197070	Pap Lb, HPV-h+lr	4		
005223	Hgb Solubility	4		
180840	Helicobacter Pylori Urea Breath Test, Pediatric	4		
498	HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM	4		
601633	Allergen Profile, Food-Grain	4		
001370	Creatinine, Serum	4		
286161	Catecholamine+VMA, 24-Hr Urine	4		
601823	Allergen Profile, Vegetable II	4		

183111	Anaerobic/Aerobic/Gram Stain	4		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
550840	HCV RNA NAA Qual rfx to Quant	4		
006734	Hep A Ab, IgM	4		
716555	Nicotine Metabolite, Urine	4		
007336	Theophylline, Serum	4		
120188	Lipoprotein (a)	4		
001586	Copper, Serum	4		
002030	Aldolase	4		
180060	Bacterial Vaginosis, NAA	4		
252911	BRCA Comprehensive Analysis	4		
006478	Toxoplasma gondii Ab, IgG, Qn	4		
070045	Nicotine and Metabolite, Ur Qn	4		
1715	PROTEIN, TOTAL W/CREAT, RANDOM URINE	4		
8847	PROTHROMBIN TIME-INR	3		
004036	Pregnancy Test, Urine	3		
123234	Pancreatic Elastase, Fecal	3		
503800	Thiopurine Metabolites	3		
070104	Reverse T3, Serum	3		
013326	Sodium Spot, Random Urine without Creatinine	3		
001198	Sodium, Serum	3		
81003	Urinalysis, Without Microscopy	3		
095653	Alpha-1-Antitrypsin Phenotyp	3		
001941	Complement, Total (CH50)	3		
188078	Chlamydia trachomatis, NAA	3		
500070	Lupus Anticoagulant Panel	3		
716944	Lamotrigine (Lamictal), Serum	3		
123034	Immunofixation, Urine	3		
006619	Hep Be Ag	3		
004390	Gastrin, Serum	3		
225920	Protein Elec + Interp, Serum	3		
195050	Pap Lb, HPV-hr	3		
745	PROGESTERONE	3		
708	PHENOBARBITAL	3		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
123220	Vitamin B2, Whole Blood	3		
082370	Treponema pallidum Antibodies	3		
070140	Vitamin E	3		
183074	MRSA/MSSA Screening Culture	3		
141531	IA-2 Autoantibodies	3		
028928	Hepatitis A (Prof V)	3		
102525	Hgb A1c with eAG Estimation	3		
180935	E coli Shiga Toxin EIA	3		
161810	Anticardiolipin Ab, IgG, Qn	3		
070748	Carbamazepine, Free, Serum	3		
306	CALCIUM, IONIZED	3		
138693	CMV PCR	3		
511881	Alpha-1-Antitrypsin Deficiency	3		
5509	AMMONIA (P)	3		
550070	HCV RT-PCR, Quant (Graph)	3		
143008	GAD-65 Autoantibody	3		
502251	Flow Cytometry PNH	3		
000703	Renin Activity and Aldosterone	3		
267	THYROGLOBULIN ANTIBODIES	3		
180068	Vaginitis Plus (VG+) With Candida (Six Species), NuSwab®	3		
NG000810	Vitamin B12 and Folate	3		
143305	Soluble Transferrin Receptor	3		
34429	T3, FREE	3		
096651	Toxoplasma gondii Ab, IgM, Qn	3		
123100	Protein Elec (Rflx IFE), S	3		
489200	JAK2 V617F Mutation Detection	3		
163980	Liver-Kidney Microsomal Ab	3		
005058	Hematocrit	3		
115055	Eosinophil, Urine	3		
001123	AST (SGOT)	3		
004895	Calcitonin, Serum	3		
082719	Antiglomerular BM Ab, Qn	2		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
602633	Allergen Prof. w/ Total IgE, Respiratory - Area 6	2		
1629	ALPHA GALACTOSIDASE,S	2		
086231	Factor II Activity	2		
016824	Complement C1q, Quantitative	2		
002402	Creatine, Serum	2		
511905	Cytochrome P450 2D6/2C19	2		
502	HAPTOGLOBIN	2		
183558	Giardia/Cryptosporidium EIA	2		
164830	Inflammatory Bowel Disease-IBD	2		
164750	Procalcitonin	2		
003715	PE(Rfx IFE), Random Ur	2		
34879	METHYLMALONIC ACID	2		
NG140285	Microalb/Creat Ratio, Randm Ur	2		
164517	Protein S-Antigen	2		
013664	Protein Total, Random Urine	2		
204529	Rheumatic Fever Profile	2		
164040	tTG/DGP Screen	2		
503333	von Willebrand Factor Screen	2		
700248	Tacrolimus (FK506), Blood	2		
503995	ZNT8 Antibodies	2		
NG081950	Vitamin D, 25-Hydroxy	2		
002006	Renin, Plasma	2		
199305	Pap IG, HPV, rfx 16/18,45 (Aptima)	2		
096560	Rubeola Antibodies, IgG	2		
082345	T pallidum Screening Cascade	2		
164988	t-Transglutaminase (tTG) IgG	2		
252908	SLE Profile C	2		
013326	Sodium, Random Urine without Creatinine	2		
009076	Sputum Cytology	2		
005249	Platelet Count	2		
163170	Helicobacter pylori, IgA	2		
6462	HEPATITIS PANEL, GENERAL	2		
139350	HIV-1 RNA, Qualitative	2		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
010413	Intrinsic Factor Abs, Serum	2		
613	LITHIUM	2		
003079	Myoglobin, Urine	2		
29839	ANA, IFA PANEL COMPREHENSIVE	2		
004374	Aldosterone	2		
513002	Alk Phosphatase, Bone Specific	2		
138172	A. phagocytophilum PCR	2		
001040	BUN	2		
015040	Antithrombin Activity	2		
161836	Anticardiolipin Ab, IgA, Qn	2		
791194	Comprehensive Drug Analysis,Ur	2		
480533	Cystic Fibrosis Profile	2		
503853	Factor V Leiden DNA Rfx FV R2	2		
003269	Calcium, 24Hr Urine	2		
004432	Cortisol, Urinary Free	2		
138318	Babesia microti, PCR	2		
006981	Autoimmune Profile	2		
NG340897	ANA Titer & Pattern w/Rflx dsDNA, RNP, Sm, SSA, SSB, Scl-70, Chromatin, Jo-1, Centromere B	2		
096346	dsDNA Antibody by IFA, Crithidia luciliae, with Reflex to Titer	2		
265389	HBV Vaccine Follow-Up (Pro XI)	2		
500115	GlycoMark(R)(1,5 AG)	2		
507810	HPV Genotype, 16/18, 45	2		
35645	HCV RNA, QUANTITATIVE REAL TIME PCR	2		
010363	IGF-1	2		
209601	IgG, Subclasses(1-4)	2		
508005	Human Papillomavirus (HPV) High-risk (Cobas®) With HPV 16 and 18, Rectal Source	2		
146795	Inhibin B	2		

Test Code	Test Description	12 Month Vol.	Self-Pay Price	Client Bill Price
485029	Leukemia/Lymphoma Monitor Prof	2		
001842	LD Isoenzymes	2		
6646	LYME DISEASE AB, TOTAL W/REFL WB (IGG, IGM)	2		
084715	von Willebrand Profile	2		
070032	Zinc, Whole Blood	2		
NG004259	TSH	2		
070115	Vitamin B3 (Niacin+Metabolite)	2		
070706	Phenytoin,Free and Total,Serum	2		
121210	PE and FLC, Serum	2		
120980	Porphyrins, Qn, Random U	2		
716928	Oxcarbazepine (Trileptal),S	2		
750	PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS, URINE	2		
482	GGT	2		
100768	Glom Filt Rate, Estimated	2		
285700	Folate, RBC and Serum	2		
121137	Free K+L Lt Chains,Qn,S	2		
550475	HCV Genotyping Non Reflex	2		
550713	HCV RNA NAA Qualitative	2		
550100	HCV RNA PCR,Qn Rfx Geno(NonGr)	2		
006635	Hep Be Ab	2		
35489	HEMOGLOBINOPATHY EVALUATION	2		
001495	IFE and PE, Serum	2		
007012	Lacosamide	2		
007625	Lead, Blood (Adult)	2		
006270	Coombs', Direct	2		
062695	Allergen Profile, Shellfish	2		
070085	17-OH Progesterone LCMS	2		
16814	ANA IFA, W/REFL TO TITER/PATTERN/CASCADE	2		
161802	Anticardiolipin Ab, IgG/M, Qn	2		
008573	Viral Culture, General	2		
003368	Protein Electro, 24-Hour Urine	2		



<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
120204	Serotonin, Serum	2		
004937	Transferrin	2		
140749	Thyroid Stim Immunoglobulin	2		
071255	Nicotine and Metabolite, Qn P, S or Blood	2		
199315	Pap IG, HPV, rfx 16/18,45 + CtNgTv (Aptima)	2		
007856	Primidone (Mysoline), Serum	2		
261511	Prot Electro Interp, 24-Hr Ur	1		
038164	Prenatal Infectious Disease Antibodies, Qualitative, IgG With Reflex to Supplemental HSV-2 Testing	1		
123810	NMR LipoProfile With Graph	1		
520080	MyoMarker 3 Profile (RDL)	1		
140830	N-Telopeptide, Serum	1		
NG000620	Thyroid Panel With TSH	1		
19882	Systemic Lupus Erythematosus (SLE), Disease Activity Panel	1		
070038	Testosterone, F Eqlib+T LC/MS	1		
716910	Selenium, Serum/Plasma	1		
006460	Rapid Plasma Reagin, Quant	1		
480145	PSA, Serum (Serial Monitor)	1		
186056	Viral Culture,Rapid,Lesion	1		
070086	Vitamin B5	1		
006486	Antiparietal Cell Antibody	1		
182709	BV+Yeast Culture	1		
188045	C difficile Toxigenic Culture	1		
117700	Bleeding with Normal aPTT/PT	1		
733692	733692 9+Oxycodone+Crt-Scr	1		
733726	733726 13+Oxycodone+Crt-Scr	1		
001107	Alkaline Phosphatase, S	1		
602988	Allergen Profile Plus, IgE (Pediatric)	1		
649749	Allergen Profile, Mini-Panel	1		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>

671926	Allergens(7)	1		
117762	Activated Protein C Resistance	1		
010801	AFP, Serum, Open Spina Bifida	1		
007476	Amitriptyline (Elavil), Serum	1		
003343	Copper, Urine	1		
001594	Cryoglobulin, QI, Serum, Rflx	1		
138168	Ehrlichia chaffeensis PCR	1		
164996	Endomysial Antibody IgA	1		
427	ERYTHROPOIETIN	1		
511675	Cytochrome P450 2C19	1		
138945	Cytomegalovirus (CMV) Ab, IgG	1		
402	DHEA SULFATE	1		
NG164914	CCP Antibodies IgG/IgA	1		
500089	C-Telopeptide, Serum	1		
500452	C4 Binding Protein	1		
29493	CA 27.29	1		
615	LH	1		
451927	MaterniT21 PLUS Core	1		
007781	Methadone (Dolophine), Serum	1		
NG001321	Iron And TIBC	1		
164897	HSV Type 1-Specific Ab, IgG	1		
NG006726	Hep A Ab	1		
NG083935	HIV 1/0/2 Ag/Ab w/Rflx	1		
83037	Hemoglobin A1c (CPT code)	1		
NG550090	HCV RNA by PCR, Qn Rfx Geno	1		
500	GLUCOSE-6-PHOSPHATE DEHYDROGENASE, QUANT.	1		
480038	hCG, Beta Subunit, Qn (Serial)	1		
037215	HBV Evaluation Profile	1		
086264	Factor VIII Activity	1		
500196	Factor VIII Antigen	1		
NG004598	Ferritin	1		
001610	Fibrinogen Activity	1		
500649	Estradiol, Free Serum	1		
602485	F010-IgE Sesame Seed	1		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>

602479	F020-IgE Almond	1		
602509	F027-IgE Beef	1		
602724	F049-IgE Apple	1		
602745	F096-IgE Avocado	1		
602530	F256-IgE Walnut	1		
4914	PROTHROMBIN W/INR + PARTIAL THROMBOPLASTIN TIMES	1		
080465	Protein C Antigen	1		
164640	t-Transglutaminase (tTG) IgA	1		
870	TBG (THYROXINE BINDING GLOBULIN)	1		
082016	Sex Horm Binding Glob, Serum	1		
010249	Osteocalcin, Serum	1		
008219	Parasite ID, Worm	1		
199320	Pap IG, rfx HPV ASCU + CtNg (Aptima)	1		
NG143000	proBNP	1		
001727	Phospholipids, Serum	1		
070097	Vitamin B7	1		
123420	Vitamin C (with dilution)	1		
481220	VistaSeq Hered. Cancer Panel	1		
007915	Zonisamide(Zonegran), Serum	1		
096552	Mumps Antibodies, IgG	1		
120071	Osmolality, Fecal	1		
117054	Lupus Anticoagulant Comp	1		
117892	Lupus Anticoagulant Reflex	1		
038170	Lead Standard Profile, Blood	1		
115101	JAK2 Exons 12-15	1		
070034	Iodine, Serum or Plasma	1		
820201	Hepatitis D Virus (HDV) Total	1		
502421	Gonadotropin Releasing Hormone	1		
193065	Gyn Pap Test-Age -based Guideline for Cervical Cancer (Aptima)	1		
794370	Drug Profile, Ur, 9 Drugs	1		
NG005215	ESR	1		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>

010116	Angiotensin-Converting Enzyme	1		
008904	Anaerobic Culture	1		
676528	Allergens, Zone 2	1		
601856	Allergen Profile, Food-Milk	1		
141300	AFP with AFP-L3%	1		
163030	B pertussis IgG/IgM Ab	1		
160721	Antipancreatic Islet Cells	1		
161950	Anticardiolip Ab, IgA/G/M, Qn	1		
164085	Bowel Disorders Cascade	1		
120220	C1 Esterase Inhibitor, Func	1		
123014	C3d Immune Complexes	1		
5819	CA 15-3	1		
120816	Creatine Kinase (CK), MB	1		
NG006627	CRP (C-Reactive Protein)	1		
188070	Ct Ng TV HSV by NAA	1		
180093	Ct, Ng, Mycoplasmas NAA, Swab	1		
602453	F002-IgE Milk	1		
602451	F013-IgE Peanut	1		
602498	F026-IgE Pork	1		
602512	F036-IgE Coconut	1		
602738	F088-IgE Lamb	1		
602461	F202-IgE Cashew Nut	1		
001677	Fecal Fat, Qualitative	1		
466	FOLATE, SERUM	1		
164010	Celiac Ab tTG DGP TIgA	1		
002261	Carbohydrate Antigen 19-9	1		
001529	Carotene, Beta	1		
183616	Chlamydia/GC NAA, Confirmation	1		
120251	Coenzyme Q10, Total	1		
081162	Copper, Plasma and RBC	1		
001354	Fecal Fat, Quantitative	1		
11290	FECAL GLOBIN BY IMMUNOCHEMISTRY	1		
34271	EHRlichia CHAFFEENSIS (IGG, IGM)	1		
NG004101	DHEA	1		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
770701	Drug Scrn, Treatment Center	1		

500135	Corticosterone, Serum	1		
738806	Comprehensive Blood Screen w/GHB	1		
001859	Creatine Kinase/Lactate Dehyd. Total and Isoenzyme	1		
074435	Cannabinoid, Qual, Urine	1		
510340	CLL FISH Pane	1		
005231	Cell Ct, Synovial w/Crystals	1		
161455	Anti-Jo-1	1		
520087	Anti-Liver/Kidney Ab (RDL)	1		
520131	Anti-Smooth Muscle Ab by IFA	1		
285	BILIRUBIN, DIRECT	1		
004648	C1 Esterase Inhibitor, Serum	1		
123260	A1A, Quant+Genotype(Rfx Pheno)	1		
007740	Acetaminophen (Tylenol), S	1		
183764	Acid Fast Smear + Culture W/Rfx	1		
234	ALKALINE PHOSPHATASE	1		
671932	Allergen Pediatric 6 Yrs Plus	1		
660423	Allergen Profile, Basic Food	1		
601872	Allergen Profile, Food-Fruit	1		
19529	ALPHA-FETOPROTEIN (AFP) AND AFP-L3	1		
068320	(Replaced w/ F122-IgE 602453 F002-IgE Milk) F002-IgE Milk (Cow)	1		
193035	Pap IG HPV Age Gdln ACOG +CtNg	1		
180025	M genitalium NAA, Urine	1		
002295	Immunoglobulins A/E/G/M, Serum	1		
500306	HPV, high+low-risk	1		
139367	HSV and VZV PCR Panel	1		
120256	IFE, PE and FLC, Serum	1		
NG006530	Hep B Surface Ab, Quant	1		
7210	HEMOGRAM + DIFF	1		
042580	Heavy Metals Profile I, Blood	1		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
NG550123	HCV FibroSURE	1		

470	FSH	1		
336624	Fibrinogen Evaluation Profile	1		
058537	HAV/HBV Immune Status (Pro IV)	1		
101200	Glucose (2 Spec, WHO) Toler,S	1		
197124	Pap IG, Ct-Ng, HPV 16/18	1		
192047	Pap Lb, rfx HPV ASCU	1		
070763	Phenytoin, Free, Serum	1		
005033	RBC	1		
NG020321	PT AND PTT	1		
36970	QUANTIFERON(R)-TB GOLD PLUS, 1 TUBE	1		
006866	Rotavirus Ag, EIA	1		
006197	Rubella Antibodies, IgG	1		
500247	von Willebrand Disease Profile	1		
790642	Triazolam (Halcion)	1		
004280	Tryptase	1		
009068	Urine Cytology	1		
916	VALPROIC ACID	1		
070328	Vancomycin Trough, Serum	1		
921	VITAMIN A (RETINOL)	1		
121200	Vitamin K1	1		
512103	Thrombotic Risk Panel, DNA	1		
8563	URINALYSIS MICROSCOPIC	1		
NG024026	T4 and TSH	1		
180786	Strep Gp A Direct, DNA Probe	1		
716712	Sirolimus (Rapamune), Blood	1		
NG006502	Rheumatoid Factor	1		
6419	Rickettsia (RMSF) Antibodies (IgG, IgM)	1		
138743	Rickettsial Fever Group IgG/M	1		
747	PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS	1		
001073	Protein, Total, Serum	1		
123041	Protein Elec (Rfx IFE+FLC), S	1		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>

123055	Protein Elec + Interp (Rflx IFE+FLC), S	1		
85610	PT/INR	1		
603849	Milk Component IgE Allergy Profile	1		
080283	Magnesium, RBC	1		
718	PHOSPHATE (AS PHOSPHORUS)	1		
186072	HSV Culture Without Typing	1		
NG322744	Hepatitis Panel	1		
3640	HERPES SIMPLEX VIRUS 2 (IGG), TYPE-SPECIFIC AB	1		
NG006924	HLA B 27 Disease Association	1		
235036	Lipoprotein Phenotyping	1		
141598	Insulin Antibodies	1		
004275	Growth Hormone, Serum	1		
551610	HBV Real-Time PCR, Quant	1		
10256	HEPATIC FUNCTION PANEL	1		
NG115188	D-Dimer	1		
003475	Creatine, 24-Hour Urine	1		
NG028142	CBC	1		
334971	Celiac Disease Antibody Screen	1		
006353	Cold Agglutinin Titer, Quant	1		
017500	First Trimester Screen w/NT	1		
823263	Francisella tularensis Abs	1		
501902	Free T4 by Dialysis/Mass Spec	1		
7137	FSH AND LH	1		
182204	Giardia lamblia Ag, EIA	1		
602470	F201-IgE Pecan Nut	1		
601013	Allergen Profile, Food-Fish	1		
600999	Allergen Profile, Food-Legume	1		
7788	ABO GROUP AND RH TYPE	1		
018705	Antiscleroderma-70 Antibodies	1		
082545	Antiskin Autoantibodies, Quant	1		
015594	Antithrombin III, Func/Immunol	1		
<b>Test Code</b>	<b>Test Description</b>	<b>12 Month Vol.</b>	<b>Self-Pay Price</b>	<b>Client Bill Price</b>
550180	ASH FibroSURE	1		

143302	C-Peptide (2 Specimens)	1		
008169	Beta Strep Gp A Culture	1		
287	BILIRUBIN, TOTAL	1		
164293	Blastomyces Abs, Qn, DID	1		