

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| Date } _____ | | |
| ACCOUNT INFORMATION | | |
| NAME _____ | | |
| ADDRESS _____ | | |
| CITY _____ | STATE _____ | ZIP _____ |
| PHONE _____ | | |
| PATIENT INFORMATION | | |
| PATIENT LAST NAME OR ID# _____ | | FIRST _____ |
| DOB _____ | | SEX _____ |
| ADDRESS _____ | | |
| SSN _____ | | PHONE _____ |
| CITY _____ | | STATE _____ ZIP _____ |
| DIAGNOSIS / SIGNS / SYMPTOM IN ICD-9 FORMAT (HIGHEST SPECIFICITY) _____ | | REFERENCE NO. } _____ |
| RACE } _____ | | |
| BILLING INFORMATION } BILL TO: <input type="checkbox"/> ACCOUNT <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> RESEARCH ACCT. | | |
| <input type="checkbox"/> Medicare (must include Alpha Code) <input type="checkbox"/> Medicaid <input type="checkbox"/> CARE PARTNERS <input type="checkbox"/> PARTNERS HMO | | |
| ACCOUNT _____ | PATIENT ACCT. _____ | RESEARCH ACCT. _____ |
| ID # _____ ALPHA Code _____ <input type="checkbox"/> GHP <input type="checkbox"/> OTHER _____ | | |
| TESTING INFORMATION | | |
| <input type="checkbox"/> STAT CALL RESULTS TO: _____ COMPLETE AND ATTACH STAT FLYER | | |
| COLLECTION INFORMATION: | | |
| DATE _____ | TIME _____ | INITIALS _____ |
| INSURANCE CO. _____ | | I.D. # _____ |
| ADDRESS _____ | | GRP # _____ |
| INSURED NAME (IF NOT PATIENT) _____ | | PLAN NAME _____ |
| PARENT OR GUARDIAN _____ | | GUARANTOR _____ |

NOTE TO PHYSICIAN: When seeking payment from Medicare or Medicaid, Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient, for instance, Medicare does not cover routine screening, testing that is "investigative" or research use only, testing with quantity limits. Components of the organ or disease panels/combinations printed below are shown on the reverse side and may also be ordered individually below. Components may be billed separately if allowed by the payor.

PEDIATRIC VOLUME REQUIREMENTS AND TUBE SELECTIONS CAN BE REFERENCED VIA THE ON-LINE LAB TEST GUIDE.
<http://www.stlouischildrens.org/content/ClinicalLaboratories.htm>

| ✓ CPT | PANELS | ✓ CPT | HEMATOLOGY | ✓ CPT | IMMUNOLOGY & SEROLOGY-cont'd. | ✓ CPT | VIRUS DETECTION BY PCR | |
|-----------------------|--------------------------------------------------------------|-------------|--------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------|------------------------------------|
| 80048 | Basic Metabolic Panel | 84450 | Aspartate Aminotransferase (AST) | 85045 | Reticulocyte Count, SLC | 86225 | Double Stranded DNA - Quant | |
| 80053 | Comprehensive Metabolic Panel | 82247/82248 | Bilirubin, fractionated, pediatric | COAGULATION | | 82784 | Immunoglobulin A | |
| 86003x12 | Eczema Allergy Profile (Infant)-12 tests | 88248 | Bilirubin, pediatric (BU/BC) | 85384 | Fibrinogen, Clauss | 82785 | Immunoglobulin E | |
| 80051 | Electrolyte Panel | 82247 | Bilirubin, total | 85730 | Partial Thromboplastin Time, Activated | 82784 | Immunoglobulin G | |
| 80076 | Hepatic Function Panel | 82330 | Calcium, Ionized | 85576x2 | Platelet Function Screen | 82784 | Immunoglobulin M | |
| 80074 | Hepatitis Panel, Acute | 82310 | Calcium, total | 85610 | Prothrombin Time (PT) | 86308 | Mononucleosis Screen | |
| 80061 | Lipid Panel | 82435 | Chloride | URINALYSIS | | 86038 | Nuclear Antibody, Qualitative | |
| 80069 | Renal Function Panel | 82465 | Cholesterol, total | 81001 | Urinalysis (with Micro Reflex) | 86592 | RPR, Qualitative | |
| 86003x16 | Respiratory Allergy Panel -16 tests | 82565 | Creatinine | 81015 | Microscopic, Urine | RETROVIRUS | | |
| 86003x6 | Respiratory Allergy Profile (Infant)-6 tests | 82550 | Creatine Kinase, total | DRUGS | | 87902 | HCV Genotype | |
| MICROBIOLOGY | | | 82977 | Gamma Glutamyl Transferase (GGT) | <input type="checkbox"/> Trough <input type="checkbox"/> Peak <input type="checkbox"/> Random | 87522 | Hepatitis C PCR, Quantitative | |
| Specimen Type: _____ | | | 82947 | Glucose | 82003 | Acetaminophen | 87529 | HIV-Type 1 & 2 Antibodies |
| Site: _____ | | | 84703 | hCG, Intact, Serum, Qual | 80150 | Amikacin | 87529 | HIV 1 Antibody, Western Blot Assay |
| 87205 | Bacterial Vaginosis Stain (submit smear) | 81025 | hCG, Intact, Urine, Qual | 80156 | Carbamazepine | 87535 | HIV PCR DNA | |
| 87070/87205 | Culture, Routine aerobic | 83036 | Hemoglobin A1C | 80158 | Cyclosporine A, Whole Blood | 87536 | HIV-1 RNA | |
| 87070/87205 | Culture, Routine (Cystic Fibrosis) | 86141 | hsCRP (C Reactive Protein) | 80170 | Gentamicin | | | |
| 87075 | Culture, Routine anaerobic | 83540 | Iron, total | 83520 | Methotrexate | | | |
| 87491 / 87591 | Amplified Probe Chlamydia trachomatis/ Neisseria Gonorrhoeae | 83615 | Lactate Dehydrogenase, Total | 80184 | Phenobarbital | BLOOD BANK | | |
| 87081 | Trichomonas Culture (In Pouch) | 83655 | Lead, Whole Blood | 80185 | Phenytoin (Dilantin) | 86900 / 86901 | ABO, Rh, Antibody Screen | |
| 87045 / 87046 / 87427 | Culture, Enteric (stool) | 83690 | Lipase | 80196 | Salicylate | 86850 | ABO/Rh Patient | |
| 87101 | Culture Fungus; hair, skin, nails | 83735 | Magnesium | 80197 | Tacrolimus (FK506), Whole Blood | 86900 / 86901 | Indirect Coombs | |
| 87102 | Culture Fungus, Other | 84100 | Phosphorus | 80198 | Theophylline | 86850 | Direct Coombs | |
| 87086 | Culture, Urine | 84132 | Potassium | 80200 | Tobramycin | 86880 | Broad Spectrum | |
| 87451 | Ova and Parasites Screen | 84155 | Protein, total | 80164 | Valproic Acid | | | |
| 87425 | Rotavirus | 84295 | Sodium | 80202 | Vancomycin | HEPATITIS TESTS | | |
| 87081 | Culture, Beta Strep (includes groups A, C, & G) | 84439 | Free T4 (Thyroxine) | METABOLIC GENETICS | | 86708 | Hepatitis A antibody, Total (HAVAb) | |
| 87081 | Culture, Staph aureus screen | 84436 | T4 - (Thyroxine) total | 82775 | Gal-1-Phos Uridyltransferase | 86709 | Hepatitis A antibody, (HAAb) IgM | |
| | Other | 84443 | Thyroid Stimulating Hormone (TSH) | 84030 | Phenylalanine, Qnt | 86705 | Hepatitis B core antibody, (HBcAb) IgM | |
| | | 84520 | Urea Nitrogen, Blood (BUN) | 84030 | Phenylalanine/Tyrosine Quant | 86704 | Hepatitis B core antibody, Total (HBcAb) IgG & IgM | |
| | | 84550 | Uric Acid | 84510 | | 86706 | Hepatitis B surface antibody, (HBsAb) | |
| CHEMISTRY | | | HEMATOLOGY | | | IMMUNOLOGY & SEROLOGY | | |
| 84460 | Alanine Aminotransferase (ALT) | 85025 | CBC/diff, SLC | 86160 | Complement, C3 | 87340 | Hepatitis B surface antigen, (HBsAg) | |
| 82040 | Albumin | 85652 | Erythrocyte Sedimentation Rate, Peds | 86160 | Complement, C4 | 86803 | Hepatitis C antibody (HCV) | |
| 84075 | Alkaline Phosphatase, total | 83021 | Hemoglobin Analysis (HPLC) | 86162 | Complement, Total (Activation) | | | |
| 82140 | Ammonia | 85027 | Hemogram, (w/o Diff) | | Hemolytic, Serum | | | |
| 82150 | Amylase | 85007 | Morphologic Exam, Pediatrics | 86225 | DNA Antibody, Crithidia-Qual | | | |

ADDITIONAL TESTS:

ORGAN or DISEASE ORIENTED PANELS

80049 Basic Metabolic Panel

Calcium
Carbon Dioxide
Chloride
Creatinine
Potassium
Sodium
Urea Nitrogen
Glucose

80054 Comprehensive Metabolic Panel

Albumin
Bilirubin, Total
Calcium
CO₂
Chloride
Creatinine
Alkaline Phosphatase
Potassium
Protein, Total
Sodium
AST
Urea Nitrogen
Glucose
ALT

80051 Electrolytes Panel

Carbon Dioxide
Chloride
Potassium
Sodium

80076 Hepatic Function Panel

Albumin
Alkaline Phosphatase, Activity, Total
Bilirubin, Fractionated, Pediatric
Protein, Total

80074 Hepatitis Panel, Acute This panel must include the following:

Hepatitis B Surface Antigen (HBsAg)
Hepatitis B core Antibody (HBcAb), IgM
Hepatitis A Antibody (HAAb), IgM
Hepatitis C Antibody

80061 Lipid Panel This panel must include the following:

Cholesterol Total
Lipoprotein, direct measurement, High Density Cholesterol
(HDL Cholesterol)
Triglycerides

80069 Renal Function Panel

Albumin
Calcium
Carbon Dioxide
Chloride
Creatinine
Glucose
Phosphorus Inorganic
Potassium
Sodium
Urea Nitrogen

81001 Urinalysis with Microscopic

(Reflex Microscopic performed when macro is positive)

Eczema Allergy Profile (Infant) - 12 tests

(Ages: 3 months - 2 years)

Egg White
Milk
Peanut
Fish, Cod
Soybean
Wheat
Dermatophagoides farinae
Dermatophagoides pteronyssinus
Cat dander
Dog dander
Cockroach
Alternaria tenius

Respiratory Allergy Panel - 16 tests

(Ages: 2 years old and up)

Dermatophagoides farinae
Dermatophagoides pteronyssinus
Cat dander
Dog dander
Cockroach
Alternaria tenius
Aspergillus fumigatus
Cladosporium herbarium (Hormodendrum)
Elm
Maple, Box Elder
Oak
Bermuda
Johnson
Timothy
Ragweed
English Plantain

Respiratory Allergy Profile (Infant) - 6 tests

(Ages: 3 months - 2 years)

Dermatophagoides farinae
Dermatophagoides pteronyssinus
Cat dander
Dog dander
Cockroach
Alternaria tenius

85025 COMPLETE BLOOD COUNT (CBC) SLC (with automated Differential & Platelet Count)

RBC
WBC
Hemoglobin
Hematocrit
Indices
Platelet Count
Five Part Differential

- All stool cultures include enzyme immunoassay to detect Shiga Toxins (Ecoli Ag).
- For all cultures, additional charges may be added for susceptibility testing and isolate identification based on organism(s) recovered.

| | | | | | | | | | | | | |
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| Date } _____ | | | ACCOUNT INFORMATION | | | PATIENT INFORMATION | | | | | | |
| NAME | | | | | | | | | | | | |
| ADDRESS | | | PATIENT LAST NAME OR ID# | | | FIRST | | | DOB | | SEX | |
| CITY | | | STATE | | | ZIP | | | ADDRESS | | | |
| PHONE | | | CITY | | | STATE | | | ZIP | | PHONE | |
| ORDERING PHYSICIAN | | | DIAGNOSIS / SIGNS / SYMPTOM IN ICD-9 FORMAT (HIGHEST SPECIFICITY) | | | REFERENCE NO. } | | | RACE } | | | |
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| ACCOUNT | PATIENT ACCT. | | RESEARCH ACCT. | | <input type="checkbox"/> Medicare (must include Alpha Code) | | | <input type="checkbox"/> Medicaid | | <input type="checkbox"/> CARE PARTNERS | | <input type="checkbox"/> PARTNERS HMO |
| TESTING INFORMATION | | | INSURANCE CO. | | | I.D. # | | | | | | |
| <input type="checkbox"/> STAT | CALL RESULTS TO: _____ | | COMPLETE AND | | ADDRESS | | | GRP # | | | | |
| | (# _____) | | ATTACH STAT FLYER | | INSURED NAME (IF NOT PATIENT) | | | PLAN NAME | | | | |
| COLLECTION INFORMATION: | | | PARENT OR GUARDIAN | | | GUARANTOR | | | | | | |
| DATE _____ | TIME _____ | | INITIALS _____ | | | | | | | | | |

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|-----------------------------|-------------------------------------------------|-----------------|--------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------|------------------------------------|
| 80048 | Basic Metabolic Panel | 84450 | Aspartate Aminotransferase (AST) | 85045 | Reticulocyte Count, SLC | 86225 | Double Stranded DNA - Quant | |
| 80053 | Comprehensive Metabolic Panel | 82247/ 82248 | Bilirubin, fractionated, pediatric | COAGULATION | | 82784 | Immunoglobulin A | |
| 86003x12 | Eczema Allergy Profile (Infant)-12 tests | 88248 | Bilirubin, pediatric (BU/BC) | 85384 | Fibrinogen, Clauss | 82785 | Immunoglobulin E | |
| 80051 | Electrolyte Panel | 82247 | Bilirubin, total | 85730 | Partial Thromboplastin Time, Activated | 82784 | Immunoglobulin G | |
| 80076 | Hepatic Function Panel | 82330 | Calcium, Ionized | 85576x2 | Platelet Function Screen | 82784 | Immunoglobulin M | |
| 80074 | Hepatitis Panel, Acute | 82310 | Calcium, total | 85610 | Prothrombin Time (PT) | 86308 | Mononucleosis Screen | |
| 80061 | Lipid Panel | 82435 | Chloride | URINALYSIS | | 86038 | Nuclear Antibody, Qualitative | |
| 80069 | Renal Function Panel | 82465 | Cholesterol, total | 81001 | Urinalysis (with Micro Reflex) | 86592 | RPR, Qualitative | |
| 86003x16 | Respiratory Allergy Panel -16 tests | 82565 | Creatinine | 81015 | Microscopic, Urine | RETROVIRUS | | |
| 86003x6 | Respiratory Allergy Profile (Infant)-6 tests | 82550 | Creatine Kinase, total | DRUGS | | 87902 | HCV Genotype | |
| MICROBIOLOGY | | | 82977 | Gamma Glutamyl Transferase (GGT) | <input type="checkbox"/> Trough <input type="checkbox"/> Peak <input type="checkbox"/> Random | | 87522 | Hepatitis C PCR, Quantitative |
| Specimen Type: _____ | | | 82947 | Glucose | 82003 | Acetaminophen | 87529 | HIV-Type 1 & 2 Antibodies |
| Site: _____ | | | 84703 | hCG, Intact, Serum, Qual | 80150 | Amikacin | 87529 | HIV 1 Antibody, Western Blot Assay |
| 87205 | Bacterial Vaginosis Stain (submit smear) | 81025 | hCG, Intact, Urine, Qual | 80156 | Carbamazepine | 87535 | HIV PCR DNA | |
| 87070/ 87205 | Culture, Routine aerobic | 83036 | Hemoglobin A1C | 80158 | Cyclosporine A, Whole Blood | 87536 | HIV-1 RNA | |
| 87070/ 87205 | Culture, Routine (Cystic Fibrosis) | 86141 | hsCRP (C Reactive Protein) | 80170 | Gentamicin | | | |
| 87075 | Culture, Routine anaerobic | 83540 | Iron, total | 83520 | Methotrexate | | | |
| 87491 / | Amplified Probe Chlamydia trachomatis/ | 83615 | Lactate Dehydrogenase, Total | 80184 | Phenobarbital | BLOOD BANK | | |
| 87591 | Neisseria Gonorrhoeae | 83655 | Lead, Whole Blood | 80185 | Phenytoin (Dilantin) | 86900 / 86901 | ABO, Rh, Antibody Screen | |
| 87081 | Trichomonas Culture (In Pouch) | 83690 | Lipase | 80196 | Salicylate | 86850 | ABO/Rh Patient | |
| 87045 / 87046 / 87427 | Culture, Enteric (stool) | 83735 | Magnesium | 80197 | Tacrolimus (FK506), Whole Blood | 86900 / 86901 | Indirect Coombs | |
| 87101 | Culture Fungus; hair, skin, nails | 84100 | Phosphorus | 80198 | Theophylline | 86850 | Direct Coombs | |
| 87102 | Culture Fungus, Other | 84132 | Potassium | 80200 | Tobramycin | | Broad Spectrum | |
| 87086 | Culture, Urine | 84295 | Sodium | 80164 | Valproic Acid | 86880 | | |
| 87451 | Ova and Parasites Screen | 84439 | Free T4 (Thyroxine) | 80202 | Vancomycin | HEPATITIS TESTS | | |
| 87425 | Rotavirus | 84436 | T4 - (Thyroxine) total | 82775 | Gal-1-Phos Uridyltransferase | 86708 | Hepatitis A antibody, Total (HAVAb) | |
| 87081 | Culture, Beta Strep (includes groups A, C, & G) | 84443 | Thyroid Stimulating Hormone (TSH) | 84030 | Phenylalanine, Qnt | 86709 | Hepatitis A antibody, (HAAb) IgM | |
| 87081 | Culture, Staph aureus screen | 84520 | Urea Nitrogen, Blood (BUN) | 84030 | Phenylalanine/Tyrosine Quant | 86705 | Hepatitis B core antibody, (HBcAb) IgM | |
| | Other | 84550 | Uric Acid | 84510 | | 86704 | Hepatitis B core antibody, Total (HBcAb) IgG & IgM | |
| CHEMISTRY | | | HEMATOLOGY | | IMMUNOLOGY & SEROLOGY | | | |
| 84460 | Alanine Aminotransferase (ALT) | 85025 | CBC/diff, SLC | 86160 | Complement, C3 | 86706 | Hepatitis B surface antibody, (HBsAb) | |
| 82040 | Albumin | 85652 | Erythrocyte Sedimentation Rate, Peds | 86160 | Complement, C4 | 87340 | Hepatitis B surface antigen, (HBsAg) | |
| 84075 | Alkaline Phosphatase, total | 83021 | Hemoglobin Analysis (HPLC) | 86162 | Complement, Total (Activation) | 86803 | Hepatitis C antibody (HCV) | |
| 82140 | Ammonia | 85027 | Hemogram, (w/o Diff) | | Hemolytic, Serum | | | |
| 82150 | Amylase | 85007 | Morphologic Exam, Pediatrics | 86225 | DNA Antibody, Crithidia-Qual | | | |

ADDITIONAL TESTS:

ORGAN or DISEASE ORIENTED PANELS

80049 Basic Metabolic Panel

Calcium
Carbon Dioxide
Chloride
Creatinine
Potassium
Sodium
Urea Nitrogen
Glucose

80054 Comprehensive Metabolic Panel

Albumin
Bilirubin, Total
Calcium
CO₂
Chloride
Creatinine
Alkaline Phosphatase
Potassium
Protein, Total
Sodium
AST
Urea Nitrogen
Glucose
ALT

80051 Electrolytes Panel

Carbon Dioxide
Chloride
Potassium
Sodium

80076 Hepatic Function Panel

Albumin
Alkaline Phosphatase, Activity, Total
Bilirubin, Fractionated, Pediatric
Protein, Total

80074 Hepatitis Panel, Acute This panel must include the following:

Hepatitis B Surface Antigen (HBsAg)
Hepatitis B core Antibody (HBcAb), IgM
Hepatitis A Antibody (HAAb), IgM
Hepatitis C Antibody

80061 Lipid Panel This panel must include the following:

Cholesterol Total
Lipoprotein, direct measurement, High Density Cholesterol
(HDL Cholesterol)
Triglycerides

80069 Renal Function Panel

Albumin
Calcium
Carbon Dioxide
Chloride
Creatinine
Glucose
Phosphorus Inorganic
Potassium
Sodium
Urea Nitrogen

81001 Urinalysis with Microscopic

(Reflex Microscopic performed when macro is positive)

Eczema Allergy Profile (Infant) - 12 tests

(Ages: 3 months - 2 years)

Egg White
Milk
Peanut
Fish, Cod
Soybean
Wheat
Dermatophagoides farinae
Dermatophagoides pteronyssinus
Cat dander
Dog dander
Cockroach
Alternaria tenius

Respiratory Allergy Panel - 16 tests

(Ages: 2 years old and up)

Dermatophagoides farinae
Dermatophagoides pteronyssinus
Cat dander
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Cockroach
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Aspergillus fumigatus
Cladosporium herbarium (Hormodendrum)
Elm
Maple, Box Elder
Oak
Bermuda
Johnson
Timothy
Ragweed
English Plantain

Respiratory Allergy Profile (Infant) - 6 tests

(Ages: 3 months - 2 years)

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85025 COMPLETE BLOOD COUNT (CBC) SLC (with automated Differential & Platelet Count)

RBC
WBC
Hemoglobin
Hematocrit
Indices
Platelet Count
Five Part Differential

- All stool cultures include enzyme immunoassay to detect Shiga Toxins (Ecoli Ag).
- For all cultures, additional charges may be added for susceptibility testing and isolate identification based on organism(s) recovered.

| | | | | | | | | | | | | |
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| 86003x6 | Respiratory Allergy Profile (Infant)-6 tests | 82550 | Creatine Kinase, total | DRUGS | | 87902 | HCV Genotype | |
| MICROBIOLOGY | | | 82977 | Gamma Glutamyl Transferase (GGT) | <input type="checkbox"/> Trough <input type="checkbox"/> Peak <input type="checkbox"/> Random | | 87522 | Hepatitis C PCR, Quantitative |
| Specimen Type: _____ | | | 82947 | Glucose | 82003 | Acetaminophen | 87529 | HIV-Type 1 & 2 Antibodies |
| Site: _____ | | | 84703 | hCG, Intact, Serum, Qual | 80150 | Amikacin | 87529 | HIV 1 Antibody, Western Blot Assay |
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| 87086 | Culture, Urine | 84295 | Sodium | 80164 | Valproic Acid | 86880 | | |
| 87451 | Ova and Parasites Screen | 84439 | Free T4 (Thyroxine) | 80202 | Vancomycin | HEPATITIS TESTS | | |
| 87425 | Rotavirus | 84436 | T4 - (Thyroxine) total | 82775 | Gal-1-Phos Uridyltransferase | 86708 | Hepatitis A antibody, Total (HAVAb) | |
| 87081 | Culture, Beta Strep (includes groups A, C, & G) | 84443 | Thyroid Stimulating Hormone (TSH) | 84030 | Phenylalanine, Qnt | 86709 | Hepatitis A antibody, (HAAb) IgM | |
| 87081 | Culture, Staph aureus screen | 84520 | Urea Nitrogen, Blood (BUN) | 84030 | Phenylalanine/Tyrosine Quant | 86705 | Hepatitis B core antibody, (HBcAb) IgM | |
| | Other | 84550 | Uric Acid | 84510 | | 86704 | Hepatitis B core antibody, Total (HBcAb) IgG & IgM | |
| CHEMISTRY | | | HEMATOLOGY | | IMMUNOLOGY & SEROLOGY | | | |
| 84460 | Alanine Aminotransferase (ALT) | 85025 | CBC/diff, SLC | 86160 | Complement, C3 | 86706 | Hepatitis B surface antibody, (HBsAb) | |
| 82040 | Albumin | 85652 | Erythrocyte Sedimentation Rate, Peds | 86160 | Complement, C4 | 87340 | Hepatitis B surface antigen, (HBsAg) | |
| 84075 | Alkaline Phosphatase, total | 83021 | Hemoglobin Analysis (HPLC) | 86162 | Complement, Total (Activation) | 86803 | Hepatitis C antibody (HCV) | |
| 82140 | Ammonia | 85027 | Hemogram, (w/o Diff) | | Hemolytic, Serum | | | |
| 82150 | Amylase | 85007 | Morphologic Exam, Pediatrics | 86225 | DNA Antibody, Crithidia-Qual | | | |

ADDITIONAL TESTS:

ORGAN or DISEASE ORIENTED PANELS

80049 Basic Metabolic Panel

Calcium
Carbon Dioxide
Chloride
Creatinine
Potassium
Sodium
Urea Nitrogen
Glucose

80054 Comprehensive Metabolic Panel

Albumin
Bilirubin, Total
Calcium
CO₂
Chloride
Creatinine
Alkaline Phosphatase
Potassium
Protein, Total
Sodium
AST
Urea Nitrogen
Glucose
ALT

80051 Electrolytes Panel

Carbon Dioxide
Chloride
Potassium
Sodium

80076 Hepatic Function Panel

Albumin
Alkaline Phosphatase, Activity, Total
Bilirubin, Fractionated, Pediatric
Protein, Total

80074 Hepatitis Panel, Acute This panel must include the following:

Hepatitis B Surface Antigen (HBsAg)
Hepatitis B core Antibody (HBcAb), IgM
Hepatitis A Antibody (HAAb), IgM
Hepatitis C Antibody

80061 Lipid Panel This panel must include the following:

Cholesterol Total
Lipoprotein, direct measurement, High Density Cholesterol
(HDL Cholesterol)
Triglycerides

80069 Renal Function Panel

Albumin
Calcium
Carbon Dioxide
Chloride
Creatinine
Glucose
Phosphorus Inorganic
Potassium
Sodium
Urea Nitrogen

81001 Urinalysis with Microscopic

(Reflex Microscopic performed when macro is positive)

Eczema Allergy Profile (Infant) - 12 tests

(Ages: 3 months - 2 years)

Egg White
Milk
Peanut
Fish, Cod
Soybean
Wheat
Dermatophagoides farinae
Dermatophagoides pteronyssinus
Cat dander
Dog dander
Cockroach
Alternaria tenius

Respiratory Allergy Panel - 16 tests

(Ages: 2 years old and up)

Dermatophagoides farinae
Dermatophagoides pteronyssinus
Cat dander
Dog dander
Cockroach
Alternaria tenius
Aspergillus fumigatus
Cladosporium herbarium (Hormodendrum)
Elm
Maple, Box Elder
Oak
Bermuda
Johnson
Timothy
Ragweed
English Plantain

Respiratory Allergy Profile (Infant) - 6 tests

(Ages: 3 months - 2 years)

Dermatophagoides farinae
Dermatophagoides pteronyssinus
Cat dander
Dog dander
Cockroach
Alternaria tenius

85025 COMPLETE BLOOD COUNT (CBC) SLC (with automated Differential & Platelet Count)

RBC
WBC
Hemoglobin
Hematocrit
Indices
Platelet Count
Five Part Differential

- All stool cultures include enzyme immunoassay to detect Shiga Toxins (Ecoli Ag).
- For all cultures, additional charges may be added for susceptibility testing and isolate identification based on organism(s) recovered.