



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
BHS11095

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER
804-558-0067

VENDOR
 *201113956 267-525-2470
 ATLANTIC DIAGNOSTIC LABORATORY
 3520 PROGRESS DR STE C
 BENSLEM PA 19020

SHIP TO
 HEALTH AND HUMAN RESOURCES
 BBH/HF
 ROOM 350
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3702 304-558-3672

DATE PRINTED 02/15/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 03/01/2011				

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
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ADDENDUM NO. 1

1. QUESTIONS AND ANSWERS ARE ATTACHED.
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.

EXHIBIT 10

REQUISITION NO.: BHS11095

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO. S:

NO. 1

NO. 2

NO. 3

NO. 4

NO. 5

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.

VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL

RECEIVED

2011 FEB 28 A 10:02

**PURCHASING DIVISION
 STATE OF WV**

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Robert Wagner* TELEPHONE **267-525-2470** DATE **2/25/11**

TITLE *Vice President* FEIN **26-2151519** ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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 304-558-0067

VENDOR

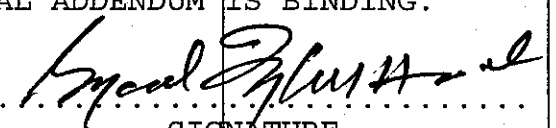
*201113956 267-525-2470
 ATLANTIC DIAGNOSTIC LABORATORI
 3520 PROGRESS DR STE C
 BENSLEM PA 19020

SHIP TO

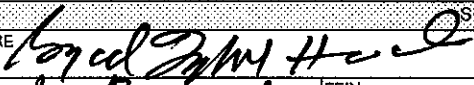
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02/15/2011				

BID OPENING DATE: 03/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.						
 SIGNATURE ATLANTIC DIAGNOSTIC LABORATORIES COMPANY 2/25/11 DATE						
NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.						
REV. 09/21/2009						
END OF ADDENDUM NO. 1						
0001	1	YR		193-88		
OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 267-525-2470	DATE 2/25/11
TITLE <i>Vice President</i>	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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RFQ COPY

TYPE NAME/ADDRESS HERE

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BID OPENING DATE: **03/01/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ BHS11095 ***** TOTAL:						540,996.25

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE _____ TELEPHONE _____ DATE _____

TITLE _____ FEIN _____ ADDRESS CHANGES TO BE NOTED ABOVE

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WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BHS11095
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services ADDENDUM #1

1. Question: Will all services for all facilities be billed back to the State? Nursing homes have been included in this RFQ and typically these are billed directly to Medicare, if designated as a Medicare Part B recipient.
ANSWER: All Reference Laboratory services shall be billed to the facilities in the manner referenced in RFQ paragraph 1.2.21, which requests vendor rates and the formal catalog of services; and RFQ paragraph 3 which refers to the Payment terms.

2. Question: How will the billing information be transmitted to the performing lab?
ANSWER: At this time, the OpenVista software does not have the capability to transmit patient Medicare or Medicaid numbers with the outgoing lab orders thus precluding direct Medicare or Medicaid billing.

3. Question: Section 1.2.2 states that the vendor must be able to electronically interface with the Electronic Patient Record System within thirty (30) days of the start of the contract. What kind of interface is expected / required?
ANSWER: According to Medsphere, the instrument manager software is the required interface to the Data Innovation server. For further information please contact Loyd Bittle, Director, Technical Solutions at Medsphere Corporation (loyd.bittle@Medsphere.com or 334-730-8375).

4. Question A. Please provide more information to clarify the test requested as "ANC" from exhibit A, Line 12.
ANSWER: Exhibit A, Line 12 should read "ANCA"

Question B. What are the components of the test named "RA Panel" from exhibit A, line 110?

ANSWER: Line 110, Exhibit A should be deleted.

5. **Question:** Section 1.2.2: Please clarify "Vendor must be compatible with existing lab devices, hardware, and software...". What is the intent of this requirement? The existing lab devices at the state hospital facilities are operated independent of the vendor laboratory, therefore the question of compatibility is ambiguous and needs to be clarified.

ANSWER: The lab devices, hardware and software mentioned are not referring to the in house laboratory machines in use by the facilities but instead refers to the Data Innovations (DI) server through which the Bi-Directional (outgoing lab orders and incoming lab results) HL7 message traffic will pass. The server in question is a PC running Windows XP and is accessible on the DHHR network via an IP address that will be provided upon award.

6. **Question:** Section 1.2.2: Please provide the interface specifications from Medsphere/Data Innovation for interface of laboratory results from the vendors Laboratory Information System to Open Vista.

ANSWER: The interface specifications can be provided by Medsphere Corporation (please see contact info above) or by Data Innovations. Data Innovations can be contacted at northamerica-sales@datainnovations.com or by phone at 802-658-2850.

7. **Question:** Is it the intent that reference lab will interface to OpenVista LEDI Module via Data Innovations (DI)?

ANSWER: Yes, the reference lab interface will be to OpenVista LEDI Module via DI.

8. **Question:** Data Innovations (DI) requires the software license number in order to provide a quote to LCA for the interface. What is the software license number for the facilities requesting the interface?

ANSWER: The WVDHHR license # on the Data Innovation server is IM-340973.

9. **Question:** Does each facility maintain separate databases or a single database shared among the facilities?

ANSWER: It is a single data base shared by the facilities.

SIGN IN SHEET

Request for Proposal No. BHS/1095

PLEASE PRINT

Date: 2-8-11
1:35 pm

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME

MAILING ADDRESS

TELEPHONE & FAX NUMBERS

Company:	<u>ATLANTIC DIAGNOSTIC LABORATORIES LLC</u>	PHONE	<u>267-525-2470</u>
Rep:	<u>SYED I HAIDER</u>	TOLL FREE	<u>267</u>
Email Address:	<u>ihaidery@adlab.com</u>	FAX	<u>525-2488</u>
	<u>3520 Progress Dr</u>		
	<u>Suite 2, Bensalem PA 19020</u>		
Company:	<u>LABCORP</u>	PHONE	
Rep:	<u>ROBERT VANHOOSE</u>	TOLL FREE	
Email Address:	<u>VanHoose@Labcorp.com</u>	FAX	<u>304-786-0995</u>
	<u>120 Hills Plaza</u>		
	<u>Charlottesville VA 25312</u>		
Company:	<u>LabCorp</u>	PHONE	<u>644-203-6960</u>
Rep:	<u>Ray Frye</u>	TOLL FREE	
Email Address:	<u>FryeR@labcorp.com</u>	FAX	<u>304-746-0995</u>
	<u>Same</u>		
Company:	<u>LabCorp</u>	PHONE	<u>502-649-3903</u>
Rep:	<u>Gordon McRae</u>	TOLL FREE	
Email Address:	<u>mcrage@labcorp.com</u>	FAX	
	<u>Same</u>		
Company:	<u>LabCorp</u>	PHONE	<u>412-304-8668</u>
Rep:	<u>Ian Dryburgh</u>	TOLL FREE	
Email Address:	<u>drybur@labcorp.com</u>	FAX	

BHMF Staff Present

- Craig Richards Connie Cantrell
- Linda Adkins Dave Elyard
- Kim Jobe Damon Tardossi

ADL Atlantic
Diagnostic
Laboratories

3520 Progress Drive, Suite C
Bensalem, Pa 19020

Ph (267) 525-2470
Fax (267) 525-2488
Cell (856) 979-4969
lhaider@adllab.net
www.adllab.net

Iqbal Haider

The Clinician's Choice

Gordon McRae
IS Manager

11751 Interchange Drive
Louisville, KY 40229
Office: 502-456-4700 Ext. 3528
Fax: 502-479-3934
Cell: 502-649-3903
Email: mcraeg@LabCorp.com



www.LabCorp.com



Bob VanHoose
Hospital Key Account Executive

120 Hills Plaza
Charleston, WV 25312
Mobile: 304-308-1330
Fax: 304-746-0945
Email: vanhoob@LabCorp.com



www.LabCorp.com



Ian Dryburgh
Hospital Development Executive

1015 Bailkin Drive
Pittsburgh, PA 15239
Mobile: 412-304-8668
Email: drybun@LabCorp.com

www.LabCorp.com



Ray L. Frye
Associate Vice President
OH, WPA & WV

120 Hills Plaza
Charleston, WV 25312
Office: 304-348-2147
Office: 800-282-7013 Ext. 2147
Cell: 614-203-6960
Fax: 304-342-3404
Email: fryer@LabCorp.com
www.LabCorp.com





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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
01/21/2011				

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0001	1	YR	193-88			
<p>***** MAND. PRE-BID MEETING ON 2/8/2011 AT 1:30 PM IN THE DIAMOND BUILDING, 350 CAPITOL ST., CHARLESTON, WV ROOM 354 ***** OPEN-END BLANKET CONTRACT</p>						
<p>OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES</p> <p>VENDOR TO PROVIDE REFERENCE LABORATORY SERVICES TO THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES STATE-OWNED FACILITIES WHICH INCLUDE: WILLIAM R SHARPE, JR. HOSPITAL MILDRED MITCHELL BATEMAN HOSPITAL PINECREST HOSPITAL LAKIN HOSPITAL WELCH COMMUNITY HOSPITAL HOPEMONT HOSPITAL JOHN MANCHIN SR. HEALTH CARE CENTER</p> <p>(SEE ATTACHED SPECIFICATIONS)</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD..... AND EXTENDS FOR A PERIOD OF ONE (1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 267-525-2470 DATE: 2/25/11

TITLE: *[Signature]* FEIN: 26-2151519 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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<p>YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p>						

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SIGNATURE: *[Signature]* TELEPHONE: 267-525-2470 DATE: 2/25/11

TITLE: *[Signature]* FEIN: 26-2151519 ADDRESS CHANGES TO BE NOTED ABOVE

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<p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 05/26/2009</p> <p>MANDATORY PRE-BID</p> <p>A MANDATORY PRE-BID WILL BE HELD ON 2/8/2011 AT 1:30 PM IN RM. 354 OF THE DIAMOND BLDG. ALL INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE MANDATORY PRE-BID SHALL RESULT IN DISQUALIFICATION OF THE BID. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Byron D. Hill* TELEPHONE: 267-525-2470 DATE: 2/25/11

TITLE: *Vice President* FEIN: 26-2151519 ADDRESS CHANGES TO BE NOTED ABOVE

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BID OPENING DATE: 03/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER'S FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. IN ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND FAX NUMBER.</p> <p>ALL POTENTIAL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO THE STARTING TIME FOR THE PRE-BID. BIDDERS WHO ARRIVE LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE PRE-BID WILL BE PERMITTED TO SIGN IN. BIDDERS WHO ARRIVE AFTER CONCLUSION OF THE TECHNICAL PORTION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART OF THE PRE-BID WILL NOT BE PERMITTED TO SIGN THE ATTENDANCE SHEET.</p> <p>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Forced J. M. Har...</i>	TELEPHONE 267-525-2470	DATE 2/25/11
TITLE Vice President	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
 BHS11095

PAGE
 5

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 ROBERTA WAGNER
 304-558-0067

*201113956 267-525-2470
 ATLANTIC DIAGNOSTIC LABORATORI
 3520 PROGRESS DR STE C
 BENSLEM PA 19020

HEALTH AND HUMAN RESOURCES
 BBH/HF
 ROOM 350
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3702 304-558-3672

DATE PRINTED 01/21/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 03/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>MANNER.</p> <p>REV. 3/88</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 2/10/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>NOTICE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Robert A. Wagner* TELEPHONE: 267-525-2470 DATE: 2/25/11

TITLE: Vice President FEIN: 26-2151519 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
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BFO NUMBER
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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
01/21/2011				

BID OPENING DATE: 03/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: RW-22</p> <p>RFQ. NO.: BHS11095</p> <p>BID OPENING DATE: 3/1/2011</p> <p>BID OPENING TIME: 1:30PM</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>----- 267-525-2488 -----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p>----- SYED IQBAL HAIDER -----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>Syed Iqbal Haider</i>	TELEPHONE 267-525-2470	DATE 2/25/11	
TITLE Vice President	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
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Request for Quotation

RFQ NUMBER
BHS11095

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ADDRESS CORRESPONDENCE TO ATTENTION OF
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304-558-0067

VENDOR

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SHIP TO

HEALTH AND HUMAN RESOURCES
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 25301-3702 304-558-3672

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
01/21/2011				

BID OPENING DATE: **03/01/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ BHS11095 ***** TOTAL:						\$540,996.25

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Byrd Sybil H. Dr.</i>	TELEPHONE 267-525-2470	DATE 2/25/11
TITLE Vice President	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Open End Contract for Reference Laboratory Services BHS11095

1.1 Purpose:

To provide reference laboratory services to the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Behavioral Health and Health Facilities (BHBF), State owned facilities which include: William R. Sharpe, Jr. Hospital, Mildred Mitchell Bateman Hospital, Jackie Withrow Hospital, Lakin Hospital, Welch Community Hospital, Hopemont Hospital, and John Manchin Sr. Health Care Center, hereafter referred to as "facilities".

Location of Facilities:

Jackie Withrow Hospital
105 S. Eisenhower Drive
Beckley, WV 25801

Hopemont Hospital
150 Hopemont Drive
Terra Alta, WV 26764

Lakin Hospital
11522 Ohio River Rd
West Columbia, WV 25287

John Manchin Sr. Health Care Center
401 Guffey Street
Fairmont, WV 26554

Welch Community Hospital
454 McDowell Street
Welch, WV 24801

Mildred Mitchell-Bateman Hospital
1530 Norway Ave.
Huntington, WV 25709

William R. Sharpe, Jr. Hospital
936 Sharpe Hospital Road
Weston, WV 26452

1.2 Mandatory Requirements

- 1.2.1 Vendor shall provide reference laboratory services to the above listed State owned facilities.
- 1.2.2 Vendor must be compatible with all existing facility lab devices, hardware, and software and must be able to electronically interface with the Electronic Patient Record System within thirty (30) days of the start of the contract.
- 1.2.3 Vendor shall develop and maintain a process to supply printed laboratory results to a designated printer at each facility in the event of any issues inhibiting the transfer of data through Medsphere Open Vista.
- 1.2.4 Vendor shall ensure that all laboratory policies and procedures comply with the regulations of the Health Insurance Portability and Accountability Act (HIPAA).
- 1.2.5 Vendor shall provide current copies of Clinical Laboratory Improvement Amendments (CLIA) and College of American Pathologists (CAP) certificates. The vendor shall maintain on-going certification by (CLIA) and (CAP) and provide copies of certificates upon any renewals which occur during the contract period.
- 1.2.6 Vendor shall maintain compliance with (CLIA) regulations that address specimen rejection and the categorization of specimens as unsatisfactory.
- 1.2.7 Vendor shall ensure that all information provided in the laboratory reports complies with (CAP) standards.

- 1.2.8 Vendor shall maintain compliance with (CLIA) regulations regarding Quality Control and Quality Assurance, including documentation of the vendor's proficiency testing program. The vendor shall provide all such documentation to BHHF, or its individual facilities, upon request.
- 1.2.9 Vendor shall maintain stored lab results for Quality Assurance monitoring and assessment of laboratory services for the current time periods mandated by regulatory bodies (CAP and CLIA).
- 1.2.10 Vendor shall maintain all specimen and report data in electronic format, including the total number of tests performed on a daily, monthly and annual basis by individual testing category. Vendor shall provide all such comprehensive or individual facility statistical reports to BHHF, or each individual facility, upon request.
- 1.2.11 Vendor shall employ a Board Certified Pathologist who is to be made available seven days each week, during normal working hours, for questions and/or interpretation of test results.
- 1.2.12 Vendor shall provide the facilities, on an on-going basis, with the name, address, and telephone number of their account representatives. Vendor shall also provide the facilities with a telephone referral service (twenty four hours a day/seven days a week) (24/7) for the purpose of responding to facility inquires that require technical or professional support.
- 1.2.13 Vendor shall provide a set fee for phlebotomy services to be provided at the designated facilities. When, and/or if, a phlebotomist is needed, the facility will contact the vendor for the provision of services pursuant to the fee quoted. Please note: all travel expenses, if any, must be included in the fee as an all inclusive rate.
- 1.2.14 Vendor shall provide daily collection (courier) services seven (7) days per week at each facility for pick-up and transport of specimens. Collection times shall take into consideration the facilities' needs for optimal test result turnaround times.
- 1.2.15 Vendor shall assume responsibility and liability for examining, interpreting and reporting results of all specimens.
- 1.2.16 Vendor shall provide the facilities with written instructions regarding patient preparation, proper specimen collection, specimen identification, specimen preservation, and specimen transport. Vendor will supply on-site training of facility staff as needed.
- 1.2.17 Vendor shall provide the facilities with all supplies and materials necessary for collection and transport of specimen for testing. This includes, but is not limited to, vaccutainers, tubes, needles, preservatives, 24 urine containers, cytology and histology containers with preservatives, slides, fixatives, plastic transport bags, centrifuges and a directory for all services offered.
- 1.2.18 Vendor shall provide microbiology culture results in accordance with the applicable standards for the specimen. Routine cultures with positive results shall have preliminary reports prepared within 24 hours, followed by a report within 48 hours, and a final report within 72 hours of collection of the specimen at the facility. Vendor shall telephone positive culture reports to the facility within one hour of receipt of results.

- 1.2.19 Vendor shall provide general routine chemistries results no later than 24 hours after collection of specimens at the facilities. The vendor shall telephone all panic/alert values to the facilities within one hour of receipt of the results.
- 1.2.20 After collection of specimens, vendor shall provide turnaround time for Cytology results within five (5) days and Histology within four days (4) unless further study or staining is required.

Exceptions to prescribed turnaround times are as follows:

Cytology results turnaround time:

Suspicious, abnormal, unusual specimens or those submitted with insufficient information may require a longer turnaround time; however, in the case of such occurrences the facility must be notified.

Surgical pathology turnaround time:

Depending on the complexity of diagnosis and case load, surgical pathology results may require a longer turnaround time; however, in the case of such occurrences the facility must be notified. A preliminary diagnosis shall be made available by the vendor via telephone or computer printer, with a final signed report to follow.

- 1.2.21 A broad list of the type and estimated quantity of tests, as well as, panels, profiles, screens and cultures required by the facilities are attached as Exhibit A and Exhibit B, respectively. These exhibits only represent commonly required and/or requested tests to be utilized for evaluation purposes. Additional tests, including tests not listed within the exhibits, shall be provided by the vendor as necessary and as ordered by the facilities. All such tests shall be billed at the vendor's standard rates as evidenced within a formal catalog of services, to be submitted along with the vendor's bid.
- 1.2.22 This will be an open end contract. Quantities listed are estimates only. Actual amounts and test types will vary depending on the needs of the facilities whether those needs are greater or less than the quantities listed. Unit price per test or procedure shall remain firm for the life of the contract.
- 1.2.23 A mandatory pre-bid conference shall be conducted at 350 Capitol St., Rm. 354, Charleston, WV 25301 at 1:30 pm on 2/8/2011. All interested vendors are required to be present at this meeting. Any vendor failing to attend the mandatory pre-bid conference will not be considered for award. No one person can represent more than one vendor.

2. Method of Evaluation:

The contract will be awarded to a single vendor with the **lowest grand total** cost for providing the services listed in Exhibits A, B & C and that meets all mandatory requirements. All bids should be all inclusive.

3. Payment:

The Vendor shall submit monthly invoices, in arrears, on a monthly basis, to the Facility at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Payment will be made in arrears, upon completion of delivery, installation and in-service training. State law forbids payment of invoices prior to receipt of goods or services.

4. Insurance Requirements:

The vendor, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. The vendor shall maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and employees in the following amounts:

- 1) For Bodily Injury (including death): Minimum amount of \$1,000,000 per occurrence.
- 2) For property damage and professional liability: Minimum amount of \$1,000,000 per occurrence.

Exhibit A

BHS11095		Column A		Column B	Column C
EXHIBIT A – Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Acetaminophen	1	2 Days	15.00	15.00
2	AFB culture	94	42-56 days	10.00	940.00
3	AFP Tetra	120	3-Days	5.00	600.00
4	Albumin	129	1-DAY	1.00	129.00
5	Alkaline phos panel	2	1 Day	1.00	2.00
6	ALT (SGPT)	135	1 Day	1.00	135.00
7	Amiodarone	4	1 Day	10.00	40.00
8	Amitriptyline (Elavil) serum	12	1 Day	30.00	360.00
9	Ammonia, Plasma	164	1 Day	12.00	1968.00
10	Amylase, serum	63	1 Day	5.00	315.00
11	Anaerobic and aerobic culture	278	4 Days	10.00	2780.00
12	ANCA	80	2 Days	18.00	1440.00
13	Antinuclear antibodies (ANA)	238	1 Day	18.00	4284.00
14	AST (SGOT)	175	1 Day	1.00	175.00
15	Beta-Hemolytic Strep A	114	1-2 days	5.00	570.00
16	Bilirubin Total	42	1-Day	1.00	42.00
17	Bilirubin, Total/Direct, serum	24	1-Day	1.00	24.00
18	BUN	472	1 Day	3.00	1416.00
19	B-Type Natriuretic Peptide	96	3 Days	35.00	3360.00
20	CA125	4	2 Days	16.00	64.00
21	C. diff. Toxin A	142	2 Days	16.00	2272.00
22	C-Reactive Protein (CRP)	33	1-Day	9.00	297.00
23	Calcium, serum	104	1 Day	1.00	104.00
24	Carbamazepine (Tegretol)	208	1 Day	10.00	2080.00
25	CBC w/diff – platelet	5,409	1 Day	5.00	27045.00
26	Chlamydia/GC, DNA Probe	570	2-Days	30.00	17100.00
27	Chloride	86	1-Day	1.00	86.00
28	Cholesterol, Total	6	1-Day	1.00	6.00
29	Chlorpromazine, (Thorazine)	14	2-Days	10.00	140.00
30	Clomipramine (Anafranil) s.	14	2-Days	10.00	140.00
31	Clozapine (clozaril) serum	76	1-Day	10.00	760.00
32	Cortisol serum/plasma	19	1-Day	10.00	190.00
33	Creatinine Kinase (CK) MB/Total	63	1-Day	2.00	126.00
34	Creatinine Kinase (CK or CPK), serum	121	1-Day	2.00	242.00
35	Creatinine, Serum	475	1-Day	3.00	1425.00
36	Cystic Fibrosis Profile	80	7-Days	150.00	12000.00
37	Desipramine, serum	8	2-Days	15.00	120.00
38	Digoxin (Lanoxin)	60	1-Day	6.00	360.00
39	Estrogen	4	1-Day	15.00	60.00
40	Ethanol serum/blood	10	1-Day	12.00	120.00
41	Ethosuximide (Zarontin) serum	12	3 Days	15.00	180.00

BHS11095		Column A		Column B	Column C
EXHIBIT A - Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
42	Environmental Culture	96	3 Days	6.00	576.00
43	Ferritin	57	1-Day	12.00	684.00
44	Fluoxetine (Prozac) serum	8	2-Day	15.00	120.00
45	Folates (Folic acid)	45	1-Day	12.50	562.50
46	Free T4	598	1-Day	9.00	5382.00
47	FSH	50	1-Day	12.00	600.00
48	Gabapentin (Neurotin) serum	22	1-Day	15.00	330.00
49	Gabrilril serum	1	2-Days	15.00	15.00
50	Glucose, 2hr P.P.	28	2-Days	1.00	28.00
51	Glucose Tolerance 4 hr. (GTT)	6	1-Day	1.00	6.00
52	Gentamycin	2	1-Day	15.00	30.00
53	GGT	3	1-Day	1.00	3.00
54	Glucose serum	127	1-Day	4.00	508.00
55	Glucose plasma	63	1-Day	4.00	252.00
56	Gynecologic Mono-Layer PAP	18	5-Days	10.00	180.00
57	Haloperidol serum	16	2-Days	25.00	400.00
58	H&H	4	1-Day	1.00	4.00
59	Hematocrit	10	1-Day	1.00	10.00
60	Hemoglobin	10	1-Day	1.00	10.00
61	Hemoglobin A1C	1,144	1-Day	6.00	6864.00
62	HCG Beta Subunit, Quantitative	301	1-Day	5.00	1505.00
63	Helicobacter Pylori, IgG	14	1-Day	12.00	168.00
64	Helper T-Lymph - CD4	23	2-Days	35.00	805.00
65	Hepatitis A AB IgM	28	1-Day	11.50	322.00
66	Hepatitis A AB, Total	118	1-Day	11.50	1357.00
67	Hepatitis B Surface AB	520	1-Day	8.00	4160.00
68	Hepatitis B Surface Ag	225	1-Day	9.00	2025.00
69	HIV-1 Antibodies Prelim. W/Conf.	500	1-Day	7.00	3500.00
70	HPV	168	3-Day	30.00	5040.00
71	HSV culture	3	4 Day	10.00	30.00
72	Imipramine (Tofranil) serum	24	2-Day	15.00	360.00
73	Insulin, Fasting	96	1-Day	12.00	1152.00
74	Iron (Fe)	56	1-Day	3.00	168.00
75	Iron/TIBC	66	1-Day	3.00	198.00
76	Lamotrigine (Lomictal) serum	30	1-Day	15.00	450.00
77	LDH	4	1-Day	18.00	72.00
78	Lead (adult) blood	210	1-Day	6.00	1260.00
79	Lead (pediatric) blood	112	1-Day	6.00	672.00
80	LH & FSH	148	1-Day	12.50	1850.00
81	Lipase, serum	130	1-Day	9.00	1170.00
82	Lithium	784	1-Day	9.00	7056.00
83	Lipoprotein Electrophoresis	26	2-Days	5.00	130.00
84	Magnesium, serum	328	1-Day	2.00	656.00

BHS11095		Column A		Column B	Column C
EXHIBIT A - Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
85	Microalbumin, 24 hour urine	17	1-day	8.00	136.00
86	Microalbumin, Random urine	930	1-day	3.00	2790.00
87	Mumps IgG	3	2-day	23.00	69.00
88	Nortriptyline (Aventyl) serum	8	1-day	15.00	120.00
89	Occult blood (stool)	30	1-day	8.00	240.00
90	Osmolality serum	20	1-day	6.00	120.00
91	Osmolality, urine	88	1-day	6.00	528.00
92	Ova & Parasite	109	1-day	12.00	1308.00
93	PAP (Thin Prep)	478	5-days	35.00	16730.00
94	Perphenazine (Trilafon)	10	5 days	15.00	150.00
95	Phenobarbital serum	131	1-day	9.00	1179.00
96	Phenytoin (Dilantin)	503	1-day	8.00	4024.00
97	Phosphorus	135	1-day	3.00	405.00
98	Potassium, Serum	129	1-day	4.00	516.00
99	Pregnancy Serum	12	1-day	8.00	96.00
100	Pregnancy Test (Urine)	105	1-day	7.00	735.00
101	Primidone (Mysoline)	61	1-day	15.00	915.00
102	Pro BNP	20	2-day	125.00	2500.00
103	Progesterone	25	2-day	12.00	300.00
104	Prolactin	191	1-day	12.00	2292.00
105	Prostate Specific Antigen (PSA), serum	273	1-day	15.00	4095.00
106	Protein serum	88	1-day	2.00	176.00
107	Prothrombin time / INR	2,231	1-day	3.00	6693.00
108	PT/INR & PTT	568	1-day	6.00	3408.00
109	PTH (intact)	119	1-day	46.00	5474.00
110	RA panel	56	Deleted		
111	Reticulocyte count	34	1-day	4.00	136.00
112	Rheumatoid Arthritis Factor	60	1-day	6.00	360.00
113	RNA - PCR - Quant. Hepatitis C virus	27	5-6 days	125.00	3375.00
114	Rubeola IgG	4	1-day	16.00	64.00
115	STS	1,202	1-day	4.00	4808.00
116	Sedimentation rate	262	1-day	4.00	1048.00
117	Sodium serum	379	1-day	1.00	379.00
118	T3 - uptake	64	1-day	12.00	768.00
119	T4	86	1-day	12.00	1032.00
120	T-Cell (T-Lymphocyte CD3 Cells)	16	3-5 days	15.00	240.00
121	Testosterone, serum	37	1-day	12.00	444.00
122	Theophylline, serum	39	1-day	8.00	312.00
123	Topiramate (Topamax) serum	16	1-day	15.00	240.00
124	T-Pallidum Ab (FTA-Ab)	10	1-day	2.00	20.00
125	T-Pallidum Antibodies (TP-PA)	24	1-day	6.00	144.00
126	Triglycerides	42	1-day	2.00	84.00
127	Triiodothyronine, Free (FT3), Serum	88	1-day	16.00	1408.00

BHS11095		Column A		Column B	Column C
EXHIBIT A - Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
128	TSH	190	1-day	5.00	950.00
129	TSH 3 rd Generation	1,302	1-day	8.00	10416.00
130	UA - Culture reflex	2,359	2-days	4.00	9436.00
131	Uric Acid	35	1-day	1.00	35.00
132	Urinalysis, complete	3,952	1-day	4.00	15808.00
133	Valporic acid (Depakote), serum	2,605	1-day	10.00	26050.00
134	Varicella Zoster IgG	28	1-day	14.00	392.00
135	Vitamin B-12	262	1-day	6.00	1572.00
136	Vitamin B-12 and Folates	736	1-day	13.5	9936.00
137	Vit. D, 1-25 Dihydroxy	98	1-day	16.00	1568.00
138	Vit. D, -25- hydroxyl	2	1-day	60.00	120.00
139	WBC	508	1-day	4.00	2032.00
Total of Exhibit A - Bid Sheet					282,358.50

Exhibit B

		Column A		Column B	Column C
	BHS11095				
	EXHIBIT B				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Diagnostic Multi-Chem (28 tests) Albumin, Alkaline Phos, ALT(SGPT), AST(SGOT), BUN, BUN/Creatinine, Calcium, Chloride, Total Cholesterol, Creatinine, GGT, Glucose, Total Iron, LDH, Phosphorous, Potassium, Sodium, Total Bilirubin, Total Protein, Triglycerides, Uric Acid, HDL Cholesterol, VLDL Cholesterol (calc.), LDL Cholesterol (calc.), Total Chol./HDL Ratio CHD Risk, Globulini, A/G Ratio	1502	1-DAY	13.00	19526.00
2	Comprehensive Metabolic Panel (CMP) includes (14 tests) Albumin, Alkaline Phos, ALT(SGPT), AST(SGOT), BUN, BUN/Creatinine Calcium, Chloride, CO ₂ , Creatinine, Glucose, Potassium, Sodium, Total Bilirubin, Total Protein, A/G Ratio	261	1-DAY	10.00	2610.00
3	Basic Metabolic Panel (BMP) includes (8 tests) Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Calcium	278	1-DAY	10.00	2780.00
4	Hepatic Function Panel includes (8 tests) Total Protein, Alkaline Phosphatase Albumin, ALT(SGPT), AST (SGOT), GGT Total Bilirubin, Direct Bilirubin,	500	1-DAY	6.00	3000.00
5	Renal Panel includes (8 tests) Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Phosphorous	165	1-DAY	3.65	602.25
6	Electrolyte Panel includes (4 tests) Sodium Potassium Chloride CO ₂	316	1-DAY	5.00	1580.00

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services

BHS11095

17

Bid Sheet

		Column A		Column B	Column C
	BHS11095				
	EXHIBIT B				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
7	Lipid Profile Four includes: (3 tests)	5327	1-DAY	8.00	42616.00
	Total Cholesterol,				
	Triglycerides				
	HDL Cholesterol				
	VLDL Cholesterol (calc.)				
	LDL Cholesterol (calc.),				
	Total Chol./HDL Ratio Estimated				
8	Thyroid Profiles includes (3 tests)	1208	1-DAY	15.00	18120.00
	TSH (High Sensitivity, T3 Uptake				
	T4 (Thyroxine), Free Thyroxine Index				
9	Drug Abuse Screen, Blood - without confirmation	2087	1-DAY	10.00	20870.00
	Amphetamine, Cocaine				
	Barbiturates, Opiates				
	Benzodiazepines, Phencycline				
	Cannabinoid				
	Cultures:				
10	Lower Respiratory Culture	107	1-2 DAYS	10.00	1070.00
11	Upper Respiratory Culture	96	1-2 DAYS	10.00	960.00
12	General Bacterial Culture	137	2-3 DAYS	10.00	1370.00
13	Blood Culture	842	5 DAYS	18.00	15156.00
14	Stool Culture	55	2-DAYS	15.00	825.00
15	Urine Culture	1306	2-DAYS	10.00	13060.00
16	Sputum Culture	98	2-DAYS	10.00	980.00
17	Culture reflex @ additional cost	1,188	2-DAYS	8.00	9504.00
18	Heavy Metal Profile (Blood)	21	7 DAYS	45.00	945.00
	Arsenic				
	Lead				
	Mercury				
19	Hepatitis B Profile (Diagnostic follow-up)	46	1-DAY	20.00	920.00
	HBc Ag; anti-HBc;				
	anti-HBS; interpretation				
20	Hepatitis Profile B & C	421	1-DAY	65.00	27365
	HBs Ag; HBc Ag; anti-HBc (total)				
	anti-HBc (IgM); anti-HBs Ag				
	anti-HCV; interpretation				

		Column A		Column B	Column C
	BHS11095				
	EXHIBIT B				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
21	Hepatitis Profile A&B anti-HAVI (total); anti-HAV (IgM); HBs Ag; HBc Ag; anti-HBc (total); anti-HBC (IgM); anti-HBs Ag; interpretation	107	1-DAY	65.00	6955.00
22	Hepatitis A Profile anti-HAV (total); anti-HAV (IgM) interpretation	57	1-DAY	14.50	826.50
23	Hepatitis B Profile HBs Ag; HBc Ag; anti-HBc (total) anti-HBc (IgM); anti-HBs; interpretation	52	1-DAY	39.00	2028.00
24	Hepatitis C Virus Antibody	416	1-DAY	15.00	6240.00
25	Hepatitis A, B & C Screen (Acute Hep. Panel) Hepatitis A Antibody IgM Hepatitis B Core Antibody, IgM Hepatitis B Surface Antigen Hepatitis C virus Antibody	168	1-DAY	28.00	4704.00
26	Drug Abuse Screen, Urine with confirmation Cocaine (COC) Phencyclidine (PCP) Propoxyphene (PPX) Cannabinoids (THC) Benzodiazepines (BZO) Amphetamine (AMP) Barbiturates (BAR) Methamphetamine (mAMP) Methadone (MTD) Opiates (OPI) Tricyclic Antidepressants (TCA) With volatiles	2000	1-DAY	20.00	40000.00
<i>Total of Exhibit B – Bid Sheet</i>					244,612.75

EXHIBIT C (Vendor's Attachment of Phlebotomy Services)

		Column A	Column B	Column C
	Facility	Estimated Annual Draws	Rates per Draw for Phlebotomy services (all inclusive)	Total (A x B)
1	Hopemont Hospital	5	15.00	75.00
2	Lakin Hospital	520	15.00	7800.00
3	Pinecrest Hospital	390	15.00	5850.00
4	John Manchin Sr. HCC	5	15.00	75.00
5	M.M. Bateman Hospital	5	15.00	75.00
6	W. R. Sharpe Jr. Hospital	5	15.00	75.00
7	Welch Community Hospital	5	15.00	75.00
Total of Exhibit C - Bid Sheet				14025.00
Total of Exhibit A - Bid Sheet				282,358.5
Total of Exhibit B - Bid Sheet				244,612.75
Total of Exhibit C - Bid Sheet				14,025.00
Grand Total = Exhibit A + B + C				540,996.25

State of West Virginia **VENDOR PREFERENCE CERTIFICATE**

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or** 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
4. **Application is made for 5% resident vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: _____ Signed: _____

Date: _____ Title: _____

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

RFQ No. BHS 11095

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: ATLANTIC DIAGNOSTIC LABORATORIES

Authorized Signature: *Syed I Haider* Date: 2/25/11

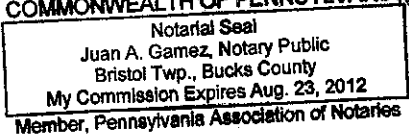
State of PA

County of Bucks, to-wit:

Taken, subscribed, and sworn to before me this 25th day of Feb, 2011

My Commission expires 8-23, 2012

AFFIX SEAL HERE COMMONWEALTH OF PENNSYLVANIA NOTARY PUBLIC



[Handwritten Signature]

ATTACHMENT
P.O.# BHS11095

This agreement constitutes the entire agreement between the parties, and there are no other terms and conditions applicable to the licenses granted hereunder.

Agreed

[Signature]
Signature Date 2/25/11

Vice President
Title

ATLANTIC DIAGNOSTIC
Company Name LABORATORIES

Signature Date

Title

Agency/Division

AGREEMENT ADDENDUM

WV-96
Rev. 10/07

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
2. **HOLD HARMLESS** - Any clause requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.
4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.
5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.
6. **INTEREST** - Should the agreement include a provision for interest on late payments, the Agency agrees to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are deleted.
7. **RECOUPMENT** - Any language in the agreement waiving the Agency's right to set-off, counterclaim, recoupment, or other defense is hereby deleted.
8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.
9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
11. **ATTORNEY FEES** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.
15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
16. **RENEWAL** - Any reference to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the parties.
17. **INSURANCE** - Any provision requiring the Agency to insure equipment or property of any kind and name the Vendor as beneficiary or as an additional insured is hereby deleted.
18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.
19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
20. **CONFIDENTIALITY** - Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

ACCEPTED BY:

STATE OF WEST VIRGINIA

Spending Unit: _____

Signed: _____

Title: _____

Date: _____

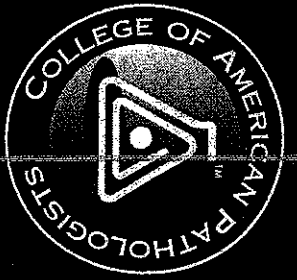
VENDOR

Company Name: ATLANTIC DIAGNOSTIC LABORATORIES

Signed: [Signature]

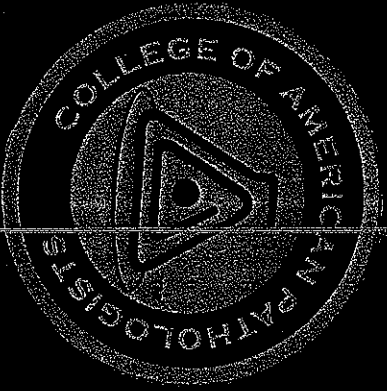
Title: Vice President

Date: 2/25/11



Advancing Excellence

Accredited Laboratory



The College of American Pathologists

certifies that the laboratory named below

Atlantic Diagnostic Laboratories LLC
Bensalem, Pennsylvania
Harvey J. Bellin, MD

LAP Number: 1317801

AU-ID: 1007557

CLIA Number: 39D0927666

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to October 7, 2012 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

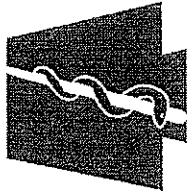
Frank R Rudy

Chair, Commission on Laboratory Accreditation

Mark N Bevan MD FACP

President, College of American Pathologists

CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 024997A



Name and Director of Laboratory:

ATLANTIC DIAGNOSTIC LABORATORIES LLC
HARVEY J BELLIN, MD
3520 PROGRESS DRIVE UNIT C
BENSALEM, PA 19020

Owner:

ATLANTIC DIAGNOSTIC LABORATORIES LLC

Issued: August 15, 2010

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: August 15, 2011

AUTHORIZED CATEGORIES:

- BACTERIOLOGY
- CLINICAL CHEMISTRY
- HEMATOLOGY
- IMMUNOHEMATOLOGY
- NON-TRANSFUSION
- NON-SYPHILIS SEROLOGY
- SYPHILIS SEROLOGY
- TOXICOLOGY - ALCOHOL BLOOD
- TOXICOLOGY - ALCOHOL SERUM / PLASMA
- TOXICOLOGY - BLOOD LEAD
- TOXICOLOGY - DRUGS BLOOD CONFIRMATORY
- TOXICOLOGY - DRUGS BLOOD SCREENING
- TOXICOLOGY - DRUGS SERUM CONFIRMATORY
- TOXICOLOGY - DRUGS SERUM SCREENING
- TOXICOLOGY - DRUGS URINE CONFIRMATORY
- TOXICOLOGY - DRUGS URINE SCREENING
- TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN
- URINALYSIS
- VIROLOGY

Deputy Secretary for Health Planning and Assessment

Michael Huff



DISPLAY THIS CERTIFICATE PROMINENTLY

Everette James
Secretary of Health



CENTERS FOR MEDICARE & MEDICAID SERVICES
 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
 CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
 ATLANTIC DIAGNOSTIC LABORATORIES LLC
 3520 PROGRESS DRIVE UNIT C
 BENSALEM, PA 19020

CLIA ID NUMBER
 39D0927666

EFFECTIVE DATE
 07/23/2009

LABORATORY DIRECTOR
 HARVEY J BELLIN MD

EXPIRATION DATE
 07/22/2011

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
 This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



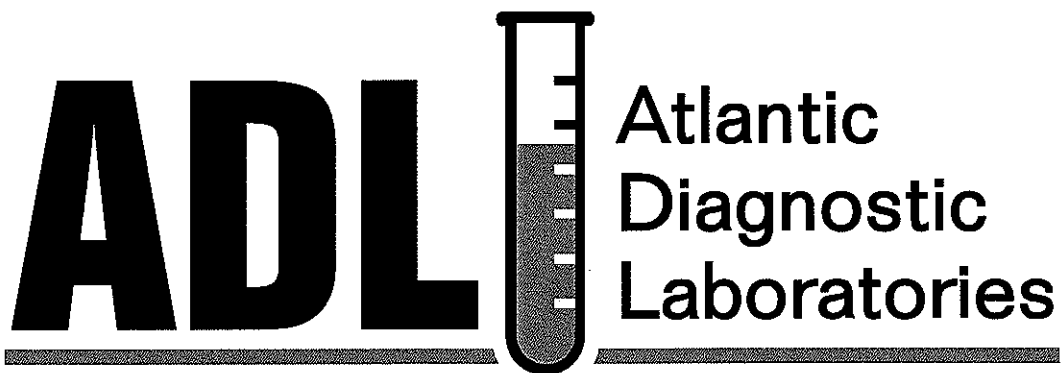
Judith A. Yost
 Judith A. Yost, Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Medicaid and State Operations

51 certs2_081509

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	07/23/2009		
MYCOLOGY (120)	07/23/2009		
SYPHILIS SEROLOGY (210)	07/23/2009		
GENERAL IMMUNOLOGY (220)	07/23/2009		
ROUTINE CHEMISTRY (310)	07/23/2009		
URINALYSIS (320)	07/23/2009		
ENDOCRINOLOGY (330)	07/23/2009		
TOXICOLOGY (340)	07/23/2009		
HEMATOLOGY (400)	07/23/2009		
ABO & RH GROUP (510)	07/23/2009		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
 OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
 YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
 PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



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Bensalem, PA 19020

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Fax: 267-525-2488

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ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8185	ALLERGEN FOOD PANEL- 1 (WHOLE EGG, CHICKEN, BEEF, COW MILK, WHITE POTATO, BEAN, WHEAT, CASIEN) <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86001 X 10	\$500.00
51017	AMIODARONE PANEL SERUM/BLOOD (AMIODARONE, DESETHYLAMIODARONE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Amiodarone: 0.3 - 3.0 mg/L</i> <i>Desethylamiodarone: 0.5 - 2.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82492	\$60.00
51021	AMITRIPTYLINE PANEL SERUM/BLOOD GC/MS/MS (AMITRIPTYLINE, NORTRIPTYLINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Amitriptyline: 80 - 200 ng/ml</i> <i>Nortriptyline: 50 - 200 ng/ml</i>	1 full red top tube with no additive	80152 X2	\$48.00
352	AMPHETAMINE ID/CONFIRMATION S/B GC/MS/MS (AMPHETAMINE, METHAMPHETAMINE, MDMA, MDA) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	82145	\$200.00
302	AMPHETAMINE ID/CONFIRMATION URINE LC/MS/MS (AMPHETAMINE, METHAMPHETAMINE, MDMA, MDA) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	82145	\$200.00
69	ANEMIA PANEL (FERRITIN, IRON, TIBC, % SATURATION, VITAMIN B12, FOLATE, RETICULOCYTE) <i>Testing Performed Daily Mon-Sun</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	1 full lavender top tube, 1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82746, 83540, 82728, 85044, 83550, 82607	\$95.58

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
74	ARTHRITIS PANEL (ERYTHROCYTE SEDIMENTATION RATE, ANA, RHEUMATOID FACTOR) SEE ALPHABETICAL TEST LISTING FOR NORMAL VALUES. Testing Performed: Erythrocyte Sedimentation Rate Daily Mon-Sun ANA and Rheumatoid Factor Performed by Reference Lab Mon-Fri Reference Ranges: See alphabetical test listing for each test.	1 full lavender top tube, 1 full red top tube with no additive	85651, 86038, 86431	\$44.00
353	BARBITURATE ID/CONFIRMATION PANEL SERUM/BLOOD (HPLC) (BUTALBITAL, PENTOBARBITAL, PHENOBARBITAL, SECOBARBITAL) Testing Performed STAT and Daily Mon-Sun	1 full red top tube with no additive	-	\$200.00
313	BARBITURATE ID/CONFIRMATION PANEL URINE (HPLC) (BUTALBITAL, PENTOBARBITAL, PHENOBARBITAL, SECOBARBITAL) Testing Performed STAT and Daily Mon-Sun	30 ml urine (plastic urine container)	-	\$200.00
510	BASIC METABOLIC PANEL (BUN, CREATININE, GLUCOSE, SODIUM, POTASSIUM, CHLORIDE, CO ₂ & CALCIUM) Testing Performed STAT and Daily Mon-Sun Reference Ranges: See alphabetical test listing for each test.	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	80048	\$25.00
354	BENZODIAZEPINE ID/CONFIRMATION SERUM/BLOOD GC/MS/MS (ALOPRAZOLAM, OH-ALPRAZOLAM, OXAZEPAM, DIAZEPAM, NORDIAZEPAM, CHLORADIAZEPOXIDE, CLONAZEPAM, 7-AMINOCLOAZEPAM, LORAZEPAM, FLURAZEPAM, FLUNITRAZEPAM, MIDAZOLAM, 7-AMINOFUNITRAZEPAM, TEMAZEPAM, PRAZEPAM) Testing Performed Daily Mon-Sun	1 full red top tube with no additive	-	\$350.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
300	BENZODIAZEPINE ID/CONFIRMATION URINE LC/MS/MS (ALOPRAZOLAM, OH-ALPRAZOLAM, OXAZEPAM, DIAZEPAM, NORDIAZEPAM, CHLORADIAZEPOXIDE, CLONAZEPAM, 7-AMINOCLONAZEPAM, LORAZEPAM, FLURAZEPAM, FLUNITRAZEPAM, MIDAZOLAM, 7-AMINOFLUNITRAZEPAM, TEMAZEPAM, PRAZEPAM) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	-	\$350.00
355	BUPRENORPHINE ID/CONFIRMATION SERUM/BLOOD GC/MS/MS (BUPRENORPHINE, NORBUPRENORPHINE) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	-	\$125.00
310	BUPRENORPHINE ID/CONFIRMATION URINE LC/MS/MS (BUPRENORPHINE, NORBUPRENORPHINE) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	-	\$125.00
51098	CARISOPRODOL PANEL (SOMA) QUANTITATIVE SERUM/BLOOD HPLC (CARISOPRODOL, MEPROBAMATE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range:</i> <i>Carisoprodol: 3.0 - 26.0 mg/L</i> <i>Meprobamate: 3.0 - 26.0 mg/L</i>	1 full red top tube with no additive	83805	\$80.00
7040	CBC W/DIFF/PLAT (WBC,RBC,HGB,HCT,MCV,MCH,MCHC, PLATELET, ABSOLUTE NEUTROPHILS, ABSOLUTE LYMPHOCYTES, ABSOLUTE MONOCYTES, ABSOLUTE EOSINOPHILS, ABSOLUTE BASOPHILS, % NEUTROPHILS,% LYMPHOCYTES, % EOSINOPHIL, % BASOPHIL, % MONOCYTES, RBC MORPHOLOGY) <i>Reference Ranges: See Lab Report for all reference ranges.</i>	1 Full lavender top tube (EDTA Plasma)	85025	\$37.00
865	CELIAC PANEL (TISSUE TRANSGLUTAMINASE IGA, TOTAL IGA, GLIADIN ANTIBODY IGA) <i>Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784, 83516 X 2	\$260.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
51130	CLOMIPRAMINE PANEL SERUM/BLOOD HPLC (CLOMIPRAMINE , NORCLOMIPRAMINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Clomipramine: 0.04 - 0.40 mg/L</i> <i>Norclomipramine : 0.04 - 0.40 mg/L</i>	1 full red top tube with no additive	80299	\$68.00
51130U	CLOMIPRAMINE URINE PANEL HPLC (CLOMIPRAMINE , NORCLOMIPRAMINE) <i>Testing Performed STAT and Daily Mon-Sun</i>	30 ml urine (plastic urine container)	80299	\$68.00
1861	CLOZAPINE QUANTITATIVE SERUM/BLOOD HPLC (CLOZAPINE, NORCLOZAPINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Clozapine 0.10-1.50 mg/L</i> <i>Norclozapine 0.05-0.50 mg/L</i>	1 full red top tube with no additive	80154	\$88.00
15750	CLUB DRUG PANEL (DATE RAPE PANEL) SERUM/BLOOD & URINE HPLC, LC/MS/MS, GC/MS/MS, ELISA, , HEADSPACE) (AMPHETAMINE S/B/U, BARBITURATE S/B/U, BENZODIAZEPINE S/B/U, COCAINE S/B/U, FENTANYL S/B/U, MARIJUANA S/B/U, OPIATE S/B/U, OXYCODONE S/B/U, METHADONE S/B, METHADONE/EDDP U, PHENCYCLIDINE S/B/U, PROPOXYPHENE S/B/U, TRICYCLIC S/B/U, NICOTINE U, BUPRENORPHINE U, ALCOHOL U, ANALGESIC, ANTICOAGULANT, ANTACID, ANTICONVULSION, ANTIDEPRESSANT, ANTHIHISTAMINES, ANTIPSYCHOTIC, ANTIHYPERTENSIVE, CARDIAC, MUSCLE RELAXER, NSAIDS, SEDATIVE, STIMULANT, SYNTHETIC NARCOTICS, TRICYLICS, VOLATILES, FLUNITRAZEPAM & GHB) <i>Testing Performed STAT and Daily Mon-Sun</i>	1 full red top tube with no additive plus 30 ml urine (plastic urine container)	80100	\$180.00
356	COCAINE ID/CONFIRMATION SERUM/BLOOD LC/MS/MS (COCAINE, BENZOYLECGONINE) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	-	\$140.00
312	COCAINE ID/CONFIRMATION URINE LC/MS/MS (COCAINE, BENZOYLECGONINE) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	-	\$140.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
45650C	COLOSTRUM DRUG SCREEN (AMPHETAMINE, BARBITURATE, BENZODIAZEPINE, COCAINE, MARIJUANA, METHADONE/EDDP, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXYPHENE, TRICYCLIC, ETHANOL) Testing Performed STAT and Daily Mon-Sun	Colostrum specimen	80100	\$62.00
540	COMPREHENSIVE PANEL W/ESTIMATED GLOMECULAR FILTRATION RATE (GFR) MUST HAVE PATIENTS DATE OF BIRTH FOR ACCURATE CALCULATION OF THE GFR (ALBUMIN, ALUBUMIN/GLOBULIN RATIO (calculated), ALANINE AMINOTRANSFERASE (ALT), ASPARTATE AMINOTRANSFERASE (AST), BUN, CREATININE, RATIO (calculated), CALCIUM, CO ₂ , B60CHLORIDE, GFR (estimated), GLOBULIN (calculated), GLUCOSE, SODIUM, POTASSIUM, TOTAL BILIRUBIN, TOTAL PROTEIN) Testing Performed STAT and Daily Mon-Sun Reference Ranges: See alphabetical test listing for each test.	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	80053	\$55.00
675	COMPREHENSIVE TOXICOLOGY SERUM/BLOOD/URINE HPLC, LC/MS/MS, GC/MS/MS, ELISA, , HEADSPACE) (AMPHETAMINE, BARBITURATE, BENZODIAZEPINE, COCAINE METABOLITE, FENTANYL, MARIJUANA, METHADONE/EDDP, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXYPHENE, TRICYCLIC, ETHANOL - BUPRENORPHINE ON URINE ONLY, ANALGESIC, ANTICOAGULANT, ANTACID, ANTICONVULSION, ANTIDEPRESSANT, ANTHIHISTAMINES, ANTIPSYCHOTIC, ANTIHYPERTENSIVE, CARDIAC, MUSCLE RELAXER, NSAIDS, SEDATIVE, STIMULANT, SYNTHETIC NARCOTICS, TRICYLICS, VOLATILES, BUPRENORPINE & NORBUPRENORPHINE) Testing Performed Daily Mon-Sun This Panel auto reflexes for confirmations (additional charge for each confirmation)	1 full red top tube with no additive plus 30 ml urine (plastic urine container)	80100 X2 80101 X14	\$96.00
1053	CREATININE ESTIMATED GLOMECULAR FILTRATION RATE (GFR) MUST HAVE PATIENTS DATE OF BIRTH FOR ACCURATE CALCULATION OF THE GFR Testing Performed STAT and Daily Mon-Sun Reference Ranges: Creatinine: 0.5 - 1.3 mg/dl eGFR NON-AFR. AMERICAN: >60 eGFR AFRICAN AMERICAN: >60	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)		\$25.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
5	DAU PROFILE 5/WORKPLACE (NIDA 5) (AMPHETAMINE, COCAINE, MARIJUANA, OPIATE, PHENCYCLIDINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>All positives must be confirmed by Reflex confirmation by LC/MS/MS.</i>	30 ml urine (plastic urine container)	80101 x5	\$50.00
8285	DEMENTIA PANEL (VITAMIN B12, FOLATE, TSH) <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Vitamin B12: 160 - 970 pg/ml</i> <i>Folate: 7.2 - 15.4 ng/ml</i> <i>TSH: 0.50 - 5.00 mciu/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82607, 82746 84443	\$65.07
8280	DEPAKOTE MAINTENANCE PANEL (CBC W/ DIFF, LIVER PANEL W/GGT, VALPROIC ACID) <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	1 lavender top tube (EDTA plasma) and 1 full red top tube with no additive	85027, 80076, 80164	\$154.00
8278	DEPAKOTE SCREEN PANEL (LIVER PANEL W/GGT, CBC W/DIFF, AMYLASE, LIPASE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	1 lavender top tube (EDTA plasma) and 1 full red top tube with no additive	80076, 85027, 82150, 83690	\$198.00
50169	DESIPRAMINE QUANTITATIVE PANEL SERUM/BLOOD HPLC (DESPIRAMINE, IMIPRAMINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Desipramine: 0.05 - 0.60 mg/L</i> <i>Imipramine: 0.05 - 0.20 mg/L</i>	1 full red top tube no gel	80160	\$60.00
50169U	DESIPRAMINE QUANTITATIVE PANEL URINE HPLC (DESPIRAMINE, IMIPRAMINE) <i>Testing Performed STAT and Daily Mon-Sun</i>	50 ml urine (plastic urine container)		\$90.00
41172	DIAZEPAM QUANTITATIVE PANEL SERUM/BLOOD HPLC (DIAZEPAM, NORDIAZEPAM) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Diazepam: 200 - 2000 ng/ml</i> <i>Nordiazepam: 200 - 1800 ng/ml</i>	1 full red top tube no gel	82491	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
51207	DOXEPIN QUANTITATIVE PANEL SERUM/BLOOD HPLC (DOXEPIN, NORDOXEPIN, TOTAL TRICYCLICS) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Doxepin : 100 - 250 ng/ml</i> <i>Total Tricyclics: 50 - 300 ng/ml</i>	1 full red top tube no gel	80166	\$44.00
51207U	DOXEPIN URINE PANEL HPLC (DOXEPIN, NORDOXEPIN, TOTAL TRICYCLICS) <i>Testing Performed STAT and Daily Mon-Sun</i>	10 ml urine (plastic urine container)	80166	\$44.00
38	DRUG OF ABUSE COMPLETE URINE PANEL (ALCOHOL, AMPHETAMINE & ECSTASY, BARBITURATE, BENZODIAZEPINE, BUPRENORPHINE, COCAINE METABOLITE, MARIJUANA, METHADONE/EDDP, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXYPHENE, - ALDULTARANTS - SPECIFIC GRAVITY, CREATININE, PH) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Contact Laboratory to have auto reflex testing performed on all positive analytes. Practioners signature required.</i>	30 ml urine (plastic urine container)	80101 x 10	\$250.00
5850	DRUG OF ABUSE SCREEN BLOOD/SERUM/URINE HPLC, LC/MS/MS, GC/MS/MS, ELISA, , HEADSPACE (ALL PERFORMED ON BOTH URINE & BLOOD IF SENT - AMPHETAMINE, BARBITURATE, BENZODIAZEPINE, COCAINE METABOLITE, FENTANYL, MARIJUANA, METHADONE/EDDP, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXPHEHE, TRICYCLIC, ETHANOL - BUPRENORPHINE ON URINE ONLY, ANALGESIC U, CAFFEINE S/B & U, ANTIHISTAMINE, ETHANOL S/B & U, FLUOXETINE U, TRAMADOL U, BUPRENORPHINE S/B, NORBUPRENORPHINE S/B) <i>Testing Performed Daily Mon-Sun</i> This Panel auto reflexes for confirmations (additional charge for each confirmation)	1 full red top tube no gel and 30 ml urine (plastic urine container)	80100	\$56.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
625	DRUG OF ABUSE SCREEN SERUM/BLOOD/URINE HPLC, LC/MS/MS, GC/MS/MS, ELISA, , HEADSPACE (AMPHETAMINE, BARBITURATE, BENZODIAZEPINE, COCAINE METABOLITE, FENTANYL, MARIJUANA, METHADONE/EDDP, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXYPHENE, TRICYCLIC, ETHANOL - BUPRENORPHINE ON URINE ONLY) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>This Panel auto reflexes for confirmations</i> <i>(additional charge for each confirmation)</i>	1 full red top tube no gel and 30 ml urine (plastic urine container)	80100	\$56.00
6500	DRUG SCREEN SERUM/BLOOD/URINE HPLC, LC/MS/MS, GC/MS/MS, ELISA, , HEADSPACE (AMPHETAMINE S/B/U, BARBITURATE S/B/U, BENZODIAZEPINE S/B/U, COCAINE S/B/U, FENTANYL S/B/U, MARIJUANA S/B/U, OPIATE S/B/U, OXYCODONE S/B/U, METHADONE S/B, METHADONE/EDDP U, PHENCYCLIDINE S/B/U, PROPOXYPHENE S/B/U, TRICYCLIC S/B/U, NICOTINE U, BUPRENORPHINE U, ALCOHOL U) <i>Testing Performed Daily Mon-Sun</i> <i>This Panel auto reflexes for confirmations</i> <i>(additional charge for each confirmation)</i>	1 full red top tube no gel and 30 ml urine (plastic urine container)	80101	\$56.00
48	ELECTROLYTES URINE (Sodium, Potassium, Chloride) <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	84300, 84133 82436	\$30.00
50	ELECTROLYTES SERUM (Sodium, Potassium, Chloride & CO2) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Sodium: 135-145 mmol/L</i> <i>Potassium: 3.5-5.5 mmol/L</i> <i>Chloride: 98-109 mmol/L</i> <i>CO2: 24.0-31.0 mmol/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) hemolysis will affect this test	80051	\$30.00
42233	ETHYLENE GLYCOL/MEOH SERUM/BLOOD (ETHYLENE GLYCOL, METHANOL) <i>Testing Performed STAT and Daily Mon-Sun</i>	1 full red top tube with no additive or 1 full grey top tube		\$124.00
51241	FLUOXETINE (PROZAC) QUANTITATIVE SERUM/BLOOD HPLC (FLUOXETINE, NORFLUOXETINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range:</i> <i>Fluoxetine: 80.0 - 400.0 ng/ml</i> <i>Norfluoxetine: 60.0 - 300.0 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
51241U	FLUOXETINE (PROZAC) QUANTITATIVE URINE HPLC (FLUOXETINE, NORFLUOXETINE) <i>Testing Performed STAT and Daily Mon-Sun</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
8027	HEAVY METALS BLOOD (CHOLINESTERASE RBC, LEAD WHOLE BLOOD, ZINC PROTOPORPHYRINS, POLYCHLORINATED BIPHENYL LS-PCB) <i>Testing Performed Weekly</i> <i>Reference Range:</i> <i>Cholinesterase RBC: 6573 - 13181 u/L</i> <i>Lead Whole Blood: 0 - 10 ug/dL</i> <i>Zinc Protoporphyrins:</i> <i><15 Years old: <41 ug/dL at HCT of 35%</i> <i>15 Years or older: <41 ug/dL at HCT of 42%</i> <i>Polychlorinated Biphenyl LS: 0.0 - 20.0 u/L</i>	1 full lavender top tube (EDTA Plasma) and 1 full red top tube with no additive	-	\$180.00
8026	HEAVY METALS URINE (ARSENIC, ARSENIC/CREATININE RATIO, ALUMINUM, ALUMINUM/CREATININE RATIO, CADMIUM, CADMIUM/CREATININE RATIO, COPPER, COPPER/CREATININE RATIO, MERCURY, MERCURY/CREATININE RATIO, NICKEL, NICKEL/CREATININE RATIO, CHROMIUM, CHROMIUM/CREATININE RATIO, CREATININE URINE CONCENTRATION, BISMUTH, ANTIMONY) <i>Testing Performed Weekly</i> <i>Reference Ranges: See Lab Report for all reference ranges.</i>	30 ml urine (plastic urine container)	-	\$180.00
922	HEMOGLOBIN ELECTROPORESIS (HEMOGLOBIN A1, FETAL HEMOGLOBIN, HEMOGLOBIN A2 AND ANY HEMOGLOBIN VARIANTS - RED BLOOD CELL COUNT, HEMOGLOBIN, HEMATOCRIT, MCV, MCH, RDW) <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA Plasma)	83021, 85014, 85018, 85041	\$100.00
71	HEPATIC FUNCTION PANEL (TOTAL PROTEIN, ALBUMIN, GLOBULIN, TOTAL BILIRUBIN, DIRECT BILIRUBIN, INDIRECT BILIRUBIN calculated, ALKALINE PHOS, AMINOTRANSFERASE (ALT), ASPARTATE AMINOTRANSFERASE (AST)) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	80076	\$30.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
690	HEPATITIS ACUTE PANEL (HEP A IGM, HEP B SURFACE AG, HEP B CORE IGM, HEP C AB) <i>Performed Daily Mon-Fri</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86709, 86705 87340, 86803	\$150.00
579	HIV-1 WESTERN BLOT (GP 41 ANTIGEN, P 24 ANTIGEN, GP 120/160 ANTIGEN, OTHER BANDS, HIV WB INTERPRETATION) <i>Testing Performed Weekly</i> <i>Reference Ranges: See Lab Report for all reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86689	\$75.00
57	IRON PANEL (TOTAL IRON, TIBC, % SATURATION) <i>Performed Daily Mon-Sun</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83540, 83550	\$53.00
41281	ISOPROPANOL SERUM/BLOOD PANEL (ISOPROPANOL, ACETONE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Isopropanol: 0 - 0.020 gm/dl</i> <i>Acetone: 0 - 300 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$32.00
41281U	ISOPROPANOL URINE PANEL (ISOPROPANOL, ACETONE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Isopropanol: Non Detected</i> <i>Acetone: Non Detected</i>	30 ml urine (plastic urine container)	82491	\$32.00
6970	IV SOLUTION INTEGRITY PANEL HPLC (SUBSTANCE) <i>Testing Performed Daily Mon-Sun</i>	Submit appropriate fluid	-	\$76.00
40282	KETAMINE PANEL SERUM/BLOOD HPLC (KETAMINE, NORKETAMINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Ketamine: 0.20 - 1.00 mg/L</i> <i>Norketamine: 0.20 - 1.00 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
40282U	KETAMINE PANEL URINE HPLC (KETAMINE, NORKETAMINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Ketamine: 200 - 1000 ng/ml</i> <i>Norketamine: 200 - 1000 ng/ml</i>	30 ml urine (plastic urine container)	82491	\$60.00
6800	L/S RATIO - TLC (LECITHIN/SPHINGOMYELIN, PHOSPHATIDYL GLYCEROL) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>References Ranges:</i> <i>L/S: >= 3:1</i>	3-4 ml or amniotic fluid (spin specimen down immediately and freeze)	83661	\$120.00
560	LIPID PANEL (CHOLESTEROL, TRIGLYCERIDES, HDL, calculated LDL, CHOLESTEROL/HDL RATIO) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	80061	\$55.00
530	LIVER PANEL W/GGT (TOTAL PROTEIN, ALBUMIN, GLOBULIN, TOTAL BILIRUBIN, DIRECT BILIRUBIN, INDIRECT BILIRUBIN, ALKALINE PHOSPHATASE, ALANINE AMINOTRANSFERASE (ALT), ASPARTATE AMINOTRANSFERASE (AST), GAMMA GLUTAMYL TRANSFERASE (GGT)) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	80076	\$60.00
357	MARIJUANA CONFIRMATION SERUM/BLOOD GC/MS/MS (MARIJUANA, MARIJUANA DELTA 9) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	-	\$130.00
305	MARIJUANA CONFIRMATION URINE LC/MS/MS (MARIJUANA, MARIJUANA DELTA 9) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	-	\$130.00
45650	MECONIUM DRUG SCREEN (ALCOHOL, AMPHETAMINE, BARBITURATE, BENZODIAZEPINE, BUPRENORPHINE, COCAINE METABOLITE, MARIJUANA, METHADONE, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXYPHENE) <i>Testing Performed STAT and Daily Mon-Sun</i>	Mecomium sample at least 3ml.	80100 x10	\$42.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
51321	MEPHENYTOIN PANEL (MESANTOIN) QUANTITATIVE (MEPHENYTOIN, NORMEPHENYTOIN) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range:</i> <i>Mephentytoin: 25 - 40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82492	\$54.00
358	METHADONE CONFIRMATION SERUM/BLOOD HPLC (METHADONE, EDDP) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	83840	\$275.00
306	METHADONE CONFIRMATION URINE HPLC (METHADONE, EDDP) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	83840	\$275.00
839	METHADONE FLUID INTEGRITY HPLC (VOLUME, CONCENTRATION, TOTAL METHADONE) <i>Testing Performed Daily Mon-Sun</i>	Submit appropriate fluid	80299	\$65.00
4350	MMR PANEL (MEASLES (RUBEOLA), MUMPS, RUBELLA) <i>Performed Daily Mon-Fri</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	4 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86765, 86735 86762	\$131.00
359	NICOTINE CONFIRM SERUM/BLOOD LC/MS/MS (NICOTINE, COTININE) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	80101 x2	\$250.00
309	NICOTINE CONFIRM URINE LC/MS/MS (NICOTINE, COTININE) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	80101 x2	\$250.00
360	OPIATE CONFIRMATION SERUM/BLOOD GC/MS/MS (MORPHINE, OXYMORPHONE, HYDROMORPHONE, CODEINE, HYDROCODONE, OXYCODONE, 6-MONACETYLMORPHINE, DIHYDROCODEINE) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	-	\$300.00
301	OPIATE CONFIRMATION URINE LC/MS/MS (MORPHINE, OXYMORPHONE, HYDROMORPHONE, CODEINE, HYDROCODONE, OXYCODONE, 6-MONACETYLMORPHINE, DIHYDROCODEINE) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	-	\$300.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
45845	OPIATES & SYNTHETIC NARCOTICS URINE GC/MS/MS (CODEINE, DIHYDROCODEINE, HYDROCODONE, HYDROMORPHONE, LEVORPHANOL, MEPERIDINE, METHADONE/EEDP, MORPHINE, 6MONACETYLMORPHINE, NALOXONE, OXYCODONE, OXYMORPHONE, PENTAZOCINE, PROPOXYPHENE, QUININE) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	80100	\$450.00
83	ORAL DRUG SCREEN (COCAINE, MARIJUANA, METHADONE, OPIATE, PHENCYCLIDINE) <i>Testing Performed Daily Mon-Sat</i>	Oral swab (ora sure swab)	80100	\$25.00
82	ORAL DRUG SCREEN (BARBITURATE, BENZODIAZEPINE, COCAINE, MARIJUANA, METHADONE, METHAMPHETAMINE, OPIATE) <i>Testing Performed Daily Mon-Sat</i>	Oral swab (ora sure swab)	80101	\$25.00
50407	OXYCARBAZEPINE QUANTITATIVE PANEL SERUM/BLOOD HPLC (OXYCARBAZEPINE, 10-HYDROXYCARBAZEPINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Oxycarbazepine: 6.0 - 10.0 mg/L</i> <i>10-Hydroxycarbazepine: 6.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
361	OXYCODONE ID/CONFIRMATION SERUM/BLOOD LC/MS/MS (OXYCODONE, OXYMORPHONE, HYDROMORPHONE, HYDROCODONE) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	-	\$200.00
311	OXYCODONE ID/CONFIRMATION URINE LC/MS/MS (OXYCODONE, OXYMORPHONE, HYDROMORPHONE, HYDROCODONE) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	-	\$200.00
2502	PAIN MANAGEMENT URINE PANEL (AMPHETAMINE/ECSTASY, BARBITURATE, BENZODIAZEPINE, BUPRENORPHINE, COCAINE METABOLITE, MARIJUANA, METHADONE/EDDT, METHAMPHETAMINE, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXYPHENE, FENTANYL - ADULTERANTS - PH, OXIDANT, CREATININE, SPECIFIC GRAVITY) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reflex confirmation of all positives by LC/MS/MS are performed.</i>	30 ml urine (plastic urine container)	80101 x 10	\$100.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
362	PHENCYCLIDINE CONFIRMATION SERUM/BLOOD GC/MS/MS <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	-	\$100.00
308	PHENCYCLIDINE CONFIRMATION URINE GC/MS/MS <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	-	\$100.00
51454	PRIMIDONE QUANTITATIVE PANEL SERUM/BLOOD HPLC (PRIMIDONE (MYSOLINE), PHENOBARBITAL) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Primidone: 5.0 - 12.0 ug/ml</i> <i>Phenobarbital: 15.0 - 40.0 ug/ml</i>	1 full red top tube with no additive	80184, 80188	\$48.00
51456	PROCANAMIDE PANEL (PROCANAMIDE, N-ACETYLPROCANAMIDE NAPA) <i>Testing Performed Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Procanamide: 3.0 - 10.0 mg/L</i> <i>N-Acetylprocanamide: 5 - 20 mg/L</i>	1 full red top tube with no additive	80192	\$50.00
363	PROPOXYPHENE ID/ CONFIRMATION SERUM/BLOOD HPLC (PROPOXYPHENE, NORPROPOXYPHENE) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	-	\$150.00
307	PROPOXYPHENE ID/ CONFIRMATION URINE HPLC (PROPOXYPHENE, NORPROPOXYPHENE) <i>Testing Performed Daily Mon-Sun</i>	30 ml urine (plastic urine container)	-	\$150.00
880	PROTEIN ELECTROPHORESIS (TOTAL PROTEIN, PROTEIN ELECTROPHORESIS) <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84155, 84165	\$25.00
1200	PROTIME/INR (PROTHROMBIN TIME, INR) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges: These may vary with a new lot of controls.</i> <i>Protime: 11.4--14.2 Seconds</i> <i>INR: 0.90 - 1.10</i>	1 Full unopened sodium citrate (light blue tube)	85610	\$13.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
550	RENAL PANEL (ALBUMIN, BUN, BUN/CREATININE RATIO (calculated), CALCIUM, CO ₂ , CREATININE Estimated GLOMECULAR FILTRATION RATE (calculated), GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges: See alphabetical test listing for each test.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	80069	\$40.00
51483	RISPERIDONE PANEL QUANTITATIVE SERUM/BLOOD HPLC (RISPERIDONE, 9-HYDROXYRISPERIDONE, TOTAL ACTIVE DRUG) <i>Testing Performed Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Risperidone: 0.020 - 0.160 mg/L</i> <i>9-Hydroxyrisperidone: 0.03 - 0.20 mg/L</i>	1 full red top tube with no additive	82492	\$80.00
51496	SERTRALINE (ZOLOFT) QUANTITATIVE SERUM/BLOOD HPLC (SERTRALINE, DESMETHYLSERTRALINE) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Sertraline: 0.03 - 0.20 mg/L</i> <i>Desmethylsertraline: 0.03 - 0.20 mg/L</i>	1 full red top tube with no additive	80299	\$50.00
520	THYROID PROFILE (T3 UPTAKE, T4, FREE THYROXINE INDEX T7) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>T3 Uptake: 24.3 - 39.0%</i> <i>T4: 4.5 - 11.4 ug/dl</i> <i>T7: 1.4 - 3.8</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84479, 84436	\$43.00
2415	THYROID PROFILE W/TSH (T3 UPTAKE, T4, TSH) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>T3 Uptake: 24.3 - 39.0%</i> <i>T4: 4.5 - 11.4 ug/dl</i> <i>TSH: 0.50 - 5.00 mciu/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84479, 84436, 84443	\$67.00
50533	TICLOPIDINE (TICLID) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
45551	TRICYCLIC ANTIDEPRESSANTS (TCA SREEN) QUANTITATIVE SERUM/BLOOD HPLC (AMITRIPTYLINE, NORTRIPTYLINE, CYCLOBENZAPRINE, DOXEPIN, NORDOXEPIN, DESIPRAMINE, IMIPRAMINE, TRIMIPRAMINE, NORCLOMIPRAMINE, CLOMIPRAMINE, PROTRIPTYLINE) <i>Testing Performed Daily Mon-Sun</i>	1 full red top tube with no additive	80100	\$50.00
7170	URINALYSIS (COLOR, APPEARANCE, SPECIFIC GRAVITY, PH, GLUCOSE, BILIRUBIN, UROBOLINOGEN, KETONES, BLOOD, PROTEIN, NITRITE, LEUKOCYTE, WHITE BLOOD CELLS, RED BLOOD CELLS, AMORPH, EPITHELIAL, BACTERIA, MUCUS, CRYSTALS, CASTS, YEAST, TRICHOMONAS) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Ranges: See Lab Report for all reference ranges.</i>	30 ml urine (plastic urine container)	81000	\$25.00
882	URINE PROTEIN ELECTROPHORESIS (TOTAL PROTEIN, PROTEIN ELECTROPHORESIS & CREATININE) <i>Testing Performed by Reference Lab</i>	24 hr urine container (no preservative)	82570, 84156, 84166	\$76.00
1820	VITAMIN B12/FOLATE <i>Performed Daily Mon-Sun</i> <i>Reference Ranges:</i> <i>Vitamin B12: 160 - 970 pg/ml</i> <i>Folate: 7.2 - 15.4 ng/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82607,8274 6	\$88.00
886	VITAMIN D 1, 25-HYDROXY PANEL (VITAMIN D1- 25-D-OH TOTAL, VITAMIN D 1- 25 D-OH D3, VITAMIN D1-25 D-OH D2) <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86252	\$70.00
894	VITAMIN D 25 HYDROXY PANEL LC/MS/MS (VITAMIN D, 25 HYDROXY TOTAL, VITAMIN D, 25-OH D3, VITAMIN D, 25-OH D2) <i>Performed Daily Mon-Sun</i> <i>Reference Ranges:</i> VIT D, 25 HYDROXY TOTAL: 20.0 - 100.0 ng/ml	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82306	\$70.00

ATLANTIC DIAGNOSTIC LABORATORIES

PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
70	VITREOUS CHEM PANEL (SODIUM, POTASSIUM, CHLORIDE, CO2, CREATININE, BUN, GLUCOSE) Testing Performed STAT and Daily Mon-Sun Reference Ranges: See Lab Report for all reference ranges.	2 ml Vitreous Fluid	80048	\$55.00
45725A	VOLATILES & ETHYLENE GLYCOL QUANTITATIVE SERUM/BLOOD HPLC (ACETONE, ETHANOL, ISOPROPANOL/ACETONE, METHANOL, ETHYLENE GLYCOL) Testing Performed STAT and daily Mon-Sun Reference Range: <i>Acetone: 0 - 300 mg/L</i> <i>Ethanol: 0.0 - 0.079 gm/dL</i> <i>Isopropanol: 0.0 - 0.020 gm/dL</i> <i>Methanol: Negative</i> <i>Ethylene Glycol: Negative</i>	1 full red top tube with no additive or 1 full grey top tube	84600, 82693	\$80.00
15725	VOLATILES QUANTITATIVE SERUM/BLOOD HPLC (ACETONE, ETHANOL, ISOPROPANOL/ACETONE, METHANOL) Testing Performed STAT and daily Mon-Sun Reference Range: <i>Acetone: 0 - 300 mg/L</i> <i>Ethanol: 0.0 - 0.079 gm/dL</i> <i>Isopropanol: 0.0 - 0.020 gm/dL</i> <i>Methanol: Negative</i>	1 full red top tube with no additive or 1 full grey top tube	84600	\$34.00
2095	WORKPLACE PANEL 9 URINE (PRE-EMPLOYMENT) (AMPHETAMINE/ECSTASY, BARBITURATE, BENZODIAZEPINE, COCAINE METABOLITE, MARIJUANA, OPIATE 2K, PHENCYCLIDINE, PROPOXYPHENE, -ADULTERANTS - CREATININE, SPECIFIC GRAVITY & PH) Testing Performed STAT and Daily Mon-Sun All positives must be confirmed by reflex confirmation by LC/MS/MS. Additional charges apply per analyte.	30 ml urine (plastic urine container)	80101 X8	\$50.00
	* (The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.)			

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LISTING

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1130	5 NUCLEOTIDASE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83915	\$70.00
8200	ABO GROUP & Rh TYPE <i>Testing Performed Daily Mon - Fri</i>	1 full lavender top tube (EDTA plasma) must have phlebotomist initials on tube!	86900	\$55.00
50003	ACETAMINOPHEN QUANTITATIVEITATIVE SERUM/BLOOD <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 26 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82003	\$36.00
50004	ACETAZOLAMIDE SERUM/BLOOD (DIAMOX) <i>Testing Performed Daily Mon-Fri</i> <i>Reference</i> <i>Range: 10 - 30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
30006	ACETONE SERUM/BLOOD <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 300 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82010	\$32.00
1009	ACETYLCHOLINE RECEPTOR BINDING ANTIBODY <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83519	\$100.00
1038	ACTH LEVEL <i>Testing Performed by Reference Lab</i>	1 Full lavender top tube (EDTA Plasma)	82024	\$120.00
200	ALBUMIN <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 3.3 - 5.0 g/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82040	\$15.00
1075	ALBUMIN URINE <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	82040	\$15.00
2901	ALCOHOL CONFIRMATION URINE <i>Testing Performed daily Mon-Sun</i>	30 ml urine (plastic urine container)	80299	\$20.00
400	ALCOHOL URINE SCREEN <i>Testing Performed STAT and daily Mon-Sun</i>	30 ml urine (plastic urine container)	82055	\$16.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
904	ALDOLASE <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82085	\$70.00
1013	ALDOSTERONE <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82088	\$95.00
8703	ALERGEN BEEF <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
201	ALKALINE PHOSPHATASE <i>Testing Performed STAT and daily Mon-Sun</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84075	\$15.00
1851	ALKALINE PHOSPHATASE BONE SPEC <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84075	\$60.00
851	ALKALINE PHOSPHATASE ISOENZYME <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84075, 84080	\$36.00
8700	ALLERGEN (FISH/SEAFOOD) <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8701	ALLERGEN CHICKEN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8186	ALLERGEN CLAM IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86001	\$50.00
8190	ALLERGEN CODFISH IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8187	ALLERGEN CORN IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8189	ALLERGEN COWS MILK IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8188	ALLERGEN EGG WHITE IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8196	ALLERGEN EGG YOLK IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8702	ALLERGEN FRUIT <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8151	ALLERGEN HADDOCK IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8198	ALLERGEN LOBSTER <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8184	ALLERGEN ONION IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8191	ALLERGEN PEANUT IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8704	ALLERGEN PORK <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8192	ALLERGEN SHRIMP IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8193	ALLERGEN SOYBEAN IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8150	ALLERGEN TREE NUT <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8197	ALLERGEN TUNA <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8194	ALLERGEN WALNUT IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8195	ALLERGEN WHEAT IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8199	ALLERGEN WHITEFISH <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8170	ALLERGEN WOOL <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
876	ALPHA FETOPROTEIN TUMOR MARKER <i>Testing Performed Daily Mon-Fri</i> <i>Reference</i> <i>Range: 0.0 - 8.7 ng/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82105	\$50.00
927	ALPHA-1 ANTITRYPSIN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82103	\$50.00
1063	ALPHA-1 ANTITRYPSIN STOOL <i>Testing Performed by Reference Lab</i>	10 g Stool (plastic urine container)	82103	\$50.00
8277	ALPHA-SUBUNIT (SUBUNIT OF LH, FSH, TSH & HCG) <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83519	\$95.00
50012	ALPRAZOLAM SERUM/BLOOD (XANAX) <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 10 - 20 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	80154	\$48.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
202	ALT (ALANINE AMINOTRANSFERASE) <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 40 u/l</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84460	\$20.00
923	ALUMINUM <i>Testing Performed by Reference Lab</i>	2ml serum (royal blue trace element tube)	82108	\$100.00
8001	ALUMINUM LEVEL URINE <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	82108	\$100.00
9162	AMIKACIN PEAK - HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 20 - 35 mg/L</i>	1 full red top tube with no additive	80150	\$65.00
9161	AMIKACIN TROUGH HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 10 mg/L</i>	1 full red top tube with no additive	80150	\$65.00
50018	AMILORIDE (MODAMOR)SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	<i>See</i> 1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00
8416	AMINOACID ANALYSIS, PLASMA <i>Testing Performed by Reference Lab</i>	2 mL plasma (sodium heparin green top)	82139	\$115.00
51019	AMLODIPINE (NORVASE) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.01 - 0.10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$68.00
203	AMMONIA <i>Testing Performed STAT and Daily Mon-Fri</i> <i>Reference Range: 11 - 51 umol/L</i>	1 Full lavender top tube (EDTA Plasma) put tube on ice immediately - Please note if the specimen is being sent by mail the specimen must be separated and plasma frozen.	82140	\$40.00
1020	AMYLASE ISOENZYMES <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82150	\$125.00
125	ANA SCREEN <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86038	\$24.00
803	ANCA <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86021	\$30.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1027	ANGIOTENSIN CONVERTING ENZYME (ACE) <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82164	\$100.00
1133	ANTIBODY SCREEN <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86850	\$50.00
957	ANTI-DNA ANTIBODY <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	86255	\$95.00
1257	ANTI-GBM <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	83520	\$95.00
954	ANTI GLIADIN ANTIBODY IGG, IGA <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83516 X 2	\$95.00
981	ANTI-HEPATITIS C IGG <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86803	\$71.00
8016	ANTIMONY URINE <i>Testing Performed by Reference Lab</i>	3 ml urine (acid wash & trace metal free)	82570, 83018	\$71.00
949	ANTI-STREPTOLYSIN O AB (ASO) <i>Testing Performed Daily Mon-Fri</i> <i>Reference Ranges:</i> <i>≤17 Years <150 IU/mL</i> <i>>17 Years ≤200 IU/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86060	\$60.00
1097	ARIPRAZOLE (ABILIFY) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.04 - 0.40 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$68.00
50031	ARIPRAZOLE(ABILIFY) U <i>Testing Performed Weekly</i> <i>Reference Range: 0.04 - 0.40 mg/L</i>	30 ml urine (plastic urine container)	82491	\$68.00
8018	ARSENIC URINE <i>Testing Performed by Reference Lab</i>	Urine - Acid Wash Container	82175	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
204	AST (ASPARTATE AMINOTRANSFERASE) <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 37 u/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84450	\$20.00
51034	ASTEMIZOLE (HISMANAL) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82492	\$200.00
50036	ATENOLOL (TENORMIN) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.2 - 1.0 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00
50038	ATOMOXETINE (STRATERRA) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	See 1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50039	AZIDE (HYDRAZOIC ACID) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	See 1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50041	BACLOFEN (LIORESAL) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.4 - 1.2 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
50062	BENZTROPINE (COGENTIN) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.16 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00
808	BHCG QUANTITATIVE <i>Testing Performed STAT and daily Mon-Sat</i> <i>Reference Range: >5 miU/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84702	\$32.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
40063	BILIRUBIN AMNIOTIC FLUID HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	meconium in amniotic fluid - keep specimen frozen & protected from light.	82247	\$60.00
884	BIOPSY <i>Testing Performed by Reference Lab</i>	Tissue Sample - (culture transport media)	88233	\$205.00
40067	BISACODYL (DUCOLAX) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) or 30 ml urine (plastic urine container)	82491	\$60.00
8015	BISMUTH URINE <i>Testing Performed by Reference Lab</i>	Urine - Acid Wash Container	83018	\$120.00
917	BLOOD CULTURE <i>Testing Performed Daily Mon-Sun</i> <i>Additional charges apply for each organism and sensitivity performed.</i>	** Please see page 8 of this manual for specimen collection procedures**	87040	\$35.00
978	B-TYPE NATRIURETIC PEPTIDE (BNP) <i>Testing Performed STAT and daily Mon-Sat</i> <i>Reference Range: <100 pg/ml</i>	1 Full lavender top tube (EDTA Plasma) if drawing a CBC draw 2 tubes	83880	\$49.56
207	BUN (BLOOD UREA NITROGEN) <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 20 mg/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84520	\$15.00
50070	BUPIVACAINE (ANAWIN) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.22 - 3.45 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$36.00
50072	BUPROPION (WELLBUTRIN) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.025 - 0.200 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50074	BUSPIRONE (BUSPAR) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.088 - 0.147 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50073	BUTABARBITAL (BUTISOL) SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 16 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
802	CA 125 <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: <35 U/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86304	\$69.00
1012	CA 19-9 <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86301	\$90.00
920	CA 27, 29 <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86300	\$90.00
40076	CAFFEINE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 8.0 - 20.0 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$42.00
6928	CAFFEINE URINE HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 8.0 - 20.0 mg/L</i>	30 ml urine (plastic urine container)	82491	\$42.00
208	CALCIUM <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 8.5 - 10.4 mg/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82310	\$15.00
952	CALCIUM, IONIZED <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) centrifuge immediately and do not open - if ordering other tests draw additional tubes	82330	\$50.00

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INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8022	CALCIUM, URINE 24 HR <i>Testing Performed by Reference Lab</i>	24 hour urine container no Preservative	82340	\$50.00
209	CARBAMAZEPINE <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 4.0 - 12.0 ug/ml</i>	1 full red top tube with no additive	80156	\$40.00
50087	CARBAMAZEPINE EPOXIDE HPLC <i>Testing Performed STAT and daily Mon-Sun</i>	1 full red top tube with no additive or 1 full grey top tube	80156	\$60.00
50086	CARBAMAZEPINE FREE HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.5 - 2.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80156	\$46.00
50091	CARBINOXAMINE (RONDEC) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
40097	CARBOXYHEMOGLOBIN QUANTITATIVE HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range:</i> NON-SMOKERS: UP TO 4% SAT SMOKERS: UP TO 8% SAT	1 Full lavender top tube (EDTA Plasma)	82375	\$44.00
1185	CARDIAC CRP <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: <1.0 mg/L</i>	1 full red top tube with no additive	86141	\$68.00
1024	CARDIOLIPIN AB IGG <i>Testing Performed by Reference Lab</i>	1 ml citrated plasma (light blue top)	86147	\$320.00
6921	CARISOPRODOL UA (SOMA) QUALITATIVE <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: Negative</i>	30 ml urine (plastic urine container)	83805	\$80.00
892	CARNITINE <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82379	\$183.00
854	CAROTENE <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive Overnight Fasting	82380	\$86.00
959	CATECHOLAMINES 24 HR URINE <i>Testing Performed by Reference Lab</i>	24 hour urine container with additive 6NHCL	82384	\$40.00
1052	CCP-AB IGG <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86200	\$40.00
872	CD4/CD8 <i>Testing Performed by Reference Lab</i>	1 Full lavender top tube (EDTA Plasma)	86360	\$90.00
843	C-DIFF TOXIN A & B <i>Testing Performed Daily Mon-Sat</i> <i>Reference Range: Negative</i>	5 gm stool (plastic urine container) refrigerate immediately	87324	\$19.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
800	CEA <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82378	\$21.00
928	CERULOPLASMIN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82390	\$75.00
50096	CETIRIZINE (ZYRTEC) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
8263	CHLAMYDIA AB <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86631	\$55.00
1125	CHLAMYDIA DNA SWAB <i>Testing Performed Weekly</i>	** Please see page 7 of this manual for specimen collection procedures**	87491	\$55.00
1104	CHLAMYDIA DNA URINE <i>Testing Performed Weekly</i>	** Please see page 7 of this manual for specimen collection procedures**	87490	\$55.00
1127	CHLAMYDIA/GC DNA SWAB <i>Testing Performed Weekly</i>	** Please see page 7 of this manual for specimen collection procedures**	87491	\$110.00
1099	CHLAMYDIA/GC DNA URINE <i>Testing Performed by Weekly</i>	** Please see page 7 of this manual for specimen collection procedures**	87491	\$110.00
6877	CHLORADIAZEPOXIDE (LIBRIUM) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 100 - 300 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
40099	CHLORALHYDRATE (NOCTEC) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1.5 - 15.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$68.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50100	CHLORAMPHENICOL (CHLORMYCETIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 5 - 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82415	\$60.00
51116	CHLORAQUINE (ARALEN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
210	CHLORIDE <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 98 - 109 mmol/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82435	\$15.00
1048	CHLORIDE RANDOM URINE <i>Testing Performed Daily Mon-Sun</i>	Urine	82436	\$15.00
979	CHLORIDE URINE 24 HR <i>Testing Performed by Reference Lab</i>	24 hr urine (no preservative)	82436	\$30.00
50117	CHLOROTHIAZIDE (DIURIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0 - 6.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50118	CHLORPHENIRAMINE (CHLORTRIMITON) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.010 - 0.017 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50119	CHLORPROMAZINE (THORAZINE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.50 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50120	CHLORPROPAMIDE (DIABINESE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 30 - 363 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00

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INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
211	CHOLESERTRON <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: <200 mg/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82465	\$20.00
8021	CHOLINESTERASE, RBC <i>Testing Performed Weekly</i> <i>Reference Range: 6573 - 13181 u/L</i>	1 full lavender top tube (EDTA plasma)	82480, 82482	\$75.00
50128	CIMETIDINE (TAGAMET) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 - 4.5 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00
50125	CISAPRIDE (PROPULSID) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$100.00
50127	CITALOPRAM (CELEXA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.01 - 0.06 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00
875	CKMB (CK/MB ISOENZYMES) <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82553	\$65.00
50129	CLOBAZAM (FRISIUM) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

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INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
51134	CLORAZEPATE (TRANXENE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 1.5 - 15.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80154	\$50.00
212	CO2 (CARBON DIOXIDE) <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 24.0 - 31.0 mmol/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82374	\$15.00
931	COMPLEMENT COMPONENT C3 <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86161	\$55.00
1004	COMPLEMENT TOTAL CH 50 <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86162	\$75.00
932	COMPLEMENT COMPONENT C4 <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86160	\$55.00
960	COOMBS DIRECT <i>Testing Performed by Reference Lab</i>	5 mL whole blood(ACD-A yellow-top tube)	86880	\$46.55
961	COOMBS INDIRECT <i>Testing Performed by Reference Lab</i>	5 mL whole blood(ACD-A yellow-top tube)	86880	\$46.55
989	COPPER URINE <i>Testing Performed by Reference Lab</i>	7 ml urine (acid wash container) 2nd void of the day	82525	\$75.00
8273	COPPER URINE 24 HR <i>Testing Performed by Reference Lab</i>	Urine - Acid Wash	82525	\$100.00
801	CORTISOL AM <i>Testing Performed Weekly</i> <i>Reference Range: 4.0 - 22.0 ug/dL</i>	1 full red top tube with no additive	82530	\$24.00
822	CORTISOL PM <i>Testing Performed Weekly</i> <i>Reference Range: 3.0 - 17.0 ug/dL</i>	1 full red top tube with no additive	82533	\$24.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
935	COXSACKIE B AB <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86658 X 6	\$300.00
908	C-PEPTIDE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting	84681	\$50.00
873	CPK <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 29 - 168 u/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82550	\$25.00
883	C-REACTIVE PROTEIN <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: <10.0 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86140	\$21.00
757	CREATININE 24 HR <i>Testing Performed Daily Mon-Fri</i>	24 hr urine container (no preservative)	82570	\$15.00
277	CREATININE CLEARANCE 24 HR <i>Testing Performed Daily Mon-Fri</i>	24 hr urine container (no preservative) & 1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82575	\$50.00
213	CREATININE SERUM <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.5 - 1.3 g/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82565	\$11.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
272	CREATININE URINE RANDOM <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 20 - 320 mg/dl</i>	30 ml urine (plastic urine container)	82565	\$11.00
996	CRYOGLOBULINS <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82595	\$60.00
RC	CULTURE (ANY SOURCE EXCEPT URINE) PLEASE INDICATE ON THE REQUEST FORM THE SOURCE OF THE CULTURE <i>Additional charges apply for each organism and sensitivity performed.</i>	appropriate swab	87070	\$17.00
UC	CULTURE, URINE	30 ml urine - clean catch	87086	\$11.79
40152	CYANIDE QUANTITATIVE SERUM/BLOOD ULTRAVIOLET <i>Testing Performed STAT and Daily Mon-Sun</i> <i>B195See Lab Report for reference ranges.</i>	Whole Blood (grey tube)	82600	\$46.00
50153	CYCLOBENZAPRINE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Lab Report for reference ranges.</i>	<i>See</i> 1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
1019	CYCLOSPORINE <i>Testing Performed STAT and daily Mon-Sun See Lab Report for reference ranges.</i>	1 full lavender top tube (EDTA-Plasma)	80158	\$150.00
50157	DANTROLENE (DANTRIUM) SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full lavender top tube (EDTA-Plasma)	82491	\$46.00
50160	DAPSONE HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.50 - 2.50 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$90.00
975	D-DIMER QUANTITATIVE <i>Testing Performed by Reference Lab</i>	1 full sodium citrate (light blue tube) unopened	85379	\$250.00
50171	DEXTROMETHORPHAN QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.05 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$58.00
50171	DEXTROMETHORPHAN URINE HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Non Detected</i>	30 ml urine (plastic urine container)	82491	\$58.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
906	DHEA - SULFATE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82627	\$156.00
50181	DIFLUNISAL (DOLOBID) QUANTITATIVE SERUM/BLOOD <i>Testing Performed Weekly</i> <i>Reference Range: 0.09 - 1.3 mg/L</i>	HPLC 1 full red top tube with no additive or 1 full grey top tube or 10 ml urine (plastic urine container)	82491	\$38.00
214	DIGOXIN <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.5 - 2.0 ng/mL</i>	1 full red top tube with no additive	80162	\$21.00
50190	DILTIAZEM (CARDIZEM) QUANTITATIVE HPLC <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 0.05 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
50195	DIPHENHYDRAMINE QUANTITATIVE HPLC <i>Testing Performed STAT & Daily Mon-Sun</i> <i>Reference Range: 0.025 - 0.112 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
50199	DIPYRIDAMOLE (PERSANTINE) QUANTITATIVE HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	<i>See</i> 1 full red top tube with no additive or 1 full grey top tube or 10 ml urine (plastic urine container)	82491	\$50.00
205	DIRECT BILIRUBIN <i>Testing Performed STAT & Daily Mon-Sun</i> <i>Reference Range: 0 - 0.5 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82248	\$15.00
50202	DISOPYRAMIDE (NORPACE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2.0 - 5.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$36.00
50204	DOFETILIDE (TIKOSYN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	<i>See</i> 1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
51209	DOXYLAMINE (DRAMAMINE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range:0.04 - 0.40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
1005	DOUBLE STRANDED DNA ANTIBODIES <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86225	\$85.00
50211	DULOXETINE (CYMBALTA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$70.00
50212	DYPHYLLINE (ASMINYL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 6.5 - 14.3 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$38.00
1007	ENDOMYSIAL AB IGA <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86255	\$90.00
50216	EPHEDRINE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube		\$90.00
1101	EPSTEIN BARR IGG AB VCA <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86665	\$77.00
1100	EPSTEIN BARR IGM <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86664	\$77.00

**ATLANTIC DIAGNOSTIC LABORATORIES
INDIVIDUAL TEST LIST**

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
862	ERYTHROPOIETIN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82668	\$29.00
50221	ESCITALOPRAM (LEXAPRO) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube <i>See</i>	82491	\$60.00
902	ESTRADIOL <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82670	\$38.00
1189	ESTRIOL SERUM <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82677	\$100.00
50226	ESZOPICLONE (LUNESTA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
40009	ETHANOL QUANTITATIVE SERUM/BLOOD HEADSPACE <i>Testing Performed STAT & Daily Mon-Sun Reference Range: 0.0 - 0.079 g/dL</i>	1 full red top tube with no additive or 1 full grey top tube	82055	\$32.00
50224	ETHINAMATE (VALMID) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly Reference Range: 4.0 - 11.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50227	ETHOSUXIMIDE (ZARONTIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly Reference Range: 40 - 100 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50230	ETHOTOIN (PEGANONE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly Reference Range: 6 - 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
40233	ETHYLENE GLYCOL (ANTIFREEZE) QUANTITATIVE SERUM/ BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: NEGATIVE</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
756	FECAL FAT <i>Testing Performed by Reference Lab</i>	2 gm stool (plastic urine container) frozen	82705	\$42.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50235	FELBAMATE (FELBATOL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2.7 - 33 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$62.00
50236	FENFLURAMINE (POMDIMIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.04 - 0.3 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$72.00
50239	FENOPROFEN (NALFON) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 27.0 - 66.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
6716	FENTANYL URINE QUANTITATIVE HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 ng/mL</i>	15 ml urine (plastic urine container)	82491	\$72.00
6716	FENTANYL URINE QUALITATIVE IMMUNOASSAY <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.5 ng/mL</i>	15 ml urine (plastic urine container)	82491	\$72.00
40237	FENTANYL INTEGRITY - (PATCHES, SYRINGES, AND PHARACEUTICAL SAMPLES) HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	appropriate specimen	83519	\$72.00
42237	FENTANYL (DURAGESIC) QUANTITATIVE B326 SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	83519	\$72.00
804	FERRITIN <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 20 - 250 ng/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82728	\$42.00
1180	FIBRINOGEN <i>Testing Performed by Reference Lab</i>	1 full blue top tube (citratd plasma)	85384	\$17.00

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INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50240	FLECAINIDE (TAMBOCOR) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.2 - 1.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50238	FLUNITRAZEPAM (ROHYPNOL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 5-15 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$70.00
6973	FLUNITRAZEPAM (ROHYPNOL) QUANTITATIVE URINE LC/MS/MS <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.005 - 0.050 mg/L</i>	30 ml urine (plastic urine container)	82491	\$70.00
50242	FLUPHENAZINE (PROLIXIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.9 - 17.0 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$70.00
41243	FLURAZEPAM (DALMANE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 30 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
6616	FLURAZEPAM (DALMANE) QUANTITATIVE URINE LC/MS/MS <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: >10.0 mg/L</i>	15 ml urine (plastic urine container)	82742	\$25.00
50244	FLUVOXAMINE (LUVOX) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.50 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
805	FOLATE <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 7.2 - 15.4 ng/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82746	\$20.54

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INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
818	FREE T4 <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.87 - 1.51 ng/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84439	\$42.00
899	FRUCTOSAMINE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82985	\$30.00
806	FSH <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83001	\$25.00
50245	FUROSEMIDE (LASIX) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
916	G6PD <i>Testing Performed by Reference Lab</i>	1 Full lavender top tube (EDTA Plasma)	82955	\$100.00
50246	GABAPENTIN (NEURONTIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$62.00
6974	GAMMAHYDROXYBUTYRATE (GHB) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: Effective > 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
51247	GAMMAHYDROXYBUTYRATE (GHB) URINE QUANTITATIVE HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: Above 100 mg/l indicates recent ingestion of GHB.</i>	15 ml urine (plastic urine container)		\$80.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1124	GC DNA SWAB <i>Testing Performed Weekly</i> <i>Reference Range: Negative</i>	DNA swab - call laboratory for supplies	87591	\$55.00
1105	GC DNA URINE <i>Testing Performed Weekly</i> <i>Reference Range: Negative</i>	30 ml urine (plastic urine container)	87797	\$55.00
1046	GENTAMYCIN PEAK QUANTITATIVE SERUM/BLOOD <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 5.0 - 8.0 mg/L</i>	1 full red top tube with no additive	80170	\$45.00
1044	GENTAMYCIN TROUGH QUANTITATIVE SERUM/BLOOD <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.5 - 2.0 mg/L</i>	1 full red top tube with no additive	80170	\$45.00
218	GGT (GAMMA GLUTAMYL TRANSFERASE) <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 7 - 51 u/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82977	\$20.00
50250	GLIPIZIDE (GLUCOTROL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.1 - 1.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
219	GLUCOSE <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 70 - 110 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82947	\$20.00
866	GLUTAMIC ACID DECARB (GAD65) <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	83519, 86337, 83641	\$100.00
50252	GLUTETHIMIDE (DORIDEN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2 - 12 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50253	GLYBURIDE (DIABETA, MICRONASE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50255	GRISEOFULVIN (GRIFULVIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82489	\$80.00
40258U	GUAFENESIN QUANTITATIVE URINE HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	<i>See</i> 15 ml urine (plastic urine container)	82491	\$60.00
40258	GUAFENESIN QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.4 - 1.4 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50259	HALAZEPAM QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50260	HALDOL (HALOPERIDOL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 5 - 80 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	80173	\$50.00
921	HAPTOGLOBIN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83010	\$95.00
220	HDL <i>Testing Performed STAT and daily Mon-Sun</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83718	\$20.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
716	HEMATOCRIT <i>Testing Performed STAT and daily Mon-Sun</i> Reference Range: Female: 0 months - 8 years 33.0 - 42.0 g/dl 9 years - 11 years 34.0 - 43.0 g/dl 12 years - 17 years 34.0 - 44.0 g/dl 17 years or older 35.0 - 47.0 g/dl Male: 0 months - 8 years 33.0 - 42.0 g/dl 9 years - 11 years 34.0 - 43.0 g/dl 12 years - 14 years 35.0 - 45.0 g/dl 15 years or older 39.0 - 51.0 g/dl	1 Full lavender top tube (EDTA Plasma)	85014	\$10.00
715	HEMOGLOBIN <i>Testing Performed STAT and daily Mon-Sun</i> Reference Range: Female: 0 months - 9 years 11.0 - 14.5 g/dl 10 years - 12 years 12.0 - 15.0 g/dl 13 years - 17 years 11.5 - 15.3 g/dl 18 years or older 11.7 - 16.1 g/dl Male: 0 months - 9 years 12.0 - 14.5 g/dl 10 years - 12 years 12.0 - 15.0 g/dl 13 years - 17 years 12.0 - 16.6 g/dl 18 years or older 12.6 - 17.4 g/dl	1 Full lavender top tube (EDTA Plasma)	85018	\$10.00
809	HEMOGLOBIN A1C <i>Testing Performed STAT and daily Mon-Sun</i> Reference Range: 4.4 - 6.4 %	1 Full lavender top tube (EDTA Plasma)	83036	\$25.00
823	HEP A IGG/IGM TOTAL <i>Testing Performed Daily Mon-Sun</i> <i>Reference</i> Range: Negative	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86708	\$22.00
903	HEP B VIRAL DNA PCR QUALITATIVE <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	87516	\$250.00
891	HEP C RNA BY PCR <i>Testing Performed by Reference Lab</i>	2 full lavender top tube (EDTA Plasma)	87522	\$89.00
1114	HEPATITIS A IGM <i>Testing Performed Daily Mon-Sun</i> <i>Reference</i> Range: Negative	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86709	\$22.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
991	HEPATITIS B CORE IGG <i>Testing Performed Daily Mon-Sun</i> <i>Reference</i> <i>Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86704	\$16.66
1120	HEPATITIS B CORE IGG/IGM <i>Testing Performed Daily Mon-Sun</i> <i>Reference</i> <i>Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86705	\$70.00
940	HEPATITIS B CORE IGM <i>Testing Performed Daily Mon-Sun</i> <i>Reference</i> <i>Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86705	\$35.00
937	HEPATITIS BE ANTIBODY <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86707	\$18.50
936	HEPATITIS BE ANTIGEN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87350	\$18.50
825	HEPATITIS BSAB <i>Testing Performed Daily Mon-Sun</i> <i>Reference</i> <i>Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86706	\$15.01

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
824	HEPATITIS BSAG <i>Testing Performed Daily Mon-Sun</i> <i>Range: Negative</i> <i>Reference</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87340	\$14.43
826	HEPATITIS C <i>Testing Performed Daily Mon-Sun</i> <i>Range: Negative</i> <i>Reference</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86803	\$19.94
1088	HEPATITIS C BY RIBA <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86803	\$100.00
905	HEPATITIS C VIRAL RNA QUALITATIVE <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	87522	\$190.00
1906	HEPATITIS C VIRAL RNA QUANTITATIVE <i>Testing Performed by Reference Lab</i> <i>Reference Range: Not Detected</i>	1 full white top tube (PPT-potassium EDTA)	87521	\$300.00
1054	HEPATITIS BSAB TITER <i>Testing Performed Daily Mon-Sat</i> <i>Range: >10 miu/mL</i> <i>Reference</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86706	\$75.00
1051	HEPATITIS BSAG CONFIRMATION <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87340	\$14.43
1029	HEPTIMAX TM <i>Testing Performed by Reference Lab</i>	3 ml frozen plasma EDTA lavender top tube	87522	\$190.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1084	HERPES 1 AB IGG <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86695	\$20.00
1085	HERPES II IGG AB <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86696	\$20.00
1126	HERPES II IGM <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87273	\$20.00
1083	HERPES SIMPLEX 1 & 2 <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86695	\$40.00
972	HETEROPHILE (MONO) SCREEN <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86308	\$45.00
1191	HISTOPLASMA (URINE) <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	87385	\$109.00
2400	HIV 1 & HIV 2 <i>Testing Performed Daily Mon-Fri</i> <i>Reference</i> <i>Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86701, 83791	\$167.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
869	HIV -1 AB <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86701	\$24.00
2401	HIV 2 SCREEN <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87391	\$67.00
1210	HIV AB PHENOTYPE <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	87903, 87904 x5	\$450.00
863	HIV RNA BY PCR <i>Testing Performed by Reference Lab</i>	2 full lavender top tube (EDTA-Plasma)	87536	\$160.00
1119	HLA - B5701 TYPING <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	83891, 83896 (x30), 83900, 83912	\$195.00
944	HOMOCYSTEINE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting 8 hours	83090	\$30.00
852	H-PYLORI IGG <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86677	\$26.00
953	H-PYLORI IGM <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86317	\$26.00
1064	H-PYLORI STOOL <i>Testing Performed by Reference Lab</i>	5 gm stool (plastic urine container) refrigerate immediately	87338	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1086	HSV IGM AB <i>Testing Performed by Reference Lab</i> <i>Reference Range: Not Detected</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86695	\$20.00
1132	HTLV AB <i>Testing Performed by Reference Lab</i> <i>Reference Range: Not Detected</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86790	\$50.00
50263	HYDROCHLOROTHIAZIDE (HYDRODIURIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.07 - 0.38 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
50266	HYDROXYCHLOROQUINE (PLAQUENTIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.019 - 0.210 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
50267	HYDROXYZINE (VISTARIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.03 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
50269	IBUPROFEN QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 17 - 36 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
857	IGA <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784	\$10.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
834	IGE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82785	\$10.00
832	IGG <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784	\$10.00
833	IGM <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784	\$10.00
963	IMMUNOFIXATION SERUM <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting 8 hours	86334	\$41.00
962	IMMUNOFIXATION UA (BENCE JONES) <i>Testing Performed by Reference Lab</i>	24 hr urine (no preservative)	86334	\$41.00
810	IMMUNOGLOBULINS <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784	\$21.00
264	INDIRECT BILIRUBIN <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 0.9 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82247, 82248	\$15.00

**ATLANTIC DIAGNOSTIC LABORATORIES
INDIVIDUAL TEST LIST**

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50275	INDOMETHACIN (INDOCIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.019 - 0.210 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82941	\$60.00
850	INFLUENZA A & B RAPID TEST	special swab - call laboratory for supplies	87404	\$35.00
860	INSULIN <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 2.6 - 24.9 uU/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting	83525	\$30.00
8271	INSULIN ANTIBODIES <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting	86337	\$95.00
926	INTRINSIC FACTOR ANITBODY <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86340	\$106.00
221	IRON <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 50 - 170 ug/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83540	\$9.05
8272	ISLET CELL AUTOANTIBODIES <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86341 x2	\$150.00
50278	ISONIAZID (NYDRAZID) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.6 - 20.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$76.00
1106	KAPP/LAMBDA LIGHT CHAIN <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	83883 x3	\$150.00
50283	KETOPROFEN (ORUDIS) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 5.0 - 15.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50285	KETOROLAC (ACULAR) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 - 5.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
898	LAMOTRIGINE (LAMICTAL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 - 12.0 mg/L</i>	1 full red top tube with no additive	82491	\$40.00
222	LDH <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 91 - 232 U/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83615	\$8.44
1039	LDH ISOENZYMES <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83625	\$75.00
1018	LDL (DIRECT) <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	83721	\$45.00
840	LEAD WHOLE BLOOD <i>Testing Performed Daily Mon-Fri</i> <i>Reference</i> <i>Range: 0 - 10 ug/dL</i>	1 full lavender top tube (EDTA-Plasma)	83655	\$18.00
1023	LEUKOCYTE ALKALINE PHOS <i>Testing Performed by Reference Lab</i>	5 ml whole blood (sodium heparin - green tube)	85540	\$80.00
895	LEUTINIZING HORMONE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83002	\$20.00
50295	LEVETIRACETAM (KEPRA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 4.0 - 40.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$62.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50300	LIDOCAINE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 1.00 - 5.00 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80176	\$40.00
8266	LIGHT CHAINS FREE (SERUM) <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83883 (x2), 84155, 84165	\$125.00
811	LIPASE <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 6 - 51 u/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83690	\$9.62
821	LITHIUM <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.6 - 1.2 mmol/L</i>	1 full red top tube with no additive	80178	\$9.65
8260	LKM-I IgG AB <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86376	\$21.00
50304	LORATIDINE (CLARITIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.007 - 0.028 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
50306	LORAZEPAM (ATIVAN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0 - 20 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50303	LORCAINIDE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$58.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
51308	LOXAPINE (AMOXAPINE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0 - 20 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
1033	LUPUS ANTICOAGULANT PANEL <i>Testing Performed by Reference Lab</i>	1 full blue top tube (citratd plasma)	86147	\$30.00
868	LYME DISEASE AB <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86618	\$29.00
2000	LYMES AB WESTERN BLOT <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86617	\$51.00
236	MAGNESIUM <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 1.3 - 2.7 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83735	\$9.36
50318	MAPROTILINE (LUDIOMIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.70 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50355	MDMA (ECSTASY) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: Not Detected</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$72.00
947	MEASLES IGG (RUBEOLA) <i>Testing Performed Daily Mon-Fri</i> <i>Reference</i> <i>Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86765	\$45.00

**ATLANTIC DIAGNOSTIC LABORATORIES
INDIVIDUAL TEST LIST**

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50317	MECLIZINE (ANTIVERT) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.020 - 0.200 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50319	MEDAZEPAM (NOBRIUM) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 10 - 150 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
51320	MEPERIDINE (DEMEROL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.05 - 0.80 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$6.00
50327	MEPROMAMATE (EQUANIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 3.0 - 26.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	83805	\$80.00
41329	MESCALINE ALKALOIDS (PEYOTE) QUANTITATIVE B426 SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82542	\$90.00
40329	MESCALINE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82542	\$90.00
51330	MESORIDAZINE (SERENTIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1.18 - 3.52 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	84022	\$40.00
50332	METAXALONE (SKELAXIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
842	METHADONE PEAK QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.100 - 1.000 mg/L</i>	1 full red top tube with no additive	80299	\$22.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
845	METHADONE RANDOM QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.100 - 1.000 mg/L</i>	1 full red top tube with no additive	80299	\$22.00
841	METHADONE TROUGH QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.100 - 1.000 mg/L</i>	1 full red top tube with no additive	80299	\$22.00
6802	METHANOL QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 full red top tube with no additive or 1 full grey top tube	84600	\$64.00
6802U	METHANOL QUANTITATIVE URINE HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: Negative</i>	30 ml urine (plastic urine container)	84600	\$64.00
30350	METHEMOGLOBIN QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Lab Report for reference ranges.</i>	See	82491	\$42.00
50352	METHOCARBAMOL (ROBAXIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 5.0 - 50.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
50353	METHOTREXATE (FOLEX) QUANTITATIVE SERUM/BLOOD IMMUNOASSAY <i>Testing Performed STAT and daily Mon-Sun</i> See <i>Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$52.00
51354	METHSUXIMIDE (CELONTIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 10 - 40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
943	METHYLMALONIC ACID <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	83921	\$24.04
50356	METHYPHENIDATE (RITALIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.010 - 0.040 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82542	\$60.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50359	METOCLOPRAMIDE (REGLAN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.04 - 0.15 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50360	METOLAZONE (ZAROXOLYN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50361	METOPROLOL (LOPRESSOR) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50363	MEXILETINE (MEXITIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 - 2.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80166	\$44.00
812	MICRO ALBUMIN <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0 - 92.1 mg/L</i>	30 ml urine (plastic urine container)	82043	\$8.09
50365	MIDAZOLAM (VERSED) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.08- 0.25 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80154	\$60.00
50366	MIRTAZAPINE (REMERON) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
986	MITOCHODRIAL ANTIBODY <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86256	\$95.00
50367	MOLINDONE (MOBAN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
933	MUMPS ANITBODY IGG <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range:</i> <i><0.90: Indicates no detectable IGG AB</i> <i>0.91-1.09: Equivocal: Should be Retested</i> <i>>1.10: Positive, indicated a current or previous infection with Mumps virus or prior vaccination against Mumps virus.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86735	\$35.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1022	MYOGLOBIN (URINE) <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	83874	
964	MYOGLOBIN SERUM <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82874	
50373	NABUMETONE (RELAFEN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
50376	NAPROXEN (NAPROSYN, ALLEVE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 5 - 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50374	NEFAZODONE (SERZONE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.1 - 1.2 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50385	NIFEDIPINE (PROCARDIA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.015 - 0.162 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
751	OCCULT BLOOD <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: Negative</i>	hemocult card or 2 gm stool (plastic urine container)	82270	\$4.75
50400	OLANZAPINE (ZYPREXA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.010 - 0.100 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$76.00
50401	OMEPRAZOLE (PRILOSEC) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$98.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
930	OSMOLALITY SERUM <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 275 - 295 mOsm/Kg</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83930	\$45.00
929	OSMOLALITY URINE <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	83935	\$15.00
744	OVA & PARASITES <i>Testing Performed by Reference Lab</i>	15 gm stool (preserved with 10% formalin & PVA)	87177	\$50.00
50409	OXAZEPAM (SERAX) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 500 - 1800 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	80154	\$50.00
50412	OXPHENISATIN (LAXATIVE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube <i>See</i>	82491	\$90.00
50408	OXYBUTYNIN (DITROPAN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
794	PAP SMEAR (ANAL) THIN PREP <i>Testing Performed by Mercy Health Lab</i>	Thin prep slide	88147	\$110.00
896	PAP SMEAR SCREENING <i>Testing Performed by Mercy Health Lab</i>	Slide	P3000	\$23.00
793	PAP SMEAR THIN PREP <i>Testing Performed by Mercy Health Lab</i>	Thin prep slide	88147	\$110.00
40415	PARALDEHYDE (PARAL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 20 - 332 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50420	PAROXETINE (PAXIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.30mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
123	PARTIAL THROMBOPLASTIN TIME (PTT) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 23.4 - 35.0 seconds</i>	1 Full unopened sodium citrate (light blue tube)	85730	\$30.00
8269	PARVOVIRUS B19-REAL TIME BY PCR <i>Testing Performed by Reference Lab</i>	1 full white top tube (PPT-potassium EDTA)	87798	\$200.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50421	PEMOLINE (CYLERT) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1 - 7 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50425	PENTOXIPHYLLINE (TRENTAL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.3 - 3.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50427	PERPHENAZINE (ETRAFON, TRILAFON) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1.0 - 20.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$56.00
223	PHENOBARBITAL <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 15.0 - 40.0 ug/ml</i>	1 full red top tube with no additive	80184	\$16.72
50429	PHENOBARBITAL, FREE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and Daily Mon-Sun See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
40439	PHENOLPHTHALEIN (STOOL) EXLAX	5 gm stool (plastic urine container)	82205	\$40.00
1031	PHENOSENSE HIV COMP <i>Testing Performed by Reference Lab</i>	2 full lavender top tube (EDTA-Plasma)	87903 87904 x10	\$520.00
40442	PHENOTHIAZINES (PPM) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative ug/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$36.00
50441	PHENTERMINE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 50-150 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
40441	PHENTERMINE QUANTITATIVE URINE HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Lab Report for reference ranges.</i>	See 30 ml urine (plastic urine container)	80101	\$20.00
50443	PHENYLBUTAZONE (BUTAZOLIDIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 16 - 150 mg/dl</i>	1 full red top tube with no additive or 1 full grey top tube	82492	\$52.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50446	PHENYPROPANOLAMINE (CONTAC) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.03-0.48 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$52.00
224	PHENYTOIN (DILANTIN) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 10.0 - 20.0 ug/ml</i>	1 full red top tube with no additive	80185	\$19.36
50448	PHENYTOIN FREE (DILANTIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.5 - 3.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
225	PHOSPHOROUS <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range:</i> <i>0 months - 14 years 4.0 - 7.0 mg/dL</i> <i>15 years & over 2.6 - 4.5 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84100	\$6.63
8261	PHOSPOROUS URINE <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	84105	\$18.00
226	POTASSIUM <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 3.5 - 5.5 mmol/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84132	\$6.42
51450	PRAZEPAM (CENTRAX) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 10-40 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	84132	\$6.42
50451	PRAZOSIN (MINIPRESS) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.001-0.075mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$68.00
227	PRE-ALBUMIN <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 18 - 45 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84134	\$20.38

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
807	PREGNANCY SERUM <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84703	\$25.00
983	PROBNP (B TYPE NATRIUETIC PEPTIDE) <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	83880	
50457	PROCHLORPERAZINE (COMPАЗINE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 10-50 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
813	PROGESTERONE <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range:</i> <i>Progesterone Interpretation:</i> <i>Females:</i> <i>Follicular Phase: 0.2 - 1.5 ng/mL</i> <i>Ovulatory Phase: 0.8 - 3.0 ng/mL</i> <i>Luteal phase: 1.7 -27.0 ng/mL</i> <i>Postmenopausal: 0.1 - 0.8 ng/mL</i> <i>Males: 0.2 - 1.4 ng/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84144	\$35.00
1860	PROINSULIN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) Overnight Fasting is Preferred		
814	PROLACTIN <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 1.39 - 24.2 ng/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84146	\$21.00
50458	PROMETHAZINE (PHENERGAN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.006 - 0.099 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50459	PROPOFOL (DIPRIVAN)QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
50461	PROPRANOLOL (INDERAL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.06 - 0.15 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
749	PROTEIN URINE 24 HR <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 0.05-0.15 g/24hr</i>	24 hr urine container (no preservative)	84155	\$69.00
50463	PROTRIPTYLINE (TRIPTIL, VIVACTIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.07 - 0.38 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50463U	PROTRIPTYLINE (TRIPTIL, VIVACTIL) URINE QUANTITATIVE HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	15 ml urine (plastic urine container) <i>See</i>		
815	PSA <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range:</i> <i>months - 40 years 0.0 - 1.30 ng/mL</i> <i>41 years - 50 years 0.0 - 2.00 ng/mL</i> <i>51 years - 60 years 0.0 - 3.00 ng/mL</i> <i>years - 70 years 0.0 - 4.00 ng/mL</i> <i>years & over 0.0 - 4.50 ng/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84153	\$25.70
855	PSA FREE <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84154	\$27.00
50466	PSILOCIN (HALLUCINOGEN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
816	PTH INTACT <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83970	\$62.00
50470	QUETIAPINE (SEROQUEL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: 0.040-0.400 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$52.00
6946	QUINIDINE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: 2.0 - 53.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80194	\$24.00
50475	QUININE (ANTIMALARIAL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: 1.0 - 5.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	84228	\$44.00
50478	RANITIDINE (ZANTAC) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: 0.036 - 0.094 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
987	RBC, FOLATE <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	82747	
50481	RESERPINE (SERPALAN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube <i>See</i>	82491	\$120.00
719	RETIC <i>Testing Performed STAT and Daily Mon-Sun Reference Range: 0.5 - 2.0 %</i>	1 Full lavender top tube (EDTA Plasma)	85044	\$6.01
885	RHEUMATOID FACTOR <i>Testing Performed Daily Mon-Fri Reference Range: 3.5-14 iu/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86431	\$13.00
8417	RIBOSOMAL AB <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	83520	\$45.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1057	ROTAVIRUS AG <i>Testing Performed by Reference Lab</i>	5 gm stool (plastic urine container) refrigerate immediately	87425	\$20.00
828	RPR <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86592	\$5.96
945	RUBELLA IGG ANTIBODY <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86762	\$20.00
50486	SALICYLAMIDE (SALICYLIC AMIDE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	84311	\$60.00
45489	SALICYLATES QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i> <i>Reference Range: Negative</i>	1 full red top tube with no additive or 1 full grey top tube	80196	\$64.00
45489U	SALICYLATES URINE QUANTITATIVE URINE HPLC <i>Testing Performed Weekly</i> <i>Reference Range: Negative</i>	30 ml urine (plastic urine container)	80196	\$64.00
838	SCLERADERMA (SCL70) <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86235	\$127.00
50495	SECOBARBITAL (SECONAL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2 - 5 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82205	\$80.00
718	SED RATE MODIFIED WESTERGREN (ESR) <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0 - 20 mm/hr</i>	1 Full lavender top tube (EDTA Plasma)	85651	\$5.18

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
915	SERODIA TP-PA <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86780	\$20.00
946	SEROTONIN SERUM/BLOOD <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	84260	
741	SICKLE CELL <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 Full lavender top tube (EDTA Plasma)	85660	\$5.75
50494	SILDENAFIL (VIAGRA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
994	SJORGRENS SSA - SSB <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	86235	\$133.00
853	SMOOTH MUSCLE AB <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86255	\$22.00
228	SODIUM <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 133 - 145 mmol/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84295	\$6.72
976	SODIUM URINE 24HR <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range:40-220 mmol/hr</i>	24 hr urine (no preservative)	84300	\$15.00
51497	SPIRONOLACTONE (ALDACTONE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.1-0.5 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80299	\$60.00
1034	SPUTUM - AFB <i>Testing Performed by Reference Lab</i>	Collect first morning deep cough sputum or induced sputum in a sterile urine container	87206	\$65.00
2015	STOOL FOR NOROVIRUS <i>Testing Performed by Reference Lab</i>	2 gm stool in a sterile urine container	87449	\$120.00

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INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1045	STOOL GIARDIA/CRYPTOSPORIDIUM <i>Testing Performed by Reference Lab</i>	15 gm stool (preserved with 10% formalin)	87328	\$45.00
877	STOOL WBC (LEUKOCYTES) <i>Testing Performed Daily Mon-Fri</i>	5 gm*stool (plastic urine container)	89055	\$15.00
40498	STRYCHNINE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: Negative</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$86.00
934	T3 FREE <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 2.15 - 3.95 pg/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84480	\$28.00
233	T3 UPTAKE <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 24.3 - 39.0 %</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84479	\$9.04
817	T3, TOTAL <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.79 - 1.49 ng/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84480	\$30.00
229	T4 TOTAL <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 4.5 - 11.4 ug/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84436	\$9.75
984	TACROLIMUS <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5.0 - 20.0 ng/mL</i>	1 full lavender top tube (EDTA-Plasma)	80197	\$176.00
51514	TEMAZEPAM (RESTORIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 100 - 500 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
51516	TERFENADINE (SELDANE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.133 - 0.423 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$62.00
900	TESTOSTERONE <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 250 - 1100 ng/dL</i>	1 full red top tube with no additive	84403	\$27.00
993	TESTOSTERONE FREE <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	84402	\$40.00
230	THEOPHYLLINE <i>Testing Performed STAT and daily Mon-Fri</i> <i>Reference Range: 10.0 - 20.0 mg/L</i>	1 full red top tube with no additive	80198	\$20.66
50523	THIOCYANATE (NIPRIDE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 6 - 29 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50526	THIOPENTAL (PHENTOTHAL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1.0 - 42.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
51527	THIORIDAZINE (MELLARIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.10 - 1.00 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
50532	THIOTHIXENE (NAVANE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.01 - 0.10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
827	THYROGLOBULIN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84432	\$40.00
829	THYROID PEROXIDASE AB <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86376	\$80.00

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TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1145	THYROID STIMULATING IMMUNOGLOBULIN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84445	\$350.00
6816	TICLOPIDINE PEAK QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 4 - 10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
6815	TICLOPIDINE TROUGH QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: <2 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
988	TISSUE TRANSGLUTAMINASE IGG <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83516	
50535	TIZANIDINE (ZANAFLEX) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	<i>See</i> 1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50536	TOCAINIDE (TONOCARD) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 4.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50538	TOLBUTAMIDE (ORINASE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 45 - 100 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
881	TOPIRAMATE (TOPAMAX) <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	80299	\$83.00

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INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
206	TOTAL BILIRUBIN <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.1 - 1.3 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82247	\$7.02
231	TOTAL PROTEIN <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5.9 - 8.4 g/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84155	\$5.12
50539	TRAMADOL (ULTRAM) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.2 - 0.8 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50541	TRANLYCYPROMINE (PARNATE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.0 - .05 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50540	TRAZADONE (DESYREL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.5 - 2.5 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
50543	TRIAMTERENE (DYAZIDE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.01 - 0.10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50546	TRIAZOLAM (HALCION) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 5 - 30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50549	TRIFLUOPERAZINE (STELAZINE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.50 - 2.00 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
232	TRIGLYCERIDES <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 50 - 200 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84478	\$8.04
50550	TRIHEXPENIDYL (ARTANE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05-0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
51553	TRIMETHADIONE (TRIDIONE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2 - 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
50560	TRIMETHOPRIM (SEPTRA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$70.00
50556	TRIMETHOPRIM (TRIMPEX) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1.0 - 2.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
51561	TRIMIPRAMINE (SURMONTIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.24 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
909	TROPONIN <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84484	\$34.00
819	TSH <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.50 - 5.00 mciu/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84443	\$24.53

**ATLANTIC DIAGNOSTIC LABORATORIES
INDIVIDUAL TEST LIST**

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
234	URIC ACID <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range:</i> <i>Female: 2.7 - 7.3 mg/dL</i> <i>Male: 4.0 - 8.5 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84550	\$6.31
735	URINE PREGNANCY <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: Negative</i>	30 ml urine (plastic urine container)	81025	\$4.00
235	VALPORIC ACID <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 50.0 - 100.0 ug/mL</i>	1 full red top tube with no additive	80164	\$19.78
831	VANCOMYCIN PEAK <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 25 - 40 mg/L</i>	1 full red top tube with no additive	80202	\$18.93
1129	VANCOMYCIN RANDOM <i>Testing Performed STAT and daily Mon-Sun</i>	1 full red top tube with no additive	80202	\$15.00
830	VANCOMYCIN TROUGH <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 10 mg/L</i>	1 full red top tube with no additive	80202	\$18.93
1061	VAP (TRADE MARK) - CHOLESTEROL <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82465	\$50.00
913	VARICELLA-ZOSTER IGG <i>Testing Performed Daily Mon-Fri</i> <i>Reference Ranges: See Lab Report for all reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82607	\$20.00
50576	VECURONIUM BROMIDE (NORCURON) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$120.00
50578	VENLAFAXINE (EFFEXOR) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

ATLANTIC DIAGNOSTIC LABORATORIES

INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50577	VERAPAMIL (ISOPTIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.07 - 0.35 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
1002	VITAMIN A <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube - Overnight fasting	84590	
864	VITAMIN K LEVEL <i>Testing Performed by Reference Lab</i>	4 ml plasma (sodium heparin tube - green top tube) freeze immediately	84597	\$260.00
50582	WARFARIN QUANTITATIVE (COUMADIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 1 - 3 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
50588	XYLAZINE (ROMPUM) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50591	ZALEPLON (SONATA) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50592	ZIPRASIDONE (GEODON) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50594	ZOLPIDEM (AMBIEN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.08- 0.30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
40597	ZOMEPIRAC (ZOMAX) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50595	ZONISAMIDE (ZONEGRAN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1 - 10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$64.00

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TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50600	ZOPLICLONE (IMOVANE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.01-0.05 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
	<i>* (The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.)</i>			