



County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



LEROY D. BACA, SHERIFF

February 20, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF AGREEMENT FOR MEDICAL LABORATORY SERVICES
(ALL DISTRICTS) (3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Chair of the Board of Supervisors to sign the attached agreement with Quest Diagnostics, Incorporated for a term of three (3) years, with options to extend for two (2) additional one-year periods, and thereafter, for six (6) months in any increment. The agreement with Quest Diagnostics will provide medical laboratory services to inmates that are in custody in the Los Angeles County Sheriff's Department (Department) jails.
2. Authorize the Sheriff, or his designee, to execute applicable documents when the original contracting entity has merged, been purchased, or otherwise changed; and to execute amendments to meet the needs of the Department, including the above extension provisions, if it is in the best interest of the County.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of this agreement will provide medical laboratory services for diagnostic analyses of specimens for the purpose of assisting County physician(s) in determining the appropriate medical treatment for inmate patients being held by the Department. Under both Federal and State laws, the Department has the legal obligation to provide medical treatment to its inmate population. Proper treatment is dependent on laboratory test results.

A Tradition of Service

Implementation of Strategic Plan Goals

The services provided under this agreement support the County's Strategic Goal 1, Service Excellence, by providing quality medical laboratory services to inmates.

FISCAL IMPACT/FINANCING

The Department has identified funding in its Fiscal Year 2006-07 budget for the anticipated level of service and will continue to allocate funds required to continue services throughout the duration of this agreement. Based on quantities of current tests requested, the cost for the first year of service is approximately \$3,750,000.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Department is responsible for providing reasonable medical treatment to inmates in custody. Since September 1, 2000, the Department has contracted with Quest Diagnostics, Incorporated for laboratory services. This current agreement expires March 1, 2007.

The Contractor is in compliance with all Board, Chief Administrative Office, and County Counsel requirements.

The agreement has been approved as to form by County Counsel.

CONTRACTING PROCESS

A Request for Proposals (RFP) was released on November 14, 2006. The information was posted on the County of Los Angeles website. The list of potential proposers included firms obtained from the Department of Health Services; those known to provide medical laboratory services; and those that responded to the website posting. A total of fourteen (14) firms expressed interest in the RFP and three (3) firms submitted proposals by the deadline of December 20, 2006. After a review of the proposals, two (2) were determined unresponsive and rejected. The only qualified, responsive proposer was the current contractor, Quest Diagnostics, Incorporated.

The Department has evaluated and determined that the Living Wage Program (County Code Chapter 2.201) does not apply to the recommended agreement.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

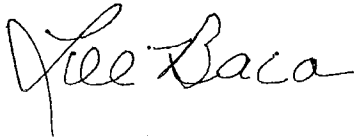
There will be no negative impact on Sheriff's Department's operations and services.

The Honorable Board of Supervisors
February 20, 2007
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CONCLUSION

Upon approval by your Board, please return two (2) adopted copies of this action to the Sheriff's Department's Contracts Unit.

Sincerely,

A handwritten signature in black ink that reads "Leroy Baca". The signature is written in a cursive style with a large initial "L" and "B".

LEROY D. BACA
SHERIFF



**MEDICAL LABORATORY SERVICES
AGREEMENT**

**BY AND BETWEEN
COUNTY OF LOS ANGELES**

AND

QUEST DIAGNOSTICS, INCORPORATED

**AGREEMENT PROVISIONS
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**MEDICAL LABORATORY SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF LOS ANGELES
AND
QUEST DIAGNOSTICS, INCORPORATED**

This Agreement is entered into as of the Effective Date by and between the County of Los Angeles ("County") and Quest Diagnostics, a Corporation organized under the laws of Delaware ("Contractor"), for the Los Angeles County Sheriff's Department ("Department").

RECITALS

WHEREAS, the Department is mandated to provide reasonable medical services to inmates being held in Sheriff's custodial facilities; and

WHEREAS, Medical Laboratory Services, when required and ordered by County physicians, are included as part of the reasonable medical services to be provided to inmate patients; and

WHEREAS, County does not have the facilities and staff to provide Medical Laboratory Services to inmate patients; and

WHEREAS, the Contractor possesses the necessary special skills, knowledge and technical competence and sufficient staffing to provide such Medical Laboratory Services; and

WHEREAS, the County has determined that it is legal, feasible, and cost-effective to contract Medical Laboratory Services; and

WHEREAS, this Agreement (as defined below) is authorized pursuant to California Government Code Section 31000.

NOW THEREFORE, in consideration of the mutual covenants contained herein, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree as follows:

1.0 AGREEMENT AND INTERPRETATION

1.1 Agreement: This base document, along with Exhibits A, B, C, D, E, and F, any schedules attached hereto or thereto, and any Change Order or Amendments from time to time hereto or thereto collectively constitute and throughout and hereinafter are referred to as the Agreement. This Agreement shall constitute the complete and exclusive statement of understanding between the County and Contractor and supersedes any and all prior or contemporaneous agreements, written or oral, and all communications between the parties relating to the subject matter of this Agreement.

1.2 Interpretation: In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, or the contents or description of any task, deliverable, goods, service, or other work, or otherwise between the base Agreement and the Exhibits, or between Exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the base document and then to the Exhibits according to the following priority.

1.2.1 EXHIBIT A - Additional Terms and Conditions

1.2.2 EXHIBIT B - Statement of Work

1.2.3 EXHIBIT C - Laboratory Fee Schedule and Commercial Fee Schedule

1.2.4 EXHIBIT D - Contractor's EEO Certification

1.2.5 EXHIBIT E1- Contractor Employee Acknowledgment and Confidentiality Agreement

EXHIBIT E2- Contractor Non-Employee Acknowledgment and Confidentiality Agreement

1.2.6 EXHIBIT F - Contractor's Obligation as a Business Associate Under the Health Insurance Portability and Accountability Act (HIPAA)

1.3 Additional Terms and Conditions: Without limiting the generality of Subparagraph 1.1, attached hereto as Exhibit A (Additional Terms and Conditions), and incorporated by reference herein, are additional terms and conditions to this Agreement. Contractor acknowledges and agrees that it shall be bound by the additional terms and conditions enumerated in such Exhibit as if such terms and conditions were enumerated in the body of this base document.

1.4 Construction: The words "herein", "hereof", and "hereunder" and words of similar import used in this Agreement refer to this Agreement, including all annexes, attachments, Exhibits, and Schedules, as the context may require. Wherever from the context it appears appropriate, each term stated in either the singular or plural shall include the singular and the plural. Whenever examples are used in this Agreement with the words "including", "for example", "e.g.", "such as", "etc.", or any derivation of such words, such examples are intended to be illustrative and not limiting. Captions and Paragraph headings used in this Agreement are for convenience only and are not a part of the Agreement and shall not be used in construing the Agreement.

2.0 DEFINITIONS

The following terms and phrases in quotation marks and with initial letters capitalized shall have the following specific meaning when used in this Agreement.

2.1 "Agreement" has the meaning set forth in Subparagraph 1.1 (Agreement).

2.2 "Board" means the Los Angeles County Board of Supervisors.

2.3 "Business Day" means Monday through Friday, excluding County observed holidays.

2.4 "Change Order" has the meaning set forth in Paragraph 10.0 (Change Orders and Amendments).

- 2.5 "Contractor Key Personnel" has the meaning set forth in Subparagraph 9.3.2.
- 2.6 "Contractor Laboratory Director" has the meaning set forth in Subparagraph 9.1 (Contractor Laboratory Director).
- 2.7 "Contractor Project Manager" has the meaning set forth in Subparagraph 9.2 (Contractor Project Manager).
- 2.8 "Contractor Technical Staff" has the meaning set forth in Subparagraph 9.3.2.
- 2.9 "County" has the meaning set forth in the Recitals.
- 2.10 "County Counsel" means County's Office of the County Counsel.
- 2.11 "County Indemnitees" has the meaning set forth in Subparagraph 13.1 (Indemnification) of Exhibit A (Additional Terms and Conditions).
- 2.12 "County Project Director" has the meaning set forth in Subparagraph 8.1 (County Project Director).
- 2.13 "County Project Manager" has the meaning set forth in Subparagraph 8.2 (County Project Manager).
- 2.14 "Department" has the meaning set forth in the Recitals.
- 2.15 "Dispute Resolution Procedure" has the meaning set forth in Paragraph 2.0 (Dispute Resolution Procedure) of Exhibit A (Additional Terms and Conditions).
- 2.16 "Effective Date" means the date this Agreement is executed by all parties and approved by the Board.
- 2.17 "Initial Term" has the meaning set forth in Paragraph 4.0 (Term of Agreement).
- 2.18 "Jury Service Program" has the meaning set forth in Paragraph 33.0 (Compliance with the Jury Service Program) of Exhibit A (Additional Terms and Conditions).

- 2.19 "Option Term" has the meaning set forth in Paragraph 4.0 (Term of Agreement).
- 2.20 "Sheriff" means the elected official who is the Sheriff of the County of Los Angeles.
- 2.21 "Statement of Work" or "SOW" means the Statement of Work, attached as Exhibit B (Statement of Work) to this Agreement, as the same may be amended by any approved Change Order or Amendment.
- 2.22 "Tax" and "Taxes" means governmental fees (including license, filing and registration fees) and all taxes (including franchise, excise, stamp, value added, income, gross receipts, gross revenue, import, export, sales, use, transfer, and property taxes), withholdings, assessments, levies, imposts, duties, charges, or interest thereon imposed.
- 2.23 "Term" has the meaning set forth in Paragraph 4.0 (Term of Agreement).
- 2.24 "Work" means any and all tasks, deliverables, goods, services, or other work performed by or on behalf of Contractor and including the work required pursuant to this Agreement, the Statement of Work, and all the Exhibits, Change Orders and amendments hereto.

3.0 WORK

- 3.1 Pursuant to the provisions of this Agreement, the Contractor shall fully perform, complete and deliver on time, all tasks, deliverables, services and other work as set forth in Exhibit B (Statement of Work).
- 3.2 If the Contractor provides any tasks, deliverables, goods, services, or other work, other than as specified in this Agreement, the same shall be deemed to be a gratuitous effort on the part of the Contractor and the Contractor shall have no claim whatsoever against the County.

4.0 TERM OF AGREEMENT

- 4.1 The Term of this Agreement ("Term") shall commence on the Effective Date and shall continue for a period of three (3) years, unless sooner terminated, in whole or in part, as provided in this Agreement (the "Initial Term").

- 4.2 The County shall have the sole option to extend the Term for up to two (2) additional one-year periods and thereafter, for six (6) months in any increment (each an "Option Term"). As used herein, Term shall mean the Initial Term and, if extended, each Option Term, as the case may be. The Sheriff shall have the sole discretion to exercise all extension options.
- 4.3 Contractor shall notify County's Project Manager when this Agreement is within six (6) months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, Contractor shall send written notification to County's Project Manager at the address herein provided in Subparagraph 8.2.

5.0 AGREEMENT FEES

- 5.1 The Fees for this Agreement shall be the amount payable by County to Contractor for performing all tasks, deliverables, goods, services and any other work required under this Agreement. The Contractor shall be paid according to Exhibit C (Laboratory Fee Schedule), and Subparagraph 5.4 (Discounts and Added Charges), of this Agreement, for other charges not included in Exhibit C.
- 5.2 The Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, except as specified herein. Assumption or takeover of any of the Contractor's duties, responsibilities, or obligations, or performance of same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever, shall occur only with the County's express prior written approval.
- 5.3 Fee Structure Guarantee
Fees for tests specifically listed in Exhibit C (Laboratory Fee Schedule) shall be the maximum fees payable by the County for the term of this Agreement.

For tests not listed in Exhibit C, but ordered from Contractor's published commercial fee schedule, the fees and test descriptions for ordered tests shall be based on Contractor's maximum trade discount from Contractor's

published commercial fee schedule for the same or equivalent service under similar quantity and delivery conditions, but in no event shall the discount to the County for such tests be less than the discount thereof expressly stated in this Agreement.

Before the execution of this Agreement, Contractor shall furnish three (3) copies of Contractor's currently published commercial fee schedule and discount structure to County's Project Manager. In the event of a change in the Contractor's published and commercial fee schedule or discount structure, or both, Contractor shall notify County's Project Manager in writing immediately, furnishing three (3) copies of the new fee schedule or new discount structure. Unless the new fee schedule or new discount structure is expressly stated to be effective on a later date, revisions of fee structure shall be effective seven (7) calendar days after such notification and receipt thereof or, in the case of a newly developed test, effective on the date the County receives notice of the test.

In any event, the Contractor agrees that during the entire term of this Agreement, the County will receive the lowest, or most favorable prices charged by Contractor to any of Contractor's other clients that are provided the same or similar services.

5.4 Discounts and Added Charges

Monthly invoices shall include the following discounts and added charges, if necessary:

5.4.1 Discount for Serial Specimens

The fee for each serial specimen submitted for the same test on the same patient at one time will be the fee specified on the test list for a single specimen. For tests not listed in Exhibit C, Laboratory Fee Schedule, the general fee structure discount for tests on Contractor's published commercial fee schedule shall apply.

5.4.2 Discount to be Applied to Contractor's Currently Published Commercial Fee Schedule

For tests not listed in Exhibit C, Laboratory Fee Schedule that are requested by County, Contractor agrees that a cost reduction of fifty percent (50%) from Contractor's currently published commercial fee schedule shall apply to all discountable test fees.

For those where a 50% discount is not applied, special pricing shall be available upon request. This reduction shall at least be equal to that applied to any of Contractor's other clients that are provided the same or similar services.

Contractor warrants that, to the best of its knowledge, the prices offered through this Agreement, considered in the aggregate, shall at all times be equal to or better than those offered by Contractor to any other customer purchasing services with comparable commitment levels and volume (excluding the federal Government and any government funded health care program).

5.4.3 Added Charges for Emergency (STAT) Services

1. When a test requested by County is processed and reported in accordance with the definition of a STAT test, or STAT service, the billing for such test shall be subject to a STAT assay charge of twenty five dollars (\$25.00) for each test, in addition to the listed test fee.
2. Each STAT specimen that it picked up by Contractor, whether it occurs during the day or night, shall be subject to a STAT pickup charge of twenty five dollars (\$25.00) in addition to the listed test fee and the STAT assay charge, as specified in Subparagraph 5.4.3.1.

5.4.4 Miscellaneous Fees

Contractor shall bill County monthly in arrears for any miscellaneous fees to perform all tasks, deliverables, goods, services and any other work required under this Agreement as specified in Exhibit C (Laboratory Fee Schedule).

6.0 COUNTY'S OBLIGATION FOR FUTURE FISCAL YEARS

Notwithstanding any other provision of this Agreement, either expressly or by implication, County shall not be obligated for Contractor's performance hereunder or by any provision of this Agreement during any of County's future fiscal years unless and until the Board appropriates funds for this Agreement in County's budget for each such future fiscal year. In the event that funds are not

appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last fiscal year for which funds were appropriated and such termination shall be deemed a termination for convenience pursuant to Paragraph 6.0 (Termination for Convenience) of Exhibit A (Additional Terms and Conditions). County shall endeavor to notify Contractor in writing of any such non-appropriation of funds at the earliest possible date.

7.0 INVOICES AND PAYMENTS

- 7.1 The Contractor shall invoice the County only for providing the tasks, deliverables, goods, services, and other work specified in Exhibit B (Statement of Work) and elsewhere hereunder. The Contractor shall prepare invoices, which shall include the charges owed to the Contractor by the County under the terms of this Agreement. The Contractor's payments shall be as provided in Exhibit C (Laboratory Fee Schedule) and Subparagraph 5.4 (Discounts and Added Charges) of this Agreement, and the Contractor shall be paid only for the tasks, deliverables, goods, services, and other work approved in writing by the County. If the County does not approve work in writing, no payment shall be due to the Contractor for that work.
- 7.2 The Contractor's invoices shall be priced in accordance with Exhibit C (Laboratory Fee Schedule) and Subparagraph 5.4 (Discounts and Added Charges).
- 7.3 The Contractor's invoices shall contain the information set forth in Subparagraph 11.2 in Exhibit B (Statement of Work) for which payment is claimed.
- 7.4 The Contractor shall submit the monthly invoices to the County the 15th calendar day of the month following the month of service.
- 7.5 All invoices under this Agreement shall be submitted in two (2) copies to the following addresses:
Original invoice to:

Ellender Spicer, Manager
Clinical Science Support Services
Los Angeles County Sheriff's Department
450 Bauchet Street, Room M2128
Los Angeles, California 90012

With a copy to:

Los Angeles County Sheriff's Department
Accounts Payable Unit
4700 Ramona Boulevard, Room 326
Monterey Park, California 91754

7.6 County Approval of Invoices

All invoices submitted by the Contractor for payment must have the written approval of the County's Project Manager prior to any payment thereof. In no event shall the County be liable or responsible for any payment prior to such written approval. Approval for payment will not be unreasonably withheld, and in no instance will such approval take more than two (2) weeks from receipt of a properly prepared invoice by the County.

8.0 ADMINISTRATION OF AGREEMENT - COUNTY

The County shall notify the Contractor in writing of any change in the names or addresses shown below.

8.1 County Project Director

The County Project Director for this Agreement shall be the person that holds the following position:

Captain/Unit Commander
Medical Services Bureau
Los Angeles County Sheriff's Department
Twin Towers Correctional Facility
450 Bauchet Street, Room E873
Los Angeles, California 90012

Telephone: (213) 893-5460

Fax: (213) 415-1284

8.1.1 The County Project Director shall be responsible for the overall administration of this Agreement, and ensuring that the objectives of this Agreement are met.

8.1.2 The County Project Director shall be responsible for providing direction to the Contractor in the areas relating to County policy, information requirements, and procedural requirements.

8.1.3 Except as set forth in Paragraph 10.0 (Change Orders and Amendments) of this Agreement, the County Project Director is not authorized to make any changes in any of the terms and conditions of this Agreement, except for those in accordance with Paragraph 10.0 (Change Orders and Amendments), and is not authorized to further obligate the County in any respect whatsoever.

8.1.4 County Project Director shall have the right at all times to inspect any and all tasks, goods, services, or other work performed or provided by or on behalf of the Contractor.

8.2 County Project Manager

The County Project Manager for this Agreement shall be the following person:

Ellender Spicer, Manager
Clinical Science Support Services
Los Angeles County Sheriff's Department
Twin Towers Custodial Facility
450 Bauchet Street, Room M2128
Los Angeles, California 90012

Telephone: (213) 893-5661

8.2.1 The County Project Manager shall be responsible for the day-to-day administration of this Agreement, ensuring that the Contractor meets all procedural, medical and technical requirements of providing Medical Laboratory Services.

8.2.2 The County Project Manager shall meet with the Contractor Project Manager on a regular basis.

8.2.3 The County Project Manager shall have the right at all times to inspect any and all tasks, goods, services or other work provided by or on behalf of the Contractor.

8.2.4 The County Project Manager is not authorized to make any changes in any of the terms and conditions of this Agreement and

is not authorized to further obligate the County in any respect whatsoever.

8.2.5 The County Project Manager shall advise County's Project Director as to the Contractor's performance in areas relating to requirements and standards.

8.3 County Personnel

All County personnel assigned to this Agreement shall be under the exclusive supervision of the County. Contractor understands and agrees that all such County personnel are assigned only for the convenience of the County.

9.0 ADMINISTRATION OF AGREEMENT – CONTRACTOR

9.1 Contractor Laboratory Director

The Contractor Laboratory Director shall be a full-time employee of the Contractor and is designated as follows:

Dr. Ken Sisco
Quest Diagnostics, Inc.
8401 Fallbrook Avenue
West Hills, California 91304
Telephone: (818) 737-6779
Fax: (818) 737-6163

The Contractor shall notify the County in writing of any change in the name or address of the Contractor Laboratory Director.

9.1.1 The Contractor Laboratory Director shall be responsible for the Contractor's performance of all its tasks and deliverables and shall ensure Contractor's compliance with this Agreement.

9.1.2 From the Effective Date through the expiration of the Term, the Contractor Laboratory Director shall be available to meet and confer with the County Project Director at least monthly in person or by phone to review project progress and discuss project coordination.

9.2 Contractor Project Manager

The Contractor Project Manager shall be a full-time employee of the Contractor and is designated as follows:

Dr. Steven Suffin
Quest Diagnostics, Inc.
8401 Fallbrook Avenue
West Hills, California 91304

Telephone: (818) 737-6779
Fax: (818) 737-6163

The Contractor shall notify the County in writing of any change in the name or address of the Contractor Project Manager.

9.2.1 The Contractor Project Manager shall be responsible for Contractor's day-to-day activities as related to this Contract and shall coordinate with the County Project Manager on a regular basis.

9.2.2 From the Effective Date through the expiration of the Term, the Contractor Project Manager shall be available to meet and confer as necessary, but no less frequently than monthly, with the County Project Manager.

9.3 Approval of Contractor's Staff

9.3.1 County approves of the proposed Contractor Laboratory Director and Contractor Project Manager listed in Subparagraphs 9.1 and 9.2. The County Project Director has the right to approve or disapprove any proposed replacement for the Contractor Laboratory Director and the Contractor Project Manager. If Contractor desires to replace, or if County, at its discretion, requires the removal of, either the Contractor Laboratory Director or the Contractor Project Manager, Contractor shall provide County with a resume of each such proposed replacement, and an opportunity to interview such person prior to such person perform any Work hereunder. County shall not unreasonably delay its approval of a replacement of the Contractor Laboratory Director or the Contractor Project Manager.

9.3.2 Contractor shall endeavor to assure continuity during the Term of Contractor personnel performing key functions under this Agreement, including pathologists, clinical laboratory scientists,

cytologists and laboratory technicians (collectively, "Contractor Technical Staff", and together with the Contractor Laboratory Director and the Contractor Project Manager, the "Contractor Key Personnel"). Notwithstanding the foregoing, the County Project Director may require removal of any Contractor Technical Staff.

9.4 Contractor's Staff Identification

9.4.1 Contractor shall provide all specimen pickup drivers assigned to this Agreement with a photo identification badge in accordance with County specifications. Specifications may change at the discretion of the County and Contractor will be provided new specifications as required. Contractor staff, when entering a County facility or its grounds, shall prominently display the photo identification badge on the upper part of the body.

9.4.2 Contractor shall notify the County within one business day when specimen pickup staff is terminated from working on this Agreement. Contractor is responsible for immediately retrieving and destroying the terminated employee's County-approved photo identification badge at the time of his/her removal from this Agreement.

9.5 Background and Security Investigations

9.5.1 All Contractor staff whose work under this Agreement require them to be in any County facility or on the grounds of any County facility in order to pick up specimens, may undergo and pass, to the satisfaction of County, a background investigation as a condition of beginning and continuing to work under this Agreement. The cost for the background investigation is the responsibility of the Contractor. County shall use its discretion in determining the method of background clearance to be used, which may include but not be limited to fingerprinting.

At any time prior to or during term of this Agreement, the County may require that other Contractor staff whose work involve performing the requested medical laboratory tests and reporting the results of the tests, undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be

used, up to and including a County performed fingerprint security clearance.

- 9.5.2 County may request that Contractor's staff be immediately removed from working on the Agreement at any time during the term of the Agreement.
- 9.5.3 Disqualification, if any, of Contractor staff, pursuant to this Subparagraph 9.5, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

10.0 CHANGE ORDERS AND AMENDMENTS

No representatives of either County or Contractor, including those named in this Agreement, is authorized to make any changes in any of the terms, obligations, or conditions of this Agreement, except through the procedures set forth in this Paragraph 10.0 (Change Orders and Amendments).

10.1 General

County reserves the right to change any portion of the work required under this Agreement, or amend such other terms and conditions, as may become necessary. Any such revision shall be accomplished in the following manner:

- 10.1.1 For any change which does not materially affect the scope of work, period of performance, rate of payments, except with regard to currently published commercial fee schedule as indicated in Subparagraph 5.3, or any other term or condition included under this Agreement, a Change Order shall be executed by both the County Project Director and the Contractor Laboratory Director. To the extent that extensions of time for Contractor performance do not impact either the scope of work or cost of this Agreement, the County Project Director, in the County Project Director's discretion, may grant Contractor extensions of time in writing for the work listed in Exhibit B (Statement of Work) or otherwise in this Agreement provided that such extensions shall not extend the term of this Agreement.

10.1.2 For any change which has a material affect on the scope of work, term, rate of payments, except with regard to currently published commercial fee schedule as indicated in Subparagraph 5.3, or any term or condition included under this Agreement, an Amendment shall be prepared and executed by the Board and Contractor.

10.1.3 The Board or County's Chief Administrative Officer or designee may require the addition and/or change of certain terms and conditions in the Agreement during the term of this Agreement. The County reserves the right to add and/or change such provisions as required by the Board or Chief Administrative Officer. To implement such changes, an Amendment to the Agreement shall be prepared and executed by the Contractor and by the Sheriff.

10.1.4 The Sheriff may, at his sole discretion, authorize extensions of time as defined in Paragraph 4.0 (Term of Contract). The Contractor agrees that such extensions of time shall not change any other term or condition of this Agreement during the period of such extensions.

10.2 Audit of Change Order Work

County is entitled to audit, in accordance with Paragraph 42.0 (Records and Audits) of Exhibit A (Additional Terms and Conditions), Contractor's compliance with this Paragraph 10.0 (Change Orders and Amendments) in respect of work performed pursuant to a Change Order.

11.0 LIQUIDATED DAMAGES

11.1 If, in the judgment of the Sheriff, the Contractor is deemed to be non-compliant with the terms and obligations assumed hereby, the Sheriff, at his option, in addition to, or in lieu of, other remedies provided herein, may withhold the entire monthly payment or deduct pro rata from the Contractor's invoice for work not performed, or for work not completed within the specified turnaround times. The work not performed and the amount to be withheld or deducted from payments to the Contractor from the County will be forwarded to the Contractor by the County Project Manager, in a written notice describing the reasons for said action.

11.2 If the County Project Manager determines that there are deficiencies in the performance of this Agreement that the Project Manager deems are correctable by the Contractor over a certain time span, the County Project Manager will provide a written notice in the format specified in this Agreement in Attachment 5, Technical Attachment 5A (Contract Discrepancy Report) to Exhibit B (Statement of Work) to the Contractor to correct the deficiency within specified time frames. Should the Contractor fail to correct deficiencies within said time frame, the County Project Manager may:

- (a) Deduct from the Contractor's payment, pro rata, those applicable portions of the Monthly Contract Sum; and/or
- (b) Deduct liquidated damages. The parties agree that it will be impracticable or extremely difficult to fix the extent of actual damages resulting from the failure of the Contractor to correct a deficiency within the specified time frame. The parties hereby agree that under the current circumstances a reasonable estimate of such damages is One Thousand Dollars (\$1,000) per day per infraction, or as specified in this Agreement in the Performance Requirements Summary (PRS) Chart, as defined in Attachment 5, Technical Exhibit 2 to Exhibit B (Statement of Work), hereunder, and that the Contractor shall be liable to the County for liquidated damages in said amount. Said amount shall be deducted from the County's payment to the Contractor; and/or
- (c) Upon giving five (5) days notice to the Contractor for failure to correct the deficiencies, the County may correct any and all deficiencies and the total costs incurred by the County for completion of the work by an alternate source, whether it be County forces or separate private contractor, will be deducted and forfeited from the payment to the Contractor from the County, as determined by the County.

11.3 The action noted in Subparagraph 11.2 shall not be construed as a penalty, but as adjustment of payment to the Contractor to recover the County cost due to the failure of the Contractor to complete or comply with the provisions of this Agreement.

11.4 This Subparagraph shall not, in any manner, restrict or limit the County's right to damages for any breach of this Agreement provided by law or as specified in this Agreement in the PRS, in Attachment 5, Technical Exhibit 2 to Exhibit B (Statement of Work), or Subparagraph 11.2, and shall not, in any manner, restrict or limit the County's right to terminate this Agreement as agreed to herein.

12.0 NOTICES

All notices or demands required or permitted to be given or made under this Agreement shall be in writing and shall be hand delivered with signed receipt or mailed by first-class registered or certified mail, postage prepaid, addressed to the parties as identified in Paragraph 8.0 (Administration of Agreement – County) and Paragraph 9.0 (Administration of Agreement – Contractor). Addresses may be changed by either party giving ten (10) days' prior written notice thereof to the other party. The Sheriff shall have the authority to issue all notices or demands required or permitted by the County under this Agreement.

13.0 ARM'S LENGTH NEGOTIATIONS

This Agreement is the product of an arm's length negotiation between Contractor and County. Each party has had at all times the opportunity to receive advice from independent counsel of its own choosing. Accordingly, this Agreement is to be interpreted fairly as between the parties, and not strictly construed as against either party as drafter or creator.

14.0 SURVIVAL

The following paragraphs of this Agreement shall survive its expiration or termination for any reason: 1.0 (Interpretation), 2.0 (Definitions), 5.0 (Contract Fees), 11.0 (Liquidated Damages), 12.0 (Notices), 13.0 (Arm's Length Negotiations) and 14.0 (Survival) and all the terms and conditions set forth in Exhibit A (Additional Terms and Conditions).

15.0 CONTRACTOR'S OBLIGATIONS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The County is subject to the Administrative Simplification requirements of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Under this Agreement, the Contractor provides services to the County and the Contractor receives, has access to, and/or creates Protected Health Information, as defined in Exhibit F in order to provide those Services. The County and Contractor therefore agree to the terms of Exhibit F (Contractor's Obligations Under HIPAA).

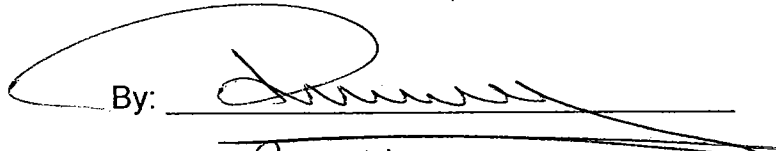
LOS ANGELES COUNTY
MEDICAL LABORATORY SERVICES AGREEMENT

IN WITNESS WHEREOF, the Los Angeles County Board of Supervisors has caused this Agreement to be subscribed by its Mayor and the seal of such Board to be hereto affixed and attested by the Executive Officer thereof, and Contractor has executed this Agreement to be subscribed in its behalf by its duly authorized officer, effective as of the date approved by such Board.

COUNTY OF LOS ANGELES

By: _____
Chair, Board of Supervisors

QUEST DIAGNOSTICS, INCORPORATED

By:  _____
Name: Rob Moverley
Title: Managing Director
Date: 1-26-07

ATTEST:
SACHI A. HAMAI
Executive Officer
Board of Supervisors

By _____
Deputy

APPROVED AS TO FORM:
RAYMOND G. FORTNER, JR.
County Counsel

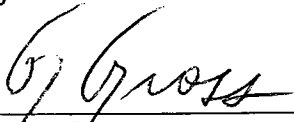
By  _____
Gary Gross
Principal Deputy County Counsel

EXHIBIT A

ADDITIONAL TERMS AND CONDITIONS

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EXHIBIT A

ADDITIONAL TERMS AND CONDITIONS

The following additional terms and conditions are applicable to, and form a part of, the Agreement. Capitalized terms not otherwise defined in this Exhibit A (Additional Terms and Conditions (as used in this Exhibit A (Additional Terms and Conditions), this "Exhibit") have the meanings given to such terms in the base document of the Agreement.

1.0 SUBCONTRACTING

1.1 General

County has relied, in entering into the Agreement, on the reputation of and on obtaining the personal performance of Contractor itself. Consequently, no performance of the Agreement, or any portion thereof, shall be subcontracted by Contractor except in accordance with the procedures set forth in this Paragraph 1.0 (Subcontracting). Any attempt by Contractor to subcontract any performance, obligation, or responsibility under the Agreement, except in accordance with the procedures set forth in this Paragraph 1.0 (Subcontracting), shall be null and void and shall constitute a material breach of the Agreement, upon which County may immediately terminate the Agreement.

1.2 Procedure for Subcontracting

If Contractor desires to subcontract any portion of its performance, obligations, or responsibilities under the Contractor to any subcontractor, Contractor shall adhere to the following procedures.

1.2.1 Contractor shall notify County's Project Director of its desire to subcontract a portion of the Work, which notice shall include the reason for the proposed subcontract, and a description of the Work to be performed under the proposed subcontract.

1.2.2 The identity of such subcontractor and why such subcontractor was selected.

1.2.3 A certificate of insurance from the proposed subcontractor which establishes that the subcontractor maintains all the programs of insurance required by the Agreement.

1.2.4 If the proposed Work is to be performed by a subcontractor, then in addition to the foregoing, Contractor shall provide:

- i. A draft copy of the proposed subcontract. The material provisions of any approved subcontract agreement between Contractor and a third party may be changed or amended, as applicable, only with the prior written approval of County's Project Director, which approval shall not be unreasonably withheld; and
- ii. Any other information and/or certifications reasonably requested by County.

County's Project Director will review Contractor's request to subcontract and determine, in his discretion, whether or not to consent to such request on an individual basis. Without limiting in any way County's prior approval rights, Contractor shall deliver to County's Project Director a fully executed copy of each subcontract entered into by Contractor pursuant to this Subparagraph 1.2.4, on or immediately after the effective date of the subcontract but in no event later than the date any Work is performed under the subcontract.

- 1.2.5 Contractor shall obtain an executed subcontractor Employee Acknowledgment and Confidentiality (see Exhibit E1 (Contractor's Employee Acknowledgement and Confidentiality Agreement)) for each of subcontractor's employees performing Work under the subcontract. Such agreements shall be delivered to County's Project Director on or immediately after the effective date of the particular subcontract but in no event later than the date any such employee commences performing Work under the subcontract.

1.3 Contractor Responsibilities.

- 1.3.1 Notwithstanding any County consent to any subcontracting, Contractor shall remain responsible for any and all performance required of it under the Agreement, including the obligation properly to supervise, coordinate, and perform, all Work required hereunder, and no subcontract shall bind or purport to bind County. Further, County approval of any subcontract shall not be construed to limit in any way Contractor's performance, obligations, or responsibilities, to County.
- 1.3.2 In the event that County consents to any subcontracting, such consent shall be subject to County's right to reject any and all subcontractor personnel providing services under such subcontract.
- 1.3.3 In the event that County consents to any subcontracting, Contractor shall cause the subcontractor, on behalf of itself, its successors and administrators, to assume and be bound by and shall be deemed to have assumed and agreed to be bound by each and all of the provisions

of the Agreement and any amendment hereto as it relates to or affects the Work performed by subcontractor hereunder.

- 1.3.4 Contractor shall be solely liable and responsible for any and all payments and other compensation to all subcontractors and their officers, employees, and agents. County shall have no liability or responsibility whatsoever for any payment or other compensation for any subcontractors or their officers, employees, and agents.

2.0 DISPUTE RESOLUTION PROCEDURE

2.1 General

Contractor and County agree to act immediately to resolve mutually any disputes that may arise with respect to the Agreement. All such disputes shall be subject to the provisions of this Paragraph 2.0 (Dispute Resolution Procedure) (such provisions are collectively referred to as the "Dispute Resolution Procedures"). Time is of the essence in the resolution of disputes.

2.2 Continued Work

Contractor and County agree that, the existence and details of a dispute notwithstanding, both parties shall continue without delay their performance hereunder, except for any performance, other than payment by County for approved Work, that the parties mutually determine should be delayed as a result of such dispute.

- 2.2.1 If Contractor fails to continue without delay its performance hereunder that County, in its discretion, determines should not be delayed as a result of such dispute, then any additional costs which may be incurred by Contractor or County as a result of Contractor's failure to continue to so perform shall be borne by Contractor, and Contractor shall make no claim whatsoever against County for such costs. Contractor shall promptly reimburse County for such County costs, as determined by the County, or County may deduct or offset all such additional costs from any amounts due to Contractor from County.
- 2.2.2 If County fails to continue without delay to perform its responsibilities under the Agreement which County, in its discretion, determines should not be delayed as a result of such dispute, then any additional costs incurred by Contractor or County as a result of County's failure to continue to so perform shall be borne by County, and County shall make no claim whatsoever against Contractor for such costs. County shall promptly reimburse Contractor for all such additional Contractor costs subject to the approval of such costs by County.

2.3 Dispute Resolution Procedures

In the event of any dispute between the parties with respect to the Agreement, Contractor and County shall submit the matter as follows:

- 2.3.1 Contractor and County shall first submit the matter to their respective Project Managers for the purpose of endeavoring to resolve such dispute.
- 2.3.2 If the Project Managers are unable to resolve the dispute within a reasonable time, not to exceed five (5) Business Days from the date of submission of the dispute, then the matter immediately shall be submitted to the parties' respective Project Directors for further consideration and discussion to attempt to resolve the dispute.
- 2.3.3 If the Project Directors are unable to resolve the dispute within a reasonable time not to exceed five (5) Business Days from the date of submission of the dispute, then the matter shall be immediately submitted to Contractor's president or chief operating officer and the Sheriff of the County of Los Angeles. These persons shall have five (5) Business Days to attempt to resolve the dispute.
- 2.3.4 In the event that at these levels, there is not a resolution of the dispute acceptable to both parties, then each party may assert its other rights and remedies provided under the Agreement and its rights and remedies as provided by law.

2.4 Documentation of Dispute Resolution Procedures

All disputes utilizing the Dispute Resolution Procedure shall be documented in writing by each party and shall state the specifics of each alleged dispute and all actions taken. The parties shall act in good faith to resolve all disputes. At all three (3) levels described in Subparagraph 2.3 (Dispute Resolution Procedure), the efforts to resolve a dispute shall be undertaken by conference between the parties' respective representatives, either orally, by face-to-face meeting or by telephone, or in writing by exchange of correspondence.

2.5 Not Applicable to County's Right to Terminate

Notwithstanding any other provision of the Agreement, County's right to terminate the Agreement pursuant to Paragraph 4.0 (Termination for Insolvency), Paragraph 5.0 (Termination for Default), Paragraph 6.0 (Termination for Convenience), or Paragraph 7.0 (Termination for Improper Consideration), in each case, of this Exhibit, or any other termination provision hereunder, shall not be subject to the Dispute Resolution Procedure. The preceding sentence is intended only as a clarification of County's rights, and shall not be deemed to

impair any claims that Contractor may have against County or Contractor's rights to assert such claims after any such termination or such injunctive relief has been obtained.

3.0 CONFIDENTIALITY

3.1 General

Contractor shall maintain the confidentiality of all records and information, events or circumstances which occur during the course of Contractor's performance under the Agreement, in accordance with all applicable Federal, State, and local laws, regulations, ordinances, guidelines, and directives relating to confidentiality. Contractor shall inform all of its directors, officers, shareholders, employees, and agents providing services hereunder of the confidentiality provisions of the Agreement. Contractor shall provide to County an executed Contractor's Employee Acknowledgment and Confidentiality Agreement (Exhibit E1 to the Contract) for each of its employees performing Work under the Agreement. Notwithstanding anything herein to the contrary, Contractor acknowledges and agrees that it is responsible for any breach of the obligations of confidentiality set forth herein by any person or entity to whom Contractor discloses such confidential information.

3.2 Disclosure of Information.

3.2.1 With respect to any confidential information obtained by Contractor pursuant to the Agreement, Contractor shall: (a) not use any such records or information for any purpose whatsoever other than carrying out the express terms of the Agreement; (b) promptly transmit to County all requests for disclosure of any such records or information; (c) not disclose, except as otherwise specifically permitted by the Agreement, any such records or information to any person or organization other than County without County's prior written authorization that the records are, or information is, releasable; and (d) at the expiration or termination of the Agreement, return all such records and information to County or maintain such records and information according to the written procedures sent to Contractor by County for this purpose.

3.2.2 Without limiting the generality of Subparagraph 3.2.1 of this Exhibit, in the event Contractor receives any court or administrative agency order, service of process, or request by any person or entity (other than Contractor's professionals) for disclosure of any such details, Contractor shall immediately notify County's Project Director. Thereafter, Contractor shall comply with such order, process, or request only to the extent required by applicable law. Notwithstanding the preceding sentence, to the extent permitted by law, Contractor shall delay such compliance and cooperate with County to obtain relief from such

obligations to disclose until County shall have been given a reasonable opportunity to obtain such relief.

3.3 Contractor Information

Any and all confidential or proprietary information which is developed or was originally acquired by Contractor outside the scope of this Agreement, which Contractor desires to use hereunder, and which Contractor considers to be proprietary or confidential, must be specifically identified by Contractor to County's Project Director as proprietary or confidential, and shall be plainly and prominently marked by Contractor as "proprietary" or "confidential." County shall undertake reasonably to maintain the confidentiality of materials marked by Contractor as "proprietary" or "confidential." Notwithstanding any other provision of this Agreement, County shall not be obligated in any way under this Agreement for:

- 3.3.1 Any of Contractor's proprietary and/or confidential materials not plainly and prominently marked with restrictive legends;
- 3.3.2 Any disclosure of any materials which County is required to make under the California Public Records Act or otherwise by law; and
- 3.3.3 Any materials indicating the volume, frequency and type of goods and services provided by Contractor, including, but not limited to use under Paragraph 25.0 (Resolicitation of Bids, Proposals, or Information).

3.4 Use of County Name

In recognizing Contractor's need to identify its services and related clients to sustain itself, County shall not inhibit Contractor from publishing its role under the Agreement within the following conditions:

- 3.4.1 Contractor shall develop all publicity material in a professional manner.
- 3.4.2 During the Term, Contractor shall not publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of County without the prior written consent of County's Project Director, which shall not be unreasonably withheld or delayed.
- 3.4.3 Contractor may, without the prior written consent of County, indicate in its proposals and sales materials that it has been awarded the Agreement with County, provided that the requirements of this Subparagraph 3.4 (Use of County Name) (other than the requirements set forth in Subparagraph 3.4.2) shall apply.

3.4.4 Notwithstanding anything herein to the contrary, County reserves the right to object to any use of County's name and Contractor shall cure promptly and prospectively any use of County's name that has been objected to by County.

3.5 Injunctive Relief

Contractor acknowledges that a breach by Contractor of this Paragraph 3.0 (Confidentiality) may result in irreparable injury to County that may not be adequately compensated by monetary damages and that, in addition to County's other rights under the Agreement and at law and in equity, County shall have the right to injunctive relief to enforce the provisions of this Paragraph 3.0 (Confidentiality).

4.0 TERMINATION FOR INSOLVENCY

4.1 County may terminate the Agreement immediately at any time following the occurrence of any of the following:

4.1.1 Contractor has ceased to pay or has admitted in writing its inability to pay its debts for at least sixty (60) days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the United States Bankruptcy Code and whether or not Contractor is insolvent within the meaning of the United States Bankruptcy Code, provided that Contractor shall not be deemed insolvent if it has ceased in the normal course of business to pay debts that Contractor disputes in good faith;

4.1.2 The filing of a voluntary or involuntary petition (which involuntary petition is not dismissed within sixty (60) days) regarding Contractor under the United States Bankruptcy Code;

4.1.3 The appointment of a receiver or trustee for Contractor; or

4.1.4 The execution by Contractor of a general assignment for the benefit of creditors other than in the course of arranging financial lines of credit.

4.2 The rights and remedies of County provided in this Paragraph 4.0 (Termination for Insolvency) shall not be exclusive and are in addition to any other rights and remedies provided at law or in equity, or under the Agreement.

4.3 Contractor agrees that if Contractor as a debtor-in-possession, or if a trustee in bankruptcy, rejects the Agreement, County may elect to retain its rights under the Agreement, as provided under Section 365(n) of the United States Bankruptcy Code (11 U.S.C. Section 365(n)). Upon written request by County to Contractor or the trustee in bankruptcy, as applicable, Contractor or such trustee shall allow

County to exercise all of its rights and benefits under the Agreement. The foregoing shall survive the termination or expiration of the Agreement for any reason whatsoever.

5.0 TERMINATION FOR DEFAULT

5.1 Event of Default

County may, upon notice to Contractor, terminate the whole or any part of the Agreement if Contractor fails to perform or provide any work within the times specified in the Agreement, or Contractor breaches or fails to perform or comply with any of the other provisions of the Agreement, including the applicable notice and cure periods, if any (if no cure period is specified in the Agreement, Contractor shall have ten (10) days following notice from County's Project Director specifying such breach or failure to cure prior to termination under this Paragraph 5.0 (Termination for Default), or such longer period as County's Project Director may authorize, in writing, but in no event shall the period, as extended by County's Project Director, exceed thirty (30) days), provided that nothing in this Subparagraph 5.1 shall in any way limit or modify any rights of County or obligations of Contractor relating to timely performance by Contractor as otherwise set forth in the Agreement.

5.2 Deemed Termination for Convenience

If, after County has given notice of termination under the provisions of this Paragraph 5.0 (Termination for Default), it is determined by County or otherwise that Contractor was not in default under the provisions of this Paragraph 5.0 (Termination for Default), or that the default was excusable or curable under the provisions of this Paragraph 5.0 (Termination for Default), the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to Paragraph 6.0 (Termination for Convenience) of this Exhibit except that no additional notice shall be required to effect such termination.

5.3 Completion of Work

Without limiting any of County's rights and remedies pursuant to the Agreement, upon the occurrence of any event giving rise to County's rights to terminate the Agreement, in whole or in part, pursuant to this Paragraph 5.0 (Termination for Default), County may, in lieu of such termination, (a) perform, or cause the performance of, any required correction, remedy and deficiency, replace any noncomplying Work, or take any other such action as may be reasonably required to promptly remedy such default, and (b) debit Contractor therefore at County's direct actual cost of outside labor and materials and County's burdened (including salary, employee benefits and reimbursement policies) rates for labor. Such debit shall be made against any amounts owed by County to Contractor

under the Agreement. In the event County elects to proceed under this Subparagraph 5.3 (Completion of Work), any Work created, modified, or repaired by or at the direction of County (including software) shall be deemed Work under the Agreement.

6.0 TERMINATION FOR CONVENIENCE

6.1 Termination for Convenience

The Agreement may be terminated, in whole or in part from time to time, by County in its sole discretion for whatever reason. Termination of Work hereunder shall be effected by delivery to Contractor of a notice of termination specifying the extent to which performance of Work is terminated and the date upon which such termination becomes effective. The date upon which such termination becomes effective shall be no less than thirty (30) days after notice.

6.2 No Prejudice; Sole Remedy

Nothing in this Paragraph 6.0 (Termination for Convenience) is deemed to prejudice any right of Contractor to make a claim against the County in accordance with this Agreement and applicable law and County procedures for payment for Work through the effective date of termination. Contractor, however, acknowledges that the rights and remedies set forth in this Subparagraph 6.2 shall be the only remedy available to Contractor in the event of a termination or suspension pursuant to this Paragraph 6.0 (Termination for Convenience) by County.

7.0 TERMINATION FOR IMPROPER CONSIDERATION

- 7.1 County may, upon notice to Contractor, immediately terminate the right of Contractor to proceed under the Agreement if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee or agent with the intent of securing the Agreement or securing favorable treatment with respect to the award, amendment or extension of the Agreement or the making of any determinations with respect to Contractor's performance pursuant to the Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.
- 7.2 Contractor shall immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to County Auditor-Controller's employee fraud hotline at (800) 544-6861.
- 7.3 Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

8.0 TERMINATION FOR GRATUITIES

County may, by notice to Contractor, terminate the right of Contractor to proceed under the Agreement upon one (1) calendar day's notice, if it is found that gratuities in the form of entertainment, gifts, or otherwise were offered or given by Contractor, or any agent or representative of Contractor, to any officer, employee, or agent of County with a view toward securing an agreement or securing favorable treatment with respect to the awarding or amending, or the making of any determinations with respect to the performing, of such agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

9.0 EFFECT OF TERMINATION

9.1 Remedies.

In the event that County terminates the Agreement in whole or in part as provided in Paragraph 4.0 (Termination for Insolvency), Paragraph 5.0 (Termination for Default), Paragraph 6.0 (Termination for Convenience), Paragraph 7.0 (Termination for Improper Consideration), or Paragraph 8.0 (Termination for Gratuities), in each case, of this Exhibit, then:

- 9.1.1 Contractor shall (a) stop performing Work under the Agreement on the date and to the extent specified in such notice, (b) promptly transfer and deliver to County copies of all completed Work and Work that is in process, in a media reasonably requested by County, (c) promptly transfer and deliver all items previously paid for by County, and (d) complete performance of such part of the Work as shall not have been terminated by such notice;
- 9.1.2 Unless County has terminated the Agreement pursuant to Paragraph 6.0 (Termination for Convenience) of this Exhibit, County shall have the right to procure, upon such terms and in such a manner as County may determine appropriate, goods, services, and other Work, similar and competitive to those so terminated, and Contractor shall be liable to County for, and shall promptly pay to County by cash payment, any and all excess costs reasonably incurred by County, as determined by County, to procure and furnish such similar goods, services, and other Work;
- 9.1.3 Contractor shall promptly return to County any and all of County's confidential information that relates to that portion of the Agreement or Work terminated by County;
- 9.1.4 Contractor shall tender promptly payment to County, and shall continue to tender payment for the duration, of any liquidated damages levied

pursuant to Paragraph 9.0 (Liquidated Damages), of the Agreement, to the extent applicable; and

9.1.5 Contractor and County shall continue the performance of the Agreement to the extent not otherwise terminated.

9.2 Transition Services

Contractor agrees that in the event of any termination of the Agreement, as a result of the breach hereof by either party, or for any other reason, including expiration, Contractor shall fully cooperate with County in the transition by County to a new contractor, toward the end that there be no interruption of the Department's day to day operations due to the unavailability of the Work during such transition. Contractor agrees that if County terminates the Agreement pursuant to Paragraph 6.0 (Termination for Convenience) of this Exhibit or Subparagraph 5.2 (Deemed Termination for Convenience) of this Exhibit, Contractor shall perform transition services, and shall invoice County for such transition services determined in accordance with the rates specified in Exhibit C (Laboratory Fee Schedule) of the Agreement, in accordance with a transition plan to be agreed upon, in advance, by County's Project Director and Contractor's Project Director. Contractor further agrees that in the event that County terminates the Agreement for any other breach by Contractor, Contractor shall perform transition services at its own expense. In connection with the provision of any transition services pursuant to this Subparagraph 9.2 (Transition Services), Contractor shall provide to County's Project Director, on request by County's Project Director, documentation that reasonably details the source and amount of the expenses Contractor purports to have incurred in the provision of such transition services.

9.3 Remedies Not Exclusive

The rights and remedies of County set forth in this Paragraph 9.0 (Effect of Termination) are not exclusive of any other rights and remedies available to County at law or in equity, or under the Agreement.

10.0 WARRANTY AGAINST CONTINGENT FEES

10.1 Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the Agreement upon any agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by Contractor for the purpose of securing business.

10.2 For breach of this warranty, County shall have the right to terminate the Agreement and, in its discretion, deduct from the Agreement price or

consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

11.0 AUTHORIZATION WARRANTY

Contractor and the person executing the Agreement on behalf of Contractor hereby represent and warrant that the person executing the Agreement for Contractor is an authorized agent who has actual authority to bind Contractor to each and every term, condition, and obligation of the Agreement and that all requirements of Contractor have been fulfilled to provide such actual authority.

12.0 FURTHER WARRANTIES

Contractor represents, warrants and further covenants and agrees to the following:

- 12.1 Contractor bears the full risk of loss due to total or partial destruction of all or any part of goods acquired from Contractor, as applicable, until acceptance by the County.
- 12.2 At the time of delivery to and acceptance by County, all goods shall be new, in good working order, in conformity with manufacturer's published specifications and descriptions, and free from defects in workmanship and materials, as determined by County.
- 12.3 Contractor shall, in the performance of all Work, strictly comply with the descriptions and representations (including performance capabilities, accuracy, completeness, characteristics, specifications, configurations, standards, functions, and requirements) as set forth in this Agreement, including the Statement of Work.
- 12.4 All Work shall be performed in a timely and professional manner by qualified personnel.
- 12.5 Contractor and each of its personnel performing Work hereunder have all permits, licenses, and certifications necessary to perform Contractor's obligations under the Agreement.

13.0 INDEMNIFICATION AND INSURANCE

13.1 Indemnification

Contractor shall indemnify, defend, and hold harmless County, its districts administered by County, and their elected and appointed officers, employees, and agents (the "County Indemnitees") from and against any and all liability (alleged or actual), including damages, losses, fees, costs, and expenses (including defense costs and legal, accounting and other expert witness,

consulting, attorney and other professional fees) in any way arising from, connected with, or related to Contractor's, Contractor's agents', employees', officers', directors', or shareholders' acts, errors or omissions. Any legal defense pursuant to Contractor's indemnification obligations under this Paragraph 13.0 (Indemnification and Insurance) shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County in writing, which approval shall not be unreasonably withheld or delayed. Contractor shall not, however, without County's prior written approval, accept any settlement, or enter a plea of guilty or *nolo contendere*, to any charge or claim that results in other than a monetary judgment against County Indemnitees, which monetary judgment shall not exceed Contractor's ability to pay and which shall be paid by Contractor.

13.2 General Insurance Requirements

Without limiting Contractor's obligations of indemnification and defense of County Indemnitees, Contractor shall provide and maintain at its own expense during the entire Term the following programs of insurance covering its operations under the Agreement, as specified in this Subparagraph 13.2 (General Insurance Requirements). Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County.

13.2.1 Evidence of Insurance

Certificates or other evidence of coverage satisfactory to County's Risk Manager, and evidence of such programs satisfactory to County, shall be delivered to:

Karen Anderson, Assistant Manager
Sheriff's Department Contracts Unit
4700 Ramona Boulevard, Room 214
Monterey Park, CA 91754-2169

on or before the execution of the Agreement by the Board. Such certificates or other evidence shall at a minimum:

- (i) Specifically identify the Agreement;
- (ii) Clearly evidence all coverages required in the Agreement;
- (iii) Contain express conditions that County is to be given notice by registered mail at least thirty (30) days prior to any termination of any program of insurance, and, with respect to any modification of any program of insurance, at least thirty (30) days in advance or immediately following Contractor's first receipt of notice of modification in the event Contractor receives less than thirty (30) days advance notice of such modification; should any of the

policies described herein be cancelled before expiration date thereof, the Insurer affording coverage will endeavor to mail thirty days written notice to the certificate holder named herein, but failure to make such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents, representatives or the insurer of the certificate;

- (iv) Include copies of the additional insured endorsement to the commercial general liability policy, naming all County Indemnitees as insureds for all activities arising from the Agreement, or copies of a blanket endorsement or policy page, and
- (v) Identify any deductibles or self-insured retentions.

13.2.2 Insurer Financial Ratings

Insurance is to be provided by an insurance company acceptable to County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County's Risk Manager.

13.2.3 Insurance Programs

At a minimum, Contractor shall maintain during the entire Term programs of insurance which consists of:

- (i) General liability insurance (written on ISO policy form CG 00 01 or its equivalent) with limits of not less than the following:

General Aggregate:	\$2,000,000
Products/Completed Operations Aggregate:	\$1,000,000
Personal and Advertising Injury:	\$1,000,000
Each Occurrence:	\$1,000,000
Or, a program of self-insurance	

- (ii) Professional liability insurance covering any liability arising from any error, omission, negligent or wrongful act of the Contractor, its officers, agents, or employees with limits of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate, or a program of self-insurance.

Such coverage shall be maintained for a period of not less than two (2) years, or the policy shall be endorsed to provide an extended reporting period of not less than two (2) years, following the expiration or termination of the Agreement.

- (iii) Comprehensive auto liability insurance (written on an ISO policy form CA 00 01 or its equivalent) endorsed for owned, non-owned, and hired vehicles, or coverage for "any auto" with a limit of not less than one million dollars (\$1,000,000) per accident.
- (iv) Workers' compensation insurance in an amount and form required by the California Labor Code (or the labor code of any other applicable state), covering all persons for which Contractor is responsible and all risks to such persons under the Agreement. Such insurance shall include employer's liability coverage covering accident and disease. In respect of accident, the limit shall be no less than one million dollars (\$1,000,000) per accident, and, in respect of disease, the policy limit shall be no less than one million dollars (\$1,000,000) and one million dollars (\$1,000,000) for each employee.

13.2.4 Notification of Incidents, Claims or Suits

Contractor shall report to County:

- (i) Any accident or incident relating to services performed under the Agreement which involves injury or property damage which may result in the filing of a claim or lawsuit against Contractor or County. Such report shall be made in writing within twenty-four (24) hours of occurrence.
- (ii) Any third party claim or lawsuit filed against Contractor arising from or related to services performed by Contractor under the Agreement. Such report shall be made in writing within twenty-four (24) hours of the earlier of service of process of such claim or lawsuit, or Contractor otherwise has knowledge of such claim or lawsuit.
- (iii) Any injury to a Contractor staff member which occurs on County property. This report shall be submitted on a County "Non-employee Injury Report" to County's Project Director. Such report shall be made in writing within twenty-four (24) hours of occurrence.
- (v) Any loss, disappearance, destruction, misuse, or theft of any kind whatsoever of County property, monies or securities entrusted to Contractor under the terms of the Agreement. Such report shall be made in writing within twenty-four (24) hours of occurrence.

13.3 Failure to Procure and Maintain Insurance

Failure on the part of Contractor to procure and maintain all the required insurance shall constitute a material breach of the Agreement upon which County may terminate the Agreement pursuant to Paragraph 5.0 (Termination for Default) of this Exhibit and seek all remedies pursuant to Paragraph 9.0 (Effect of Termination) of this Exhibit, or alternatively, may purchase such required insurance coverage and debit Contractor pursuant to Subparagraph 5.3 (Completion of Work) of this Exhibit.

14.0 INTELLECTUAL PROPERTY INDEMNIFICATION

Contractor shall indemnify, defend, and hold harmless County Indemnitees pursuant to Subparagraph 13.1 (Indemnification) of this Exhibit, from and against any and all liability (alleged or actual), including damages, losses, costs, fees and other expenses (including defense costs and legal, accounting and other expert, consulting, attorney, or other professional fees), for or by reason of any actual or alleged infringement of any patent, copyright, trademark, or other proprietary rights of any third party, or any actual or alleged trade secret disclosure of misappropriation, arising from or related to the operation of the Work under the Agreement (collectively referred to as "Infringement Claims").

15.0 BUDGET REDUCTIONS

In the event that the Board adopts, in any fiscal year, a County budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to County agreements, the County reserves the right to reduce its payment obligation under this Agreement correspondingly for that fiscal year and any subsequent fiscal year during the term of this Agreement (including any extensions), and the services to be provided by the Contractor under this Agreement shall also be reduced correspondingly. The County's notice to the Contractor regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such actions. Except as set forth in the preceding sentences, the Contractor shall continue to provide all of the services set forth in this Agreement.

16.0 FORCE MAJEURE

Except with respect to defaults of any subcontractors, Contractor shall not be liable for any such excess costs, if its failure to perform the Agreement arises out of fires, floods, epidemics, quarantine restrictions, other natural occurrences, strikes, lockouts (other than a lockout by Contractor or any of Contractor's subcontractors), freight embargoes, or other similar acts to those described above, but in every such case the failure to perform must be totally beyond the control and without any fault or negligence of Contractor. If the failure to perform is caused by the default of a subcontractor, and if such default arises out of causes beyond the control of both Contractor and

subcontractor, and without any fault or negligence of either of them, Contractor shall not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. Contractor agrees to use commercially reasonable best efforts to obtain such goods or services from other sources, and to mitigate the damages and reduce the delay caused by any of the above-mentioned *force majeure* events. As used in this Paragraph 16.0 (Force Majeure), the term "subcontractor" and "subcontractors" mean subcontractors at any tier.

17.0 CONTRACTOR RESPONSIBILITY AND DEBARMENT

- 17.1 A responsible contractor is a contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the Agreement. It is County's policy to conduct business only with responsible contractors.
- 17.2 Contractor is hereby notified that, in accordance with Chapter 2.202 of the Los Angeles County Code, if County acquires information concerning the performance of Contractor on this or other contracts which indicates that Contractor is not responsible, County may, in addition to other remedies provided in the Agreement, debar Contractor from bidding on County contracts for a specified period of time not to exceed five (5) years, and terminate any or all existing contracts Contractor may have with County.
- 17.3 County may debar Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (a) violated a term of a contract, including this Agreement, with County or a nonprofit corporation created by County, (b) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity or a nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same, (c) committed an act or offense which indicated a lack of business integrity or business honesty, or (d) made or submitted a false claim against County or any other public entity.
- 17.4 If there is evidence that Contractor may be subject to debarment, the Sheriff's Department will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.
- 17.5 The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment.

Contractor and the Sheriff's Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

- 17.6 After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny or adopt the proposed decision and recommendation of the Contractor Hearing Board.
- 17.7 If a Contractor has been debarred for a period longer than five (5) years, that Contractor may, after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that the Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of the County.
- 17.8 The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny or adopt the proposed decision and recommendation of the Contractor Hearing Board.

- 17.9 These terms shall also apply to subcontractors of County contractors, including Contractor.

18.0 COMPLIANCE WITH APPLICABLE LAW

Contractor's activities hereunder shall comply with all applicable Federal, State, and local laws, rules, regulations, ordinances, guidelines, and directives, and all provisions required thereby to be included in the Agreement are hereby incorporated herein by reference. Unless provided otherwise under the Agreement, Contractor shall have up to fifteen (15) days to correct any noncompliance with County rules, regulations, ordinances, guidelines, and directives following notice from County including written copies of such applicable rules, regulations, ordinances, guidelines and directives.

19.0 FAIR LABOR STANDARDS

Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act, and shall indemnify, defend, and hold harmless County, its officers, employees and agents from any and all liability, including damages, losses, wages, overtime pay, liquidated damages, penalties, court costs, fees and other expenses (including attorneys' fees) arising under any wage and hour law, including the Federal Fair Labor Standards Act for Work performed by Contractor's employees.

20.0 NONDISCRIMINATION, AFFIRMATIVE ACTION, AND ASSURANCES

Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and will be treated equally as required by applicable laws and regulations without regard to or because of race, color, religion, ancestry, national origin, sex, age, or physical or mental handicap, in compliance with all applicable Federal and State anti-discrimination laws and regulations.

20.1 Contractor shall certify to, and comply with, the provisions of Contractor's EEO certification.

20.2 Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religion, ancestry, national origin, sex, age, or physical or mental handicap, in compliance with all applicable Federal and State anti-discrimination laws and regulations. Such action shall include: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

20.3 Contractor certifies and agrees that it will deal with its proposers, bidders, or vendors as required by applicable laws and regulations without regard to or because of race, color, religion, ancestry, national origin, sex, age, or physical or mental handicap.

20.4 Contractor certifies and agrees that it, its affiliates, subsidiaries or holding companies, shall comply with all applicable Federal and State laws and regulations, including:

20.4.1 Title VII, Civil Rights Act of 1964;

20.4.2 Section 504, Rehabilitation Act of 1973;

20.4.3 Age Discrimination Act of 1975;

20.4.4 Title IX, Education Amendments of 1973, as applicable; and

20.4.5 Title 43, part 17, Code of Federal Regulations, subparts a & b;

And that no person shall, on the grounds of race, color, religion, ancestry, national origin, sex, age, or physical or mental handicap, be unlawfully excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Agreement, or under any project, program, or activity supported by the Agreement.

20.5 Contractor shall, with reasonable notice and during regular business hours, allow County representatives access to Contractor's employment records during regular business hours to verify compliance with the provisions of this Paragraph 20.0 (Nondiscrimination, Affirmative Action, and Assurances) when so requested by County; provided that County's access to such employment records of Contractor shall be limited to access that does not constitute an unlawful invasion of the privacy rights of any such employee. If County finds that any of the provisions of this Paragraph 20.0 (Nondiscrimination, Affirmative Action, and Assurances) have been violated, such violation shall, at the election of County constitute a material breach of the Agreement upon which County may immediately terminate the Agreement. While County reserves the right to determine independently that the anti-discrimination provisions of the Agreement have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Contractor has violated State or Federal anti-discrimination laws or regulations such determination shall constitute a finding by County that Contractor has violated the anti-discrimination provisions of the Agreement. All determinations of violations made pursuant to this Subparagraph 20.5 shall be appealable by Contractor in accordance with applicable laws and regulations, and separately pursuant to the Dispute Resolution Procedures.

20.6 The parties agree that if Contractor violates the anti-discrimination provisions of the Agreement, County shall, at its option, be entitled to the sum of five hundred dollars (\$500) for each such violation pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating the Agreement.

21.0 NONDISCRIMINATION IN SERVICES

Contractor shall not discriminate in the provision of services hereunder because of race, color, religion, national origin, ancestry, sex, age, or physical or mental handicap, in accordance with all applicable requirements of Federal and State law. For the purpose of this Paragraph 21.0 (Nondiscrimination in Services), discrimination in the provision of services may include the following: (a) denying any person any service or benefit or the availability of the facility, (b) providing any service or benefit to any person which is not equivalent or is not provided in an equivalent manner or at an equivalent time to that provided to others, (c) subjecting any person to segregation or separate treatment in any manner related to the receipt of any service, (d) restricting any person in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit, and (e) treating any person differently from others in determining admission, enrollment quota, eligibility, membership, or any other requirements or conditions which persons must meet in order to be provided any service or benefit.

22.0 EMPLOYMENT ELIGIBILITY VERIFICATION

22.1 Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing Work under the Agreement meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. Contractor shall obtain, from all employees performing Work hereunder, all verification and other documentation of employment eligibility status required by Federal statutes and regulations as they currently exist and as they may be hereafter amended.

22.2 Contractor shall retain all such documentation for the period prescribed by law. Contractor shall indemnify, defend, and hold harmless County Indemnitees pursuant to Subparagraph 13.1 (Indemnification) of this Exhibit from and against any and all liability (alleged or actual), including damages, losses, fees, costs, and expenses (including defense costs and legal, accounting and other expert witness, consulting or professional fees) arising out of or in connection with any employer sanctions and any other liability which may be assessed against Contractor or County in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing Work hereunder.

23.0 HIRING OF EMPLOYEES

Contractor and County agree that, during the Term and for a period of one (1) year thereafter, except with the prior written consent of the other party, neither party shall in any way intentionally induce or solicit any Project Director, Project Manager or other employee, of one party to become an employee or agent of the other party. Notwithstanding the foregoing, County shall be entitled to make offers of employment to employees of Contractor necessary or desirable to perform Work described in the

Agreement, in the event that: (a) County has the right to terminate the Agreement pursuant to Paragraph 4.0 (Termination for Insolvency) of this Exhibit, (b) the Agreement is terminated by County due to Contractor's default pursuant to Paragraph 5.0 (Termination for Default) of this Exhibit, (c) without resolution acceptable to both parties, Contractor and County have followed the Dispute Resolution Procedures, or (d) Contractor either announces the withdrawal of support of, or otherwise no longer provides services County deems essential to, the ongoing support of the Work as applicable.

24.0 CONFLICT OF INTEREST

- 24.1 No County employee whose position with County enables such employee to influence the award of the Agreement or any competing contract, and no spouse or economic dependent of such employee, shall be employed in any capacity by Contractor or have any other direct or indirect financial interest in the Agreement. No officer or employee of Contractor, who may financially benefit from the performance of Work hereunder, shall in any way participate in County's approval, or ongoing evaluation, of such Work, or in any way attempt to unlawfully influence County's approval or ongoing evaluation of such Work.
- 24.2 Contractor shall comply with all conflict of interest laws, ordinances and regulations now in effect or hereafter to be enacted during the Term. Contractor warrants that it is not now aware of any facts that do or could create a conflict of interest. If Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to County. Full written disclosure shall include identification of all persons implicated and a complete description of all relevant circumstances.

25.0 RESOLICITATION OF BIDS, PROPOSALS, OR INFORMATION

- 25.1 Contractor acknowledges that, prior to the expiration or earlier termination of the Agreement, County, in its discretion, may exercise its right to invite bids, request information, or request proposals for the continued provision of the goods and services delivered or contemplated under the Agreement. County shall make the determination to re-solicit bids, request information, or request proposals in accordance with applicable County policies.
- 25.2 Contractor acknowledges that County, in its discretion, may enter into a contract for the future provision of goods and services, based upon the bids, information, or proposals received, with a provider or providers other than Contractor. Further, Contractor acknowledges that it obtains no greater right to be selected through any future invitation for bids, request for information, or request for proposals by virtue of its present status as Contractor.

26.0 RESTRICTIONS ON LOBBYING

Contractor and each County lobbyist or County lobbying firm as defined in Los Angeles County Code Section 2.160.010, retained by Contractor, shall fully comply with the County lobbyist ordinance, Los Angeles County Code Chapter 2.160. Failure on the part of Contractor or any County lobbyist or County lobbying firm retained by Contractor to fully comply with County lobbyist ordinance shall constitute a material breach of the Agreement upon which County may immediately terminate or suspend the Agreement.

27.0 CONSIDERATION OF GAIN PROGRAM PARTICIPANTS FOR EMPLOYMENT

Should Contractor require additional or replacement personnel after the Effective Date, Contractor shall give reasonable consideration for any such employment openings to participants in County's Department of Public Social Services' greater avenues for independence (in this Paragraph, "GAIN") or general relief opportunity for work (in this Paragraph, "GROW") programs who meet Contractor's minimum qualifications for the open position. For this purpose, consideration shall mean that Contractor will interview qualified candidates. County will refer GAIN participants by job category to Contractor. In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, County employees shall be given first opportunity.

28.0 STAFF PERFORMANCE WHILE UNDER THE INFLUENCE

Subject to all applicable laws and regulations, Contractor shall use reasonable efforts to ensure that no employee will perform services hereunder while under the influence of any alcoholic beverage, medication, narcotic, or other substance, which might reasonably, or have been observed to, impair such person's physical or mental performance.

29.0 CONTRACTOR PERFORMANCE DURING CIVIL UNREST

Contractor recognizes that County provides services essential to the residents of the communities it serves, and that these services are of particular importance at the time of a riot, insurrection, civil unrest, natural disaster or similar event. Notwithstanding any other provision of this Exhibit or the Agreement, full performance by Contractor during any riot, insurrection, civil unrest, natural disaster or similar event is not excused if such performance remains physically possible without related danger to Contractor's employees or suppliers. During any such event in which the health or safety of any of Contractor's staff members would be endangered by performing their services on-site, such staff members may perform any or all of their services remotely. Failure to comply with this requirement shall be considered a material breach of this Agreement by Contractor, for which County may immediately terminate this Agreement.

30.0 CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO CHILD SUPPORT ENFORCEMENT

Contractor acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Contractor understands that it is County's policy to encourage all County contractors to voluntarily post County's "L A's Most Wanted: Delinquent Parents" poster in a prominent position at Contractor's place of business. County's Child Support Services Department (CSSD) will supply Contractor with the poster to be used.

The CSSD will maintain and periodically update the "L.A.'s Most Wanted: Delinquent Parents" list on the Internet. The List may be televised before and after Board meetings.

31.0 CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM

31.1 Contractor acknowledges that County has established a goal of ensuring that all individuals who benefit financially from County through County contracts are in compliance with their court-ordered child, family, and spousal support obligations in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

31.2 As required by County's Child Support Compliance Program (Los Angeles County Code chapter 2.200) and without limiting Contractor's duty under the Agreement to comply with all applicable provisions of law, Contractor warrants that it is now in compliance and shall during the Term maintain compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 U.S.C. Section 653a) and California Unemployment Insurance Code Section 1088.55, and shall implement all lawfully served wage and earnings withholding orders or County's CSSD notices of wage and earnings assignment for child or spousal support, pursuant to California Code of Civil Procedure Section 706.031 and California Family Code Section 5246(b).

31.3 Failure of Contractor to maintain compliance with the requirements set forth in this Paragraph 31.0 (Contractor's Warranty of Adherence to County's Child Support Compliance Program) shall constitute a default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within ninety (90) calendar days of written notice shall be grounds upon which County may terminate this Agreement pursuant to Paragraph 5.0 (Termination for Default) and pursue debarment of Contractor, pursuant to County Code Chapter 2.202.

32.0 RECYCLED-CONTENT PAPER

Consistent with the Board's policy to reduce the amount of solid waste deposited at County landfills, Contractor agrees to use recycled-content paper to the maximum extent possible in Contractor's provision of Work pursuant to the Agreement.

33.0 COMPLIANCE WITH JURY SERVICE PROGRAM

33.1 Jury Service Program

This Agreement is subject to the provisions of County's ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

33.2 Written Employee Jury Service Policy

33.2.1 Unless Contractor has demonstrated to County's satisfaction either that Contractor is not a "contractor" as defined under the Jury Service Program (Section 2.203.020 of the Los Angeles County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the Los Angeles County Code), Contractor shall have and adhere to a written policy that provides that its employees shall receive from Contractor, on an annual basis, no less than five (5) days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with Contractor or that Contractor deduct from the employees' regular pay the fees received for jury service.

33.2.2 For purposes of this Paragraph 33.0 (Compliance with Jury Service Program), "contractor" means a person, partnership, corporation or other entity which has a contract with County or a subcontract with a County contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. "Employee" means any California resident who is a full time employee of Contractor. "Full time" means 40 hours or more worked per week, or a lesser number of hours if: (a) the lesser number is a recognized industry standard as determined by County, or (b) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program. If Contractor uses any subcontractor to perform services for County under the Agreement, the subcontractor shall also be subject to the provisions of this Paragraph 33.0 (Compliance with Jury Service Program). The provisions of this Paragraph 33.0 (Compliance with Jury Service

Program) shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.

33.2.3 If Contractor is not required to comply with the Jury Service Program when the Agreement commences, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if Contractor no longer qualifies for an exception to the Jury Service Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. County may also require, at any time during the Term and at its sole discretion, that Contractor demonstrate to County's satisfaction that Contractor either continues to remain outside of the Jury Service Program's definition of "contractor" or that Contractor continues to qualify for an exception to the Jury Service Program.

33.2.4 Contractor's violation of this Paragraph 33.0 (Compliance with Jury Service Program) of this Exhibit may constitute a material breach of the Agreement. In the event of such material breach, County may, in its sole discretion, terminate the Agreement or bar Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

34.0 BACKGROUND AND SECURITY INVESTIGATIONS

34.1 At any time prior to or during the Term, the County may require that all Contractor staff, subcontractors and agents of Contractor performing work under this Agreement undergo and pass, to the satisfaction of the County, a background investigation as a condition of beginning and continuing Work under this Agreement. The cost for the background investigation is the responsibility of the Contractor. County shall use its discretion in determining the method of background investigation to be used, up to and including a County-performed fingerprint security clearance.

34.2 If any of the Contractor's staff, subcontractors or agents do not pass the background clearance investigation, the County may require that the individual immediately be removed from performing Work at any time during the Term. County will not provide to Contractor or to the individual any information obtained through the County's background investigation.

34.3 County may immediately deny or terminate facility access to Contractor's staff, subcontractors or agents who do not pass such investigation(s) to the satisfaction of the County, or whose background or conduct is incompatible with County facility access, at the sole discretion of the County.

34.4 Disqualification, if any, of Contractor staff, subcontractors or agents pursuant to this Subparagraph 34.4 shall not relieve Contractor of its obligation to complete all Work in accordance with the terms and conditions of this Agreement.

35.0 ACCESS TO COUNTY FACILITIES

Contractor, its employees, and agents will be granted access to County facilities, subject to Contractor's prior notification to County's Project Director, for the purpose of executing Contractor's obligations hereunder. Contractor shall have no tenancy, or any other property or other rights in County facilities. While present at County facilities, Contractor's personnel shall be accompanied by County personnel at all times, unless this requirement is waived in writing prior to such event by County's Project Director.

36.0 COUNTY FACILITY OFFICE SPACE

In order for Contractor to perform services hereunder and only for the performance of such services, County may elect, subject to County's standard administrative and security requirements, to provide Contractor with office space and equipment, as determined at the discretion of County's Project Director, at County facilities, on a non-exclusive use basis. County shall also provide Contractor with reasonable telephone service and network connections in such office space for use only for purposes of the Agreement. County disclaims any and all responsibility for the loss, theft or damage of any property or material left at such County office space by Contractor.

37.0 DAMAGE TO COUNTY FACILITIES, BUILDINGS, OR GROUNDS

37.1 Contractor shall repair, or cause to be repaired, at its own cost, any and all damage to County facilities, buildings or grounds caused by Contractor or employees or agents of Contractor. Such repairs shall be made promptly after Contractor has become aware of such damage, but in no event later than thirty (30) days after the occurrence.

37.2 If Contractor fails to make timely repairs, County may make any necessary repairs. All costs incurred by County, as determined by County, for such repairs shall be repaid by Contractor by cash payment upon demand, or without limitation of all County's other rights and remedies provided at law or equity, or under the Agreement, County may deduct such costs from any amounts due to Contractor from County under the Agreement.

38.0 PHYSICAL ALTERATIONS

Contractor shall not in any way physically alter or improve any County facility without the prior written approval of County's Project Director, and County's Director of Internal Services Department, in their discretion.

39.0 FEDERAL EARNED INCOME TAX CREDIT

Contractor shall notify its employees that they may be eligible for the Federal Earned Income Credit under the Federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice 1015.

40.0 ASSIGNMENT BY CONTRACTOR

- 40.1 Contractor shall not assign its rights or delegate its duties under the Agreement, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this Paragraph 40.0, County consent shall require a written amendment to the Agreement, which is formally approved and executed by the parties. Any payments by County to any approved delegate or assignee on any claim under the Agreement shall be deductible, at County's sole discretion, against the claims which Contractor may have against the County.
- 40.2 Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Agreement, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Agreement.
- 40.3 Any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Agreement which may result in the termination of the Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

41.0 INDEPENDENT CONTRACTOR STATUS

- 41.1 The Agreement is by and between County and Contractor and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between County and Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever. Contractor shall function as, and in all respects is, an independent contractor.

- 41.2 County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of Contractor.
- 41.3 Contractor understands and agrees that all persons performing Work pursuant to the Agreement are, for purposes of workers' compensation liability, the sole employees of Contractor and not employees of County. County shall have no obligation to furnish, or liability for, workers' compensation benefits to any person as a result of any injuries arising from or connected with any Work performed by or on behalf of Contractor pursuant to the Agreement.
- 41.4 Contractor shall provide to County an executed Contractor's Employee Acknowledgment and Confidentiality Agreement (Exhibit E1) for each of its employees performing Work under the Agreement. Such agreements shall be delivered to County's Project Director.

42.0 RECORDS AND AUDITS

- 42.1 Contractor shall maintain accurate and complete financial records of its activities and operations relating to the Agreement, including any termination hereof, in accordance with generally accepted accounting principles. Contractor shall also maintain accurate and complete employment and other records relating to its performance of the Agreement. Contractor agrees that County, or its authorized representatives, shall, with reasonable notice and during regular business hours, have access to and the right to examine, audit, excerpt, copy or transcribe any pertinent transaction, activity, or records of Contractor relating to the Agreement; provided that County's access to such employment records of Contractor shall be limited to access that does not constitute an unlawful invasion of the privacy rights of any such employee. Should the examination and audit be performed by a non-County entity or should a non-County entity be requested by County to review information received pursuant to an audit or examination under this Paragraph 42.0 (Records and Audits), Contractor may require the non-County examiner or auditor, as the case may be, to execute a nondisclosure agreement prior to any disclosure. The nondisclosure agreement shall limit the non-County entity's use of information received or reviewed in connection with the examination and audit of work performed specifically for the benefit of County. All such material, including all financial records, time cards and other employment records, shall be kept and maintained by Contractor and shall be made available to County during the Term and for a period of five (5) years thereafter unless County's written permission is given to dispose of any such material prior to such time. All such material shall be maintained by Contractor at a location in Los Angeles County, provided that if any such material is located outside Los Angeles County, then at Contractor's option, Contractor shall either (a) provide County with access to such material at a mutually agreed upon

location inside Los Angeles County, or (b) pay County for travel, per diem, and other costs and expenses incurred by County to examine, audit, excerpt, copy or transcribe such material at such outside location.

42.2 If an audit is conducted of Contractor specifically regarding the Agreement by any Federal or State auditor, then Contractor shall file a copy of such audit report with County's Auditor Controller and County's Project Director within thirty (30) days of Contractor's receipt thereof, unless otherwise provided by applicable federal or state law or under the Agreement.

42.3 If, at any time during or after the Term, representatives of County conduct an audit of Contractor, as and to the extent permitted hereunder, regarding the Work performed under the Agreement, the results of such audit, including any final determination in respect of an underpayment or overpayment, if any by County under the Agreement, shall be provided in writing to Contractor. Contractor shall have thirty (30) days to review the findings contained in such audit and notify County of any objection to the same. Such notice must include, in reasonable detail, the basis for Contractor's objection and any supporting documentation and analysis for Contractor's objection. If the parties cannot agree, within fifteen (15) days of receipt of Contractor's objection to the findings contained in County's audit, on the amount of underpayment or overpayment, if any, by County to Contractor hereunder, then either party may submit such matter to the Dispute Resolution Procedure, provided such matter shall be submitted initially, directly to County's Project Director and Contractor's Project Director. If Contractor fails to notify County of any objection it has to the findings of County's audit within the thirty (30) day period set forth above, Contractor waives any right to object to the findings of such audit, including any determination of overpayment by County. If such audit, whether initially following a waiver by Contractor of its right of objection or upon final determination pursuant to the Dispute Resolution Procedure, finds that County's dollar liability for any such Work is less than payments made by County to Contractor, then the difference, together with County's reasonable costs of audit, shall be either repaid by Contractor to County by cash payment upon demand or, at the discretion of County's Project Director, deducted from any amounts due to Contractor from County. If such audit finds that County's dollar liability for such Work is more than the payments made by County to Contractor, then the difference shall be paid to Contractor by County, but in no event shall County's payments to Contractor exceed the Maximum Contract Sum.

43.0 LICENSES, PERMITS, REGISTRATIONS, ACCREDITATION, AND CERTIFICATES

Contractor shall obtain and maintain in effect during the Term all licenses, permits, registrations, accreditation, and certificates required by all Federal, State, and local laws, ordinances, rules, and regulations, which are applicable to Contractor's services under the Agreement. Contractor shall further ensure that all of its officers, employees,

and agents who perform services hereunder, shall obtain and maintain in effect during the Term all licenses, permits, registrations, accreditation, and certificates which are applicable to their performance hereunder. If and to the extent requested by County, Contractor shall provide a copy of each such license, permit, registration, accreditation, and certificate, in duplicate, to Mona Whittouck, Sheriff's Department Contracts Administration, 4700 Ramona Boulevard, Monterey Park, CA 91754-2169.

44.0 NO THIRD PARTY BENEFICIARIES

Notwithstanding any other provision of the Agreement, Contractor and County do not in any way intend that any person or entity shall acquire any rights as a third party beneficiary of the Agreement, except that this Paragraph 44.0 (No Third Party Beneficiaries) shall not be construed to diminish Contractor's indemnification obligations hereunder.

45.0 MOST FAVORED PUBLIC ENTITY

Contractor warrants that, to the best of its knowledge, the prices offered through this Agreement, considered in the aggregate, shall at all times be equal to or better than those offered by Contractor to any other customer purchasing services with comparable commitment levels and volume (excluding the federal Government and any government funded health care program).

46.0 COUNTY'S QUALITY ASSURANCE PLAN

County or its agent will evaluate Contractor's performance under the Agreement on not less than an annual basis. Such evaluation will include assessing Contractor's compliance with the terms and performance standards of the Agreement. Contractor deficiencies which County determines are severe or continuing and that may place performance of the Agreement in jeopardy if not corrected will be reported to the Board. The report will include improvement and corrective action measures taken by County and Contractor. If, following due cure and notice periods for any specified material breach, improvement does not occur consistent with the corrective action measures, County may terminate the Agreement or impose other penalties as specified in the Agreement.

47.0 CONSIDERATION OF HIRING COUNTY EMPLOYEES TARGETED FOR LAYOFF/OR RE-EMPLOYMENT LIST

Should Contractor require personnel in addition to those employed by Contractor on the Effective Date to perform the services set forth herein, Contractor shall give consideration for such employment openings to qualified, permanent County employees who are targeted for layoff or qualified, former County employees who are on a re-employment list during the life of this Agreement. For this purpose, consideration shall mean that Contractor will interview qualified candidates. Prior to consideration being given by Contractor, County will refer such County employees by job category to

Contractor. The above obligations do not apply to positions filled by: (a) third parties who have subcontracted with Contractor to perform the services, or (b) Contractor's current employees.

48.0 CONTRACTOR TO NOTIFY COUNTY WHEN IT HAS REACHED 75% OF MAXIMUM CONTRACT SUM (UNDER CONTRACT SUM PROVISION)

Contractor shall maintain a system of record keeping that will allow Contractor to determine when it has incurred seventy-five percent (75%) of the Maximum Contract Sum. Upon occurrence of this event, Contractor shall send written notification to County's Project Director and County's Project Manager.

49.0 NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION OR TERMINATION OF AGREEMENT

Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by Contractor under the Agreement, after the expiration or other termination of this Agreement. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration or termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

50.0 SAFELY SURRENDERED BABY LAW

50.1 Notice to Employees

Contractor shall notify and provide to its employees residing in or working in the State of California, and shall require each subcontractor performing Work under this Agreement to notify and provide to its employees residing in or working in the State of California, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is available on the Internet at www.babysafela.org for printing purposes.

50.2 Contractor's Acknowledgement of County's Commitment to the Safely Surrendered Baby Law

Contractor acknowledges that County places a high priority on the implementation of the Safely Surrendered Baby Law. Contractor understands that it is County's policy to encourage all County contractors to voluntarily post County's "Safely Surrendered Baby Law" poster in a prominent position at Contractor's place of business. Contractor will also encourage its subcontractors, if any, to post this poster in a prominent position in the

subcontractor's place of business. County's Department of Children and Family Services will supply Contractor with the poster to be used.

51.0 PROHIBITION AGAINST INDUCEMENT OR PERSUASION

The Contractor and the County agree that, during the term of this Agreement and for a period of one (1) year thereafter, neither party shall in any way intentionally induce or persuade any employee of one party to become an employee or agent of the other party. No bar exists against any hiring action initiated through a public announcement.

52.0 PUBLIC RECORDS ACT

52.1 Any documents submitted by Contractor, all information obtained in connection with the County's right to audit and inspect Contractor's documents, books, and accounting records, pursuant to Paragraph 42.0 (Records and Audits) of this Exhibit A to the Agreement; as well as those documents which were required to be submitted in response to the Request for Proposals (RFP) used in the solicitation process for this Agreement, become the exclusive property of the County. All such documents become a matter of public record and shall be regarded as public records. Exception will be those elements in the California Government Code Section 6250 et seq. (Public Records Act) and which are marked "trade secret", "confidential", or "proprietary". The County shall not in any way be liable or responsible for the disclosure of any such records, including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

52.2 In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "trade secret", "confidential", or "proprietary", the Contractor agrees to defend and indemnify the County from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act.

53.0 WAIVER

No waiver by County of any breach of any provision of the Agreement shall constitute a waiver of any other breach or of such provision. Failure of County to enforce at any time, or from time to time, any provision of the Agreement shall not be construed as a waiver thereof. The rights and remedies set forth in the Agreement shall not be exclusive and are in addition to any other rights and remedies provided at law or in equity, or under the Agreement.

54.0 GOVERNING LAW, JURISDICTION, AND VENUE

The Agreement shall be governed by, and construed in accordance with, the substantive and procedural laws of the State of California applicable to agreements

made and to be performed within that state. Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California (except with respect to claims that are subject to exclusive Federal subject matter jurisdiction, as to which Contractor agrees and consents to the exclusive jurisdiction of the United States District Court of the Central District of California) for all purposes regarding the Agreement and further agrees and consents that venue of any action brought hereunder shall be exclusively in the Central District of the Superior Court for the County of Los Angeles, California.

55.0 SEVERABILITY

If any provision of the Agreement is adjudged void or invalid for any reason whatsoever, but would be valid if part of the wording thereof were deleted or changed, then subject to mutual agreement, such provision shall apply with such modifications as may be necessary to make it valid and effective. In the event that one or more of the provisions of the Agreement is found to be invalid, illegal or unenforceable in any respect, such provision shall be deleted here from and the validity, legality, and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby, unless the Agreement fails of its essential purpose because of such deletion.

56.0 RIGHTS AND REMEDIES

The rights and remedies of County provided in any given Paragraph, as well as throughout the Agreement, including throughout this Exhibit, are non-exclusive and cumulative with any and all other rights and remedies under this Agreement, at law, or in equity.

57.0 FACSIMILE

Except for the parties initial signatures to the Agreement, which must be provided in "original" form, and not by facsimile, County and Contractor hereby agree to regard facsimile representations of original signatures of authorized officials of each party, when appearing in appropriate places on change notices or in other correspondence, notices, etc. requiring signatures, and received via communications facilities, as legally sufficient evidence that such original signatures have been affixed thereto, such that the parties need not follow up facsimile transmissions of such documents with subsequent (non-facsimile) transmission of "original" versions of such documents.

* * *

EXHIBIT B

STATEMENT OF WORK

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ATTACHMENTS

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- 2 STAT TEST TURNAROUND

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- 5 TECHNICAL EXHIBITS
 Exhibit 1 Contract Discrepancy Report
 Exhibit 2 Performance Requirements Summary Chart

EXHIBIT B

STATEMENT OF WORK (SOW)

1.0 SCOPE OF WORK

The Los Angeles County (County) requires a medical laboratory (Contractor) to provide diagnostic analyses of body fluids and other suitable specimens from humans for the purpose of assisting County physician(s) in determining the appropriate treatment for inmate patients being held by the Los Angeles County Sheriff's Department (Department). The tests required by the County may include, but are not limited to those listed in Attachment 1, Required Tests. The Contractor will be responsible for specimen pick up, testing, analysis and reporting test results to the County directly to the Department's Jail Health Information System (JHIS). County will be responsible for collecting the specimens from the inmate patients and preparing them for pickup by the Contractor.

On the average, the Department's Medical Services staff collects approximately three hundred (300) specimens a day, most of which are for general laboratory tests, from inmates housed at five (5) Department correctional facilities with medical wards: Medical Services Building (MSB), Men's Central Jail (MCJ), Twin Towers Correctional Facility (TTCF), Century Regional Detention Facility (CRDF) and North County Correctional Facility (NCCF).

The Contractor providing medical laboratory services to the County must be Clinical Laboratory Improvement Act (CLIA) certified and licensed by the State of California to provide medical laboratory services. The Contractor must demonstrate its compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The Contractor must employ appropriate and sufficient number of personnel, including, but not limited to, a full-time laboratory director, pathologists, clinical

laboratory scientists (CLS), cytologists, medical laboratory technologists and phlebotomy technicians, all of which must have the required credentials, licenses and certificates.

2.0 FACILITIES AND SPECIFIC TASKS

The Contractor shall provide medical laboratory services to the County on a twenty-four (24) hours a day seven (7) days a week basis, including holidays. The Contractor shall pick up specimens from the following designated locations:

Twin Towers Correctional Facility
450 Bauchet Street
Los Angeles, California 90012

Century Regional Detention Facility
11705 South Alameda Street
Lynwood, California 90262

North County Correctional Facility
29340 The Old Road
Castaic, California 91384

County shall have the sole discretion to add or delete specimen pickup locations at any time during the duration of the Agreement at no additional cost. The Department's Clinical Science Support Services (CSSS) will provide the Contractor with specimens that are appropriately labeled, prepared for testing, and packed for pick up and will receive test results.

3.0 QUALITY CONTROL

3.1 The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Agreement that meet, or exceed, any requirements as may be required by the College of American Pathologists (CAP), CLIA and any other appropriate accreditation or licensing agency. The Plan shall be submitted to the County's Project Manager for review at least ten (10) days prior to

Contractor beginning work under this Agreement. The plan shall include, but may not be limited to, the following:

- 3.1.1 Method of monitoring to ensure that the Agreement requirements are being met. The monitoring system must specify methods for identifying and preventing deficiencies in the quality of services performed before the level of performance becomes unacceptable;
- 3.1.2 Method of monitoring to ensure that tests conducted are in compliance with the requirements set forth by CAP, CLIA, or any other appropriate accreditation or licensing agency;
- 3.1.3 The Quality Control Plan shall include, but is not limited to, the following information:
 - 1. Specific activities to be monitored;
 - 2. Methods of monitoring to include methods of verifying authenticity of reports and methods to ensure quality of services;
 - 3. Frequency of monitoring;
 - 4. Samples of forms to be used in monitoring;
 - 5. Job title and level of personnel performing monitoring functions.
- 3.1.4 Contractor shall have an ongoing system of quality assurance/improvement and shall keep quality control records and records of all inspections conducted by Contractor. These records, which must include, but is not limited to, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.

3.2 The Contractor shall have an ongoing system of quality assurance/improvement, and shall keep quality control records in accordance with Federal and State regulations on each laboratory test it performs, which shall include, but not be limited to, methods for determination of test accuracy and for determination of test reproducibility. The Contractor shall also participate in national proficiency survey programs and in the publication of a detailed procedures manual, or manuals, describing the tests performed in the Contractor's laboratory.

3.3 County's representatives shall have access to these records when such access is required for the administration or audit of this Agreement. The Contractor shall be prepared to provide details of its procedures used, including documentation of source material, accuracy, sensitivity, specificity, and precision for each test provided; shall provide periodic publication of normal ranges (or reference limits), including mean values and standards of deviations, or ninety-five percent (95%) confidence limits, whichever is appropriate; and shall provide accurate information regarding proper conditions for collecting test samples, including proper preservation of samples, as well as, information on patient condition, medications, or other alterations of the sample which may interfere with tests or proper interpretation of test results.

3.4 County Inspection

Contractor shall be prepared to make its personnel, facilities, and techniques available for inspection at reasonable times without prior notice by representatives of the Sheriff, County's Auditor-Controller and/or the State Department of Health Services, if applicable, to review the medical laboratory services.

Contractor agrees that County will be able to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance

Requirements Summary (PRS)] if the Quality Control requirements as stated in this Paragraph 3.0 are not met.

4.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Agreement using the quality assurance procedures as defined in Sample Agreement Exhibit A (Additional Terms and Conditions) Paragraph 46.0 (County's Quality Assurance Plan).

4.1 Quarterly Meetings

Contractor is required to attend a scheduled quarterly meeting with County's Project Manager. Contractor agrees that County will be able to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] for failure to attend.

4.2 Contract Discrepancy Report (Technical Exhibit 1)

Verbal notification of a contract discrepancy will be made to the Contractor's Project Manager as soon as possible whenever a contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by the County and the Contractor.

County's Project Manager will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor is required to respond in writing to the County's Project Manager within five (5) workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to County's Project Manager within ten (10) workdays.

4.3 County Observations

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this

Agreement at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

5.0 DEFINITIONS

- 5.1 Assay: An analysis of a laboratory test.
- 5.2 Critical Value Test Results: Test results, which in the judgment of the Contractor, or the County, may be of critical and immediate importance to a patient's care, and as such, must be immediately reported to County. County's criteria for Critical Value Test Results are specified in Attachment 3 to this Statement of Work. Critical Turnaround Time Testing results shall be provided within one (1) hour after confirming test results.
- 5.3 Cytology: The branch of biology that deals with the structure, functions, multiplication, pathology and life of cells. Cytology tests involve the testing of body fluids to determine cell diseases.
- 5.4 Emergency (STAT) Services: Laboratory services for emergency situations, in which a laboratory test result must be received by the County within a maximum four (4) hour period after County notifies Contractor of STAT specimen pick up. Upon receipt of a request for STAT services, the Contractor is required to: 1) immediately dispatch an employee or special representative to pick up the specimen from County's designated pick-up area for STAT specimens within one (1) hour of notification; 2) perform the test as soon as possible, by-passing the routine test queue; and 3) report the test result verbally by telephone, fax and computer terminal printout. Refer to Attachment 2. For tests not listed in Attachment 2, the turnaround time is a maximum four (4) hours from notification by County with the same requirements of Contractor as described in this subparagraph.

- 5.5 Fee Structure: Fee determining policy used by Contractor to bill County for services including tests listed in Attachment 1 (Medical Laboratory Services Required Tests), within Contractor's current published commercial fee schedule and the fee discount system used by Contractor, as applied to County bills, whether published or not.
- 5.6 Histopathology: The branch of biology that deals with functions of the body's tissues and organs.
- 5.7 Holiday: County recognized holidays include, but are not limited to, New Year's Day, Dr. Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving and Christmas Day.
- 5.8 Jail Health Information System (JHIS): The Department's comprehensive electronic medical record and LIS (Laboratory Information System), using Cerner's CareNet and Pathnet applications to provide complete medical and mental health records of inmates in custody. Contractor must have a fully functional system to interface with JHIS in order to receive laboratory test orders and directly report results of all tests performed, including microbiology and STAT tests. The interface specifications for JHIS are described in Attachment 4 (Reference Lab Interface Specifications).
- 5.9 Medical Laboratory Services: The services provided by Contractor under this Agreement including, but not limited to, the following: 1) maintaining proper accreditations and licenses to operate as a high complexity clinical laboratory; 2) picking up inmate patient test specimens for analysis from locations designated in Paragraph 2.0; 3) maintaining the integrity of test specimens during transport, testing and analysis; 4) analyzing test specimens according to testing methodologies approved by County; 5) reporting test results in numerical format, interpretive results, if required, and other related test information both verbally by phone and by hardcopy

printed report sent by a computer to computer interface for critical value test results and emergency (STAT) tests within the established turnaround times; 6) maintaining both financial and service records and test specimen slides as required by County; 7) submitting proper billing and other special reports as may be required by County; and 8) participating in periodic quality assurance/improvement reviews and correcting any deficiencies as found by County or any accreditation or licensing agencies.

- 5.10 Random Access: As used here, it refers to the test run schedule. In normal circumstances, the Contractor will run tests in the order that CSSS enters the test request in the Contractor's LIS. Random access capability would allow Contractor to bypass this ordered sequence to schedule and run STAT tests as first priority.
- 5.11 STAT Tests: Emergency tests, in which results are required within a maximum four (4) hours of notification by County for specimen pick up. Test results are transmitted to patient's JHIS record. Refer to Emergency (STAT) Services Subparagraph 5.4 for pick-up, testing, and reporting requirements.
- 5.12 Turnaround Time (TAT): The interval from the time the specimens are picked up from County facility, or Contractor has been notified to pick up specimens to the time the printed test results are returned to County by Contractor.

For routine general tests (i.e., laboratory tests that are neither Critical Value or STAT), it is the interval from the scheduled pick up day and time as specified in this Statement of Work to the time the results are transmitted to County. For most of these tests, the TAT is 24 hours.

For STAT tests, it is the interval from the time Contractor has been notified to pick up the STAT specimen(s) to the time the printed STAT test result is

transmitted to County. For most STAT tests, the TAT time is a maximum four (4) hours.

6.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

COUNTY

6.1 Personnel

The County will administer the Agreement according to Appendix A (Sample Contract), Paragraph 8.0 (Administration of Contract – County). Specific duties will include:

- 6.1.1 Monitoring the Contractor's performance in the daily operation of this Agreement. In order to comply with State hospital licensing requirements, the County will carefully monitor STAT turnaround times to ensure that Contractor reports results within the times specified in this Agreement.
- 6.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.
- 6.1.3 Preparing Change Orders in accordance with the Appendix A (Sample Agreement), Paragraph 10.0 (Change Orders and Amendments).

6.2 Furnished Items

- 6.2.1 The County will provide the Contractor with specimens that are appropriately labeled, prepared for testing, and packed for pick up at the locations designated in Paragraph 2.0. These specimens will be for routine and STAT tests, as ordered by County physicians. For STAT tests, County will clearly label or tag each test vial and envelope as "STAT" so Contractor staff can begin testing process when the STAT specimens are delivered to

the Contractor's laboratory. County staff will ensure the integrity of the specimens at all stages of preparation for pickup by Contractor staff, keeping specimens at room temperature, body temperature, refrigerated or frozen as required.

CONTRACTOR

6.3 Project Manager

- 6.3.1 The Contractor shall provide a full-time Project Manager or designated alternate. The County must have access to Contractor's laboratory director and/or Project Manager at all hours, seven (7) days a week. The Contractor shall provide a telephone number where the Project Manager may be reached on a twenty-four (24) hour per day basis.
- 6.3.2 Contractor's Project Manager who must demonstrate previous experience in the management of work requirements for projects similar in size and complexity, shall act as a central point of contact with County's Project Manager, on matters relating to agreement requirements.
- 6.3.3 Contractor's Project Manager/alternate shall have full authority to act for the Contractor on all matters relating to the daily operation of the Agreement. The Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

6.4 Personnel

- 6.4.1 The Contractor shall have at least one (1) full-time laboratory director who meets CLIA qualification requirements for laboratories conducting high complexity testing and has at least three (3) years experience supervising or directing high complexity testing.

Contractor's laboratory director must be available to consult with County's Project Director and/or County's Project Manager by phone to discuss laboratory testing matters, including, but not limited to, receipt of tests/specimens, testing methodology, results, reports and all other service related information on a twenty four (24) hours a day, seven (7) days a week basis. If approved by County's Project Director, Contractor may have more than one (1) full-time laboratory director to fulfill the availability requirement.

- 6.4.2 Contractor shall employ sufficient numbers of full-time California licensed physicians and Ph.D. scientists commensurate with the complexity, diversity and quality of the tests performed to supervise and review the accuracy of the laboratory tests and work performed by Contractor's laboratory staff, and to read and render final interpretations of test results.
- 6.43 The Contractor shall assign a sufficient number of full-time State-licensed clinical medical technologists and other laboratory personnel to perform the necessary tests. At least one employee on site shall be authorized to act for Contractor on technical issues and must speak and understand English.
- 6.4.4 Contractor shall have designated pickup drivers assigned to pick up all specimens, including STAT specimens from County facilities only, rather than including the pick up sites as part of area-wide routes. Contractor shall ensure that all of its specimen pickup drivers, whether employed or hired, have: 1) valid California driver's licenses, 2) satisfactory driving records, and 3) are trained in bio-hazardous materials handling and spill cleanup.

6.4.5 The Contractor shall have sufficient numbers of full-time California licensed/certified cytotechnologists, who are in compliance with the provisions of the California Business and Professional Code Section 1271, to provide cytology and histopathology services.

6.4.6 Contractor's employees providing services under this Agreement may undergo a criminal background check conducted by the Department. The Department may evaluate the classification of crime(s) committed, dates committed, and analyze the criminal behavior pattern. This check is independent of Contractor's background and security procedures and policies.

The County will not allow anyone with a criminal conviction of any kind to provide services under this Agreement. The County reserves the right to require the Contractor to remove any such employee immediately from performing work under this Agreement. County's Project Manager shall have the discretion to determine the suitability of Contractor's employees for providing services under this Agreement. This does not preclude Contractor from employing such individuals for other non-County projects or contracts.

6.5 Uniforms/Identification Badges

6.5.1 Contractor employees assigned to pick up specimens from the locations designated in Paragraph 2.0 must at all times wear an appropriate uniform and/or display a photo identification badge from the Contractor or courier service. At a minimum, uniform should consist of a shirt with the company name on it. All uniforms, as required and approved by County's Project Director or County's Project Manager, will be provided by and at Contractor's expense.

6.5.2 The Contractor shall furnish and require that every on-duty employee assigned to pick up specimens wear a visible photo identification badge, identifying employee by name, physical description, and company. Such badge shall be displayed on employee's person at all times he/she is on County designated property.

Contractor agrees that County will be able to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] if the uniform and identification requirements as stated in this Subparagraph 6.5 are not met.

6.6 Materials and Equipment

The purchase of all materials, laboratory, and data handling equipment to provide the needed services is the responsibility of the Contractor. Contractor shall ensure that the operation and maintenance of the laboratory equipment will assure satisfactory performance of required tests. Contractor shall ensure that the materials and equipment used are safe for the environment and safe for use by its employees.

6.7 Training

6.7.1 The Contractor shall provide training programs for all new employees and continuing in-service training for all employees.

6.7.2 All employees shall be trained in their assigned tasks and in the safe handling of equipment and hazardous waste disposal. All equipment shall be checked for safety by Contractor's laboratory operations supervisory staff daily. All employees must wear safety and protective gear according to OSHA standards and Federal and State regulations for clinical laboratories. Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance

Requirements Summary (PRS)] if the requirements as stated in this Subparagraph 6.7.2 are not met.

6.8 Contractor's Office

The Contractor shall maintain an office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 7:00 a.m. to 5:00 p.m., Sunday through Saturday, by at least one employee who can respond to inquiries and complaints, which may be received regarding the Contractor's performance of the Agreement. When the office is closed, an answering service shall be provided to receive calls. The Contractor shall answer calls received by the answering service within two (2) hours of receipt of the call. Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS)] if the requirements as stated in this Subparagraph 6.8 are not met.

7.0 HOURS/DAYS OF WORK

Contractor shall provide as needed medical laboratory testing and related services seven (7) days a week, on a twenty four (24) hour per day basis including holidays, and at time of strike, riot, insurrection, civil unrest, natural disaster, or similar event, when such services are physically possible to provide. Contractor shall schedule at least two specimen pickups every day, including weekends and holidays.

8.0 WORK SCHEDULES

8.1 Contractor shall ensure that all laboratory tests, including critical value and STAT tests will be available on an appropriate production schedule, as needed to meet the County's established TAT, as specified in Subparagraph 10.14.

8.2 Most of the tests required by the County are for general laboratory tests, in which the County's required turnaround time is twenty four (24) hours. The Contractor shall submit for review and approval a work schedule for

specimen pickup, laboratory testing and submission of various types of test results to the County Project Director within ten (10) days prior to starting work.

- 8.3 The Contractor shall submit revised schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to the County Project Manager for review and approval within five (5) working days prior to scheduled time for work.

9.0 UNSCHEDULED WORK

- 9.1 In the event of emergency situations, County requires test results almost immediately. These are referred to as STAT tests. It is preferable, but not mandatory that Contractor's on-line test queuing system has "random access" capabilities, in order to accommodate STAT tests. If Contractor's on-line test scheduling system does not have "random access" capabilities, that is, it can only perform tests in order of receipt of the electronic request, STAT tests must be prepared and processed separately from the "routine" tests. County staff shall prepare STAT specimens immediately, label each specimen and accompanying paperwork as "STAT" and call Contractor for specimen pickup at any one of the pick up sites. Contractor must either have adequate staff to make these unscheduled pickups or contract with a courier service. Upon delivery to Contractor's facility, the tests for STAT specimens shall be performed in a timely manner in order to have results available to the County within a maximum of four (4) hours of notification.
- 9.2 Upon receiving and confirming that a test result is of a critical value and may be of critical and immediate importance to a patient's care, Contractor shall immediately telephone test results to CSSS within one (1) hour after receiving confirming test results.

- 9.3 County's Project Manager may authorize the Contractor to perform unscheduled work, including, but not limited to, retesting or replacements when the need for such work arises out of extraordinary incidents such as vandalism, acts of God, and third party negligence.
- 9.4 All unscheduled work shall commence on the established specified date. Contractor shall proceed diligently to complete said work within the specified turnaround time.
- 9.5 The County reserves the right to assign unscheduled work to other licensed and certified medical laboratories.

10.0 SPECIFIC WORK REQUIREMENTS - CONTRACTOR

- 10.1 All tests listed in Attachment 1 shall be available and performed in Contractor's laboratory, unless otherwise approved by County's Project Director to be performed elsewhere, as allowed by this Agreement. The Department reserves the right to utilize specialty clinics for unique tests.
- 10.2 County's Project Manager may require Contractor to perform tests not specified in Attachment 1, but which are contained in Contractor's published commercial fee schedule. County shall not request any such test, unless it is deemed to be medically necessary by County physician(s).
- 10.3 Contractor shall pick up and transport all general test specimens at regularly scheduled times from the locations designated in Paragraph 2.0, using its own vehicles or hired vehicles approved by County. Since several hours may elapse between the time the specimens are picked up at the designated locations to the delivery to Contractor's laboratory, depending upon the pickup route and schedule, the Contractor shall maintain the integrity of the specimens during transport from the pick up

sites to Contractor's laboratory by keeping specimens at appropriate temperatures: room temperature (25° C/72-75° F), body temperature (35-37° C/98.6° F), refrigerator temperature (4° C/32° F), or frozen (-20° C/-6° F).

1. Contractor shall pick up specimens for general tests on a set, routine schedule at least twice a day, seven (7) days a week, including holidays.
2. County's Project Manager shall have the option to increase or decrease the frequency, and change the times at which the specimens are picked up by Contractor, at no charge to the County.

Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] if the requirements as stated in this Subparagraph 10.3 are not met.

- 10.4 The Contractor shall ensure that all test samples are handled under properly controlled and secured conditions at all times, including but not limited to, specimen pickup, transportation, return to Contractor's laboratory, test preparation, testing, and analysis, as needed to maintain the integrity and security of the test specimens to be analyzed, and as required to achieve, or verify, accurate test results.
- 10.5 The Contractor shall provide to the County upon request, all bottles, carriers, cervical cytobrushes, cold and warm packs, vials, and other supplies required to stabilize samples and maintain sample integrity in transit to its laboratory. Such supplies shall be provided within seven (7) days of the request by County at no additional cost to the County. All supplies regularly available to Contractor's regular commercial customers

shall be made available to County, when requested. Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] if the requirements as stated in this Subparagraph 10.5 are not met.

- 10.6 The Contractor shall provide all laboratory test equipment, office equipment, supplies and personnel, as needed, to provide services specified in this Statement of Work.
- 10.7 Contractor shall either own, lease, or rent, at its own expense, a medical laboratory facility, preferably located in Los Angeles County, that is specifically designed to run tests and analyze test samples.
- 10.8 The Contractor shall maintain a consultation service that is available to the County twenty-four (24) hours a day, seven (7) days a week, including holidays, in order to respond to direct telephone queries from County personnel regarding a specific specimen or test result.
- 10.9 The Contractor shall analyze all test samples by methodologies approved by County's Project Director in conjunction with Contractor's medical director. Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] for any test not analyzed by County approved methodologies.
- 10.10 The Contractor shall maintain records for all services in accordance with applicable state and federal laws and regulations. Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] if the requirements of this Subparagraph 10.10 are not met.

10.11 Special Procedures: Cytology Tests

When performing cytology tests, Contractor shall ensure the following conditions:

- 10.11.1 Less than a two percent (2%) false negative screening rate for gynecologic cytology is documented;
- 10.11.2 All significant discrepancies between cytology and histology results are investigated and appropriate actions taken;
- 10.11.3 At least ten percent (10%) of negative gynecologic cases, not referred to a pathologist, are rescreened;
- 10.11.4 On results of low grade squamous intraepithelial lesions and above, County's Project Manager has been contacted to determine that definitive action was taken on the reported test results;
- 10.11.5 Physicians interpreting cytologic test results are certified in anatomic pathology and cytotechnologists are certified/licensed by the State of California;
- 10.11.6 Contractor must 1) retain all cytology slides and cell/tissue blocks examined for at least five (5) years; 2) maintain records of tests/services for at least five (5) years; and 3) retain cytology and histopathology reports for at least ten (10) years after the performance or termination of the Agreement and provide copies to County's representatives within five (5) working days, as required under the regulations of CLIA and Section 1271h of the California Business and Professions Code. At the end of the required retention period, cell/tissue blocks, slides and records are to be disposed. County's Project Manager will be notified of such disposal, and if requested, arrangements will be made to transfer the cell/tissue blocks, slides and records.

Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] if the requirements of this Subparagraph 10.11 are not met.

10.12 Information System Interface

The Contractor shall provide County with a computer-to-computer interface with Contractor's LIS to enable County's Project Manager to make inquiries regarding patient data, test orders, order status, and test results. The County shall have the ability to print on demand test results, billings, and ad hoc laboratory reports. Test results must be printed in batches no less frequently than once per eight (8) hour shift.

10.12.1 Contractor's system for LIS to LIS interface must specifically address the following areas:

1. Contain a mechanism for detecting and flagging change or mismatch between the test codes of the sending facility and Contractor's laboratories.
2. Include available patient, specimen, and request identification parameters.
3. Capability to transmit data using industry standard protocol (e.g., "HL7", "ASTM", etc.).

10.12.2 Contractor must provide all required hardware, including terminal, printer and all software (billing, encryption/security and tracking) for the computer system.

1. The Contractor must install all required system hardware and software components at each CSSS facility. Such system must be operational when any work under the Contract

commences. All equipment, software and related components shall remain property of Contractor.

2. The Contractor shall provide all hardware and software maintenance, including but not limited to, service, repairs and parts, for equipment installed in CSSS facilities, to ensure that the system is operational at all times during the term of the Agreement.

Any equipment not performing satisfactorily, as determined by County's Project Manager, must be repaired, or if not repairable, replaced by the Contractor. The Contractor must provide any and all maintenance/repair services for the equipment, whether by in-house trained staff or by outside vendor, on a twenty-four (24) hours a day, seven (7) days a week basis, including holidays, within four (4) hours after County notification.

3. Contractor will train designated CSSS personnel at each CSSS facility on use of Contractor's LIS.

Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] if the requirements of this Subparagraph 10.12 are not met.

10.13 Test Results

The Contractor must analyze test results for all routine and STAT specimens. These results must be reported electronically on County's JHIS system, and on hard copy reports that can be printed in batches or on demand at any CSSS facility. The results must be viewable and printable from the inmate patient's electronic medical record.

The Contractor shall transmit all numeric and interpretive results electronically, including microbiology, cytology, and pathology reports, by way of an interface with County's Jail Hospital Information System (JHIS). Development and implementation of the JHIS-Contractor interface for all tests shall be at Contractor's expense. The Contractor shall provide interface transmissions at the rate of not less than 1.4 megabits/second via T1 line or virtual private network (VPN) interface per agreement of County's Project Manager and Contractor's Project Manager. In the event that Contractor selects interface via T1 line, all costs associated with the installation, operation and maintenance of the T1 line shall be at Contractor's expense. If Contractor selects VPN interface, all costs associated with the installation, operation and maintenance of the VPN shall be at Contractor's expense.

The interface must be in place and fully functional to the satisfaction of County's Project Manager and County's JHIS Project Manager, prior to any work beginning under this Agreement. Contractor agrees to fully cooperate with the County in the transition by County from the prior Contractor to a new Contractor. This transition period shall be for a period of thirty (30) to ninety (90) days duration. Interface requirements are specified in Attachment 4 (Reference Lab Interface Specifications) to this SOW.

County shall have the ability to obtain on demand computer terminal printouts of any and all test results from Contractor.

Contractor agrees that County will be allowed to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] if the requirements of this Subparagraph 10.13 are not met.

10.14 Reporting Turnaround Times

The turnaround times (TAT) for reporting test results shall be as follows:

1. For most routine general test specimens, the TAT shall not exceed twenty-four (24) hours more than ten percent (10%) of the time on a monthly basis.
2. There shall be a prioritization of test requests so that STAT orders will supersede routine test orders. The TAT for reporting the STAT tests results are:
 - a. The TAT must not exceed a maximum of four (4) hours from the time the Contractor is notified of a specimen pick up more than five percent (5%) of the time on a monthly basis.
 - b. The pick up time for STAT specimens must not exceed sixty (60) minutes from the time the Contractor is notified by County more than ten percent (10%) of the time on a monthly basis.
3. For the critical value test results as specified in Attachment 3, the TAT for reporting such test results to CSSS via on-line and verbally by telephone is within one (1) hour after receiving confirming test results.

Contractor shall analyze all test samples within the completion times required by County. Contractor agrees that County will be able to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [Performance Requirements Summary (PRS)] if the TAT requirements of this Subparagraph 10.14 are not met.

10.15 Reporting Test Results

The Contractor shall follow certain specific procedures when reporting test results and agrees that County will be able to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [Performance Requirements Summary (PRS)] if the reporting requirements for test results as described in this Subparagraph 10.15 are not met.

1. General Laboratory Test results will be reported on JHIS and sent to County in both on-line and in hard copy formats within the specified TAT. The printouts must, at a minimum, include the patient's name, file (booking) number, birth date, CSSS specimen (accession) number and patient location, name of requesting physician, date and time of specimen pick up, date and time of receipt by Contractor, date and time test completed, date and time of report, and report/result, with interpretation as necessary. Report must contain all data and information, as applicable that are required by the State Department of Health.
2. Contractor agrees to be responsible for determining and identifying test results which, in the judgment of County, may be of critical and immediate importance to a patient's care, and must report such test results to CSSS via on-line and verbally by telephone within one (1) hour after receiving confirming test results. Critical value test reports shall include documentation of the name and title of County staff receiving the information, date and time of notification, the laboratory test result determined to be of critical value, and name and title of Contractor's laboratory employee reporting the test results. The critical value test results are specified in Attachment 3.

3. For STAT test results, County shall be notified by telephone, fax, and hard copy. STAT test results shall include documentation of the name and title of County staff receiving the information, date and time of notification, the test results/interpretation, and name and title of Contractor's laboratory employee reporting the test results. County's Clinical Science Support Services can be reached by telephone at (213) 893-5658 and by fax at (213) 830-0682.
4. When Contractor is providing cytology and histopathology services, for gynecologic cytology reports, Contractor's report shall include a descriptive report format that utilizes the most current "Bethesda System for Reporting Cervical/Vaginal Cytological Diagnoses".

10.16 Subcontracting Due to Temporary Shut Down of an Assay Procedure

If the Contractor determines that it is temporarily [three (3) days or less] unable to perform satisfactorily a certain type of assay because of an "out of control" assay or instrument breakdown, Contractor may refer County specimens submitted for such assay to another licensed laboratory. Written notification to County's Project Manager will be required. Written County approval is required before Contractor can submit any specimens to another laboratory for testing, and then under the following conditions:

1. Contractor shall be equally responsible to County for such subcontracting services as for services it provides directly;
2. Contractor's subcontract shall be in accordance with the provisions set forth in Sample Agreement Exhibit A (Additional Terms and Conditions), Paragraph 1.0 (Subcontracting);

3. Except as set forth in this Subparagraph 10.16, all tests and reporting requirements of this Agreement shall be the same for tests referred by the Contractor to an outside laboratory;
4. Contractor's reports of test results and billing shall clearly reflect the subcontractor laboratory that performed the test and the specific reason as to why Contractor could not perform the test;
5. If the Contractor determines that it will be necessary to use a subcontractor laboratory for more than three (3) consecutive days, Contractor shall give written notice to County's Project Manager within twenty four (24) hours of referral to the subcontractor laboratory.
6. The charges billed by Contractor for any services provided by a subcontractor laboratory under this Subparagraph 10.16 shall not exceed the charges billed to County when the services are directly provided to the County by the Contractor.
7. All subcontractor laboratories and their staff must meet all applicable licensure requirements of Federal and State laws.

11.0 REPORTING REQUIREMENTS

- 11.1 Contractor will provide an audit trail of laboratory contract activities in the area of tests requested and results reported. A list of services and the fees will be provided to County on a monthly basis. The following reports must be submitted to County's Project Manager by the fifth working day of every month.
- 11.2 At a minimum, Contractor shall provide the following monthly summary reports:

1. Monthly Patient List:

General laboratory tests performed in the preceding month shall be sorted and listed by specimen (accession) number or at least by date of receipt to facilitate the auditing of the charges. Data elements shall include, but is not limited to, the following elements:

- a. Patient's name;
- b. Patient's file (booking) number;
- c. Patient's birth date;
- d. County's specimen number/patient's location;
- e. Date and time specimen received;
- f. Date and time test completed;
- g. Date and time test results reported;
- h. Actual TAT;
- i. Test performed and TAT as specified in Subparagraph 10.14;
- j. Test charges, including any applicable discount/year-to-date (total) charges

2. For STAT tests, the following elements must always be reported:

- a. Date and time Contractor notified;
- b. Date and time specimen picked up;
- c. Date and time specimen received at Contractor facility;
- d. Time test completed;
- e. Time test results reported.

Format headings of the Monthly Patient List shall include all of the information as specified above and arranged as follows:

Patient's Name	Patient's File (Booking) No.	Patient's Birth Date	Specimen Number	Date and Time Specimen Received	Date and Time Test Completed	Date and Time Test Results Reported	Actual TAT	Agreement TAT	Test Charges
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3. On a monthly basis, Contractor shall submit to County's Project Manager a billing summary of the tests performed. This report shall, at a minimum, include the following information:
 - a. Name of tests ordered
 - b. Quantity of each test ordered
 - c. Unit price of each test
 - d. Total cost for each test
 - e. Total amount invoiced, including year-to-date invoice amount

Contractor agrees that County will be able to assess a payment deduction pursuant to Attachment 5 (Technical Exhibits), Exhibit 2 [(Performance Requirements Summary (PRS))] if the reporting requirements of this Subparagraph 10.15 are not met.

12.0 PERFORMANCE REQUIREMENTS SUMMARY

All listings of services used in the Performance Requirements Summary (PRS), Technical Exhibit 2, are intended to be completely consistent with the Agreement and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Agreement and the SOW. In any case of apparent inconsistency between services as stated in the Agreement, the SOW, and the PRS, the meaning apparent in the Agreement and the SOW will prevail. If any service created in this PRS is not clearly and forthrightly set forth in the Agreement and the SOW, that apparent service will be null and void and places no requirement on Contractor.

When the Contractor's performance does not conform with the requirements of this Agreement, the County will have the option to apply the following non-performance remedies:

- Require Contractor to implement a formal corrective action plan, subject to approval by the County. In the plan, the Contractor must include reasons

for the unacceptable performance, specific steps to return performance to an acceptable level, and monitoring methods to prevent recurrence.

- Reduce payment to Contractor by the computed amount specified in the PRS.
- Reduce, suspend or cancel this Agreement for systematic, deliberate misrepresentations or unacceptable levels of performance.
- Failure of the Contractor to comply with or satisfy the request(s) for improvement of performance or to perform the neglected work specified within ten (10) days shall constitute authorization for the County to have the service(s) performed by others. The entire cost of such work performed by others as a consequence of the Contractor's failure to perform said service(s), as determined by the County, shall be credited to the County on the Contractor's future invoice.

This section does not preclude the County's right to terminate the Agreement upon ten (10) days written notice with or without cause, as provided for in Appendix A (Sample Agreement), Exhibit A, (Additional Terms and Conditions) Paragraph 6.0 (Termination for Convenience).

13.0 ADMINISTRATION

County shall issue to Contractor a Notice to Proceed within fourteen (14) days following execution of this agreement by the Board of Supervisors. Contractor shall have completed all work requirements, including but not limited to Subparagraphs 3.1, 8.2, and 10.13, and be able to begin work immediately upon receiving notice.

ATTACHMENT 1

MEDICAL LABORATORY SERVICES
REQUIRED TESTS

GENERAL LABORATORY TESTS

Line Item	TEST
1	*C TRACH BY LCR*DRUG SCRIN CLIN 1 (U)
2	AB SCR RFX ID/TITER
3	ABO GROUP & RH TYPE
4	AFP, TUMOR (CHIRON)
5	ALCOHOL, ETHYL (B)
6	AMMONIA (P)
7	AMYLASE
8	ANA TITER & PATTERN
9	ANA W/RFX
10	ANGIOTENSIN CONV ENZ
11	ANTIBODY PANEL X1
12	ANTIBODY TITER X1
13	ANTI-DSDNA AB,EIA
14	ANTIGEN TYPE X2
15	BILE ACIDS,FRACT/TOT
16	BILIRUBIN, DIRECT
17	BILIRUBIN, TOTAL
18	BUN/CREAT RATIO
19	CA 125 II (ABBOTT)
20	CANNABINOIDS
21	CARBAMAZEPINE, TOTAL
22	CBC (DIFF/PLT)
23	CBC (DIFF/PLT)W/SMEAR RVW
24	CARCINOEMBRYONIC ANTIGEN
25	CHLAM TRACH

ATTACHMENT 1

MEDICAL LABORATORY SERVICES
REQUIRED TESTS

GENERAL LABORATORY TESTS

Line Item	Test
26	CHLAMYDIA DNA,PCR
27	CHOLESTEROL,TOTAL
28	CK ISOENZYMES
29	CK TOTAL
30	CLONAZEPAM
31	CMP W/O ALT
32	COCCI AB, CF
33	COCCIDIO AB, ID
34	COLD HEMAGGLUTININS
35	COMP DRUG SCR S/P
36	COMP DRUG SCR US/P
37	COMP DRUG SCREEN (U)
38	COMP METAB PNL
39	COMPLEMENT C3C
40	CORTISOL, A.M.
41	CREATININE
42	CREATININE (U)
43	CREATININE CLEARANCE
44	CRP
45	CT/GC DNA, CX M/URET
46	DIGOXIN
47	DRUG SCR CLIN-1 (U)
48	DRUG SCREEN 10-50 +
49	DRUG SCR CLIN 1 (S)
50	ELECTROLYTE PANEL
51	ESTRADIOL, ADULT FEMALE
52	EUGLOBULIN LYSIS
53	FACTOR IX ACT
54	FACTOR VIII ACTIVITY

ATTACHMENT 1

MEDICAL LABORATORY SERVICES
REQUIRED TESTS

GENERAL LABORATORY TESTS

Line Item	Test
55	FERRITIN
56	FOLATE, SERUM
57	FSH
58	FTA-ABS
59	GABAPENTIN
60	GC DNA, PCR
61	GENTAMICIN, PEAK
62	GENTAMICIN, TROUGH
63	GGT
64	GLUCOSE, PLASMA
65	GLUCOSE, SERUM
66	GRAM STAIN
67	GROUP B STREP AG
68	GTT, 4 SPECIMEN
69	HBSAG CONFIRMATION
70	HCG (TUMOR MARKER)
71	HCG, SERUM, QUANT
72	HCG, SERUM, QUAL
73	HCG, TOTAL (U) QL
74	HDL-CHOLESTEROL
75	HEMATOCRIT
76	HEMOGLOBIN (B)
77	HEMOGLOBIN A1C, IEC
78	HEMOGLOBINOPATHY
79	HEP A AB, TOTAL
80	HEP A IGM AB
81	HEP B CORE AB, TOTAL
82	HEP B CORE IGM AB
83	HEP B SURFACE AB QL

ATTACHMENT 1

MEDICAL LABORATORY SERVICES
REQUIRED TESTS

GENERAL LABORATORY TESTS

Line Item	Test
84	HEP B SURFACE AB QN
85	HEP B SURFACE AG
86	HEP C AB
87	HEPATIC FUNC PNL
88	HEPATIC FUNC PNL W/OTP
89	HGB ELECTROPHORESIS
90	HGB INDICES
91	IRON, TOTAL
92	IRON, TOTAL, &IBC
93	KETONES
94	LACTIC ACID (P)
95	LD ISOENZYMES
96	LDH
97	LEAD (B)
98	LIPASE
99	LITHIUM
100	LUTEINIZING, HORMONE
101	LYME AB-WB CONFIRM
102	MAGNESIUM
103	MEASLES AB IGG, EIA
104	MISC-REFERRAL
105	MITOCHONDRIAL W/REFL
106	MUMPS VIRUS IGG, EIA
107	MYOCARDIAL W/TITER
108	MYOGLOBIN, RAND UR
109	N.GON DNA
110	N.GON DNA, CX M/URET
111	NORTRIPTYLINE

ATTACHMENT 1

MEDICAL LABORATORY SERVICES
REQUIRED TESTS

GENERAL LABORATORY TESTS

Line Item	Test
112	OCCULT BLD, FECES 1
113	OCCULT BLD, FECES 2
114	OCCULT BLD, FECES 3
115	PARASITE EXAM
116	PCR PRE-SEQUENC
117	PHENOBARBITAL
118	PHENYTOIN
119	PHOSPHATE
120	PLT SODIUM CITRATE
121	PNEUMOCYSTIS CARINII
122	POTASSIUM
123	PRIMIDONE
124	PRO TIME WITH INR
125	PROLACTIN
126	PROTEIN ELECTRO
127	PROTEIN, TOTAL (U)
128	PSA
129	PTT, ACTIVATED
130	RETICULOCYTE COUNT
131	RFL-MICR (INC)
132	RHEUMATOID FACTOR
133	RPR MONITOR W/REFL
134	RPR TITER
135	RPR(DX)REFL FTA
136	SALMONELLA AB EIA
137	SED RAT BY MOD WEST
138	SICKLE CELL SCREEN
139	SKELETAL MUSC W/TITR
140	SMOOTH MUSC RFX/TIT

ATTACHMENT 1

MEDICAL LABORATORY SERVICES
REQUIRED TESTS

GENERAL LABORATORY TESTS

Line Item	Test
141	T3 UPTAKE
142	T4 TOTAL
143	T4, FREE
144	TACROLIMUS
145	TESTOSTERONE, TOTAL
146	THEOPHYLLINE
147	THYROGLOBULIN AB
148	THYROGLOBULIN QT
149	THYROID PEROXID AB
150	TOPIRAMATE
151	TRANS.FEE
152	TRICHLOROETHYLENE
153	TRIGLYCERIDES
154	TROPONIN
155	UA, REFLEX
156	UREA NITROGEN (BUN)
157	URIC ACID
158	URINALYSIS, COMPLETE
159	VALPROIC ACID
160	VANCOMYCIN
161	VANCOMYCIN,PEAK
162	VANCOMYCIN,TROUGH
163	VITAMIN B12
164	VOLATILES
165	WET MOUNT

ATTACHMENT 1

MEDICAL LABORATORY SERVICES
REQUIRED TESTS

MICROBIOLOGY AND VIROLOGY TESTS

Line Item	Test
166	AEROBIC BACT.ID
167	C.DIFFICILE CULTURE
168	CLT,MYCOBACTERIUM
169	CULTURE, AEROBIC BAC
170	CULTURE, AUTOCLAVE
171	CULTURE, BLOOD
172	CULTURE, GENITAL
173	CULTURE, THROAT
174	CULTURE, UR ROUTINE
175	CULTURE,CAMPYLOBAC.
176	CULTURE,EAR,EXT.
177	CULTURE,EYE,EXT.
178	CULTURE,NEISSERIA
179	CULTURE,SALM/SHIG
180	CULTURE,SPUTUM/LOWER RESP
181	H.PYLORI 1GG, QUANT
182	H.PYLORI IGG AB
183	HEPATITIS C VIRUS RNA, QN, PCR
184	HEPATITIS C VIRUS RNA, QL, PCR
185	HIV-1 AB BY WBA
186	HIV-1 GENOTYPING PRI
187	HIV-1 GENOTYPING RTI
188	HIV-1 RNA BY BDNA
189	HIV-1 SCR (REFL)
190	HLA-B27 ANTIGEN
191	HSV 1/2 HERPESELECT
192	HSV IGM TITER
193	HSV, IGM AB SCREEN

ATTACHMENT 1

MEDICAL LABORATORY SERVICES
REQUIRED TESTS

MICROBIOLOGY AND VIROLOGY TESTS

Line Item	Test
194	LYMPH SUBSET 4PNL
195	LYMPH SUBSET 5PNL
196	ORG ID 1
197	ORG ID 2
198	ORG ID 3
199	ORG ID 4
200	ORG ID 5
201	RUBELLA IGG AB
202	SUSC.MYCOBACTERIUM
203	SUSC-1
204	SUSC-2
205	SUSC-3
206	SUSC-4
207	TOXO IGG AB
208	VAR. ZOSTER (IGM)
209	VZV IGG AB
210	WOUND SUSC-2

CYTOLOGY AND HISTOPATHOLOGY TESTS

Line Item	Test
211	BIOPSY
212	CYTOLOGY, CONVENTIONAL PAP SMEAR

ATTACHMENT 2
 MEDICAL LABORATORY SERVICES
 STAT TEST TURNAROUND REQUIREMENTS

TESTS FREQUENTLY REQUESTED AS STATS	TURNAROUND TIME (TAT) (After County notification to Contractor of specimen requiring pick up)
Complete Blood Count (CBC): includes differential if warranted	Maximum 4 hours
Comprehensive Metabolic Panel (BCP)	Maximum 4 hours
Urinalysis	Maximum 4 hours
Glucose	Maximum 4 hours
Potassium	Maximum 4 hours
BUN/ Creatinine	Maximum 4 hours
Chorionic Gonadotropin (Beta HCG), serum	Maximum 4 hours
Partial Thromboplastin Time (PTT)	Maximum 4 hours
Prothrombin Time (PT)	Maximum 4 hours
Amylase	Maximum 4 hours
Magnesium	Maximum 4 hours
Ammonia	Maximum 4 hours
LDH and LDH Isoenzymes	Maximum 4 hours
Troponin Level (In lieu of Creatine Kinase Panel CPK, Total and Isoenzymes)	Maximum 4 hours
Therapeutic Drugs: theophylline, gentamycin, carbamazepine, phenytoin, phenobarbital, lithium, primidone, digoxin, vancomycin, valproic acid	Maximum 4 hours

ATTACHMENT 3

MEDICAL LABORATORY SERVICES CRITICAL VALUES TEST RESULTS

Below is the list of tests and the critical parameters for which the County requires immediate notification after the test values listed below are encountered and confirmed (Reference Exhibit B, Statement of Work, Subparagraph 5.2). For notification/reporting, the telephone number is (213) 893-5658 and the fax number is (213) 830-0682 (Reference Exhibit B, Statement of Work, Subparagraph 10.15).

CRITICAL VALUES:

Hematology

<u>Test</u>	<u>Less Than</u>	<u>Greater Than</u>
WBC	2.5×10^3 cu mm	15.0×10^3 cu mm
RBC	2.5×10^6 cu mm	7.0×10^6 cu mm
Hemoglobin	10 gm%	17 gm%
Hematocrit	27%	60%
Platelets	60×10^3 cu mm	600×10^3 cu mm
Prothrombin		INR >5

Chemistry

<u>Test</u>	<u>Less Than</u>	<u>Greater Than</u>
Glucose	50 mg/dl	450 mg/dl
Sodium	125 mEq/L	160 mEq/L
Potassium	2.9 mEq/L	5.5 mEq/L
Chloride	60 mEq/L	120 mEq/L
Creatinine		2.4 mg/dl
BUN		40 mg/dl

Therapeutic Drug Levels

<u>Test</u>	<u>Greater Than</u>
Carbamazepine (Tegretol)	12 μ g/ ml
Phenytoin (Dilantin)	20 μ g/ ml
Phenobarbital	40 μ g/ ml
Digoxin	2.0 ng/ ml
Primidone (Mysoline)	12 μ g/ ml
Theophylline	20 μ g/ ml
Valproic Acid	125 μ g/ ml
Gentamicin (Trough)	2.0 μ g/ ml
Gentamicin (Peak)	12 μ g/ ml
Lithium	1.5 mEq/L

ATTACHMENT 3

**MEDICAL LABORATORY SERVICES
CRITICAL VALUES TEST RESULTS**

Microbiology

Test

(+) Blood Culture

(+) AFB Smear

When a **positive smear for AFB** is found, the following individuals must be notified:

1. L.A. County Public Health TB nurse at (213) 974-5127 (voice) and (213) 687-3204 (fax).
2. MSB Communicable Disease nurse at (213) 893-5730.

ATTACHMENT 4

REFERENCE LAB INTERFACE SPECIFICATIONS

What's Inside this Guide:

Site Specific Information

**Common Core
Considerations**

Interface Configuration

**HL7 Segment and Field
Layouts**

**Appendix A:
Code Set Task List**

**Appendix B:
Issues Log**

**Appendix C:
Acceptance Form**

**Appendix D:
Change Request Form**

Foreign System Interfaces

HL7 Universal Interface Specifications

Unit 2 – Generic RLI

Millennium Foreign System Interface

Unit 2: Site-Specific Clinical Specifications for:



Foreign System: Generic RLI
Functionality:
Document Version:

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1 Document Information

1.1 Document Purpose

The purpose of this unit is to document the specific use of Cerner's Millennium Universal Interface (U/I) at <Client Name> (<XXXX_XX>), located in <City>, <State>. This unit is an integral part of Cerner's Millennium U/I Specification and should be used in conjunction with all other appropriate units of the Universal Interface documentation. This site-specific interface specification may detail contractual obligations that vary from client to client. It may also detail network topography and connectivity information such as IP addresses, port or socket assignments. Therefore, this document should **not** be distributed, shared or discussed with other Cerner clients.

1.2 Document Scope

This specification is not intended as a tutorial of systems interfaces. This document assumes the reader has a basic understanding of interface concepts and the Health Level 7 (HL7) standard. This document assumes the reader has access to the HL7 Standards manual.

This specification is not intended as a tutorial of Cerner systems. This document assumes the reader is familiar with the Cerner Millennium data model, products, and applications. This document also assumes that the reader is familiar with Cerner's Implementation Methodology for system implementation. Any discussion of the implementation methodology is outside the scope of this documentation and those questions should be referred to qualified Cerner personnel.

This specification will describe HL7 Events, Messages and Segments that will be supported in the interface(s) between Cerner and the <foreign system> system designed for <Client Name>. It will also serve to document any processes or procedures that may require special attention when implementing these interfaces.

1.3 Document References

This document is not intended to be a stand-alone technical reference. The HL7 Interface Standards, Version 2.3 provides the primary HL7 technical basis for these specifications. The following documents are used as a technical/implementation reference for these specifications:

- *Health Industry Level 7 Interface Standards, Version 2.2, December 1994.*
- *Health Industry Level 7 Interface Standards, Version 2.3, 1997.*
- *The Cerner Millennium Universal Interface Specifications.*
- *Standard Naming Conventions.*
- *Disk Transaction Specification.*
- *Cerner Implementation Methodology (CIM).*

1.4 Document History

This is a working document that contains interface specifications that have been or will be revised from time to time.

Any status of DRAFT{p} indicates that this version is a preliminary draft and currently being edited and not available for internal or external distribution. Any status of DRAFT{r} indicates that this version is a rough draft or major rewrite and changes from the previous version will not be noted with 'change bars'. DRAFT{r} documents will be presented to the client for review. Upon acceptance, the client will complete Unit 2: Appendix C, Acceptance Form, and fax the form to the designated person. A status of FINAL will be set and the signed acceptance form will become part of the document upon receiving the faxed and signed acceptance form. Further modifications to a document in the status of FINAL will require use of form, Unit 2: Appendix D: Change Request Form, and will be subject to review.

The terms STANDARD, INITIAL, PROPOSED, INSTALL, and AVAILABLE refer to statuses for all non-customized sections of Cerner's Universal Interface Specification. Please review Table 1.b, Unit 1 for a more thorough explanation of document succession logic utilized by the System Integration Enterprise.

The history of this unit is outlined below:

Table 1.a - Document Control

Version	Status	Section	Modifications	Date	Edited By
Ver. 1	Template	All	Template	07/01/2002	2002 I.A. Team
			Update to Template	3/28/03	Brinda LePoidevin

1.5 Document Contacts

Satisfactory design and implementation of any interface requires involvement of persons with:

- An understanding of how the information system stores and processes data
- An understanding of institutional and departmental policies and procedures
- An understanding of the needs and requirements of system end-users

This section of the specification document will list client and foreign system and 3rd party contacts involved in the design processes.

Table 1. b - Document Contacts

Name	Title	Organization	Phone	Email

2 Summary of Site Specific Information

2.1 Introduction and Purpose

This specification describes and the defines the HL7 interfaces between **The Reference Laboratory** serving as the performing site, and **The Cerner Client Site** serving as the ordering site. Cerner Client Sites utilize the HNA Millennium (HNAM) **PathNet** system from Cerner Corporation as their hospital or enterprise laboratory system.

Note: Alternately, Cerner Client Sites may utilize the HNAM ProVide system from Cerner Corporation as their physician practice management system. The ProVide Reference Laboratory interface is similar but not identical to the PathNet Reference Laboratory interface described in this document. The ProVide reference laboratory interface uses a 'requisition' based trigger for orders to the Reference Laboratory; the PathNet Reference Laboratory interface uses a 'packing list' based trigger for orders to the Reference Laboratory. The ProVide Reference Laboratory Interface posts results directly to HNAM clinical event tables; the PathNet Reference Laboratory Interface uses PathNet scripts to post results directly to PathNet tables. Other than the information presented in this paragraph, this document currently does not include a discussion of the ProVide Reference Laboratory interface.

This document contains the interpretation of the HL7 2.3 standard that is accepted by Cerner as the standard for the HNAM Universal Interface. This specification contains information about message types and segments supported by Cerner to send PathNet orders to the Reference Laboratory and to receive results back to the Cerner Client Site.

This specification will cover the standard that will be used by any HNAM PathNet Cerner Client that wishes to implement an interface with the Reference Lab.

Where database settings for Cerner clients or certain message fields are required to be set / sent in a particular manner, that information is noted in this document. For Cerner clients, configurable options allowing limited customization, are likewise noted. Certain phrases, names, or terminology that are initially **bold-faced** may be referred to in that manner throughout the remainder of this document.

2.2 Document History

This document contains interface specifications that have been or will be revised from time to time. Changes made after the initial release of this unit (as declared below) will be noted with the use of a 'change bar' in the outside margin. These 'change bars' indicate sections of the text which are new or have been modified and may or may not be printed in hard-copy printouts.

2.3 Cerner treats this document as a 'Living' document. As such, this document will never be 'FINAL'. Clients may request updates to this document by contacting Cerner for this Related Documents

This specification assumes the reader has a basic understanding of the HL7 standard, message structure, message types and segments. Consequently depending on the level of familiarity and experience with the HL7 standard, this specification can not always be considered a stand-alone document.

The Health Level Seven (HL7) Interface Standards, Version 2.3 provides the primary HL7 technical basis for these specifications. The HL7 standard should be referenced as needed.

The following documents serve as a technical guide and basis for these specifications.

- *Health Industry Level 7 Interface Standards*, Version 2.2, December 1994.
- *Health Industry Level 7 Interface Standards*, Version 2.3, 1997.

2.4 Project Background

Currently, the hospital or ordering laboratory would send specimens to the Reference Laboratory for analysis and in return receive a hardcopy (chart) of the results for manual entry into their PathNet system. The Ordering site would create or designate a log-in location as an external log-in location. The Ordering site would also create or designate a service resource as an external service resource and each procedure considered as a 'send-out' would load to this resource.

In the new interface, the specimens will be collected and received into the Ordering site's laboratory (received in lab), and a 'packing list' or 'specimen transfer list' will be created for the external log-in or reference lab location using the specimen transfer application. Once the specimen transfer list is complete, the specimens have been checked, and the courier is on site, the orders will be transmitted across the interface. Results transmitted back from the Reference Laboratory will be posted into HNAM PathNet tables and the Clinical Event tables. In addition, the ordering site will accept add-on and reflex orders and subsequent results for these orders.

Because of timing, batch processing, routing and charge considerations, cancels will not be interfaced from either the performing or ordering side. A phone call from the ordering site requesting the cancel has proven to be the best approach for communicating and synchronizing cancel requests. A phone call from the ordering site to the reference laboratory requesting an add-on order has also proven to be the best approach for communicating add-on order requests.

Using the HL7 standard will allow the interface to be more flexible in the industry.

2.5 Special Design Considerations

The Universal Interface (UI) will be utilized at all Cerner '**Ordering**' sites. Workflow will be one-way with orders going to the Reference Lab and results transmitted back to the Ordering site. Additionally, if the Reference Lab will be performing reflexive testing, the Reference Lab will send the generated orders back to the ordering sites. **Canceled orders from the performing site will not be sent through the interface.**

If an interface engine is utilized, the engine will provide the communications and the routing. Both sides of the interfaces MUST supply enough information in the MSH segment to allow for necessary routing. In addition, if the reference laboratory requires batch file segments and the engine is unable to accept these segments from Cerner, the engine must provide the batch segments as required by the reference laboratory.

2.6 Contacts

Satisfactory design and implementation of any interface requires involvement of persons with:

- An understanding of how the information system(s) stores and processes data
- An understanding of institutional and departmental policies and procedures
- An understanding of the need and requirements of system end-users

This section will list client and supplier contracts involved in the design processes. It will also ~~identify the client contact to which Cerner will mail versions of the specification during the design~~

phase. It is the responsibility of this contact to make and distribute copies to other suppliers and client personnel. Specifications must be approved by Cerner, the client, and other suppliers before development of the vendor specific scripts can begin. The following tables list contacts involved in the specification of this interface

Table a – Contact List

Cerner	Project Role	Phone / Fax	E-mail

Performing Site	Project Role /Title	Phone /Fax	E-mail

Ordering Site	Project Role Title	Phone / Fax	E-mail

2.7 Project Issues

As with any project, issues will arise during both the planning and implementation phases. To assure successful completion of the project, these issues must be tracked and resolved. Unless other arrangements have been made for this project, Cerner assumes the client project manager will be responsible for maintaining and distributing the project issue list.

#	Issue Description	Responsible	Status	Resolution
1				

2.8 Change Management: Interface Change Request Form

CHANGE INITIATED BY:

_____ Cerner Client
_____ Cerner Corporation
_____ Reference Laboratory

TYPE OF CHANGE:

_____ Transaction Modification
_____ New Transaction
_____ New Interface Requirement
_____ Design Error/Inadequacy
_____ Design Improvement

Name _____

Other _____

Title _____

DESCRIPTION:

IMPORTANCE: ___Mandatory ___Highly Desirable ___Desirable

IMPACT STATEMENT:

DISPOSITION:

_____	_____	___Approve	___Disapprove
Cerner Client	Date		
_____	_____	___Approve	___Disapprove
Reference Laboratory	Date		
_____	_____	___Approve	___Disapprove
Cerner Corporation	Date		

3 Summary of Reference Lab Specific Information

3.1 Introduction

Many Cerner clients can use this document. Consequently, this document will be organized based on the common concepts of the HL7 standard provided by the HL7 committee. Where interpretation of the HL7 standard is required, the requirements or limitations of the Reference Lab will be the deciding factor.

3.2 HNAM Applications in Use

Currently, the PathNet Reference Laboratory Universal Interface will support only orders and results defined in HNAM as a general laboratory activity type.

3.3 Interfaces to be Implemented

Messages from HNAM:

Orders (ORM) – NW order control only

Messages to HNAM:

Results (ORU)

Reflexive Orders (ORM) – NW order control only

4 HL7 Concepts and Definitions

4.1 HL7 Basic Formatting Rules

The interface will not transmit continuation messages using the DSC or ADD segments.

Configurable option: The interface < **will** / **will not** > transmit the HL7 null (double quotes) value.

Configurable option: The interface < **will** / **will not** > use the recommended HL7 delimiters: |^~\&

Cerner makes the following assumptions regarding interface processing:

- The receiving system will ignore data elements valued by HNAM but not used or wanted by the receiving system. The Universal Interface will not selectively value fields in a given segment. If the Cerner includes a segment, all fields available in the current version of the Universal Interface will be populated.
- Fields larger than the HL7 length or the current receiving system data field will be either truncated by the receiving system or validated and rejected.
- Cerner users will build a code value outbound alias for coded data required or used by the receiving system. The Universal Interface will value fields without a code value alias row using the internal code value preceded by the literal 'CD:'. This feature allows users and/or receiving systems to identify required or processed fields that have no outbound alias. Again, Cerner assumes that fields not used will be ignored by the receiving system and therefore require no outbound alias. For example in an HNAM environment, 'Sex' is a coded value in HNAM; A code value of 33456 exists with a display of 'Male' and an outbound alias of 'M'. A code value of 33457 exists with a display of Female but with no outbound alias. If the patient is male, the *PID-8-Sex* value will be 'M'; if the patient is female, the *PID-8-Sex* value will be |CD:33457|. **Note:** The actual code value will vary by domain (e.g., test and production can have different numeric code values for the same data element).
- Cerner users will build a code value outbound alias for HL7 CE, ID, IS and ST data elements that map to a coded data element in HNAM and that will be processed by a receiving system. The contributor source for code values is configurable for each communication client (e.g., reference laboratory system). A primary and secondary source can be built. The interface will decode and use an alias built by the primary contributor source before attempting to decode and use an alias built with the secondary contributor source. To send an empty HL7 field (|), Cerner users can create a code value outbound alias row with no value entered in the alias field.

4.2 Escape Character Processing

As an HL7 message is constructed, certain characters are used to delineate fields. At times, these delimiters may also be used in the message fields. To accommodate the need for such use, HL7 provides for escape character processing.

Due to the potential of future expansion and the need to make this interface as robust as possible, all Cerner sites will be responsible for handling escape character processing to HL7 standards. Cerner will provide for support for escape character processing limited to the following:

\F \ = Field delimiter

\S\ ≡ Component delimiter
\T\ ≡ Sub-component delimiter
\R\ ≡ Repetition delimiter
\E\ ≡ Escape delimiter

For example:

If the user enters a note to "call order doctor & nursing station with results", the interface would send

|call order doctor \T\ nursing station with results|

where \T\ represents the sub-component delimiter.

4.3 Formatted Text

HL7 also provides for the use of text formatting commands surrounded by the escape delimiter.

Currently, Cerner will send formatted text using only the formatting command for a new line (hard carriage return) transmitted as \.br\. In lieu of the formatting command, the Universal Interface will provide an option to send unformatted text using the repeat delimiter to indicate a hard carriage return.

Currently, the Universal Interface can send but cannot accept formatted text.

4.4 Time Zone Processing (future direction)

HL7 Time Zone processing infers the addition of the time zone in all TM or TS fields formatted by the sending side of the interface and the adjustment of all times on the receiving side of the interface.

Currently, the HNAM Universal Interface does not support HL7 Time Zone processing.

4.5 Name Processing

HL7 provides for separate and discrete name fields for a patient. When transmitting a name from any ordering site, the current or legal name will be sent using any name components valued in the HNAM database. Although not required, Cerner recommends that the reference laboratory return the name in the same format. If the reference laboratory is unable to return the name as transmitted, the configurable option to use name as a match validation criteria cannot be used in this interface.

|last name^first name^middle name^suffix^prefix^degree^type|

5 Technical Protocol

5.1 Communication Link

Communications will utilize one of two methods for transferring HL7 messages between the Millennium system and the Reference Laboratory. Currently the following options are supported for communications:

- 1) HL7 Batch Protocol via the Z-Modem File Transfer Protocol.
- 2) Individual HL7 Messages via TCP/IP Sockets communication using HL7 MLLP.

If an engine is used, the engine will be responsible for routing of orders to the reference lab and routing results from the reference lab to the appropriate order site.

Test environments between the ordering and performing sites is a requirement!

5.1.1 4.1.1 HL7 Batch Protocol

The HL7 Batch Protocol option will use the Z-Modem File Transfer Protocol. The ordering site will initiate all file transfer communications. When at least one batch of orders is available to be transferred, the ordering site will initiate a dial-up connection and transfer the batch file(s) using the Z-Modem File Transfer Protocol. Once all order batch files have been transferred, the ordering site will request to receive any result batch files that are available. When all available results batch files are successfully received, the ordering site will disconnect the dial-up connection.

5.1.1.1 HL7 Batch File Structure

HL7 Batch Segment	Segment Name	Comments
[FHS]	File Header	
: [BHS]	Batch Header	
:: { [ORM or ORU Messages] }	ORM or ORU Messages	See "HL7 Message Definition" Section for structure of ORM and ORU messages.
: [BTS]	Batch Trailer	
[FTS]	File Trailer	

{ } – Denotes repeating segments

[] – Denotes optional segments

The HL7 Batch File will be in ASCII text format. Each HL7 segment will represent a separate record within the file with the record delimiters being a single carriage return and line feed.

5.1.1.2 Batch File Message Structure and Envelope

When the interface is configured to include HL7 file and/or batch segments, the first message in the file will start with FHS (file header segment) or BHS (batch header segment). The last message in the file will end with BTS (batch trailer segment) or FTS (file trailer segment).

BHS <CR>

MSH <CR> PID . . . OBX <CR> first HL7 message in the batch

MSH <CR> PID . . . OBX <CR> last HL7 message in the batch

BTS <CR>

FTS <CR> <EB> <CR>

5.1.2 HL7 Messages via TCP/IP Socket Communications

HL7 messages can be sent individually via a TCP/IP Socket Communications Protocol. The ordering site will initiate all file transfer communications. Each message will be contained in an MLLP envelope (see "HL7 MLLP Envelope").

5.1.2.1 HL7 TCP/IP Socket Communications Message Structure

HL7 messages sent via TCP/IP Socket Communications Protocol will follow the message structure outlined in the section titled, "HL7 Message Definition". In addition, each segment will have a single carriage return and line feed delimiter appended at the end.

5.1.2.2 HL7 Sequence Number Protocol

HL7 Sequence Number protocol will not be used in this interface.

5.1.3 Single Message MLLP Envelope

Each message (ORU or ORM) will be written with the HL7 MLLP envelope and with each segment separated by a carriage return:

<SB> MSH <CR> PID <CR> ... OBX <CR> <EB> <CR> *where*

<SB> = **Start Block**, 1 Byte, ASCII <VT>, DEC<11>, HEX<0x0B>. This should not be confused with the ASCII characters SOH and STX.

<EB> = **End Block**, 1 Byte, ASCII <FS>, DEC<28>, HEX <0x1C>. This should not be confused with the ASCII characters ETX or EOT.

<CR> = **Carriage Return**, 1 Byte, ASCII<CR>, DEC<13>, HEX<0x0D>

6 Interface Functionality Summary

6.1 Orders

Orders are triggered outbound via the PathNet Transfer Specimens application to ESO.

6.2 Reflexive Orders

Reflexive orders inbound are accepted as an ORM message. No ORC segment is necessary. MSH;5 and MSH;6 should be the string "RLI" to activate Reference Lab processing logic in the ESI Server.

6.3 Results

Reference Lab results are accepted inbound into HNAM.

- MSH;6 must be the string "RLI" to activate the "old" Reference Lab processing logic in ESI.
- To activate the new version of ESI RefLab results processing, the Receiving Facility (MSH;6) must be aliased to the CDF Meaning of "REFLAB PROCESSING" in code_set 15769. The new processing contains:
 1. The ability to prevent a DTA from posting in PathNet by not including it in the request to PathNet. This is done by aliasing the CDF Meaning of "RLISKIPDTA" and inserting that alias into OBX;5 in ModObject scripting.
 2. The ability to translate a result value by aliasing the CDF Meanings of either "RLIPOSTTNP" or "RLIPOSTDNR" and inserting that alias into OBX;5 in ModObject scripting.
 3. The functionality
- The Cerner 18 character (unformatted) accession number MUST be in Placer Field 2 (OBR;19) for ESI.
- Results processed by the ESI RLI logic will first post to PathNet tables via Request 250074 (GLB_UPD_LAB_RESULTS) and then will be passed to Clinical Events from GLB_UPD_LAB_RESULTS via Process Server logic associated with this script.
- As of the November 2001 PathNet Cumulative OCD (7536):
 - Only VERIFIED (Final) and CORRECTED result details (DTAs) will appear in PathNet. reference lab resulted the test and should provide verification. Result details are processed by GLB_UPD_LAB_RESULTS according to the following table:

Result coming inbound	Current Result Status	Outcome/New Status
VERIFIED	(no result posted)	VERIFIED
CORRECTED	(no result posted)	CORRECTED
VERIFIED	VERIFIED	(no change)
CORRECTED	VERIFIED	CORRECTED (updated result)
VERIFIED	CORRECTED	(no change)
CORRECTED	CORRECTED	CORRECTED (updated result)

6.4 Reflexive Order Results

Reflexive order results will post to a Reflexive Order in the same HL7 format and in the same processing logic as normal, non-reflexive RLI ORU results.

6.5 Cancels (Out of HNAM and into HNAM)

Cancels out of HNAM to the Reference Lab are not supported. Cancels, in the form of a ORU or an ORM message, are not supported into HNAM.

6.6 Supported PathNet Modules

This interface is for HNAM PathNet General Lab only. Micro results have limited support now in the form of charted results (NO discrete results are supported). AP and BloodBank are not supported.

6.7 PathNet Build Instructions

Detailed PathNet build instructions can be found in the PathNet Cerner Millennium Support Guide (CMSG) in CKN.

7 Concepts and Terms used in Interface Discussion

7.1 General Concepts

Store and Forward Fields:

These are fields that can be passed into the Reference Lab system from the sending system. These fields can be used to store proprietary information as no processing occurs on the Reference Lab system to manipulate or change this value. When transactions are passed back to the ordering system, this information is passed back to allow the ordering system to process the information received from the Reference Lab.

7.2 Patient Identification

While a reference lab deals with 'specimens', the system will recognize certain pieces of information that must be maintained on those specimens. That information differs vastly between a reference lab environment and a regular hospital or enterprise order entry system in keeping track of laboratory work. These terms are listed below:

Person Alias:

Each person will have one or more identifiers of different types. Types of identifiers include medical record number, community medical record number, social security number, driver's license, passport, state or province or national health number, etc. Each identifier belongs to an alias pool or bucket of numbers that is owned and validated by an assigning authority organization or system. Although only one organization owns the alias pool, each pool of identifiers can be used by more than one organization to identify a person. Consequently although frequently related, a patient's location or organization associated with an encounter is independent of the assigning authority organization.

Medical Record Number:

A medical record number (MRN) is defined as the permanent patient identifier. Upon initial patient registration at a health care organization, a patient is given a medical record number that will be his unique life-time identifier. Each person may have more than one medical record number where each medical record number is from different alias pool and assigning authority. However, each encounter or visit will be associated with only one medical record number.

In the reference laboratory interface, the medical record number associated with the encounter will be provided in PID-2.1-External Patient Id. The assigning authority will be provided in PID-2.4-Assigning Authority. The ordering site will always send the medical record number identifier. The medical record number will be stored and returned by the performing site; however when processing results from the reference lab, the ordering site will identify a person using an indirect person match from the HNAM accession number and/or order number.

Other Person Aliases:

When available, the ordering site will send Social Security Number (SSN) in PID-19-SSN .
When available, the ordering site will send State or Province Health Identifier (SHIN) and National Health Identifier (NHIN) in PID-4-Alternate Patient Id.

Encounter Alias:

An encounter or visit will have one or more identifiers including financial number and visit number. The financial number is assigned by the health care facility when the patient is registered. Encounter aliases will not be used in the reference laboratory interface. When processing results from the reference lab, the ordering site will identify the encounter using an indirect encounter match from the HNAM accession number and/or order number.

7.3 Encounter Level Concepts

Information gathered at the encounter level is usually passed across an HL7 interface in the PV1 segment. This segment is NOT required in an order or result transaction. However, some systems may require this information for internal processing purposes. It is recommended that the PV1 NOT be sent.

Encounter Organization:

Each encounter or visit is associated with a specific health care organization. The encounter organization determines the alias pools used to identify persons (patients and personnel) and organizations, organization level security, charge processing configuration, and interface configuration. If patient populations must be assigned to different institutions, then individual accounts will be maintained at the ordering site. Each account will be assigned a unique reference lab account number and separate order batches will be transmitted.

??? Open: Confirm how PathNet will maintain accounts and create separate order batches. An account could be an organization alias whose value is assigned by the reference laboratory. The reference laboratory would be defined as an organization that owns an organization alias pool of type 'ACCOUNTNBR'. The account number maps to the BSH- and MSH-4-Sending facility. Alternately since each reference lab account will be defined as a separate log-in location (transfer to location), the account number could be an alias the location with an alias type of account number. The location may be a logical not a physical location but users would have to know which transfer to location was appropriate. Alternately since each reference lab will also be a service resource of type reference laboratory, the account number could be added to service resource table or an alias to the service resource code.

Patient Type:

Patient type defines the patient population for an encounter. The patient type is demographic information usually required to register a real patient and often required to register a specimen. However, in a reference laboratory environment, this information is not required to pass an order to the performing site. The ordering site database may be constructed to send the appropriate patient type (code value alias outbound), but the Reference Lab will not need to return this value on a result or reflexive order.

Patient Location:

Patient location defines the physical location of the patient. The point-of-care location (nursing station, ambulatory location) is usually required to register a real patient and a dummy location is often required to register a specimen. However, in a reference laboratory environment, this information is not required to pass an order to the performing site. The ordering database may be constructed to send the appropriate data, but the Reference Lab may ignore this value.

Physicians:

The ordering physician will be provided in OBR-10-Ordering Physician as an identifier followed by the name. The format (size, numeric or alphanumeric, etc) of the physician identifier varies by site. If the Reference Laboratory system requires the use of the ordering doctor, the reference laboratory system will perform the translation. Because of the number of clients sending orders to the reference laboratory, the reference laboratory may prefer to post all physicians crossing the interface as non-staff or free text doctors or prefer to completely ignore this data element.

7.4 Order Level Concepts

7.4.1 Procedure Type and Identification

Procedure Numbers:

Orderable procedures will be identified in both order and result messages by a procedure number defined on the Reference Laboratory system. The reference laboratory will not perform translations in either direction. The ordering site will translate to the reference laboratory procedure when sending orders and translate from the reference laboratory procedure when receiving results. In the HNAM database, each orderable procedure is an order catalog item (code set 200). The code value alias and code value outbound alias contains the procedure number of the reference laboratory.

Super Groups and Care Sets:

A super group or care set is an ordering convenience that contains multiple orderable procedures. When a super group or care set is ordered, a separate order is created for each component of the set. In HNAM, a super group contains components defined with the same order accept format (e.g., each component is a general lab procedure performed on the same source with the same prompts). A care set contains components defined with different order accept formats (e.g., a laboratory and a radiology procedure).

The super groups or care set orderable procedure will not be transmitted in the reference laboratory interface. All super groups or care sets will be pre-exploded by the ordering site and transmitted at the component level.

Interval Tests:

Interface tests are special types of care sets (e.g., Glucose Tolerance Test). ??? Open: Additional discussion with PathNet is required to determine how the specimen transfer application handles interval tests and components of interval tests.

Activity Type:

HNAM classifies each orderable procedure defined in the order catalog by catalog type (cs6000), activity type (cs106) and activity sub type (cs5801). The reference laboratory interface will only include PathNet procedures or catalog type (code value from code set 6000 whose cdf meaning ≡GENERAL LAB). The initial release of the reference laboratory interface will support only procedures with a general laboratory activity type (code value from code set 106 whose cdf meaning ≡GLB). The initial release of the reference lab interface will not support microbiology, blood bank or anatomic pathology activity types.

Prompt Tests:

Prompt tests are resultable tests (code set 14003, discrete task assay) available for result entry at order entry by the person entering the order. Prompt tests provide information expected to be known by the user entering the order.

7.4.2 Order Identification

HNAM Order Number (Order Id):

The HNAM order number (order id) is an order identifier unique across a single HNAM domain or system that identifies a specific order. The order id will not wrap or be reused. To remain forever unique, the size of the order id can grow to 64 bytes. The HNAM order id will be provided in OBR-2.1-Placer Order Id. If the reference lab can store this field, it should be returned in the same field when the result is returned. The reference lab should never value this field for reflex or add-on orders.

Accession Number:

The HNAM accession number is a 20 character identifier that can be used to identify a particular specimen. The Reference Lab performing site will not accept or use the accession numbers from the ordering sites. The ordering sites accession number will be a **store and forward field**. The Accession Number will always be the unformatted value in the *OBR-18-Placer Field 1*. The Reference Lab will be required to return the ordering sites accession number.

Additional order alias:

For reflex or add-on orders initiated by the reference lab, the Universal Interface will store the reference laboratory's order identifier provided in *OBR-2.2-Filler Order Id* as an order alias.

7.4.3 Order Information

Order Comments:

Order comments can be classified by comment type (cs14) as either chartable (cdf meaning =ORD COMMENT) or non-chartable (cdf meaning =ORD NOTE). All comments will be sent to the Reference Lab system regardless of whether they are chartable (order comments) or non-chartable (order notes). If an add-on order from the Reference Laboratory includes order comments, the ordering site will post these comments as non-chartable. When results are returned to the ordering site, order level comments will not be posted.

Priorities:

Appropriate priorities will be sent to the performing site. The code value alias for collection priority (cs2054) and report priority (cs1905) will be valued 'RT' or 'ST'. When results are returned to the ordering site, priority will not be validated.

Specimen Source:

Specimen source or type (cs2052) is a required data element in the HNAM PathNet system. To process add-on orders from the reference laboratory, specimen source codes must be sent from the reference laboratory and must be aliased to HNAM specimen source codes. In addition to prevent fatal errors during server processing of interface orders, HNAM users must build a default for all required fields in the HNAM order accept formats.

Ordering Location:

Ordering location will not be used in the reference laboratory interface.

Specimen Label Printer:

Labels will be produced on the ordering site and are not guaranteed to be unique with other sites. Consequently, the Reference Laboratory will not use the HNAM specimen label. For reflex orders coming back from the reference lab, label print CAN be suppressed if the client request this.

7.4.4 Order Activity**Cancellations:**

As previously stated, cancel messages will **NOT** be transmitted from either the ordering or performing site.

7.4.5 Order / Admit Functionality

The reference laboratory will support order/admit functionality. Rather than receive separate ADT messages, the Universal Interface will construct a registration based on information in the HL7 order and default database parameters.

7.4.6 **Microbiology Options:** Limited micro reference lab results are supported by the interface. Micro will post text to a micro report format. Discrete micro results from a reference are **NOT** supported. Statistical micro reporting is **NOT** available with the results from the reference lab at this time.

7.4.7 **Anatomic Pathology Options:** AP results are **NOT** supported at this time.

7.5 Result Reporting Concepts**Sending Application:**

The performing site will value the *MSH-3-Sending Application* with a mutually agreed upon unique identifier for this reference laboratory interface. The Universal Interface uses this value to determine the contributor system (cs89) and associated interface processing parameters and configuration.

Sending Facility:

The *MSH-4-Sending Facility* will be valued with the Reference Lab assigned account number

Receiving Application:

The performing site will value the *MSH-6-Receiving Facility* with the literal 'RLI'. Currently this literal is required for the ESI server to process reference laboratory results differently than OCF repository results.

Ordered Procedure Identification:

The reference lab will send all procedure identifiers as they are listed in the Reference Lab procedure database. The ordering site will maintain the translation or code value alias of these procedures to the HNAM order catalog item (**code set 200**). The HNAM ordering site will accept results for an orderable procedure when the transmitted code value alias translates to the HNAM order catalog item.

Resultable Test Identification:

Likewise, the Reference Lab will send all detail procedure identifiers as they are listed in the Reference Lab procedure database. The ordering site will maintain the translation or code value alias of these procedures to the HNAM discrete task assay (**code set 14003**). The HNAM ordering site will accept a discrete or detail procedure for result posting when the transmitted code value alias translates to an HNAM discrete task assay code.

NTE Information:**Result Footnotes:**

The Reference Lab will send ALL resultable footnotes in NTE segments. The *NTE-2-Source of Comment* will determine the type of information in the textual portion of the segment. The transmitted value will be validated for a code value alias to comment type (code set 14). An alias to a code value with a cdf meaning =RES COMMENT will be a chartable comment. An alias to a code value with a cdf meaning =RES NOTE will be a non-chartable comment. An alias to a code value with a cdf meaning =INTERPDATA will be interpretive data. When a transmitted value does not match an alias value, the ESI Server will post the comment as a non-chartable comment. Suggested values are C=chartable; I=Interpretive Data; N=Non-Chartable.

The personnel id for this comment will default to the personnel id created for this contributor system.

Interpretive Data Option:

Interpretive data will be sent in NTE segments with information that is active in the Reference Lab system at the time the specimen is drawn. The ordering site will receive this data in an NTE and post as a result footnote whose type is result comment.

Careset Results:

If a client should ever send an order to the Reference Lab system built as a careset in the Reference Lab procedure directory, the Reference Lab system will return the results to the ordering system at the orderable component. For example, when a CBC is ordered and the Heme is completed, a result will be returned with the CBC as the orderable component and only the Heme results will be returned. When the differential is completed, the result will be returned with the CBC as the orderable component and only the Diff results will be returned. This situation should only occur when definition of a procedure as a careset is not synchronized at the ordering site and the Reference Lab.

Result Format:

All general laboratory results will be returned as discrete data elements.

Result Types:

In HNAM PathNet, code set 289 (result type) defines the type of result. Currently the reference lab interface only supports ST or TX (freetext), NM (numeric), and CE (alpha). See open issues.

Responsible Observer Identification:

The ordering system will receive the responsible observer in *OBX-16*. To avoid excessive database building on the ordering system database, the ESI Configuration Tool should be set either to validate and free text or to always free text. Because HNAM PathNet tables do not provide for freetext personnel, the ESI server will use the default prnsl_id defined for this contributor system.

Producers Identification:

The following functionality is not currently available. The ordering system will use the service resource where the result is performed to append a footnote to that result. If the Reference Lab sends the specimen to another outside Reference Lab and does not perform the test, then the Reference Lab must return a value in the *OBX-15-Producer ID* field that will map to a valid HNAM service resource. See open issues.

Charted Result Formatting Option:

Not applicable at this time.

7.6 Ordering Site Client Driven Options (future direction)

See open issues and future direction section for a list of options under consideration.

7.6.1 HL7 Standard Identifiers

Each individual transaction will contain HL7 Standard Identifiers unless specifically noted under section 4, Interface Configuration.

Table 2.h – HL7 Standard Identifiers

	Identifier	CHAR	HEX	OCT	DEC	CNT
Real-time	Start of HL7 Message	VT	0B	13	<011>	^K
Real-time/Upload	End of HL7 Segment	CR	0D	15	<013>	^M
Real-time	End of HL7 Message	FS, CR	1C, 0D	34, 15	<028><013>	^ ^M
Upload	New line	LF	0A	12	<010>	^J

8 HL7 Segment Layouts

This section defines HL7 data segments supported in the Reference Laboratory Interface.

The Segment Definition Tables are populated as follows:

Heading	Contents	Values
Seq	HL7 Field Sequence	Begins with '01' for each segment. HL7 2.3 fields will be bolded .
HL7 Format	HL7 Maximum Bytes, HL7 Data Type, Field Required by HL7 HL7 # Instances	Defined by HL7. Values are comma delimited. Example: 20,ST,R Required Values: 'R' = Required; 'C' = Conditional; 'O' or empty = Optional Repeat: '# where 'r' indicates repeat and '#' is number of instances. 'r' without a number indicates a field may repeat an indefinite number of times.
HL7 Elem	HL7 Field Identifier	Defined by HL7, Unique Identifier. HL7 2.3 fields will be bolded .
Name	HL7 Field Name	Defined by HL7. HL7 2.3 fields will be bolded .
HNA Table	HNA Table	Abbreviated Table Name.
Millennium Attribute	Millennium Column or Attribute	Attribute Name. 'Blank' or 'Not used' denotes transmitted element is not stored. '???' denotes mapping of HL7 field to equivalent HNA field has not yet been determined.
Code Set	Millennium Code Set	Code Set Number. When confirmed by development, 'E' before the code set number indicates an extendible code set. '?' before the code set indicates confirmation from development required to confirm code set is appropriate for this HL7 element
R	Field Required by HNA,	'R' = Always valued. 'C' = Conditionally valued. 'O' = Optional 'N' = Not supported
Comment	HNA Field Usage Comments	

Shaded rows in the tables without a value in the HNA table, attribute, or code set columns denote fields not supported by HNA. Shaded rows in the table with a value in these columns represent fields supported by HNA but not used in the Reference Laboratory Interface.

9 HL7 Message Definitions

9.1 Batch Messages (Orders and Results)

The HNAM Universal Interface will send order messages in either batch mode or as individual messages via TCP/IP. The batch option will include HL7 batch file segments FHS (file header), BHS (batch header), BTS (batch trailer), and FTS (file trailer). Likewise, the HNAM Universal Interface will accept result messages in a batch mode with the same HL7 batch file segments (see HL7 Chapter 2 for further documentation). See the section entitled, "HL7 Batch File Structure" above.

9.1.1 The FHS Segment – File Header Segment

The FHS segment defines the beginning of a file.

9.1.1.1 Segment Layout

FHS Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Attribute	Code Set	R/O	Comments
01	01,ST, R	00067	File Field Separator				N	Use recommended value ' '
02	04,ST, R	00068	File Encoding Char				N	Use recommended values '^~\&'
03	15,ST, O	00069	File Sending Applicatn				N	Matches comparable field in MSH.
04	20,ST, O	00070	File Sending Facility				N	Matches comparable field in MSH.
05	15,ST, O	00071	File Receiving Applicatn				N	Matches comparable field in MSH.
06	20,ST, O	00072	File Receiving Facility				N	Matches comparable field in MSH.
07	26,TS, O	00073	File Creation Date/Time				N	System date and time sending system created the file.
08	40,ST, O	00074	File Security				N	Not used.

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FHS Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Attribute	Code Set	R/O	Comments
09	20,ST, O	00075	File Name/ID				N	Not used.
10	80,ST, O	00076	File Header Comment				N	Not used.
11	20,ST, O	00077	File Control ID				N	ORM: Batch ID from CQM_TYPE sent here. Can be placed also in BHS;11 if FHS segment not used.
12	20,ST, O	00078	Reference File Cntrl ID				N	Not used.

9.1.2 The BHS Segment – Batch Header Segment

The BHS segment defines the beginning of each batch. This segment is **NOT** currently supported by the HNAM reference laboratory interface. This segment is included for discussion purposes only.

9.1.2.1 Segment Layout

BHS Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Attribute	Code Set	R/ O	Comments
01	01,ST, R	00081	Batch Field Separator				N	Validated: Use recommended ' '
02	04,ST, R	00082	Batch Encoding Char				N	Validated: Use recommended '^ ~ &'
03	15,ST, O	00083	Batch Sendi Applicatn				N	Matches comparable field in MSH.
04	20,ST, O	00084	Batch Sending Facility				N	Matches comparable field in MSH.
05	15,ST, O	00085	Batch Receiving App				N	Matches comparable field in MSH.
06	20,ST, O	00086	Batch Receiving Facil				N	Matches comparable field in MSH.
07	26,TS, O	00087	Batch Creation Dt/Tm	CL			N	System date and time sending system created the batch.
08	40,ST, O	00088	Batch Security				N	Not used.
09	20,ST, O	00089	Batch Name/ID/Type				N	Not used.
10	80,ST, O	00090	Batch Comment				N	Not used.
11	20,ST, O	00091	Batch Control ID	CL			N	ORM: Batch ID from CQM_TYPE sent here. Can be placed also in FHS;11 if BHS segment not used.
12	20,ST, O	00092	Reference Batch Control ID				N	Not used.

9.1.2.2 *Processing Notes*

Each batch must begin with a batch header.

9.1.3 The BTS Segment – Batch Trailer Segment

The BTS Segment defines the end of each batch. This segment is required if the BHS segment is used. This segment is **NOT** currently supported by the HNAM reference laboratory interface. This segment is included for discussion purposes only.

9.1.3.1 *Segment Layout*

BTS Seq	HL7 Format	HL Element Name	HNAM Table	HNAM Attribute	Code Set	R/O	Comments
01	10,ST,O	00 Batch Message Count				N	Number of messages in this batch.
02	80,ST,O	00 Batch Comment				N	Not used.
03	100,NM,O, r	00 Batch Totals				N	Not used.

9.1.3.2 *Processing Notes*

9.1.4 The FTS Segment – File Trailer Segment

The FTS Segment defines the end of a file. This segment is required if the FTS segment is used. This segment is **NOT** currently supported by the HNAM reference laboratory interface. This segment is included for discussion purposes only.

9.1.4.1 Segment Layout

FTS Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Attribute	Code Set	R/ O	Comments
01	10,NM,O	00079	File Batch Count				N	Number of batches in this file.
02	80,ST,O	00080	File Trailer Comment				N	Not used.

9.1.4.2 Processing Notes

9.2 Order Messages

The following table summarizes the order of segments for the ORM Order message. Not all of the segments are defined in this section.

ORM Segment	Segment Name	Comments
MSH	Message Header	ORM^O01
: PID	Patient Identification	
: [PVI]	Patient Visit	Configurable: To be sent only if ordering site needs information returned
: {		
: ORC	Common Order	NW only
: OBR	Observation Request Detail	
:: [{NTE}]	Notes and Comments	Order Level Comments Only sent with NW order control
:: [{OBX}]	Observation Results	Order Prompts / Specific Comments Only with NW order control
: }		

9.2.1 The MSH Segment - Message Header

The MSH segment defines the characteristics of the message. The sending and receiving applications are identified. The encoding characters used as delimiters for the message are also indicated. The MSH message type is used to indicate the type of message being transmitted.

In the MSH of the ACK response, the values of the Sending Application, Sending Facility, Receiving Application, Receiving Facility will be the reverse of the values in the original message.

Millennium tables referenced from the MSH segment include: CL=COLLECTION_LIST

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9.2.1.1 Segment Layout

MSH Seq	HL7 Format	HL7 Elem	HL7 Name	HNA Table	Millennium Attribute	Code Set	R/O	Comments
01	01,ST, R	00001	Field Separator				R	Field separator. Must be printable character that will never be included in transmitted data. Recommended value is ' ' - ASCII(124). The Universal Interface will use the recommended value.
02	04,ST, R	00002	Encoding Char				R	Used to separate data field components, repeating data elements, and text control characters. Must be printable characters that will never be included in transmitted data. Recommended values: Pos 1: Component Separator '^' - ASCII(94) Pos 2: Repetition Separator '~' - ASCII(126) Pos 3: Escape '\', ASCII(92) Pos 4: Sub-Component '&' - ASCII(38) The Universal Interface will use the recommended values.
03	15,ST, O	00003	Send Application		Contributor_syste m_cd	N89	R	ORM: Can be defined in ESO_INIT_OUTBOUND.
04	20,ST, O	00004	Send Facility	CL	From_loc_cd	220	R	ORM: Must be aliased correctly in code_set 89 and 73. Case sensitive. ORM: Can be defined in ESO_INIT_OUTBOUND.
05	30,ST, O	00005	Receive Application				R	ORU Results: Performing Site will value with literal "HNA". ORU Reflex Orders: Modify Object Inbound script hardcodes "RLI" (required by ESI Server).

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MSH Seq	HL7 Format	HL7 Elem	Name	HNA Table	Millennium Attribute	Code Set	R/O	Comments
06	30,ST, O	00006	Receiving Facility	CL	To_loc_cd	220	R	ORM: Can be defined in ESO_INIT_OUTBOUND. ORU Results: Value must be "RLI" to activate old RefLab results logic. To activate new RefLab resulting logic, alias CDF Meaning of "REFLABPROCESSING" in cod_set 15769 and value alias in this field. ORU Reflex Orders: Modify Object Inbound script hardcodes "RLI" (required by ESI Server to activate reflex order logic). System date and time the message was formatted in sending system. For the ordering system, this is the date and time the transfer list was created. Not used
07	26,TS, O	00007	D/T of Message	CL	Collection_list_dt_t m		R	
08	40,ST, O	00008	Security				N	
09	07,CM, R	00009	Message Type				R	Specific HL7 message type and event triggering the message. <i>HL7 table 0076, ORM; ORU</i> <i>HL7 table 0003, 001: R01 or R03</i>
09.1			Type				R	
09.2			Event				R	
10	20,ST, R	00010	Message Control ID	CL	Collection_list_id		R	Unique. Initiator generated. The ordering site will send the collection list id as part of this identifier.
11	01,ID,R	00011	Processing ID				R	Configurable by com client. Status of the interface. Valid values from the HL7 0103 table for HNA applications: 'T' - Training/Testing Environment; 'P' - Production Environment. Cross environment processing is not supported. Universal Interface will not send <i>MSH-11.2-mode</i> . With HL7 2.3, MSH;11.2 determines processing mode. Valid values from the HL7 0207 table are: 'a' = archive; 'r' = restore from archive; 'i' = initial load. This field allows different priorities to be given to different processing modes. <i>HL7 version. Set to '2.3'</i>
12	08,ID,R	00012	Version ID				R	

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MSH Seq	HL7 Format	HL7 Elem	Name	HNA Table	Millennium Attribute	Code Set	R/O	Comments
13	15,NM,O	00013	Sequence Number				N	Not used. HL7 sequence number protocol
14	180,ST,O	00014	Continuatin Pointer				N	Value indicating a single logical message transmitted using more than one physical message. Not currently supported by HNA Millennium communication protocols.
15	2,ID,O	00015	Accept Ack Type				N	Enhanced application processing rules.
16	2,ID,O	00016	Applicatn Ack type				N	Not used. Enhanced application processing rules.
17	2,ID,O	00017	Country Code		country_cd	15	N	Not used. Country of origin for international format and default options. HL7 recommends codes from ISO 3166.
18	6,ID,O	00692	Character Set				N	Not used. HL7 Table 0211.
19	3,CE,O	00693	Language of Message				N	Not used. Codes from ISO 639.

9.2.2 Processing Notes

Example

MSH|^~\&|RefLab1|A0056|RLI|HNAM|19980214134522|ORU^R01|199802140000123|P|2.3<CR>

9.2.3 The PID Segment - Patient Identification

The PID segment identifies the person and usually the encounter associated with the message. Patient demographic information is also provided. HNA requires at least one primary Patient or Person Identifier. HNA always associates one person alias of MRN type with each encounter.

HNA Millennium tables referenced from the PID segment include: EN=ENCOUNTER; EA=ENCNTR_ALIAS; P=PERSON; PA=PERSON_ALIAS; PP=PERSON_PATIENT; PH=PHONE; PN=PERSON_NAME

9.2.3.1 Segment Layout

PID Seq	HL7 Format	HL7 Elem	Name	HNA Table	Millennium Attribute	Code Set		R/O	Comments
						Set	Set		
01	4,SI	0010 4	Set ID- PID					R	Start at 1, increment by 1
02	16,CX,O	0010 5	External Patient ID					R	
02.1	ST		Patient ID	PA	Alias			R	Alias usually stored without leading zeros or formatting characters. ESO mask will determine transmit format.
02.2	ST		Check Digit	PA	check_digit			N	Not used.
02.3	ID		Check Digit Scheme		check_digit_method_cd		N266	N	Not used.
02.4	HD		Assigning Authority	PA	alias_pool_cd (cs263)		N263	C	Outbound alias for this alias pool. Performing site must return if transmitted by the sending system.
02.5	ID		Identifier Type	PA	person_alias_type_cd		N4	O	Outbound alias
03	20,CX,R, r	0010 6	Internal Patient ID	PA	Alias ^^^ assign ^type			O	ORM: PID;02 moved here by HNAM ORU: Blank
04	20,CX,O, r	0010 7	Alternate Patient ID	PA	alias			O	Other person aliases whose type is not MRN or CMRN. NHIN=National Health Insurance Number SHIN=State/province Health Insurance Number
05	48,XPN, R,r	0010 8	Patient Name family^given^mi ddle^suffix^prefi x^degree^type code	PN	name_first name_middle name_last name_suffix name_prefix name_degree name_type_cd		N213	R	UI will send name from Person_name table whose type is CURRENT using standard HL7 format.

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PID Seq	HL7 Format	HL7 Elem	Name	HNA Table	Millennium Attribute	Code Set	R/O	Comments
06	30,ST,O	00109	Mother's Maiden Name	P	mother_maiden_name		O	Treated as a person attribute and not an alias.
07	26,TS,O	00110	Date of Birth	P	birth_dt_tm		O	
08	01,ID,O	00111	Sex	P	sex_cd	N57	O	Valid values: "Male", "Female", or "Unknown". Aliased to CS 57 per ref lab.
09	48,XPN,O,r	00112	Patient Alias	PN	See PID-5		N	Not used.
10	01,ID,O	00113	Race	P	race_cd	E282	O	
11	106,XAD,r	00114	Patient Address	AD	Address fields		O	Blank
12	04,ID,O	00115	County Code				N	Not used.
13	40,XTN,O,r	00116	Home Phone Number	PH	phone_num		O	Blank
14	40,XTN,O,r	00117	Business Phone Nbr	PH	phone_num		O	Blank
15	25,ST,O	00118	Language - Patient	P	language_cd	E36	O	Blank
16	01,ID,O	00119	Marital Status	P	marital_type_cd	E38	O	Blank
17	03,ID,O	00120	Religion	P	religion_cd	E49	O	Blank
18	20,CX,O	00121	Patient Account Nbr				O	Financial / Billing Number.
18.1	,ST		Patient Account #	EFA	Alias		O	
18.2	,NM		Check Digit		check_digit		N	Stored separately if transmitted separately. Currently
18.3	,ID		Check Digit Scheme		check_digit_method_cd	N266	N	HL7 0061 Not supported via Universal Interface processing.
18.4	,HD		Assigning Authority		Alias_pool_cd	N263	O	
18.5	,ID		Identifier Type		encntr_alias_type_cd	N319	O	Type meaning 'FIN NBR'
19	16,ST,O	00122	SSN - Patient	PA	alias		O	Person alias type code is 'SSN'.

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PID Seq	HL7 Format	HL7 Elem	Name	HNA Table	Millennium Attribute	Code Set	R/O	Comments
20	25,CM,O	0012 3	Driver's License Nbr	PA	alias		0	Blank
21	20,CK,O	0012 4	Mother's Identifier				0	Blank
22	1,ID,O	0012 5	Ethnic Group	P	ethnic_group_cd	E27	0	Blank
23	25,ST,O	0012 6	Birth Place	AD	street_addr		0	Blank
24	2,ID,O	0012 7	Multiple Birth Ind	PP	birth_multiple_cd	N335	0	Blank
25	2,NM,O	0012 8	Birth Order	PP	birth_order		0	Blank
26	3,ID,O,r	0012 9	Citizenship	P	citizenship_cd	E1465 0	0	Blank
27	60,CE,O	0013 0	Veterans Military Stat	P	vet_military_status_cd	E1465 1	0	Blank
28	2,ID,O	0073 9	Nationality	P	nationality_cd	E1465 2	0	Blank
29	26,TS,O	0074 0	Patient Death dt tm	P	deceased_dt_tm		0	Blank
30	1,ID,O	0074 1	Patient Death Ind	P	deceased_cd	E268	0	Blank

9.2.3.2 Processing Note

9.2.4 The PV1 Segment – Patient Visit Information

The PV1 segment provides visit or encounter specific information.

Millennium tables referenced from the PV1 segment include: EN=ENCOUNTER; EA=ENCNTR_ALIAS; ED=ENCNTR_DOMAIN; ELH=ENCNTR_LOC_HIST; EPRLR=ENCNTR_PRSNL_RELTN; PRL=PERSNL; PRLA=PERSNL_ALIAS.

9.2.4.1 Segment Layout

PV1 Seq	HL7 Format	HL7 Elem	Name	HNA Table	HNA Millennium Attribute	Code Set	R	Comments
01	04,SI	00131	Set ID- PV1				C	Start at 1, Increment by 1
02	01,ID,R	00132	Patient Class	EN	encntr_type_class_cd	N69	R	HL7 User Table 0004.
03	12,PL,R	00133	Patient Location	EN			C	Current patient location. HNA location is hierarchical. Facility^building^point of service location^room^bed
03.1	4,ID		Point of Service Location		loc_nurse_unit_cd location_cd	E220	C	All location codes have entry on CS220 with different location type. For example: nurse unit, ambulatory location.
03.2	4,ID		Patient Room		loc_room_cd	E220	C	HNA Location with type ROOM
03.3	2,ID		Patient Bed		loc_bed_cd	E220	C	HNA Location type with type BED
03.4	6,ID		Facility ID		loc_facility_cd	E220	C	HNA Location with type FACILITY.
03.5	,ID		Bed Status				N	HL7 User Table 0116. C=Closed; H=Housekeeping; O=Occupied; U=Unoccupied; K=Contaminated; I=Isolated.
								Not used by Universal Interface.
03.6	,ID		Location Type		location_type_cd	N222	O	HL7 User Table ?. Defines point-of-service location type
03.7	,ID		Building		loc_building_cd		O	AMBLOC, NURSEUNIT, CLINIC, DOCCOFFICE, CLIENT. HNA location with type BUILDING. If not valued, ESI Server will use default building code identical to transmitted facility code
03.8,	.ST		Floor				N	Not used.
04	02,ID,O	00134	Admission Type	EN	admit_type_cd	E3	O	Blank

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PV1 Seq	HL7 Format	HL7 Elem	Name	HNA Table	HNA Millennium Attribute	Code Set	R	Comments
05	20,ST,O	00135	Pre-Admit Number	EN	preadmit_nbr		O	Blank
06	12,CM,O	00136	Prior Patient Locn	ELH			O	Blank
07	60,XCN,O	00137	Attending Doctor	EPRL R	encntr_prsni_reltn_cd	E333	O	Blank
08	60,XCN,O	00138	Referring Doctor	EPRL R	encntr_prsni_reltn_cd	E333	O	Blank
09	60,XCN,,r	00139	Consulting Doctor	EPRL R	encntr_prsni_reltn_cd	E333	O	Blank
10	03,ID,C	00140	Hospital Service	EN	med_service_cd	E34	O	Blank
11	12,CM,O	00141	Temporary Location	EN	loc_temp_cd	E220	O	Blank
12	02,ID,O	00142	Pre-Admit Test Ind	EN	preadmit_testing_cd	E366	O	Blank
13	02,ID,O	00143	Re-Admission Ind	EN	readmit_ind readmit_cd	Y/N 47	O	Blank
14	03,ID,O	00144	Admission Source	EN	admit_src_cd	E2	O	Blank
15	02,ID,O,r	00145	Ambulatory Status	EN	Ambulatory_cond_cd	E5	O	Blank
16	02,ID,O	00146	VIP Indicator	EN	vip_cd	E67	O	Blank
17	60,XCN,O	00147	Admitting Doctor	EPRL R	encntr_prsni_reltn_cd	E333	O	Blank
18	02,ID,O	00148	Patient Type	EN	encntr_type_cd	E71	R	Categorize patient populations to groups more specific than patient class. HNA uses to define patient encounter processing options.
19	15,CX,O	00149	Visit Number	EA	alias		O	Blank
20	50,CM,O,r	00150	Financial Class ^ effective date	EN	financial_class_cd	E354	O	Blank

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PV1 Seq	HL7 Format	HL7 Elem	Name	HNA Table	HNA Millennium Attribute	Code Set	R	Comments
21	02, ID, O	00151	Charge Price Indicat				N	Not used.
22	02, ID, O	00152	Courtesy Code	EN	courtesy_cd	E16	O	Blank
23	02, ID, O	00153	Credit Rating				N	Blank
24	02, ID, O, r	00154	Contract Code				N	Not used.
25	08, DT, O, r	00155	Contract Effective dt				N	Not used.
26	12, NM, O, r	00156	Contract Amount				N	Not used.
27	03, NM, O, r	00157	Contract Period				N	Not used.
28	02, ID, O	00158	Interest Code				N	Not used.
29	01, ID, O	00159	Tran to Bad Debt Cd			265	N	Not used.
30	08, DT, O	00160	Tran to Bad Debt Dt				N	Not used.
31	10, ID, O	00161	Bad Debt Agency Cd				N	Not used.
32	12, NM, O	00162	Bad Debt Trans Amt				N	Not used.
33	12, NM, O	00163	Bad Debt Rcov Amt				N	Not used.
34	01, ID, O	00164	Delete Account Ind				N	Not used.
35	08, DT, O	00165	Delete Account Date				N	Not used.
36	03, ID, O	00166	Discharge Dispositn	EN	disch_disposition_cd	E19	O	HL7 User table 0112.
37	25, CM, O	00167	Disch To Location	EN	Disch_to_loctn_cd	E20	O	Blank
38	02, ID, O	00168	Diet Type	EN	diet_type_cd	E18	O	Blank
39	02, ID, O	00169	Servicing Facility				N	Not used.
40	01, ID, O	00170	Bed Status				N	Not used.

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PV1 Seq	HL7 Format	HL7 Elem	Name	HNA Table	HNA Millennium Attribute	Code Set	R	Comments
41	02,ID,O	00171	Account Status	EN	encntr_status_cd	N261	O	Blank
42	12,CM,O	00172	Pending Location				N	Not used.
43	12,CM,O	00173	Prior Temp Locatn				N	Not used.
44	26,TS,O	00174	Admit Date/Time	EN	reg_dt_tm		C	Blank. Performing site will default based on when order is received.
45	26,TS,O	00175	Discharge Date/Time	EN	disch_dt_tm		O	Blank. Performing site will default specimen auto discharge.
46	12,NM,O	00176	Current Pat Balance				N	Not used.
47	12,NM,O	00177	Total Charges				N	Not used.
48	12,NM,O	00178	Total Adjustment				N	Not used.
49	12,NM,O	00179	Total Payments				N	Not used.
50	20,CX	00180	Alternate Visit ID				N	Not used.
51	1,IS,O	01226	Visit Indicator				N	Not used.
52	60,XCN,,	01224	Other Providers	EPLR			N	Not used.

9.2.4.2 Processing Notes

In the reference laboratory interface, the PV1 segment is not a required segment. The required information will generally be defaulted on the performing side of the interface. The layout is included for discussion purposes only. Should the ordering site be required to send this information, the data will be validated by the reference lab system and must be synchronize via code value outbound alias with the reference lab database group.

9.2.5 The ORC Segment – Common Order

The Common Order segment (ORC) is used to transmit fields that are common to all orders and services requested. The ORC segment is required in the Order (ORM) message. The ORC is optional in the ORU result message.

Many of the data elements in the ORC segment are duplicated in the OBR. The HNA Universal Interface will accept duplicate fields in either the ORC or the OBR. If duplicated fields are valued in both the ORC and OBR, the values **must** be identical.

HNAM tables referenced from the ORC segment: CL=COLLECTION_LIST; O = ORDERS; OAc = ORDER_ACTION; OAI = ORDER_ALIAS; OCm=ORDER_COMMENT; OD=ORDER_DETAIL; OCr =ORDER_CONTAINER_R; PRL=PRSNL; PRLA=PRSNL_ALIAS.

9.2.5.1 Segment Layout

OR C Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
01	02, ID, R	00215	Order Control	Oac	action_type_cd	6003	R	ORM: New Order =NW
02	75, CM, C	00216	Placer Order Number				C	ORU: Not required anywhere in HL7 message for results processing. Internal ESI processing finds it based on Cerner accession number.
02.1			Unique Placer ID	O	order_id		C	Literal HNAM or empty
02.2			Placer Application ID				C	Number assigned by the reference lab. See OBR
03	75, CM, C	00217	Filler Order Number				C	
03.1			Unique Filler ID	OAI	alias		C	This field is assigned by the filler system. For the HNA Universal Interface is to use this field to uniquely identify an order among all orders from this filler application, a row must be configured in the ESI Configuration Tool. Uniqueness must persist over time.
03.2			Filler Application ID		Alias_pool_cd		C	This field is unique within a group of intercommunicating systems. The ESI Configuration Tool can use this field to derive the order alias type and the alias pool code.
04	75, CM	00218	Placer Group Number				O	Future Use: On reflexive test, return original procedure identifier.

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OR C Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
04.1			Placer Group Id	O	alias OR group_order_id		O	This field is assigned by the placer system to group a set of orders.
04.2			Placer Application Id		Contributor_system_cd		O	This field is unique within a group of intercommunicating systems. The ESI Configuration Tool can use this field to derive the order alias type and the alias pool code.
05	02,ID	00219	Order Status	O O OCr	order_status_cd dept_status_cd collection_status_flag	6004 6003 14281	C	HL7 Table 0038. If the order control field of the ORC contains an SC, this field will be used to derive the order action. If this field is not aliased to code set 6003, ESI will look for SC on the code_value_alias table. If the order control field of the ORC contains an SC, this field can be aliased to the dept_status_cd. The ORC-15-order control reason code will override this if it is aliased to the dept_status_cd.
06	01,ID	00220	Response Flag				N	Blank. See OBR
07	200,TQ, r	00221	Quantity/Timing				O	Blank. See OBR
08	200,CM	00222	Parent					Blank. See OBR value. See OBR-29-parent
09	26,TS	00223	DT of Transaction	OAc O	order_dt_tm varies with action		O	If this field is not valued, the date and time associated with the order event will be either the ORC-15-Effective Date/Time or the HNA system date and time.
10	80,XCN	00224	Entered By	OAc	Action_personnel_id		O	For NW to HNA. A row must be configured in the Personnel Alias tab of the ESI Configuration Tool. ESI will use the ESI Alias Field Code of "All Personnel." If the personnel is not found, ESI will insert the default personnel for the feed. For NW from HNA. Use default prsnl alias for contributor system.
11	80,XCN	00225	Verified By				N	Not used.
12	80,XCN	00226	Ordering Provider	OAc	Order_provider_id			
13	80,PL	00227	Enterer's Location	OAc	order_locn_cd	E220	O	
14	40,XTN, O,r2	00228	Call Back Phone Nbr				O	Not used.

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OR C Seq	HL7 Format	HL7 Elem	HL7 Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
15	26,TS	00229	Order Effective DT	OAc	Effective_dt_tm		0	Blank
16	200,CE	00230	Order Cntrl Reason				0	
16.1			Reason Code	OD	CANCELREASON DCREASON RESUMEREASON SUSPENDREASON Dept_status_cd	1309 Y Y Y 14281	0	Form HNA: The Reason Code will be a code value alias to the code set associated with the order action. The Code Set varies with the order control code and action. Default can be built in order accept format. To HNA: If the ORC-1-order control field is an "SC," this field can be aliased to the dept_status_cd. If the reason code is not valued, the HNA Universal Interface will use the description as a free text comment for this order action. Not used.
16.2			Description	OCm			0	
17	60,CE	00231	Entering Organization					
18	60,CE	00232	Entering Device					
19	80,XCN	00233	Action By	OAc	Action_prsnl_id		0	Blank

9.2.5.2 Processing Notes

9.2.6 The OBR Segment – Order Detail

The Observation Request (OBR) segment is used to transmit information specific to an order for a diagnostic study or observation, physical exam, or assessment. The OBR segment defines the attributes of a particular request for diagnostic services (e.g., laboratory, radiology, EKG) or clinical observations (e.g., physical exam). For laboratory tests, the information in the OBR segment usually applies to a single specimen. However, there is not a one-to-one relationship between specimen and tests ordered. Each test battery will require its own OBR segment even when they can be performed on a single specimen; consequently, the specimen information must be duplicated in each OBR segment.

OBR Field Definitions:

1. The daggered (+) items are **not** created by the placer. They are created by the filler and valued as needed when the OBR segment is returned as part of a report (ORU message). Therefore on a new order sent to the filler, they are not valued. There is an exception when the filler initiates the order. In that case, the filler order number is valued and the placer order number may be blank.
2. The starred (*) items are only relevant when an observation is associated with a specimen. They are completed by the placer when the placer obtains the specimen. They are completed by the filler when the filler obtains the specimen.

HNA tables referenced from the OBR segment: O = ORDERS; OA = ORDER_ACTION; OAI = ORDER_ALIAS; OD = ORDER_DETAIL; OC=ORDER_CONTAINER_R; VS = V500_SPECIMEN; C = CONTAINER; CL = COLLECTION_LIST; CLC = COLLECTION_LIST_CONTAINER; OL = ORDER_LABORATORY

9.2.6.1 Segment Layout

OB R Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
01	04,SI,C	0023 7	Set ID – OBR				C	always 1
02	75,EL,C	0021 6	Placer Order Number	O			C	ORM: This field is required in the ORC;02. If valued in both the ORC;02 and OBR;02, the values must be identical.
02.1			Unique Placer Order ID	O	order_id		C	This field is assigned by the placer system. For the HNA Universal Interface to use this field to uniquely identify an order among all orders from this ordering application, a row must be configured in the ESI Configuration Tool. Uniqueness must persist over time.

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OB R Seq	HL7 Format	HL7 Elem	HL7 Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
02.2			Placer Application ID		Contributor_system_cd		C	This field is unique within a group of intercommunicating systems. The ESI Configuration Tool can use this field to derive the order alias type and the alias pool code.
03	75,EI,C	0021 7	Filler Order Number +				C	
03.1			Unique Filler Order ID	O	alias		C	This field is assigned by the filler system. For the HNA Universal Interface is to use this field to uniquely identify an order among all orders from this filler application, a row must be configured in the ESI Configuration Tool. Uniqueness must persist over time.
03.2			Filler Application ID	OA	contributor_system_cd		C	This field is unique within a group of intercommunicating systems. The ESI Configuration Tool can use this field to derive the order alias type and the alias pool code.
04	200,CE, R	0023 8	Universal Service ID				R	
04.1			Test Code	O	catalog_cd	200	R	This field contains the unique Order catalog alias for this contributor_source_cd
04.2			Test Description	O	Order_mnemonic		O	To HNA: The transmitted value is ignored. The Universal Interface uses the primary mnemonic from the HNA order catalog
04.3			Coding System		contributor_source_cd		C	The HNA Universal Interface requires the coding system if the coding system for the Universal Service Id does not match the coding system configured for this sending application.
04.4			Alternate Test Code					Only used if 4.1, 4.2, and 4.3 are empty
04.5			Alternate Test Description					Only used if 4.1, 4.2 and 4.3 are empty
04.6			Alternate Coding System					Only used if 4.1, 4.2 and 4.3 are empty
05	02,ID,B	0023 9	Priority					Not used. Instead use OBR-27.6-27.6

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OB R Seq	HL7 Format	HL7 Elem Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
06	26,TS,B 0	Requested Date/Time					Not used. Instead use OBR-27.4
07	26,TS,C 1	Observation Date/Time The clinically significant date/time.		Collected_dt_tm (PathNet detail)		C	To HNA: If the order control code is NW, SN, SC, or XO; and the service requested is a specimen-associated study, this field represents the date and time the specimen was collected. The Universal Interface will set the COLLECTEDYN detail to 'Y'. Note: This field is required for all report (ORU) messages. For services not associated with a specimen, this field represents the physiologically relevant date and time.
08	26,TS,C 2	Observation End Dt				O	Blank
09	20,CQ,C 3	Collection Volume *	C	Volume^volume unit		O	
10	60,CN 4	Collector Identifier *				O	
11	01,ID 5	Spec Action Code *				O	ORM: HNAM sending 'O' (the letter, not zero).
12	60,CE 6	Danger Code	OD	ISOLATIONCODE	58	O	
13	300,ST 7	Relevant Clinical Info	VS	Specimen_comment		O	
14	26,TS 8	Spec Received DT *	C	Received_dt_tm		O	
15	300,CM 9	Specimen Source *				C	
15.1	CE	Source Code	VS	Specimen_type	2052	C	ORM: If RefLab can return this value in ORU message, send outbound. ORM Reflex: Must be aliased. Alias must be returned in this field for reflexive order to post.
15.2	ST	Additives	SC	Additive	2050	O	

HNA.Millennium HL7 2.3 Reference Lab Interface Specification

OB R Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
15.3	ST		Description FT	VS	Source comment		O	
15.4	CE		Body Site	VS	Body_site_cd	1028	O	
15.5	CE		Site Modifier				N	Not used.
15.5	CE		Collect Method Modifier	OD	Collection_meth_cd	2058	O	Not used.
16	60,XCN	0022 6	Ordering Provider	OAc	Order_provider_id		O	To HNA: A row must be configured in the Personnel Alias tab of the ESI Configuration Tool. ESI will use the ESI Alias Field Code of "Ordering Provider." The HNA Universal Interface will use the ORC;I2-ordering provider field first. Not used.
17	40,TN	0025 0	Ord Call Back Phone #					
18	60,ST	0025 1	Placer Field #1	OA			R	
19	60,ST	0025 2	Placer Field #2				O	ORU: HNAM 20 character unformatted accession MUST be returned here for ESI processing.
20	60,ST	0025 3	Filler Field #1 +		Accession		O	ORM: HNAM Unformatted 20 character Accession.
21	60,ST	0025 4	Filler Field #2 +				O	
22	26,TS,C	0025 5	Result Report/Status Change Date/Time +	CL	Collection_list_dt_tm			ORM: From HNA, transfer list date and time.
23	40,CM	0025 6	Charge to Practice +					Not used.
24	10,ID	0025 7	Diagnostic Service Section ID	O	Activity_type_cd	106	C	
25	01,ID,C	0025 8	Result Status +	O		1901	C	ORU: Result status at the order level. HNAM only supports the "VERIFIED" and "CORRECTED" CDF Meanings.
26	200,CM	0025 9	Parent Result +				O	Use with RLI interface is to be determined.
26.1	CE		Parent Order ID					

HNA.Millennium HL7 2.3 Reference Lab Interface Specification

OB R Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
26.2	ST		Parent Sub ID					
26.3	CE		Parent Results					
27	200,TQ, r	0022 I	Quantity Timing				C	
27.1	CQ		Quantity Component Quantity&Units	OD	QUANTITY			Quantity & Units. This field defines the quantity of service that should be provided at each service interval.
27.2	CM		Interval Component	OD	FREQUENCY	4003		This field defines the frequency & Explicit Time Interval.
27.3			Duration	OD	DURATION DURATIONUNIT	54		This field is only used when the Frequency is not ONCE.
27.4	TS		Start Date/Time	OD	STARTDATE; STARTTIME			This field contains the earliest requested date and time for this service. It is used for future orders, continuous orders, and timed orders.
27.5	TS		End Date/Time	OD	STOPDATE; STOPTIME			This field contains the latest date and time the service should be performed. For continuous orders, the stop date will be the earliest date/time specified by either this field or the duration. For one-time orders, the end date and time equals the start date and time.
27.6	ID		Priority	OD	COLLPRI REPPRI	2054 1905		ORM Reflex: Must be aliased. Alias must be returned in this field for reflexive order to post. HNAM only supports the "ROUTINE" and "STAT" CDF Meanings.
27.7	ST		Condition Component	OD	SPECINX			Presence of text in this field implies human review is needed to determine how or when this drug should be given. For example, "PRN Pain" or "to keep blood pressure below 110."
27.8	TX		Text Component					Not used.
27.9	ID		Conjunction Component					Not used.
27.10	CM		Sequence Component					Not used.
28	150,CN	0026 0	Result Copies To					Not used.
29	150,CM	0026 I	Parent Number					Use in RLI is to be determined.
29.1	CM		Parent Placer Order #					Blank
29.2	CM		Parent Filler Order #					Blank

HNA.Millennium HL7 2.3 Reference Lab Interface Specification

OB R Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
30	20, ID	0026 2	Transportation Mode	OD	TRANSPORTMODE	Y	O	Blank
31	300, CE	0026 3	Reason For Study				O	Blank
31.1			Reason ID	OD	REASONFOREXAM	Y	O	Blank
31.2			Reason Text					Blank
31.3			Coding Scheme					Blank
31.4			Alternate Reason ID					Blank
31.5			Alternate Reason Text					Blank
31.6			Alternate Coding Scheme					Blank
32	60, CM	0026 4	Main Result Interpreter +					Blank
33	60, CM,, r	0026 5	Assist Result Interpreter +					Blank
34	60, CM,, r	0026 6	Technician +					Blank
35	60, CM,, r	0026 7	Transcriptionist +					Blank
36	26, TS	0026 8	Sched Date/Time +		Request_dt_tm		O	From PathNet detail script
37	4, NM, O	0102 8	Nbr of Containers *	CLC				Not used. Future from PathNet detail script.
38	60, CE, O, r	0102 9	Transport Logistics of Specimen *					Not used. Future from PathNet detail script.
39	200, CE,, r	0103 0	Collector comments *					Not used. Future from PathNet detail script.
40		0103 1	Transport Arrangmnt Responsibility					Not used.
41	30, ID, O	0103 2	Transport Arranged					Not used.

HNA.Millennium HL7 2.3 Reference Lab Interface Specification

OB R Seq	HL7 Format	HL7 Elem	Name	HNAM Table	HNAM Column	Code Set	R/O	Comments
42	1,ID,O	0103 3	Escort Required					Not used.
43	200,CE, r	0103 4	Planned Patient Transport Comment					Not used.

9.2.6.2 Processing Note

9.3 Result Messages

The following table summarizes the order of segments for the ORU Results message. Not all of the segments are defined in this section.

ORU Segment	Segment Name	Comments
MSH	Message Header	ORU^R01 or R03
:PID	Patient Identification	
:[PVT]	Patient Visit	To be sent only if ordering site needs information returned.
::{		
::[ORC]	Common Order	
:OBR	Observation Request Detail	
::[NTE]	Notes and Comments	If order level comments are posted, they will follow the OBR.
::{		
:::OBX	Observation Results	
:::[NTE]	Notes and Comments	Result footnotes or Interpretive data.
::{		
::}		

{ } – Denotes repeating segments
 [] – Denotes optional segments

Note: Data fields mapped to the HNA ORDER_DETAIL (OD) table are identified with the oe_field_meaning in uppercase letters (e.g., CANCELREASON). An Order Entry Format defines the Order Details that can be associated with each orderable. If an Order Detail in the Order Entry Format is required, and it is not valued through the interface, the Order Entry Format must supply a default value. For example, if specimen type is not valued, but it is marked as required, the code_value for blood can be inserted in the default field of the Order Entry Format for specimen type. Each order detail will populate the Order Detail table as well as other HNA tables. These additional tables vary by many order parameters including: HNA Activity Type (e.g., General Laboratory, Radiology), specimen vs non-specimen order, collected vs non-collected, laboratory vs non-laboratory personnel to collect. This specification does not list these additional tables and elements.

9.4 The OBX Segment – Observation Result

The OBX segment is used to transmit a single observation. In an ORM message, the OBX segment will be used to communicate values for specific order details or order prompts. OBX segments contain observations available at the time of order entry or other order event trigger activity. In an ORU message, the OBX will contain the discrete result values.

HNA tables referenced from the OBX segment: PROP =PROP_RESULT; PR =PERFORM_RESULT; R=RESULTS; LT=LONG_TEXT; RE=RESULT_EVENT.

9.4.1.1 Segment Layout

OBX Seq	HL7 Format	HL7 Elem	Name	V500 Table	V500 Column	Code Set	R/O	Comments
01	04,SI	00569	Set ID - OBX	PROP			R	Sequential under OBR
02	02,ID,R	00570	Value Type		Result_type_cd	289	R	ORU: If the new RefLab processing logic is turned on, any result value <15 characters in OBX;5 will be converted to FREETEXT data type by the ESI Server, regardless of alias or how the DTA is originally built in PathNet. Similarly, any result value >15 characters will be converted to TEXT data type by the ESI Server.
03	80,CE,R	00571	Observation Identifier					
03.1	ID		Procedure ID	PROP	Task_assay_cd	14003	R	This field will contain an alias that defines a discrete task assay (prompt test or discrete result) or an order detail (e.g., diet start date and time, label printer,).
03.2	ST		Procedure description	CV	Display		O	Documentation
03.3	ID		Coding scheme					
03.4	ID		Alternate Procedure ID		Contributor_source_cd		O	
03.5	ST		Alternate Description					
03.6	ID		Alt Coding Scheme					
04	20,ST	00572	Observation Sub-ID					Not used with order prompts or order details

HNA.Millennium HL7 2.3 Reference Lab Interface Specification

OBX Seq	HL7 Format	HL7 Elem	Name	Observation Value	V500 Table	V500 Column	Code Set	R/O	Comments
05	64k,R	00573	Observation Value		PROP	Result_alpha Result_dt_tm_value Result_display_value Result_value		R	
06	60,CE	00574	Units		PROP	Units_cd	54	O	
07	60,ST	00575	Reference Range		PROP	Normal_low Normal_high		O	Normal_low-normal_high >normal_low (no upper limit) <normal_high (no lower limit)
08	10,ID,r,5	00576	Abnormal Flags		PROP	Normal_cd Critical_cd	1902	O	Can repeat
09	05,NM	00577	Probability						Not used.
10	05,ID	00578	Nature of Abn Test						Not used.
11	02,ID,R	00579	Observ Result Status		PROP	Result_status_cd	1901	O	ORU: The only supported CDF Meanings are "VERIFIED" and "CORRECTED".
12	26,TS	00580	Date Last Observer Normal Values						Not used.
13	20,ST	00581	User access checks						Not used.
14	26,TS	00582	DT of the Observation		PROP	Result_dt_tm		O	
15	60,CE	00583	Producer's ID					O	
15.1			Producer Id						
15.2			Producer ID Text						
15.3			Coding System						
15.4			Alt Producer ID Code						Not used.
15.5			Alt Producer ID Text						Not used.
15.6			Alternate Coding System						Not used.
16	60,CN	00584	Responsible Observer		PROP	Result_prnsl_id		O	

9.4.1.2 Processing Notes
9.4.1.3 Optional Segments

HNA.Millennium HL7 2.3 Reference Lab Interface Specification

The following section details segments that are optional in either the ORM Order message or the ORU Results message.

9.4.2 The NTE Segment - Notes and Comments

The NTE segment is used for sending textual notes and comments for information transmitted in other segments. The comment applies to the segment preceding the NTE segment. In this interface, the NTE segment can follow the NTE, OBR, or OBX

Millennium tables referenced from the NTE segment include: RESC=RESULT_COMMENT; ORDC=ORDER_COMMENT; LTXT=LONG_TEXT

9.4.2.1 Segment Layout

NTE Seq	HL7 Format	HL7 Elem	Name	HNA Table	Millennium Attribute	Code Set	R	Comments
01	4,SI,O	00096	Set ID - Notes				O	Sequential
02	8,ID,O	00105	Source of Comment	RESC ORDC	comment_type_cd	14	O	
03	64k,TX,O ,r	00098	Comment	LTXT	long_text		O	

9.4.2.2 Processing Notes

From the Cerner ordering site to the performing site

For ORM messages from the ordering site, Cerner will send both chartable (ORD COMMENT) and non-chartable (ORD NOTES) comments. By default, the Universal Interface will send comments in one NTE segment using the HL7 formatted text escape sequence \br\ to indicate a hard carriage return. The Universal Interface will include an option to replace the escape sequence with the repeat delimiter to indicate a hard carriage return.

From the performing site to the Cerner ordering site

For ORM messages from the performing site, Cerner will post all comments as non-chartable (ORD NOTES). For ORU messages from the performing site, Cerner will post only result comments. Result comments may be chartable (RES COMMENT) or non-chartable (RES NOTES).

The Universal Interface will accept comments as one NTE segment with the repeat delimiter used to indicate a hard carriage return. Alternately, the Universal Interface as multiple NTE segments where each segment indicates a hard carriage return. ESI Server processing will concatenate sequentially transmitted NTE segments with the same comment type. The Universal Interface will use the prsnl_id of the contributing system as the default personnel associated with inserting this comment.

9.4.3 The MSA Segment - Message Acknowledgment Segment

Returned as part of the MSH / MSA pair in the ACK message type.

9.4.3.1 Segment Layout

MSA Seq	HL7 Format	HL7 Elem	Name	HNA Table	Millennium Attribute	Code Set	R /O	Comments
01	02, ID, R	00018	Acknowledge Code				R	'CA' - Commit Accept 'CE' - Commit Error 'CR' - Commit Reject
02	20, ST, R	00019	Message Cntrl ID				R	Echo MSH segment control ID (MSH;10) of message being acknowledged
03	80, ST, O	00020	Text Message				N	Not used.
04	15, NM, O	00021	Expected Seq #				N	Not used.
05	1, ID, O	00022	Delayed Ack Type				N	Not used.
06	100, CE, O	00023	Error Condition				N	Not used.

9.4.3.2 Processing Notes

<XXXX_XX>

FSI HL7 Universal Interface Specifications

<Client Name>

<foreign system>

Production Release 8.x

10 Appendix A: Code Set Task List

Attached is a link to the generic HNAM VPN installation guide for reference lab interfaces. It contains detailed information about the various inbound and outbound aliasing that needs to be done, as well as the ESI configuration that will need to be built.

[HNAM Generic RLI Implementation Guide](#)

11 Appendix B: Issues Log

Table x Issue Log

#	Interface Name	Issue Description	Logged By:	Date	Issue Resolution	Owner	Status	Date
1								
2								
3								
4								
5								
6								
7								
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23								
24								
25								

12 Appendix C: Acceptance Form



Unit 2: Site-Specific Clinical Specifications for:	<Client Name>
Foreign System:	<foreign system>
Implementation Methodology:	<Implementation Methodology>
Application(s):	<Applications>
Document Version:	<1.0>
Document File Name:	Millennium Foreign System Interface Rev I.doc
Author:	PC Networks

<Client Name>
 <address>
 <City>, <State> <Zip>

Disclaimer:

The document described above has been reviewed for accuracy. While it may or may not be entirely complete (as most documents of this nature are considered to be ever-evolving), it represents, in spirit, the intent of both parties to provide in good faith implementation services/functionality described in this document. Any change made after this document is signed by all parties, will require a change modification form and be attached as an addendum to this document.

Name	Title	Company	Date	Signature

Please sign and fax form to PC Networks at <111-111-1111>

13 Appendix D: Change Request Form



Unit 2: Site-Specific Clinical Specifications for:	<Client Name>
Foreign System:	<foreign system>
Implementation Methodology:	<Implementation Methodology>
Application(s):	<Applications>
Document Version:	<1.0>
Document File Name:	Millennium Foreign System Interface Rev I.doc
Author:	PC Networks

<Client Name>
 <address>
 <City>, <State> <Zip>

Change Initiated by:		Type of Change	Date		
Name	Title				
Importance:					
Description:					
Impact Statement:					
Disposition:					
Name	Title	Company	Accept	Initials	Date

Please sign and fax form to PC Networks at <111-111-1111>

Template Revision History

Revision Number:	Revision Date:	Revised by:	Description:
001			

ATTACHMENT 5

TECHNICAL EXHIBITS

**ATTACHMENT 5
TECHNICAL EXHIBITS
TABLE OF CONTENTS**

Exhibits

1 CONTRACT DISCREPANCY REPORT

2 PERFORMANCE REQUIREMENTS SUMMARY CHART

TECHNICAL EXHIBIT 2

PERFORMANCE REQUIREMENTS SUMMARY (PRS) CHART

SPECIFIC PERFORMANCE REFERENCE	SERVICE	MONITORING METHOD	DEDUCTIONS/FEEES TO BE ASSESSED
SOW: Paragraph 3.0 Quality Control Plan	Contractor shall establish and utilize a comprehensive Quality Control Plan, which must be submitted to County's Project Manager at least ten days prior to beginning work under this Agreement.	Submitted for review	\$100 per day
SOW: Paragraph 3.0 Quality Control Records	Contractor shall maintain quality control records in accordance with Federal and State regulations on each test it performs.	Inspection of records	\$50 per occurrence
SOW: Subparagraph 4.1 Quarterly Meetings	Contractor shall be required to attend scheduled quarterly meetings with County's Project Manager.	Attendance	\$50 per occurrence
SOW: Subparagraph 6.5 Uniforms and identification badges	Contractor's employees assigned to pick up specimens from designated locations must wear appropriate uniform and/or photo identification badge.	Inspection and observation	\$50 per occurrence
SOW: Subparagraph 6.7.2 Safety requirements	Contractor shall have a documented system to monitor employees' compliance with safety requirements for hazardous waste materials, equipment safety and compliance with OSHA standards and Federal and State regulations for clinical laboratories.	Inspection and observation	\$50 per occurrence

SPECIFIC PERFORMANCE REFERENCE	SERVICE	MONITORING METHOD	DEDUCTIONS/FEEES TO BE ASSESSED
SOW: Subparagraph 6.8 Contractor's Office	Contractor shall maintain an office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 7:00 a.m. to 5:00 p.m., Sunday through Saturday. When office is closed, an answering service shall be provided to receive calls. Contractor shall answer calls received by the answering service within two (2) hours of receipt of call.	Inspection and observation	\$50 per day
SOW: Subparagraph 10.3	Contractor shall pick up and transport all general test specimens at regularly scheduled times from the designated pick up sites.	Random Inspection and observation	\$50 per occurrence
SOW: Subparagraph 10.3	Contractor shall maintain the integrity of the specimens during transport by keeping specimens at appropriate temperatures as specified.	Random inspection and observation	\$50 per occurrence
SOW: Subparagraph 10.5	Contractor shall provide all bottles, carriers, cervical cytobrushes, cold and warm packs, vials and other supplies required to stabilize samples and maintain sample integrity within seven (7) days of County's request at no additional charge to County.	Inspection and observation pursuant to request	\$50 per occurrence

SPECIFIC PERFORMANCE REFERENCE	SERVICE	MONITORING METHOD	DEDUCTIONS/FEEES TO BE ASSESSED
SOW: Subparagraph 10.9	Contractor shall analyze all test samples by methodologies approved by County's Project Director in conjunction with Contractor's medical director.	Inspection of test records and observation	\$100 per occurrence
SOW: Subparagraph 10.10	Contractor shall maintain records for all services in accordance with applicable state and federal laws and regulations.	Inspection of records and observations	\$50 per occurrence
SOW: Subparagraph 10.11	Contractor shall follow established procedures for cytology tests, ensuring less than two percent (2%) false negative screening rate for gynecology cytology is documented; that at least ten percent (10%) of negative gynecologic cases not referred to a pathologist are re-screened.	Inspection and observation	\$100 per occurrence
SOW: Subparagraph 10.12	Contractor must provide County with computer-to-computer interface with its own laboratory information system (LIS) to enable County to obtain up to date information on patient data, test orders, test status and test results. County must be able to print on demand test results, billings, and reports.	Observation	\$25 per day of non-accessibility
SOW: Subparagraph 10.12	Contractor must provide and install hardware, including terminal, printer and all software at the appropriate CSSS sites and must provide all equipment repair and maintenance.	Observation	\$50 per occurrence

SPECIFIC PERFORMANCE REFERENCE	SERVICE	MONITORING METHOD	DEDUCTIONS/FEEES TO BE ASSESSED
SOW: Subparagraph 10.14	Contractor must report general laboratory test results within the specified TAT.	Inspection and observation	\$50 per test
SOW: Subparagraph 10.14	Contractor must report results for STAT tests within the specified TAT of 4 hours 95% of the time on a monthly basis.	Inspection and observation	\$100 per patient
SOW: Subparagraph 10.14	Contractor must be able to identify results that are considered critical values and must report such test results to County within the specified TAT.	Inspection and observation	\$100 per occurrence
SOW: Subparagraph 10.15.1	Contractor must report general lab test results to County via on-line and hard copy as specified.	Inspection and observation	\$25 per occurrence
SOW: Subparagraph 10.15.2	Contractor must report critical value test results to County via on-line and verbally by telephone as specified.	Inspection and observation	\$75 per occurrence
SOW: Subparagraph 10.15.3	Contractor must report STAT test results to County by telephone, fax and hard copy as specified.	Inspection and observation	\$75 per occurrence
SOW: Paragraph 11.0	Contractor must provide County with monthly summary reports, including Monthly Patient List and Monthly Billing Summary within the time specified.	Inspection and observation	\$50 per occurrence

LABORATORY FEE SCHEDULE

And

COMMERCIAL FEE SCHEDULE

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

GENERAL LABORATORY TESTS

Line Item and Test	Code	Minimum TAT	Maximum TAT	Set-Up Schedule	Method	Price
1 *C TRACH BY LCR*DRUG SCRIN CLIN 1 (U)	10238/11219	2 DAYS	5 DAYS	TU, TH, SAT	POLYMERASE CHAIN REACTION	\$105.00
2 AB SCR RFX ID/TITER	795	1 DAY	4 DAYS	TUES-SAT	IMMUNE AGGLUTINATION	\$6.84
3 ABO GROUP & RH TYPE	7788	1 DAY	4 DAYS	TUES-SAT	IMMUNE AGGLUTINATION	\$9.03
4 AFP, TUMOR (CHIRON)	237	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$23.85
5 ALCOHOL, ETHYL (B)	443	1 DAY	4 DAYS	TUES-SAT	GAS CHROMATOGRAPHY	\$45.00
6 AMMONIA (P)	5509	1 DAY	4 DAYS	MON-SUN	ENZYMATIC	\$27.00
7 AMYLASE	243	1 DAY	4 DAYS	MON-SUN	ENZYMATIC	\$6.85
8 ANA TITER & PATTERN	36209	1 DAY	4 DAYS	TUES-SAT	INDIRECT IMMUNOFLUORESCENCE	\$9.00
9 ANA W/RFX	249	1 DAY	4 DAYS	TUES-SAT	ENZYME IMMUNOASSAY	\$14.25
10 ANGIOTENSIN CONV ENZ	683	1 DAY	4 DAYS	MON,WED,FRI	SPECTROPHOTOMETRY	\$21.47
11 ANTIBODY PANEL X1	37419	1 DAY	4 DAYS	TUES-SAT	IMMUNE AGGLUTINATION	\$32.00
12 ANTIBODY TITER X1	37424	1 DAY	4 DAYS	TUES-SAT	IMMUNE AGGLUTINATION	\$6.65
13 ANTI-DSDNA AB,EIA	255	1 DAY	4 DAYS	TUES-SAT	ENZYME IMMUNOASSAY	\$18.91
14 ANTIGEN TYPE X2	37429	1 DAY	4 DAYS	TUES-SAT	IMMUNE AGGLUTINATION	\$12.00
15 BILE ACIDS, FRACT/TOT	4668	1 DAY	8 DAYS	MON-THURS	LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY	\$133.00
16 BILIRUBIN, DIRECT	285	1 DAY	4 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$6.88
17 BILIRUBIN, TOTAL	287	1 DAY	4 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$6.88
18 BUN/CREAT RATIO	296	1 DAY	4 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$7.08
19 CA 125 II (ABBOTT)	29256	1 DAY	7 DAYS	TUES-SAT	IMMUNOASSAY	\$20.00
20 CANNABINOIDS	4846	3 DAYS	7 DAYS	MON-FRI	GAS CHROMATOGRAPHY/MASS SPECTROMETRY	\$19.40
21 CARBAMAZEPINE, TOTAL	329	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$19.40
22 CBC (DIFF/PLT)	6399	1 DAY	4 DAYS	TUES-SUN	ELECTRONIC CELL SIZING, SORTING/CYTOMETRY/MICROSCOPY	\$4.20
23 CBC (DIFF/PLT)W/SMEAR RVW	20253	1 DAY	5 DAYS	TUES-SUN	ELECTRONIC CELL SIZING, SORTING/CYTOMETRY/MICROSCOPY	\$3.75
24 CARCINOEMBRYONIC ANTIGEN	978	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$18.00
25 CHLAM TRACH	17303	2 DAYS	5 DAYS	MON-SAT	STRAND DISPLACEMENT AMPLIFICATION	\$25.00

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

GENERAL LABORATORY TESTS

Line Item and Test	Code	TAT	TAT	Set-Up Schedule	Method	Price
26 CHLAMYDIA DNA,PCR	10236	2 DAYS	5 DAYS	TUES,THURS,SAT	DNA PCR	\$25.00
27 CHOLESTEROL,TOTAL	334	1 DAY	4 DAYS	TUES-SAT	SPECTROPHOTOMETRY	\$4.75
28 CK ISOENZYMES	377	1 DAY	5 DAYS	MON-SAT	ELECTROPHORESIS	\$22.90
29 CK TOTAL	374	1 DAY	4 DAYS	MON-SUN	ENZYMATIC	\$7.90
30 CLONAZEPAM	340	3 DAYS	8 DAYS	SUN,TUES,THURS	HIGH PERFORMANCE LIQUID CHROMATOGRAPHY	\$28.05
31 CMP W/O ALT	35555	1 DAY	4 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$11.40
32 COCCI AB, CF	906	2 DAYS	9 DAYS	TUES,THURS	COMPLEMENT FIXATION	\$47.00
33 COCCIDIO AB, ID	908	3 DAYS	8 DAYS	TUES,THURS,SAT	IMMUNODIFFUSION	\$47.00
34 COLD HEMAGGLUTININS	349	2 DAYS	7 DAYS	MON,WED, FRI	HEMAGGLUTINATION	\$8.26
35 COMP DRUG SCR S/P	5229	1 DAY	4 DAYS	MON-FRI	IMMUNOASSAY, COLORIMETRY, CHROMATOGRAPHY	\$125.00
36 COMP DRUG SCR US/P	6635	1 DAY	4 DAYS	MON-FRI	IMMUNOASSAY, COLORIMETRY, CHROMATOGRAPHY	\$60.00
37 COMP DRUG SCREEN (U)	6635	1 DAY	4 DAYS	MON-FRI	IMMUNOASSAY, COLORIMETRY, CHROMATOGRAPHY	\$60.00
38 COMP METAB PNL	10231	1 DAY	4 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$11.79
39 COMPLEMENT C3C	351	1 DAY	4 DAYS	TUES-SAT	IMMUNOTURBIDIMETRIC	\$19.38
40 CORTISOL, A.M.	4212	1 DAY	4 DAYS	MON-FRI	IMMUNOASSAY	\$21.47
41 CREATININE	375	1 DAY	3 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$6.88
42 CREATININE (U)	381	1DAY	4 DAYS	MON-FRI	COLORIMETRIC, KINETIC	\$11.02
43 CREATININE CLEARANCE	7943	1 DAY	4 DAYS	MON-SAT	COLORIMETRIC, KINETIC SPECTROPHOTOMETRY	\$6.88
44 CRP	4420	1 DAY	4 DAYS	TUES-SAT	NEPHELOMETRY	\$10.95
45 CT/GC DNA, CX M/URET	6919	1 DAY	5 DAYS	TUES-SAT	DNA HYBRIDIZATION WITH CHEMILUMINESCENT DETECTION	\$23.61
46 DIGOXIN	418	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$16.95
47 DRUG SCR CLIN-1 (U)	11219	1 DAY	5 DAYS	TUES, THURS	IMMUNOASSAY, CHROMATOGRAPHY	\$115.45
48 DRUG SCREEN 10-50 +	2130	1 DAY	3 DAYS	TUES-SAT	IMMUNOASSAY AND CONFIRMATION	\$56.75
49 DRUG SCR CLIN 1 (S)	1025	1 DAY	5 DAYS	TUES, THURS	IMMUNOASSAY, CHROMATOGRAPHY	\$127.00
50 ELECTROLYTE PANEL	34392	1 DAY	3 DAYS	MON-SUN	ION SELECTIVE ELECTRODE (ISE)	\$7.86
51 ESTRADIOL, ADULT FEMALE	4021	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$18.00
52 EUGLOBULIN LYSIS	462	1 DAY	10 DAYS	TUESDAY	CLOT DISSOLUTION	\$25.00
53 FACTOR IX ACT	352	1 DAY	6 DAYS	TUES-SAT	PHOTOMETRIC CLOT DETECTION	\$69.00
54 FACTOR VIII ACTIVITY	347	1 DAY	5 DAYS	TUES-SAT	PHOTOMETRIC CLOT DETECTION	\$44.10

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

GENERAL LABORATORY TESTS

Line Item and Test	Code	TAT	Set-Up Schedule	Method	Price	
55 FERRITIN	457	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$18.90
56 FOLATE, SERUM	466	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$17.00
57 FSH	470	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$14.40
58 FTA-ABS	4112	1 DAY	4 DAYS	MON,WED,FRI	IMMUNOFLUORESCENT ASSAY	\$14.25
59 GABAPENTIN	3557	3 DAYS	8 DAYS	SUN-THURS	HIGH PRESSURE LIQUID CHROMATOGRAPHY	\$75.00
60 GC DNA, PCR	10237	2 DAYS	5 DAYS	TUES,THURS,SAT	POLYMERASE CHAIN REACTION	\$20.00
61 GENTAMICIN, PEAK	8582	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$36.00
62 GENTAMICIN, TROUGH	8575	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$35.00
63 GGT	482	1 DAY	3 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$7.25
64 GLUCOSE, PLASMA	484	1 DAY	3 DAYS	MON-SUN	HEXOKINASE	\$4.50
65 GLUCOSE, SERUM	483	1 DAY	3 DAYS	MON-SUN	HEXOKINASE	\$6.88
66 GRAM STAIN	497	1 DAY	4 DAYS	MON-SUN	GRAM STAIN, MICROSCOPY	\$6.00
67 GROUP B STREP AG	4423	1 DAY	6 DAYS	MON-FRI	LATEX AGGLUTINATION	\$32.25
68 GTT, 4 SPECIMEN	10559	1 DAY	4 DAYS	TUES-SUN	SPECTROPHOTOMETRY HEXOKINASE	\$13.49
69 HBSAG CONFIRMATION	36204	1 DAY	3 DAYS	MON-SUN		\$17.10
70 HCG (TUMOR MARKER)	8396	1 DAY	3 DAYS	MON-FRI	IMMUNOASSAY	\$15.00
71 HCG, SERUM, QUANT	8396	1 DAY	3 DAYS	MON-FRI	IMMUNOASSAY	\$15.00
72 HCG,SERUM,QUAL	8435	1 DAY	3 DAYS	MON-FRI	IMMUNOASSAY	\$7.50
73 HCG,TOTAL (U) QL	396	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$15.00
74 HDL-CHOLESTEROL	608	1 DAY	3 DAYS	TUES-SAT	SPECTROPHOTOMETRY	\$6.00
75 HEMATOCRIT	509	1 DAY	3 DAYS	MON-SAT	ELECTRONIC SIZING AND COUNTING/CYTOMETRY/MANUAL	\$3.71
76 HEMOGLOBIN (B)	510	1 DAY	3 DAYS	MON-SUN	COLORIMETRY	\$3.71
77 HEMOGLOBIN A1C,IEC	496	1 DAY	3 DAYS	TUES-SAT	IMMUNOTURBIDIMETRY	\$11.00
78 HEMOGLOBINOPATHY	35489	1 DAY	4 DAYS	TUES-SAT	HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC) FOLLOWED BY, IF NECESSARY, ALKALINE AND ACID HEMOGLOBIN ELECTROPHORESIS ON AGAROSE GEL.	\$19.95
79 HEP A AB, TOTAL	508	1 DAY	4 DAYS	MON-SUN	IMMUNOASSAY	\$17.86
80 HEP A IGM AB	512	1 DAY	4 DAYS	MON-SUN	IMMUNOASSAY	\$18.00
81 HEP B CORE AB, TOTAL	501	1 DAY	3 DAYS	MON-SAT	IMMUNOASSAY	\$15.49
82 HEP B CORE IGM AB	4848	1 DAY	3 DAYS	MON-SAT	IMMUNOASSAY	\$22.90
83 HEP B SURFACE AB QL	499	1 DAY	3 DAYS	MON-SAT	IMMUNOASSAY	\$14.73

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

GENERAL LABORATORY TESTS

Line Item and Test	Code	TAT	Set-Up Schedule	Method	Price
84 HEP B SURFACE AB QN	8475	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY \$14.73
85 HEP B SURFACE AG	498	1 DAY	3 DAYS	MON-SAT	IMMUNOASSAY \$13.00
86 HEP C AB	8472	1 DAY	3 DAYS	MON-SAT	IMMUNOASSAY \$19.00
87 HEPATIC FUNC PNL	10256	1 DAY	4 DAYS	MON-SUN	SPECTROPHOTOMETRY \$9.04
88 HEPATIC FUNC PNL W/OTP	34391	1 DAY	4 DAYS	MON-SUN	SPECTROPHOTOMETRY \$8.65
89 HGB ELECTROPHORESIS	35489	1 DAY	4 DAYS	TUES-SAT	HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC) FOLLOWED BY, IF NECESSARY, ALKALINE AND ACID HEMOGLOBIN ELECTROPHORESIS ON AGAROSE GEL \$19.95
90 HGB INDICES	38529	1 DAY	4 DAYS	TUES-SAT	\$11.12
91 IRON, TOTAL	571	1 DAY	2 DAYS	TUES-SAT	SPECTROPHOTOMETRY \$5.10
92 IRON, TOTAL, &IBC	7573	1 DAY	2 DAYS	TUES-SAT	SPECTROPHOTOMETRY \$11.00
93 KETONES	3431NMS		TSO	TSO	GC TSO
94 LACTIC ACID (P)	585	1 DAY	2 DAYS	MON-SAT	SPECTROPHOTOMETRY \$25.00
95 LD ISOENZYMES	597	1 DAY	6 DAYS	TUES,THUR,SAT	AGAROSE ELECTROPHORESIS \$18.91
96 LDH	593	1 DAY	2 DAYS	MON-SAT	SPECTROPHOTOMETRY \$4.00
97 LEAD (B)	599	1 DAY	4 DAYS	MON-SAT	ATOMIC SPECTROSCOPY \$13.40
98 LIPASE	606	1 DAY	4 DAYS	TUES-SAT	SPECTROPHOTOMETRY \$12.25
99 LITHIUM	613	1 DAY	4 DAYS	TUES-SAT	ATOMIC ABSORPTION SPECTROMETRY (AAS)/ION SELECTIVE ELECTRODE (ISE) \$15.00
100 LUTEINIZING, HORMONE	615	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY \$12.00
101 LYME AB-WB CONFIRM	8593	2 DAYS	7 DAYS	MON,WED,FRI	WESTERN BLOT \$50.00
102 MAGNESIUM	622	1DAY	2 DAYS	TUES-SAT	SPECTROPHOTOMETRY \$8.30
103 MEASLES AB IGG, EIA	964	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY \$22.00
104 MISC-REFERRAL					N/A #N/A
105 MITOCHONDRIAL W/REFL	259	1 DAY	4 DAYS	TUES-SAT	IMMUNOFLUORESCENT ASSAY (IFA) \$19.38
106 MUMPS VIRUS IGG, EIA	8624	1 DAY	3 DAYS	TUES-SAT	IMMUNOASSAY \$23.47
107 MYOCARDIAL W/TITER	261	1 DAY	4 DAYS	TUES-SAT	INDIRECT IMMUNOFLUORESCENCE (IFA) \$25.00
108 MYOGLOBIN, RAND UR	661	1 DAY	4 DAYS	SUN-SAT	LATEX AGGLUTINATION, FIXED RATE TIME NEPHELOMETRY \$23.45
109 N.GON DNA	17304	2 DAYS	5 DAYS	MON-SAT	DNA HYBRIDIZATION WITH CHEMILUMINESCENT DETECTION \$20.00
110 N.GON DNA, CX M/URET	17304	2 DAYS	5 DAYS	MON-SAT	DNA HYBRIDIZATION WITH CHEMILUMINESCENT DETECTION \$20.00
111 NORTRIPTYLINE	272	2 DAYS	7 DAYS	SUN-WED	LIQUID CHROMATOGRAPHY, TANDEM MASS SPECTROMETRY (LC/MS/MS) \$28.50

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

GENERAL LABORATORY TESTS

Line Item and Test	Code	TAT	TAT	Set-Up Schedule	Method	Price
112 OCCULT BLD, FECES 1	35301	1 DAY	4 DAYS	MON-SUN	ENZYMATIC	\$6.00
113 OCCULT BLD, FECES 2	8793	1 DAY	4 DAYS	MON-SUN	ENZYMATIC	\$12.00
114 OCCULT BLD, FECES 3	8794	1 DAY	4 DAYS	MON-SUN	ENZYMATIC	\$18.00
115 PARASITE EXAM	681	2 DAYS	4 DAYS	MON-SUN	CONCENTRATION OF TREATED FECAL SEDIMENT OR URINE BY CENTRIFUGATION AND MICROSCOPIC EXAM, TRICHROME STAIN AND MICROSCOPIC EXAM.	\$24.00
116 PCR PRE-SEQUENC	34486/34487			N/A		170 each
117 PHENOBARBITAL	708	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$15.00
118 PHENYTOIN	713	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$15.00
119 PHOSPHATE	718	1 DAY	4 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$6.88
120 PLT SODIUM CITRATE	723	1 DAY	3 DAYS	TUES-SAT	ELECTRONIC SIZING AND COUNTING/CYTOMETRY/MICROSCOPY	\$5.00
121 PNEUMOCYSTIS CARINII	34286	2 DAYS	6 DAYS	MON-SAT	DIRECT IMMUNOFLUORESCENCE ASSAY (DFA)	\$50.00
122 POTASSIUM	733	1 DAY	2 DAYS	TUES-SAT	ION SELECTIVE ELECTRODE (ISE)	\$6.88
123 PRIMIDONE	751	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$23.50
124 PRO TIME WITH INR	8847	1 DAY	3 DAYS	TUES-SAT	PHOTOMETRY/OPTICAL	\$7.00
125 PROLACTIN	746	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$19.00
126 PROTEIN ELECTRO	747	1 DAY	4 DAYS	TUES-SAT	SPECTROPHOTOMETRY-COLORIMETRIC ELECTROPHORESIS	\$15.49
127 PROTEIN, TOTAL (U)	757	1 DAY	3 DAYS	MON-FRI	SPECTROPHOTOMETRY-COLORIMETRIC	\$20.43
128 PSA	5363	1 DAY	4 DAYS	MON-FRI	CHEMILUMINESCENCE	\$16.60
129 PTT, ACTIVATED	763	1 DAY	3 DAYS	TUES-SAT	PHOTO/OPTICAL	\$12.00
130 RETICULOCYTE COUNT	793	1 DAY	3 DAYS	MON-FRI	ELECTRONIC CELL SIZING AND COUNTING/CYTOMETRY/MICROSCOPY	\$6.00
131 RFL-MICR (INC)	5489		3 DAYS	MON-SAT	N/A	\$5.00
132 RHEUMATOID FACTOR	4418	1 DAY	4 DAYS	TUES-SAT	IMMUNOTURBIDIMETRY	\$16.00
133 RPR MONITOR W/REFL	799	1 DAY	4 DAYS	TUES-SAT	AGGLUTINATION	\$4.85
134 RPR TITER	36203	1 DAY	4 DAYS	TUES-SAT		\$6.00
135 RPR(DX)REFL FTA	36126	1 DAY	4 DAYS	TUES-SAT	IMMUNOFLUORESCENT ASSAY (IFA)	\$4.85
136 SALMONELLA AB EIA	10582	1 DAY	8 DAYS	WED, FRI	ENZYME IMMUNOASSAY (EIA)	\$55.00
137 SED RAT BY MOD WEST	809	1 DAY	3 DAYS	TUES-SAT	MODIFIED WESTERGEN	\$9.00
138 SICKLE CELL SCREEN	825	1 DAY	3 DAYS	MON-SAT	HYDROSULFITE SOLUBILITY	\$14.00
139 SKELETAL MUSC W/TITR	266/36210	1 DAY	4 DAYS	TUES-SAT	INDIRECT IMMUNOFLUORESCENCE (IFA)	\$25.00
140 SMOOTH MUSC RFX/TIT	263	1 DAY	4 DAYS	TUES-SAT	INDIRECT IMMUNOFLUORESCENCE (IFA)	\$23.47

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

GENERAL LABORATORY TESTS

Line Item and Test	Code	TAT	Set-Up Schedule	Method	Price	
141 T3 UPTAKE	866	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$25.37
142 T4 TOTAL	867	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$4.50
143 T4, FREE	866	1 DAY	4 DAYS	MON-FRI	IMMUNOASSAY	\$25.37
144 TACROLIMUS	34482	2 DAYS	6 DAYS	SUN-SAT	IMMUNOASSAY	\$45.00
145 TESTOSTERONE, TOTAL	873	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$23.10
146 THEOPHYLLINE	878	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$18.90
147 THYROGLOBULIN AB	267	1 DAY	4 DAYS	MON-FRI	IMMUNOASSAY	\$30.00
148 THYROGLOBULIN QT	30278	2 DAYS	7 DAYS	MON-FRI	IMMUNOASSAY	\$35.53
149 THYROID PEROXID AB	5081	1 DAY	4 DAYS	MON-FRI	IMMUNOASSAY	\$22.00
150 TOPIRAMATE	30965	3 DAYS	8 DAYS	SUN-THURS	FLUORESCENCE POLARIZATION IMMUNOASSAY (FPIA)	\$48.50
151 TRANS.FEE	9025					\$20.00
152 TRICHLOROETHYLENE	6339-NMS		TSO	TSO	GC	TSO
153 TRIGLYCERIDES	896	1 DAY	3 DAYS	TUES-SAT	SPECTROPHOTOMETRY	\$5.00
154 TROPONIN	34693	1 DAY	6 DAYS	SUN-SAT	IMMUNOASSAY	\$40.00
155 UA, REFLEX	7909	1 DAY	3 DAYS	TUES-SAT	REAGENT IMPREGNATED STRIPS/TABLETS/MICRO SCOPIC EXAMINATION IF URINE MACROSCOPIC OR DIPSTICK INDICATES.	\$8.00
156 UREA NITROGEN (BUN)	294	1 DAY	3 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$6.88
157 URIC ACID	905	1 DAY	3 DAYS	MON-SUN	SPECTROPHOTOMETRY	\$4.75
158 URINALYSIS, COMPLETE	5463	1 DAY	3 DAYS	TUES-SAT	REAGENT IMPREGNATED STRIPS/TABLETS/MICRO SCOPIC EXAMINATION	\$6.00
159 VALPROIC ACID	916	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$18.00
160 VANCOMYCIN	917	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$26.05
161 VANCOMYCIN, PEAK	8578	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$26.05
162 VANCOMYCIN, TROUGH	8579	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY	\$26.05
163 VITAMIN B12	927	1 DAY	5 DAYS	TUES-SAT	IMMUNOASSAY	\$19.00
164 VOLATILES	7240	1 DAY	5 DAYS	TUES-SAT	CHROMATOGRAPHY	\$45.00
165 WET MOUNT	3963	1 DAY	3 DAYS	MON-SUN	SIMPLE WET MOUNT WITH OR WITHOUT KOH	\$14.00

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

MICROBIOLOGY AND VIROLOGY TESTS

Line Item and Test	Code		TAT	Set-Up Schedule	Method	Price
166 AEROBIC BACT.ID	392	3 DAYS	6 DAYS	MON-SUN	BACTERIAL CULTURE, ANAEROBIC ROUTINE ISOLATION AND IDENTIFICATION TECHNIQUES TOXIN (EIA) ASSAY TESTING PERFORMED ON ALL ISOLATES OF	\$13.00
167 C.DIFFICILE CULTURE	4407/4408	3 DAYS	6 DAYS	MON-SUN	C. DIFFICILE CULTURE	\$32.00
168 CLT,MYCOBACTERIUM	4554	6 WEEKS	9 WEEKS	MON-SUN	DEONTAMINATION/CONCENTRATION AS NEEDED EXAM BY FLUOROCHROME STAIN	\$46.00
169 CULTURE, AEROBIC BAC	4550	3 DAYS	6 DAYS	MON-SUN	BACT CULT AEROBIC/INCLUDES ROUTINE ISOLATION AND ID PROCEDURES/SUSP TESTING WHEN APPROPRIATE	\$19.00
170 CULTURE, AUTOCLAVE	4479	2 DAYS	6 DAYS	MON-SUN	CULTURE/ENZYME PRODUCTION	\$40.75
171 CULTURE, BLOOD	389	5 DAYS	11 DAYS	MON-SUN	AUTOMATED CONTINUOUS MONITERING USING FLUORESCENT DET./SUSC TESTING WHEN APPROPRIATE	\$47.00
172 CULTURE, GENITAL	4558	2 DAYS	6 DAYS	MON-SUN	ROUTINE ISOLATION AND ID PROCEDURES/SUSC TESTING WHEN APPROPRIATE	\$32.25
173 CULTURE, THROAT	394	2 DAYS	6 DAYS	MON-SUN	ROUTINE ISOLATION AND ID PROCEDURES/SUSC TESTING WHEN APPROPRIATE	\$32.25
174 CULTURE, UR ROUTINE	395	1 DAY	6 DAYS	MON-SUN	CONVENTIONAL ISOLATION AND ID TECHNIQUES	\$30.00
175 CULTURE,CAMPYLOBAC.	4475	3 DAYS	6 DAYS	MON-SUN	AEROBIC ISOLATION AND ID PROCEDURES	\$33.05

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

MICROBIOLOGY AND VIROLOGY TESTS

Line Item and Test	Code	TAT	Set-Up Schedule	Method	Price
176 CULTURE,EAR,EXT.	4477	3 DAYS	6 DAYS	MON-SUN	ROUTINE ISOLATION AND ID PROCEDURES/SUSC WHEN APPROPRIATE \$12.26
177 CULTURE,EYE,EXT.	4480	3 DAYS	6 DAYS	MON-SUN	ROUTINE ISOLATION AND ID PROCEDURES/SUSC WHEN APPROPRIATE \$32.25
178 CULTURE,NEISSERIA	480	3 DAYS	6 DAYS	MON-SUN	ROUTINE ISOLATION AND ID PROCEDURES/SUSC TESTING NOT ROUTINELY PERFORMED \$25.75
179 CULTURE,SALM/SHIG	10019	3 DAYS	6 DAYS	MON-SUN	ROUTINE ISOLATION AND ID PROCEDURES/SUSC TESTING WHEN APPROPRIATE \$24.95
180 CULTURE,SPUTUM/LOWER RESP	4556	2 DAYS	6 DAYS	MON-SUN	INCLUDES GRAM STAIN EVAL OF SPECIMEN/ROUTINE ISOLATION AND ID/SUSP WHEN APPROPRIATE \$32.25
181 H.PYLORI IGG, QUANT	29408	1 DAY	4 DAYS	TUES-SAT	CHEMILUMINESCENCE \$83.00
182 H.PYLORI IGG AB	29407	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY \$25.00
183 HEPATITIS C VIRUS RNA, QN, PCR	35645	3 DAYS	6 DAYS	TUES-SAT	POLYMERASE CHAIN REACTION (PCR) \$180.00
184 HEPATITIS C VIRUS RNA, QL, PCR	34024	1 DAY	3 DAYS	MON,WED,FRI	PCR \$99.00
185 HIV-1 AB BY WBA	5233	2 DAYS	6 DAYS	MON-SAT	WESTERN BLOT \$50.00
186 HIV-1 GENOTYPING PRI	34486	7 DAYS	8 DAYS	MON-SAT	REVERSE TRANSCRIPTASE PCR AND DNA SEQUENCING \$170.00
187 HIV-1 GENOTYPING RTI	34487	7 DAYS	8 DAYS	MON-SAT	REVERSE TRANSCRIPTASE PCR AND DNA SEQUENCING \$170.00
188 HIV-1 RNA BY BDNA	29273	1 DAY	4 DAYS	MON,WED,THU,FRI	BRANCHED DNA SIGNAL AMPLIFICATION \$175.00
189 HIV-1 SCR (REFL)	6449	1 DAY	4 DAYS	MON-SAT	ENZYME IMMUNOASSAY \$17.86
190 HLA-B27 ANTIGEN	528	1 DAY	4 DAYS	MON-SUN	FLOW CYTOMETRY \$30.87
191 HSV 1/2 HERPESELECT	6447	1 DAY	4 DAYS	TUES-SAT	IMMUNOASSAY \$42.94
192 HSV IGM TITER	38750	1 DAY	4 DAYS	MON,WED,FRI	IMMUNOFLUORESCENCE ASSAY \$75.00
193 HSV, IGM AB SCREEN	7438	1 DAY	4 DAYS	MON,WED,FRI	IMMUNOFLUORESCENCE ASSAY \$52.82

Medical Laboratory Services
Exhibit C
Laboratory Fee Schedule

MICROBIOLOGY AND VIROLOGY TESTS

Line Item and Test	Code	TAT	Set-Up Schedule	Method	Price	
194 LYMPH SUBSET 4PNL	7924	1 DAY	4 DAYS	MON-SUN	FLOW CYTOMETRY	\$175.00
195 LYMPH SUBSET 5PNL	8360	1 DAY	4 DAYS	MON-SUN	FLOW CYTOMETRY	\$77.25
196 ORG ID 1	ID	2 DAYS	6 DAYS	MON-SUN	ROUTINE ID TECHNIQUES INCLUDING BIOCHEMICAL AND MOLECULAR	\$11.00
197 ORG ID 2	ID	2 DAYS	6 DAYS	MON-SUN	ROUTINE ID TECHNIQUES INCLUDING BIOCHEMICAL AND MOLECULAR	\$22.00
198 ORG ID 3	ID	2DAYS	6 DAYS	MON-SUN	ROUTINE ID TECHNIQUES INCLUDING BIOCHEMICAL AND MOLECULAR	\$33.00
199 ORG ID 4	ID	2 DAYS	6 DAYS	MON-SUN	ROUTINE ID TECHNIQUES INCLUDING BIOCHEMICAL AND MOLECULAR	\$44.00
200 ORG ID 5	ID	2 DAYS	6 DAYS	MON-SUN	ROUTINE ID TECHNIQUES INCLUDING BIOCHEMICAL AND MOLECULAR	\$55.00
201 RUBELLA IGG AB	802	1 DAY	4 DAYS	TUES-SAT	ENZYME IMMUNOASSAY	\$11.78
202 SUSC.MYCOBACTERIUM	7950		TSO	TSO	BROTH BASED SUSCEPTABILITY	\$45.00
203 SUSC-1	1AS1	2 DAYS	2 DAYS	MON-SAT	Refer to Catalog	\$11.00
204 SUSC-2	1AS2	2 DAYS	2 DAYS	MON-SAT	Refer to Catalog	\$22.00
205 SUSC-3	1AS3	2 DAYS	2 DAYS	MON-SAT	Refer to Catalog	\$33.00
206 SUSC-4	1AS4	2 DAYS	2 DAYS	MON-SAT	Refer to Catalog	\$44.00
207 TOXO IGG AB	3679	2 DAYS	6 DAYS	TUES-SAT	IMMUNOASSAY	\$50.00
208 VAR. ZOSTER (IGM)	8683	1 DAY	5 DAYS	TUES-SAT	IMMUNOASSAY	\$74.00
209 VZV IGG AB	4439	1 DAY	5 DAYS	TUES,THURS,SAT	ENZYME IMMUNOASSAY	\$23.85
210 WOUND SUSC-2	1AE2	2 DAYS	2 DAYS	MON-SUN	Refer to Catalog	\$25.00

CYTOLOGY AND HISTOPATHOLOGY TESTS

Line Item and Test	Code	TAT	Set-Up Schedule	Method	Price	
211 BIOPSY	3300	3 DAYS	10 DAYS	MON-FRI	H&E STAINING, MICROSCOPY	\$34.56
212 CYTOLOGY, CONVENTIONAL PAP SMEAR	3526	3 DAYS	10 DAYS	MON-FRI	MICROSCOPY	\$19.00

ADDITIONAL COSTS

EMERGENCY (STAT SERVICES)

THE FOLLOWING COSTS FOR EMERGENCY SERVICES WILL BE IN ADDITION TO THE TEST CHARGES:

STAT ASSAY CHARGE: \$25.00/TEST
STAT SERVICE/PICKUP CHARGE: \$25.00/PICKUP

RECURRENT MISCELLANEOUS FEES:

TEST SEND OUTS TO UNAFFILIATED LABORATORIES \$25.00/TEST SEND OUT

** 50% Discount on Discountable Assays

** Special Pricing Available Upon Request on Non Discountable Assays

Code	Test Name	Discountable	List Fee
4729	1,25 DIHYDROXY VIT D	N	\$263.55
37551	11 DEOXYCORTISOL 24H	N	\$196.00
19072	11-DEOXYCORT RESP TO ACTH	N	\$311.00
30543	11-DEOXYCORTISOL	N	\$148.05
37948	17 HYDROXPREG. 60	N	\$115.80
39488	17 HYDROXY-PROG. U	N	\$200.00
15201	17 KETO W/ CREATININE	N	\$62.00
15203	17HYDROXY/17KETOSTER	Y	\$163.00
17654	17-HYDRXPROG NEO/INF	N	\$68.15
15202	17OH-HYDROXY W/CREAT	N	\$108.15
17180	17-OHPROGEST.LC/MSMS	N	\$68.15
37552	18 OH DOC	N	\$175.00
39625	5-HIAA,24HR W/CREAT	N	\$42.15
38071	6 BETA HYDROXYCORT.	N	\$150.00
4658	A. FLAVUS AB	N	\$60.00
4657	A. FUMIGATUS AB	N	\$60.00
4659	A. NIGER AB	N	\$60.00
4654	A. PULLULANS AB	N	\$60.00
17501	A.FUMIGATUS IGG,EIA	N	\$64.00
469	A-1-A GLYCOPROTEIN	N	\$78.75
853	A-1-ANTITRYP PHENO	N	\$120.75
30662	A-1-ANTITRYPSIN(REFL)	N	\$38.40
228	A-2-MACROGLOBULIN	N	\$78.75
15340	AAT MUTATION ANALY.	N	\$275.00
37103	AB TO PM-1	N	\$106.05
38766	ABALONE IGE	N	\$48.40
16031	ABL KINASE DOMAIN	N	\$400.00
16029	ABL MUTATION	N	\$400.00
576	ABO ANTIBODY TITER	N	\$70.50
34980	ABROVIRUS AB PNL	N	\$679.00
34054	ACE CSF	N	\$110.45
11210	ACE POLYMORPHISM	Y	\$210.00
24992	ACETALDEHYDE, (U)	N	\$67.75
6006	ACETOPHENAZINE (S)	N	\$239.00
206	ACETYLCHOLINE REC AB	N	\$110.25
4627	ACHOLN REC BLK	N	\$163.45
34459	ACHR BLOCKING	N	\$143.85
5512	ACID HEMOLYSIS	N	\$110.25
36569	ACID LABILE SUBUNIT	N	\$84.50
37090	ACL WEST COAST-IGE	Y	\$575.05
211	ACTH	N	\$101.70
15043	ACTIN ANTIBODY (IGG)	Y	\$69.00
3900	ACTINOMYCES CULTURE	N	\$169.35
36056	ACUTE PROMYELOCYTICL	N	\$370.80
14531	ACYLCARNITINE PLASMA	N	\$172.00
10159	ADENOSINE DEAMINAS	N	\$120.75
17698	ADENOSINE DEAMINASE, CSF	Y	\$150.00
17697	ADENOSINE DEAMINASE, PERI	Y	\$150.00
17696	ADENOSINE DEAMINASE, PLEU	Y	\$150.00

Code	Test Name	Discountable	List Fee
686	ADENOVIRUS AB	N	\$89.25
6743	ADENOVIRUS AB (A&C)	N	\$202.80
8538	ADENOVIRUS AB,CSF	N	\$119.00
38945	ADENOVIRUS AG,EIA	Y	\$89.00
19495	ADENOVIRUS IGG/IGM	N	\$191.10
8355	ADENOVIRUS, DFA	Y	\$119.30
15060	ADIPONECTIN	N	\$178.50
10642	ADMARK APOE GENOTYPE	N	\$340.00
36155	ADRENAL AB	N	\$19.95
4645	ADRENAL AB RFX TITER	N	\$110.20
3129	ADRIAMYCIN	N	\$189.70
10715	ADULT FOOD ALLERGY PROF	Y	\$220.00
14788	ADULT IGG PANEL	N	\$228.50
39530	ADULTER, CREAT W/REF	Y	\$29.00
39531	ADULTERATION, PH	N	\$24.55
1GB1	AEROBIC SUSC-1	Y	\$21.15
1TH1	AEROBIC SUSC-1	Y	\$35.85
2GB1	AEROBIC SUSC-1	Y	\$21.15
2TH1	AEROBIC SUSC-1	Y	\$35.85
1GB2	AEROBIC SUSC-2	Y	\$42.25
1TH2	AEROBIC SUSC-2	Y	\$71.60
1GB3	AEROBIC SUSC-3	Y	\$63.35
1TH3	AEROBIC SUSC-3	Y	\$107.40
1GB4	AEROBIC SUSC-4	Y	\$84.50
1GB5	AEROBIC SUSC-5	Y	\$105.60
1GB6	AEROBIC SUSC-6	Y	\$214.70
10725	AFLATOXIN ABS	N	\$152.25
4697	AFP, FLUID (CHIRON)	N	\$112.80
6301	ALA,RANDOM U	N	\$110.35
36570	ALASKA PNL,SMALL	N	\$261.45
17412	ALBUMIN PERITON FL	Y	\$22.00
1713	ALBUMIN, FLUID	N	\$41.30
17413	ALBUMIN, PLEURAL FL	N	\$41.30
2128	ALCOHOL, ETHANOL (U)	N	\$92.80
14920	ALCOHOL, ETHANOL (U)	N	\$92.80
5840	ALCOHOL, ETHYL (U)	N	\$98.80
578	ALCOHOL, ISOPROPYL	N	\$89.30
643	ALCOHOL, METHYL (B)	N	\$81.70
15802	ALCOHOL,ETHYL NO CONF	N	\$92.80
6996	ALDOSTERONE, 2 SPEC	N	\$213.60
4827	ALDOSTERONE, 3 SPEC	N	\$320.40
6997	ALDOSTERONE, 4 SPEC	N	\$427.20
19520	ALDOSTERONE, 60 MIN	N	\$106.80
19545	ALDOSTERONE, BASELINE	N	\$106.80
36094	ALDOSTERONE, S	N	\$106.80
6516	ALDOSTERONE, U	N	\$241.90
17181	ALDOSTERONE,LC/MS/MS	N	\$106.80
38263	ALFALFA	N	\$35.40
5202	ALK PHOS, HEAT FRAC	N	\$89.50
34242	ALK PHOS. (REFL)	N	\$20.90
1612	ALKALINE PHOS, FL	N	\$41.30

Code	Test Name	Discountable	List Fee
37117	ALLERG(IGE)CHYMOPAP	N	\$20.00
7101	ALLERGY 1,PCS,NE	Y	\$426.90
7211	ALLERGY 10,PCS,SW	Y	\$426.90
7911	ALLERGY 11,PCS,MOLD	Y	\$100.00
7912	ALLERGY 12,PCS,ANIML	Y	\$100.00
7913	ALLERGY 13,PCS,INSCT	Y	\$100.00
31743	ALLERGY 14,PCS,PED	Y	\$213.55
7914	ALLERGY 14,PCS,PEDS	Y	\$100.00
7915	ALLERGY 15,PCS,CEREAL	Y	\$100.00
7916	ALLERGY 16,PCS,VEG	Y	\$100.00
7917	ALLERGY 17,PCS,SALAD	Y	\$100.00
7918	ALLERGY 18,PCS,NUTS	Y	\$100.00
7919	ALLERGY 19,PCS,SEAFD	Y	\$100.00
7212	ALLERGY 2,PCS,SE	Y	\$426.90
7213	ALLERGY 3,PCS,ST	Y	\$426.90
7904	ALLERGY 4,PCS,GL	Y	\$426.90
7905	ALLERGY 5,PCS,NC	Y	\$426.90
7216	ALLERGY 6,PCS,SC	Y	\$426.90
7217	ALLERGY 7,PCS,RM	Y	\$426.90
7812	ALLERGY 8,PCS,SW	Y	\$426.90
7219	ALLERGY 9,PCS,NW	Y	\$426.90
38841	ALLERGY CHILD FOOD	Y	\$40.00
10059	ALLERGY GRASSES 4	N	\$40.00
10057	ALLERGY MEAT MIX	N	\$40.00
10056	ALLERGY MOLDS, YEAST	N	\$40.00
38828	ALLERGY PNL P.RICO	Y	\$412.00
10643	ALLERGY PNL REG 1	Y	\$380.00
10651	ALLERGY PNL REG 10	Y	\$400.00
10653	ALLERGY PNL REG 11	Y	\$420.00
10654	ALLERGY PNL REG 12	Y	\$420.00
10655	ALLERGY PNL REG 13	Y	\$480.00
10668	ALLERGY PNL REG 14	Y	\$480.00
10669	ALLERGY PNL REG 15	Y	\$440.00
10657	ALLERGY PNL REG 16	Y	\$400.00
10658	ALLERGY PNL REG 17	Y	\$400.00
10673	ALLERGY PNL REG 18	Y	\$340.00
10644	ALLERGY PNL REG 2	Y	\$400.00
10285	ALLERGY PNL REG 3	Y	\$420.00
10286	ALLERGY PNL REG 4	Y	\$380.00
10646	ALLERGY PNL REG 5	Y	\$400.00
10647	ALLERGY PNL REG 6	Y	\$420.00
10648	ALLERGY PNL REG 7	Y	\$380.00
10649	ALLERGY PNL REG 8	Y	\$380.00
10650	ALLERGY PNL REG 9	Y	\$420.00
37120	ALLERGY SCRIN-SEAFOOD	N	\$40.00
11270	ALLERGY SHELLFSH PNL	Y	\$80.00
7951	ALLERGY,PCS,R1,GRASS	Y	\$213.55
7971	ALLERGY,PCS,R1,TREES	Y	\$213.55
7981	ALLERGY,PCS,R1,WEEDS	Y	\$213.55
7960	ALLERGY,PCS,R10,GRAS	Y	\$213.55
7970	ALLERGY,PCS,R10,TREE	Y	\$213.55

Code	Test Name	Discountable	List Fee
7991	ALLERGY,PCS,R10,WEED	Y	\$213.55
7952	ALLERGY,PCS,R2,GRASS	Y	\$213.55
7972	ALLERGY,PCS,R2,TREES	Y	\$213.55
7982	ALLERGY,PCS,R2,WEEDS	Y	\$213.55
7953	ALLERGY,PCS,R3,GRASS	Y	\$213.55
7973	ALLERGY,PCS,R3,TREES	Y	\$213.55
7983	ALLERGY,PCS,R3,WEEDS	Y	\$213.55
7954	ALLERGY,PCS,R4,GRASS	Y	\$213.55
7974	ALLERGY,PCS,R4,TREES	Y	\$213.55
7984	ALLERGY,PCS,R4,WEEDS	Y	\$213.55
7955	ALLERGY,PCS,R5,GRASS	Y	\$213.55
7975	ALLERGY,PCS,R5,TREES	Y	\$213.55
7985	ALLERGY,PCS,R5,WEEDS	Y	\$213.55
7956	ALLERGY,PCS,R6,GRASS	Y	\$213.55
7976	ALLERGY,PCS,R6,TREES	Y	\$213.55
7986	ALLERGY,PCS,R6,WEEDS	Y	\$213.55
7957	ALLERGY,PCS,R7,GRASS	Y	\$213.55
7977	ALLERGY,PCS,R7,TREES	Y	\$213.55
7987	ALLERGY,PCS,R7,WEEDS	Y	\$213.55
7958	ALLERGY,PCS,R8,GRASS	Y	\$213.55
7978	ALLERGY,PCS,R8,TREES	Y	\$213.55
7988	ALLERGY,PCS,R8,WEEDS	Y	\$213.55
7959	ALLERGY,PCS,R9,GRASS	Y	\$213.55
7979	ALLERGY,PCS,R9,TREES	Y	\$213.55
7989	ALLERGY,PCS,R9,WEEDS	Y	\$213.55
37058	ALLERGY-ADLT SCN,IGE	N	\$307.00
36729	ALLERGY-REGIONAL J	N	\$290.00
39498	ALLSPICE IGE	N	\$35.40
38137	ALMOND IGG	N	\$43.50
38176	ALPHA FETOPROTEIN,FL	N	\$78.75
16116	ALPHA GLOBIN COMPLETE	N	\$610.00
8658	ALPHA SUBUNIT	N	\$94.20
11175	ALPHA THAL MUT ANAL	N	\$460.00
14628	ALPHA-1-ANTITRYPSIN	Y	\$64.00
30523	ALPHA-1-ANTITRYPSIN	Y	\$64.00
10320	ALPHA-LACTALB	N	\$43.50
17365	ALPHA-THALASSEMIA EVAL	N	\$377.70
4741	ALPRAZOLAM	N	\$143.15
37910	ALPRAZOLAM & MET.(C)	N	\$120.00
30958	ALPRAZOLAM & METAB	N	\$146.00
1600	ALT, FLUID	N	\$41.30
10501	ALT.TEN/ALTERNTA IGA	N	\$73.50
34904	ALTERNARIA T IGG4	N	\$34.20
10281	ALTERNARIA TEN IGG	N	\$43.50
37335	ALTERNARIA TENUIS	N	\$43.50
14845	ALTERNATIVE PATHWAY	N	\$77.50
14451	ALUM 24HR W/O CREAT	Y	\$93.00
3207	ALUMINUM (S)	N	\$85.35
4957	ALUMINUM, FLUID	N	\$107.40
2958	ALUMINUM, S	N	\$80.85
4354	ALUMINUM, STIMULATED	N	\$91.85

Code	Test Name	Discountable	List Fee
37454	AMERICAN COCKRCH*IGE	N	\$36.50
8584	AMIKACIN, PEAK	N	\$109.50
8583	AMIKACIN, TROUGH	N	\$109.50
37563	AMINO ACID ANA QUANT (S)	N	\$162.00
37403	AMINO ACID ANLYS	N	\$162.00
37564	AMINO ACID CSF	N	\$165.00
767	AMINO ACID FRAC,P	N	\$555.90
29881	AMINO ACID FRAC.	N	\$549.15
684	AMINO ACID SCREEN(U)	N	\$94.50
1776	AMINO ACID SPECIAL	N	\$549.15
36437	AMINO ACID, CSF	N	\$138.60
36188	AMINO ACID,QL(U)	N	\$99.25
36183	AMINO ACID,QT(U)	N	\$623.70
36190	AMINO ACID,QT(U)SINGLE	N	\$341.10
219	AMINOLEVULINIC ACID	N	\$107.10
5258	AMIODARONE	N	\$196.80
36721	AMIODARONE	N	\$128.10
423	AMITRIPTYLINE	N	\$48.90
14995	AML1/ETO QN RT-PCR	Y	\$336.00
632	AMOEBIC AB BY IHA	N	\$112.80
4641	AMOEBIC AB, EIA	N	\$209.95
4412	AMOXAPINE	N	\$137.15
38476	AMOXICILLIN C6 IGE	N	\$41.20
14742	AMPH CONF GCMS URINE	N	\$96.45
34867	AMPHET CONF	N	\$206.00
34517	AMPHET. GC/MS MECON	N	\$96.45
14740	AMPHETAMINE CON GCMS	N	\$96.45
14744	AMPHETAMINE CONF BLD	N	\$96.45
14743	AMPHETAMINE SCR W/CONF(B)	N	\$60.00
14739	AMPHETAMINE SCR W/CONF(S)	N	\$60.00
14741	AMPHETAMINE SCR W/CONF(U)	N	\$60.00
7184	AMPHETAMINE-300SC/CF	N	\$147.95
38089	AMPHETAMINES	N	\$71.10
241	AMPHETAMINES (U)	N	\$111.70
7170	AMPHETAMINES SC/CF	N	\$147.95
6031	AMPHOTERICIN B (U)	N	\$93.70
6356	AMPHOTERICIN B, CSF	N	\$93.70
36187	AMYLASE ISO W/REF MACRO.	N	\$91.35
845	AMYLASE ISOENZYMES	N	\$171.50
14581	AMYLASE W/O CREAT RAND UR	N	\$40.05
4406	AMYLASE, BODY FLUID	N	\$47.75
17414	AMYLASE, PERITON FL	Y	\$30.20
8464	AMYLASE, RAND UR	N	\$40.05
14759	AMYLOIDOSIS EVAL	N	\$810.00
38093	ANA AB, IFA (HEP-2)	N	\$96.00
8657	ANA ENDPOINT	N	\$37.00
6412	ANA ENDPOINT COMP	N	\$317.25
19274	ANA PROFILE	N	\$89.50
15996	ANA SCREEN (REFL)	Y	\$58.85
4638	ANA, PLEURAL FLUID	N	\$73.70
5900	ANABOLIC STEROID PNL	N	\$218.30

Code	Test Name	Discountable	List Fee
6411	ANABOLIC STEROID SCR	N	\$254.70
38555	ANABOLIC STEROIDS QL	N	\$125.00
1A11	ANAEROB SUSC-1	Y	\$21.15
1AN1	ANAEROB SUSC-1	Y	\$83.85
2A11	ANAEROB SUSC-1	Y	\$35.85
1A12	ANAEROB SUSC-2	Y	\$42.25
1AN2	ANAEROB SUSC-2	Y	\$168.20
1A13	ANAEROB SUSC-3	Y	\$63.35
1AN3	ANAEROB SUSC-3	Y	\$251.65
4471	ANAEROBIC BACT. ID	N	\$130.05
4469	ANAEROBIC CULT. W/GS	N	\$124.55
3582	ANALYZER PANEL	N	\$193.25
36733	ANCA	Y	\$270.40
38914	ANCA SCREEN	N	\$131.25
8431	ANCA TITER	N	\$186.05
38003	ANCA-IBD TITER	N	\$131.25
10054	ANCA-IBD W/RFL TITER	N	\$131.25
5276	ANDROSTANEDIOL GLUC.	N	\$225.75
251	ANDROSTENEDIONE	N	\$180.65
10460	ANDROSTENEDIONE AMFL	N	\$167.00
17182	ANDROSTENEDIONE LCMS	N	\$180.65
34207	ANGIOEDEMA PANEL	N	\$481.80
36718	ANGIOTENSIN II	N	\$89.00
15573	ANNA CONFIRMATION	N	\$144.00
11266	ANNEXIN V ANTIBODIES	Y	\$150.00
38341	ANNUAL SALT BUSH IGE	N	\$35.40
36669	ANTI C3 & ANTI IGG	N	\$29.40
36734	ANTI-68 KD(HSP-70)	N	\$190.00
30708	ANTIDEPRESSANT (U)QL	Y	\$90.05
252	ANTIDIURETIC HORMONE	N	\$223.65
256	ANTI-DNASE B TITER	N	\$96.35
37092	ANTI-DSDNA,RFX,TITER	N	\$62.85
37097	ANTIEPIDERMAL RFX	N	\$42.00
37093	ANTI-GM1	N	\$150.00
37056	ANTIHISTONE AB	N	\$86.00
37363	ANTI-HIV-2 SCR N	N	\$69.85
37542	ANTI-HU AB TITER	N	\$50.00
37096	ANTI-HU AB TITER,C	N	\$50.00
37543	ANTI-HU AB,WB	N	\$100.00
37065	ANTI-HU AB,WB,CSF	N	\$100.00
37053	ANTI-HU RFX/TITER/WB	N	\$150.00
37710	ANTI-HU/IFA/RFX/WB	N	\$150.00
23879	ANTI-IGA ABS, EIA	N	\$181.30
17705	ANTIMIC SUS,STAPH	N	\$366.00
34085	ANTIMICRO(SCHLICHTR)	N	\$94.50
17295	ANTIMICROB. SUSC.	N	\$125.00
17292	ANTIMICROB. SUSC. 2	N	\$227.00
37540	ANTIMYOCARDIAL TITER	N	\$18.40
7806	ANTINEUTRO CY(ANCA)	N	\$214.70
8520	ANTINUCLEAR AB,CSF	N	\$73.70
8230	ANTIPHOS.SYNDROME EV	N	\$238.50

Code	Test Name	Discountable	List Fee
36595	ANTIPHOSPHATIDYL	N	\$157.50
10062	ANTIPHOSPHATIDYLSER	N	\$226.00
37505	ANTIPHOSPHATIDYSLER	N	\$233.00
37520	ANTIRET.RFX TITER	N	\$65.00
37063	ANTIRETICULIN IGA TITER	N	\$65.00
21116	ANTI-SKIN AB	N	\$102.35
7902	ANTISPERM AB, SERUM	N	\$116.00
216	ANTITHROMBIN III ACT	N	\$196.50
5158	ANTITHROMBIN III AG	N	\$196.50
10040	ANTIVIROGRAM PHENOTY	N	\$970.20
7652	AP2,100,B	N	\$78.20
30229	AP8,50,B	N	\$91.35
10940	APA	N	\$153.05
22	APC RESISTANCE	N	\$104.50
34212	APO E GENOTYPE	N	\$232.55
37050	APO E,PHENOTYPING	N	\$232.55
5223	APOLIPOPROTEIN A1	N	\$53.15
5224	APOLIPOPROTEIN B	N	\$53.15
37922	APOLIPOPROTEIN B 100	N	\$62.00
7018	APOLIPOPROTEIN EVAL	N	\$106.20
15103	APOPTOSIS, ANNEXIN V	N	\$320.00
15105	APOPTOSIS, MITOCHONDRIAL	N	\$320.00
38257	APPLE IGG	N	\$43.50
37253	APTT BASELINE	N	\$25.00
6742	ARBOVIRUS AB (A&C)	Y	\$723.85
961	ARBOVIRUS AB PANEL	N	\$364.95
30544	ARBOVIRUS AB TOTAL	N	\$195.60
3621	ARBOVIRUS AB, CSF	N	\$376.85
10778	ARIZONA ASH IGE	N	\$48.40
10779	ARIZONA CYPRESS IGE	N	\$37.20
269	ARSENIC (B)	N	\$149.95
270	ARSENIC (U)	N	\$130.20
36433	ARSENIC, 24-HR	N	\$130.20
38255	ARTICHOKE IGE	N	\$35.40
10295	ASCA IGA	N	\$120.00
10294	ASCA IGG	N	\$120.00
34917	ASH, WHITE IGG	N	\$34.20
10910	ASHKENAZI JEWISH PNL	N	\$2,160.70
10228	ASHKENAZI PNL	N	\$1,735.85
604	ASIALO-GM1	N	\$169.40
39462	ASIALO-GM-1 GANGL.AB	N	\$115.00
4103	ASO, FLUID	N	\$62.10
34933	ASP.AMSTELODAMI	N	\$48.40
30163	ASP.FUMIGATUS IGG	N	\$43.50
10502	ASP.FUMIGATUS, IGA	N	\$73.50
34935	ASP.VERSICOLOR, IGE	N	\$48.40
34937	ASPER FLAV	N	\$46.35
34938	ASPER NI	Y	\$20.60
34936	ASPER NID	N	\$46.35
34934	ASPER TERR	N	\$48.40
8548	ASPERGIL AB,ID,CSF	N	\$101.80

Code	Test Name	Discountable	List Fee
10283	ASPERGIL.NIGER IGG	N	\$43.50
849	ASPERGILLUS AB BY CF	N	\$115.70
943	ASPERGILLUS AB BY ID	N	\$84.20
26477	ASPERGILLUS AB IGM	N	\$140.75
20341	ASPERGILLUS ABS	N	\$64.90
14950	ASPERGILLUS ANTIGEN	N	\$113.00
34905	ASPERGILLUS FUM IGG4	N	\$34.20
1619	AST, FLUID	N	\$41.30
11118	ATR1 GENE 1166 A>C	N	\$186.00
17610	ATYPICAL PNEU.DNA PL	Y	\$728.00
7425	ATYPICAL PNEUMO EVAL	Y	\$267.15
7427	ATYPICAL PNEUMO(A&C)	Y	\$533.05
10277	AUEROBASIDIUM P IGG	N	\$43.50
37453	AUSTRALN PINE	N	\$35.40
14479	AUTOMATED PAP & RVW	N	\$83.00
FPMI1	AUTOMATED PAP & RVW	N	\$83.00
14469	AUTOMATED PAP ONLY	N	\$69.00
FPNR1	AUTOMATED PAP ONLY	N	\$69.00
16090	AVIAN INFLUENZA RNA	Y	\$325.00
10639	AVOCADO IGG	N	\$45.70
36572	AVP&OSMOLALITY	N	\$236.00
34288	B BURG AB PNL	N	\$171.80
30259	B BURGDORF CSF	N	\$241.50
10679	B CELL MALIGNANCY	N	\$513.75
30049	B PERTUSSIS CULTURE	N	\$105.05
23881	B. BURGDORFERI	N	\$274.30
6410	B. PERTUSSIS DFA	N	\$130.05
17338	B. PERUTSSIS IGA/IGM	N	\$118.00
10154	B.ANTHRACIS SCREEN	N	\$31.85
30297	B.BURGDORFERI CSF	N	\$267.75
30280	B.BURGDORFERI, TICK	N	\$241.50
38513	B.HENSELAE IGG SCR	N	\$39.15
38514	B.HENSELAE IGG TITER	N	\$38.85
8246	B.HENSELAE IGG&M AB	N	\$168.20
38515	B.HENSELAE IGM SCR	N	\$39.15
38516	B.HENSELAE IGM TITER	N	\$38.85
31558	B.HENSELAE/QUINTANA	N	\$226.60
11365	B.PER/PARA RT-PCR	Y	\$340.00
15077	B.PERTUSSIS IGG	N	\$59.00
4804	B.PERTUSSIS IGG VAC	N	\$121.70
38517	B.QUINTANA IGG SCR	N	\$39.15
38518	B.QUINTANA IGG TITER	N	\$38.85
38519	B.QUINTANA IGM SCR	N	\$39.15
38520	B.QUINTANA IGM TITER	N	\$38.85
36552	B2-GLYCO I(IGA)	N	\$99.75
36554	B2-GLYCO I(IGG)	N	\$81.90
36553	B2-GLYCO I(IGM)	N	\$81.90
727	BABESIA AB IGG & IGM	N	\$110.95
35270	BABESIA MICROTI AB	N	\$110.95
34300	BABESIA PANEL	N	\$100.60
17221	BACTERIAL 16S RDNA	N	\$332.00

Code	Test Name	Discountable	List Fee
6741	BACTERIAL AG, COMP.	N	\$285.10
41634	BACTERIAL AG, COMP.	N	\$285.10
276	BACTERICIDAL LVL*	N	\$101.45
29841	BACTRIM (S)	N	\$118.00
39545	BAKER'S YEAST IGG	N	\$43.50
38248	BANANA IGG	N	\$43.50
38151	BARBITURATES	N	\$59.80
7377	BARBITURATES (S)	N	\$114.00
14830	BARBITURATES CONFIRM	N	\$230.00
7171	BARBITURATES SC/CF	N	\$147.95
8416	BARBITURATES, GC/MS	N	\$117.30
38139	BARLEY IGG	N	\$43.50
37537	BASEMENT MEMB.AB TITER	N	\$54.00
37536	BASEMENT MEMBRANE AB	N	\$42.00
17556	BASO-ACETAMINOPHEN	N	\$40.00
17557	BASO-CEPHALOSPORIN C	N	\$40.00
38268	BASS	N	\$35.40
16005	B-CELL GENE CLONAL	N	\$300.00
14868	B-CELL GENE REAR.PCR	N	\$201.00
36717	B-CELL GENE REARRANG.	N	\$259.60
16119	B-CELL REARRANG.QL LEUMET	N	\$201.00
16118	B-CELL REARRANG.QN LEUME	N	\$220.00
37069	BCL-1 TRANSLOCATION	N	\$104.00
17679	BCL-1/JH T(11,14), PLASMA	N	\$385.00
14991	BCL-1/JH T(11;14) QN.RT-P	N	\$385.00
10071	BCL2 GENE TRANS(MBR)	N	\$225.00
8797	BCL-2 T(14;18)TRANS.	Y	\$341.10
39584	BCL-2, IHC	Y	\$150.00
17690	BCL-2/JH T(14,18), PLASMA	N	\$420.00
15007	BCL-2/JH T(14;18) QN.RT-P	N	\$420.00
15787	B-CLL PANEL	N	\$685.00
36063	BCR/ABL DBLE FUSION	N	\$389.35
12070	BCR/ABL DBLE. FUSION	N	\$389.35
31586	BCR/ABL GENE TRANSL.	N	\$288.65
39636	BCR/ABL GENE, PCR	Y	\$432.00
15052	BCR/ABL GENE,PCR,QT	Y	\$432.00
17853	BCR/ABL REARR.QN PCR LEUM	Y	\$432.00
17637	BCR/ABL TOT/PHOS	N	\$196.00
37064	BCR-ABL, RT PCR, QNT	N	\$471.05
38125	BEEF IGG	N	\$43.50
10317	BEET ROOT IGG	N	\$43.50
30766	BEETROOT IGE	N	\$35.40
11043	BENZENE RING ABS	N	\$91.00
36388	BENZO (NO CONFIRM)	N	\$42.70
26084	BENZODIAZEPINE COMP	N	\$111.65
7172	BENZODIAZEPINE SC/CF	N	\$147.95
8498	BENZODIAZEPINES	N	\$147.95
38090	BENZODIAZEPINES	N	\$85.80
8417	BENZODIAZEPINES GCMS	N	\$117.30
3234	BENZYL ALCOHOL, URIN	N	\$128.90
17561	BENZYL PENICILLOYL	N	\$40.00

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38955	BETA LACTAMASE DET.	N	\$42.00
11105	BETA MELANOCYTE HORM	N	\$200.00
38994	BETA-2 MICROGLOB.(U)	N	\$118.00
4944	BETA-2-MICROGLOB (U)	N	\$121.55
5500	BETA-2-MICROGLOB CSF	N	\$127.65
14974	BETA-GLOBIN COMPLETE (TM)	N	\$698.00
26476	BETA-GLUCURONIDASE	N	\$178.95
14801	BILE ACIDS, TOTAL	Y	\$56.50
36703	BILE ACIDS, TOTAL	N	\$218.30
7999	BILI, FRAC, FLUID	N	\$41.80
6631	BILI, FRAC, PEDIATR.	N	\$41.80
1627	BILI, TOTAL, FLUID	N	\$53.15
391	BIOTIN	N	\$62.35
9567	BIOTINIDASE, SERUM	N	\$134.80
11010	BIRD & MOLD PNL	N	\$235.00
17811	BIRD FANCIER'S PNL I	N	\$133.50
37967	BISMUTH, 24-HR URINE	N	\$74.30
38340	BLACK BEAN IGE	N	\$48.40
14789	BLACK LOCUST	N	\$35.40
10774	BLACK WALNUT FOOD	N	\$37.20
38482	BLACK/GREEN OLIVE	N	\$48.40
38256	BLACK-EYED PEA IGE	N	\$35.40
34055	BLADDER TUMOR AG	N	\$94.10
8549	BLASTOMYC AB,ID,CSF	Y	\$101.80
933	BLASTOMYCES AB BY CF	N	\$109.50
932	BLASTOMYCES AB BY ID	N	\$76.30
15109	BLASTOMYCES ANTIGEN	N	\$113.00
8504	BLEEDING TIME, TEMP.	N	\$35.85
39563	BLEU CHEESE	N	\$48.40
34931	BLK OLIVE	N	\$48.40
1415	BLOOD GAS	N	\$176.55
1BL1	BLOOD SUSC-1	Y	\$21.15
2BL1	BLOOD SUSC-1	Y	\$21.15
1BL2	BLOOD SUSC-2	Y	\$42.25
1BL3	BLOOD SUSC-3	Y	\$63.35
1BL4	BLOOD SUSC-4	Y	\$84.50
1BL5	BLOOD SUSC-5	Y	\$105.60
1BL6	BLOOD SUSC-6	Y	\$214.70
10224	BLOOM SYN. DNA ANAL.	N	\$228.00
8732	BM, ASP, STAIN & INT	N	\$161.00
1BF1	BODY FL SUSC-1	Y	\$21.15
2BF1	BODY FL SUSC-1	Y	\$21.15
1BF2	BODY FL SUSC-2	Y	\$42.25
1BF3	BODY FL SUSC-3	Y	\$63.35
1BF4	BODY FL SUSC-4	Y	\$84.50
1BF5	BODY FL SUSC-5	Y	\$105.60
1BF6	BODY FL SUSC-6	Y	\$214.70
17254	BOMBESIN	N	\$250.00
29498	BONE ALK PHOS	N	\$75.10
8734	BONE MARROW BX	N	\$156.75
15411	BONE MARROW BX, PC	N	\$42.66

Code	Test Name	Discountable	List Fee
8735	BONE MARROW BX,ST&I	N	\$164.60
15410	BONE MARROW BX,STAIN	N	\$55.34
8731	BONE MARROW, ASPIR.	N	\$72.85
3118	BONE MARROW, INTER.	N	\$157.45
BMI1	BONE MARROW, INTER.	N	\$157.45
34966	BORD PARA/PERT DFA	N	\$77.25
7638	BORDETELLA AB BY EIA	N	\$175.40
5260	BORDETELLA CULTURE	N	\$120.45
34259	BORDETELLA PERTUSSIS	N	\$175.40
15589	BOTULINUM TOXIN A	N	\$290.00
34918	BOX ELDER IGG4	N	\$34.20
39454	BRAIN NATRI.PEPTIDE	N	\$132.90
2934	BREAST EVAL, TISSUE	N	\$524.70
23894	BREWER YEAST IGE	N	\$35.40
38124	BROCCOLI IGG	N	\$43.50
7107	BRUCELLA AB (A&C)	Y	\$105.90
26475	BRUCELLA ABORTUS AB	N	\$213.55
26470	BRUCELLA ABORTUS CSF	N	\$213.55
10566	BRUCELLA IGG, IGM	N	\$147.00
10444	BRUCELLA SCREEN	N	\$31.85
37067	BTA TRAK	N	\$169.95
10324	BUCKWHEAT IGG	N	\$43.50
38410	BUMBLE BEE IGE	N	\$48.40
17316	BUMBLE BEE IGG	N	\$53.21
8592	BUPROPION	N	\$107.00
15794	BURROBRUSH	N	\$36.90
6063	BUTABARBITAL UR/GS	N	\$92.80
4413	BUTALBITAL	N	\$99.35
6064	BUTALBITAL (U) QL	N	\$92.80
14465	BUTALBITAL, URINE	N	\$96.45
14577	BV AND VAG SCR, DNA	Y	\$240.00
8738	BX, SUPERFICIAL	N	\$111.65
37212	C DIFF TOXIN A&B	Y	\$65.40
4408	C DIFF TOXIN B QL	N	\$63.25
8756	C DIFFICILE TOXIN A	Y	\$68.65
17708	C LUNATA IGG	N	\$43.50
36581	C TRACH AB PNL	N	\$105.00
30272	C TRACH BY PCR	N	\$220.65
30273	C TRACH BY PCR	N	\$220.65
34865	C TRACH BY PCR	N	\$220.65
31583	C TRACHOMATIS BY LCR	N	\$78.75
5157	C TRACHOMATIS IGM AB	N	\$107.40
17126	C. ALBICANS IGG*	N	\$43.50
15031	C. TRACHOMATIS, TMA ALTER	N	\$60.00
38997	C.DIFF TOXIN EIA	N	\$17.90
4407	C.DIFFICILE CULTURE	N	\$77.25
39525	C.DIFFICILE CULTURE	N	\$77.25
34814	C.PNEUMONIAE AB PNL	N	\$211.10
1017	C.PNEUMONIAE CULTURE	N	\$118.75
31556	C.PSITTACI TOTAL/IGM	N	\$131.25
36628	C.TRACH DNA,CONJUN	Y	\$60.60

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39452	C.TRACH,N.GON DNA	N	\$120.00
298	C1 EST INHIB QN	N	\$90.60
297	C1 EST(FUNCT)	N	\$67.75
424	C1 ESTERASE FUNCTION	N	\$229.00
30325	C1 ESTERASE INHIB	N	\$119.30
34203	C1Q BINDING	N	\$126.45
36735	C1Q IMMUNE COMPLEX	N	\$111.30
10287	C3 NEPHRITIC FACTOR	N	\$120.00
17689	C3A DESARG FRAGMENT	N	\$123.00
11218	C3D CIRC IMMUNE	N	\$131.00
35071	C4 ACTIVATION PNL	N	\$203.70
15914	C4 BINDING PROTEIN	Y	\$90.00
11335	C4 BINDING PROTEIN	N	\$90.00
17596	C4, PERITONEAL FLUID	Y	\$73.55
4943	C4D/C4 FOR C4 ACTIV	N	\$48.00
34888	C7	N	\$90.05
34889	C8	N	\$90.05
34896	C9	N	\$96.60
17717	CA 125 W/HAMA	Y	\$128.35
8685	CA 125, FL	N	\$142.45
17545	CA 125, PERITON FL	N	\$98.00
17580	CA 125, PLEURAL FLUID	N	\$98.00
37912	CA 15 3, FLUID	N	\$112.50
7561	CA 15-3 PLUS	Y	\$243.30
17847	CA 15-3 W/REBASELINE	Y	\$121.70
17642	CA 19-9, PLEURAL FLUID	Y	\$98.00
1635	CA 24HR W/ CREAT	N	\$40.05
15583	CA 72-4	N	\$60.00
8765	CA ASSOC GI AG	Y	\$131.25
29493	CA27.29 CHIRON/BAYER	Y	\$115.90
38118	CABBAGE IGG	N	\$43.50
34549	CACAO BN(CHO)IGG	N	\$43.50
299	CADMIUM (B)	N	\$113.60
672	CADMIUM (U)	N	\$130.20
8887	CADMIUM EXPOSURE PNL	N	\$254.10
36434	CADMIUM,24-HR URINE	N	\$130.20
305	CAFFEINE	N	\$74.05
15273	CAH PANEL 3	Y	\$627.00
15285	CAH PNL 814 RATIOS	Y	\$277.00
15588	CAH PNL 826 RATIOS	Y	\$186.00
15288	CAH PNL 834 RATIOS	Y	\$186.00
10046	CAH PROF,NEONAT	N	\$476.00
30742	CALCITONIN	N	\$155.40
38181	CALCITONIN 10 MIN.	N	\$155.40
38179	CALCITONIN 2 MINUTES	N	\$155.40
38180	CALCITONIN 5 MINUTES	N	\$155.40
812	CALCIUM (U)	N	\$23.35
2972	CALCIUM (U) RANDOM	N	\$22.65
1633	CALCIUM RAND UR	N	\$40.05
20907	CALCIUM RBC	N	\$76.00
11313	CALCIUM W/O CREAT 24 H UR	N	\$40.05

Code	Test Name	Discountable	List Fee
14578	CALCIUM W/O CREAT RAND UR	N	\$40.05
1632	CALCIUM, FLUID	N	\$23.35
306	CALCIUM, IONIZED	N	\$40.90
11216	CALCIUM, PEDI UR	N	\$40.05
10980	CAMPATH1 CD52	Y	\$150.00
34780	CANAVAN DISEASE	N	\$227.80
4670	CANDIDA AB	N	\$152.70
34897	CANDIDA AB IGG	N	\$42.55
30440	CANDIDA AB PNL	N	\$129.15
30533	CANDIDA ALBICANS EVL	N	\$131.25
8231	CANDIDA ALBICANS IGG	N	\$48.40
10503	CANDIDA ALBICANS,IGA	N	\$73.50
752	CANDIDA ANTIGEN DET.	N	\$121.70
939	CANDIDA PRECIPITINS	N	\$138.45
34336	CANDIDIASIS AG	N	\$107.10
34152	CANDIDIASIS PNL	N	\$131.25
31496	CAR AUTOANTIBODY	N	\$270.00
37512	CARBAMAZEPINE,F	N	\$75.00
309	CARBOXYHEMOGLOBIN	N	\$34.40
41659	CARBOXYHEMOGLOBIN	N	\$34.40
10124	CARDIO CRP	N	\$51.15
7352	CARDIOLP G/M/A	N	\$381.75
36189	CARDIOLP SC/RF	Y	\$62.50
312	CARISOPRODOL	N	\$122.90
10625	CARMINE DYE/RED IGE	N	\$48.40
5357	CARNITINE	N	\$193.25
30299	CARNITINE, SERUM	N	\$170.10
311	CAROTENE	N	\$66.45
17366	CAROTENES, FRACT	N	\$175.00
38122	CARROT IGG	N	\$43.50
15462	CARTILAGE OLIG MATRIX	Y	\$211.00
36096	CASA	N	\$108.15
10323	CASHEW IGG	N	\$43.50
8061	CAT & VMA	Y	\$194.45
34909	CAT AG IGG4	N	\$34.20
10677	CAT DANDER IGG	N	\$43.50
10935	CAT HAIR,EPITHELIUM	N	\$35.40
314	CATECHOL, F&T, PL	N	\$194.25
30330	CATECHOLAMINES	N	\$178.95
37660	CATECHOLAMINES 1HR	N	\$158.55
39627	CATECHOLAMINES 24HR	N	\$82.40
37661	CATECHOLAMINES 2HR	N	\$158.55
37662	CATECHOLAMINES 3HR	N	\$158.55
37659	CATECHOLAMINES BASE	N	\$158.55
318	CATECHOLAMINES, FRAC	N	\$82.40
5244	CATECHOLAMINES, FRAC	N	\$82.40
38267	CATFISH	N	\$35.40
8769	CATHEPSIN D	Y	\$138.35
38105	CAULIFLOWER I	N	\$43.50
26524	CBC(DIFF/PLT)W/PATH	N	\$46.00
14992	CBFB/MYH11 QN RT-PCR	Y	\$336.00

Code	Test Name	Discountable	List Fee
37371	CBG(TRANSCORTIN)	N	\$77.00
11173	CCP AB IGG	N	\$90.00
11230	CD117	N	\$180.00
15465	CD15, IHC	Y	\$150.00
37566	CD20	N	\$90.00
37074	CD25, IHC	N	\$189.00
10024	CD3, IHC	N	\$150.00
39614	CD30 (KI-1)	Y	\$90.00
14804	CD4+ CELLS, ABSOLUTE	Y	\$90.00
10868	CD43	Y	\$90.00
15798	CD45, IHC	N	\$95.00
12112	CD45RO	Y	\$90.00
38995	CD5	N	\$90.00
14805	CD57, FLOW CYTOMETRY	Y	\$150.00
31651	CDMA, PCR, X1	N	\$227.80
31652	CDMA, PCR, X2	N	\$227.80
31653	CDMA, PCR, X3	N	\$227.80
CDService	CDServ Nam	CDUpf Disc Inc	Price UPF Amt
29835	CDT	N	\$146.75
34467	CEA	N	\$92.15
323	CEA BY EIA, ABBOTT	N	\$104.70
15018	CEA W/HAMA	Y	\$105.60
17605	CEA, PERICARDIAL FL	Y	\$112.50
17421	CEA, PERITONEAL FL	Y	\$112.50
17584	CEA, PLEURAL FLUID	Y	\$112.50
15779	CEDAR SALT	N	\$35.40
38101	CELERY IGG	N	\$43.50
26480	CELIAC DISEASE ABS	N	\$270.75
8890	CELIAC DISEASE EVAL	N	\$305.30
3523	CELL BLK+SMR 1	N	\$93.45
398	CELL CT AND DIFF,CSF	N	\$36.20
10225	CELL CULTURE	N	\$95.20
15104	CELL PROLIF.BRDU INC	N	\$462.00
15120	CELL SORTING, SPECIFIC SU	N	\$475.00
37400	CELL SURFACE MARKER	N	\$98.00
16011	CELLSEARCH(R) CTC	N	\$580.00
34337	CENTROMERE AB SCRIN	N	\$74.20
38456	CENTROMERE AB TITER	N	\$27.05
16088	CENTROMERE AB, EIA	N	\$72.00
34059	CENTROMERE ABS	N	\$84.20
10723	CEPHALOSPORIN IGE	N	\$48.40
326	CERULOPLASMIN	N	\$26.50
8534	CERULOPLASMIN, FLUID	N	\$39.75
29805	CF 34 MUTATION PNL	N	\$227.80
10458	CF CARRIER SCREEN	N	\$285.00
10226	CF DNA ANALY.FETUS	N	\$315.00
38309	CF TEST QNT	N	\$65.00
30505	CFIDS EVAL W/WK	N	\$598.65
15053	CFTR INTRON 8 POLY-T	Y	\$285.00
34089	CGD NEUTROPHIL FUNC	N	\$119.30
8400	CHAGAS' DISEASE AB	N	\$133.60

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38563	CHEDDAR CHEESE IGG	N	\$43.50
10638	CHEESE MOLD TYPE IGG	N	\$45.70
36680	CHEM 25 BN(ANML)	N	\$187.18
38958	CHICK PEA IGE	N	\$21.65
10536	CHICKEN DROP IGE	N	\$48.40
38128	CHICKEN IGG	N	\$43.50
10659	CHILDHOOD ALLERGY PROFILE	Y	\$280.00
38102	CHILI PEPPER IGG	N	\$43.50
14753	CHINESE ELM	N	\$35.40
17159	CHLAM AB SCR, IFA	N	\$135.00
17896	CHLAM DNA REFL	Y	\$60.60
37347	CHLAM TRACH	Y	\$60.60
15894	CHLAM/GC PCR, SP	N	\$120.00
4966	CHLAMYDIA AG DFA	N	\$34.40
690	CHLAMYDIA CULTURE	N	\$137.15
987	CHLAMYDIA IGG AB	N	\$107.40
15892	CHLAMYDIA PCR, SP	N	\$60.00
30434	CHLAMYDIA PNEU. AB	N	\$168.20
38481	CHLAMYDIA PNEU. IGM	N	\$70.35
37111	CHLAMYDIA PNEU.PNL	N	\$110.25
16003	CHLAMYDIA PNEUM. PCR	Y	\$180.00
34335	CHLAMYDIA PSITTACI	N	\$131.25
37346	CHLAMYDIA PSITTACI	N	\$105.00
11361	CHLAMYDIA RNA, TMA	N	\$60.00
37125	CHLAMYDIA SPECIE IGG	N	\$105.00
29480	CHLAMYDIA SPECIES AB	Y	\$205.15
29479	CHLAMYDIA SPECIES AB	N	\$180.60
37126	CHLAMYDIA SPECIES IGM	N	\$108.15
30506	CHLAMYDIA SPP AB	N	\$196.80
39455	CHLAMYDIA/GC DNA PROBE	Y	\$110.45
10238	CHLAMYDIA/GC DNA,PCR	N	\$120.00
11363	CHLAMYDIA/GC RNA, TMA	N	\$120.00
4968	CHLORAMPHENICOL	N	\$106.30
8580	CHLORAMPHENICOL. PK	Y	\$109.50
8581	CHLORAMPHENICOL. TR	Y	\$109.50
603	CHLORDIAZEPOXIDE	N	\$127.65
1645	CHLORIDE RAND UR	N	\$40.05
11314	CHLORIDE W/O CREAT 24H UR	N	\$40.05
14520	CHLORIDE W/O CREAT RAND	N	\$40.05
368	CHLORIDE, 24 HOUR UR	N	\$40.05
4450	CHLORIDE, CSF	N	\$41.30
4400	CHLORIDE, SWEAT	N	\$41.30
882	CHLORPROMAZINE	N	\$90.00
17585	CHOLESTEROL, PERT FL	Y	\$23.60
1652	CHOLESTEROL, TOT, FL	N	\$41.30
607	CHOLESTEROL, VLDL	N	\$169.40
17586	CHOLESTEROL, PLEUR. FL	Y	\$23.60
4929	CHOLINESTERASE AF FL	N	\$47.75
338	CHOLINESTERASE GRP	N	\$57.75
335	CHOLINESTERASE, P	N	\$24.15
37965	CHOLINESTERASE, S	N	\$38.00

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11180	CHONDROITIN SULFATE	N	\$131.25
2936	CHROM ANAL, FRAG X	N	\$839.55
4613	CHROM ANAL, FRAG X	N	\$996.85
37087	CHROM ANAL, LYMPHOMA	N	\$826.30
37860	CHROM ANAL, SOLID	N	\$976.60
4612	CHROM ANAL,HEMAT DIS	N	\$994.80
14590	CHROM ANALYSIS, AF	N	\$948.25
4611	CHROM ANALYSIS, AM F	N	\$948.25
4901	CHROM ANALYSIS, TISS	N	\$1,134.50
14593	CHROM ANALYSIS, TISS	N	\$1,134.50
14596	CHROM ANALYSIS,BLOOD	N	\$799.50
30784	CHROM EVAL CVS	N	\$939.35
37857	CHROM SPEC PROBES X2	N	\$749.50
10452	CHROM SPEC PROBES X3	N	\$1,124.25
10708	CHROM, FOLLOW UP	N	\$799.50
14600	CHROM, HEMATOLOGIC	N	\$994.80
14602	CHROM, LYMPH NODE	N	\$826.30
14597	CHROM, MOSAICISM	N	\$635.00
14603	CHROM, SOLID TUMOR	N	\$903.00
34088	CHROMATIN AUTO AB	N	\$101.85
14601	CHROMES, CLL/LPD	N	\$776.00
5248	CHROMIUM	N	\$111.30
10944	CHROMIUM	N	\$97.65
11278	CHROMIUM RANDOM UR	N	\$93.00
34468	CHROMOGRANIN A	N	\$129.15
23085	CHROMOGRANIN-A	N	\$146.75
14592	CHROMOSOME EVAL. CVS	N	\$967.55
37343	CHROMOSOME SPEC.PROBE	N	\$374.80
14598	CHROMOSOME STUDY,BKG	N	\$705.00
37086	CHROMOSOME STUDY,BKG	N	\$726.15
36724	CHROMOSOME-SPECIFIC	N	\$695.25
37663	CHSV RAPID METHOD	N	\$67.00
8530	CHYLOMICRONS	Y	\$75.50
11235	CHYMOTRYPSIN ST	N	\$102.00
26472	CIC DETECTOR	N	\$221.90
4616	CIT AC 24HR W/ CREAT	N	\$229.25
6302	CIT AC RAND W/O CRE	N	\$236.15
11004	CITRATE, RANDOM UR	N	\$229.25
37233	CITRATE, S	N	\$113.00
11315	CITRIC ACID W/O CREAT 24H	N	\$229.25
10530	CITRULLINE AB	N	\$97.35
7708	CK ISO WITH SCAN	N	\$116.10
38211	CK W/REFLEX	Y	\$33.00
16104	C-KIT MUTATION, PLASMA-BA	N	\$320.00
16106	C-KIT MUTATION,CELL BASED	N	\$320.00
17581	CK-MB (CK-2)	Y	\$98.45
14837	CK-MB WITH RATIO	Y	\$125.50
38956	CKR-5 GENE DNA ANAL.	N	\$210.00
8782	CL PATH CONSULT, CMP	N	\$131.25
8783	CL PATH CONSULT, LTD	N	\$65.65
10505	CLADOSPOR./HORM.,IGA	N	\$73.50

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10282	CLADOSPORIUM HOR IGG	N	\$43.50
34906	CLADOSPRIDIUM HIGG4	N	\$34.20
38132	CLAM IGG	N	\$43.50
15126	CLINDAMYCIN RESISTANCE	Y	\$34.10
24982	CLOMIPRAMINE & METAB	N	\$79.70
30013	CLOMIPRAMINE & METAB	N	\$85.50
5274	CLORAZEPATE	N	\$96.45
15338	CLOTTEST(TM)	N	\$100.00
15790	CLOVER RED	N	\$35.40
1769	CLOZAPINE (CLOZARIL)	N	\$93.75
3920	CLT, DIPHThERIA	N	\$73.70
2691	CLT, VZV,RAPID	N	\$128.90
30510	CMV DETECTION AG	N	\$90.65
30339	CMV DNA QUANT	N	\$237.00
37515	CMV DNA, QL	N	\$186.00
10601	CMV DNA,QL,PCR	N	\$267.75
10600	CMV DNA,QT,PCR	N	\$341.25
14980	CMV GENOTYPE	N	\$396.00
8939	CMV IGG AB (REFL)	Y	\$92.80
8503	CMV IGM AB	Y	\$87.45
34066	CMV IMMEDIATE-EARLY	N	\$174.15
26758	CMV TUBE CLT CON	N	\$254.00
7161	COAG FACTOR 8 ACT/VW PNL	N	\$615.30
38599	COAST SAGE IGE	N	\$48.40
35417	COBALT	N	\$56.70
37513	COBALT, RANDOM URINE	N	\$118.00
14761	COBALT,24-HOUR URINE	Y	\$118.00
38152	COCAINE	N	\$73.25
11330	COCAINE CONF, (U)	N	\$113.75
11328	COCAINE CONF, GC/MS	N	\$113.75
34514	COCAINE GC/MS MECON.	N	\$96.45
6092	COCAINE MET. (U) QL	N	\$92.80
7173	COCAINE METAB SC/CF	N	\$147.95
33963	COCAINE SCR MECONIUM	N	\$60.00
5090	COCCIDIA OOCYST	N	\$63.95
5295	COCCIDIO AB, CF, CSF	N	\$107.10
8550	COCCIDIO AB,ID,CSF	N	\$100.55
17367	COCCIDIOIDES AB, IGM	N	\$60.00
8371	COCCIDIOIDES ABS	N	\$74.60
39491	COCCIDIOIDES ABS	N	\$228.00
14760	COCCIDIOIDES DNA PROBE	N	\$150.00
35435	COCCIDIOIDES REFL C	N	\$100.55
39546	COCKATIEL DROPPINGS	N	\$48.40
34910	COCKROACH IGG4	N	\$34.20
38110	CODFISH IGG	N	\$43.50
10253	COENZYME Q10, S	N	\$126.00
38560	COFFEE IGG	N	\$43.50
37456	COLA NUT IGE	N	\$35.40
349	COLD HEMAGGLUTININS	N	\$22.50
36167	COLLAGEN CROSS-LINK	N	\$79.80
17406	COLLAGEN TYPE I CTX	N	\$139.00

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31569	COLLAGEN TYPE II	N	\$134.30
30028	COLORADO TICK FVR AB	N	\$105.05
16109	COLORECTAL CANCER	N	\$1,230.00
981	COMP, C1Q	N	\$87.45
300	COMP, C3, PRO.	N	\$79.30
17734	COMP.HEMATOPATHOLOGY REPO	N	\$495.00
38004	COMP.INHALANTS SURV	N	\$417.00
37081	COMP.TOXIC METAL PNL	N	\$571.00
7159	COMPLEMENT ACTIV.	N	\$221.90
31399	COMPLEMENT C1Q	N	\$99.35
433	COMPLEMENT C2	N	\$101.85
354	COMPLEMENT C5	N	\$101.85
464	COMPLEMENT C6	N	\$101.85
532	COMPLEMENT C7	N	\$102.35
554	COMPLEMENT C8	N	\$102.35
4691	COMPLEMENT C9	N	\$109.75
10978	COMPLETE CADASIL EVL	N	\$2,150.00
15590	COMPLETE HNPP EVAL.	N	\$1,070.00
38365	COMPOUND S 15 MIN.	N	\$155.50
38366	COMPOUND S 30 MIN.	N	\$155.50
38367	COMPOUND S 60 MIN.	N	\$155.50
15935	CONNEXIN 26	N	\$820.00
361	COOMBS, DIRECT	N	\$14.70
36668	COOMBS,DIR W/REFL	N	\$14.70
363	COPPER	N	\$29.90
365	COPPER (U)	N	\$80.65
15319	COPPER, R/UR/W/CREAT	N	\$80.65
8573	COPPER, RANDON UR	N	\$80.65
3481	COPPER, RBC	N	\$85.85
11236	CORIANDER/CILANTRO	N	\$48.40
38140	CORN IGG	Y	\$37.00
6547	CORTICOSTERONE	N	\$147.00
36589	CORTICOTROPIN REL	N	\$225.75
36423	CORTISOL FREE	N	\$127.05
370	CORTISOL, FREE (U)	N	\$114.25
8469	CORTISOL, FREE 24HR	N	\$108.80
11280	CORTISOL, FREE 24HR	N	\$108.80
11281	CORTISOL, SERUM	Y	\$90.05
37077	CORTISOL,FREE-TOTAL	N	\$191.00
37355	CORTISOL-CORTISONE-U	N	\$339.00
37554	CORTISONE 24 HR UR	N	\$200.00
37098	CORTISONE,S	N	\$147.00
37750	CO-SENSOR-NEUR	N	\$1,305.00
11286	COTININE	N	\$64.00
38412	COTTAGE CHEESE IGE	N	\$35.40
38138	COTTONSEED IG	N	\$43.50
38100	COW MLK CASEIN IGG	Y	\$37.00
6437	COX B AB,NEUT (A&C)	N	\$535.45
8348	COXSACK A VIRUS, CSF	N	\$218.30
6733	COXSACKIE A AB(A&C)	N	\$398.35
4863	COXSACKIE A VIRUS AB	N	\$200.40

Code	Test Name	Discountable	List Fee
7656	COXSACKIE B AB BY CF	N	\$236.25
6445	COXSACKIE B AB, NEUT	N	\$268.40
7523	COXSACKIE B CF (A&C)	N	\$535.45
7278	COXSACKIE B(1-6)CSF	Y	\$283.85
7205	COXSACKIE B, NEUT FL	N	\$283.85
4643	C-PEPTIDE (U)	N	\$134.40
39577	C-PEPTIDE 10 MINUTES	N	\$63.25
39578	C-PEPTIDE 15 MINUTES	N	\$63.25
39581	C-PEPTIDE 30 MINUTES	N	\$63.25
39576	C-PEPTIDE 5 MINUTE	N	\$63.25
39575	C-PEPTIDE BASELINE	N	\$63.25
39580	C-PEPTIDE BASELINE	N	\$63.25
39583	C-PEPTIDE, 120 MINUTES	N	\$63.25
15843	C-PEPTIDE, 2 SPEC	Y	\$126.50
11182	C-PEPTIDE, 2ND VOID	N	\$134.40
15844	C-PEPTIDE, 3 SPEC	Y	\$189.75
15845	C-PEPTIDE, 4 SPEC	Y	\$253.00
31345	C-PEPTIDE, 5 SPEC	Y	\$316.25
15846	C-PEPTIDE, 6 SPEC	Y	\$379.50
39582	C-PEPTIDE, 60 MINUTES	N	\$63.25
15847	C-PEPTIDE, 7 SPEC	Y	\$442.75
15848	C-PEPTIDE, 8 SPEC	Y	\$506.00
38143	CRAB IGG	N	\$43.50
38254	CRANBERRY IGE	N	\$48.40
38751	CRAYFISH IGE	N	\$48.40
17422	CREAT, PERITONEAL FL	N	\$29.00
37091	CREATINE, SERUM	N	\$75.00
7503	CREATINE-CREATININE	N	\$88.60
1662	CREATININE (U) QL	N	\$41.30
17763	CREATININE CLEARANCE W/EG	N	\$52.55
8459	CREATININE, RAND UR	Y	\$29.00
17401	CRP, HIGH SENS, CSF	N	\$54.00
376	CRYOFIBRINOGEN	N	\$56.75
380	CRYOFIBRINOGEN	N	\$58.55
5401	CRYOFIBRINOGEN	N	\$53.00
23729	CRYOFIBRINOGEN	N	\$118.15
23731	CRYOFIBRINOGEN	N	\$382.05
37358	CRYOGLOB EVAL	N	\$35.00
37359	CRYOGLOB REFLEX	N	\$99.00
15502	CRYOGLOB,%CRYO (REFL)	N	\$70.50
383	CRYOGLOBULIN QL	N	\$30.20
36562	CRYOGLOBULIN,%CRYO	N	\$70.50
11197	CRYP.AG EIA W/TITER	N	\$93.05
11196	CRYP.AG L.A. W/TITER	N	\$93.05
37213	CRYPTO AG DFA	N	\$63.95
30417	CRYPTOCOCC. AB CSF	N	\$73.15
30429	CRYPTOCOCCUS AB (S)	N	\$71.40
34891	CRYPTOCOCCUS AB,CSF	N	\$71.00
4718	CRYPTOCOCCUS ABS DA	N	\$81.15
4561	CRYPTOCOCCUS AG	N	\$93.05
26471	CRYPTOCOCCUS AG (U)	N	\$84.20

Code	Test Name	Discountable	List Fee
4125	CRYPTOCOCCUS AG, CSF	N	\$75.20
38993	CRYPTOCOCCUS AG,TITR	Y	\$71.00
11198	CRYPTOCOCCUS AG,TITR	N	\$73.15
10957	CRYSTALLIN ABS	N	\$128.75
397	CRYSTALS (U)	N	\$71.30
3134	CRYSTALS, FL	N	\$71.30
4563	CRYSTALS, SYN FLD	N	\$96.60
17899	CT DNA,SDA,OTV REFL	N	\$60.00
20913	CT,DIFF FLUID,OTHER	N	\$36.20
6740	CT,DIFF PERICARDIAL	N	\$36.20
7709	CT,DIFF PERITONEAL	N	\$36.20
327	CT,DIFF PLEURAL FL	N	\$36.20
4562	CT,DIFF SYNOVIAL FL	N	\$36.20
15451	C-TELOPEPTIDE SERUM	N	\$151.00
38119	CUCUMBER IGG	N	\$43.50
37869	CULT SETUP AMNIO CVS	N	\$85.50
37871	CULT SETUP BLOOD	N	\$85.50
37872	CULT SETUP MARROWBLD	N	\$85.50
37873	CULT SETUP SLD TUMOR	N	\$85.50
37870	CULT SETUP TISSUE	N	\$85.50
14547	CULT, GBS AND PROBE	N	\$101.55
11246	CULT, GBS PROBE AST	N	\$101.55
8819	CULT, MYCOBACTERIUM	N	\$75.20
35495	CULT, RAPID FLU A&B	N	\$184.85
473	CULT, WATER SYSTEM	N	\$73.15
2627	CULT,CMV RAPID/CONV	N	\$254.00
4605	CULT,FUNGUS,SKIN	N	\$77.00
2650	CULT,INFLU/PARAINFLU	N	\$254.00
35945	CULT,RAPID FLU A&B	N	\$128.90
39522	CULTURE FUNGUS BLOOD	Y	\$77.00
39515	CULTURE FUNGUS S/H/N	N	\$58.00
23086	CULTURE, AMOEBA	N	\$155.10
5150	CULTURE, CATH. URINE	N	\$49.90
5423	CULTURE, CMV	N	\$121.70
388	CULTURE, CSF	N	\$73.70
8631	CULTURE, E COLI 0157	N	\$51.75
2647	CULTURE, ENTEROVIRUS	N	\$254.00
688	CULTURE, LEGIONELLA	N	\$155.10
8402	CULTURE, LEPTOSPIRA	N	\$116.95
869	CULTURE, MYCO. COMP.	N	\$312.50
4559	CULTURE, SUPRAPUBIC	N	\$49.90
689	CULTURE, VIRUS	N	\$254.00
20541	CULTURE, YEAST	N	\$77.00
36020	CULTURE,GEN(REFL)	N	\$58.55
8513	CULTURE,H DUCREYI	N	\$58.55
4482	CULTURE,NP/NASAL	N	\$53.15
37957	CUMIN SEED IGE	N	\$35.40
16107	CUP(IDENTIFY ORIGIN)	Y	\$1,750.00
11284	CURVULARIA SPICIFERA	N	\$48.40
400	CYANIDE BLOOD	N	\$114.25
39590	CYANIDE CONF.,BLOOD	N	\$80.00

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37555	CYCLIC AMP	N	\$363.00
242	CYCLIC AMP (P)	N	\$205.80
225	CYCLIC AMP (U)	N	\$205.80
996	CYCLIC AMP, NEPH.	N	\$233.80
10720	CYCLOSP PANEL,FPIA	N	\$618.95
10719	CYCLOSP PEAK,FPIA	N	\$206.35
8812	CYCLOSP TR FPIA	N	\$206.35
10018	CYCLOSPOR/ISOS	N	\$60.85
30172	CYCLOSPORA DETECTION	N	\$105.05
5543	CYCLOSPORINE	N	\$140.75
34460	CYCLOSPORINE	N	\$140.75
4845	CYCLOSPORINE (B)	N	\$93.70
41656	CYCLOSPORINE (B)	N	\$93.70
15220	CYCLOSPORINE LCMSMS	N	\$93.70
17205	CYP1B1 MUTATION ANA.	N	\$570.00
14755	CYP21 COMMON MUTAT	N	\$475.00
11294	CYP2C9	N	\$412.00
10490	CYP2D6	N	\$345.00
10919	CYS FIB COMP RMA	N	\$2,465.00
10570	CYSTATIN C	N	\$113.40
10917	CYSTIC FIB ENTIRE	N	\$2,465.00
15042	CYSTIC FIBROSIS 3199DEL6	N	\$176.00
15335	CYSTIC FIBROSIS D1152H	N	\$176.00
10913	CYSTIC FIBROSIS ON	N	\$257.00
10915	CYSTIC FIBROSIS TWO	N	\$488.00
10973	CYSTICERCOSIS AB	N	\$66.00
23887	CYSTICERCUS AB IGG	N	\$120.55
10947	CYSTINE QN 24 HR	N	\$71.70
401	CYSTINE QN RANDOM UR	N	\$73.90
37556	CYSTINE QUAL. URINE	N	\$53.00
11307	CYTOTOXIC AB SCREEN	N	\$185.00
37108	CYTOTOXIN ASSAY	N	\$130.00
37861	D L AMPHETAMINES QNT	N	\$108.40
34908	D. FARINAE IGG4	N	\$34.20
34911	D.PTERONYSSINUS	N	\$34.20
39544	DAP 10-20/ALC (REFL)	N	\$117.55
37394	DAP 7-50	N	\$91.35
17721	DAP 7-50+ETOH	N	\$152.25
10713	DATE PALM TREE IGE	N	\$50.85
8659	D-DIMER	N	\$98.20
10966	D-DIMER	N	\$101.15
41658	D-DIMER	N	\$101.15
3117	DECALCIFICATION PROC	N	\$43.61
23212	DECALCIFICATION PROC	N	\$87.22
23213	DECALCIFICATION PROC	N	\$130.83
34210	DECALCIFICATION PROC	N	\$174.44
34211	DECALCIFICATION PROC	N	\$218.05
1-Dec	DECALCIFICATION PROC	N	\$43.61
2-Dec	DECALCIFICATION PROC 2	N	\$87.22
3-Dec	DECALCIFICATION PROC 3	N	\$130.83
4-Dec	DECALCIFICATION PROC 4	N	\$174.44

Code	Test Name	Discountable	List Fee
5-Dec	DECALCIFICATION PROC 5	N	\$218.05
10331	DELAVIRDINE	N	\$226.05
4864	DENGUE FEVER	N	\$109.75
37579	DENGUE FEVER IGG	N	\$75.00
37580	DENGUE FEVER IGM	N	\$80.00
6559	DEOXYCORTICOSTERONE	N	\$230.00
357	DEOXYCORTISOL, 11-	N	\$254.00
29497	DEOXYPYRIDINOLINE	N	\$75.00
412	DESIPRAMINE	N	\$117.05
16033	DESMOGLEIN AB	N	\$85.00
29391	DEXAMETHASONE	N	\$85.60
6103	DEXTROMETHORPHAN QL	N	\$92.80
37823	DHEA RESP/15 MINUTES	N	\$101.35
37824	DHEA RESP/30 MINUTES	N	\$101.35
38095	DHEA RESP/60 MINUTES	N	\$101.35
37818	DHEA RESPONSE SERUM	N	\$101.35
410	DHEA, UNCONJUGATED	N	\$101.35
38954	DHEA, URINE	N	\$205.80
204	DHT, 5-ALPHA	N	\$182.70
5682	DIALYSIS H2O ANAL	N	\$152.70
20583	DIALYSIS WATER PANEL	N	\$172.95
913	DIAZEPAM	N	\$99.35
14468	DIAZEPAM SERUM	N	\$96.45
415	DIFF CT, MANUAL	N	\$10.55
15092	DIGOXIN, ICMA	Y	\$100.00
36168	DIHYDROTESTOSTERONE	N	\$184.00
4865	DIPHThERIA AB	N	\$96.60
38901	DIPHThERIA AB POST	N	\$96.60
38900	DIPHThERIA AB PRE	N	\$96.60
34121	DIPHThERIA PRE/POST	N	\$248.10
10682	DIPHThERIA TITER END	N	\$115.50
26469	DIPHThERIA TOXOID AB	N	\$107.40
4996	DIRECT IMMUNOFLUOR.	N	\$192.05
8799	DIRECT IMMUNOFLUOR.	N	\$192.05
8293	DIRECT LDL	N	\$24.75
416	DISOPYRAMIDE	N	\$92.80
26419	DMD LINKAGE BY PCR	N	\$498.45
26420	DMD LINKAGE BY PCR	N	\$498.45
26421	DMD LINKAGE BY PCR	N	\$498.45
26422	DMD LINKAGE BY PCR	N	\$498.45
26424	DMD LINKAGE BY PCR	N	\$498.45
26425	DMD LINKAGE BY PCR	N	\$498.45
26426	DMD LINKAGE BY PCR	N	\$498.45
26427	DMD LINKAGE BY PCR	N	\$498.45
26423	DMD LINKAGE,PCR,X5	N	\$498.45
26418	DMD/BMD GENE DETECT	N	\$498.45
26416	DMD/BMD GENE DETECT.	N	\$498.45
26417	DMD/BMD GENE DETECT.	N	\$498.45
37496	DNA AB	N	\$62.75
31560	DNA AB DOUBLE STRAND,EIA	N	\$78.95
37497	DNA AB TITER	N	\$47.60

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16093	DNA AB,HIGH AVIDITY	Y	\$58.00
26235	DNA AB,SGL & NATIVE	N	\$225.45
8364	DNA CELL CYCLE	N	\$244.55
36158	DNA CELL CYCLE,BLOCK	N	\$183.75
37112	DNA HISTOGRAM,BLOOD	N	\$162.00
8823	DNA PLOIDY,IMAG ANLY	N	\$310.05
14773	DOG DANDER IGG	N	\$43.50
34912	DOG EPITH IGG4	N	\$34.20
17746	DONOR, HIV 1/HCV	N	\$370.00
19119	DONOR, RPR	N	\$114.25
14762	DOPAMINE, P	N	\$150.00
826	DOXEPIN	N	\$117.05
3477	DOXEPIN/DESMETHYL	N	\$75.20
15538	DPD GENE MUTATION	N	\$350.00
14835	DRUG SCREEN	Y	\$155.80
36556	DRVVT	Y	\$45.00
37250	DRVVT BASELINE	N	\$44.00
37251	DRVVT CONF/RATIO	N	\$83.00
10003	DRVVT W/CONFIRM	N	\$73.40
15780	DRVVT W/RFL PHOS.NEU	Y	\$45.00
34470	DSDNA	N	\$82.05
36731	DSDNA AB TITER-PAT	N	\$22.70
6921	DST 1 SPEC	N	\$92.80
38305	DUCHENNE BECKER MD	N	\$600.00
14678	DYSTONIA DNA TEST	N	\$395.00
8510	E COLI 0157:H7 SERO.	Y	\$53.15
30262	E HISTO AB	N	\$99.25
17372	E.COLI PATH STUDY	N	\$412.00
39566	EAST EQUINE ENCF.CSF	N	\$181.00
15464	EBV AB TO NUCLEAR AG	N	\$90.65
31555	EBV DNA DETECTOR	N	\$239.75
10186	EBV DNA QT. PCR	N	\$267.75
15447	EBV EARLY AG D IGG	N	\$90.00
10974	EBV EARLY AG IGG,IFA	N	\$91.00
8474	EBV IGG AB	Y	\$90.65
38184	EBV IGG AB (REFL)	N	\$90.65
8426	EBV IGM AB	Y	\$90.65
8564	EBV NUCLEAR ANTIGEN	Y	\$90.65
37079	E-CADHERIN, IHC	N	\$157.50
10164	ECARIN CLOTTING TIME	N	\$142.00
30265	ECHINO GRANULOSUS	N	\$129.80
30266	ECHINO GRANULOSUS	N	\$126.00
29834	ECHINO IGG,IGM,IGE	N	\$244.55
741	ECHINOCOCCUS IGG	N	\$143.15
6729	ECHOVIRUS AB (A&C)	N	\$401.90
8543	ECHOVIRUS AB, CSF	N	\$213.55
37914	ECP	N	\$120.00
34678	EGG WHITE,IGG	Y	\$37.00
17709	EGG WHOLE IGG4	N	\$43.50
34681	EGG YOLK, IGG	Y	\$37.00
11353	EHRL CHAF PCR	N	\$323.00

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30447	EHRlichia AB (HGE)	N	\$188.45
34343	EHRlichia AB PNL	N	\$369.70
30778	EHRlichia ABS EVAL.	N	\$255.20
34271	EHRlichia CHAF AB	N	\$159.60
10234	ELASTASE	N	\$250.00
14693	ELASTASE EL1, STOOL	N	\$224.00
10446	ELASTASE EL1,STOOL	N	\$309.00
34721	ELEC W/SCAN CAP ZONE	N	\$39.75
38947	ELECTRO PROT W/TRACING	Y	\$65.25
37372	ELECTRO.PROTEIN,CSF	N	\$88.00
8729	ELECTRON MICRO, SCAN	N	\$626.05
8728	ELECTRON MICRO,DIAG	N	\$747.70
38940	ELECTROPH&IMMUNOF(S)	N	\$333.50
38763	ELECTROPHORESIS PROT	N	\$100.00
34913	ELM,AMERICAN IGG4	N	\$34.20
10542	ENA SCR W/REFL ABS Y	N	\$121.55
37809	ENA, SS-A, SS-B	N	\$231.45
37498	ENA,SCL70,SS A,SS B	N	\$302.02
39533	ENA,SS-A,SS-B,C3,C4	N	\$344.00
14525	ENCEPHALITIS AB PNL	N	\$794.00
14506	ENDOMYSIAL IGA AB	Y	\$86.00
15246	ENDOMYSIUM ANTIBODY TITER	Y	\$160.00
8337	ENDOTOXIN	N	\$191.60
30177	ENDOTOXIN (C)	N	\$177.75
20576	ENDOTOXIN FLUID	N	\$163.45
38021	ENG WALNUT FOOD IGE	N	\$35.40
8585	ENOLASE, NEURON SPEC	N	\$103.80
30384	ENOLASE, NEURON SPEC	N	\$109.50
34056	ENTAMOEBIA HIST.AG	N	\$138.35
15082	ENTEROVIRUS RNA, RT-PCR	N	\$341.00
425	EOSINOPHIL COUNT (B)	N	\$29.30
8559	EOSINOPHIL COUNT (U)	N	\$40.90
3145	EOSINOPHIL CT, EYE	N	\$42.15
20342	EOSINOPHIL CT, FECES	N	\$42.15
426	EOSINOPHIL CT, NASAL	N	\$24.55
3147	EOSINOPHIL CT, SPUT	N	\$42.15
10279	EPICOCCUM PURPUR IGG	N	\$43.50
10920	EPID GROWTH FAC RECP	N	\$225.00
16091	EPID GROWTH MUTATION	N	\$974.00
37458	EPIDER.FLOCCOSUM IGE	N	\$48.40
4930	EPIDERMAL AB QL	N	\$115.70
10479	EPIDERMAL GROWTH FAC	N	\$195.00
37560	EPINEPHRINE	N	\$145.00
31575	EPSTEIN-BARR VIRUS	N	\$244.55
7037	ER/PR, IMAGE ANALY	N	\$411.60
7032	ER/PR/DNA,IMAG ANALY	N	\$680.90
36161	ER/PR/DNA/HER2	N	\$824.25
38922	ER/PR/DNA/HER2	N	\$834.25
37927	ERYTHROMYCIN IGE	N	\$48.40
36470	ESBL CONF	Y	\$34.10
15857	ESCITALOPRAM, S/P	N	\$126.00

Code	Test Name	Discountable	List Fee
431	ESTRADIOL (U)	N	\$158.55
15577	ESTRADIOL, RAPID	Y	\$165.85
37052	ESTRADIOL, BIOAVAIL	N	\$165.00
30289	ESTRADIOL, EXTRACTION	N	\$147.00
36169	ESTRADIOL, FREE	N	\$173.00
37561	ESTRIOL 24HR UR	N	\$105.00
6568	ESTRIOL, AMIOTIC FL	Y	\$127.65
435	ESTRIOL, PLACENTA	N	\$104.70
8442	ESTRIOL, TOTAL	Y	\$92.80
34883	ESTRIOL, SERUM	N	\$101.85
36160	ESTROGEN RECEPTOR	N	\$198.45
439	ESTROGEN, TOTAL	N	\$144.90
441	ESTROGEN, TOTAL (U)	N	\$132.30
7436	ESTROGENS, FRAC (U)	N	\$396.90
23244	ESTRONE	N	\$168.10
971	ESTRONE (U)	N	\$169.05
37104	ESTRONE SULFATE	N	\$178.00
36424	ESTRONE, FREE, S	N	\$295.05
6126	ETHCHLORVYNOL (U) QL	N	\$122.90
214	ETHOSUXIMIDE	N	\$85.80
15525	ETHYL GLUCURONIDE SC	N	\$107.00
801	ETHYLENE GLYCOL	N	\$51.35
37915	ETHYLENE OXIDE (K78)	Y	\$39.45
14677	ETIOCHOLANOLONE	N	\$200.00
37923	EXTRACTABLE NUCLEAR	N	\$53.60
30288	EXTRACTION CHARGE	N	\$51.00
38070	F ACTIN IGG AUTOABS	N	\$243.10
34941	F&T INSULIN	N	\$140.75
10443	F.TULARENSIS SCREEN	N	\$31.85
10097	FAC XI INHIBITOR	N	\$95.00
10098	FAC XII INHIBITOR	N	\$95.00
5061	FACT IX INHIBIT QT	N	\$175.25
4973	FACT IX INHIBT SCR	N	\$193.25
5062	FACT VIII INHIBIT QT	N	\$175.25
4974	FACT VIII INHIBT SC	N	\$193.25
4975	FACT XI INHIBIT SCR	N	\$193.25
5064	FACT XII INHIBIT QT	N	\$193.25
4976	FACT XII INHIBIT SCR	N	\$193.25
331	FACTOR II ACT	N	\$184.05
17900	FACTOR V (LEIDEN)	N	\$256.70
22722	FACTOR V (LEIDEN)	N	\$256.70
17901	FACTOR V (LEIDEN) MUT NY	N	\$256.70
344	FACTOR V ACT	N	\$184.05
10905	FACTOR V HR2 ALLELE	N	\$220.00
17902	FACTOR V HR2 ALLELE	N	\$220.00
10297	FACTOR V HUMAN INHIB	N	\$144.00
36192	FACTOR V(LEIDEN)	N	\$256.70
346	FACTOR VII ACT	N	\$184.05
359	FACTOR X ACT	N	\$184.05
39493	FACTOR X ANTIGEN	N	\$175.00
16008	FACTOR X ANTIGEN, EIA	N	\$175.00

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10663	FACTOR X CHROMOGENIC	N	\$152.25
360	FACTOR XI ACT	N	\$184.05
16023	FACTOR XI JEWISH MUTATION	N	\$345.00
362	FACTOR XII ACT	N	\$184.05
14461	FACTOR XIII FUNCTION	Y	\$146.00
364	FACTOR XIII SCR	N	\$110.20
10701	FAMILIAL DYSAUTONOMI	N	\$231.00
10221	FANCONI ANEMIA DNA	N	\$205.00
10623	FAP MUTATION SCREEN	N	\$859.00
449	FATTY ACIDS, FREE	N	\$69.00
450	FEBRILE AGGLUTININS	N	\$114.75
3967	FECAL FAT, QUAL	N	\$31.70
11290	FECAL IMMUNOCHEM	N	\$60.00
11293	FECAL IMMUNOCHEM MED	N	\$60.00
3930	FECAL LEUKOCYTE STN	N	\$25.70
4581	FENTANYL	N	\$106.80
762	FEP	N	\$99.35
23037	FEP (REFL)	N	\$99.35
15422	FERRITIN (REFL)	Y	\$81.75
38226	FETAL FIBRONECTIN	N	\$268.40
513	FETAL HEMOGLOBIN	N	\$63.95
36208	FETAL HGB,AMNIOTIC	N	\$88.60
10419	FETAL LUNG MAT (FLM)	N	\$116.55
11074	FIBRIN MONOMER	N	\$81.00
458	FIBRIN SPLIT PROD QN	N	\$63.95
461	FIBRINOGEN QN	N	\$25.45
37801	FIBRINOGEN QT	N	\$71.00
26001	FIBRONECTIN AGGREGTS	N	\$500.60
14935	FIBROSPECT II	N	\$375.00
11121	FIG, IGE	N	\$48.40
4708	FILARIASIS AB BY EIA	N	\$157.45
35774	FILARIASIS PROF	N	\$251.00
15520	FINCH FEATH. (RE214)	Y	\$20.00
16099	FIP1L1-PDGFRA GENE	N	\$336.00
10105	FISH ACROCENTRIC P-A	N	\$396.00
10106	FISH AML1/ETO T 8;21	N	\$396.00
14604	FISH ANEUVISION(R)	N	\$482.70
10635	FISH CFBF/MYH11	N	\$380.00
10055	FISH CHROMOSOM 20Q	N	\$368.00
10461	FISH CHROMOSOME 15	N	\$364.00
36052	FISH C-MYC	N	\$360.00
11227	FISH HYBRID	N	\$475.00
17346	FISH IGH/CCND1	N	\$422.00
16115	FISH OLIGODENDROGLIM	N	\$480.00
10468	FISH SUB.REG/SCR	N	\$1,100.00
14607	FISH XLINKICHTHYOSIS	N	\$360.00
14618	FISH, ALL, TEL/AML 1	N	\$370.80
14608	FISH, ANGELMAN	N	\$360.00
14614	FISH, CRI DU CHAT	N	\$360.00
14610	FISH, DIGEORGE	N	\$360.00
10453	FISH, HER-2 X2	N	\$1,022.05

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10455	FISH, HER-2 X3	N	\$1,533.10
14620	FISH, HER-2/NEU	N	\$511.05
14615	FISH, KALLMANN	N	\$360.00
16083	FISH, LUNG CANCER	N	\$475.00
14612	FISH, MILLER DIEKER	N	\$360.00
14621	FISH, N MYC AMPLIF.	N	\$370.80
14820	FISH, POC	N	\$680.00
14605	FISH, PRADER WILLI	N	\$360.00
16076	FISH, PROSTATE CANCR	N	\$475.00
14611	FISH, SMITH MAGENIS	N	\$360.00
14606	FISH, SRY/X CENTROME	N	\$480.00
10107	FISH, VYSISUROVYSION	N	\$450.00
14609	FISH, WILLIAMS	N	\$360.00
14613	FISH, WOLFHIRSCHHORN	N	\$360.00
14619	FISH, X/Y POST, BMT	N	\$675.00
14617	FISH, AMLM3, PML/RARA	N	\$370.80
17352	FISH, BURKITT	N	\$450.00
36054	FISH-CML BLAST	N	\$425.00
36055	FISH-MLL GENE REARG	N	\$360.00
36053	FISH-NEONATAL	N	\$400.00
36072	FISH-PRENATAL	N	\$482.70
11011	FLAXSEED IGE	N	\$48.40
38597	FLEA IGE	N	\$48.40
5309	FLECAINIDE	N	\$56.20
10334	FLETCHER FACTOR	N	\$120.75
23893	FLOUNDER IGE (SAS)	N	\$42.00
38111	FLOUNDER IGG	N	\$43.50
14998	FLT3 MUTATIONS ITD	N	\$290.00
11177	FLU A AND B AG (EIA)	N	\$148.00
20712	FLUCONAZOLE SERUM	N	\$91.85
30415	FLUCONAZOLE SUSC	N	\$105.05
37559	FLUORESCENCE SITUS	N	\$475.00
2492	FLUORIDE EXPOSURE	N	\$159.85
37402	FLUORIDE, IN. EXP., RN	N	\$128.00
4982	FLUOROCYTOSINE, 5-	N	\$80.90
8389	FLUOXETINE	N	\$95.45
8815	FLUPHENAZINE	N	\$87.00
30665	FOLATE, RBC (REFL)	N	\$63.95
37334	FOOD SPECIFIC IGG	N	\$265.50
3428	FORENSIC PROCESSING	N	\$196.80
15668	FRAGILE X- (FXTAS)	N	\$226.00
26695	FRAGILE X BY DNA	N	\$375.65
21509	FRAGILE X DNA	N	\$375.65
21510	FRAGILE X DNA	N	\$375.65
26428	FRAGILE X DNA	N	\$375.65
26429	FRAGILE X DNA	N	\$375.65
30293	FRAGILE X DNA	N	\$330.75
21511	FRAGILE X DNA ANALY	N	\$375.65
10227	FRAGILE X DNA FETUS	N	\$310.00
26479	FRANCISELLA TULAR.	N	\$202.80
11233	FREE KAPPA/LAMBDA UR	Y	\$240.00

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Code	Test Name	Discountable	List Fee
8340	FRUCTOSAMINE	N	\$38.00
3152	FRUCTOSE, SEMEN QL	N	\$66.55
29812	FRUCTOSE,SEMEN,QN	Y	\$137.50
471	FSH (U)	N	\$112.15
10436	FSH 3RD GEN BASELINE	N	\$82.00
34431	FSH 7 SPEC	N	\$628.60
36087	FSH,3RD GENERATION	N	\$86.10
17029	FSHD DNA TEST	N	\$810.00
30418	FTA-ABS IGM	N	\$96.85
621	FTA-ABS, CSF	N	\$45.35
30438	FUNG SUSC MIC PNL	N	\$448.40
37960	FUNGAL CULTURE	Y	\$58.00
39489	FUNGAL ID, MOLDS	Y	\$88.00
1FID	FUNGAL ISOLATE ID	N	\$43.30
2FID	FUNGAL ISOLATE ID X2	N	\$86.55
3FID	FUNGAL ISOLATE ID X3	N	\$129.80
25020	FUNGAL PROFILE	N	\$245.75
8627	FUNGAL STAIN	N	\$30.20
7084	FUNGUS AB PANEL, CF	Y	\$359.00
7086	FUNGUS AB PANEL, CSF	Y	\$369.70
7650	FUNGUS AB PNL CSF QL	N	\$257.65
14824	FUNGUS DIRECT EXAM	N	\$30.20
2992	FUNGUS ID X2	N	\$177.15
2993	FUNGUS ID X3	N	\$265.65
30420	FUNGUS SUSC MIC-4	N	\$136.00
38264	FUSARIUM OXYSPORUM	N	\$48.40
15793	FUSARIUM SOLANI	N	\$35.40
500	G-6-PD (B)	N	\$37.60
34878	GAD 65 AB	N	\$183.75
476	GALACTOSEMIA SCREEN	N	\$45.45
34500	GALOP AB TEST	N	\$440.00
11107	GAMMA MELANOCYTE HORMONE	N	\$200.00
20728	GANGLIOSIDE AB EVAL	N	\$322.00
38836	GANGLIOSIDE ASIALO	N	\$104.00
38114	GARLIC IGG	N	\$43.50
15114	GAST,PARIETAL CELL AB	N	\$73.55
10945	GASTRIC ANALYSIS	N	\$29.75
478	GASTRIN	N	\$42.05
8512	GASTRIN REL PEPTIDE	N	\$108.50
6726	GASTRIN, 2 SPECIMENS	N	\$84.10
6725	GASTRIN, 3 SPEC	N	\$126.15
6724	GASTRIN, 4 SPEC	N	\$168.20
6723	GASTRIN, 5 SPEC	N	\$210.25
6722	GASTRIN, 6 SPEC	N	\$252.30
6721	GASTRIN, 7 SPEC	N	\$294.35
6720	GASTRIN, 8 SPEC	N	\$353.00
6719	GASTRIN, 9 SPEC	N	\$378.25
21517	GAUCHER'S DISEASE	N	\$227.80
21518	GAUCHER'S DISEASE	N	\$227.80
21519	GAUCHER'S DISEASE	N	\$227.80
21520	GAUCHER'S DISEASE	N	\$227.80

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Code	Test Name	Discountable	List Fee
257	GBM ANTIBODY	N	\$168.00
15090	GBS CULT W/SENSI	N	\$47.45
15893	GC PCR, SP	N	\$60.00
11362	GC RNA, TMA	N	\$60.00
38916	GD1A AB (IGG)	N	\$105.00
38964	GD1A AB (IGM)	N	\$109.20
609	GD1B AB	N	\$168.20
34136	GD1B AB	N	\$168.20
39461	GD1B GANGLIOSIDE AB	N	\$100.00
37439	GDB1B AB IGM	N	\$75.00
37658	GENE TRANS. MCR	N	\$324.00
10594	GENESEQ TM HIV	N	\$520.00
481	GENTAMICIN	N	\$96.45
1667	GGT, FLUID	N	\$47.45
37557	GH RELEASING HORMONE	N	\$191.00
35648	GHB (S)	N	\$162.20
35649	GHB (U)	N	\$162.20
17824	GHRELIN TOTAL PLASMA	N	\$300.00
7843	GIARDIA AG BY EIA,2	N	\$120.50
7845	GIARDIA AG BY EIA,3	N	\$180.75
8625	GIARDIA AG DETECTION	N	\$60.25
8020	GIARDIA LAMBLIA ABS	N	\$131.25
3536	GIARDIASIS ANTIBODY	N	\$89.50
38675	GINGER IGE	N	\$43.50
11231	GLEEVEC CD117	N	\$180.00
8889	GLIADIN AB (IGG,IGA)	N	\$157.90
11212	GLIADIN AB IGG	N	\$82.40
11228	GLIADIN IGA	Y	\$82.40
6881	GLUC,FAST & POST 2HR	Y	\$33.80
519	GLUCAGON	N	\$125.00
3091	GLUCOSE (REFL)	N	\$20.91
4719	GLUCOSE (U) QL	N	\$15.00
5722	GLUCOSE PP (50 GRAM)	N	\$20.91
35240	GLUCOSE, ACCUCHECK	N	\$17.05
17423	GLUCOSE, AMNIOTIC FL	N	\$30.50
468	GLUCOSE, CSF	N	\$30.50
5624	GLUCOSE, DIALYSATE	N	\$30.50
4564	GLUCOSE, FLUID	N	\$30.50
8477	GLUCOSE, GEST. SCR.	Y	\$20.91
17424	GLUCOSE, PERITON FL	N	\$30.50
17425	GLUCOSE, PLEURAL FL	N	\$25.00
8476	GLUCOSE, PP/1 HR	N	\$20.91
4637	GLUCOSE, PP/2 HOUR	N	\$20.91
8917	GLUCOSE, RANDOM (P)	Y	\$20.91
34013	GLUCOSE, WHOLE BLOOD	N	\$17.05
4410	GLUCOSE, SYN FL	N	\$30.50
5359	GLUCURONIDASE, BETA	N	\$178.95
4986	GLUT. REDUCTASE SCR	N	\$75.20
10956	GLUTAMATE RECPT. AB	N	\$128.75
31573	GLUTAMIC ACID ABS	N	\$208.70
977	GLUTAMINE, CSF	N	\$157.45

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Code	Test Name	Discountable	List Fee
11084	GLUTEN IGG-IMMUNOCAP	N	\$43.50
422	GLUTETHIMIDE	N	\$140.75
29488	GLYCATED HGB, TOTAL	N	\$51.35
5032	GLYCOSYLATED ALBUMIN	N	\$67.75
3088	GM1 AB	N	\$175.40
29814	GM1 AB (C)	N	\$176.55
34137	GM1 GANGLIOSIDE AB	N	\$203.95
34140	GM1 TRIAD AB	N	\$335.00
10327	GOAT MILK IGG	N	\$43.50
37963	GONADOTROPIN REL HOR	N	\$250.00
26579	GONOCOCCAL ANTIGEN	N	\$96.70
10525	GOOSE FEATHERS IGG	N	\$43.50
34144	GQ1B AB(IGG)	N	\$107.00
37958	GRAMA GRASS IGE	N	\$35.40
38129	GREEN PEPPER	N	\$43.50
34929	GRN ASH	N	\$35.40
11009	GROUPE IGE	N	\$52.40
39573	GROWTH HOR.BIND.PROT	N	\$111.00
37072	GROWTH HORMONE AB	N	\$108.00
31557	GROWTH PANEL A (HGH)	N	\$310.05
23475	GTT, 3 SPECIMENS	Y	\$44.55
29486	H INFLUENZA B AB	N	\$139.55
4505	H INFLUENZA B AG	N	\$98.05
8822	H. INFLUENZA B AB	N	\$110.95
8465	H. PYLORI AB	N	\$131.25
17671	H. PYLORI AB (IGA), WB	N	\$100.00
17670	H. PYLORI AB (IGG), WB	N	\$100.00
17691	H. PYLORI AB IGA,IGG	N	\$200.00
37695	H.PYLORI ABS,IGA,IGG	N	\$144.00
34838	H.PYLORI AG STOOL	N	\$105.00
8395	H.PYLORI CULTURE	N	\$92.80
34062	H.PYLORI IGA	N	\$138.35
34122	H.PYLORI IGA AB	N	\$110.25
31314	H.PYLORI IGG AB,REFL	N	\$86.55
34061	H.PYLORI IGM	N	\$138.35
37214	H.PYLORI RAPID UREA	N	\$82.40
36454	H.PYLORI UBT	N	\$204.75
10574	H2N ONCOGENE	N	\$90.00
248	HACKBERRY IGE	N	\$35.40
34926	HADDOCK	N	\$35.40
38141	HADDOCK IGG	N	\$43.50
8598	HAEMO INFLU IGG VAC	N	\$190.85
38103	HALIBUT	N	\$43.50
17711	HALOCARBONS URINE	N	\$146.00
564	HALOPERIDOL	N	\$142.00
3251	HANDLING CHARGE	N	\$32.90
8224	HANTAVIRUS AB, EIA	N	\$324.35
502	HAPTOGLOBIN	N	\$40.15
37676	HBC TOTAL W/REFL IGM	Y	\$67.25
34000	HBSAB(QT-ENDPOINT)	N	\$63.95
35950	HBV DNA ULTRA-QNT	N	\$359.00

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34449	HBV DNA, QT	N	\$195.80
10529	HBV GENOTYPE	N	\$415.80
505	HCG (TUMOR MARKER)	N	\$45.10
37961	HCG BETA SUBUNIT	N	\$80.00
38396	HCG(PRG MONITOR)ST	N	\$183.65
17548	HCG, TOTAL, CSF	N	\$80.00
29271	HCV BY BDNA	N	\$290.00
8739	HCV BY RIBA	Y	\$241.00
37811	HCV GENOTYPE LIPA	N	\$256.00
30794	HCV RNA	N	\$308.90
36559	HCV RNA BY PCR,QL	N	\$221.00
34277	HCV RNA GENOTYPE	N	\$411.60
37589	HCV RNA QT PCR	N	\$319.05
37810	HCV RNA QUAL PCR	N	\$140.60
10073	HCV RNA QUANT.TMA	N	\$396.00
10636	HCV RNA,QT.BDNA/TMA	N	\$422.00
37677	HCV, REFL RIBA	Y	\$80.55
8869	HDL SUBCLASSES	Y	\$76.10
35932	HDL SUBCLASSES	N	\$101.85
34695	HEAVY METALS	N	\$65.00
7507	HEAVY METALS (U)	N	\$318.15
15110	HEAVY METALS PNL U	N	\$479.40
36438	HEAVY METALS, 24 HR	N	\$318.15
552	HEINZ BODIES STAIN	N	\$49.90
10674	HELMINTH SATIVUM IGE	N	\$48.40
37457	HELMINTH SPP IGE	N	\$35.40
36743	HEMATOPATH. CONS.	N	\$495.00
35079	HEMOCHROMATOSIS	N	\$200.55
30051	HEMOCHROMATOSIS EVAL	N	\$353.00
31852	HEMOGLOBIN (S)QNT	N	\$55.85
511	HEMOGLOBIN A2(QUANT)	N	\$125.25
10259	HEMOGLOBIN VAR.,HPLC	N	\$50.00
514	HEMOGLOBIN, (P)	N	\$74.05
37113	HEMOGLOBIN,FREE,U	N	\$31.95
10475	HEMOGLOBULIN SERUM	N	\$76.65
7245	HEMOPHILIA A CARRIER	N	\$672.55
4947	HEMOQUANT-TM, FECES	N	\$44.90
518	HEMOSIDERIN STAIN	N	\$48.40
15345	HEMP WESTERN WATER	N	\$35.40
36504	HEP A AB,W/REFL IGM	Y	\$77.25
1197	HEP B AG CONF	N	\$111.65
37567	HEP B SURFACE AG	N	\$45.35
43089	HEP B SURFACE AG	N	\$45.35
31576	HEP B VIR DNA DET	N	\$293.40
8369	HEP B VIRUS DNA	N	\$190.05
2960	HEP C AB (REFL)	N	\$80.55
34068	HEP C IGG ABS	N	\$110.45
29827	HEP C VIRUS GENOTYP	N	\$467.50
409	HEP C VIRUS RNA/PCR	N	\$279.05
4990	HEP DELTA VIRUS AB	N	\$100.55
34063	HEP.B VIRUS DNA DET	N	\$271.95

Code	Test Name	Discountable	List Fee
34053	HEP.C VIRUS RNA	N	\$349.45
34070	HEP.G RNA DETECTOR	N	\$257.65
10022	HEPARIN ABSORPTION	N	\$38.00
404	HEPARIN ANTI-XA	N	\$160.65
30292	HEPARIN ANTI-XA LMWH	N	\$141.75
10484	HEPARIN COFACTOR II	N	\$153.30
23885	HEPATITIS B DNA	N	\$190.85
10050	HEPATITIS C VIRAL RN	N	\$290.00
11348	HEPATITIS C VIRAL RN	N	\$280.00
14892	HEPATITIS C VIRAL RNA,QL	N	\$221.00
23880	HEPATITIS DELTA AG	Y	\$104.00
35983	HEPATITIS PANEL (REF	N	\$347.55
10565	HEPTIMAX (TM)	N	\$422.00
30316	HER 2/NEU TUMOR	N	\$262.50
36069	HER2 FISH	N	\$496.15
37083	HER2(HERCEPTEST-TM)	N	\$260.00
15113	HER2,ELISA	N	\$158.00
30322	HER2/NEU TUMOR	N	\$144.75
3311	HERBICIDE EVALUATION	N	\$21.65
38008	HERBICIDES PNL 1 SCR	N	\$183.00
37968	HERBICIDES PNL 2 SCR	N	\$186.00
34534	HERPES SIMPLEX VIRUS 1&2	N	\$135.95
697	HERPES SIMPLEX VIRUS	N	\$65.10
37959	HERPESVIRUS 8 IGG AB	N	\$175.00
924	HERPESVIRUS-6 AB IGG	N	\$88.30
7252	HERPESVIRUS-6 AB PNL	N	\$131.25
37254	HEXAGONALPHOS	N	\$103.95
34464	HGE	N	\$165.90
17320	HGE DNA, PCR	N	\$323.00
521	HGH	N	\$40.40
7470	HGH, 10 SPEC	N	\$404.00
7462	HGH, 2 SPEC	N	\$80.80
7463	HGH, 3 SPEC	N	\$121.20
7464	HGH, 4 SPEC	N	\$161.60
7465	HGH, 5 SPEC	N	\$202.00
7466	HGH, 6 SPEC	N	\$242.40
7467	HGH, 7 SPEC	N	\$282.80
7468	HGH, 8 SPEC	N	\$323.20
7469	HGH, 9 SPEC	N	\$363.60
34282	HHV 6 AB PNL	N	\$115.50
16001	HHV 6 DNA,QL RT-PCR	N	\$202.00
34815	HHV 6 IGG	N	\$119.30
34816	HHV 6 IGM	N	\$119.30
1648	HIAA, 5-, RAND UR	N	\$42.15
523	HIAA, 5-, URINE	N	\$42.15
34124	HIBA PRE/POST AB	N	\$221.90
17035	HICKORY NUT FOOD IGE	N	\$31.45
34916	HICKORY,WHITE IGG4	N	\$34.20
34939	HICKORY,WHITE-IGE	N	\$48.40
8603	HIGH RESOLUTION BAND	N	\$999.35
14595	HIGH RESOLUTION BAND	N	\$999.35

Code	Test Name	Discountable	List Fee
6787	HIGH RISK PREG. EVAL	N	\$376.85
39486	HIPPURIC/METHYLHIPP	N	\$132.00
34812	HISS	N	\$356.60
525	HISTAMINE (B)	N	\$193.20
4946	HISTAMINE (U)	N	\$205.80
36586	HISTAMINE PLASMA	N	\$137.00
6300	HISTAMINE, RANDOM UR	N	\$205.80
8551	HISTO AB, ID, CSF	Y	\$94.65
4585	HISTONE ANTIBODIES	N	\$115.70
938	HISTOPLASMA AB	N	\$107.10
526	HISTOPLASMA AB BY ID	N	\$70.05
26481	HISTOPLASMA ABS, EIA	N	\$181.30
414	HITA(HEPARIN IND AB)	N	\$124.00
10469	HIV 1 GENO. RTI PRI	N	\$440.00
39453	HIV 1 RNA QN PCR EXP	N	\$250.00
14484	HIV 1 RNA QT, PCR EX	N	\$441.00
10508	HIV 1 VIRTUAL PHENO.	N	\$110.00
30448	HIV 1/2 AB EVAL	N	\$156.30
34313	HIV 2 AB, WB	N	\$88.20
35351	HIV 2 AB-WB	N	\$88.20
23732	HIV/HTLV PANEL	N	\$242.15
26493	HIV-1 AB INDEX	N	\$323.20
6788	HIV-1 AG & AB PANEL	N	\$183.65
36439	HIV-1 AG, P24, QL	N	\$111.40
8401	HIV-1 DNA BY PCR	N	\$287.70
11189	HIV-1 GENOTYPE	N	\$462.00
31578	HIV-1 GENOTYPR	N	\$419.80
34051	HIV-1 GENOTYPR PLUS	N	\$550.95
34076	HIV-1 GENOTYPR(PI)	N	\$419.80
11367	HIV-1 GP41 ENVELOPE	N	\$440.00
10260	HIV1 HIV2 AB EIA PROFILE	N	\$77.25
8377	HIV-1 P24 AG	N	\$124.10
36594	HIV-1 P24-ICD CONF	N	\$74.15
15459	HIV-1 PR/RT DNA SEQ	Y	\$440.00
34471	HIV-1 QUANT W/REFLEX	N	\$291.00
36174	HIV-1 RNA EX V1.5	N	\$388.45
37815	HIV-1 RNA QL PCR	N	\$250.00
34220	HIV-1 RNA QN PCR ULT	N	\$281.15
10734	HIV-1 RNA QT, PCR, CSF	N	\$246.25
34205	HIV-1 RNA, QUANT PCR	N	\$270.40
35283	HIV-1 RT	N	\$79.95
37651	HIV-1 WB	N	\$149.10
37694	HIV-1/2 AB SCREEN	N	\$77.25
23733	HIV-2 AB IB CONF	N	\$89.15
3547	HIV-2 AB, EIA	N	\$79.40
776	HIV-2 CONFIRMATION	N	\$100.25
30537	HIV-2 DETECTOR	N	\$282.30
5832	HIVAGEN - TM	N	\$178.95
35286	HIVGEN	N	\$91.25
35297	HIVGEN	N	\$323.05
35284	HIVGPI	N	\$79.95

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7305	HLA A,B,C, PHENOTYPE	N	\$535.45
30031	HLA ABC ABS	N	\$299.35
10465	HLA B27 PCR	N	\$232.05
30507	HLA B8	N	\$116.95
17135	HLA CELIAC DISEASE	N	\$205.00
15484	HLA CLASSI A,B,C DNA	Y	\$354.00
15485	HLA CLASSII DR,DQDNA	Y	\$315.00
10953	HLA DQB1 LOW	Y	\$210.00
8944	HLA DR,DQ PHENOTYPE	N	\$472.25
10952	HLA DRB1 DNA LOW	Y	\$210.00
10951	HLA-A DNA LOW	Y	\$185.00
17397	HLA-A HIGH RES SBT	N	\$375.00
17492	HLA-A2 HIGH RES SBT	N	\$375.00
17398	HLA-A2 TYPE W/REFL	N	\$195.00
10950	HLA-B DNA LOW	Y	\$185.00
17396	HLA-B HIGH RES SBT	N	\$375.00
15584	HLA-B27	N	\$190.00
528	HLA-B27 ANTIGEN	N	\$61.10
15463	HLA-C CLASS I DNA TY	N	\$118.00
17395	HLA-C HIGH RES SBT	N	\$375.00
7302	HLA-DERMA. PNL	Y	\$251.65
17394	HLA-DQB1 HI RES SBT	N	\$375.00
10454	HLA-DR4 ANTIGEN	N	\$170.40
17393	HLA-DRB1 HI RES SBT	N	\$375.00
34399	HLA-NARCOLEPSY	N	\$282.65
7306	HLA-RHEUM. PNL	Y	\$251.65
37390	HOLTER MONITOR	N	\$19.80
30093	HOMOCYSTEINE	N	\$168.20
30549	HOMOCYSTEINE (U)	N	\$198.80
36362	HOMOCYSTEINE(NU-CON)	N	\$160.20
37089	HOMOCYSTEINE,CARD	N	\$157.90
31789	HOMOCYSTEINE,CARDIO	N	\$160.20
26318	HOMOCYSTEINE,TOTAL,U	N	\$173.25
39527	HOMOVANILLIC,24-HR U	N	\$152.70
38259	HOP IGE	N	\$48.40
38752	HORSERADISH IGE	N	\$35.40
3260	HOUSE CALL & DRAW	N	\$48.65
35440	HOUSE CALL-AUSHC	N	\$41.80
10707	HPA 1 GENOTYPE	N	\$267.75
504	HPL	N	\$143.00
14756	HPP EXP BENZO SCR	Y	\$80.00
20415	HPV DNA TEST	N	\$140.75
35490	HPV DNA TEST	N	\$140.75
38595	HPV DNA, HIGH & LOW	N	\$142.00
38596	HPV DNA, HIGH & LOW	N	\$142.00
17185	HPV HIGH LOW AR	N	\$136.30
15949	HPV HIGH RISK AR	N	\$68.15
31532	HPV HR	N	\$68.15
36453	HPV HYBRID CAPTURE 2	N	\$136.30
36722	HPV TYPING IN SITU	N	\$259.35
7165	HR APPRAISAL	Y	\$49.90

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3636	HSV 1 HERPESELECT	N	\$89.15
8547	HSV 1&2 IGG AB, FL	N	\$199.25
17296	HSV 1/2 IGM PNL IFA	N	\$130.00
17169	HSV 1/2 W/REFL	Y	\$172.00
3640	HSV 2 HERPESELECT	N	\$89.15
17170	HSV 2 W/REFL INHIB	N	\$86.15
17170	HSV 2 W/REFL INHIB	N	\$89.15
34290	HSV AG DETECT	N	\$59.00
29405	HSV DETECTOR	N	\$307.70
15440	HSV IGM AB SCREEN	N	\$110.70
10267	HSV IGM RFL TITR/IGG	N	\$110.70
39612	HSV TYPE 1	N	\$40.00
34257	HSV TYPE 1 & 2, PCR	N	\$270.90
39611	HSV TYPE 2	N	\$40.00
39524	HSV TYPING	N	\$40.00
17495	HSV/VZV RAPID CULT	N	\$195.90
34970	HTLV AB WB SCF	N	\$215.00
34311	HTLV I/II	N	\$109.20
8844	HTLV I/II AB	N	\$165.85
17499	HTLV I/II AB ELISA	N	\$130.00
30525	HTLV-I AB, IGG	N	\$109.50
8511	HTLV-I/II AB	N	\$155.40
31565	HTLV-I/II AB (CSF)	N	\$182.50
30520	HTLV-I/II DNA	N	\$322.00
35271	HUMAN BABESIOSIS	N	\$79.95
8217	HUMOR IMM 4/H. INFLU	N	\$328.00
34193	HUMOR IMM PNL	N	\$328.00
8218	HUMORAL IMM EVAL, 12	N	\$250.45
8219	HUMORAL IMM EVAL, 4	N	\$258.80
34182	HUMORAL IMM II	N	\$288.65
8234	HUMORAL IMM STATUS	N	\$356.60
10247	HUNTINGTON'S DISEASE	N	\$350.00
6346	HVA, RANDOM URINE	N	\$152.70
530	HVA,24 HR URINE	N	\$152.70
31744	HVA/CREAT RATIO (U)	N	\$193.25
37127	HYDATIDIFORM MOLES	N	\$183.75
14784	HYDROCARBONS (U)	N	\$87.00
37893	HYDROCODONE	N	\$71.10
15532	HYDROCODONE & METAB.	N	\$120.50
10982	HYDROMORPHONE	N	\$77.75
39585	HYDROXYCHLOROQUINE	N	\$167.00
728	HYDROXYCORTIC., 17-	N	\$108.15
6595	HYDROXYCORTIC., 18	N	\$201.60
37916	HYDROXYLASE AB	N	\$107.00
37946	HYDROXYPREG. 15	N	\$115.80
37947	HYDROXYPREG. 30	N	\$115.80
37945	HYDROXYPREGNENOL	N	\$115.80
534	HYDROXYPROG., 17-A-	N	\$68.15
21118	HYDROXYPROG.,17-A-3	N	\$204.45
37701	HYDROXYPROG/BASELINE	N	\$112.00
535	HYDROXYPROLINE (U)	N	\$223.65

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Code	Test Name	Discountable	List Fee
37558	HYDROXYPROLINE(P)	N	\$90.30
685	HYDROXYPROLINE, FREE	N	\$177.45
37407	HYDROXYPROLINE, T	N	\$223.65
10515	HYDROXYPROLINE,2HR U	N	\$179.00
11258	HYDROXYPROLINE,FR,R	N	\$177.45
14978	HYPENSEN, PNEUM, SCR	Y	\$169.00
10316	HYPENSENS PNEUM.IGG	N	\$181.00
15055	IBD FIRST STEP	N	\$165.00
15056	IBD FIRST STEP CONF	N	\$470.00
2595	IDP WITHOUT THC	N	\$91.35
30233	IG HEAVY-CHAIN (JH)	N	\$322.40
30234	IG LIGHT-CHAIN KAPPA	N	\$322.40
34188	IGA SUBCLASS	N	\$144.90
7906	IGA SUBCLASSES PANEL	N	\$164.60
4447	IGA, CSF	N	\$36.30
8527	IGA, FL	N	\$40.05
26478	IGA-GN AGGRETAGES	N	\$174.15
10028	IGD, IHC	N	\$135.00
34071	IGF-1	N	\$218.30
36590	IGFBP-1	N	\$96.60
30538	IGFBP-3	N	\$124.10
34458	IGFBP-3	N	\$109.20
839	IGF-I	N	\$105.15
20707	IGF-II	N	\$84.90
37102	IGFP-2	N	\$82.00
35663	IGG (REFL)	N	\$26.75
29496	IGG FOOD #401-042	N	\$136.00
5425	IGG SUBCLASS 1	N	\$94.65
5426	IGG SUBCLASS 2	N	\$94.65
5427	IGG SUBCLASS 3	N	\$94.65
5428	IGG SUBCLASS 4	N	\$94.65
7903	IGG SUBCLASSES PANEL	Y	\$341.90
7558	IGG SYNTHESIS/INDEX	N	\$175.25
4448	IGG, CSF	N	\$38.15
8528	IGG, FL	N	\$40.05
39484	IGG/ALBUMIN RATIO, CSF	Y	\$95.00
4449	IGM, CSF	N	\$38.15
8529	IGM, FLUID	N	\$40.05
10027	IGM,IHC	N	\$52.00
15480	IGVH MUTATION	N	\$425.00
17702	IGVH MUTATION, PLASMA	N	\$425.00
15684	IHC MARKER	N	\$119.00
34161	IL - 2	N	\$200.00
34298	IL - 2R	N	\$128.10
30526	IL-6	N	\$214.15
34473	IL-6	N	\$207.90
6634	IMCAP, A. PULLULANS (M12)	Y	\$20.00
23865	IMCAP, ACARUS SIRO (D70)	Y	\$20.00
8928	IMCAP, AVOCADO (F96)	Y	\$20.00
6647	IMCAP, B. CINEREA (M7)	Y	\$20.00
2619	IMCAP, BAMBOO SHOOTS (F51)	N	\$35.40

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Code	Test Name	Discountable	List Fee
8926	IMCAP, BANANA (F92)	Y	\$20.00
6680	IMCAP, C. LUNATA (M16)	Y	\$20.00
2600	IMCAP, CARDAMOM (F267)	N	\$48.40
8929	IMCAP, CLAM (F207)	Y	\$20.00
14535	IMCAP, COTTON FIBERS(01)	Y	\$20.00
23862	IMCAP, COTTON SEED (K83)	Y	\$20.00
20416	IMCAP, D. MICRO CERAS (D3)	Y	\$20.00
6692	IMCAP, E. PURPURASCENS(M1)	Y	\$20.00
6696	IMCAP, F. MONILIFORME (M9)	Y	\$20.00
23861	IMCAP, FICUS SPECIES (K81)	Y	\$20.00
6711	IMCAP, H. HALODES (M8)	Y	\$20.00
8930	IMCAP, HONEY (F247)	Y	\$20.00
23863	IMCAP, JAPANESE CEDAR (T1)	Y	\$20.00
8927	IMCAP, LATEX (K82)	Y	\$20.00
23860	IMCAP, MANGO FRUIT (F91)	Y	\$20.00
6744	IMCAP, MOUSE SERUM (E76)	Y	\$20.00
8931	IMCAP, MUSHROOM (F212)	Y	\$20.00
8932	IMCAP, OYSTER (F290)	Y	\$20.00
8405	IMCAP, PEACH (F95)	Y	\$20.00
8884	IMCAP, PEAR (F94)	Y	\$20.00
6770	IMCAP, PHOMA BETAE (M13)	Y	\$20.00
6781	IMCAP, R. NIGRICANS (M11)	Y	\$20.00
6778	IMCAP, RAT SR PROTEIN (E7)	Y	\$20.00
6799	IMCAP, S. BOTRYOSUM (M10)	Y	\$20.00
273	IMCAP, SCALLOPS (F338)	N	\$20.00
23864	IMCAP, SUNFLOWER SEED (K8)	Y	\$20.00
6809	IMCAP, T. VIRIDE (M15)	Y	\$20.00
6805	IMCAP, TEA (F222)	Y	\$20.00
887	IMIPRAMINE	N	\$53.15
304	IMM COMP C1Q BINDING	N	\$122.75
40985	IMMNOFL, DIRECT 2	N	\$245.80
40986	IMMNOFL, DIRECT 3	N	\$368.65
6806	IMMUNE ASSESM PROF I	N	\$466.30
7529	IMMUNE ASSESSMENT II	Y	\$494.90
15435	IMMUNE CELL FUNCTION	N	\$275.00
34097	IMMUNE COMPLEX	N	\$177.75
34098	IMMUNE COMPLEX EVAL	N	\$304.15
7198	IMMUNODEF PANEL	N	\$413.85
38308	IMMUNODIFFUSION ID	N	\$59.00
31344	IMMUNOFIXATION(U)	Y	\$183.65
37962	IMMUNOFIXATION,CSF	N	\$240.00
8727	IMMUNOFL, INDIRECT 1	Y	\$122.90
541	IMMUNOGLOBULIN D	N	\$76.30
6705	IMMUNOGLOBULINS, FL	Y	\$149.95
10573	INBORN ERROR OF MET PROF	N	\$1,135.90
10572	INBORN ERROR QUAL	N	\$221.15
10946	INBORN ERRORS	N	\$98.90
10332	INDINAVIR	N	\$213.10
14574	INFANT DRUG SCREEN 3	N	\$27.50
10621	INFLIXIMAB/HACA	N	\$250.00
687	INFLUENZA A AB	N	\$99.25

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6704	INFLUENZA A AB (A&C)	N	\$225.45
11282	INFLUENZA A AB,CSF	N	\$99.25
7517	INFLUENZA A&B AB A&C	N	\$456.80
11292	INFLUENZA A&B AB CSF	N	\$225.45
7250	INFLUENZA A&B AB, CF	N	\$225.45
8357	INFLUENZA A,B DFA	N	\$73.70
4440	INFLUENZA B AB	N	\$99.25
6703	INFLUENZA B AB (A&C)	Y	\$229.00
11283	INFLUENZA B AB,CSF	N	\$99.25
38005	INHALANTS METAB.PNL	N	\$170.00
30508	INHIBIN	N	\$192.05
34472	INHIBIN A	N	\$169.05
34445	INHIBIN B	N	\$158.00
39511	INHIBIN B	N	\$150.00
10084	INHIBITOR/INACTIV	N	\$64.00
38038	INSECT VENOM PANEL	N	\$105.00
6165	INSECTICIDE SCREEN	N	\$291.05
8848	INSULIN (FL)	Y	\$77.60
31566	INSULIN AB	N	\$128.90
10275	INSULIN AB SCREEN	N	\$40.00
37816	INSULIN AB TITER	N	\$85.00
36178	INSULIN ABS, HIGHLY	N	\$149.10
6702	INSULIN ANTIBODIES	Y	\$172.95
773	INSULIN EVALUATION	N	\$167.00
38216	INSULIN RESP 0 MINUTES	N	\$27.05
38219	INSULIN RESP 120 MIN	N	\$27.05
38220	INSULIN RESP 180 MIN	N	\$27.05
38221	INSULIN RESP 240 MIN	N	\$27.05
38222	INSULIN RESP 360 MIN	N	\$27.05
38218	INSULIN RESP 60 MIN	N	\$27.05
39579	INSULIN RESP 90 MIN	N	\$27.05
38217	INSULIN RESP. 30 MIN	N	\$27.05
6701	INSULIN, 10 SPEC	Y	\$616.50
14569	INSULIN, 2 HOUR	N	\$27.05
6697	INSULIN, 2 SPEC	N	\$54.10
6695	INSULIN, 3 SPEC	N	\$81.15
6694	INSULIN, 4 SPEC	N	\$108.20
6693	INSULIN, 5 SPEC	N	\$135.25
6691	INSULIN, 6 SPEC	N	\$162.30
6690	INSULIN, 7 SPEC	N	\$189.35
6689	INSULIN, 8 SPEC	N	\$216.40
6688	INSULIN, 9 SPEC	N	\$243.45
36700	INSULIN, FREE	N	\$99.75
36702	INSULIN, TOTAL	N	\$106.00
37535	INTERCELLULAR AB TITER	N	\$54.00
38007	INTERFERON NEUT	N	\$705.00
8679	INTERFERON, ALPHA	Y	\$143.15
10213	INTERLEUKIN 4	N	\$300.00
1757	INTERLEUKIN-1 BETA	N	\$435.00
8680	INTERLEUKIN-2	N	\$129.80
26483	INTERLEUKIN-2 RECEP.	N	\$145.55

Code	Test Name	Discountable	List Fee
8718	INTERPRET & REPORT	N	\$164.60
10248	INTRACELLULAR MARKER	N	\$156.00
568	INTRINSIC FACTOR AB	N	\$94.50
15784	IODINE BUSH	N	\$35.40
17515	IRON, 24 HR URINE	Y	\$62.75
37534	ISLET CELL AB TITER	N	\$84.00
36177	ISLET CELL AG 512	N	\$143.85
4646	ISLET CELL AUTO ABS	N	\$122.90
36741	ISLET CELL RFX TITER	N	\$84.00
37917	ISOCYANATE HDI (K77)	Y	\$39.45
37918	ISOCYANATE MDI (K76)	Y	\$39.45
37919	ISOCYANATE TDI (K75)	Y	\$39.45
14572	ISOHEMAGGLUTININ	N	\$175.00
34474	ISOHEMAGGLUTININ	N	\$109.15
29837	ISOHEMAGGLUTININ TTR	N	\$112.45
15098	ITA MATERNAL SCR. S	N	\$95.00
11303	ITA PREGNANCY	N	\$158.00
11304	ITA TUMOR	N	\$238.00
34074	ITRACONAZOLE (S)	N	\$100.25
30421	ITRACONAZOLE SUSC	N	\$105.05
16102	JAK2 MUTATION CELL	N	\$540.00
16101	JAKE MUTATION PLASMA	N	\$540.00
29845	JAPANASE ENCEPHALITI	N	\$139.55
30033	JEV IGM CSF	N	\$146.75
5810	JO-1 ANTIBODY	N	\$115.90
34924	JOHNSON GRASS IGG4	N	\$34.20
39615	KAPPA LIGHT CHAIN	N	\$115.00
15061	KAPPA LIGHT CHAIN, FREE	Y	\$120.00
4382	KAPPA LT CHN QNT, UR	N	\$108.60
15076	KAPPA URINE	Y	\$120.00
37863	KAPPA/LAMBDA L CHAIN	N	\$50.00
4384	KAPPA/LAMBDA LT CHN	N	\$149.10
11234	KAPPA/LAMBDA W/RATIO	Y	\$240.00
10089	KCT	N	\$102.00
10714	KENNEDY DISEASE	N	\$351.75
38846	KETAMINE/METAB CONF	N	\$149.00
39591	KETAMINE-METAB CONF.	N	\$147.00
582	KETOGENIC STEROIDS	N	\$92.80
30261	KIDNEY STONE ANALYSIS	N	\$62.00
36088	KIDNEY STONE FORM	N	\$303.45
37364	KIDNEY STONE FORMA	N	\$214.00
4502	KOH WET MOUNT	N	\$30.20
20675	KT/V +URR (MOD.DAU)	N	\$50.20
732	L MONOCTYOGENES AB	N	\$120.55
36580	L PNEUM IGG AB	N	\$73.00
30268	L PNEUMO IGM	N	\$86.65
6687	L PNEUMOPHILA AB1-6	N	\$135.45
30030	L. PNEUMO DETECT (U)	N	\$113.40
624	L. PNEUMOPHILA DET.	N	\$105.05
37345	L.PNEUM. G,M(1-6)	N	\$102.60
7584	L/S RATIO	N	\$178.95

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35057	L/S RATIO	N	\$178.95
22053	L/S RATIO, PHOSPHATI	N	\$178.95
1659	LACTIC ACID, CSF	N	\$102.05
1660	LACTIC ACID, FL	N	\$102.05
17321	LACTOFERRIN,QN.STOOL	N	\$185.00
7675	LACTOSE, 5 SPEC	N	\$81.40
14453	LAL QUANT.	Y	\$121.50
38121	LAMB IGG	N	\$43.50
38996	LAMBDA LIGHT CHAIN	N	\$115.00
15075	LAMBDA LIGHT CHAIN,FREE	Y	\$120.00
4383	LAMBDA LT CHN QNT,UR	N	\$108.60
22060	LAMOTRIGINE	N	\$74.95
8343	LASA	N	\$87.45
36744	LATEX IGE	N	\$40.00
11055	LATEX SPECIFIC IGE	N	\$91.00
10586	LATEX, IGG	N	\$45.70
11244	LCHAD MUTATION	N	\$324.00
1690	LDH (U)	N	\$41.30
1687	LDH, CSF	N	\$41.30
4405	LDH, FLUID	N	\$41.30
17138	LDL SUBPARTICLES	Y	\$68.00
601	LEAD (U)	N	\$69.25
3171	LEAD BY ASV (B)	N	\$78.75
36440	LEAD,24-HR URINE	N	\$69.25
34475	LEGIONELLA	N	\$92.40
7538	LEGIONELLA AB (A&C)	Y	\$277.85
8856	LEGIONELLA AG (U)	Y	\$142.00
37357	LEGIONELLA CULT.ENV.	N	\$153.00
15062	LEGIONELLA DNA, QL	Y	\$225.00
34067	LEGIONELLA MICDADEI	N	\$107.70
4751	LEISHMANIA ABS	N	\$109.75
38764	LENSCALE IGE	N	\$37.20
37109	LEPTIN	N	\$75.00
34969	LEPTO CULT & STAIN	N	\$162.20
983	LEPTOSPIRA AB BY IHA	N	\$74.05
37506	LEPTOSPIRA CULTURE	N	\$127.00
26464	LEPTOSPIRA IGG & IGM	N	\$122.90
10318	LETTUCE IGG	N	\$43.50
35083	LEU & LYM 1 MARKER	N	\$47.45
35092	LEU & LYM 10 MARKERS	N	\$474.50
35093	LEU & LYM 11 MARKERS	N	\$521.95
35094	LEU & LYM 12 MARKERS	N	\$569.40
35095	LEU & LYM 13 MARKERS	N	\$616.85
35096	LEU & LYM 14 MARKERS	N	\$664.30
35097	LEU & LYM 15 MARKERS	N	\$711.75
35098	LEU & LYM 16 MARKERS	N	\$759.20
35099	LEU & LYM 17 MARKERS	N	\$806.65
35100	LEU & LYM 18 MARKERS	N	\$854.10
35101	LEU & LYM 19 MARKERS	N	\$901.55
35084	LEU & LYM 2 MARKERS	N	\$94.90
35102	LEU & LYM 20 MARKERS	N	\$949.00

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17222	LEU & LYM 21 MARKERS	N	\$996.45
17223	LEU & LYM 22 MARKERS	N	\$1,043.90
17224	LEU & LYM 23 MARKERS	N	\$1,091.35
17225	LEU & LYM 24 MARKERS	N	\$1,138.80
17226	LEU & LYM 25 MARKERS	N	\$1,186.25
35085	LEU & LYM 3 MARKERS	N	\$142.35
35086	LEU & LYM 4 MARKERS	N	\$189.00
35087	LEU & LYM 5 MARKERS	N	\$237.25
35088	LEU & LYM 6 MARKERS	N	\$284.70
35089	LEU & LYM 7 MARKERS	N	\$332.15
35090	LEU & LYM 8 MARKERS	N	\$379.60
35091	LEU & LYM 9 MARKERS	N	\$427.05
590	LEUC. AMINOPEPTIDASE	N	\$67.20
15142	LEVETIRACETAM	Y	\$65.25
34489	LEWIS X	N	\$103.80
616	LH (U)	N	\$109.20
30953	LH 2 SPEC	N	\$211.10
30954	LH 3 SPEC	N	\$316.10
38148	LH 3RD GEN 90 MINUTE	N	\$82.00
10437	LH 3RD GEN BASELINE	N	\$82.00
30955	LH 4 SPEC	N	\$422.15
4571	LH 5 SPEC	N	\$527.15
38145	LH,3RD GEN 20 MIN	N	\$82.00
38146	LH,3RD GEN 40 MIN	N	\$82.00
38147	LH,3RD GEN 60 MIN	N	\$82.00
36086	LH,3RD GENERATION	N	\$82.00
17744	LH-ICMA	N	\$51.00
605	LIDOCAINE	N	\$99.95
30760	LIMA BEAN IGE	N	\$48.40
14772	LIMA BEAN IGG	N	\$43.50
10483	LIME (RF306) IGE	N	\$20.00
1663	LIPASE, FLUID	N	\$56.75
17603	LIPASE, JP DRAINAGE	Y	\$44.85
731	LIPASE, RD URINE	N	\$56.75
17604	LIPASE,PANCREATIC FL	Y	\$44.85
17602	LIPASE,PERTIONEAL FL	Y	\$44.85
17601	LIPASE,PLEURAL FLUID	Y	\$44.85
8751	LIPID FRAC, FECES	N	\$152.70
29817	LIPID FRAC. 1	N	\$114.50
455	LIPIDS, TOTAL, FECES	N	\$140.60
447	LIPIDS, TOTAL (U)QL	N	\$27.85
37905	LIPOPROTEIN	N	\$177.55
8687	LIPOPROTEIN (a)	N	\$88.20
34604	LIPOPROTEIN (A)	N	\$105.75
35436	LIPOPROTEIN ELEC	N	\$68.00
36435	LIPOPROTEIN FRACTION	Y	\$179.55
34538	LIPOPROTEIN PROF	N	\$138.35
11036	LIPROPROTEIN ELEC.FL	N	\$71.40
4961	LIV/KID MICROSOM AB	N	\$115.70
10527	LIVER CYTOSOL AUTOAB	N	\$146.00
36748	LIVER KIDNEY AB/RFX	N	\$60.00

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37075	LIVER KIDNEY TITER	N	\$60.00
15038	LKM-1 ANTIBODY(IGG)	N	\$60.00
38107	LOBSTER IGG	N	\$43.50
10451	LOCUS SPEC PROBES X3	N	\$1,168.05
37855	LOCUS SPEC, FISH X2	N	\$778.70
37342	LOCUS SPECIFIC PROBE	N	\$389.35
37336	LOMBARDY POPLAR IGE	N	\$35.40
7992	LOWER RESP EVAL 3	Y	\$169.40
4936	LOXAPINE	N	\$125.25
7611	LP PHENO-ELCT,CHO,TG	Y	\$77.25
14530	LP-PLA2 (PLAC TM)	N	\$178.50
14455	LSD QT. BY GC/MS(U)	N	\$96.45
37025	LSD,QUAL	N	\$101.10
7079	LUPUS ANTICOAG EVAL	Y	\$90.00
36573	LUPUS ANTICOAG HEX	Y	\$102.00
36557	LUPUS DRVVT,CONF	N	\$87.15
37491	LUPUS(SLE)PNL	N	\$1,248.05
5008	LUPUS-TYPE ANTICOAG.	N	\$152.70
37546	LYME AB IGG WB	N	\$58.25
6646	LYME AB-WB CONFIRM	N	\$127.25
36181	LYME AG DNA,PCR(U)	N	\$231.00
29477	LYME DIS IGG WBA	N	\$61.20
627	LYME DISEASE	N	\$256.45
10672	LYME DISEASE C6 W/REFLEX	N	\$52.50
38753	LYME DISEASE C6,AB,	N	\$52.50
34287	LYME DISEASE DNA/PCR	N	\$225.75
26461	LYME DISEASE EIA &IB	N	\$171.80
26463	LYME DISEASE EIA &IB	N	\$171.80
29478	LYME(IGM)AB,WBA	N	\$61.20
30439	LYMPH AG&MG PRO ANAL	N	\$467.50
8561	LYMPH CT, ABSOLUTE	N	\$15.90
5009	LYMPH MITOGEN	N	\$263.90
7197	LYMPH SUBSET 1PNL	N	\$375.65
36420	LYMPH SUBSET 2PNL	N	\$318.45
7195	LYMPH SUBSET 3PNL	N	\$324.45
17151	LYMPH SUBSET 6	Y	\$453.00
14799	LYMPH SUBSET PNL 6	Y	\$430.00
31189	LYMPH. ENUMERATION	N	\$254.00
4441	LYMPHO CHORIOMEN AB	N	\$66.80
15944	LYMPHOCYTE ACTIVAT	N	\$210.00
17560	LYS-ASPIRIN	N	\$40.00
619	LYSOZYME	N	\$96.35
953	LYSOZYME, RAND UR	N	\$107.10
14964	LYTES PLASMA	N	\$23.90
865	M PNEUMO AB EIA,FL	N	\$97.25
6682	M PNEUMO AB,CF,(A&C)	N	\$76.40
7258	M PNEUMO IGG & IGM	N	\$194.45
659	M PNEUMO IGG AB	N	\$36.40
20911	M PNEUMO IGG,IGM,IGA	N	\$151.55
30277	M TUBERCUL, PCR	N	\$192.15
17162	M. PNEUM AB IGM, IFA	N	\$92.00

Code	Test Name	Discountable	List Fee
21130	M. PNEUM IGM AB	N	\$51.45
5307	M. PNEUMONIAE AB CF	N	\$38.25
4655	M. RECTIVIRGULA AB	N	\$60.00
31585	M.DNA SPECIATION PCR	N	\$288.65
31552	M.PNEUMONIAE IGA	N	\$148.00
38475	MACADAMIA NUT IGE	N	\$35.40
5499	MACROAMYLASE QL	N	\$104.50
20727	MAG & SGPG AB EVAL	N	\$248.10
3086	MAG ANTIBODY ELISA	N	\$168.20
37438	MAG IGM	N	\$115.00
34134	MAG SINGLE ANTIGEN	N	\$243.30
625	MAGNESIUM (U)	N	\$43.85
11322	MAGNESIUM 24HR W/O CREAT.	N	\$43.85
6179	MAGNESIUM, RANDOM UR	N	\$43.85
11220	MAGNESIUM,PEDIATRIC	N	\$43.85
37078	MAG-SGPG,IGM	N	\$108.00
10670	MALARIA IFA SCREEN	N	\$205.00
37509	MALARIA PARASITE ID	N	\$83.00
831	MALARIA SMEAR	N	\$112.80
17674	MALB, RAND UR W/O CR	N	\$46.65
19496	MALT IGG	N	\$43.50
626	MANGANESE (B)	N	\$158.55
37966	MANGANESE, 24-HR U	N	\$54.60
10293	MANNOSE BINDING PROTEIN	N	\$274.00
34927	MAPLE RED IGE	N	\$35.40
38106	MAPLE SUGAR IGE	N	\$35.40
21359	MAPROTILINE	Y	\$103.00
28721	MARIJUANA-100 CLIN	N	\$147.95
7178	MARIJUANA-100 SC/CF	N	\$147.95
30707	MARIJUANA-100 SCREEN	N	\$42.70
2158	MARIJUANA-20 SC/CF	N	\$147.95
7174	MARIJUANA-50 SC/CF	N	\$147.95
31342	MARIJUANA-50 SCREEN	N	\$42.70
38957	MARSH ELDR BURWEED	N	\$35.40
34903	MARSHELDER, IGG4	N	\$34.20
10797	MATA AUTOANTIBODY	N	\$370.00
10262	MATERNAL CELL	N	\$300.00
16020	MATERNAL SCR. 1ST TR	N	\$190.00
7292	MATERNAL SERUM 3	Y	\$255.20
30294	MATERNAL SERUM 4	N	\$295.00
15934	MATERNAL SERUM SCR 5	N	\$390.00
20682	MBC X2, AEROBIC ORG	Y	\$206.35
20683	MBC X3, AEROBIC ORG	Y	\$308.90
20684	MBC X4, AEROBIC ORG	Y	\$411.45
10954	MBP ANTIBODIES	N	\$131.25
11176	MCAD MUT ANAL	N	\$279.00
8457	MDMA	N	\$90.05
11332	MDMA & METABOLITE	N	\$63.90
17161	MDMA AND METAB URINE	N	\$62.00
34256	MEASLES AB IGM, IF	N	\$75.75
10795	MEAT FIBERS,STOOL	N	\$71.40

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38992	MECLIZINE (S) CONF.	N	\$117.00
37920	MELATONIN PLASMA	N	\$200.00
23888	MELIOIDOSIS ABS	N	\$227.80
8236	MEM EVAL, CSF	N	\$376.85
7802	MENINGOENCEPH. PANEL	N	\$376.85
6185	MEPERIDINE (U) QL	N	\$92.80
26521	MEPERIDINE DOSAGE	N	\$515.20
630	MEPHOBARBITAL	N	\$37.10
635	MEPROBAMATE, QUANT	N	\$96.45
636	MERCURY (B)	N	\$119.30
637	MERCURY (U)	N	\$120.75
36441	MERCURY,24-HR URINE	N	\$120.75
34064	MERCURY,RANDOM UR	N	\$120.75
38990	MESCALINE (S) CONF.	N	\$162.00
38991	MESCALINE (U) CONF.	N	\$162.00
23230	MESORIDAZINE	N	\$93.00
34086	METABOLIC EVAL	N	\$267.00
4228	METANEPH/CREAT RATIO	N	\$105.60
641	METANEPHRINES, FRAC.	N	\$122.70
6016	METANEPHRINES, FRAC.	N	\$122.70
15920	METANEPHRINES, P	N	\$185.00
639	METANEPHRINES, TOTAL	N	\$105.60
5366	METANEPHRINES, TOTAL	N	\$105.60
14962	METANPH.24 HR URINE	N	\$119.10
14961	METANPH.RANDOM URINE	N	\$119.10
17110	METFORMIN, URINE	N	\$116.00
7176	METHADONE SC/CF	N	\$147.95
8418	METHADONE, GC/MS (U)	N	\$117.30
7177	METHAQUALONE SC/CF	N	\$147.95
6197	METHAQUALONE, GC/MS	N	\$117.30
648	METHOTREXATE	N	\$110.90
6201	METHOTREXATE, CSF	N	\$126.45
30435	METHYLMALONIC ACID,U	N	\$109.50
34879	METHYLMALONIC(S)	N	\$198.75
34877	METHYLMALONIC(U)	N	\$96.35
37511	METHYLPHENIDATE	N	\$67.00
4934	MEXILETINE	N	\$80.00
17172	MI-2 AUTO ABS	N	\$98.00
29914	MIB-1	N	\$159.00
651	MIC, AEROBIC	N	\$102.95
38950	MIC, ANAEROBIC	N	\$35.85
17104	MICALB.IN,HPLC,24H	N	\$120.00
17105	MICALB.IN,HPLC,24H C	N	\$120.00
6517	MICROALB/CREAT RATIO	Y	\$90.30
37924	MICROALBUMIN	N	\$69.05
4555	MICROALBUMIN (U)	N	\$46.65
15281	MICROALBUMIN 24HR U	N	\$46.65
8280	MICROALBUMIN, TIMED	Y	\$102.95
17102	MICROALBUMIN,IN,HPLC	N	\$120.00
37854	MICRODEL FISH X2	N	\$817.65
10450	MICRODEL FISH X3	N	\$1,226.45

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37341	MICRODELETION	N	\$408.85
10495	MICRODELETIONS Y CHR	N	\$293.10
10060	MICROFILARIAE DETECT	N	\$112.80
12740	MICROMETASTASIS DET	N	\$246.75
14989	MICROSATELLITE INSTABILIT	N	\$500.00
14780	MICROSPORUM SPP.	N	\$48.40
15342	MINT IGE	N	\$48.40
2BD1	MISC SUSC-1	Y	\$35.85
30321	MITOCHONDRIAL M2	N	\$78.75
15923	MITOCHONDRIAL MTDNA	N	\$1,915.00
36205	MITOCHONDRIAL TITER	N	\$19.95
37508	MIXED FEATHERS IGE	Y	\$68.00
37802	MIXING STUDIES	N	\$44.00
8922	MIXING/CORRECTION	N	\$147.95
14986	MLH1 AND MSH2 MUTATIONS	N	\$2,920.00
14984	MLH1 MUTATION,ONE EXON	N	\$400.00
16051	MLH1/MSHE MUTATIONS	N	\$520.00
31790	MMA, SERUM	N	\$208.70
14511	MOD AF STAIN	N	\$31.70
37068	MOLD PROF/IGE	N	\$175.35
7557	MORPH ANALY SKEL 2	N	\$595.10
8787	MORPH ANALY TUMOR 1	N	\$298.15
8788	MORPH ANALY TUMOR 2	N	\$595.10
8789	MORPH ANALY TUMOR 3	N	\$891.95
17712	MORPHINE-TOTAL,U	N	\$142.00
775	MOTOR NEUROPATHY	N	\$374.50
34142	MOTOR NEUROPATHY EVL	N	\$650.00
16032	MPO ANTIGEN, SERUM	N	\$192.00
17656	MRSA, PCR	Y	\$152.00
14981	MSH2 MUTATION,ONE EXON	N	\$400.00
14982	MSH6 MUTATION,HNPCC	N	\$1,800.00
14983	MSH6 MUTATION,ONE EXON	N	\$400.00
30327	MTHFR C677T	N	\$184.85
17911	MTHFR, DNA MUTATION	N	\$312.90
36165	MTHFR,DNA MUTATION	N	\$312.90
8237	MTR & SENS NEUROP	N	\$497.25
657	MUCIN CLOT, SYN FL	N	\$25.70
11192	MUCOLIPIDOSIS TYPE I	N	\$295.00
17128	MUCOR RACEMOSUS IGG*	N	\$43.50
10506	MUCOR RACEMOSUS,IGA	N	\$73.50
15789	MULBERRY RED TREE	N	\$35.40
34920	MULBERRY,RED IGG4	N	\$34.20
37344	MULTI B.BURGDORFERI	N	\$236.00
34082	MULTI-ALLERGEN IGE	N	\$265.00
10459	MULTIPLE MYELOMA PNL	N	\$222.00
8802	MUMPS AB BY EIA,CSF	N	\$61.50
34252	MUMPS AB IGM, IFA	N	\$83.55
7522	MUMPS EVAL CF (A&C)	N	\$198.05
7431	MUMPS EVALUATION, CF	N	\$99.05
7256	MUMPS IGG & IGM	N	\$124.10
8682	MUMPS IGM	N	\$83.55

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965	MUMPS S AG-AB, CF	N	\$49.55
8539	MUMPS S AG-AB,CF,CSF	N	\$61.50
7542	MUMPS SOL AB CF(A&C)	N	\$99.05
4442	MUMPS V AG-AB, CF	N	\$49.55
8540	MUMPS V AG-AB,CF,CSF	Y	\$119.00
7541	MUMPS VIR AB CF(A&C)	N	\$99.05
36565	MUMPS VIRUS AB(IGM)	N	\$44.95
8428	MUSCLE FIBERS, FECAL	N	\$93.95
38115	MUSHROOM IGG	N	\$43.50
14626	MUSK ANTIBODY TEST	N	\$475.00
34462	MYCO PNEU AB	N	\$128.60
871	MYCO/UREA CULTURE	N	\$212.30
38232	MYCOBACTERIA A INTR.	N	\$99.75
38234	MYCOBACTERIA ID	N	\$125.00
38912	MYCOBACTERIA ID	N	\$332.00
10199	MYCOBACTERIA TUBERC.	N	\$109.20
30279	MYCOBACTERIA, SPUTUM	N	\$248.10
30298	MYCOBACTERIA, SPUTUM	N	\$192.15
30798	MYCOBACTERIAL DNA	N	\$288.65
387	MYCOBACTERIUM ID	N	\$94.30
8655	MYCOPLASMA (IGM) EIA	N	\$77.90
14770	MYCOPLASMA CULTURE	N	\$322.00
10965	MYCOPLASMA IGM, QUAL	N	\$51.45
34270	MYCOPLASMA PNEU CLT	N	\$90.05
30032	MYCOPLASMA PNEU CULT	N	\$102.35
15498	MYCOPLASMA PNM.DNA	N	\$323.00
663	MYELIN BASIC PROTEIN	N	\$118.65
10063	MYELIN GLY/WB/RFX	N	\$105.94
10709	MYELOID DISORDERS	N	\$498.75
10949	MYELOPEROXIDASE	N	\$265.00
8796	MYELOPEROXIDASE AB	N	\$165.85
10977	MYLOTARG CD33	Y	\$150.00
6434	MYOCARDIAL AB PANEL	N	\$268.40
36156	MYOCARDIAL AB TITER	N	\$21.00
37539	MYOCARDIAL W/RFX	N	\$120.75
10608	MYOCARDITIS PANEL	N	\$186.90
660	MYOGLOBIN	N	\$122.25
10185	MYOSITIS PLUS JO-1	N	\$766.50
36164	MYOTONIC DYSTROPHY	N	\$475.00
5296	N GONORRHOEAE AB CSF	N	\$94.90
4931	N. GONORRHOEAE AB	N	\$83.55
39451	N.GONORRHOEAE DNA	N	\$60.00
15033	N.GONORRHOEAE TMA	N	\$60.00
5011	NADH DIAPHORASE QL	N	\$72.85
19466	NALOXONE SCR-TOTAL	N	\$206.00
11054	NARCOLEPSY PANEL	N	\$280.35
10948	NBE STAIN	N	\$265.00
8238	NBT DYE REDUCT. TEST	N	\$156.30
15034	NDI MUTATION(AVPR2)	N	\$525.00
37609	NEISSERIA B/ECOLI K1	N	\$28.35
37608	NEISSERIA MEN.CW135	N	\$27.50

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34890	NEOPTERIN	N	\$102.90
10140	NEUR RFX/TITER/RI/WB	N	\$100.00
26457	NEURONAL AB IGG	N	\$196.80
30038	NEURONAL AB IGG CSF	N	\$219.45
38235	NEURONAL NUC/AB/RI	N	\$50.00
38236	NEURONAL NUC/AB/RIWB	N	\$100.00
8649	NEURONAL NUCLEAR AB	N	\$186.30
11323	NEUROPEPTIDE Y	N	\$250.00
4790	NEUROTENSIN	N	\$133.00
8836	NEUTR CYTO AB ENDPT	N	\$221.90
8997	NEUTRALIZATION	N	\$124.10
4778	NEUTROPHIL AB	N	\$181.30
393	NIACIN	N	\$59.55
17358	NIACIN	N	\$180.00
5215	NICKEL (U)	N	\$138.60
36443	NICKEL,24-HR URINE	N	\$138.60
15863	NICOTINE AND METAB B	N	\$78.00
14464	NICOTINE METAB. SCR.	N	\$60.00
35152	NICOTINE METABOLITE	Y	\$98.15
38960	NICOTINE,QUAL. URINE	N	\$52.50
36745	NICOTINE/COTININE	N	\$94.50
10222	NIEMANN PICK DISEASE	N	\$191.10
10492	NIJMEGEN ASSAY	N	\$127.00
6227	NITRATE (U)	N	\$96.70
38027	NITRITE&NITRATE U	N	\$100.00
38025	NITRITE/NITRATE	N	\$100.00
15421	NK CELL ACTIVITY	N	\$175.00
30449	NK CELL FUNCTION	N	\$322.00
37088	NKC	N	\$77.00
19069	NMO IGG, SERUM	N	\$294.00
36064	N-MYC AMPLIFICATION	N	\$370.80
37562	NOREPINEPHRINE	N	\$145.00
34476	NSE	N	\$91.35
36421	N-TELOPEPTIDE 24HR U	N	\$119.70
34099	NUCLEAR MATRIX 22	N	\$107.10
34914	OAK, WHITE IGG4	N	\$34.20
38131	OAT IGG	N	\$43.50
673	OCCULT BLD, FECES 1	N	\$11.70
35441	OCCULT BLD, MCR,1	N	\$11.70
35442	OCCULT BLD, MCR,2	N	\$23.40
35443	OCCULT BLD, MCR,3	N	\$35.10
39562	OKRA	N	\$48.40
674	OLIGOCLONAL BANDING	N	\$110.20
38123	ONION IGG	N	\$43.50
11237	ONTAK SENSITIVITY	Y	\$150.00
17693	OPIATES CONJ/UNCONJ	N	\$184.00
38155	OPIATES GC/MS MECON	N	\$96.45
7179	OPIATES SC/CF	N	\$147.95
6232	OPIATES, GC/MS (U)	N	\$117.30
15475	OPIATES,EXP GC/MS(U)	N	\$117.30
35244	OPIATES-FREE(CONF)	N	\$209.00

Code	Test Name	Discountable	List Fee
38247	ORANGE IGG	N	\$43.50
38528	ORANGE ROUGHY IGE	N	\$36.50
7001	ORGAN-DIRECTED PNL	N	\$127.65
5356	ORGANIC ACID SCR (U)	N	\$161.00
10087	ORGANIC ACIDS	N	\$134.00
38067	ORGANIC ACIDS, QUANT	N	\$409.90
39459	ORRIS ROOT IGE	N	\$35.40
677	OSMOLALITY	N	\$50.60
678	OSMOLALITY (U)	N	\$71.30
968	OSMOLALITY, FECES	N	\$71.30
1672	OSMOLALITY, FLUID	N	\$71.30
35211	OSMOTIC FRAG(IMMED)	Y	\$98.45
17263	OSMOTIC GAP, FECES	Y	\$158.00
5586	OSTEOCALCIN	N	\$134.40
6653	OVA & PARASITE X2	N	\$118.10
6652	OVA & PARASITE X3	N	\$177.15
14854	OVACHECK OVARIAN PAT	Y	\$160.00
10328	OVARIAN AB TITER	N	\$86.10
23882	OVARY AB IGG	N	\$149.10
682	OX 24HR W/ CREAT	N	\$40.05
10456	OXALIC ACID R/URINE	N	\$40.05
1673	OXALIC ACID RAND UR	N	\$40.05
14582	OXALIC ACID W/O CREAT	N	\$40.05
11318	OXALIC ACID W/O CREAT 24H	N	\$40.05
11222	OXALIC ACID, PED UR	N	\$40.05
808	OXAZEPAM	N	\$96.45
14450	OXYCODONE S & C (U)	Y	\$111.00
37122	OXYTOCIN	N	\$175.00
38133	OYSTER IGG	N	\$43.50
3509	P. CARINIII SMEAR	N	\$127.65
8897	P24 AG DISS W/ NEUT	N	\$124.10
8855	P24 ANTIGEN DISSOC.	N	\$124.10
36162	P53 ONCOPROTEIN	N	\$161.70
11368	PAI-1 4G/5G	N	\$198.00
10491	PAI-1 ACTIVITY	N	\$165.00
8878	PAI-1/T-PA PANEL	N	\$165.00
15783	PALOVERDE	N	\$48.40
10671	PAN ANCA PLUS	N	\$914.55
4789	PANCR. POLYPEPTIDE	N	\$219.45
30781	PANEL 401-399	N	\$142.00
30782	PANEL 401-400 (IGE)	N	\$391.00
10209	PANTOTHENIC ACID (B5)	N	\$180.00
8633	PAP 1 SLIDE	N	\$42.50
PFNR1	PAP FP NFR	N	\$40.93
35300	PAP MCR MEDICAL	N	\$42.50
35459	PAP, LIQUID BSD AMENDED	N	\$66.15
32046	PAP-AP 1 SLIDE	N	\$55.15
35305	PAP-AP MCR MEDICAL	N	\$57.90
PFMI1	PAP-FP MICRO	N	\$55.15
6681	PARAINFLU 1 AB,(A&C)	Y	\$229.00
8358	PARAINFLU 1,2,3 DFA	N	\$73.70

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7518	PARAINFLU 1-3 AB A&C	N	\$676.15
7691	PARAINFLU 1-3 AB, CF	N	\$297.70
6679	PARAINFLU 2 AB,(A&C)	Y	\$229.00
6678	PARAINFLU 3(A&C)AB	Y	\$229.00
4463	PARAINFLUENZA 1 AB	N	\$112.80
4464	PARAINFLUENZA 2 AB	N	\$112.80
4465	PARAINFLUENZA 3 AB	N	\$112.80
602	PARANEOPLASTIC SYND.	N	\$214.70
3950	PARASITE EXAM, FORM.	N	\$54.65
3946	PARASITE ID	N	\$54.35
8853	PARATYPHOID A & B	Y	\$84.20
36207	PARIETAL CELL TITER	N	\$19.95
262	PARIETAL CELL W/TITR	N	\$73.55
38411	PARMESAN CHEESE IGE	N	\$35.40
1770	PAROXETINE	N	\$173.80
10628	PARROT DROPPINGS IGG	N	\$45.70
10620	PARROT FEATHERS IGG	N	\$43.50
10617	PARROT SERUM PROTEIN	N	\$45.70
8945	PARVOVIRUS B19 IGG	Y	\$63.00
8948	PARVOVIRUS B19 IGM	N	\$64.90
8946	PARVOVIRUS B19 PNL	N	\$71.30
34296	PARVOVIRUS DNA PCR	N	\$133.35
35986	PATH REVIE,PAP-AP	N	\$28.00
8779	PATH REVIEW	N	\$28.00
PRV1	PATH REVIEW	N	\$28.00
833	PATH REVIEW OF SMEAR	N	\$39.40
15118	PATH REVIEW, LIQ PAP	N	\$28.00
PRL1	PATH REVIEW, LIQ PAP	N	\$28.00
RLB1	PATH REVIEW, LIQ PAP	N	\$28.00
PRM1	PATH REVIEW, PAP MCR	N	\$28.00
35985	PATH REVIEW,LIQ PAP	N	\$28.00
35987	PATH REVIEW,PAP MCR	N	\$28.00
5355	PCB'S, SERUM/PLASMA	N	\$97.35
34884	PCNA	N	\$86.85
16010	PCNA ANTIBODY, IFA	Y	\$85.00
6251	PCP BY GC/MS (U)	N	\$96.45
34518	PCP GC/MS MECON	N	\$96.45
38127	PEA IGG	N	\$43.50
17687	PEANUT IGG4	N	\$43.50
34679	PEANUT, IGG	N	\$43.50
10325	PECAN IGG	N	\$43.50
10507	PEN. NOTATUM,IGA	N	\$73.50
10276	PEN.NOTATUM IGG	N	\$43.50
17606	PENICILLIN PROFILE 2	Y	\$160.00
17559	PENICILLIN(MNR DET.)	N	\$40.00
34907	PENICILLIUM N IGG4	N	\$34.20
6243	PENTAZOCINE UR/GS	N	\$88.60
700	PENTOBARBITAL	N	\$155.45
38266	PEPPER BELL, IGE	N	\$37.20
30765	PEPPERTREE IGE	N	\$48.40
701	PEPSINOGEN I	N	\$180.60

Code	Test Name	Discountable	List Fee
11261	PEPSINOGEN II	N	\$300.00
38241	PERCH OCEAN,IGE	N	\$35.40
6246	PERCHLORETHYLENE (U)	N	\$105.05
14776	PERENNIAL RYE IGG	N	\$43.50
10593	PERFLUOROCTAN.STUDY	N	\$197.00
7343	PERIPH BLD STDY	N	\$86.25
1683	PG, AMNIOTIC FLUID	N	\$244.55
10511	PG,AMNIO,W/REFLEX	N	\$244.55
31683	PG.AMNIOTIC FL	N	\$244.55
1304	PH, FECES	N	\$43.30
8452	PH, URINE	N	\$24.55
8427	PH, WATER	Y	\$18.85
356	PHADIATOP	N	\$52.25
5585	PHADIATOP	N	\$49.70
1441	PHADIATOP (REFL)	N	\$49.70
3466	PHENCYCLIDINE (B)	N	\$155.10
14832	PHENCYCLIDINE CONF	N	\$221.00
3497	PHENCYCLIDINE FECES	N	\$212.30
7180	PHENCYCLIDINE SC/CF	N	\$147.95
10798	PHENOBARBITAL-FREE	N	\$90.00
10421	PHENOSENSE COMP	N	\$970.00
15348	PHENOSENSE GT(TM)	N	\$1,235.00
37356	PHENYLALANINE	N	\$88.00
26336	PHENYLALANINE, (P)	N	\$174.30
10520	PHEOCHROMOCYTOMA EVL	Y	\$280.00
719	PHOS 24HR W/ CREA	N	\$40.05
30037	PHOS ABS IGG IGM IGA	N	\$295.00
1696	PHOS, INORG, RAND UR	N	\$40.05
1695	PHOS, INORGAN, FLUID	N	\$41.30
10480	PHOS.IGG,IGM,IGA	N	\$297.00
17745	PHOS.INO.IGG,IGM,IGA	N	\$295.00
34060	PHOS/ETH/IGG,IGM,IGA	N	\$295.00
11319	PHOSPHATE W/O CREAT 24H U	N	\$40.05
14579	PHOSPHATE W/O CREAT RAND	N	\$40.05
11215	PHOSPHATE, PEDI UR	N	\$40.05
7632	PHOSPHATIDYLSERIN AB	N	\$298.15
10163	PHOSPHATIDYLSERINE	N	\$71.00
5017	PHOSPHOETHANOLAMINE	N	\$341.10
15111	PHOSPHOLIPID NEUT	Y	\$86.00
717	PHOSPHOLIPIDS	N	\$64.15
3812	PICK UP FEES, STAT	N	\$65.65
4656	PIGEON SERUM AB	N	\$60.00
37459	PINE(LONGLEAF) IGE	N	\$48.40
37926	PINTO BEAN IGE	N	\$35.40
4496	PINWORM ID	N	\$31.70
7846	PINWORM ID, 2 SPEC	N	\$63.40
34438	PINWORM ID, 3 SPEC	N	\$95.10
38157	PIVKA-II	N	\$173.25
720	PKU SCREEN	N	\$35.85
17849	PLASMA CELL LABEL INDEX	N	\$462.00
10537	PLASMA RENIN ACTIV	N	\$51.60

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36555	PLASMINOGEN ACT.	N	\$115.50
4458	PLASMINOGEN ACTIVITY	N	\$175.25
5164	PLASMINOGEN ANTIGEN	N	\$134.40
5019	PLATELET AB, DIRECT	N	\$185.00
5341	PLATELET ANTIBODIES	N	\$172.00
10204	PLATELET FACTOR 4	N	\$225.00
10678	PLATELET GLYCOPROT.	N	\$165.00
26465	PLATELET-ASSOC. ABS	N	\$188.45
8239	PLT ABS. EVAL.	N	\$255.20
5809	PM SCLERODERMA AB	N	\$120.55
14994	PML/RARA T(15;17) QT PCR	N	\$336.00
824	PMP22 DNA TEST	N	\$600.00
37354	PNEUM AB IGG	N	\$105.00
7383	PNEUM POLYSACCHARIDE	N	\$180.60
37353	PNEUM.AB. 3,8,12,14	N	\$105.00
38792	PNEUM.ABS IGG, POST	N	\$132.30
38791	PNEUM.ABS IGG, PRE	N	\$132.30
34125	PNEUM/PRE/POST AB	N	\$410.25
16035	PNEUMO AB PREVNAR	Y	\$210.00
36591	PNEUMOCOCCAL AB	N	\$214.20
10070	PNEUMOCOCCAL AB 6	N	\$180.60
23884	PNEUMOCOCCAL AB IGG	N	\$186.05
39512	PNEUMOCOCCAL AB,12 POST	N	\$214.20
26454	PNEUMOCYSTIS CARINII	N	\$86.10
37578	PNEUMOCYSTIS CARINII	N	\$37.80
37672	PNP	N	\$62.00
14907	PO (PROTEIN ZERO)	N	\$125.00
19533	POC HEMOGLOBIN	Y	\$16.50
19084	POC PROTINE/INR	Y	\$21.50
38116	PORK IGG	N	\$43.50
36592	PORPH FRAC RANDOM U	N	\$83.00
726	PORPHOBILINOGEN (U)	N	\$57.25
6329	PORPHOBILINOGEN, RU	N	\$57.25
8515	PORPHYRINS, (U) QL	Y	\$102.95
729	PORPHYRINS, FRAC.	N	\$131.25
730	PORPHYRINS, FRAC.	N	\$223.65
39696	POST VACCINE HIV 1/2	N	\$75.00
8347	POTASSIUM RAND UR	N	\$40.05
3382	POTASSIUM RBC	N	\$75.90
11316	POTASSIUM W/O CREAT 24H U	N	\$40.05
14521	POTASSIUM W/O CREAT RAND	N	\$40.05
734	POTASSIUM, 24 HOUR UR	N	\$40.05
4453	POTASSIUM, CSF	N	\$41.30
1703	POTASSIUM, FLUID	N	\$41.30
11014	POTASSIUM, PLASMA	N	\$20.95
38126	POTATO WHITE IGG	N	\$43.50
11369	PRADER-WILLI/SYND.	N	\$395.00
11287	PREDNISONE, SERUM	N	\$200.00
19080	PREGABALIN SP	N	\$112.00
19464	PREGABALIN UR	N	\$262.00
39553	PREGNANEDIOL GLUCUR	Y	\$107.00

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8352	PREGNENOLONE, 17-OH	N	\$110.25
31493	PREGNENOLONE,S	N	\$100.55
37274	PRO PREDICTRX META	N	\$295.00
11188	PROBNP	N	\$129.00
743	PROCAINAMIDE	N	\$45.55
30759	PROC-AMER. CHEESE	N	\$46.35
36159	PROGESTERONE RECEPT	N	\$198.45
14866	PROGESTERONE(PEDIATRIC)	Y	\$89.80
8752	PROGESTERONE, RAPID	Y	\$89.80
17183	PROGESTERONE,LC/MSMS	Y	\$89.80
41655	PROGRAF	N	\$151.45
760	PROINSULIN	N	\$171.00
15850	PROINSULIN GLUC 2	N	\$342.00
15851	PROINSULIN GLUC 3	N	\$513.00
15852	PROINSULIN GLUC 4	N	\$684.00
15853	PROINSULIN GLUC 5	N	\$855.00
15854	PROINSULIN GLUC 6	N	\$1,026.00
15855	PROINSULIN GLUC 7	N	\$1,197.00
15856	PROINSULIN GLUC 8	N	\$1,368.00
15449	PROINSULIN GLUC 9	N	\$1,539.00
6278	PROPAFENONE	N	\$86.40
14833	PROPOXYPHENE CONFIRM	N	\$120.00
7181	PROPOXYPHENE SC/CF	N	\$147.95
8419	PROPOXYPHENE, GC/MS	N	\$117.30
14937	PRO-PREDICTRZ ENZ AC	N	\$245.00
8665	PROSTAGLANDIN E2 (P)	N	\$300.00
5134	PROSTAGLANDIN E2 (U)	N	\$350.00
8754	PROT C ACT (REFL)	N	\$172.65
36031	PROT EL.U W/SCAN(REFL)	N	\$103.55
1169	PROT ELECT (U)W/SCAN	N	\$103.55
23035	PROT ELECT,U(REFL)	N	\$103.55
8838	PROT S ACT (REFL)	N	\$184.05
35295	PROT TL & PROT W/SCAN	N	\$39.75
17428	PROT, TL, PERITON FL	Y	\$39.25
17427	PROT, TL, PLEURAL FL	Y	\$30.00
8558	PROTAMINE SULFATE	Y	\$113.05
4948	PROTEIN C	N	\$196.50
16095	PROTEIN C ACTIVITY, CLOT	N	\$173.00
8757	PROTEIN C PROF	N	\$367.30
1777	PROTEIN C, ACTIVITY	N	\$172.65
2971	PROTEIN EL W/SCAN	N	\$103.55
29808	PROTEIN ELECTRO(REFL)	N	\$103.55
749	PROTEIN ELECTRO, CSF	N	\$39.75
1705	PROTEIN ELECTRO, FL.	N	\$39.75
8525	PROTEIN ELECTRO.	N	\$103.55
750	PROTEIN ELECTRO. (U)	N	\$103.55
5165	PROTEIN S	N	\$196.50
36457	PROTEIN S AG,F&T	N	\$271.95
7039	PROTEIN S PROF	N	\$360.15
1779	PROTEIN S, ACTIVITY	N	\$184.05
10170	PROTEIN S, FREE	N	\$191.10

Code	Test Name	Discountable	List Fee
7892	PROTEIN TL & PROT W/SCAN	N	\$39.75
11320	PROTEIN, TOTAL	N	\$40.05
14523	PROTEIN,TOT,W/O CREAT	Y	\$40.05
3581	PROTEINASE-3 AB	N	\$137.15
8557	PROTEUS OX-19 AB	Y	\$115.70
39467	PROTH. TIME MIX CORR	Y	\$20.85
37674	PROTHROMBIN 1.2	N	\$135.00
11265	PROTHROMBIN ABS	Y	\$150.00
17909	PROTHROMBIN GENE	N	\$162.75
30326	PROTHROMBIN GENE	N	\$162.75
948	PROTOPORPHYRIN, ZINC	N	\$62.00
34073	PRYDINIUM CROSS-LK	N	\$207.50
30432	PSA FREE	N	\$146.55
31348	PSA FREE & TOTAL	Y	\$125.25
10976	PSA ULTRA HAMA	N	\$87.15
10157	PSA, MEDICARE	Y	\$108.90
14808	PSA, POST PROST	N	\$87.15
15119	PSA, TOTAL, 2.5 NG/ML CUT	Y	\$108.90
37890	PSA,T.W/RFLX TO FREE	N	\$75.00
17569	PSA,TOTAL W/REFL	Y	\$108.90
36448	PSA,ULTRA-SENSITIVE	N	\$87.15
7961	PSEUDOCHOL & DICUB #	N	\$95.85
24629	PT IMMUNOFIX PROT ELECTR	Y	\$220.60
36578	PTH AB	N	\$170.10
35202	PTH, INTACT	Y	\$174.15
8810	PTH, N-TERMINAL	N	\$233.80
35204	PTH,C-TERMINAL	N	\$233.80
8837	PTH,INTACT & CALCIUM	Y	\$165.85
35203	PTH,INTACT/IRMA	N	\$174.15
4121	PTH,N-TERM & CA	N	\$212.00
35205	PTH,N-TERMINAL	N	\$233.80
14767	PTHALIC ANHYDRIDE	Y	\$20.00
7968	PTH-C & CA, IONIZED	N	\$295.80
7969	PTH-C & PTH-N	N	\$467.50
7990	PTH-C, PTH-N & CA, I	N	\$502.10
7980	PTH-N & CA, IONIZED	N	\$295.80
34478	PTH-RELATED PROTEIN	N	\$180.60
39468	PTT MIX/CORR/INCUBAT	Y	\$32.00
10002	PTT(LAC)W/CONF	N	\$73.35
39506	PTT-LA	Y	\$45.00
17408	PTT-LA W/RFX HPN	Y	\$45.00
8591	PURKIJE CELL YO	N	\$109.75
37500	PURKINJE RFX CSF	N	\$140.00
37360	PURKINJE RFX SER	N	\$140.00
37361	PURKINJE TITER	N	\$70.00
37545	PURKINJE TITER	N	\$70.00
1099	PYRIDINIUM CROSSLINK	N	\$205.15
36098	PYRIDINIUM,24HR	N	\$160.65
36097	PYRIDINIUM,2HR	N	\$160.65
437	PYRROLES	N	\$72.40
765	PYRUVATE (B)	N	\$101.45

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764	PYRUVATE KINASE QL	N	\$69.65
38363	PYRUVATE, CSF	N	\$119.65
1706	PYRUVATE, FLUID	N	\$113.30
38506	Q FEV.IGG PHSI TITER	N	\$47.25
38505	Q FEVER IGG PHSI SCR	N	\$24.45
38507	Q FVR IGG PHS II SCR	N	\$24.45
38508	Q FVR IGG PHSII TITR	N	\$47.25
38509	Q FVR IGM PHSEI SCR	N	\$24.45
38510	Q FVR IGM PHSI TITER	N	\$54.60
38511	Q FVR IGM PHSII SCR N	N	\$24.45
38512	Q FVR IGM PHSII TITR	N	\$54.60
15561	QT THYROGLOB W/O ATA	N	\$29.00
766	QUINIDINE	N	\$35.65
30545	R.RICKETTSII IGG	N	\$107.70
26459	R.RICKETTSII IGG&IGM	N	\$125.25
30546	R.RICKETTSII IGM	N	\$107.70
37471	R.TYPHUS IGG	N	\$45.00
15791	RABBIT BUSH	N	\$35.40
10712	RABBIT HAIR IGE	N	\$50.85
5789	RABIES TITER	N	\$56.50
39497	RADISH IGE	N	\$35.40
15778	RAGWEED BUSH	N	\$35.40
34901	RAGWEED C/S IGG4	N	\$34.20
34202	RAJI CELL	N	\$161.15
4794	RANA ANTIBODIES	N	\$128.90
36712	RAPAMYCIN-SIROLIMUS	N	\$129.15
10481	RAPE SEED (RF316) IG	N	\$20.00
37743	RAR ALPHA T(15.17)	N	\$312.00
29123	RAST PROF 29123	N	\$85.35
30756	RAST, B/W PEPPER	N	\$46.35
30754	RAST, BACCHARIS IGE	N	\$48.40
30762	RAST, BALD CYPRESS	N	\$48.40
30752	RAST, BAYBERRY IGE	N	\$35.40
30761	RAST, BLACK WALNUT	N	\$46.35
30757	RAST, CANTALOUPE	N	\$35.40
30767	RAST, CARELESS WEED	N	\$48.40
254	RAST, FEATHER MIX	N	\$47.75
8640	RAST, IGG PAPER WASP	N	\$52.50
8643	RAST, IGG YEL JACKET	N	\$52.50
8641	RAST, IGG, HONEY BEE	N	\$37.55
8642	RAST, IGG, WF HORNET	N	\$52.50
8639	RAST, IGG, Y HORNET	N	\$52.50
30769	RAST, LIVE OAK	N	\$42.00
30763	RAST, MEXICAN TEA	N	\$35.40
23897	RAST, MUSSELS	N	\$37.55
30758	RAST, ORANGE TREE	N	\$48.40
6422	RAST, PEN G & V	N	\$80.00
702	RAST, PENICILLIN G	N	\$48.70
703	RAST, PENICILLIN V	N	\$48.70
26281	RAST, RASPBERRY	N	\$35.40
30751	RAST, RED CEDAR	N	\$48.40

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30768	RAST, SPINY PIGWEED	N	\$46.35
23898	RAST, SWISS CHEESE	N	\$35.40
23895	RAST, TAPIOCA	N	\$35.40
6807	RAST, TOBACCO	N	\$43.30
23892	RAST, WHITE POPLAR	N	\$35.40
26578	RAST, YELLOW DOCK	N	\$35.40
30753	RAST, DOG FENNEL (IGE)	N	\$35.40
35352	RAST, GELATIN	Y	\$20.00
36737	RED CELL CD55&CD59	N	\$194.25
34930	RED OAK	N	\$48.40
30531	RED PEPPER IGE	N	\$35.40
38242	RED SNAPPER, IGE	N	\$35.40
668	RELAPSING FEVER	N	\$124.10
3573	RELAPSING FEVER	N	\$109.75
10314	RENAL FUNC PNL	Y	\$26.00
787	RENIN DIRECT	N	\$53.15
37700	REPTILASE CLOTTING	N	\$99.00
1RS1	RESP SUSC-1	Y	\$21.15
2RS1	RESP SUSC-1	N	\$21.15
1RS2	RESP SUSC-2	Y	\$42.25
1RS3	RESP SUSC-3	Y	\$63.35
1RS4	RESP SUSC-4	Y	\$84.50
1RS5	RESP SUSC-5	Y	\$105.60
1RS6	RESP SUSC-6	Y	\$214.70
36091	RET PROTO-ONCOGENE	N	\$449.40
36587	RET PROTO-ONCOGENE	N	\$428.00
8638	RETIC COUNT, ANIMAL	N	\$25.70
8699	RETIC MANUAL	Y	\$25.70
11308	RETIC/CELLULAR HEMO	N	\$89.00
23889	RETICULIN ABS IGA	N	\$88.30
4419	RETICULIN ANTIBODIES	N	\$115.70
17747	RETICULUM STAIN	N	\$265.00
791	RETINOL BIND. PROT.	N	\$108.15
15088	RETT SYNDROME MUTATION	N	\$1,110.00
794	RH PHENOTYPING	N	\$92.80
15268	RH TYPE (REFL)	Y	\$19.00
11291	RH, WEAK D (DU)	Y	\$29.50
5850	RHEUM ARTHRITIS PREC	N	\$102.60
15683	RHEUMATOID FACT (IGG)	Y	\$33.00
15682	RHEUMATOID FACT. IGA	Y	\$33.00
10278	RHIZ. NIGRICANS IGG	N	\$43.50
38104	RHODOTORULA IGE	N	\$48.40
4647	RIBOSOMAL ANTIBODIES	N	\$155.10
31570	RIBOSOMAL P PROT-CSF	N	\$162.20
38135	RICE IGG	N	\$43.50
30548	RICKETTSIA AB EV IGG	N	\$107.70
37507	RICKETTSIA ANTIBODY	N	\$216.30
37478	RICKETTSIAL DIS PNL	N	\$307.65
2339	RISPERIDONE	N	\$114.00
4459	RISTOCETIN COFACTOR	N	\$142.15
10981	RITUXAN CD20	Y	\$150.00

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Code	Test Name	Discountable	List Fee
6419	RMSF IGG & IGM, IFA	N	\$108.15
37470	RMSF IGM TITER	N	\$91.95
37467	RMSF SCREEN,IGG	N	\$45.00
37469	RMSF SCREEN,IGM	N	\$55.00
37468	RMSF TITER,(IGG)	N	\$81.15
706	ROTAVIRUS AG DETECT.	N	\$75.20
6672	RSV AB (A&C)	N	\$147.95
4467	RSV AB BY CF	N	\$73.70
5291	RSV AG BY DFA	N	\$70.15
8467	RSV AG BY EIA	N	\$73.70
30318	RSV AG BY EIA (REFL)	N	\$73.70
10268	RUBELLA IGG AB W/RFL	N	\$51.35
37673	RUBELLA IGG&IGM AB	N	\$170.00
4422	RUBELLA IGM ANTIBODY	N	\$156.75
8546	RUBEOLA IGG AB,CSF	Y	\$116.60
3671	RUBEOLA IGM AB	N	\$83.55
34900	RUSS THISTLE IGG4	N	\$34.20
10616	RUSSIAN OLIVE IGE	N	\$35.40
38130	RYE IGG	N	\$43.50
38197	S 100, ICA	Y	\$95.00
4800	S VIRIDUS AB	N	\$60.00
8222	S.PNEUMONIAE AB EIA	N	\$227.80
38490	SAGE FOOD IGE	N	\$35.40
805	SALICYLATE	N	\$60.00
10291	SALIVARY CORTISOL	N	\$76.10
8554	SALLMONELLA GP B SOM	N	\$84.20
38144	SALMON IGG	N	\$43.50
38080	SALMONELLA	N	\$217.35
7052	SALMONELLA AGGLUT.	Y	\$114.25
8553	SALMONELLA GP A SOM	N	\$84.20
8556	SALMONELLA GP D FLAG	N	\$84.20
8555	SALMONELLA GP D SOM	N	\$84.20
26451	SALMONELLA SEROTYPE	N	\$95.15
17567	SANDOSTATIN (R)	N	\$200.00
11324	SARS CORONAVIRUS RNA	Y	\$260.00
10727	SATRATOXIN ABS	N	\$152.25
34898	SC5B-9	N	\$99.95
8240	SC5b-9 COMPLEX	N	\$102.95
8241	SC5b-9 COMPLEX	N	\$195.60
8628	SCABIES MITE EXAM	N	\$42.45
38134	SCALLOPS IGG	N	\$43.50
8675	SCCA	N	\$108.60
30442	SCHIST. AB IGG&IGM	N	\$153.90
26466	SCHISTOSOMA ABS EVAL	N	\$250.45
30173	SCHISTOSOMA IGE	N	\$64.45
34837	SCHISTOSOMA IGE	N	\$43.30
4942	SCL-70	N	\$110.20
8801	SCREEN FOR S. AUREUS	Y	\$51.95
37964	SECRETIN	N	\$150.00
26316	SECRETORY IGA, SERUM	N	\$132.90
29891	SED RATE MANUAL WEST	Y	\$20.85

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6668	SEMEN ANALYSIS	N	\$94.65
34201	SENS NEUROPATHY	N	\$755.00
34200	SENSORIMOTOR NEUROP.	N	\$860.00
614	SENSORY NEUROPATHY	N	\$385.25
26488	SEROTONIN	N	\$176.55
818	SEROTONIN (B)	N	\$291.90
14627	SEROTONIN REL. ASSAY	N	\$260.00
10958	SEROTONIN, PLATELET	N	\$159.50
29851	SEROTONIN, SERUM	N	\$155.40
8871	SERTRALINE	N	\$86.00
38136	SESAME SEED I	N	\$43.50
34940	SHAG HICK	N	\$48.40
38765	SHARK IGE	N	\$35.40
30740	SHBG	Y	\$96.30
829	SHEEP CELL AGG. TEST	N	\$76.10
34925	SHEEP SORREL IGG4	N	\$34.20
34083	SHEEP'S WOOL IGE	N	\$48.40
30264	SHIGA TOXINS E.COLI	N	\$68.15
26452	SHIGELLA SEROTYPING	N	\$90.65
38108	SHRIMP IGG	N	\$43.50
26382	SICKLE CELL ANEMIA	N	\$371.70
26434	SICKLE CELL BY PCR	N	\$422.15
26435	SICKLE CELL BY PCR	N	\$422.15
10252	SILICONE AB	N	\$125.00
38229	SISTER CHROMATID EX	N	\$744.70
14599	SISTER CHROMATID EXC	N	\$723.00
7832	SJOGREN'S ANTIBODIES	N	\$127.65
266	SKELETAL MUSC W/TITR	N	\$110.20
7448	SM & SM/RNP ABS	N	\$121.55
10539	SM FIBER PAIN.AXONAL	N	\$1,030.00
38567	SM/RNP ABS	N	\$58.45
29791	SMA BY DEL/DETEC	N	\$231.35
PRP1	SMEAR INTERP	N	\$28.00
29489	SMN GENE DELETION	N	\$231.35
29491	SMN GENE DELETION	N	\$231.35
29492	SMN GENE DELETION	N	\$231.35
36206	SMOOTH MUSCL TITER	N	\$19.95
17051	SMUT JOHNSON IGE	N	\$36.90
34501	SNP/262	N	\$1,120.00
34502	SNP/263	N	\$965.00
8514	SODIUM RAND UR	N	\$40.05
11317	SODIUM W/O CREAT 24H UR	N	\$40.05
14522	SODIUM W/O CREAT RAND UR	N	\$40.05
838	SODIUM, 24 HOUR UR	N	\$40.05
4452	SODIUM, CSF	N	\$41.30
1723	SODIUM, FLUID	N	\$41.30
5325	SODIUM/POTASSIUM (U)	N	\$41.30
38113	SOLE IGG	N	\$43.50
38243	SOLE,IGE	N	\$35.40
38928	SOLUBLE LIVER AG ABS	N	\$80.00
10296	SOLUBLE P SELECTIN	N	\$325.00

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37338	SOLUBLE TRANSFERRIN	N	\$190.00
4788	SOMATOSTATIN	N	\$207.50
34480	SOMATOSTATIN	N	\$182.70
34680	SOYBEAN, IGG	Y	\$37.00
8717	SPECIAL STAIN, F. S.	N	\$81.75
8463	SPECIFIC GRAV,FL	Y	\$41.30
14641	SPECIFIC GRAVITY	Y	\$22.75
11122	SPECTRAL KARYOTYPING	N	\$1,596.00
36422	SPECTRAL KARYOTYPING	N	\$1,643.90
19492	SPERM AB IGA, IGG	Y	\$116.00
36180	SPERM AB PNL	N	\$281.45
846	SPERM COUNT	N	\$51.35
4808	SPERM IGA ANTIBODY	N	\$140.75
4809	SPERM IGG ANTIBODY	N	\$140.75
8560	SPERM MORPHOLOGY	Y	\$51.35
3187	SPERM, POST-VASECT	N	\$51.35
38120	SPINACH IGG	N	\$43.50
26409	SPINAL MUS ATR	N	\$498.45
26410	SPINAL MUS ATR	N	\$498.45
26411	SPINAL MUS ATR	N	\$498.45
26412	SPINAL MUS ATR	N	\$498.45
26413	SPINAL MUS ATR	N	\$498.45
26414	SPINAL MUS ATR	N	\$498.45
26415	SPINAL MUS ATR	N	\$498.45
3572	SPOROTHRIX AB LPA	N	\$81.15
36163	SRY SEQUENCES DETEC	N	\$217.10
38568	SS A RO AB(IGG)EIA	N	\$58.45
38569	SS B LA AB(IGG),EIA	N	\$58.45
14857	SS DNA IGG ANTIBODY	Y	\$130.25
34821	SS-A (RO) AB IGG EIA	N	\$73.00
34822	SS-B (LA) AB IGG EIA	N	\$72.00
3672	ST LOUIS ENCEPH AB	N	\$90.65
39568	ST. LOUIS ENCEP, CSF	N	\$197.00
37051	STACHYBOTRYS CHRT	N	\$33.02
37404	STACKY CHART.IGE	N	\$48.40
37405	STACKY CHART.IGE,IGG	N	\$87.40
37492	STACKY CHART.IGG	N	\$67.20
11263	STAPH ENTEROTOXINS	N	\$100.00
8453	STARCH, FECAL	N	\$45.35
17835	STERIL TEST	Y	\$26.40
37406	STKY CHT IGE,IGG,IGA	N	\$132.40
30260	STONE ANALYSIS	N	\$57.25
442	STONE RISK DIAG PROF	N	\$420.00
15566	STONECOMP DIAG PNL	N	\$80.00
15568	STONERISK CITRATE	N	\$106.00
15569	STONERISK CYSTINE	N	\$100.00
15567	STONETRACK DIAG PNL	N	\$272.00
1SC1	STOOL SUSC-1	Y	\$21.15
2SC1	STOOL SUSC-1	Y	\$35.85
1SC2	STOOL SUSC-2	Y	\$42.25
2SC2	STOOL SUSC-2	Y	\$71.60

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1SC3	STOOL SUSC-3	Y	\$63.35
1SC4	STOOL SUSC-4	Y	\$84.50
1SC5	STOOL SUSC-5	Y	\$105.60
1SC6	STOOL SUSC-6	Y	\$214.70
10607	STRAIN TYPING	N	\$90.30
38561	STRAWBERRY IGG	N	\$43.50
10553	STREP AG(A)RFL/CUL	Y	\$30.20
38831	STREP GRP B	N	\$110.00
29819	STREP PNEU 12 PR/PST	N	\$423.35
29821	STREP PNEU 4 PRE/PST	N	\$215.90
3956	STREP SEROGROUPING	N	\$37.65
30209	STREPTOCOCCUS B	N	\$64.05
854	STREPTOZYME	N	\$48.20
15414	STREPTOZYME SCREEN	Y	\$34.00
15415	STREPTOZYME TITER	Y	\$66.00
36210	STRIATED AB TITER	N	\$19.95
736	STRONGYLOIDES AB IGG	N	\$122.90
10100	STYPVEN TIM	N	\$116.00
37367	STYPVEN TIME	N	\$136.50
38230	STYRENE	N	\$103.00
721	SUBSTANCE ANALYSIS	N	\$144.40
39637	SUBTYPE	Y	\$326.00
30235	SUCROSE HEMOLYSIS	N	\$96.50
37455	SUGAR CANE IGE	N	\$35.40
10933	SULFAMETHOXAZOL	N	\$48.40
30175	SULFATIDE ABS	N	\$335.00
38265	SUMMER SQUASH, IG	N	\$35.40
38112	SUNFLOWER SEED IGG	N	\$43.50
14501	SUREPATH HPV MCR HR	N	\$66.15
14502	SUREPATH HPV MCR MD	N	\$66.15
14471	SUREPATH PAP	N	\$66.15
14472	SUREPATH PAP MCR	N	\$66.15
14473	SUREPATH PAP MCR HR	N	\$66.15
14474	SUREPATH PAP MCR MD	N	\$66.15
14499	SUREPATH RFL HPV	N	\$66.15
14500	SUREPATH RFL HPV MCR	N	\$66.15
10591	SUS. MAI COMPLEX MIC	N	\$215.25
10592	SUS. RAPID GROW BACT	N	\$215.25
10602	SUS. YEAST 1 DRUG	N	\$80.85
10604	SUS. YEAST 2 DRUGS	N	\$161.70
10605	SUS. YEAST 3 DRUGS	N	\$242.55
10606	SUS. YEAST 4 DRUGS	N	\$323.40
15317	SUS. YEAST SIX DRUGS	Y	\$462.00
17308	SUS.AFB,M.MARINUM	N	\$129.00
1AC5	SUSC 5	Y	\$105.60
1AI5	SUSC 5	Y	\$105.60
1CU6	SUSC PANEL, ORG#6	Y	\$214.70
38884	SUSCEPTIBILITY AB	N	\$62.75
10061	SUSCEPTIBILITY ASSAY	N	\$314.00
35712	SWEET SUCCESS 3HR	Y	\$83.55
34915	SYCAMORE E.IGG4	N	\$34.20

Code	Test Name	Discountable	List Fee
6398	SYNOVIAL FL ANALYSIS	N	\$130.05
23087	SYPHILIS SMEAR	N	\$58.55
39588	T & B CELLS, TOTAL	Y	\$168.00
4651	T CANDIDUS AB	N	\$60.00
653	T PALLIDUM AB BY MHA	N	\$30.80
4652	T SACCAHARI AB	N	\$60.00
4650	T VULGARIS AB	N	\$60.00
38213	T. GONDII IGM	N	\$106.00
3960	T.VAGINALIS CULTURE	N	\$55.70
36574	T3 AUTO-AB	N	\$123.90
36598	T3 FREE TRACER DIAL	N	\$189.00
15542	T-3 UPTAKE (REFL)	N	\$13.15
34429	T-3, FREE	Y	\$159.30
967	T3, REVERSE	N	\$206.85
36576	T4 AUTO-AB	N	\$123.90
36716	T4 BIND PROT,ELECTRO	N	\$145.95
36738	T4 BINDING PROTEINS	N	\$226.05
35167	T-4 BY EQ DIAL,FREE	Y	\$81.65
36725	T4 FREE & T4 TOTAL	N	\$122.00
37675	T-4 W/REFL TSH	Y	\$30.20
17733	T4, TOTAL	Y	\$30.20
15524	TA90 IMMUNE COMPLEX	N	\$137.00
37351	TARTRATE RESIST.ACID	N	\$43.05
21512	TAY SACHS, DNA	N	\$231.35
21513	TAY SACHS, DNA	N	\$231.35
21514	TAY SACHS, DNA	N	\$231.35
21515	TAY SACHS, DNA	N	\$231.35
21516	TAY SACHS, DNA	N	\$231.35
21502	TAY-SACHS DISEASE	N	\$203.70
36195	TAY-SACHS DISEASE	N	\$203.70
15900	TAY-SACHS MUT.ANAL.	Y	\$300.00
10526	TB CULTURE, BLOOD	N	\$75.20
870	TBG	N	\$124.95
5738	TBII-THYRO. BIND. IG	N	\$169.05
36715	T-CELL GENE REARRANG.	N	\$268.40
17862	T-CELL REARRANGE QL LEUM	N	\$294.00
17861	T-CELL REARRANGE QN LEUM	N	\$400.00
37270	T-CELL RECEP GENE	N	\$318.00
30232	T-CELL RECEPTOR BETA	N	\$274.30
15930	TCR GENE REARRANGE	N	\$294.00
16025	TCR-GAMMA GENE PCR	N	\$400.00
34488	TDT	N	\$152.85
966	TEICHOIC ACID AB	N	\$101.45
36568	TEICHOIC ACID AB	N	\$91.95
36713	TEICHOIC ACID TITER	N	\$81.15
37084	TEL/AML1.T(12;21)FIS	N	\$370.80
36171	TESTOSTERONE BIOAV	N	\$192.05
36170	TESTOSTERONE, FR&TOT	Y	\$187.10
874	TESTOSTERONE, URINE	N	\$125.00
14966	TESTOSTERONE,F&T&BIO	N	\$230.40
30741	TESTOSTERONE,F&T&WB	Y	\$230.40

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15983	TESTOSTERONE,T,LC/MS	Y	\$152.70
29836	TETANUS & DIPHTHERIA	N	\$168.20
26490	TETANUS AB IGG EIA	N	\$101.45
4862	TETANUS AB(EIA)	N	\$85.75
34120	TETANUS PRE/POST IGG	N	\$186.05
34026	TETANUS/DIPH/PRE/POST	N	\$432.95
39613	TETRAHYDROALDOSTERONE, U	N	\$225.00
38024	TETRAHYDROFURAN	N	\$101.00
37121	TGI(THY.GRO.STIM.IG)	N	\$177.00
11000	THALLIUM	N	\$73.00
37124	THALLIUM, 24-HR U	N	\$113.00
39540	THC 50 QL CONFIRM	N	\$117.30
34515	THC GC/MS MECON	N	\$96.45
4846	THC METAB., GC/MS U	N	\$117.30
11008	THERMOACTINOMYCES	N	\$48.40
15559	THINPREP REFL HI/LOW	N	\$66.15
879	THIOCYANATE	N	\$121.70
23232	THIORIDAZ& MESORIDAZ	N	\$87.00
883	THROMBIN TIME	N	\$40.65
39505	THROMBIN TIME 1:1	Y	\$29.00
10162	THROMBIN-ANTITH.TAT	N	\$111.00
10472	THROMBOPHILIA-DNA	N	\$411.95
17907	THROMBOPHILIA-DNA	N	\$411.95
10518	THROMBOXANE B2,URINE	N	\$350.00
14510	THYROGLOBULIN	N	\$52.00
35433	THYROGLOBULIN, QT	N	\$69.85
5422	THYROTROPIN	N	\$514.00
37401	THYROTROPIN BLOCKING	N	\$209.00
36588	THYROTROPIN REL	N	\$210.00
37399	TICK IDENTIFICATION	N	\$42.00
10936	TIGR GENE MUTATION	N	\$210.00
10724	TILAPIA IGE	N	\$48.40
34921	TIMOTHY GRASS IGG4	N	\$34.20
30513	TIS PLASMINOGEN A/I	N	\$254.00
29816	TISS PLASMINOGEN ACT	N	\$165.40
14594	TISSUE CULTURE	N	\$172.00
10656	TISSUE FACTOR	N	\$157.50
8730	TISSUE HYBRID	N	\$262.35
31319	TISSUE HYBRID X2	N	\$524.70
10729	TISSUE THROMBOPL	N	\$126.00
17309	TISSUE TRANSGLUT.IGA	N	\$121.55
37524	TISSUE,IF,SKIN	N	\$174.15
888	TOBRAMYCIN	N	\$99.95
8576	TOBRAMYCIN, PEAK	N	\$99.95
8577	TOBRAMYCIN, TROUGH	N	\$99.95
34547	TOMATO, IGG	N	\$43.50
7264	TORCH IGG&IGM PNL	Y	\$694.05
10101	TOX G&M SABN-FLD	N	\$144.00
36024	TOXO AB PNL,CSF	N	\$169.40
8943	TOXO IGG AB (REFL)	Y	\$88.35
8636	TOXO IGM AB	N	\$53.60

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37207	TOXO IGM EIA	N	\$53.60
5546	TOXOCARA AB	N	\$116.95
17873	TOXOCARA AB,FLUID	N	\$153.00
26467	TOXOCARA ABS EIA	N	\$230.20
14524	TOXOPLASMOSIS ADULT	N	\$427.00
17895	TP 24HR W/ CREAT	Y	\$69.05
5037	TPI (B) QL	N	\$77.00
37742	TPMT GENOTYPE	N	\$420.00
37210	TPPT MCR MED RFX HPV	N	\$66.15
37209	TPPT RFX HPV MCR	N	\$66.15
37211	TPPT RFX HPV MCR RSK	N	\$66.15
31530	TPPT W/RFX HPV	N	\$66.15
38554	TPPT W/RFX HPV	N	\$66.15
38408	TRAMADOL CONFIRM	N	\$197.00
891	TRANSFERRIN	N	\$37.65
960	TRANSKETOLASE (B)	N	\$183.65
9102	TRANSPORT FEE	N	\$102.00
9121	TRANSPORT FEE	N	\$121.00
9045	TRANSPORT FEE \$45	N	\$45.00
9099	TRANSPORT FEE \$99	N	\$99.00
10241	TRAP	N	\$245.00
4732	TRAZODONE	N	\$72.00
15523	TREE OF HEAVEN IGE	N	\$48.40
5767	TRIAZOLAM	N	\$201.60
38023	TRIAZOLAM & MET.CONF	N	\$122.00
17870	TRIAZOLAM, URINE	N	\$160.00
8397	TRICHINELLA AB,EIA	N	\$163.45
8567	TRICHINELLA IGG	N	\$103.80
35636	TRICHOMONAS CLT	N	\$103.80
34410	TRICHOMONAS DET(DF)	N	\$107.40
37460	TRICHOPHYTON MEN.IGE	N	\$48.40
10726	TRICHOHECENE ABS	N	\$152.25
26125	TRICYCLIC EVALUATION	Y	\$258.80
17591	TRIG, PERITONEAL FL	Y	\$23.60
17592	TRIG, PLEURAL FLUID	Y	\$23.60
1731	TRIGLYCERIDES, FLUID	N	\$41.30
21362	TRIMIPRAMINE	Y	\$72.25
37123	TRIMIPRAMINE	N	\$89.00
29809	TRIP FEE	N	\$2.50
59039	TROPONIN I	N	\$67.50
30532	TROPONIN T	N	\$146.75
34483	TROPONIN T	N	\$143.00
38142	TROUT IGG	N	\$35.40
843	TRYPSIN	N	\$168.20
17374	TRYPSIN SCR, FECAL	Y	\$62.75
898	TRYPSIN, FECES/DUOD.	N	\$111.30
30329	TRYPSIN, RIA	N	\$127.05
420	TRYPTASE ASSAY, SR	N	\$84.50
34484	TRYPTASE TOTAL	N	\$74.30
959	TRYPTOPHAN	N	\$121.80
36577	TSH AUTO-ABS	N	\$118.00

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36127	TSH W/REFL FT4	Y	\$102.95
6667	TSH, 2 SPEC	Y	\$205.90
6666	TSH, 3 SPEC	Y	\$308.85
6665	TSH, 4 SPEC	Y	\$411.80
6664	TSH, 5 SPEC	Y	\$514.75
8660	TSH, ULTRA-SENS	N	\$126.45
10423	TSH,US (0,20 MIN)	N	\$172.65
10424	TSH,US(0,15,30MIN)	N	\$258.95
10425	TSH,US(0-60MINS)	N	\$431.55
30551	TSIG	N	\$340.20
8821	TTG IGA	N	\$121.55
11070	TTG IGG	N	\$118.00
11073	TTG IGG,IGA	N	\$136.00
34485	TUMOR NECROSIS	N	\$180.60
1756	TUMOR NECROSIS F-A	N	\$186.05
38109	TUNA IGG	N	\$43.50
38117	TURKEY MEAT IGG	N	\$43.50
10556	TWIN ZYGOSITY	N	\$300.00
34185	TYPHUS FEVER AB PNL	N	\$113.30
8227	TYPHUS FEVER GROUP	N	\$113.30
37503	TYPHUS IGG AND IGM	N	\$108.15
37472	TYPHUS IGG TITER	N	\$81.15
37473	TYPHUS IGM	N	\$55.00
37474	TYPHUS IGM TITER	N	\$91.95
902	TYROSINE	N	\$100.90
10263	U PROTEIN ELECT W/RF	N	\$103.55
907	UA 24HR W/ CREAT	N	\$40.05
8563	UA, MICROSCOPIC	Y	\$9.88
36558	UBT COLLECTION	N	\$29.90
17813	UGT1A1 TA REPEAT	N	\$350.00
35903	ULT HIV1 PCR AT(REFL)	N	\$304.15
17833	ULTRA-SCREEN(R)1ST T	N	\$185.00
14850	UPA AND PAI-1, ELISA	N	\$275.00
14839	UREA BREATH UBIT	N	\$204.75
7329	UREA CLEARANCE	Y	\$48.10
8894	UREA NIT RATIO/KT/V	Y	\$50.20
43124	UREA NITROGEN (BUN)	N	\$20.90
1744	URIC ACID RAND UR	N	\$40.05
11321	URIC ACID W/O CREAT 24H U	N	\$40.05
14580	URIC ACID W/O CREAT RAND	N	\$40.05
819	URIC ACID, FLUID	N	\$41.30
11217	URIC ACID, PEDI UR	N	\$40.05
4403	URIC ACID, SYN FL	N	\$41.30
7048	URINALYSIS SCREEN	N	\$18.85
1US1	URINE SUSC-1	Y	\$21.15
1GC1	URO-GEN SUSC-1	Y	\$35.85
1GC2	URO-GEN SUSC-2	Y	\$71.60
1GC3	URO-GEN SUSC-3	Y	\$107.40
15565	URORISK DIAG PROF	N	\$320.00
37409	VALPROIC ACID PANEL	N	\$129.00
6651	VALPROIC ACID, F & T	N	\$81.15

Medical Laboratory Services
Commercial List Fee Schedule
RFP No. SH-MEDLAB-220

Code	Test Name	Discountable	List Fee
47119	VANCOMYCIN	N	\$109.50
22746	VANCOMYCIN,FL (QN)	N	\$125.25
5406	VANCOMYCIN,PK&TROUGH	N	\$225.60
10270	VAP CHOLESTEROL TEST	N	\$173.00
30160	VARICELLA-ZOSTER ABS	N	\$109.50
14512	VASCU ENDO GROWTH FC	N	\$225.00
30509	VDRL (S)	N	\$29.00
4128	VDRL, CSF	N	\$43.65
17036	VENISON,IGE	N	\$35.40
11253	VENOM IGG FIRE ANT	N	\$48.40
23925	VENOM SPEC. RAST	N	\$100.00
4999	VERAPAMIL	N	\$221.90
34057	VGCC AB IGG	N	\$224.70
4489	VIBRIO CULTURE	N	\$53.15
14860	VIR RESP,SCR W/REFL	Y	\$65.00
8761	VIRAL AB SCREEN, EIA	Y	\$75.00
8924	VIRAL AB SCREEN, EIA	N	\$77.25
34235	VIRAL AG-PCR	N	\$347.05
39607	VIRAL ID, RESP	Y	\$413.00
39606	VIRAL RES CULTURE ID	N	\$126.00
14867	VIRAL RESP CUL W/RFL	Y	\$180.00
918	VISCOSITY	N	\$80.35
3204	VISCOSITY, FL	N	\$100.55
928	VIT B12, UNSAT BIND	N	\$90.30
1712	VIT B2 NUTR. STATUS	N	\$183.65
17306	VIT D 25OH LC/MS/MS	Y	\$195.00
921	VITAMIN A	N	\$106.05
5042	VITAMIN B1 PYROPHOS.	N	\$117.60
922	VITAMIN B1(P)	N	\$161.70
36399	VITAMIN B2	N	\$140.70
923	VITAMIN B2 (B)	N	\$183.65
926	VITAMIN B6	N	\$206.85
17268	VITAMIN C	N	\$66.15
931	VITAMIN E	N	\$83.00
36585	VITAMIN K,PLASMA	N	\$220.50
934	VMA (U)	N	\$43.00
39517	VMA, 24HR URINE	N	\$43.00
1710	VMA, RANDOM URINE	N	\$43.00
6834	VMA/CREATININE RATIO	N	\$147.95
23279	VMA/CREATININE RT/24HR (U)	N	\$147.95
31326	VOLATILES (G) QL	N	\$93.45
7935	VOLATILES (U) QL	N	\$90.70
19457	VON WILLEBRAND 2N	N	\$452.20
4919	VON WILLEBRAND AG	N	\$175.25
39464	VON WILLEBRAND PNL	N	\$754.45
37099	VON WILLEBRAND PNL 1	N	\$541.80
36593	VON WILLEBRAND PNL 2	N	\$432.00
5168	VON WILLEBRAND, MULT	N	\$214.20
10924	VONWILLEBRAND FACTOR	Y	\$220.00
37129	VRE SCREEN	N	\$63.25
39526	VWF CLEAVING PRO ACT	Y	\$220.00

Medical Laboratory Services
Commercial List Fee Schedule
RFP No. SH-MEDLAB-220

Code	Test Name	Discountable	List Fee
16028	VWF FUNCTIONAL,ACT.	Y	\$120.00
39528	VWF PROTEASE INHIBIT	Y	\$220.00
3650	VZV AG,DFA	N	\$70.15
8544	VZV IGG AB, CSF	N	\$121.70
868	VZV IGG AB, FL	N	\$121.70
34902	W.WATERHEMP IGG4	N	\$34.20
17231	WA1 ANTIBODY IGG,IFA	N	\$108.00
39548	WALL-EYED PIKE IGE	N	\$36.90
10329	WALNUT IGG	N	\$43.50
34919	WALNUT, BLACK IGG4	N	\$34.20
30755	WATERMELON IG	N	\$35.40
38562	WATERMELON IGG	N	\$45.70
30530	WAX/STRING BEAN IGE	N	\$46.35
758	WEIL FELIX AGGLUT.	N	\$108.00
11190	WEST NILE RTPCR CSF	Y	\$325.00
36596	WEST NILE VIRUS, (S)	Y	\$112.00
36597	WEST NILE VIRUS, CSF	Y	\$112.00
10992	WEST NILE VIRUS,RNA	Y	\$325.00
39569	WEST EQUINE ENF,CSF	N	\$209.00
10792	WESTRN JUNIPER IGE	N	\$35.40
30337	WHEAT(FOOD),IGG	Y	\$37.00
11006	WHEY IGG	N	\$45.70
38598	WHITE POLLOCK IGE	N	\$35.40
39499	WHITEFISH IGE	N	\$35.40
10326	WHOLE EGG IGG	N	\$45.70
34928	WHT ASH	Y	\$37.55
16012	WNV (IGM) SERUM	N	\$56.00
16013	WNV AB IGM, CSF	N	\$56.00
10961	WNV AB,IGG TITER	Y	\$62.00
10963	WNV AB,IGG TITR,CSF	Y	\$62.00
10962	WNV AB,IGM TITER	Y	\$62.00
10964	WNV AB,IGM TITR,CSF	Y	\$62.00
17563	WNV RNA, QL PCR	Y	\$325.00
2AE2	WOUND SUSC-2	Y	\$42.20
1WN5	WOUND SUSC-5	Y	\$178.95
1WN6	WOUND SUSC-6	Y	\$214.70
942	XYLOSE ABSORP. (B)	N	\$92.80
4051	XYLOSE TOL TEST	N	\$310.05
1199	XYLOSE, 1 HOUR (B)	N	\$81.65
7553	XYLOSE, 2 HOUR (B)	N	\$81.65
7778	XYLOSE, 3 HOUR (B)	N	\$92.80
1198	XYLOSE, FASTING (B)	N	\$81.65
34739	XYLOSE,(U)FAST	N	\$82.20
941	XYLOSE,5HR(U)	N	\$82.20
30027	Y PSEUDOTUBERCUL. AB	N	\$73.15
628	Y. ENTEROCOLITICA AB	N	\$215.90
30026	Y. ENTEROCOLITICA AB	N	\$77.60
10442	Y.PESTIS SCREEN	N	\$31.85
26436	Y-CHROMOSOME	N	\$77.00
16042	YEAST D2 LSU RDNA	N	\$332.00
39507	YEAST ID	N	\$42.00

Medical Laboratory Services
Commercial List Fee Schedule
RFP No. SH-MEDLAB-220

Code	Test Name	Discountable	List Fee
4487	YERSINIA CULTURE	N	\$53.15
30041	YERSINIA IGG	N	\$109.50
38339	YOGURT IGE	N	\$35.40
16000	ZAP-70	N	\$230.00
945	ZINC (P)	N	\$29.00
946	ZINC (U)	N	\$40.40
28648	ZINC, BLOOD	N	\$74.60
6353	ZINC, RD URINE	N	\$40.40
37693	ZINC, SERUM	N	\$71.00
37852	ZONISAMIDE	N	\$103.44
38258	ZUCCHINI IGE	N	\$35.40

CONTRACTOR'S EEO CERTIFICATION

Quest Diagnostics
 Contractor Name
8401 Fallbrook Ave., West Hills, CA 91304
 Address
71-0897031
 Internal Revenue Service Employer Identification Number

GENERAL CERTIFICATION

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the contractor, supplier, or vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CONTRACTOR'S SPECIFIC CERTIFICATIONS

1. The Contractor has a written policy statement prohibiting discrimination in all phases of employment. Yes No
2. The Contractor periodically conducts a self analysis or utilization analysis of its work force. Yes No
3. The Contractor has a system for determining if its employment practices are discriminatory against protected groups. Yes No
4. Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables. Yes No

Rob Moverley, Managing Director
 Authorized Official's Printed Name and Title


 Authorized Official's Signature

1-25-07
 Date

FORMS REQUIRED AT THE TIME OF CONTRACT EXECUTION

- E1 CONTRACTOR EMPLOYEE ACKNOWLEDGMENT AND
CONFIDENTIALITY AGREEMENT

- E2 CONTRACTOR NON-EMPLOYEE ACKNOWLEDGMENT AND
CONFIDENTIALITY AGREEMENT

**AGREEMENT FOR
MEDICAL LABORATORY SERVICES**

**CONTRACTOR EMPLOYEE ACKNOWLEDGMENT AND CONFIDENTIALITY
AGREEMENT**

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Quest Diagnostics
CONTRACTOR NAME

Contract No. 72929

Employee Name Rob Moverley

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgment and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGMENT:


I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health and criminal records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

Initials of Signer 

Contractor Name Quest Diagnostics Contract No. 72929

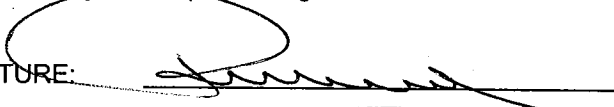
Employee Name Rob Moverley

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and all data and information pertaining to persons and/or entities receiving services from the County, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE:  _____

DATE: 01/25/07

PRINTED NAME: Rob Moverley _____

POSITION: Managing Director _____

**AGREEMENT FOR
MEDICAL LABORATORY SERVICES**

**CONTRACTOR EMPLOYEE ACKNOWLEDGMENT AND CONFIDENTIALITY
AGREEMENT**

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Quest Diagnostics
CONTRACTOR NAME

Contract No. 72929

Employee Name Kenneth L. Sisco, M.D., Ph.D.

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgment and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

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Initials of Signer 

Contractor Name Quest Diagnostics Contract No. 72929

Employee Name Kenneth L. Sisco, M.D., Ph.D.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and all data and information pertaining to persons and/or entities receiving services from the County, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE:  DATE: 01/25/07

PRINTED NAME: Kenneth L. Sisco, M.D., Ph.D.

POSITION: Medical Director

**AGREEMENT FOR
MEDICAL LABORATORY SERVICES**

**CONTRACTOR EMPLOYEE ACKNOWLEDGMENT AND CONFIDENTIALITY
AGREEMENT**

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Quest Diagnostics
CONTRACTOR NAME

Contract No. 72929

Employee Name Dennis L. Hogle

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgment and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health and criminal records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

Initials of Signer DRH

Contractor Name Quest Diagnostics Contract No. 72929

Employee Name Dennis L. Hogle

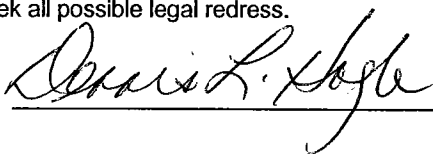
I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and all data and information pertaining to persons and/or entities receiving services from the County, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE:



DATE: 01/25/07

PRINTED NAME: Dennis L. Hogle

POSITION: Field Operations Director

**AGREEMENT FOR
MEDICAL LABORATORY SERVICES**

**CONTRACTOR EMPLOYEE ACKNOWLEDGMENT AND CONFIDENTIALITY
AGREEMENT**

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Quest Diagnostics
CONTRACTOR NAME

Contract No. 72929

Employee Name Stephen C. Suffin, M.D.

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgment and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health and criminal records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

Initials of Signer SS

Contractor Name Quest Diagnostics Contract No. 72929

Employee Name Stephen C. Suffin, M.D.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and all data and information pertaining to persons and/or entities receiving services from the County, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE:

Stephen C. Suffin

DATE: 01/25/07

PRINTED NAME: Stephen C. Suffin, M.D.

POSITION: Laboratory Operations Director

**AGREEMENT FOR
MEDICAL LABORATORY SERVICES**

**CONTRACTOR NON-EMPLOYEE ACKNOWLEDGMENT AND
CONFIDENTIALITY AGREEMENT**

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

CONTRACTOR NAME

Contract No. _____

Non-Employee Name _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Non-Employee Acknowledgment and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGMENT:

I understand and agree that the Contractor referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the Contractor referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, and criminal records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced Contractor for the County. I have read this agreement and have taken due time to consider it prior to signing.

Initials of Signer _____

Contractor Name _____ Contract No. _____

Non-Employee Name _____

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between the above-referenced Contractor and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced Contractor.

I agree to keep confidential all health, criminal, and information pertaining to persons and/or entities receiving services from the County, programs, formats, documentation, Contractor proprietary information, and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced Contractor or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me, I shall keep such information confidential.

I agree to report to the above-referenced Contractor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced Contractor upon completion of this contract or termination of my services hereunder, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____ DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

**CONTRACTOR'S OBLIGATION AS A BUSINESS ASSOCIATE UNDER THE
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY
ACT (HIPAA)**

Under the Agreement, Contractor ("Business Associate") provides services ("Services") to County ("Covered Entity") and Business Associate receives, has access to, or creates Protected Health Information in order to provide those Services. Covered Entity is subject to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and regulations promulgated thereunder, including the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Regulations") and the Health Insurance Reform: Security Standards (the "Security Regulations") at 45 Code of Federal Regulations Parts 160 and 164 (together, the "Privacy and Security Regulations").

The Privacy and Security Regulations require Covered Entity to enter into a contract with Business Associate in order to mandate certain protections for the privacy and security of Protected Health Information, and those Regulations prohibit the disclosure to or use of Protected Health Information by Business Associate if such a contract is not in place.

Therefore, the parties agree as follows:

1.0 DEFINITIONS

- 1.1 "Disclose" or "Disclosure" means, with respect to Protected Health Information, the release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside Business Associate's internal operations or to other than its employees.

- 1.2 "Electronic Media" has the same meaning as the term "electronic media" in 45 C.F.R. §160.103. Electronic Media means (1) Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

- 1.3 “Electronic Protected Health Information” has the same meaning as the term “electronic protected health information” in 45 C.F.R. §160.103. Electronic Protected Health Information means Protected Health Information that is (i) transmitted by electronic media; (ii) maintained in electronic media.
- 1.4 “Individual” means the person who is the subject of Protected Health Information and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. §164.502(g).
- 1.5 “Protected Health Information” has the same meaning as the term “protected health information” in 45 C.F.R. §160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity. Protected Health Information includes information, whether oral or recorded in any form or medium, that (i) relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual; (ii) identifies the Individual (or for which there is a reasonable basis for believing that the information can be used to identify the Individual); and (iii) is received by Business Associate from or on behalf of Covered Entity, or is created by Business Associate, or is made accessible to Business Associate by Covered Entity. “Protected Health Information” includes Electronic Health Information.
- 1.6 “Required by Law” means a mandate contained in law that compels an entity to make a use or disclosure of Protected Health Information and that is enforceable in a court of law. Required by law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or any administrative body authorized to require the protection of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing benefits.
- 1.7 “Security Incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information in, or interference with system operations of, and Information System which contains Electronic Protected Health Information. However, Security Incident does not include attempts to access an Information System when those attempts are not reasonably

considered by Business Associate to constitute an actual threat to the Information System.

- 1.8 "Services" has the same meaning as in the body of this Agreement.
- 1.9 "Use" or "Uses" means, with respect to Protected Health Information, the sharing, employment, application, utilization, examination or analysis of such information within Business Associate's internal operations.
- 1.10 Terms used, but not otherwise defined in this Paragraph 1.0 shall have the same meaning as those terms in the HIPAA Regulations.

2.0 OBLIGATIONS OF BUSINESS ASSOCIATE

2.1 Permitted Uses and Disclosures of Protected Health Information

Business Associate:

- (a) Shall Use and Disclose Protected Health Information as necessary to perform the Services, and as provided in Subsections 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 4.3, and 5.2 of this Exhibit F;
- (b) Shall disclose Protected Health Information to Covered Entity upon request;
- (c) May as necessary for the proper management and administration of its business or to carry out its legal responsibilities:
 - (i) Use Protected Health Information; and
 - (ii) Disclose Protected Health Information if the disclosure is Required by Law.

Business Associate shall not use or disclose Protected Health Information for any other purpose.

2.2 Adequate Safeguards for Protected Health Information

Business Associate:

- (a) Shall implement and maintain appropriate safeguards to prevent the Use or Disclosure of Protected Health Information in any manner other than as permitted by this

Exhibit F. Business Associate agrees to limit the Use and Disclosure of Protected Health Information to the minimum necessary in accordance with the Privacy Regulation's minimum necessary standard.

- (b) Effective as of April 20, 2005, specifically as to Electronic Health Information, shall implement and maintain administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information.

2.3 Reporting Non-Permitted Use or Disclosure and Security Incidents

Business Associate shall report to Covered Entity each Use or Disclosure that is made by Business Associate, its employees, representatives, agents or subcontractors but is not specifically permitted by this Agreement, and effective as of April 20, 2005, shall report to Covered Entity each Security Incident of which Business Associate becomes aware. The initial report shall be made by telephone call to the Department of Mental Health's Privacy Officer, telephone number (213) 738-4864 within forty-eight (48) hours from the time the Business Associate becomes aware of the non-permitted Use or Disclosure or Security Incident, followed by a full written report no later than ten (10) business days from the date the Business Associate becomes aware of the non-permitted Use or Disclosure or Security Incident to the Chief Privacy Officer at:

Chief Privacy Officer, County of Los Angeles
Kenneth Hahn Hall of Administration
500 West Temple Street, Suite 525
Los Angeles, California 90012

2.4 Mitigation of Harmful Effect

Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Exhibit F.

2.5 Availability of Internal Practices, Books and Records to Government Agencies

Business Associate agrees to make its internal practices, books and records relating to the Use and Disclosure of Protected Health

Information available to the Secretary of the Federal Department of Health and Human Services for purposes of determining Covered Entity's compliance with the Privacy and Security Regulations. Business Associate shall immediately notify Covered Entity of any requests made by the Secretary and provide Covered Entity with copies of any documents produced in response to such request.

2.6 Access to Protected Health Information

Business Associate shall, to the extent Covered Entity determines that any Protected Health Information constitutes a "designated record set" as defined by 45 C.F.R. §164.501, make the Protected Health Information specified by Covered Entity available to the Individual(s) identified by Covered Entity as being entitled to access and copy that Protected Health Information. Business Associate shall provide such access for inspection of that Protected Health Information within two (2) business days after receipt of request from Covered Entity. Business Associate shall provide copies of the Protected Health Information within five (5) business days after receipt of request from Covered Entity.

2.7 Amendment of Protected Health Information

Business Associate shall, to the extent Covered Entity determines that any Protected Health Information constitutes a "designated record set" as defined by 45 C.F.R. §164.501, make any amendments to Protected Health Information that are requested by Covered Entity. Business Associate shall make such amendment within ten (10) business days after receipt of request from Covered Entity in order for Covered Entity to meet the requirements under 45 C.F.R. §164.526.

2.8 Accounting of Disclosures

Business Associate agrees to maintain documentation of the information required to provide an accounting of Disclosures of Protected Health Information in accordance with 45 C.F.R. §164.528, and to make this information available to Covered Entity upon Covered Entity's request, in order to allow Covered Entity to respond to an Individual's request for accounting of disclosures. However, Business Associate is not required to provide an accounting of Disclosures that are necessary to perform its Services if such Disclosures are for either payment or health care operations purposes, or both. Additionally, such accounting is limited to disclosures that were made in the six (6) years prior to the request (not including disclosures that were made prior to the

compliance date of the Privacy Rule, April 14, 2003) and shall be provided for as long as Business Associate maintains the Protected Health Information.

Any accounting provided by Business Associate under this Subsection 2.8 shall include: (a) the date of the Disclosure; (b) the name, and address if known, of the entity or person who received the Protected Health Information; (c) a brief description of the Protected Health Information disclosed; and (d) a brief statement of the purpose of the Disclosure. For each Disclosure that could require an accounting under this Subsection 2.8, Business Associate shall document the information specified in (a) through (d), above, and shall securely maintain the information for six (6) years from the date of the Disclosure. Business Associate shall provide to Covered Entity, within ten (10) business days after receipt of request from Covered Entity, information collected in accordance with this Subsection 2.8 to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. §164.528.

3.0 OBLIGATION OF COVERED ENTITY

3.1 Obligation of Covered Entity

Covered Entity shall notify Business Associate of any current or future restrictions or limitations on the use of Protected Health Information that would affect Business Associate's performance of the Services, and Business Associate shall thereafter restrict or limit its own uses and disclosures accordingly.

4.0 TERM AND TERMINATION

4.1 Term

The term of this Exhibit E shall be the same as the Term of this Agreement. Business Associate's obligations under Subsections 2.1 (as modified by Subsection 4.2), 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 4.3, and 5.2 of this Exhibit F shall survive the termination or expiration of this Agreement.

4.2 Termination for Cause

In addition to and notwithstanding the termination provisions set forth in the Agreement, upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

- (a) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
- (b) Immediately terminate the Agreement if Business Associate has breached a material term of this Exhibit F and cure is not possible; or
- (c) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary of the Federal Department of Health and Human Services.

4.3 Disposition of Protected Health Information Upon Termination or Expiration

- (a) Except as provided in (b) of this Subsection 4.3, upon termination for any reason or expiration of the Agreement, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
- (b) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make it infeasible. If return or destruction is infeasible, Business Associate shall extend the protections of the Agreement to such Protected Health Information and limit further Uses and Disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

5.0 MISCELLANEOUS

5.1 No Third Party Beneficiaries

Nothing in this Exhibit E shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

5.2 Use of Subcontractors and Agents

Business Associate shall require each of its agents and subcontractors that receive Protected Health Information from Business Associate, or create Protected Health Information for Business Associate, on behalf of Covered Entity, to execute a written agreement obligating the agent or subcontractor to comply with all the terms of this Exhibit F.

5.3 Relationship to Services Agreement Provisions

In the event that a provision of this Exhibit F is contrary to another provision of the Agreement, the provision of this Exhibit F shall control. Otherwise, this Exhibit F shall be construed under, and in accordance with, the terms of the Agreement.

5.4 Regulatory References

A reference in this Exhibit F to a section in the Privacy or Security Regulations means the section as in effect or as amended.

5.5 Interpretation

Any ambiguity in this Exhibit F shall be resolved in favor of a meaning that permits Covered Entity to comply with the Privacy and Security Regulations.

5.6 Amendment

The parties agree to take such action as is necessary to amend this Exhibit E from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy and Security Regulations.