



*The Clinician's Choice*

**3520 Progress Drive, Suite C**

**Bensalem, PA 19020**

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***www.adllab.net***

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## Licenses/Certifications

### **Certifications:**

**College of American Pathologist- CAP**

**CLIA**

**DEA**

### **Licenses:**

**American Association of Bio-analyst (AAB)**

**Center for Medicare and Medicaid Services (CMS)**

**Pennsylvania State License**

**Connecticut State License**

**Maryland State License**

**Florida State License**

Our main laboratory facility is located in an 18,000+ square foot building in Bensalem, Pennsylvania, with our smaller 4500 square foot facility located in Upper Darby, Pennsylvania. We have state of art equipment and a qualified and licensed staff.

Atlantic Diagnostic Laboratories provides an extensive line of Clinical Testing Services. Our testing programs include:

Chemistry

Hematology

Microbiology

Virology

Endocrinology

Immunology

Oncology

Forensic Toxicology

Infectious Diseases

Toxicology

ADL provides services to Physicians Offices, Nursing Homes, Mental and Behavioral Health Clinics & Hospitals, Drug Rehab Programs, Pain Management and other Health Care Facilities. We also serve as a reference laboratory for hospitals and national laboratories in the region.

## Technical Staff

### **Harvey J. Bellin, MD, F.A.C.P.**

Director of Laboratory

Dr. Bellin is a graduate of Thomas Jefferson Medical College. He is board certified pathologist with over forty four years of experience in the laboratory field. He has been with ADL for over 15 years.

### **Aaron Domenico**

Operations Manager

Mr. Domenico is a medical technologist with over forty five years of experience in the laboratory field. He has worked in all aspects of the profession and is the daily manager of ADL.

### **George F. Jackson, Ph.D., DABFT, TC (NRCC), FTS (ABFT)**

Toxicology Director

Dr. Jackson joined ADL in August of 2011 after a long career in the E.H. Albano Institute of Forensic Science in Newark, New Jersey. Dr. Jackson is a board certified toxicologist with over twenty-six years of experience.

### **Marna Kelly, BA, MT (ASCP)**

Lab Supervisor

Ms. Kelly is a medical technologist with twenty six years of years of experience in the hospital laboratory and private laboratory field.

### **Adela Enache, BS, Chemist**

Toxicology Manager

Mrs. Enache is a chemist with eight years of experience in clinical chemistry and toxicology.

### **Doris Zukowski, BS MT (ASCP), Microbiologist**

Microbiology Manager

Ms. Zukowski has over 30 years of microbiology experience as well as a lab generalist.

### **Zaida Reyes, MLT (AMT)**

Senior Technician

Ms. Reyes has over 20 years experience in the clinical laboratory as a generalist. Ms. Reyes is fluent in Spanish and serves as a translator for ADL.

### **Karen Hammerschmidt**

Billing Manager

Mrs. Hammerschmidt has over 25 years of laboratory billing experience. She manages the daily operations of all clerical, billing and data entry.

## Contacts

Phone: 267-525-2470

Fax: 267-525-2488

Ext. 201: *Customer Service*

Ext. 202: *Billing- Karen Hammerschmidt*

Ext. 204: *Operations Manager- Aaron Domenico*

Ext. 205: *Supplies- Joel' Williams*

Ext. 207: *Client Services Manager- Darin Domenico*

Ext. 211: *Microbiology- Doris Zuckowski*

Ext. 221: *Director- Harvey Bellin, MD, FACP*

Ext. 219: *Technical Supervisor- Marna Kelly*

Ext. 254: *Toxicology Manager- Adela Enache*

# Policies/Procedures

## **Supplies**

All Supplies for the collection of laboratory specimens are provided to clients. Postage mailers are available when needed. These supplies may be obtained from the main laboratory by using the Supply Request Form and should be faxed to Client Services at 267-525-2488.

## **Requisitions**

An ADL requisition form must accompany the specimen(s) for each patient. On each requisition form, the patient name and all pertinent data must be legibly printed or typed. All tests requests must be checked off, if the test is not listed on the requisition form please clearly write exactly what testing you need in the additional test area. If you are ordering a Panel and it is not referenced on your requisition form you must list all the tests in the requested panel. Regulations require that the referring physician or his/her authorized designee sign the requisition, as well as the patient. We must receive at least 2 patient identifiers on the form and on the specimen as required by CAP.

Two Identifiers on sample and on request form: (examples)

- a.) Patient full first and last name, Date of Birth.
- b.) Patient full first and last name, Social Security Number.
- c.) Patient Id number (if this is anonymous – this number must match number on request), Date of Birth.
- d.) Patient Id number (if this is anonymous – this number must match number on request), Social Security Number.

A patient name or ID number if anonymous **MUST BE ONE** of the identifiers on both the sample, and the request. **REJECTION OF SAMPLE WILL OCCUR IF THE IDENTIFIERS ON THE SAMPLE DO NOT MATCH THE IDENTIFIERS ON THE REQUISITION FORM.**

## **Specimen Pick up**

Couriers from Atlantic Diagnostic Laboratories make scheduled specimen pick-ups throughout Connecticut, Maryland, Delaware, Pennsylvania New Jersey and West Virginia. Call our Courier/Supplies Department at 267-525-2470 extension 205, to arrange for pickup of specimens.

## **Professional Consultation**

Our professional staff is available by telephone consultations to answer any questions about test interpretation, specimen collections and transportation of specimen.

## **IMPORTANT**

*Please note that to comply with the federal requirements (CLIA 88) the time and date of the specimen collection should be clearly added to the request form.*

## **Requisition Instructions**

- a) Specimen Date/Date of Collection
- b) Time of Collection
- c) Draw Site (not required)
- d) Patients Full Name
- e) Patients Address
- f) Patient's Social Security Number
- g) Sex
- h) Date of Birth
- i) Physician: If the Dr's name is listed check the appropriate box if not write the Dr.'s full name in the comment section.
- j) ICD-9 Diagnosis code – we will accept either the code or the actual diagnosis spelled out. Please make sure you are providing the correct diagnosis for the services requested.
- k) Primary Insurance Information:
  - Client: If your account should be billed check off the Client box.
  - Medicare: This is usually a 9 digit number with a letter.
  - Medicaid: We need the patient's Recipient number.
  - Blue Shield/Commercial Insurance: It is preferable to send a copy of the front and back of the patient's insurance card.
- l) Check off or write in Test Ordered
- m) Have Patient or authorized representative of the patient sign the bottom of the form.
- n) Have the Physician or his/her representative sign the form in the Account Information box in the top left hand corner.

### **Additional Tests**

The laboratory retains serum, urine and whole blood specimens for seven days. Additional testing may be performed depending on the amount of specimen remaining and specimen stability. Additional tests can be ordered by completing our ADD TEST form on the next page.  
(Please make copies)

**ATLANTIC DIAGNOSTIC LABORATORIES, LLC**  
3520 Progress Drive, Suite C, Bensalem, PA 19020  
PHONE: 267-525-2470 FAX: 267-525-2488

**TEST & DIAGNOSIS CODE ADD ON REQUEST FORM**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_

Dear Client:

The following tests/ICD-9 were verbally added on patient \_\_\_\_\_

Accession #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Federal regulations require written authorization on all tests ordered by clients.

Please review, sign and fax this document to ADL at your earliest convenience.

TEST NAME	DIAGNOSIS CODE (5 DIGITS)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Signature of Client's Authorized Representative: \_\_\_\_\_

Printed Name of Client's Authorized Representative: \_\_\_\_\_

**FAX THIS FORM TO (267) 525-2488, NO COVER SHEET IS REQUIRED**

# ATLANTIC DIAGNOSTIC LABORATORIES

## GC/Chlamydia Amplified DNA analysis

At present the samples taken for Chlamydia trachomatis and Gonorrhoea analysis include urethral and endocervical swabs, urine samples and vulva swabs. Taking only endocervical swabs from women will underestimate infection, because urethral infection can occur in the absence of cervical infection. Thus ideally both urethral and cervical sites need to be investigated. The urethral swab is painful to obtain from both males and females; the urine sample could alleviate these problems. It is a non-invasive specimen, easily obtained, and provides sufficient sample for retesting. First-void urine samples have proved an acceptable means of both male and female chlamydial and Gonorrhoeal analysis using Probe Tec DNA amplification assays.

ADL uses BD Probe ET real time DNA amplification assay for the detection of GC and CT.

## **Specimen Collection, Storage and Transport**

### GC/Chlamydia Amplified DNA analysis

#### **Specimen collection procedure**

**The Probe Tec ET** system is designed to detect the presence of Chlamydia trachomatis and Neisseria gonorrhoeae in endocervical swabs, male urethral swabs and male and female urine specimens

The devices which have been validated for collection swab specimen are:

- BD probe Tec CT/GC Collection kit for endocervical specimens
- BD Probe Tec CT/GC collection kit for male urethral specimens.
- Urine can be collected in a sterile, plastic urine, preservative free container or can be collected in BD Probe Tec urine processing kit( UPT)

Specimen collection swabs in the form of endocervical and male urethral specimen swab collection kit are supplied by the laboratory.

#### **Endocervical swab collection procedure**

1. Remove excess mucus from the cervical OS with large tipped cleaning swab provided in the kit and discard.
2. Insert the endocervical collection and dry transport swab into the cervix canal and rotate for 15-30 seconds.
3. Withdraw the swab carefully and place the swab into transport tube and label the tube

### **Male urethral swab collection procedure**

1. Insert the male urethral collection swab 2-4 cm into the urethra and rotate 3-5 seconds
2. Withdraw the swab and place it into the transport tube.

### **Urine samples for Amplified DNA analysis**

1. Patient should not have urinated at least one hour prior to collection.
2. Collect specimen in a sterile, plastic, preservative free specimen collection cup.
3. The patient should collect the first 15- 29 ml of voided urine.
4. Label the specimen with patients name and I.D

### **Transport and storage**

After the collection the specimens can stored and transported to the laboratory at 2-27° c within 4-6 days.

Do not freeze the urine specimen

## Blood Culture

Submit in Blood Culture Bottles Inject at least 5-10 ml of blood into each bottle (Versa Trek Redox) (adult or pediatric). A maximum of 10 ml per Bottle is recommended. Bottles are FDA cleared to accept as little as 0.1 ml And still recover the organism if present in sample.

Low Volume Distribution scheme (Adults or Pediatrics)

If you cannot obtain 20 ml of blood, divide the blood as follows:

- \* >1 ml: divide equally between both the REDOX 1 and REDOX 2 bottles
- \* < 1 ml but >0.5ml :place 0.5 ml in REDOX 1 bottle and the remainder in REDOX 2 bottle.
- \* <0.5 ml : put entire specimen in the REDOX 1 bottle.
- \* Helpful hint: When inoculating bottles, start with REDOX 1 bottle first.

Wipe the venipuncture site with 70 percent alcohol, then apply two percent Iodine to the site. Allow the site to dry 1-2 minutes. Before introducing the blood into the bottles, wipe the stopper with two percent iodine. Allow to dry. **Do not** vent bottles before transporting to the lab. Send to lab at ambient temperature within 24 hours of collection.

# ATLANTIC DIAGNOSTIC LABORATORIES

## ADL REFERENCE AND CRITICAL RANGES

Dated : 09/02/2009

Test Name	Normal Ranges	Confirmed in Duplicate Ranges		CALL RANGES		
		Low	High	Critical Limits		UNITS
				LOW	HIGH	
ALBUMIN	3.3--5.0	2.0		2.0		G/DL
ALK PHOSP.	35--150		500.0		500	U/L
ALT	0--40		150.0		300	U/L
AST	0--37		150.0		300	U/L
AMYLASE	28--100		140.0		140	U/L
AMMONIA	11--51		100.0		100	UMOL/L
BUN	5--10		80.0		100	MG/DL
CALCIUM	8.5--10.4	6.4	13.4	6.0	13.0	MG/DL
CARBAZEPINE	4.0--12.0	4.9	15.1	1.0	20.0	UG/ML
CHLORIDE	96--108	84.0	116.0	80	120	MMOL/L
CHOLESTEROL	<200					MG/DL
CO2	24.0--31.0	11.9	40.1	10	50	MMOL/L
CREATININE	0.5--1.5		4.1		6.0	MG/DL
DIGOXIN	0.5--2.0	0.5	2.1	0.4	2.1	NG/ML
GGT	7--51		200.0		400	U/L
GLUCOSE	70--110	49.0	400.0	49	400	MG/DL
HEMATOCRIT	33-51	23.7	57.3			%
HEMOGLOBIN	11.0--17.4	7.9	19.9	7.9	19.9	G/DL
LDH	91--232	40.0	350.0		400	U/L
LITHIUM	0.6--1.2	0.4	1.5	0.1	1.5	MMOL/L
MAGNESIUM	1.3--2.5	0.9	3.0	0.9	3	MG/DL
PHENOBARBITAL	15.0--40.0	10.0	49.0	1.0	50	UG/ML
PHENYTOIN	10.0--20.0	5.0	30.0	1.0	40	UG/ML
PHOSPHOROUS	2.5--4.8	2.0	8.5	2.0	9	MG/DL
POTASSIUM	3.5--5.3	2.9	6.0	2.9	6.0	MMOL/L
PSA	0.00--3.0		51.0			NG/ML
INR			3.0		3	
PTT	23.5--35.9		51.0		60	SECONDS
RBC	3.8--5.8	3.0	6.8	2.99	6.8	M/UL
ESR	0-20					MM/HR
SODIUM	133--145	115.0	161.0	115	161	MMOL/L
TOT. BILIRUBIN	0.1--1.3		4.0		4	MG/DL
T3 UPTAKE	24.3--39.0	19.0	45.0			%
T4	4.5--11.4	3.5	13.0			UG/DL
THEOPHYLLINE	10.0--20.0	5.0	30.0	4.0	40.0	UG/ML
TOT. PROTEIN	5.9--8.4	4.5	10.0	3.0		G/DL
TRIGLYCERIDES	50--200					MG/DL
URIC ACID	2.7--8.5		10.0			MG/DL
TSH	0.5-5.0		8		25	Uiu/ml
VALPROIC ACID	50.0--100.0	3.0	10.0	3.0	150	UG/ML
D.BILIRUBIN	0-0.5					MG/DL
WBC	4.5--12.0	2.9	18.1	2.9	18.1	K/UL
LIPASE	8-78					U/L
T4 FREE	0.87-1.51					NG/ML
PROLACTIN	1.39--24.2					NG/ML
FOLATE	7.0-15.4					NG/ML
VIT B 12	160-970					PG/ML
FERRITIN	15-300					NG/ML
PSA	0-3.0					NG/ML
T3 TOTAL	0.79--1.49					NG/ML
CA 125	<35.0					U/ML
AFP	0.0-8.7					NG/ML
CA 19-9	<45.1					U/ML
CEA	<2.5					NG/ML

**ATLANTIC DIAGNOSTIC LABORATORIES**

**PANEL TEST LISTING**

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
45650C	<b>COLOSTRUM DRUG SCREEN</b> (AMPHETAMINE, BARBITURATE, BENZODIAZEPINE, COCAINE, MARIJUANA, METHADONE/EDDP, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXYPHENE, TRICYCLIC, ETHANOL) <b>Testing Performed STAT and Daily Mon-Sun</b>	Colostrum specimen	80100	\$62.00
540	<b>COMPREHENSIVE PANEL W/ESTIMATED GLOMECULAR FILTRATION RATE (GFR)</b> <b>MUST HAVE PATIENTS DATE OF BIRTH FOR ACCURATE CALCULATION OF THE GFR</b> (ALBUMIN, ALUBUMIN/GLOBULIN RATIO (calculated), ALANINE AMINOTRANSFERASE (ALT), ASPARTATE AMINOTRANSFERASE (AST), BUN, CREATININE, RATIO (calculated), CALCIUM, CO2, B60CHLORIDE, GFR (estimated), GLOBULIN (calculated), GLUCOSE, SODIUM, POTASSIUM, TOTAL BILIRUBIN, TOTAL PROTEIN) <b>Testing Performed STAT and Daily Mon-Sun</b> <b>Reference Ranges: See alphabetical test listing for each test.</b>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	80053	\$55.00
675	<b>COMPREHENSIVE TOXICOLOGY SERUM/BLOOD/URINE HPLC, LC/MS/MS, GC/MS/MS, ELISA, , HEADSPACE)</b> (AMPHETAMINE, BARBITURATE, BENZODIAZEPINE, COCAINE METABOLITE, FENTANYL, MARIJUANA, METHADONE/EDDP, OPIATE, OXYCODONE, PHENCYCLIDINE, PROPOXYPHENE, TRICYCLIC, ETHANOL - BUPRENORPHINE ON URINE ONLY, ANALGESIC, ANTICOAGULANT, ANTACID, ANTICONVULSION, ANTIDEPRESSANT, ANTHIHISTAMINES, ANTIPSYCHOTIC, ANTIHYPERTENSIVE, CARDIAC, MUSCLE RELAXER, NSAIDS, SEDATIVE, STIMULANT, SYNTHETIC NARCOTICS, TRICYLICS, VOLATILES, BUPRENORPINE & NORBUPRENORPHINE) <b>Testing Performed Daily Mon-Sun</b> <b>This Panel auto reflexes for confirmations (additional charge for each confirmation)</b>	1 full red top tube with no additive plus 30 ml urine (plastic urine container)	80100 X2 80101 X14	\$96.00
1053	<b>CREATININE ESTIMATED GLOMECULAR FILTRATION RATE (GFR)</b> <b>MUST HAVE PATIENTS DATE OF BIRTH FOR ACCURATE CALCULATION OF THE GFR</b> <b>Testing Performed STAT and Daily Mon-Sun</b> <b>Reference Ranges:</b> <b>Creatinine: 0.5 - 1.3 mg/dl</b> <b>eGFR NON-AFR. AMERICAN: &gt;60</b> <b>eGFR AFRICAN AMERICAN: &gt;60</b>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)		\$25.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	*CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
550	<b>RENAL PANEL</b> (ALBUUMIN, BUN, BUN/CREATININE RATIO (calculated), CALCIUM, CO2, CREATININE Estimated GLOMECULAR FILTRATION RATE (calculated), GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM) <b>Testing Performed STAT and Daily Mon-Sun</b> <b>Reference Ranges: See alphabetical test listing for each test.</b>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	80069	\$40.00
51483	<b>RISPERIDONE PANEL QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> (RISPERIDONE, 9-HYDROXYRISPERIDONE, TOTAL ACTIVE DRUG) <b>Testing Performed Daily Mon-Sun</b> <b>Reference Ranges:</b> <b>Risperidone: 0.020 - 0.160 mg/L</b> <b>9-Hydroxyrisperidone: 0.03 - 0.20 mg/L</b>	1 full red top tube with no additive	82492	\$80.00
51496	<b>SERTRALINE (ZOLOFT) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> (SERTRRALINE, DESMETHYLSERTRALINE) <b>Testing Performed STAT and Daily Mon-Sun</b> <b>Reference Ranges:</b> <b>Sertraline: 0.03 - 0.20 mg/L</b> <b>Desmethylsertraline: 0.03 - 0.20 mg/L</b>	1 full red top tube with no additive	80299	\$50.00
520	<b>THYROID PROFILE</b> (T3 UPTAKE, T4, FREE THYROXINE INDEX T7) <b>Testing Performed STAT and Daily Mon-Sun</b> <b>Reference Ranges:</b> <b>T3 Uptake: 24.3 - 39.0%</b> <b>T4: 4.5 - 11.4 ug/dl</b> <b>T7: 1.4 - 3.8</b>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84479, 84436	\$43.00
2415	<b>THYROID PROFILE W/TSH</b> (T3 UPTAKE, T4, TSH) <b>Testing Performed STAT and Daily Mon-Sun</b> <b>Reference Ranges:</b> <b>T3 Uptake: 24.3 - 39.0%</b> <b>T4: 4.5 - 11.4 ug/dl</b> <b>TSH: 0.50 - 5.00 mciu/ml</b>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84479, 84436, 84443	\$67.00
50533	<b>TICLOPIDINE (TICLID) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <b>Testing Performed Weekly</b> <b>Reference Range: 0.05 - 0.40 mg/L</b>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## PANEL TEST LISTING

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

**ATLANTIC DIAGNOSTIC LABORATORIES**

**INDIVIDUAL TEST LISTING**

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8195	<b>ALLERGEN WHEAT IGE</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8199	<b>ALLERGEN WHITEFISH</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
8170	<b>ALLERGEN WOOL</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86003	\$50.00
876	<b>ALPHA FETOPROTEIN TUMOR MARKER</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 0.0 - 8.7 ng/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82105	\$50.00
927	<b>ALPHA-1 ANTITRYPSIN</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82103	\$50.00
1063	<b>ALPHA-1 ANTITRYPSIN STOOL</b> <i>Testing Performed by Reference Lab</i>	10 g Stool (plastic urine container)	82103	\$50.00
8277	<b>ALPHA-SUBUNIT</b> <b>(SUBUNIT OF LH, FSH, TSH &amp; HCG)</b> <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83519	\$95.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50012	<b>ALPRAZOLAM SERUM/BLOOD (XANAX)</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 10 - 20 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	80154	\$48.00
202	<b>ALT (ALANINE AMINOTRANSFERASE)</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 40 u/l</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84460	\$20.00
923	<b>ALUMINUM</b> <i>Testing Performed by Reference Lab</i>	2ml serum (royal blue trace element tube)	82108	\$100.00
8001	<b>ALUMINUM LEVEL URINE</b> <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	82108	\$100.00
9162	<b>AMIKACIN PEAK - HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 20 - 35 mg/L</i>	1 full red top tube with no additive	80150	\$65.00
9161	<b>AMIKACIN TROUGH HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 10 mg/L</i>	1 full red top tube with no additive	80150	\$65.00
50018	<b>AMILORIDE (MODAMOR)SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00
8416	<b>AMINOACID ANALYSIS, PLASMA</b> <i>Testing Performed by Reference Lab</i>	2 mL plasma (sodium heparin green top)	82139	\$115.00
51019	<b>AMLODIPINE (NORVASE) SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.01 - 0.10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$68.00
203	<b>AMMONIA</b> <i>Testing Performed STAT and Daily Mon-Fri</i> <i>Reference Range: 11 - 51 umol/L</i>	1 Full lavender top tube (EDTA Plasma) put tube on ice immediately - Please note if the specimen is being sent by mail the specimen must be separated and plasma frozen.	82140	\$40.00
1020	<b>AMYLASE ISOENZYMES</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82150	\$125.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
125	<b>ANA SCREEN</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86038	\$24.00
803	<b>ANCA</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86021	\$30.00
1027	<b>ANGIOTENSIN CONVERTING ENZYME (ACE)</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82164	\$100.00
1133	<b>ANTIBODY SCREEN</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86850	\$50.00
957	<b>ANTI-DNA ANTIBODY</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	86255	\$95.00
1257	<b>ANTI-GBM</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	83520	\$95.00
954	<b>ANTI GLIADIN ANTIBODY IGG, IGA</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83516 X 2	\$95.00
981	<b>ANTI-HEPATITIS C IGG</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86803	\$71.00
8016	<b>ANTIMONY URINE</b> <i>Testing Performed by Reference Lab</i>	3 ml urine (acid wash & trace metal free)	82570, 83018	\$71.00
949	<b>ANTI-STREPTOLYSIN O AB (ASO)</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Ranges:</i> <i>≤17 Years &lt;150 IU/mL</i> <i>&gt;17 Years ≤200 IU/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86060	\$60.00
1097	<b>ARIPIRAZOLE (ABILIFY) SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.04 - 0.40 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$68.00
50031	<b>ARIPIRAZOLE(ABILIFY) U</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.04 - 0.40 mg/L</i>	30 ml urine (plastic urine container)	82491	\$68.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8018	<b>ARSENIC URINE</b> <i>Testing Performed by Reference Lab</i>	Urine - Acid Wash Container	82175	\$50.00
204	<b>AST (ASPARTATE AMINOTRANSFERASE)</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 37 u/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84450	\$20.00
51034	<b>ASTEMIZOLE (HISMANAL) SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82492	\$200.00
50036	<b>ATENOLOL (TENORMIN) SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.2 - 1.0 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00
50038	<b>ATOMOXETINE (STRATERRA) SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50039	<b>AZIDE (HYDRAZOIC ACID) SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50041	<b>BACLOFEN (LIORESAL) SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.4 - 1.2 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
6525	<b>BATH SALTS URINE</b> by LC/MS/MS <i>Testing Performed STAT and daily Mon-Sat</i> <i>See Lab Report for reference ranges</i>	20 ml Urine (Plastic Urine Container)	80100	\$120.00
50062	<b>BENZTROPINE (COGENTIN) SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.16 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
808	<b>BHCG QUANTITATIVE</b> <i>Testing Performed STAT and daily Mon-Sat</i> <i>Reference Range: &gt;5 miU/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84702	\$32.00
40063	<b>BILIRUBIN AMNIOTIC FLUID HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	meconium in amniotic fluid - keep specimen frozen & protected from light.	82247	\$60.00
884	<b>BIOPSY</b> <i>Testing Performed by Reference Lab</i>	Tissue Sample - (culture transport media)	88233	\$205.00
40067	<b>BISACODYL (DUCOLAX) SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) or 30 ml urine (plastic urine container)	82491	\$60.00
8015	<b>BISMUTH URINE</b> <i>Testing Performed by Reference Lab</i>	Urine - Acid Wash Container	83018	\$120.00
917	<b>BLOOD CULTURE</b> <i>Testing Performed Daily Mon-Sun</i> <i>Additional charges apply for each organism and sensitivity performed.</i>	** Please see page 8 of this manual for specimen collection procedures**	87040	\$35.00
978	<b>B-TYPE NATRIURETIC PEPTIDE (BNP)</b> <i>Testing Performed STAT and daily Mon-Sat</i> <i>Reference Range: &lt;100 pg/ml</i>	1 Full lavender top tube (EDTA Plasma) if drawing a CBC draw 2 tubes	83880	\$49.56
207	<b>BUN (BLOOD UREA NITROGEN)</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 20 mg/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84520	\$15.00
50070	<b>BUPIVACAINE (ANAWIN) SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.22 - 3.45 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$36.00
50072	<b>BUPROPION (WELLBUTRIN) SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.025 - 0.200 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50074	<b>BUSPIRONE (BUSPAR) SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.088 - 0.147 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50073	<b>BUTABARBITAL (BUTISOL) SERUM/BLOOD</b> HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 16 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
802	<b>CA 125</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: &lt;35 U/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86304	\$69.00
1012	<b>CA 19-9</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86301	\$90.00
920	<b>CA 27, 29</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86300	\$90.00
40076	<b>CAFFEINE QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 8.0 - 20.0 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$42.00
6928	<b>CAFFEINE URINE</b> HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 8.0 - 20.0 mg/L</i>	30 ml urine (plastic urine container)	82491	\$42.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
208	<b>CALCIUM</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 8.5 - 10.4 mg/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82310	\$15.00
952	<b>CALCIUM, IONIZED</b> <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) centrifuge immediately and do not open - if ordering other tests draw additional tubes	82330	\$50.00
8022	<b>CALCIUM, URINE 24 HR</b> <i>Testing Performed by Reference Lab</i>	24 hour urine container no Preservative	82340	\$50.00
209	<b>CARBAMAZEPINE</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 4.0 - 12.0 ug/ml</i>	1 full red top tube with no additive	80156	\$40.00
50087	<b>CARBAMAZEPINE EPOXIDE HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i>	1 full red top tube with no additive or 1 full grey top tube	80156	\$60.00
50086	<b>CARBAMAZEPINE FREE HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.5 - 2.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80156	\$46.00
50091	<b>CARBINOXAMINE (RONDEC) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
40097	<b>CARBOXYHEMOGLOBIN QUANTITATIVE HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range:</i> <i>NON-SMOKERS: UP TO 4% SAT</i> <i>SMOKERS: UP TO 8% SAT</i>	1 Full lavender top tube (EDTA Plasma)	82375	\$44.00
1185	<b>CARDIAC CRP</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: &lt;1.0 mg/L</i>	1 full red top tube with no additive	86141	\$68.00
1024	<b>CARDIOLIPIN AB IGG</b> <i>Testing Performed by Reference Lab</i>	1 ml citrated plasma (light blue top)	86147	\$320.00
6921	<b>CARISOPRODOL UA (SOMA) QUALITATIVE</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: Negative</i>	30 ml urine (plastic urine container)	83805	\$80.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
892	<b>CARNITINE</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82379	\$183.00
854	<b>CAROTENE</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive Overnight Fasting	82380	\$86.00
959	<b>CATECHOLAMINES 24 HR URINE</b> <i>Testing Performed by Reference Lab</i>	24 hour urine container with additive 6NHCL	82384	\$40.00
1052	<b>CCP-AB IGG</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86200	\$40.00
872	<b>CD4/CD8</b> <i>Testing Performed by Reference Lab</i>	1 Full lavender top tube (EDTA Plasma)	86360	\$90.00
843	<b>C-DIFF TOXIN A &amp; B</b> <i>Testing Performed Daily Mon-Sat</i> <i>Reference Range: Negative</i>	5 gm stool (plastic urine container) refrigerate immediately	87324	\$19.00
800	<b>CEA</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82378	\$21.00
928	<b>CERULOPLASMIN</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82390	\$75.00
50096	<b>CETIRIZINE (ZYRTEC) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
8263	<b>CHLAMYDIA AB</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86631	\$55.00
1125	<b>CHLAMYDIA DNA SWAB</b> <i>Testing Performed Weekly</i>	** Please see page 7 of this manual for specimen collection procedures**	87491	\$55.00
1104	<b>CHLAMYDIA DNA URINE</b> <i>Testing Performed Weekly</i>	** Please see page 7 of this manual for specimen collection procedures**	87490	\$55.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1127	<b>CHLAMYDIA/GC DNA SWAB</b> <i>Testing Performed Weekly</i>	** Please see page 7 of this manual for specimen collection procedures**	87491	\$110.00
1099	<b>CHLAMYDIA/GC DNA URINE</b> <i>Testing Performed by Weekly</i>	** Please see page 7 of this manual for specimen collection procedures**	87491	\$110.00
6877	<b>CHLORADIAZEPOXIDE (LIBRIUM) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 100 - 300 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
40099	<b>CHLORALHYDRATE (NOCTEC) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 1.5 - 15.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$68.00
50100	<b>CHLORAMPHENICOL (CHLORMYCETIN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 5 - 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82415	\$60.00
51116	<b>CHLORAQUINE (ARALEN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
210	<b>CHLORIDE</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 98 - 109 mmol/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82435	\$15.00
1048	<b>CHLORIDE RANDOM URINE</b> <i>Testing Performed Daily Mon-Sun</i>	Urine	82436	\$15.00
979	<b>CHLORIDE URINE 24 HR</b> <i>Testing Performed by Reference Lab</i>	24 hr urine (no preservative)	82436	\$30.00
50117	<b>CHLOROTHIAZIDE (DIURIL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0 - 6.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50118	<b>CHLORPHENIRAMINE (CHLORTRIMITON) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.010 - 0.017 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50119	<b>CHLORPROMAZINE (THORAZINE) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.50 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50120	<b>CHLORPROPAMIDE (DIABINESE) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 30 - 363 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
211	<b>CHOLESTERTROL</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: &lt;200 mg/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82465	\$20.00
8021	<b>CHOLINESTERASE, RBC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 6573 - 13181 u/L</i>	1 full lavender top tube (EDTA plasma)	82480, 82482	\$75.00
50128	<b>CIMETIDINE (TAGAMET) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 - 4.5 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00
50125	<b>CISAPRIDE (PROPULSID) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$100.00
50127	<b>CITALOPRAM (CELEXA) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.01 - 0.06 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$60.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
875	<b>CKMB (CK/MB ISOENZYMES)</b> <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82553	\$65.00
50129	<b>CLOBAZAM (FRISIUM) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
51134	<b>CLORAZEPATE (TRANXENE) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 1.5 - 15.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80154	\$50.00
212	<b>CO2 (CARBON DIOXIDE)</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 24.0 - 31.0 mmol/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82374	\$15.00
931	<b>COMPLEMENT COMPONENT C3</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86161	\$55.00
1004	<b>COMPLEMENT TOTAL CH 50</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86162	\$75.00
932	<b>COMPLIMENT COMPONENT C4</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86160	\$55.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
960	<b>COOMBS DIRECT</b> <i>Testing Performed by Reference Lab</i>	5 mL whole blood(ACD-A yellow-top tube)	86880	\$46.55
961	<b>COOMBS INDIRECT</b> <i>Testing Performed by Reference Lab</i>	5 mL whole blood(ACD-A yellow-top tube)	86880	\$46.55
989	<b>COPPER URINE</b> <i>Testing Performed by Reference Lab</i>	7 ml urine (acid wash container) 2nd void of the day	82525	\$75.00
8273	<b>COPPER URINE 24 HR</b> <i>Testing Performed by Reference Lab</i>	Urine - Acid Wash	82525	\$100.00
801	<b>CORTISOL AM</b> <i>Testing Performed Weekly</i> <i>Reference Range: 4.0 - 22.0 ug/dL</i>	1 full red top tube with no additive	82530	\$24.00
822	<b>CORTISOL PM</b> <i>Testing Performed Weekly</i> <i>Reference Range: 3.0 - 17.0 ug/dL</i>	1 full red top tube with no additive	82533	\$24.00
935	<b>COXSACKIE B AB</b> <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86658 X 6	\$300.00
908	<b>C-PEPTIDE</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting	84681	\$50.00
873	<b>CPK</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 29 - 168 u/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82550	\$25.00
883	<b>C-REACTIVE PROTEIN</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: &lt;10.0 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86140	\$21.00
757	<b>CREATININE 24 HR</b> <i>Testing Performed Daily Mon-Fri</i>	24 hr urine container (no preservative)	82570	\$15.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
277	<b>CREATININE CLEARANCE 24 HR</b> <i>Testing Performed Daily Mon-Fri</i>	24 hr urine container (no preservative) & 1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82575	\$50.00
213	<b>CREATININE SERUM</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.5 - 1.3 g/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82565	\$11.00
272	<b>CREATININE URINE RANDOM</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 20 - 320 mg/dl</i>	30 ml urine (plastic urine container)	82565	\$11.00
996	<b>CRYOGLOBULINS</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82595	\$60.00
RC	<b>CULTURE (ANY SOURCE EXCEPT URINE)</b> <b>PLEASE INDICATE ON THE REQUEST FORM THE SOURCE OF THE CULTURE</b> <i>Additional charges apply for each organism and sensitivity performed.</i>	appropriate swab	87070	\$17.00
UC	<b>CULTURE, URINE</b>	30 ml urine - clean catch	87086	\$11.79
40152	<b>CYANIDE QUANTITATIVE SERUM/BLOOD</b> <b>ULTRAVIOLET</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>B195See Lab Report for reference ranges.</i>	Whole Blood (grey tube)	82600	\$46.00
50153	<b>CYCLOBENZAPRINE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Daily Mon-Sun</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
1019	<b>CYCLOSPORINE</b> <i>Testing Performed STAT and daily Mon-Sun See Lab Report for reference ranges.</i>	1 full lavender top tube (EDTA-Plasma)	80158	\$150.00
50157	<b>DANTROLENE (DANTRIUM) SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full lavender top tube (EDTA-Plasma)	82491	\$46.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50160	<b>DAPSONE</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.50 - 2.50 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82491	\$90.00
975	<b>D-DIMER QUANTITATIVE</b> <i>Testing Performed by Reference Lab</i>	1 full sodium citrate (light blue tube) unopened	85379	\$250.00
50171	<b>DEXTROMETHORPHAN QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.05 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$58.00
50171	<b>DEXTROMETHORPHAN URINE</b> <b>HPLC</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Non Detected</i>	30 ml urine (plastic urine container)	82491	\$58.00
906	<b>DHEA - SULFATE</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82627	\$156.00
50181	<b>DIFLUNISAL (DOLOBID) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.09 - 1.3 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube or 10 ml urine (plastic urine container)	82491	\$38.00
214	<b>DIGOXIN</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.5 - 2.0 ng/mL</i>	1 full red top tube with no additive	80162	\$21.00
50190	<b>DILTIAZEM (CARDIZEM) QUANTITATIVE</b> <b>HPLC</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 0.05 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
50195	<b>DIPHENHYDRAMINE QUANTITATIVE</b> <b>HPLC</b> <i>Testing Performed STAT &amp; Daily Mon-Sun</i> <i>Reference Range: 0.025 - 0.112 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
50199	<b>DIPYRIDAMOLE (PERSANTINE) QUANTITATIVE</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube or 10 ml urine (plastic urine container)	82491	\$50.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
205	<b>DIRECT BILIRUBIN</b> <i>Testing Performed STAT &amp; Daily Mon-Sun</i> <i>Reference Range: 0 - 0.5 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82248	\$15.00
50202	<b>DISOPYRAMIDE (NORPACE) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 2.0 - 5.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$36.00
50204	<b>DOFETILIDE (TIKOSYN) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
51209	<b>DOXYLAMINE (DRAMAMINE) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.04 - 0.40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
1005	<b>DOUBLE STRANDED DNA ANTIBODIES</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86225	\$85.00
50211	<b>DULOXETINE (CYMBALTA) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$70.00
50212	<b>DYPHYLLINE (ASMINYL) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 6.5 - 14.3 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$38.00
1007	<b>ENDOMYSIAL AB IGA</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86255	\$90.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50216	<b>EPHEDRINE QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube		\$90.00
1101	<b>EPSTEIN BARR IGG AB VCA</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86665	\$77.00
1100	<b>EPSTEIN BARR IGM</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86664	\$77.00
862	<b>ERYTHROPOIETIN</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82668	\$29.00
50221	<b>ESCITALOPRAM (LEXAPRO) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
902	<b>ESTRADIOL</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82670	\$38.00
1189	<b>ESTRIOL SERUM</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	82677	\$100.00
50226	<b>ESZOPICLONE (LUNESTA) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
40009	<b>ETHANOL QUANTITATIVE SERUM/BLOOD HEADSPACE</b> <i>Testing Performed STAT &amp; Daily Mon-Sun</i> <i>Reference Range: 0.0 - 0.079 g/dL</i>	1 full red top tube with no additive or 1 full grey top tube	82055	\$32.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50224	ETHINAMATE (VALMID) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 4.0 - 11.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50227	ETHOSUXIMIDE (ZARONTIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 40 - 100 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50230	ETHOTOIN (PEGANONE) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 6 - 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
40233	ETHYLENE GLYCOL (ANTIFREEZE) QUANTITATIVE SERUM/ BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: NEGATIVE</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
756	FECAL FAT <i>Testing Performed by Reference Lab</i>	2 gm stool (plastic urine container) frozen	82705	\$42.00
50235	FELBAMATE (FELBATOL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2.7 - 33 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$62.00
50236	FENFLURAMINE (POMDIMIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.04 - 0.3 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$72.00
50239	FENOPROFEN (NALFON) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 27.0 - 66.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
6716	FENTANYL URINE QUANTITATIVE HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 ng/mL</i>	15 ml urine (plastic urine container)	82491	\$72.00
6716	FENTANYL URINE QUALITATIVE IMMUOASSAY <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.5 ng/mL</i>	15 ml urine (plastic urine container)	82491	\$72.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
40237	<b>FENTANYL INTEGRITY -</b> (PATCHES, SYRINGES, AND PHARACEUTICAL SAMPLES) <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	appropriate specimen	83519	\$72.00
42237	<b>FENTANYL (DURAGESIC) QUANTITATIVE B326</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	83519	\$72.00
804	<b>FERRITIN</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 20 - 250 ng/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82728	\$42.00
1180	<b>FIBRINOGEN</b> <i>Testing Performed by Reference Lab</i>	1 full blue top tube (citrated plasma)	85384	\$17.00
50240	<b>FLECAINIDE (TAMBOCOR) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.2 - 1.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50238	<b>FLUNITRAZEPAM (ROHYPNOL) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 5-15 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$70.00
6973	<b>FLUNITRAZEPAM (ROHYPNOL) QUANTITATIVE</b> <b>URINE</b> <b>LC/MS/MS</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.005 - 0.050 mg/L</i>	30 ml urine (plastic urine container)	82491	\$70.00
50242	<b>FLUPHENAZINE (PROLIXIN) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.9 - 17.0 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$70.00
41243	<b>FLURAZEPAM (DALMANE) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 30 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
6616	<b>FLURAZEPAM (DALMANE) QUANTITATIVE URINE</b> LC/MS/MS <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: &gt;10.0 mg/L</i>	15 ml urine (plastic urine container)	82742	\$25.00
50244	<b>FLUVOXAMINE (LUVOX) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.50 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
805	<b>FOLATE</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 7.2 - 15.4 ng/ml</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82746	\$20.54
818	<b>FREE T4</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 0.87 - 1.51 ng/dl</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84439	\$42.00
899	<b>FRUCTOSAMINE</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82985	\$30.00
806	<b>FSH</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83001	\$25.00
50245	<b>FUROSEMIDE (LASIX) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
916	<b>G6PD</b> <i>Testing Performed by Reference Lab</i>	1 Full lavender top tube (EDTA Plasma)	82955	\$100.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50246	<b>GABAPENTIN (NEURONTIN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 2.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$62.00
6974	<b>GAMMAHYDROXYBUTYRATE (GHB) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: Effective &gt; 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
51247	<b>GAMMAHYDROXYBUTYRATE (GHB) URINE QUANTITATIVE HPLC</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: Above 100 mg/l indicates recent ingestion of GHB.</i>	15 ml urine (plastic urine container)		\$80.00
1124	<b>GC DNA SWAB</b> <i>Testing Performed Weekly Reference Range: Negative</i>	DNA swab - call laboratory for supplies	87591	\$55.00
1105	<b>GC DNA URINE</b> <i>Testing Performed Weekly Reference Range: Negative</i>	30 ml urine (plastic urine container)	87797	\$55.00
1046	<b>GENTAMYCIN PEAK QUANTITATIVE SERUM/BLOOD</b> <i>Testing Performed STAT and Daily Mon-Sun Reference Range: 5.0 - 8.0 mg/L</i>	1 full red top tube with no additive	80170	\$45.00
1044	<b>GENTAMYCIN TROUGH QUANTITATIVE SERUM/BLOOD</b> <i>Testing Performed STAT and Daily Mon-Sun Reference Range: 0.5 - 2.0 mg/L</i>	1 full red top tube with no additive	80170	\$45.00
218	<b>GGT (GAMMA GLUTAMYL TRANSFERASE)</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 7 - 51 u/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82977	\$20.00
50250	<b>GLIPIZIDE (GLUCOTROL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.1 - 1.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
219	<b>GLUCOSE</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 70 - 110 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82947	\$20.00
866	<b>GLUTAMIC ACID DECARB (GAD65)</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	83519, 86337, 83641	\$100.00
50252	<b>GLUTETHIMDE (DORIDEN) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 2 - 12 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50253	<b>GLYBURIDE (DIABETA, MICRONASE) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50255	<b>GRISEOFULVIN (GRIFULVIN) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82489	\$80.00
40258U	<b>GUAFENESIN QUANTITATIVE URINE</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	15 ml urine (plastic urine container)	82491	\$60.00
40258	<b>GUAFENESIN QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.4 - 1.4 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50259	<b>HALAZEPAM QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50260	<b>HALDOL (HALOPERIDOL) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 5 - 80 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	80173	\$50.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
921	<b>HAPTOGLOBIN</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83010	\$95.00
220	<b>HDL</b> <i>Testing Performed STAT and daily Mon-Sun</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83718	\$20.00
716	<b>HEMATOCRIT</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range:</i> <i>Female:</i> <i>0 months - 8 years 33.0 - 42.0 g/dl</i> <i>9 years - 11 years 34.0 - 43.0 g/dl</i> <i>12 years - 17 years 34.0 - 44.0 g/dl</i> <i>17 years or older 35.0 - 47.0 g/dl</i> <i>Male:</i> <i>0 months - 8 years 33.0 - 42.0 g/dl</i> <i>9 years - 11 years 34.0 - 43.0 g/dl</i> <i>12 years - 14 years 35.0 - 45.0 g/dl</i> <i>15 years or older 39.0 - 51.0 g/dl</i>	1 Full lavender top tube (EDTA Plasma)	85014	\$10.00
715	<b>HEMOGLOBIN</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range:</i> <i>Female:</i> <i>0 months - 9 years 11.0 - 14.5 g/dl</i> <i>10 years - 12 years 12.0 - 15.0 g/dl</i> <i>13 years - 17 years 11.5 - 15.3 g/dl</i> <i>18 years or older 11.7 - 16.1 g/dl</i> <i>Male:</i> <i>0 months - 9 years 12.0 - 14.5 g/dl</i> <i>10 years - 12 years 12.0 - 15.0 g/dl</i> <i>13 years - 17 years 12.0 - 16.6 g/dl</i> <i>18 years or older 12.6 - 17.4 g/dl</i>	1 Full lavender top tube (EDTA Plasma)	85018	\$10.00
809	<b>HEMOGLOBIN A1C</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 4.4 - 6.4 %</i>	1 Full lavender top tube (EDTA Plasma)	83036	\$25.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
823	<b>HEP A IGG/IGM TOTAL</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86708	\$22.00
903	<b>HEP B VIRAL DNA PCR QUALITATIVE</b> <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	87516	\$250.00
891	<b>HEP C RNA BY PCR</b> <i>Testing Performed by Reference Lab</i>	2 full lavender top tube (EDTA Plasma)	87522	\$89.00
1114	<b>HEPATITIS A IGM</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86709	\$22.00
991	<b>HEPATITIS B CORE IGG</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86704	\$16.66
1120	<b>HEPATITIS B CORE IGG/IGM</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86705	\$70.00
940	<b>HEPATITIS B CORE IGM</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86705	\$35.00
937	<b>HEPATITIS BE ANTIBODY</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86707	\$18.50

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
936	<b>HEPATITIS BE ANTIGEN</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87350	\$18.50
825	<b>HEPATITIS BSAB</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86706	\$15.01
824	<b>HEPATITIS BSAG</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87340	\$14.43
826	<b>HEPATITIS C</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86803	\$19.94
1088	<b>HEPATITIS C BY RIBA</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86803	\$100.00
905	<b>HEPATITIS C VIRAL RNA QUALITATIVE</b> <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	87522	\$190.00
1906	<b>HEPATITIS C VIRAL RNA QUANTITATIVE</b> <i>Testing Performed by Reference Lab</i> <i>Reference Range: Not Detected</i>	1 full white top tube (PPT-potassium EDTA)	87521	\$300.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
1054	<b>HEPATITS BSAB TITER</b> <i>Testing Performed Daily Mon-Sat</i> <i>Reference Range: &gt;10 miu/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86706	\$75.00
1051	<b>HEPATITS BSAG CONFIRMATION</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87340	\$14.43
1029	<b>HEPTIMAX TM</b> <i>Testing Performed by Reference Lab</i>	3 ml frozen plasma EDTA lavender top tube	87522	\$190.00
1084	<b>HERPES 1 AB IGG</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86695	\$20.00
1085	<b>HERPES II IGG AB</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86696	\$20.00
1126	<b>HERPES II IGM</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87273	\$20.00
1083	<b>HERPES SIMPLEX 1 &amp; 2</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86695	\$40.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
972	<b>HETEROPHILE (MONO) SCREEN</b> <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86308	\$45.00
1191	<b>HISTOPLASMA (URINE)</b> <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	87385	\$109.00
2400	<b>HIV 1 &amp; HIV 2</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86701, 83791	\$167.00
869	<b>HIV -1 AB</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86701	\$24.00
2401	<b>HIV 2 SCREEN</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	87391	\$67.00
1210	<b>HIV AB PHENOTYPE</b> <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	87903, 87904 x5	\$450.00
863	<b>HIV RNA BY PCR</b> <i>Testing Performed by Reference Lab</i>	2 full lavender top tube (EDTA-Plasma)	87536	\$160.00
1119	<b>HLA - B5701 TYPING</b> <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	83891, 83896 (x30), 83900, 83912	\$195.00
944	<b>HOMOCYSTEINE</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting 8 hours	83090	\$30.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
852	<b>H-PYLORI IGG</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86677	\$26.00
953	<b>H-PYLORI IGM</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86317	\$26.00
1064	<b>H-PYLORI STOOL</b> <i>Testing Performed by Reference Lab</i>	5 gm stool (plastic urine container) refrigerate immediately	87338	\$50.00
1086	<b>HSV IGM AB</b> <i>Testing Performed by Reference Lab</i> <i>Reference Range: Not Detected</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86695	\$20.00
1132	<b>HTLV AB</b> <i>Testing Performed by Reference Lab</i> <i>Reference Range: Not Detected</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86790	\$50.00
50263	<b>HYDROCHLOROTHIAZIDE (HYDRODIURIL)</b> <b>QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.07 - 0.38 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
50266	<b>HYDROXYCHLOROQUINE (PLAQUENTIL)</b> <b>QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.019 - 0.210 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50267	<b>HYDROXYZINE (VISTARIL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.03 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
50269	<b>IBUPROFEN QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 17 - 36 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
857	<b>IGA</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784	\$10.00
834	<b>IGE</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82785	\$10.00
832	<b>IGG</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784	\$10.00
833	<b>IGM</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784	\$10.00
963	<b>IMMUNOFIXATION SERUM</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting 8 hours	86334	\$41.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
962	<b>IMMUNOFIXATION UA (BENCE JONES)</b> <i>Testing Performed by Reference Lab</i>	24 hr urine (no preservative)	86334	\$41.00
810	<b>IMMUNOGLOBULINS</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82784	\$21.00
264	<b>INDIRECT BILIRUBIN</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0 - 0.9 mg/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82247, 82248	\$15.00
50275	<b>INDOMETHACIN (INDOCIN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.019 - 0.210 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82941	\$60.00
850	<b>INFLUENZA A &amp; B RAPID TEST</b>	special swab - call laboratory for supplies	87404	\$35.00
860	<b>INSULIN</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 2.6 - 24.9 uU/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting	83525	\$30.00
8271	<b>INSULIN ANTIBODIES</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) fasting	86337	\$95.00
926	<b>INTRINSIC FACTOR ANITBODY</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86340	\$106.00
221	<b>IRON</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 50 - 170 ug/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83540	\$9.05

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
8272	<b>ISLET CELL AUTOANTIBODIES</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86341 x2	\$150.00
50278	<b>ISONIAZID (NYDRAZID) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.6 - 20.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$76.00
320	<b>K2 (SPICE) LC/MS/MS CONFIRMATION</b> <i>Testing Performed STAT and daily Mon-Sat</i> <i>See Lab Report for reference ranges</i>	20 ml Urine (Plastic Urine Container)	80100	\$90.00
6982	<b>K2 (SPICE) LC/MS/MS SCREEN</b> <i>Testing Performed STAT and daily Mon-Sat</i> <i>See Lab Report for reference ranges</i>	20 ml Urine (Plastic Urine Container)	80100	\$60.00
1106	<b>KAPP/LAMBDA LIGHT CHAIN</b> <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	83883 x3	\$150.00
50283	<b>KETOPROFEN (ORUDIS) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 5.0 - 15.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
50285	<b>KETOROLAC (ACULAR) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 - 5.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
898	<b>LAMOTRIGINE (LAMICTAL) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.5 - 12.0 mg/L</i>	1 full red top tube with no additive	82491	\$40.00
222	<b>LDH</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 91 - 232 U/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83615	\$8.44
1039	<b>LDH ISOENZYMES</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83625	\$75.00
1018	<b>LDL (DIRECT)</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	83721	\$45.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
840	<b>LEAD WHOLE BLOOD</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 0 - 10 ug/dL</i>	1 full lavender top tube (EDTA-Plasma)	83655	\$18.00
1023	<b>LEUKOCYTE ALKALINE PHOS</b> <i>Testing Performed by Reference Lab</i>	5 ml whole blood (sodium heparin - green tube)	85540	\$80.00
895	<b>LEUTINIZING HORMONE</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83002	\$20.00
50295	<b>LEVETIRACETAM (KEPRA) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 4.0 - 40.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$62.00
50300	<b>LIDOCAINE QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 1.00 - 5.00 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80176	\$40.00
8266	<b>LIGHT CHAINS FREE (SERUM)</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83883 (x2), 84155, 84165	\$125.00
811	<b>LIPASE</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 6 - 51 u/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83690	\$9.62
821	<b>LITHIUM</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.6 - 1.2 mmol/L</i>	1 full red top tube with no additive	80178	\$9.65
8260	<b>LKM-I IgG AB</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86376	\$21.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50304	<b>LORATIDINE (CLARITIN) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.007 - 0.028 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
50306	<b>LORAZEPAM (ATIVAN) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0 - 20 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50303	<b>LORCAINIDE QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$58.00
51308	<b>LOXAPINE (AMOXAPINE)</b> <b>QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0 - 20 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
1033	<b>LUPUS ANTICOAGULANT PANEL</b> <i>Testing Performed by Reference Lab</i>	1 full blue top tube (citrate plasma)	86147	\$30.00
868	<b>LYME DISEASE AB</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86618	\$29.00
2000	<b>LYMES AB WESTERN BLOT</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86617	\$51.00
236	<b>MAGNESIUM</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 1.3 - 2.7 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83735	\$9.36

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50318	<b>MAPROTILINE (LUDIOMIL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.05 - 0.70 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50355	<b>MDMA (ECSTASY) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: Not Detected</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$72.00
947	<b>MEASLES IGG (RUBEOLA)</b> <i>Testing Performed Daily Mon-Fri Reference Range: Negative</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86765	\$45.00
50317	<b>MECLIZINE (ANTIVERT) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.020 - 0.200 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50319	<b>MEDAZEPAM (NOBRIUM) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 10 - 150 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
51320	<b>MEPERIDINE (DEMEROL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 0.05 - 0.80 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$6.00
50327	<b>MEPROBAMATE (EQUANIL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 3.0 - 26.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	83805	\$80.00
41329	<b>MESCALINE ALKALOIDS (PEYOTE) QUANTITATIVE B426 SERUM/BLOOD HPLC</b> <i>Testing Performed Daily Mon-Sun See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82542	\$90.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
40329	MESCALINE QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82542	\$90.00
51330	MESORIDAZINE (SERENTIL) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly Reference Range: 1.18 - 3.52 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	84022	\$40.00
50332	METAXALONE (SKELAXIN) QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
842	METHADONE PEAK QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: 0.100 - 1.000 mg/L</i>	1 full red top tube with no additive	80299	\$22.00
845	METHADONE RANDOM QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: 0.100 - 1.000 mg/L</i>	1 full red top tube with no additive	80299	\$22.00
841	METHADONE TROUGH QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: 0.100 - 1.000 mg/L</i>	1 full red top tube with no additive	80299	\$22.00
6802	METHANOL QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: Negative</i>	1 full red top tube with no additive or 1 full grey top tube	84600	\$64.00
6802U	METHANOL QUANTITATIVE URINE HPLC <i>Testing Performed STAT and daily Mon-Sun Reference Range: Negative</i>	30 ml urine (plastic urine container)	84600	\$64.00
30350	METHEMOGLOBIN QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Daily Mon-Sun See Lab Report for reference ranges.</i>		82491	\$42.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50352	<b>METHOCARBAMOL (ROBAXIN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 5.0 - 50.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
50353	<b>METHOTREXATE (FOLEX) QUANTITATIVE SERUM/BLOOD IMMUNOASSAY</b> <i>Testing Performed STAT and daily Mon-Sun See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$52.00
51354	<b>METHSUXIMIDE (CELONTIN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Daily Mon-Sun Reference Range: 10 - 40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
943	<b>METHYLMALONIC ACID</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	83921	\$24.04
50356	<b>METHYPHENIDATE (RITALIN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Daily Mon-Sun Reference Range: 0.010 - 0.040 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82542	\$60.00
50359	<b>METOCLOPRAMIDE (REGLAN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Daily Mon-Sun Reference Range: 0.04 - 0.15 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50360	<b>METOLAZONE (ZAROXOLYN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50361	<b>METOPROLO (LOPRESSOR) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.02 - 0.30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50363	<b>MEXILETINE (MEXITIL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.5 - 2.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80166	\$44.00
812	<b>MICRO ALBUMIN</b> <i>Testing Performed Daily Mon-Sun Reference Range: 0 - 92.1 mg/L</i>	30 ml urine (plastic urine container)	82043	\$8.09

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50365	<b>MIDAZOLAM (VERSED) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 0.08- 0.25 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80154	\$60.00
50366	<b>MIRTAZAPINE (REMERON) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.02 - 0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
986	<b>MITOCHODRIAL ANTIBODY</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	86256	\$95.00
50367	<b>MOLINDONE (MOBAN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.02 - 0.10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
933	<b>MUMPS ANITBODY IGG</b> <i>Testing Performed Daily Mon-Fri Reference Range: &lt;0.90: Indicates no detectable IGG AB 0.91-1.09: Equivocal: Should be Retested &gt;1.10: Positive, indicated a current or previous infection with Mumps virus or prior vaccination against Mumps virus.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86735	\$35.00
1022	<b>MYOGLOBIN (URINE)</b> <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	83874	
964	<b>MYOGLOBIN SERUM</b> <i>Testing Performed by Reference Lab</i>	2 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82874	
50373	<b>NABUMETONE (RELAFEN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
50376	<b>NAPROXEN (NAPROSYN, ALLEVE) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 5 - 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50374	<b>NEFAZODONE (SERZONE) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.1 - 1.2 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50385	<b>NIFEDIPINE (PROCARDIA) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.015 - 0.162 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
751	<b>OCCULT BLOOD</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: Negative</i>	hemocult card or 2 gm stool (plastic urine container)	82270	\$4.75
50400	<b>OLANZAPINE (ZYPREXA) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.010 - 0.100 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$76.00
50401	<b>OMEPRAZOLE (PRILOSEC) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$98.00
930	<b>OSMOLALITY SERUM</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 275 - 295 mOsm/Kg</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83930	\$45.00
929	<b>OSMOLALITY URINE</b> <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	83935	\$15.00
744	<b>OVA &amp; PARASITES</b> <i>Testing Performed by Reference Lab</i>	15 gm stool (preserved with 10% formalin & PVA)	87177	\$50.00
50409	<b>OXAZEPAM (SERAX) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 500 - 1800 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	80154	\$50.00
50412	<b>OPHPHENISATIN (LAXATIVE) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50408	<b>OXYBUTYNIN (DITROPAN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
794	<b>PAP SMEAR (ANAL) THIN PREP</b> <i>Testing Performed by Mercy Health Lab</i>	Thin prep slide	88147	\$110.00
896	<b>PAP SMEAR SCREENING</b> <i>Testing Performed by Mercy Health Lab</i>	Slide	P3000	\$23.00
793	<b>PAP SMEAR THIN PREP</b> <i>Testing Performed by Mercy Health Lab</i>	Thin prep slide	88147	\$110.00
40415	<b>PARALDEHYDE (PARAL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 20 - 332 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50420	<b>PAROXETINE (PAXIL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.05 - 0.30mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
123	<b>PARTIAL THROMBOPLASTIN TIME (PTT)</b> <i>Testing Performed STAT and Daily Mon-Sun Reference Range: 23.4 - 35.0 seconds</i>	1 Full unopened sodium citrate (light blue tube)	85730	\$30.00
8269	<b>PARVOVIRUS B19-REAL TIME BY PCR</b> <i>Testing Performed by Reference Lab</i>	1 full white top tube (PPT- potassium EDTA)	87798	\$200.00
50421	<b>PEMOLINE (CYLERT) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 1 - 7 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50425	<b>PENTOXIPHYLLINE (TRENTAL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range:0.3 - 3.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50427	<b>PERPHENAZINE (ETRAFON, TRILAFON) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 1.0 - 20.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$56.00
223	<b>PHENOBARBITAL</b> <i>Testing Performed STAT and Daily Mon-Sun Reference Range: 15.0 - 40.0 ug/mL</i>	1 full red top tube with no additive	80184	\$16.72

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50429	<b>PHENOBARBITAL, FREE QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00
40439	<b>PHENOLPHTHALEIN (STOOL) EXLAX</b>	5 gm stool (plastic urine container)	82205	\$40.00
1031	<b>PHENOSENSE HIV COMP</b> <i>Testing Performed by Reference Lab</i>	2 full lavender top tube (EDTA-Plasma)	87903 87904 x10	\$520.00
40442	<b>PHENOTHIAZINES (PPM) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative ug/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$36.00
50441	<b>PHENTERMINE QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 50-150 ng/ml</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
40441	<b>PHENTERMINE QUANTITATIVE URINE</b> HPLC <i>Testing Performed Daily Mon-Sun</i> <i>See Lab Report for reference ranges.</i>	30 ml urine (plastic urine container)	80101	\$20.00
50443	<b>PHENYLBUTAZONE (BUTAZOLIDIN) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 16 - 150 mg/dl</i>	1 full red top tube with no additive or 1 full grey top tube	82492	\$52.00
50446	<b>PHENYPROPANOLAMINE (CONTAC) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.03-0.48 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$52.00
224	<b>PHENYTOIN (DILANTIN)</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 10.0 - 20.0 ug/mL</i>	1 full red top tube with no additive	80185	\$19.36
50448	<b>PHENYTOIN FREE (DILANTIN) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.5 - 3.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
225	<b>PHOSPHOROUS</b> <i>Testing Performed STAT and daily Mon-Sun</i> <b>Reference Range:</b> <i>0 months - 14 years 4.0 - 7.0 mg/dL</i> <i>15 years &amp; over 2.6 - 4.5 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84100	\$6.63
8261	<b>PHOSPOROUS URINE</b> <i>Testing Performed by Reference Lab</i>	30 ml urine (plastic urine container)	84105	\$18.00
226	<b>POTASSIUM</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <b>Reference Range: 3.5 - 5.5 mmol/L</b>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84132	\$6.42
51450	<b>PRAZEPAM (CENTRAX) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Daily Mon-Sun</i> <b>Reference Range: 10-40 ng/ml</b>	1 full red top tube with no additive or 1 full grey top tube	84132	\$6.42
50451	<b>PRAZOSIN (MINIPRESS) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <b>Reference Range: 0.001-0.075mg/L</b>	1 full red top tube with no additive or 1 full grey top tube	82491	\$68.00
227	<b>PRE-ALBUMIN</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <b>Reference Range: 18 - 45 mg/dL</b>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84134	\$20.38
807	<b>PREGNANCY SERUM</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <b>Reference Range: Negative</b>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84703	\$25.00
983	<b>PROBNP (B TYPE NATRIUETIC PEPTIDE)</b> <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA-Plasma)	83880	

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50457	<b>PROCHLORPERAZINE (COMPAZINE)</b> QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 10-50 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
813	<b>PROGESTERONE</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range:</i> <i>Progesterone Interpretation:</i> <i>Females:</i> <i>Follicular Phase: 0.2 - 1.5 ng/mL</i> <i>Ovulatory Phase: 0.8 - 3.0 ng/mL</i> <i>Luteal phase: 1.7 -27.0 ng/mL</i> <i>Postmenopausal: 0.1 - 0.8 ng/mL</i> <i>Males: 0.2 - 1.4 ng/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84144	\$35.00
1860	<b>PROINSULIN</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier) Overnight Fasting is Preferred		
814	<b>PROLACTIN</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: 1.39 - 24.2 ng/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84146	\$21.00
50458	<b>PROMETHAZINE (PHENERGAN) QUANTITATIVE</b> SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.006 - 0.099 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
50459	<b>PROPOFOL (DIPRIVAN)QUANTITATIVE</b> SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
50461	<b>PROPRANOLOL (INDERAL) QUANTITATIVE</b> SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.06 - 0.15 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$46.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
749	<b>PROTEIN URINE 24 HR</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 0.05-0.15 g/24hr</i>	24 hr urine container (no preservative)	84155	\$69.00
50463	<b>PROTRIPTYLINE (TRIPTIL, VIVACTIL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.07 - 0.38 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00
50463U	<b>PROTRIPTYLINE (TRIPTIL, VIVACTIL) URINE QUANTITATIVE HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	15 ml urine (plastic urine container)		
815	<b>PSA</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range:</i> <i>0 months - 40 years 0.0 - 1.30 ng/mL</i> <i>41 years - 50 years 0.0 - 2.00 ng/mL</i> <i>51 years - 60 years 0.0 - 3.00 ng/mL</i> <i>61 years - 70 years 0.0 - 4.00 ng/mL</i> <i>71 years &amp; over 0.0 - 4.50 ng/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84153	\$25.70
855	<b>PSA FREE</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84154	\$27.00
50466	<b>PSILOPIN (HALLUCINOGEN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
816	<b>PTH INTACT</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83970	\$62.00
50470	<b>QUETIAPINE (SEROQUEL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.040-0.400 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$52.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
6946	<b>QUINIDINE QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 2.0 - 53.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80194	\$24.00
50475	<b>QUININE (ANTIMALARIAL) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 1.0 - 5.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	84228	\$44.00
50478	<b>RANITIDINE (ZANTAC) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.036 - 0.094 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
987	<b>RBC, FOLATE</b> <i>Testing Performed by Reference Lab</i>	1 full lavender top tube (EDTA- Plasma)	82747	
50481	<b>RESERPINE (SERPALAN) QUANTITATIVE</b> <b>SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$120.00
719	<b>RETIC</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0.5 - 2.0 %</i>	1 Full lavender top tube (EDTA Plasma)	85044	\$6.01
885	<b>RHEUMATOID FACTOR</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 3.5-14 iu/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86431	\$13.00
8417	<b>RIBOSOMAL AB</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	83520	\$45.00
1057	<b>ROTAVIRUS AG</b> <i>Testing Performed by Reference Lab</i>	5 gm stool (plastic urine container) refrigerate immediately	87425	\$20.00
828	<b>RPR</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86592	\$5.96

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
945	<b>RUBELLA IGG ANTIBODY</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86762	\$20.00
50486	<b>SALICYLAMIDE (SALICYLIC AMIDE) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	84311	\$60.00
45489	<b>SALICYLATES QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i> <i>Reference Range: Negative</i>	1 full red top tube with no additive or 1 full grey top tube	80196	\$64.00
45489U	<b>SALICYLATES URINE QUANTITATIVE URINE HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: Negative</i>	30 ml urine (plastic urine container)	80196	\$64.00
838	<b>SCLERADERMA (SCL70)</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86235	\$127.00
50495	<b>SECOBARBITAL (SECONAL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 2 - 5 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82205	\$80.00
718	<b>SED RATE MODIFIED WESTERGREN (ESR)</b> <i>Testing Performed STAT and Daily Mon-Sun</i> <i>Reference Range: 0 - 20 mm/hr</i>	1 Full lavender top tube (EDTA Plasma)	85651	\$5.18
915	<b>SERODIA TP-PA</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: Non-Reactive</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86780	\$20.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
946	<b>SEROTONIN SERUM/BLOOD</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	84260	
741	<b>SICKLE CELL</b> <i>Testing Performed Daily Mon-Sun</i> <i>Reference Range: Negative</i>	1 Full lavender top tube (EDTA Plasma)	85660	\$5.75
50494	<b>SILDENAFIL (VIAGRA) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.40 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$90.00
994	<b>SJORGRENS SSA - SSB</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube	86235	\$133.00
853	<b>SMOOTH MUSCLE AB</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86255	\$22.00
228	<b>SODIUM</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 133 - 145 mmol/L</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84295	\$6.72
976	<b>SODIUM URINE 24HR</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Range: 40-220 mmol/hr</i>	24 hr urine (no preservative)	84300	\$15.00
51497	<b>SPIRONOLACTONE (ALDACTONE) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.1-0.5 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	80299	\$60.00
1034	<b>SPUTUM - AFB</b> <i>Testing Performed by Reference Lab</i>	Collect first morning deep cough sputum or induced sputum in a sterile urine container	87206	\$65.00
2015	<b>STOOL FOR NOROVIRUS</b> <i>Testing Performed by Reference Lab</i>	2 gm stool in a sterile urine container	87449	\$120.00
1045	<b>STOOL GIARDIA/CRYPTOSPORIDIUM</b> <i>Testing Performed by Reference Lab</i>	15 gm stool (preserved with 10% formalin)	87328	\$45.00
877	<b>STOOL WBC (LEUKOCYTES)</b> <i>Testing Performed Daily Mon-Fri</i>	5 gm stool (plastic urine container)	89055	\$15.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
40498	<b>STRYCHNINE QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: Negative</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$86.00
934	<b>T3 FREE</b> <i>Testing Performed Daily Mon-Fri Reference Range: 2.15 - 3.95 pg/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84480	\$28.00
233	<b>T3 UPTAKE</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 24.3 - 39.0 %</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84479	\$9.04
817	<b>T3, TOTAL</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 0.79 - 1.49 ng/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84480	\$30.00
229	<b>T4 TOTAL</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 4.5 - 11.4 ug/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84436	\$9.75
984	<b>TACROLIMUS</b> <i>Testing Performed STAT and daily Mon-Sun Reference Range: 5.0 - 20.0 ng/mL</i>	1 full lavender top tube (EDTA- Plasma)	80197	\$176.00
1152	<b>T-SPOT TB TEST</b> <i>Testing Performed STAT and Daily Mon-Sun See Lab Report for reference ranges.</i>	2 full- 6ml green top tubes (Sodium Heparin)	86481	\$100.00
51514	<b>TEMAZEPAM (RESTORIL) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 100 - 500 ng/mL</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

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

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
829	<b>THYROID PEROXIDASE AB</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	86376	\$80.00
1145	<b>THYROID STIMULATING IMMUNOGLOBULIN</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84445	\$350.00
6816	<b>TICLOPIDINE PEAK QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 4 - 10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
6815	<b>TICLOPIDINE TROUGH QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: &lt;2 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
988	<b>TISSUE TRANSGLUTAMINASE IGG</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	83516	
50535	<b>TIZANIDINE (ZANAFLEX) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50536	<b>TOCAINIDE (TONOCARD) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 4.0 - 10.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50538	<b>TOLBUTAMIDE (ORINASE) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 45 - 100 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
881	<b>TOPIRAMATE (TOPAMAX)</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive	80299	\$83.00
206	<b>TOTAL BILIRUBIN</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.1 - 1.3 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82247	\$7.02
231	<b>TOTAL PROTEIN</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5.9 - 8.4 g/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84155	\$5.12
50539	<b>TRAMADOL (ULTRAM) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.2 - 0.8 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50541	<b>TRANLYCYPROMINE (PARNATE) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.0 - .05 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50540	<b>TRAZADONE (DESYREL) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.5 - 2.5 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$42.00
50543	<b>TRIAMTERENE (DYAZIDE) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 0.01 - 0.10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50546	<b>TRIAZOLAM (HALCION) QUANTITATIVE SERUM/BLOOD</b> <b>HPLC</b> <i>Testing Performed Weekly</i> <i>Reference Range: 5 - 30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$50.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50549	<b>TRIFLUOPERAZINE (STELAZINE) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.50 - 2.00 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
232	<b>TRIGLYCERIDES</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 50 - 200 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84478	\$8.04
50550	<b>TRIHEXPENIDYL (ARTANE) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05-0.20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
51553	<b>TRIMETHADIONE (TRIDIONE) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 2 - 20 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
50560	<b>TRIMETHOPRIM (SEPTRA) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$70.00
50556	<b>TRIMETHOPRIM (TRIMPEX) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 1.0 - 2.0 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$54.00
51561	<b>TRIMIPRAMINE (SURMONTIL) QUANTITATIVE SERUM/BLOOD</b> HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.02 - 0.24 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$80.00
909	<b>TROPONIN</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84484	\$34.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
819	<b>TSH</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 0.50 - 5.00 mciu/mL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84443	\$24.53
234	<b>URIC ACID</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range:</i> <i>Female: 2.7 - 7.3 mg/dL</i> <i>Male: 4.0 - 8.5 mg/dL</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	84550	\$6.31
735	<b>URINE PREGNANCY</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: Negative</i>	30 ml urine (plastic urine container)	81025	\$4.00
235	<b>VALPROIC ACID</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 50.0 - 100.0 ug/mL</i>	1 full red top tube with no additive	80164	\$19.78
831	<b>VANCOMYCIN PEAK</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 25 - 40 mg/L</i>	1 full red top tube with no additive	80202	\$18.93
1129	<b>VANCOMYCIN RANDOM</b> <i>Testing Performed STAT and daily Mon-Sun</i>	1 full red top tube with no additive	80202	\$15.00
830	<b>VANCOMYCIN TROUGH</b> <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 5 - 10 mg/L</i>	1 full red top tube with no additive	80202	\$18.93
1061	<b>VAP (TRADE MARK) - CHOLESTEROL</b> <i>Testing Performed by Reference Lab</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82465	\$50.00
913	<b>VARICELLA-ZOSTER IGG</b> <i>Testing Performed Daily Mon-Fri</i> <i>Reference Ranges: See Lab Report for all reference ranges.</i>	1 ml serum (collect specimen in tube with gel barrier - wait until blood is clotted before centrifuging - centrifuge for 15 minutes and insure that serum is separated from the blood cells by the gel barrier)	82607	\$20.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50576	<b>VECURONIUM BROMIDE (NORCURON)</b> QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$120.00
50578	<b>VENLAFAXINE (EFFEXOR) QUANTITATIVE</b> SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.05 - 0.30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50577	<b>VERAPAMIL (ISOPTIN) QUANTITATIVE</b> SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>Reference Range: 0.07 - 0.35 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
1002	<b>VITAMIN A</b> <i>Testing Performed by Reference Lab</i>	1 full red top tube with no additive or 1 full grey top tube - Overnight fasting	84590	
864	<b>VITAMIN K LEVEL</b> <i>Testing Performed by Reference Lab</i>	4 ml plasma (sodium heparin tube - green top tube) freeze immediately	84597	\$260.00
50582	<b>WARFARIN QUANTITATIVE (COUMADIN)</b> QUANTITATIVE SERUM/BLOOD HPLC <i>Testing Performed STAT and daily Mon-Sun</i> <i>Reference Range: 1 - 3 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$48.00
50588	<b>XYLAZINE (ROMPUM) QUANTITATIVE</b> SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50591	<b>ZALEPLON (SONATA) QUANTITATIVE</b> SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50592	<b>ZIPRASIDONE (GEODON) QUANTITATIVE</b> SERUM/BLOOD HPLC <i>Testing Performed Weekly</i> <i>See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00

# ATLANTIC DIAGNOSTIC LABORATORIES

## INDIVIDUAL TEST LIST

TEST #	TEST NAME	SPECIMEN REQUIREMENTS	* CPT CODE	PRICE (STATS ARE 2X LIST PRICE)
50594	<b>ZOLPIDEM (AMBIEN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Daily Mon-Sun Reference Range: 0.08- 0.30 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
40597	<b>ZOMEPIRAC (ZOMAX) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly See Lab Report for reference ranges.</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
50595	<b>ZONISAMIDE (ZONEGRAN) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 1 - 10 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$64.00
50600	<b>ZOPLICLONE (IMOVANE) QUANTITATIVE SERUM/BLOOD HPLC</b> <i>Testing Performed Weekly Reference Range: 0.01-0.05 mg/L</i>	1 full red top tube with no additive or 1 full grey top tube	82491	\$60.00
	* (The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.)			