BioReference
LABORATORIES
an OPKO Health Company

DIGITAL DIRECTORY OF SERVICES
2020-2021 EDITION

481 EDWARD H. ROSS DRIVE ELMWOOD PARK, NEW JERSEY 07407 | (800) 229-5227 | FAX (201)-345-7048 | WWW.BIOREFERENCE.COM

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Welcome

Letter From Chief Medical Officer

Dear Valued Client,

Thank you for choosing BioReference Laboratories for your laboratory testing needs.

We appreciate the trust you have placed in us and will continue to do our best to assist you in the diagnosis, management, and monitoring of patients under your care.

We are able to provide exemplary customer service, fast turn-around time, and connectivity solutions, and we strive to provide innovative testing services that improve diagnostic capabilities.

In addition to routine clinical testing, we also provide an array of specialized with a focus on oncology, women's health, and urology.

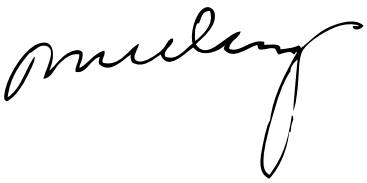
Using innovative technologies, we offer many proprietary tests in these specialized areas, many of which are not offered by other laboratories.

This Directory of Services will show you our capabilities as a full-service clinical laboratory. As we continue to innovate and add new tests to our menu, we will regularly send you Technical Updates by fax or by mail.

Please do not hesitate to call on your account representative if there is additional information that you need that is not provided in this directory.

On behalf of the entire medical, scientific, and technical staff, as well as the numerous service and support personnel at BioReference, we hope that you are pleased with our service and we look forward to working with you this year and in the future.

Sincerely,



James Weisberger, M.D.
Chief Medical Officer

How To Contact Us

Main Number	**Telephone:** (800)-229-5227 • **Fax:** (201)-345-7048
Español	**Telephone:** (888)-729-1201 • **Fax:** (201)-345-7048
Customer Service Clinical / Laboratory Supplies	**Telephone:** (800)-229-5227 Option 1 • **Fax:** (201)-345-7048 **Email:** CustomerService@bioreference.com
Customer Service Women's Health / Laboratory Supplies	**Telephone:** (800)-633-4522 Option 1 • **Fax:** (201)-345-7152 **Email:** WomensHealthCustomerService@genpathdiagnostics.com
Customer Service Oncology / Laboratory Supplies	**Telephone:** (800)-627-1479 Option 1 • **Fax:** (201)-345-7166 **Email:** GenPathCustomerService@genpathdiagnostics.com
Billing	**Telephone:** (800)-229-5227 Option 2 • **Fax:** (201)-794-0418 **Email:** BillingCS@bioreference.com
Specimen Pick-Up Clinical	**Telephone:** (800)-229-5227 Option 3 **Email:** CustomerService@bioreference.com
Specimen Pick-Up Women's Health	**Telephone:** (800)-633-4522 Option 3 **Email:** WomensHealthCustomerService@genpathdiagnostics.com
Specimen Pick-up Oncology	**Telephone:** (800)-627-1479 Option 3 **Email:** GenPathCustomerService@genpathdiagnostics.com
Corporate Accounts	**Telephone:** (800)-229-5227 Option 4
Sales/Marketing	**Telephone:** (800)-229-5227 Option 5 **Email:** marketing@bioreference.com
Employee Directory By Name	**Telephone:** (800)-229-5227 Option 6
Investor Relations	**Telephone:** (800)-229-5227 Option 7
Human Resources	**Telephone:** (800)-229-5227 Ext. 8855
Compliance	**Telephone:** (800)-229-5227 Ext. 8222 • **Anonymous Hotline:** 888-227-5556 **Email:** ComplianceDepartment@bioreference.com
Tech Support	**Telephone:** (800)-229-5227 Ext. 8462

Licensure, Regulatory Information and CAP Accredited

BioReference Laboratories in Elmwood Park, NJ currently holds licenses for testing in the following states, as well as a CLIA Certificate issued by the Centers for Medicare and Medicaid Services (CMS).

CLIA Certificate & State License/Permit	ID Number
CLIA Certificate of Accreditation	31D0652945
CAP Certificate of Accreditation	1237201
Medicare PTAN	301910
New York State	PFI 3130
New Jersey State License	0000283
Maryland State Permit	482
Pennsylvania State Permit	22757A
Florida State License	800004934
Rhode Island State License	LCO00305
California State License	CDS00800242
West Virginia State License	HIV Screening/Testing
Vermont State Certificate	HIV Screening/Drug Screening
Insurance	HMA2097417495
FDA license (Donor Services)	FEI:3003652672

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Patient Service Centers

Patient Service Centers, Offerings

BioReference has a comprehensive network of over 200 Patient Service Centers, operating across the country. which provides access to patients from all of the unique business units of BioReference.

BioReference Patient Service Centers are designed from the ground up with patient comfort in mind. From newly remodeled waiting rooms to courteous and professional phlebotomists, BioReference is dedicated to delivering a positive experience to every patient.

BioReference is contracted as an in-network provider with many national and regional insurance carriers. Patients having difficulty meeting their financial obligations or suffering from financial hardship may contact the laboratory to discuss payment options and determine eligibility for financial assistance by: calling 800-229-5227 **(press 2)** or emailing **BillingCS@bioreference.com**.

BioReference realizes every patient is not the same. Our wide array of services include but are not limited to:

Pediatric Draws

Coagulation Draws

Tuberculosis Screening

Chain-of-Custody Testing

STI Screenings

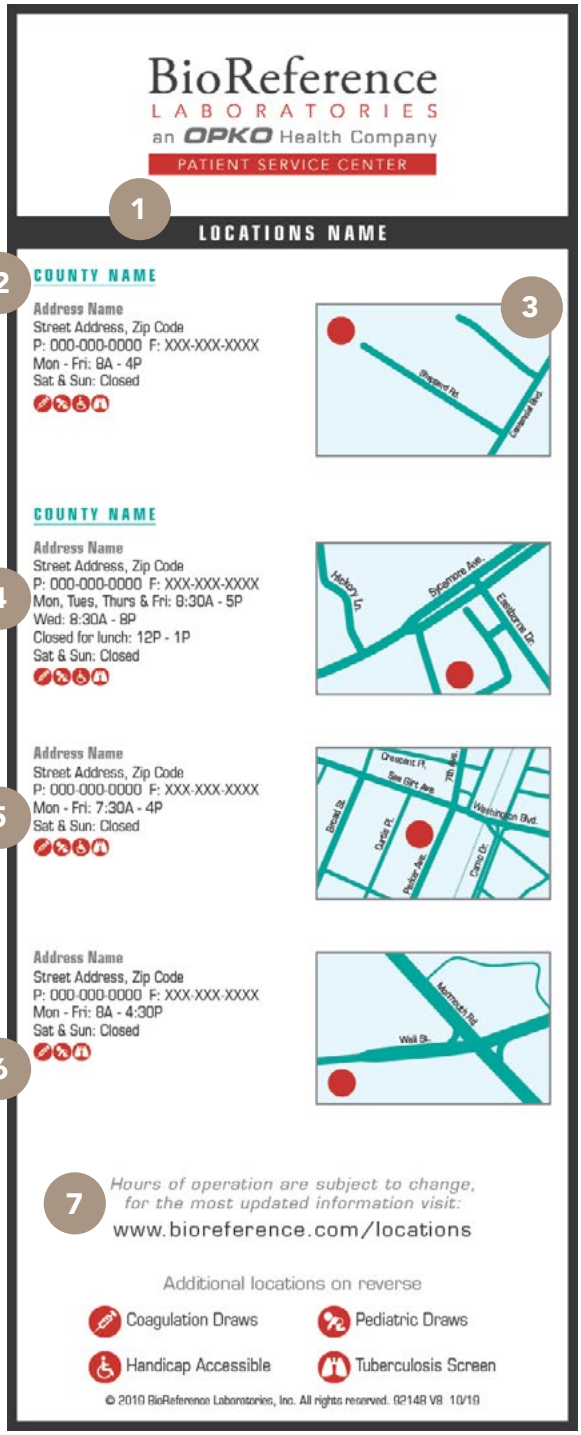
Genetic Testing

Patient Service Centers, Location Inserts

Patient Service Center location inserts are made available to a provider's office so patients may plan their visit at their convenience. To obtain location inserts please refer to your Account Executive.

A complete list of locations is also available online at bioreference.com/locations.

For a detailed description of the insert, please refer to the sample below:



1. Location(s) Name – All inserts will receive a designated name based on state, region, county and /or city.

2. County Names – Are used as sub-headings to separate locations by counties, if necessary.

3. Map – A graphical representation of where the Patient Service Center is located.

4. Address – Each location will have an associated address.

5. Contact Information – Listed next to each location, this information may include: Phone, Fax and Hours of Operation.

6. Symbols – There are 4 symbols that differentiate services: Coagulation draws, Pediatric draws, Tuberculosis screens and Handicap Accessible.

7. Website – For the most current hours of operation and closures visit: **bioreference.com/locations**

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Supplies

Important Regulatory Notice

The Federal Government, through the Centers for Medicare and Medicaid Services (CMS), has advised that laboratories may provide items, devices, or supplies if they can be used solely to collect, transport, process, or store specimens. If any of these items, devices, or supplies may be used for purposes other than collection, transportation, processing, or storage of specimens, the laboratory may not provide them free of charge. An example of such an item are latex gloves. With regard to those items that are permitted, such as specimen collection devices (tubes, vials, needles, tourniquets etc.), the laboratory may only provide an amount that is reasonably related to the number of specimens referred to the laboratory by the healthcare provider.

NOTE: New York State law further restricts the provision of certain equipment and supplies that laboratories may provide to healthcare providers. New York permits laboratories to provide, at no charge, only those items, devices, or supplies that do not have any generally accepted use in healthcare practices other than to collect, transport, process, or store specimens. Further, these regulations specifically prohibit the distribution of additional items, such as adhesive bandages, alcohol prep pads, gauze pads, etc. Laboratories must provide permitted supplies, items, and devices of a size, type, and quantity reasonably related to the type and number of specimens being referred by the healthcare provider to the clinical laboratory.

Supplies and containers our laboratory services are provided at no additional charge. These include all blood collection tubes, needles, needle holders, slides, preservative solutions, and cytology fixative.

Supply request forms are available from the lab and should be used to request needed items. Please allow two to three days days for delivery of your supplies.

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Fax Your Order To:
201-345-7048

Email Your Order To:
CustomerService@bioreference.com

Account Number:	Account Name:
Account Phone Number:	Account Email:

Date of Request: __ __ - __ __ - __ __ __ __

Signature of Client: _____

Please ensure you keep enough supply on hand for delivery turn around:
For courier delivery, please allow 48-72 hours to process your order.
For FedEx delivery, please allow 3-5 days to process your order.

Important Notice: Federal and State Law mandates that Clinical Laboratories may give clients only those supplies directly related to the collection of specimens and in amounts proportionate to specimens received from the client.

CYTOLOGY			
Speedy#	**Description**	**Units**	**Qty. Req.**
325	SUREPATH BROOM	Pack/50	
368	SUREPATH BRUSHES/SCRAPER	Pack/25	
313	SUREPATH COLLECTION VIAL	Pack/25	
316	THIN PREP BROOM	Pack/50	
369	THIN PREP BRUSH/SPATULA	Pack/25	
305	THIN PREP COLLECTION VIAL	Pack/25	
KITS			
Speedy#	**Description**	**Units**	**Qty. Req.**
248	4KSCORE KIT	Each	
907	BREATH KITS - H. PYLORI KIT	Each	
404	CHAIN OF CUSTODY (SINGLE)	Each	
286	CLARITEST COLLECTION KIT	Each	

PRINTER SUPPLIES			
Speedy#	**Description**	**Units**	**Qty. Req.**
804	RESULT PAPER	Ream/500	
801	SMART PRINTER LABELS	Pack/2	
257	TONER - HP M452DN CF410X (BLACK)	Each	
256	TONER - HP M452DN CF411X (CYAN)	Each	
255	TONER - HP M452DN CF412X (YELLOW)	Each	
254	TONER - HP M452DN CF413X (MAGENTA)	Each	
852	TONER - HP PRO 400 CE410X (BLACK)	Each	
853	TONER - HP PRO 400 CE411A (CYAN)	Each	
854	TONER - HP PRO 400 CE412A (YELLOW)	Each	
855	TONER - HP PRO 400 CE413A (MAGENTA)	Each	
REQUISITIONS			
Speedy#	**Description**	**Units**	**Qty. Req.**

Common Evacuated Tubes

(A full list of supplies can be found on the supply order form)

Light Blue Top (Order# 125):

Sodium citrate as anticoagulant. Available in 2.7-mL size. This is a siliconized tube containing a citrate solution.

Green Top (Order# 116):

Sodium or Ammonium Heparin as anticoagulant. Available in size 6-mL.

Grey Top (Order# 112):

Potassium Oxalate as an anticoagulant. Sodium Fluoride as preservative. Available in 6-mL size.

Lavender Top (Order# 102):

EDTA as anticoagulant. Avoid exposure to extreme hot or cold temperatures. Available in size 4-mL. Also available in microtainer sizes for capillary collections.

Red Top, Plain (Order# 121):

Red stopper. No additive. Available in 3-mL and 10-mL sizes. This tube is used for tests where gel separator is not desirable, such as therapeutic drug monitoring, etc. There is no need to centrifuge this tube, as it will not remain separated during transport.

Common Evacuated Tubes

(A full list of supplies can be found on the supply order form)

White Top (Order# 126):

PPT gel tube containing EDTA (plasma tests).

Royal Blue Top (Order# 108):

(EDTA) Item #10166 (No additive). K2EDTA trace metals free (plasma). NO additive version (serum), trace metals free.

Tan Top (Order# 105):

K2EDTA (plasma), used for lead.

Yellow Top (Order# 106):

ACD A additive (plasma tube) used for cultures (and other tests).

SST with Clot Activator (Order# 101):

This tube is the normal Serum Separator Tube. Please follow these instructions when using the Barrier Tube or the SST Tube with Clot Activator in order to obtain the most accurate test results:

1. Collect blood specimen using the usual venipuncture technique. Fill tube completely.
2. Gently invert barrier tube five times to mix clot activator with blood.
3. Allow blood to clot for 30 minutes.
4. Centrifuge at High Speed for 15 minutes.
5. Remove from centrifuge. Barrier will have formed, separating cells from serum. All of the separation gel should have moved from the bottom of the tube to form a barrier layer.
6. The sample is now ready to be transported to the laboratory. Do not remove stopper.

Common Swabs, Vials, And Containers

(A full list of supplies can be found on the supply order form)

SurePath Broom (Order# 325):

Used to collect a cytology sample.

ThinPrep Spatula (Order# 369):

Used to collect a cytology sample.

SurePath Brush (Order# 368):

Used to collect a cytology sample.

ThinPrep Pap Test (Order# 305):

Collection container for cervical and vaginal specimens. Used for GenPap testing.

SurePath Preservative Fluid Collection Vial (Order# 313):

Collection container for cervical and vaginal specimens. Used for GenPap testing.

Dacron Swab (Order# 504):

Used for collection of anogenital samples.

ThinPrep Broom (Order# 316):

Used to collect a cytology sample.

Sterile Container (Order# 401):

Plastic wide-mouthed, 5-ounce sterile container with graduated measure indicator on side. Supplied with cap.

Common Swabs, Vials, And Containers

(A full list of supplies can be found on the supply order form)

Culturette, Green E-Swab (Order# 514):

Used for routine aerobic/ anaerobic cultures from eye, ear, nasopharynx, and urogenital tracts.

Aptima Swabs (Order# 503):

Used for Chlamydia and Gonorrhea testing (replaces older PACE swabs).

O&P (Ova & Parasite) Kit (Order# 328):

For Faecal Concentration of Helminth Ova And Larvae / Protozoa Cysts and Oocysts

Urine Container, for 24-hour Urine Collection (Order# 406):

64-ounce plastic container with handle. Must specify: No Preservative, 6N HCL, or Boric Acid.

Culturette, White E-Swab (Order# 502):

Used for aerobic/anaerobic cultures.

Culturette, Blue E-Swab (Order# 513):

Used for aerobic/anaerobic cultures from nasopharynx and pediatric sample collection.

BBL Culture Swab (Order# 501):

Used for Group B Strep by PCR, Group A Strep, DNA, Myobacterial (Acid Fast Bacillus) Culture/Stain, and Fungal Culture + Stain.

JEMBEC Plate (Order# 354):

Plastic compact container with chocolate agar and C02-generating tablet. Use for Gonorrhea cultures.

Urinalysis Tube (Order# 409):

Plastic vial with graduated measurement indicator and yellow cap. Stabilizing preservative added. (Note: may be tablet or coated tube.)

*Do Not Use For Urine Cultures.

Common Swabs, Vials, And Containers

(A full list of supplies can be found on the supply order form)

BD Probetec Tube (Order# 413):

Used for Male STI Urine Profile testing.

Meridian Viral Transport Vial (Order# 507):

Used for Herpes Select cultures I/II.

Micro Test M4 Transport (Order# 306):

Used for Chlamydia, Mycoplasma, and Ureaplasma cultures.

Digene Swab (Order# 505):

Used for HPV testing.

Swab Viral Culturette (Order# 509):

Used for Chlamydia, Mycoplasma, and Ureaplasma cultures.

Charcoal Swab (Order# 516):

Used for Gonorrhea testing.

BD Affirm Swab (Order# 511):

Used for Candida, Trichomonas, and Gardnerella testing.

GenProbe Urine Collection (Order# 506):

Plastic vial with white screw cap. Bacteriostatic preservative present. Use for Chlamydia and Gonorrhea testing.

DO NOT USE FOR ROUTINE URINALYSIS.

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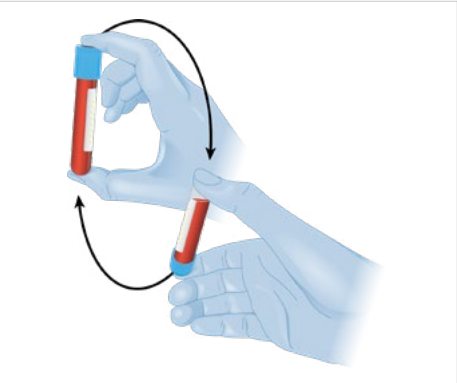
Specimen Preparation

Specimen Preparation / Specimen Labeling

(All specimens may be potentially infectious material and should be handled, labeled, and transported accordingly.)

It is essential that the following instructions be followed exactly to assure delivery of a specimen that is adequate for testing. All specimens must be properly identified by using a minimum of two patient identifiers that must include the patient's full name and at least one of the following: date of birth, chart number or a unique identifier. Also, the phlebotomist must initial all specimen containers submitted. The test request form must be completed and must include the time and date of the specimen collection, as well as the signature of the physician, or other legally authorized person requesting the patient's tests.

Proper Phlebotomy Techniques



1 Fill tubes to capacity required level.

Always make sure to collect enough specimen.

2 Mix gently

Immediately following collection, all plastic tubes require mixing. Invert all tubes eight (8) times, except Light Blue tubes (invert four (4) times).

3 Separate

Do not use gel tubes (red/black SST®) for toxicology or drug testing.

Specimen Submission Criteria

Blood: When whole blood is requested, obtain the full amount in a vacuum tube as shown in the specimen requirement section of this Compendium.

Lavender, Grey, Green, Yellow, Tan, and Royal Blue Top tubes contain different anticoagulants that inhibit blood coagulation. When drawing these specimens, immediately invert the tube 8-10 times. Invert Light Blue Top tubes 3-4 times.

Do not shake the tube, as this can cause hemolysis.

Serum: Obtain sufficient blood to yield the required volume of serum. A plain Red Top tube or Red/Speckled Top Barrier Gel tube (SST) should be used. (Refer to Tests section for details.)

When drawing these specimens, immediately invert the tube eight (8) times. Allow the blood to clot for no more than 30 minutes and centrifuge for 15 minutes to separate the serum at 3135-3465 rpms (4500-5000 rpms for coagulation testing). If a Barrier Gel tube is used, no other manipulations are required. Make sure that the gel has formed a thick, solid, intact barrier between the serum and the clotted cells. **If the gel trails into the bottom of the tube, re-centrifuge the tube for another 10 minutes.** If a plain Red Top tube is used, transfer the serum with a pipette to a Transfer tube. **It is important to avoid hemolysis.** Serum in contact with red cells may produce erroneously high potassium, LDH, AST, and ALT results and erroneously low glucose results.

Plasma: When processing plasma, follow the instructions for each test.

Urine / Urinalysis: To adequately test urine specimens, the sample should be collected in a tube with a stabilizing chemical present. The tube provided contains a **yellow** "pop off" cap and a "Stabilur®" tablet or coated tube that preserves the formed elements, such as red cells, white cells, casts, and epithelial cells. For urinalysis, use a paper cup and transfer about 10 mL of urine to the tube and replace cap.

Urine Chemistry: Some assays require a 24-hour collection that may contain boric acid, hydrochloric acid, or sodium carbonate as a preservative. Some analyses require a urine specimen without any additive. **Refer to the specific test in this Compendium for specific test details.** Instruct the patient to discard the first urine voided upon arising in the morning and thereafter collect all urine specimens in a paper cup and transfer to the 24-hour container, including the first morning voiding of the following day. A normal intake of fluid is recommended. Measure the 24-hour volume and record it on the container and the test request form. Keep the specimen refrigerated until picked up by the laboratory. Urine Chemistry tests that do not require a 24-hour collection container and can be submitted in a sterile cup; please keep refrigerated.

Urine, Drugs of Abuse (DAU): For routine DAU testing, submit a specimen in a urine collection cup with no preservative.

Urine, COC for Drugs of Abuse: The donor providing the urine specimen must be advised regarding the purpose of the specimen collection and the consequences it may have, legal or otherwise. The donor must sign the consent in chain of custody request form. Ask donor to remove unnecessary outer garments and personal belongings. The donor may retain his or her wallet. Check bathroom for any containers, waste, etc., before the donor enters and after the donor exits. Accompany the donor into the bathroom. Have the donor wash and dry hands. After washing her/his hands, the donor shall remain in the presence of the collection site personnel and shall not have access to any water fountain, faucet, soap dispenser, cleaning agent, or any other material that could be used to adulterate the urine specimen. The donor is to be instructed not to flush the toilet until the specimen is delivered to the collector. The donor may be given a larger container from which the urine specimen is transferred to the sample bottle(s) for submission to the laboratory. The transfer and sealing of the sample must be done in the presence of the donor until such time as the sample bottle is sealed with a tamperproof seal. The donor must be asked to initial the seal.

Drugs of Abuse Testing Available

The following are intended to be used as general guidelines only. Many variables may affect duration of detection, such as drug metabolism and half life, subject's physical condition, fluid balance and state of hydration, and route and frequency of ingestion.

Drug Name	Screen Cutoff	Confirmation Cutoff
Amphetamines Also known as Speed Pharmaceutical Names: Dexedrine, Benzedrine	1000 ng/mL	500 ng/mL
Benzodiazepines Pharmaceutical Names: Diazepam (Valium), Oxazepam (Serax), Chlordiazepoxide (Librium), Alprazolam (Xanax), Chlorazepate (Tranxene), Temazepam (Restoril)	100,200 ng/mL	200 ng/mL
Clonazepam/7-aminoclonazepam		25 ngmL
Cannabinoids Also known as Dope, Weed, Hemp, Hash, Colombian, Sinsemilla Pharmaceutical Names: Marinol	100, 50, 20 ng/mL	15 ng/mL
Cocaine Also known as Coke, Crack, Rock Cocaine	100,300 ng/mL	150 ng/mL
Methadone Also known as FizziesPharmaceutical Names: Amidone, Dolophine	300 ng/mL	200 ng/mL
Phencyclidine Also known as PCP, Angel Dust	25 ng/mL	25 ng/mL
Opiates	200,300 ng/mL	300 ng/mL
Propoxyphene Pharmaceutical Names: Darvon, Darvocet	300 ng/mL	300 ng/mL
Methaqualone Also known as Quaaludes, Sopors, Ludes, Mandrax	300 ng/mL	
Alcohol Biomarkers (ETG)	500 ng/mL	500 ng/mL for ETG 250 ng/mL for ETS

Drug Name	Screen Cutoff	Confirmation Cutoff
Alcohol, Urine	50,20 mg/dL	20 mg/dL
Alcohol, Blood	10 mg/dL	10 mg/dL
Oxycodone Also known as Oxycontin/Percocet	300 ng/mL	300 ng/mL
Buprenorphine Also known as Subutex, Suboxone	5 ng/mL	5 ng/mL
Methadone Metabolite	300 ng/mL	
6-Monoacetyl Morphine (6-MAM)*	10 ng/mL	10 ng/mL
3,4-Methylenedioxymethamphetamine (MDMA) Also known as Ecstasy, Molly	300 ng/mL	
Meperidine (Demerol)	200 ng/mL	
Tramadol	200 ng/mL	
K2 Group 1 Also known as Spice	20 ng/mL	
K2 Group 2 Also known as Spice	10 ng/mL	
Fentanyl	2 ng/mL	
Serum Drug Screen 10 drug panel,Amphetamine,Methamphetamine,Opiates,Cocaine Benzodiazepines,THC,Barbiturates,Methadone,PCP,Oxycodone		

*6-Monoacetyl Morphine (6-MAM) is a specific and very short-lived metabolite of heroin. Confirmation of (6-MAM) by GC/MS in urine specimens serves as a positive indicator of recent heroin use.

Testing Methodologies: Specimen is initially screened using an enzyme immunoassay (EIA). Our initial screening assays are semi-quantitative and provide a numeric value as positive or negative result, indicating the presence or absence of a respective drug or drug class. Gas Chromatography/ Mass Spectrometry (GC/MS) or Liquid chromatography/Mass Spectrometry (LC/MS) is recommended for any positive EIA results that will be used for legal or employment purposes, as this test can identify and quantify the amount of specific drug present in samples.

Chain of Custody Tracking Services: BioReference provides a custody and control form which is a six-part chain of custody document. A chain of custody document is a drug specimen collection tool that outlines the steps of the collection process to collectors. Also provided for chain of custody tests are TamperChecks, which are tests to confirm that specimens have not been adulterated. Validity testing also guards against adulteration, whereby you can guarantee the veracity of your urine drug test by accounting for pH, creatinine levels and specific gravity and testing for adulterants that may have been introduced to the urine specimen. The adulterants detected include bleach, nitrites, chromates, and other oxidizing agents.

Instructions for Clean Catch Midstream Urine Collections:

1. Instruct patient to unscrew the cap of the urine cup, then place the cap on the counter facing upward. To avoid contamination, instruct patient not to touch the inside of the cup, cap, or straw.
2. Patients should clean themselves with towelettes as follows:
    a. **Males** – Wipe the head of the penis in a single motion with the first towelette, then repeat with the second. If uncircumcised, hold the foreskin back both before cleansing and while collecting the urine sample.
    b. **Females** – Separate the labia, and wipe the inner folds of skin from front to back in a single motion with the first towelette, then down through the center of the labial folds with the second towelette. Make sure to keep the labia separated while collecting the urine sample.
3. Patients should urinate in a controlled stream into the toilet.
4. Patients should place the collection cup under the stream of urine and continue to urinate into the cup. Once the collection cup is full, they may finish urinating into the toilet.
5. Patients should replace the cap onto the urine cup, and tighten securely.
6. Patients should present the cup to the healthcare practitioner.

Urine Culture:

Collect the urine in a BD Vacutainer® Grey-Top tube for Urine Culture. It is not necessary to urinate directly into the vial. The patient should urinate directly into a paper collection cup, if available, and then immediately pour the specimen into the tube. Refrigerate the specimen as soon as possible.

Frozen Specimens:

Certain tests must be submitted frozen because of the viability of the analyte being tested. Keep all frozen specimens separate from the routine tests and submit a separate test request form. As soon as possible, separate the serum or plasma and transfer to a plastic transfer tube. Place the specimen in the office freezer and keep until it is solid. **Notify the Transportation Department as soon as possible that you have a frozen specimen for pick-up.**

PLEASE STORE YOUR SPECIMEN IN THE FREEZER UNTIL PICK-UP, UNLESS SPECIFICALLY INSTRUCTED TO DO OTHERWISE.

Cytology Directions

Use the Cytology requisition form for all cytology specimens. Relevant clinical information such as LMP, prior diagnosis, etc., should be noted in the spaces provided.

Fine Needle Aspiration Biopsy (FNA):

1. Collect sample directly into 30 mL of CytoLyt® solution. If specimen must be collected in an intravenous solution, use a saline solution.
2. Label appropriately and send immediately in securely closed container.

Note: If possible, flush the needle and syringe with a sterile anticoagulant solution prior to aspirating the sample. Some anticoagulants may interfere with other cell processing techniques, so use caution if using the specimen for other testing.

Body Fluids (including urine, pleural fluid, ascites, CSF, and pericardial fluid):

1. Collect body fluids directly into 30 mL of Cytolyt solution. **Note:** Urine may be collected in PreservCyt® solution. A 2:1 urine-to-PreservCyt ratio is required. The UroCyto urine collection kit is recommended.
2. Label appropriately (with two identifiers) and send immediately in securely closed container.

Direct Smears:

1. Write patient's name and secondary identifier on frosted end of clean slide.
2. Spread material evenly over slide.
3. Fix immediately with cytology spray fixative from a distance of 10 to 12 inches until liquid droplet's form.
4. Allow slide to dry before sending it out in designated slide holder.

Respiratory Specimens (including sputum, bronchial brush, or bronchial wash):

1. Collect sample directly into CytoLyt solution, or add 30 mL of Cytolyt solution to the fresh specimen as soon as possible.

Note: Large specimens (greater than 20 mL) should be concentrated before addition of Cytolyt solution to the sample.

2. Label appropriately and send immediately in securely closed container.

Ancillary Testing (including cell blocks for potential immunohistochemistry and special stains):

1. Collect specimen in 30 mL of CytoLyt solution.
2. Label appropriately and send immediately in securely closed container.

Halo Breast Pap:

1. If Nipple Aspirate Fluid is produced during procedure, specimens are to be collected with a custom, non-cell binding swab, which is placed in non-gyn Liquid Based Cytology (LBC) fixative, such as Cytolyt or CytoRich® Red.

Note: Use of gyn fixatives, such as PreservCyt, will not adversely affect the specimen, but their use is restricted (by FDA) to gyn applications.

2. Label appropriately and send immediately in securely closed container.

ThinPrep® Broom-Like Device Protocol:

1. Obtain an adequate sampling from the cervix using a broom-like device. Insert the central bristles of the broom into the endocervical canal deeply enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction five (5) times.
2. Rinse the broom in the PreservCyt Solution vial by pushing the broom onto the bottom of the vial ten (10) times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. **DISCARD THE BROOM**.
3. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
4. Record the patient's name and ID number on the vial. Record the patient information and medical history on the Cytology requisition form.
5. Place the vial and requisition in a specimen bag for transport to the laboratory.

Endocervical Brush / Spatula Collection Protocol (for GenPap STI testing and Pap tests):

1. Obtain an adequate sampling from the ectocervix using a plastic spatula.
2. Rinse the spatula as quickly as possible into the PreservCyt Solution vial by swirling the spatula vigorously in the vial ten (10) times. **DISCARD THE SPATULA**.
3. Obtain an adequate sampling from the endocervix using an endocervical brush device. Insert the brush into the cervix until only the bottom-most fibers are exposed. Slowly rotate 1/4 or 1/2 turn in one direction. **DO NOT OVER-ROTATE**.
4. Rinse the brush as quickly as possible in the PreservCyt Solution by rotating the device in the solution ten (10) times while pushing against the vial wall. Swirl the brush vigorously to further release material. **DISCARD THE BRUSH**.
5. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
6. Record the patient's name and ID number on the vial, and the patient information and medical history on the Cytology requisition form.
7. Place the vial and requisition in a specimen bag for transport to the laboratory.
8. **After obtaining Pap sample, please use a sterile polyester tipped swab to isolate organisms from the vagina.**
9. Obtain an adequate sampling from vagina using a sterile polyester tipped swab.
10. Rinse the swab as quickly as possible into the PreservCyt Solution vial. **DISCARD THE SWAB**.

SurePath® Pap Test:

1. Position tip of longer bristles in cervical os. Begin rotating in clockwise direction. Bristles will begin to stiffen.
2. Continue rotating in a clockwise direction and gently push towards the cervix until the shorter bristles begin to bend extending over the ectocervix.
3. Complete five (5) 360 degree rotations. Remove device, pop off "broom" head **into** the Surepath Test vial.
4. Cap the vial tightly.
5. Send the specimen containing the head(s) of the sampling device(s), with appropriate paperwork, to the laboratory for PrepStain® processing.

GenPap STI Lesion Profile:

Note: If an STI Lesion Profile is ordered with a Pap and/or vaginal STI sample, a separate SurePath or ThinPrep vial in which to collect the STI lesion sample is needed. **DO NOT** put the STI lesion sample in the vial with the Pap or with the STI vaginal sample. When taking sample from a lesion, please use the following instructions:

1. Vesicles/pustules should be unroofed. Vigorously swab the base of the lesion with a sterile polyester tipped swab.
2. If an ulcer is being tested, squeeze the lesion 3 or 4 times then vigorously rub the base of the ulcer with a sterile polyester tipped swab.
3. If the lesion is crusted, clean it first with a sterile saline solution and vigorously rub with a sterile polyester tipped swab.
4. Swirl the swab vigorously in the vial solution. **DISCARD THE SWAB**.
5. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
6. Record the patient's name and ID number on the vial, and the patient information and medical history on the cytology requisition form.
7. Place the vial and requisition in a specimen bag for transport to the laboratory.

Pathology, Anatomic (Biopsies and Surgical Specimens)

General Instructions:

1. Use the Surgical Pathology requisition form for all biopsies and surgical specimens. Relevant clinical information should be written down in the spaces provided.
2. Write patient's name on specimen container.
3. Immediately place all tissues in 10% buffered formalin at ten times the volume of the specimen. Specimen containers with 10% formalin are provided by the laboratory.
4. Send immediately to the laboratory in a securely closed container. For additional information, please contact Client Services.

Collection And Transport Of Specimens

Correct specimen collection and transport of clinical specimens to the laboratory are extremely important for rapid and accurate identification of significant microorganisms from patient samples.

General Considerations for Collection and Transport:

- Use sterile technique and transport to the laboratory as soon as possible.
- Close containers securely to prevent leaking of samples during transport. These specimens are biohazards.
- Whenever possible, obtain specimens prior to the administration of antibiotics.
- Do not use expired tubes or media for specimen collection.
- Write the patient's name on each specimen container.
- If submitting two or more cultures, a separate test requisition is necessary for each culture.
- Send specimens in one of the following transport systems:

1. E-Swabs with transport media: anaerobic and aerobic cultures.
2. BBL Culture Swab; Mycobacterial (Acid Fast Bacillus); Fungal Culture & Stain.
3. **Sterile containers:** sputum.
4. **Sterile containers:** body fluids (except blood and urine, see below).
5. Special transport systems:
   - **Blood:** Two 20 mL Vacutainer tubes with Supplemented Peptone Broth (SPB). Note: E-Swabs cannot be used for these assays.
   - **G.C. Specimens:** Urethral discharge or any source: JEMBEC® plates with bag Charcoal swab, APTIMA collection tubes, or E-Swab.
   - **Urine:** BD Vacutainer Grey-Top tube for Urine Culture.
   - **Parasitology:** Special collection kits with formalin and PVA.

Body Fluid Culture (for PD fluid, See Peritoneal Fluid):

Pleural, pericardial, and synovial fluids must be aspirated aseptically. The skin at the body site should be disinfected with an iodophor prior to aspiration. Use sterile technique. Inoculate into sterile tube, container, or blood culture media.

Blood Culture:

Disinfect skin at the body site with iodophor prior to venipuncture. Use sterile technique. Disinfect top of two (2) tubes with alcohol prior to inoculation. Two sets from separate venipuncture sites are recommended.

For adults, inoculate a set of blood culture bottles (1 Aerobic and 1 Anaerobic bottle) with 8-10 mL of blood in each bottle.

For pediatric, inoculate 1 pediatric blood culture bottle with 1-3 mL of blood.

Eye and Ear:

Use E-Swab (no Vial). Label with "LEFT" or "RIGHT," as applies.

Fluid:

See Body Fluid or Peritoneal Fluid.

Fungi:

See Mycology.

Environmental (Water and Dialysate) Cultures:

See separate instructions for use of Millipore Sampler.

Genital Culture:

Collect these specimens using a E-Swab. Swabs must be stored at room temperature until transported to the laboratory.

Glucose Tolerance Testing (GTT):

For 2-hour and 3-hour panels: Collect blood sample in Grey Top tube upon patient arrival for the baseline glucose value. Dispense glucose beverage (generally 50g, 75g or 100g depending on test ordered). Collect subsequent blood samples at hourly intervals (1, 2, and/or 3 hours, depending on test ordered). All tubes must be labeled appropriately (Initial, 1-hour, 2-hour, and 3-hour, etc.). Some one-hour or two-hour tests do not require an initial baseline collection. (NOTE: 1, 2, 3 hr etc. times start from when the patient finishes drinking the glucose beverage).

Gonorrhea/Chlamydia Amplified DNA Analysis:

1. Specimen collection swabs and transport media are supplied by the laboratory. Remove excess mucus from the cervical os (opening of the cervix) and surrounding mucosa using one of the swabs provided and **DISCARD THE SWAB**.
2. Insert the second swab from the collection kit 1.0-1.5 cm into the endocervical canal.
3. Rotate the swab 30 seconds in the endocervical canal to ensure adequate sampling.
4. Withdraw the swab, avoiding any contact with the vaginal mucosa.
5. Insert this swab into the transport tube, cap the tube, and store at 2 - 25°C until tested.

Group B Strep:

1. Collect specimen at 35 to 37 weeks gestation.
2. Using a single swab or two separate swabs, swab the distal vagina (vagina introitus), followed by the rectum (insert swab through the anal sphincter).
3. Insert swab in transport tube, cap securely, and label appropriately.

Maternal Risk Assessment:

- Fetal Fibronectin: Submit one vaginal swab.
- AFP, Combined Test, Combined Plus, Integrated 190, Modified Sequential 30 190, Quad Screen, Serum Integrated 270, and Triple Screen: Draw one SST tube. Allow to clot about 20 minutes and spin at 2500 rpm for 10 minutes. Refrigerate until shipment.

Molecular Genetics:

For New York Patients

- **Ashkenazi Jewish DNA (8-test panel), Glycogen Storage (Type 1A), and Maple Syrup Urine Disease:** Draw two lavender tubes. Invert tubes eight (8) times to prevent clotting.
- **Additional Ashkenazi Jewish Tests (Dihydrolipomide Dehydrogenase, Familial Hyperinsulinism, Joubert syndrome, Nemaline Myopathy, Usher syndrome Type IF, Usher syndrome Type III, and Walker Warburg syndrome):** Draw only one Lavender Top tube for one or more of these of tests. Invert tube eight (8) times to prevent clotting.
- **Cystic Fibrosis, Fragile X, and Spinal Muscular Atrophy (SMA):** Draw one Lavender Top tube. Invert tube eight (8) times to prevent clotting.
- **Tay-Sachs Enzyme (Hexosaminidase A Enzyme):** Draw one Red Top and one Yellow Top tube. If patient is pregnant, only Yellow Top tube is required.

For Non-NY patients

- **InheriGen Plus:** Draw three lavender tubes. Invert tubes eight (8) times to prevent clotting.
- **Ashkenazi Jewish Tests:** Draw two lavender tubes. Invert tubes eight (8) times to prevent clotting.
- **Cystic Fibrosis, Fragile X, and Spinal Muscular Atrophy (SMA):** Draw one Lavender Top tube per test. Invert tube eight (8) times to prevent clotting.
- **Tay-Sachs Enzyme (Hexosaminidase A Enzyme):** Draw one Red Top and one Yellow Top tube. If patient is pregnant, only Yellow Top tube is required.

Mycology (Yeast):

Cultures for yeast can be submitted on a culturette. For fluids and sputum, best results are obtained by submitting the entire specimen. If dermatophytes are suspected, the specimen should be submitted in a dry, sterile tube.

Nasal Culture:

A E-Swab (**Blue Container Item # 24803**) is gently inserted through the nose to the posterior nasopharynx, where it is gently rotated. It should remain in this position for several seconds. The withdrawal should be slow to minimize irritation. Place the inoculated swab into the sterile plastic tube.

Parasitology Specimens:

Stools for Ova and Parasites should be shipped in Ova and Parasite kits. Transfer 5 gm minimum of stool in EACH of the paired vials. CLEAR tape preparation or pinworm paddle is appropriate for submission of specimens for pinworm examination. Submit intact parasites (insects or worms) in 70% alcohol.

Peritoneal Fluid or Dialysate Culture:

Disinfect bag's injection sampling port. Use sterile collection technique. Inoculate 3 mL each into four Vacutainer tubes with SPB (Supplemented Peptone Broth). Disinfect tops of tubes with alcohol prior to inoculation.

QuantiFERON®-TB GOLD Plus

- Collect one 6 mL LITHIUM heparin (green top) tube. Allow tube to fill completely before removing.
- Gently mix by inverting the tube several times to dissolve the heparin. Label tube with two (2) patient identifiers and time of specimen collection.
- Place sample with completed requisition into a QTF-TB Gold Plus specimen bag, one (1) sample per bag.
- Seal bag and place in a refrigerator or cooler maintained at 2-8 degrees C (**Sample must be refrigerated within 3 hours of collection**)
- Ship to laboratory as soon as possible. **MUST REACH THE LAB** within 48 hours from collection.

Sputum Culture:

Instruct the patient to obtain material from a deep cough which is expectorated into a sterile container. Sputum containers are best suited for this collection. The volume of specimen need not be large (3 mL). Once collected, sputum should be refrigerated until transport. Be sure that the cap is tightly sealed on the container once the specimen is collected. A leaky container is a biohazard.

Stool Culture:

Submit stool in Cary-Blair transport media.

Throat Culture:

Use E-Swab to obtain all types of throat specimens. Rub the sterile swab firmly over the back of the throat (posterior pharynx), both tonsils or tonsillar fossa, and any area of inflammation. Once the specimen is collected, place the swab into the sterile plastic tube and break the ampule.

Throat, Group A Strep Screen:

Use BBL culturette swab or E-Swab to obtain specimen for Group A Strep only. Use Group A Strep, Rapid DNA test.

Wound Culture:

A superficial wound culture should be collected with a E-Swab. After collection, place swab back into plastic tube and refrigerate or leave at room temperature until transport. If the lesion is not open, a sterile needle and syringe should be employed to remove material. The swab may be inoculated with this sample.

NOTE:

- Please include site information on the requisition form and on swab with wound culture testing.
- CPT Codes shown with tests are to be used as guidelines only and may be subject to change. Their accuracy is neither expressed nor implied in this Compendium. Please consult the AMA CPT Code Book for further information.

Specimen Quality and Rejection

Hemolysis:

Some analytes may be reported erroneously if the serum is not promptly removed from the clot, or if the Barrier Gel tube is not centrifuged after the clot has formed. Possible discrepancies are low glucose, high potassium, and LDH. Hemolyzed hematological specimens are unsuitable for testing.

Inadequate Draw or Quantity Not Sufficient (QNS):

Most Hematology tests require that a full tube of blood be obtained. This is because there is a defined quantity of anticoagulant in each tube and the ratio of anticoagulant to the blood volume has to be exact to ensure quality results. Particularly important are Light Blue Top tubes used for coagulation tests. For Prothrombin Times, Activated Partial Thromboplastin Times, and Fibrinogen determinations, exactly 4.5-mL of blood has to be obtained (if using the full size Vacutainer tube).

For CBCs, a "short draw" Lavender Top tube will result in red cell crenation, reduced MCV and Hematocrit, and possible changes in leukocyte morphology, platelets, and total leukocyte counts.

Clotted Specimens:

All hematological testing utilizes anticoagulated blood. For blood counts, a Lavender Top tube containing the anticoagulant EDTA is required. All specimens should be collected and the tube filled to the limit of the vacuum. Clotted samples, either macroscopic or microscopic in nature, cannot be processed for CBC testing, as such results will produce false leukopenia, low red cell counts, and aberrant red cell indices. As the equipment used to test blood counts incorporates a clot detector, it is occasionally possible that specimens that appear macroscopically normal will have small microscopic clots that are detected and will produce incorrect results. Similarly, small clots found in Blue Top tubes (for coagulation tests) will result in falsely-prolonged PT and PTT test results.

Alkaline Phosphatase:

The reference range for this analyte is that used for adults, if the patient's age is not supplied. As the enzyme is increased in periods of bone growth, as well as in pathological bone disorders, the reference range for adolescents tends to be much higher than in adults. We will automatically provide adolescent reference ranges for all patients under 18 years of age if the age is clearly included on our test request form.

Decreased Bilirubin:

Bilirubin is photodegradable. Prolonged exposure of the specimen to bright light will produce decreased results.

Improperly Labeled Containers:

All specimen transport tubes and containers MUST be labeled properly to avoid specimen rejection and/or a delay in testing. All tubes and containers must be labeled clearly with patient name AND a second unique identifier, like a date of birth (DOB).

Decreased CO2 Levels:

Carbon Dioxide (CO2) levels are decreased if the specimen is not tested promptly. CO2 escapes from serum in vitro, at a rate proportional to time. This can be minimized by keeping the stopper on the tube and by refrigeration.

Icteric Specimens:

If the specimen is deeply icteric, falsely elevated cholesterol or bilirubin results may be obtained.

Lipemic Specimens:

Lipemia can falsely elevate AST and ALT. Additionally, it can indicate that the patient did not adequately fast for 12-18 hours before having the specimen collected. In this situation, cap for glucose and triglycerides will be elevated.

Old Specimens:

Blood specimens older than 24 hours cannot be adequately tested for some analytes. Particularly sensitive are most Hematology tests, including coagulation procedures.

Poor Cell Preservation:

Blood cells, particularly leukocytes, become fragile and can be distorted morphologically if the specimen is older than 24 hours. In such situations, a reliable differential white cell count cannot be carried out.

Cytology Specimen Quality and Rejection

Unsatisfactory Specimen (UNSATS):

UNSATS are caused by a variety of factors including—but not limited to—patient biology, lubricants, collection technique, or laboratory interpretation. As such, one should investigate further to determine the root cause.

How to Reduce UNSAT results:

1. Review the rinsing technique. If using a brush to collect a cervical specimen, it is imperative to NOT over-rotate the device.
2. Rinsing technique is important to release the cells at the time of capture into the fixative solution. It is crucial to rinse the devices immediately after putting the head into the vial so that the cells do not stick to the device.
3. The use of lubricants is not recommended during Pap testing (Papanicolaou Technique Approved Guidelines [NCCLS Document GP15-A]). Lubricants increase the risk of contaminating or obscuring the cellular sample with both conventional Pap smears and all liquid-based methods. The Clinical and Laboratory Standards Institute (CLSI, formerly the NCCLS) recommends that lukewarm water be used to lubricate and warm the speculum.
    - If a lubricant must be used due to patient discomfort or other circumstances, it should be applied sparingly on the outer portion of the speculum with great care to avoid the tip, using a water-based lubricant such as KY Jelly® or Astroglide®.

Lack of ECCs:

Lack of endocervical cells is common to both conventional and liquid-based Paps. The national average of this type of result is slightly higher than 7% (Jones, Davey 05/2000). This categorization is not predictive of disease (ASCCP 2003).

Updated guidelines for lack of ECC results indicate yearly follow-up, provided the Pap results are normal and the patient is not in one of six high-risk categories (ASCCP 2003).

Collection is key to reducing this type of result: make sure to sample correctly, do not over-rotate the brush, and make sure to rinse immediately.

QNS for HPV testing:

Depletion of the liquid is due to the amount of cells in the sample, not the amount of liquid. If the cell count is limited due to individual patient biology (e.g., menopausal) or a collection technique that does not capture enough cells, this may occur. **Again, proper collection is key to reducing this type of result.**

Expired Media:

Specimens collected/transported in expired vials may be rejected.

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Connectivity Solutions

Online Ordering / Resulting

We offer many options for results reporting to physicians that include courier delivery of hard copies, report printers, structured HL7 results interface to EMRs, HL7 data to a repository via secure transfer, and our web-based electronic order and reporting system, InsightDx.

InsightDx offers Computerized Provider Order Entry (CPOE) and secure access to lab results via the Internet.

Order Entry

(Click on the image below to access InsightDx's Login Page)

Frequently ordered tests and panels can be combined into a single group to streamline ordering, based upon medical necessity.

A real-time bridge with the EMR eliminates duplicate entry of patient

User defined "favorite" tests appear.

Test are alphabetically presented on the screen based on the provider's ordering history

Collection Guidance for Specimen Requirements

COLLECTION GUIDANCE
(STANDARD)

03/14/2018 - J9999
10000010MN, 10000020MN

Total Draw Guidance

# TO DRAW	CONTAINER	TEST CODE(S)
2	 SST *SST Tube* *8.5 ml*	0033; 0043; 0049; 0050; 0052; 0057; 0058; 0059; 0070; 0090; 0091; 0105; 0106; 0107; 0108; 0129; 0135; 0146; 0147; 0148; 0153; 0155; 0160; 0185; 0286; 0538; 0539; 0540; 0812; 1976; K135
1	 LAV *Lavender Top – EDTA* *4 ml*	0053; 0086; 0102
1	 USC *Urine Cup*	0159

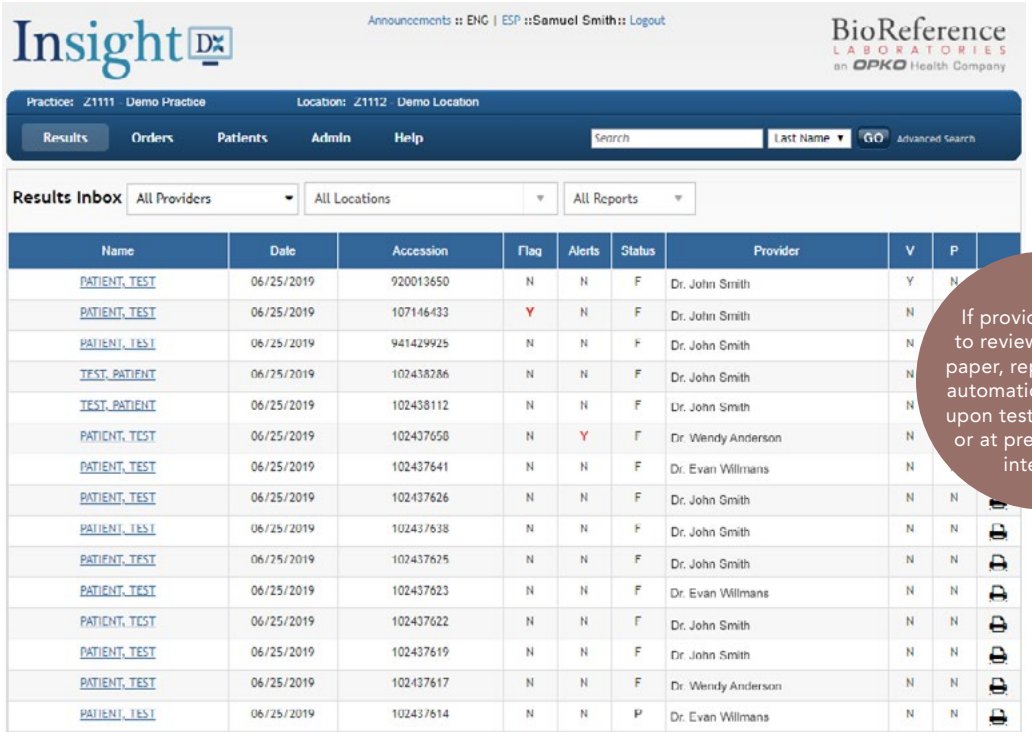
Providers may identify the exact specimen requirements for orders placed.

Processing Guidance

2 SST
- 1 = Refrigerate
- 1 = Pour off to 1 ALQS (Aliquot – Serum) - Refrigerate

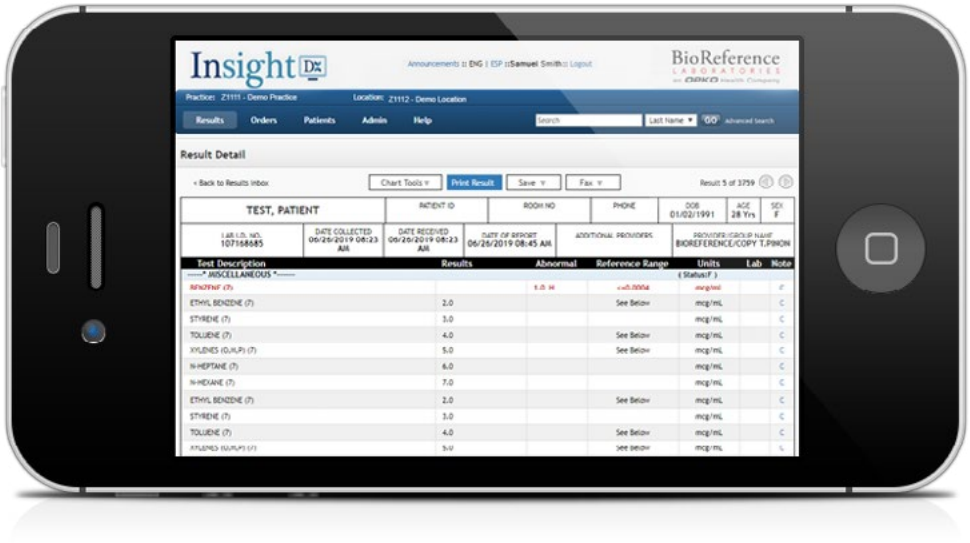
1 LAV
- 1 = Refrigerate

1 USC
- 1 = Pour off to 1 UA (Urine Urinalysis Tube – Yellow) – Refrigerate

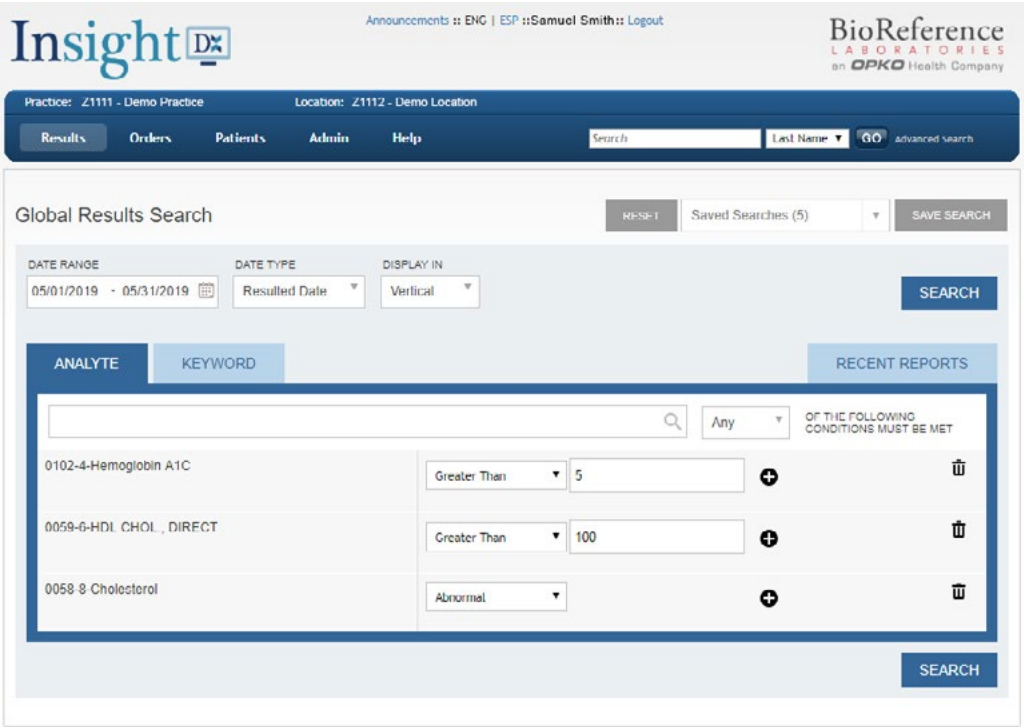


If providers prefer to review results on paper, reports can be automatically printed upon test completion or at pre-scheduled intervals.

InsightDx is browser independent and the touch-optimized software is easy to use on smart phones and tablets, as well as desktops.



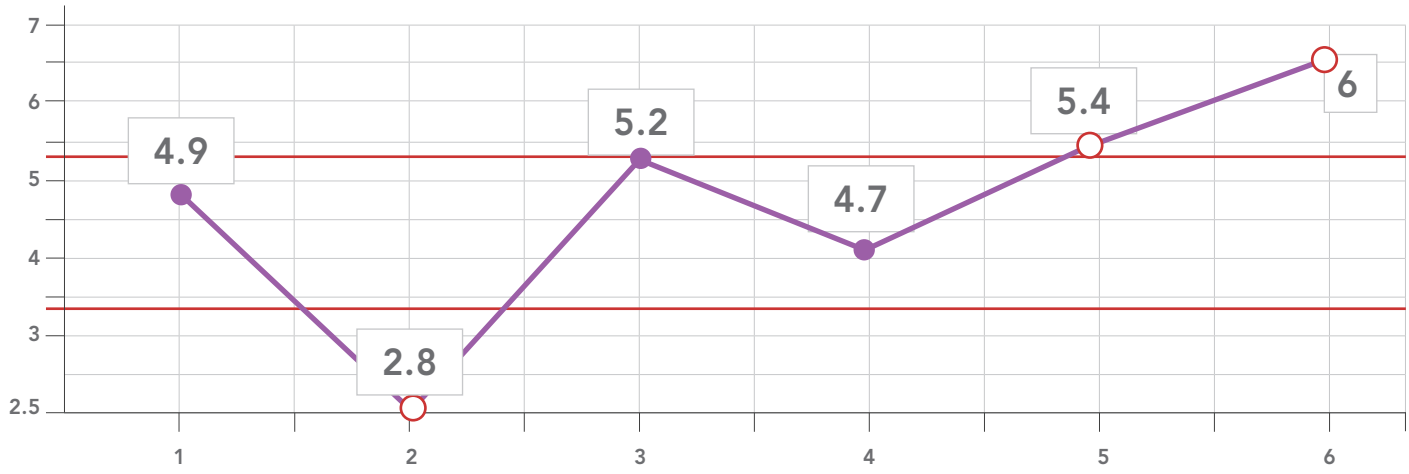
InsightDx provides a Global Results Search function with the capability to screen results and to perform patient and practice-wide analytics.



The system also includes customized cumulative reporting, which allows the provider to select the tests to trend over a designated time period. The graphed reports are automatically generated and give the healthcare provider both historic and current test results at a glance, eliminating the need to search through past results to see how current results compare.

Cumulative Report

Name	DOB	AGE	PID	SS#	Sex
Last411, First	01/01/1961	58 Yrs	188467263	111111411	F



Potassium
Ref Range: 3.3 - 5.3 mmol
Time Period: All

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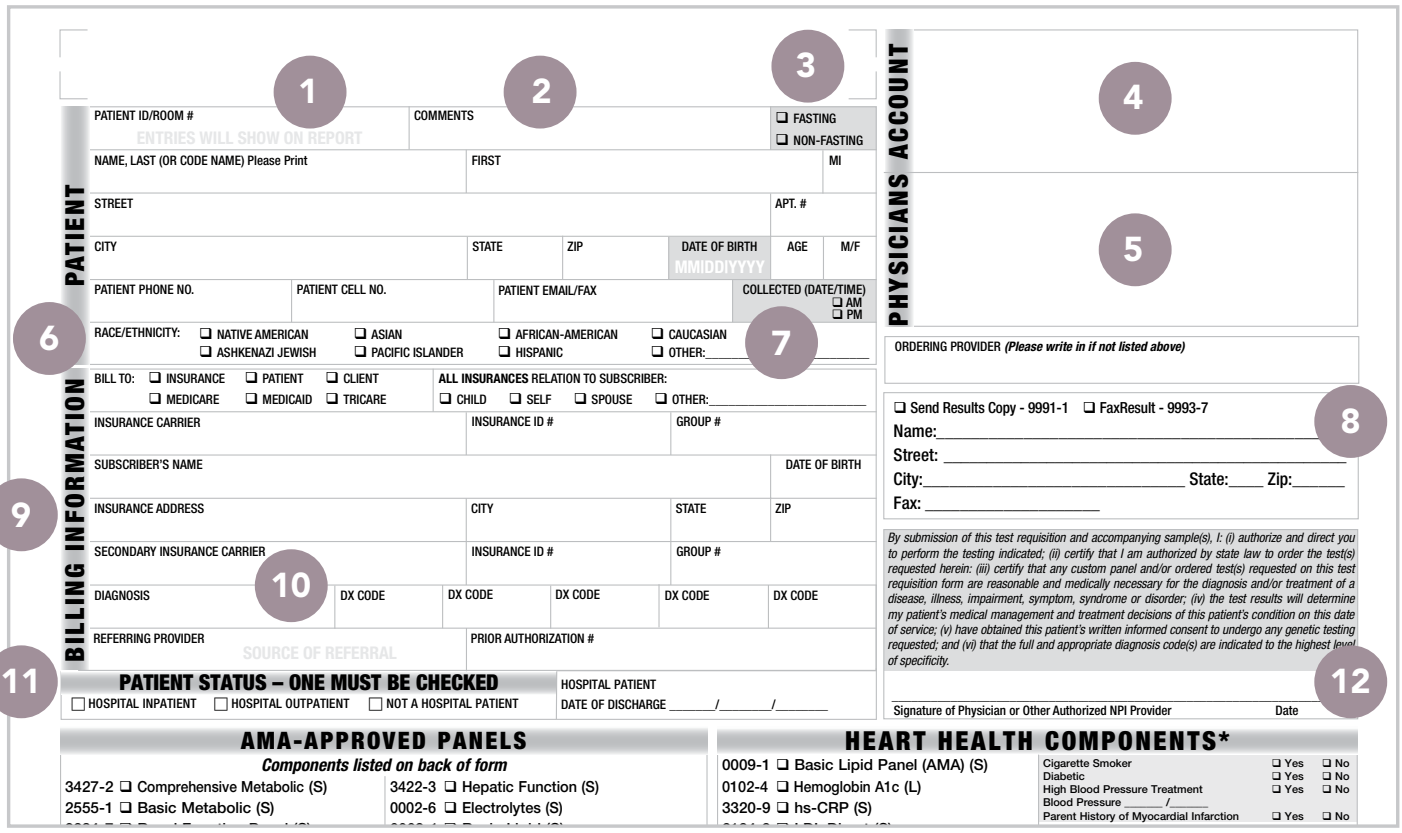
Requisition and Reports

Requisition

Requisitions are available through Customer Service by using the order number associated with each requisition. The order number can be found on supply forms or requested through your Account Executive. Each requisition is unique and corresponds with the specialty of the provider. The sections asking for demographic information (including billing and account information) follow the same general layout.



1. Patient ID – Indicate the patient ID, if applicable. This will appear on results report.

2. Comments – Indicate any comments, if applicable. This will appear on results report.

3. Fasting – Check appropriate box to indicate if patient is fasting.

4. Account – Identifies the unique client number.

5. Physician – Identifies the ordering physician name/practice and contact information.

6. Ethnicity – Indicate patient's ethnicity by checking appropriate boxes

Note: This is required for all reportable diseases.

7. Collected – Indicate date and time the specimen was collected.

8. Send Results – If results copy should be sent to another physician, include their contact information here.

9. Bill Information – All appropriate patient billing information is required.

10. Diagnosis/DX Code Indicate the patient's diagnosis and appropriate ICD-10 diagnosis codes.

11. Patient Status Required for testing on all patients.

12. Physician's Signature Signature of physician or other authorized NPI provider is required.

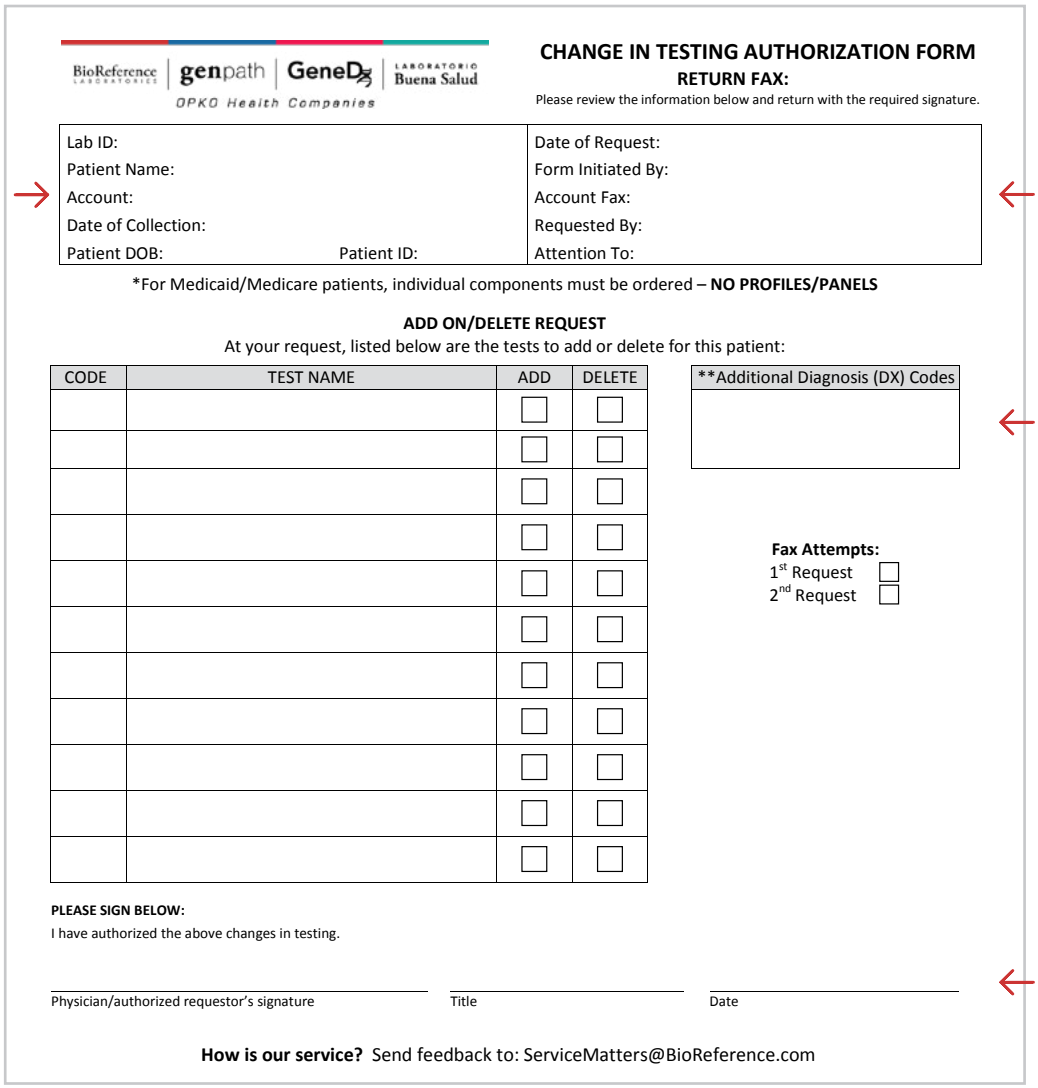
Note: If nothing is indicated, the admitting hospital may be billed for the charges.

Test Addition After Submissions

The Customer Service Department can arrange for additional testing if the specimen is stable and the volume is adequate after your requested tests have been completed. We are required by Federal mandates to ask for written approval for every test we perform. You will receive a request for written confirmation for verbal requests via hard-copy reporting or by facsimile. The physician or authorized health care provider must sign and return this written confirmation.

Patient Demographics Section

Test Code and new information will be listed. Add/Delete should also be selected



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OPKO Health Companies

CHANGE IN TESTING AUTHORIZATION FORM
RETURN FAX:
Please review the information below and return with the required signature.

Lab ID:	Date of Request:
Patient Name:	Form Initiated By:
Account:	Account Fax:
Date of Collection:	Requested By:
Patient DOB: Patient ID:	Attention To:

*For Medicaid/Medicare patients, individual components must be ordered – **NO PROFILES/PANELS**

ADD ON/DELETE REQUEST
At your request, listed below are the tests to add or delete for this patient:

CODE	TEST NAME	ADD	DELETE
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

**Additional Diagnosis (DX) Codes

Fax Attempts:
1st Request ☐
2nd Request ☐

PLEASE SIGN BELOW:
I have authorized the above changes in testing.

Physician/authorized requestor's signature _____ Title _____ Date _____

How is our service? Send feedback to: ServiceMatters@BioReference.com

Origin of Request

Area to include additional diagnosis codes

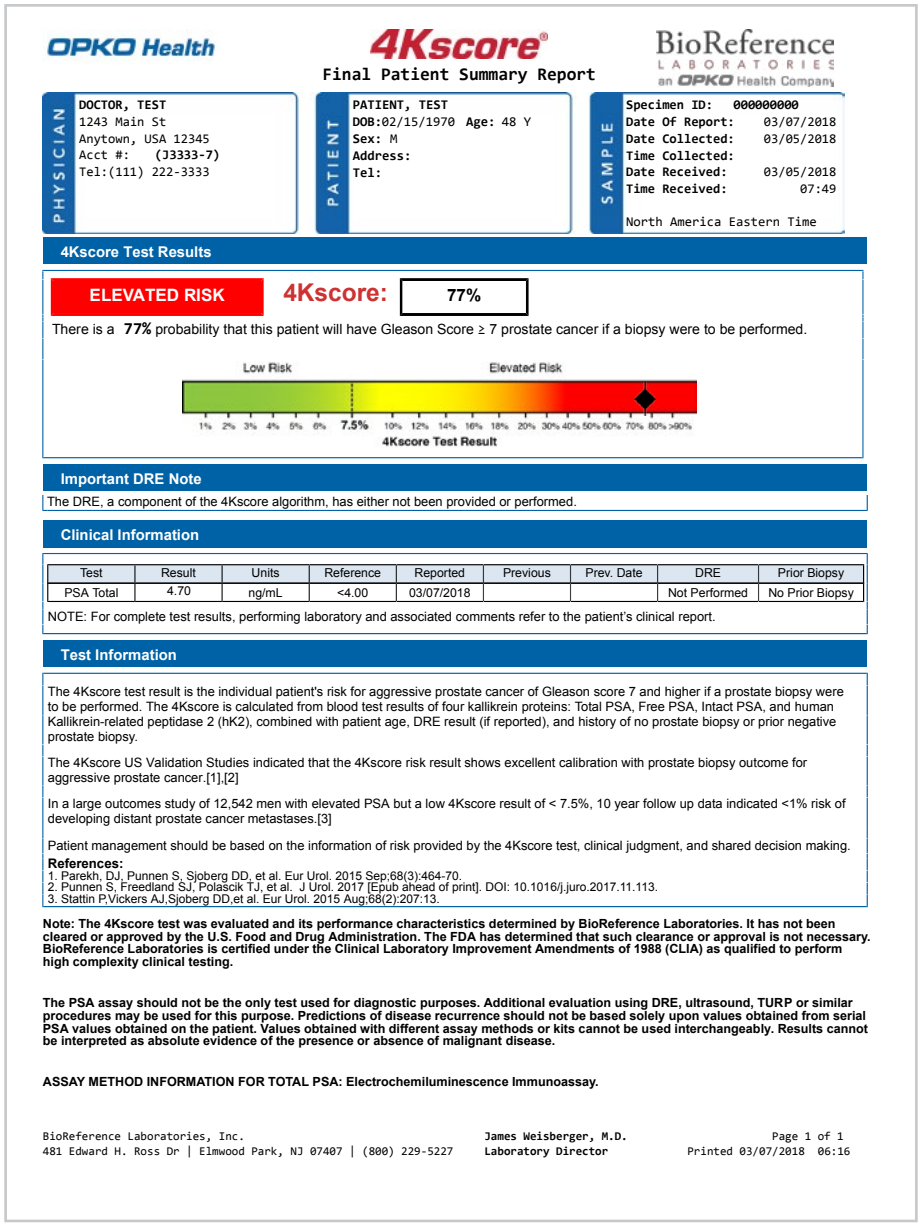
Requesters signature title and date required

Results Reports

Your reports through BioReference are designed for ease of use, including:

- Easy-to-interpret patient friendly design
- Previous test results
- Detailed clinical abnormalities summary
- Abnormal test results clearly classified within

4KScore Test Report



OPKO Health

4Kscore®

Final Patient Summary Report

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PHYSICIAN	PATIENT	SAMPLE
DOCTOR, TEST 1243 Main St Anytown, USA 12345 Acct #: (J3333-7) Tel:(111) 222-3333	PATIENT, TEST DOB:02/15/1970 Age: 48 Y Sex: M Address: Tel:	Specimen ID: 000000000 Date Of Report: 03/07/2018 Date Collected: 03/05/2018 Time Collected: Date Received: 03/05/2018 Time Received: 07:49 North America Eastern Time

4Kscore Test Results

ELEVATED RISK **4Kscore:** 77%

There is a **77%** probability that this patient will have Gleason Score ≥ 7 prostate cancer if a biopsy were to be performed.

Low Risk — Elevated Risk

1% 2% 3% 4% 5% 6% **7.5%** 10% 12% 14% 16% 18% 20% 30% 40% 50% 60% 70% 80% >90%

4Kscore Test Result

Important DRE Note

The DRE, a component of the 4Kscore algorithm, has either not been provided or performed.

Clinical Information

Test	Result	Units	Reference	Reported	Previous	Prev. Date	DRE	Prior Biopsy
PSA Total	4.70	ng/mL	<4.00	03/07/2018			Not Performed	No Prior Biopsy

NOTE: For complete test results, performing laboratory and associated comments refer to the patient's clinical report.

Test Information

The 4Kscore test result is the individual patient's risk for aggressive prostate cancer of Gleason score 7 and higher if a prostate biopsy were to be performed. The 4Kscore is calculated from blood test results of four kallikrein proteins: Total PSA, Free PSA, Intact PSA, and human Kallikrein-related peptidase 2 (hK2), combined with patient age, DRE result (if reported), and history of no prostate biopsy or prior negative prostate biopsy.

The 4Kscore US Validation Studies indicated that the 4Kscore risk result shows excellent calibration with prostate biopsy outcome for aggressive prostate cancer.[1],[2]

In a large outcomes study of 12,542 men with elevated PSA but a low 4Kscore result of < 7.5%, 10 year follow up data indicated <1% risk of developing distant prostate cancer metastases.[3]

Patient management should be based on the information of risk provided by the 4Kscore test, clinical judgment, and shared decision making.

References:
1. Parekh, DJ, Punnen S, Sjoberg DD, et al. Eur Urol. 2015 Sep;68(3):464-70.
2. Punnen S, Freedland SJ, Polascik TJ, et al. J Urol. 2017 [Epub ahead of print]. DOI: 10.1016/j.juro.2017.11.113.
3. Stattin P,Vickers AJ,Sjoberg DD,et al. Eur Urol. 2015 Aug;68(2):207:13.

Note: The 4Kscore test was evaluated and its performance characteristics determined by BioReference Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. BioReference Laboratories is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.

The PSA assay should not be the only test used for diagnostic purposes. Additional evaluation using DRE, ultrasound, TURP or similar procedures may be used for this purpose. Predictions of disease recurrence should not be based solely upon values obtained from serial PSA values obtained on the patient. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

ASSAY METHOD INFORMATION FOR TOTAL PSA: Electrochemiluminescence Immunoassay.

BioReference Laboratories, Inc.
481 Edward H. Ross Dr | Elmwood Park, NJ 07407 | (800) 229-5227

James Weisberger, M.D.
Laboratory Director

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Printed 03/07/2018 06:16

Clinical Report

BioReference LABORATORIES an OPKO Health Company

FINAL REPORT

PHYSICIAN
SAMPLE PHYSICIAN
SAMPLE MEDICAL GROUP
123 Main Street
Anytown, USA 12345
Acct #: **(12345-0)** **20**
P: (123) 456-7890

PATIENT
SAMPLE PATIENT
DOB:10/25/1966 **Age:**52 **Sex:**M
Address:123 Main Street
Anytown, USA 12345
P: (123) 456-7890

SAMPLE
Specimen ID: 10000000
Date Of Report:10/03/2017
Date Collected:09/23/2017
Time Collected:10:37 **Date Received:** 09/23/2017 **Time Received:** 18:31
North America Eastern Time

CLINICAL REPORT

CLINICAL ABNORMALITIES SUMMARY:

(May not contain all abnormal results: narrative results may not have abnormal flags. Please review entire report.)

CO2	12 LO	LD	364 HI
Cholesterol	220 HI	LDL Cholesterol	122 HI
Milk	0.13 HI		
25OH, VITAMIN D	26.7 LO	ZnPP(EP),CHILD	37 HI

KIT,LAV,SST,U/A. NON FASTING

CHEMISTRY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Total Protein	8.2		5.9-8.4	g/dL	09/24/17	7.4	09/08/16
Albumin	4.9		2.8-5.4	g/dL	09/24/17	4.5	09/08/16
Globulin	3.3		1.7-3.7	g/dL	09/24/17	2.9	09/08/16
A/G Ratio	1.5		1.1-2.9		09/24/17	1.6	09/08/16
Glucose	77		70-99	mg/dL	09/24/17	*111 HI*	09/08/16
Sodium	142		135-147	mmol/L	09/24/17	143	09/08/16
Potassium	4.6		3.5-5.5	mmol/L	09/24/17	4.5	09/08/16
Chloride	102		96-108	mmol/L	09/24/17	104	09/08/16
CO2		*12 LO*	22-29	mmol/L	09/24/17	22	09/08/16
BUN	14		5-18	mg/dL	09/24/17	12	09/08/16
Creatinine	0.62		0.30-0.70	mg/dL	09/24/17	0.50	09/08/16
BUN/Creat Ratio	22.6		10.0-28.0		09/24/17	24.0	09/08/16
Calcium	10.2		8.9-10.4	mg/dL	09/24/17	9.9	09/08/16
Uric Acid	4.6		3.4-8.5	mg/dL	09/24/17	4.1	09/08/16
Iron	108		59-158	ug/dL	09/24/17	104	09/08/16
Bilirubin, Total	<0.2		<1.2	mg/dL	09/24/17	<0.2	09/08/16
LD		*364 HI*	135-225	U/L	09/24/17	*231 HI*	09/08/16
Alk Phos	241		<330	U/L	09/24/17	200	09/08/16
AST	32		<40	U/L	09/24/17	28	09/08/16
Phosphorus	5.6		3.3-5.6	mg/dL	09/24/17	4.7	09/08/16
ALT	15		<41	U/L	09/24/17	15	09/08/16
GGTP	20		10-71	U/L	09/24/17	19	09/08/16

CARDIOVASCULAR/LIPIDS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Cholesterol		*220 HI*	<170	mg/dL	09/24/17	172	09/08/16
Triglycerides	74		<90	mg/dL	09/24/17	*194 HI*	09/08/16
HDL CHOL., DIRECT	83		>or=60	mg/dL	09/24/17	68	09/08/16
HDL as % of Cholesterol	38		>14	%	09/24/17	40	09/08/16
Evaluation: BELOW AVERAGE RISK							
Chol/HDL Ratio	2.7		<7.4		09/24/17	2.5	09/08/16
Evaluation: BELOW AVERAGE RISK							
LDL/HDL Ratio	1.47		<3.56		09/24/17	0.96	09/08/16
LDL Cholesterol		*122 HI*	<110	mg/dL	09/24/17	65	09/08/16
VLDL, CALCULATED	15		7-32	mg/dL	09/24/17	*39 HI*	09/08/16

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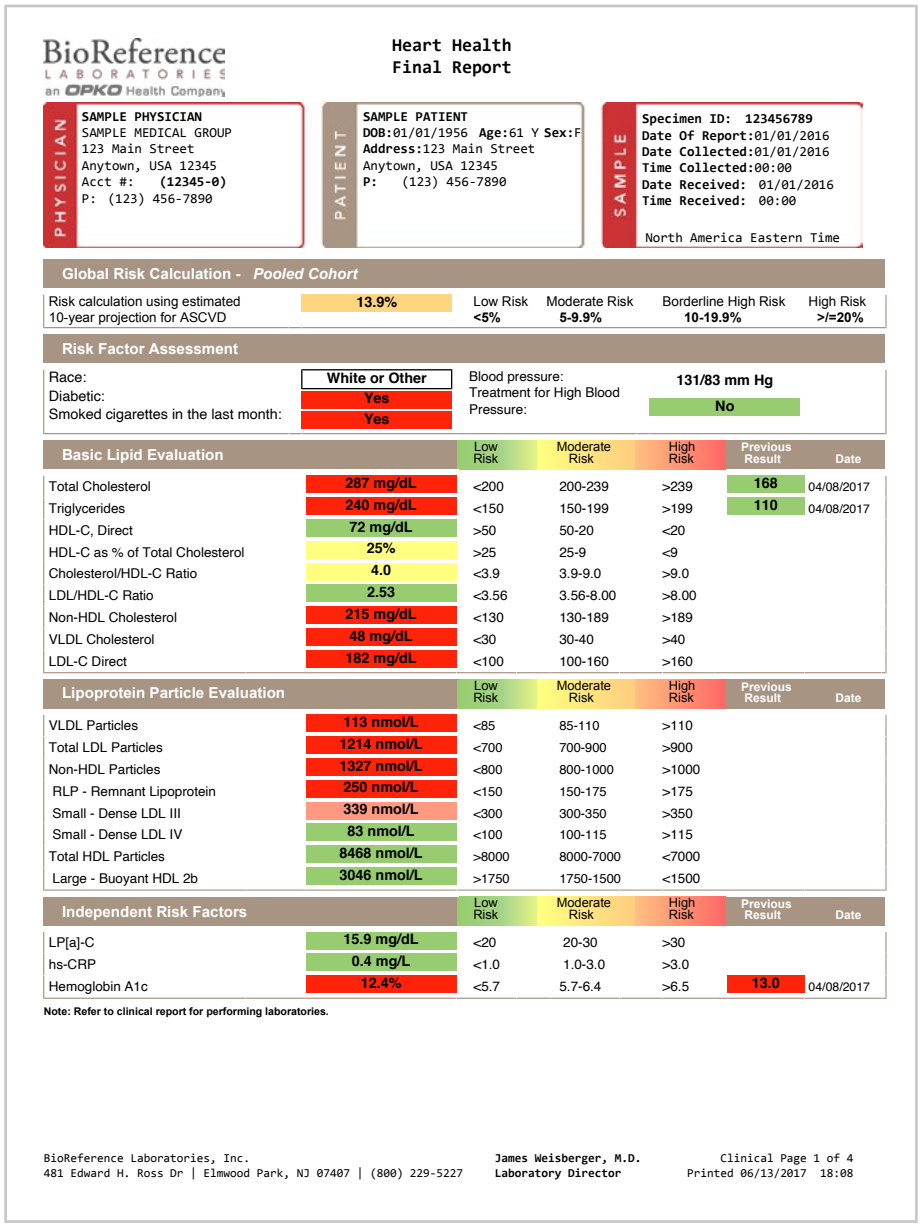
James Weisberger, M.D.
Laboratory Director

Clinical Page 1 of 6

Heart Health Report



BioReference LABORATORIES an OPKO Health Company

Heart Health
Final Report

PHYSICIAN
SAMPLE PHYSICIAN
SAMPLE MEDICAL GROUP
123 Main Street
Anytown, USA 12345
Acct #: (12345-0)
P: (123) 456-7890

PATIENT
SAMPLE PATIENT
DOB:01/01/1956 Age:61 Y Sex:F
Address:123 Main Street
Anytown, USA 12345
P: (123) 456-7890

SAMPLE
Specimen ID: 123456789
Date Of Report:01/01/2016
Date Collected:01/01/2016
Time Collected:00:00
Date Received: 01/01/2016
Time Received: 00:00
North America Eastern Time

Global Risk Calculation - *Pooled Cohort*

Risk calculation using estimated 10-year projection for ASCVD	13.9%	Low Risk <5%	Moderate Risk 5-9.9%	Borderline High Risk 10-19.9%	High Risk >/=20%

Risk Factor Assessment

Race:	White or Other	Blood pressure:	131/83 mm Hg
Diabetic:	Yes	Treatment for High Blood Pressure:	No
Smoked cigarettes in the last month:	Yes		

Basic Lipid Evaluation		Low Risk	Moderate Risk	High Risk	Previous Result	Date
Total Cholesterol	287 mg/dL	<200	200-239	>239	168	04/08/2017
Triglycerides	240 mg/dL	<150	150-199	>199	110	04/08/2017
HDL-C, Direct	72 mg/dL	>50	50-20	<20		
HDL-C as % of Total Cholesterol	25%	>25	25-9	<9		
Cholesterol/HDL-C Ratio	4.0	<3.9	3.9-9.0	>9.0		
LDL/HDL-C Ratio	2.53	<3.56	3.56-8.00	>8.00		
Non-HDL Cholesterol	215 mg/dL	<130	130-189	>189		
VLDL Cholesterol	48 mg/dL	<30	30-40	>40		
LDL-C Direct	182 mg/dL	<100	100-160	>160		

Lipoprotein Particle Evaluation		Low Risk	Moderate Risk	High Risk	Previous Result	Date
VLDL Particles	113 nmol/L	<85	85-110	>110		
Total LDL Particles	1214 nmol/L	<700	700-900	>900		
Non-HDL Particles	1327 nmol/L	<800	800-1000	>1000		
RLP - Remnant Lipoprotein	250 nmol/L	<150	150-175	>175		
Small - Dense LDL III	339 nmol/L	<300	300-350	>350		
Small - Dense LDL IV	83 nmol/L	<100	100-115	>115		
Total HDL Particles	8468 nmol/L	>8000	8000-7000	<7000		
Large - Buoyant HDL 2b	3046 nmol/L	>1750	1750-1500	<1500		

Independent Risk Factors		Low Risk	Moderate Risk	High Risk	Previous Result	Date
LP[a]-C	15.9 mg/dL	<20	20-30	>30		
hs-CRP	0.4 mg/L	<1.0	1.0-3.0	>3.0		
Hemoglobin A1c	12.4%	<5.7	5.7-6.4	>6.5	13.0	04/08/2017

Note: Refer to clinical report for performing laboratories.

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James Weisberger, M.D.
Laboratory Director

Clinical Page 1 of 4
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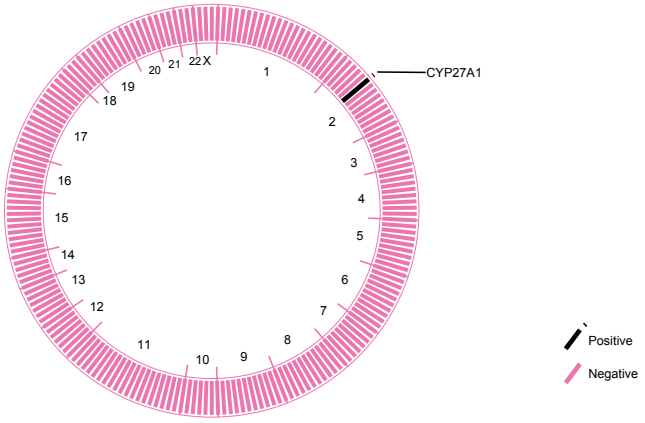
Pan-Ethnic Carrier Screening

WOMEN'S HEALTH
genpath
an OPKO Health Company

Final Report

DOCTOR	PATIENT	SAMPLE
SMITH, JANE WOMAN'S HEALTH 123 ANY ROAD ANYTOWN, NJ 012345 ACCT # J**0000** P:(123) 456-7890 F:(555) 123-4567	**DOE, JANE** DOB: 10/23/1981 Age:35 Y Sex: F Patient ID: 20394 Address: 123 WINDING STREET ANYTOWN, NJ 012345	**Specimen ID: 123456789** **Date Reported:** 01/10/2017 12:07 PM **Date Collected:** 12/22/2016 Time Unknown **Date Received:** 12/22/2016 11:22 PM **Source:** Peripheral Blood **Clinical Information:** AMA,Other:ROUTINE SCREENING

InheriGen: Pan-Ethnic Carrier Screen



KEY RESULTS

Disease	Results	Interpretation
Cerebrotendinous Xanthomatosis (CTX)	**Positive for one copy of the c.1183C>T (p.Arg395Cys) mutation in CYP27A1**	**Carrier of Cerebrotendinous Xanthomatosis (CTX)**

- **All other mutations tested were negative.**
- **Genetic counseling and partner testing are recommended.**

This test was developed and its performance characteristics were determined by BioReference Laboratories. It has not been cleared by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This lab has been approved by CLIA 88 and designated as a high complexity laboratory and is qualified to perform this test.

M.L. Cremona Ph.D., FACMG
Clinical Molecular Geneticist
Electronically signed by M.L. Cremona Ph.D., FACMG

BioReference Laboratories, Inc.
481 Edward H. Ross Drive
Elmwood Park, NJ 07407
(800) 633-4522

James Weisberger, M.D.
Laboratory Director

Created 01/10/2017 4:41 PM

GenPath is a business unit of BioReference Laboratories, Inc.

Aerobic Vaginitis Sample Report

WOMEN'S HEALTH
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Final Report

PHYSICIAN
DOCTOR, TEST
TEST DOCTOR, MD
215 ANY RD
ANYTOWN, NY 10019

ACCT#: **A3333** **MO**

P: (444) 555-2222

PATIENT
PATIENT, TEST
DOB: 08/19/1996 **Age:** 21 Y **Sex:** F
Surgical #:
Patient ID:
Address: 150 MAIN STREET,
ANYTOWN, NY 10019
Phone: (777) 777-7777

SAMPLE
Specimen ID: 000000000
Date Collected: 3/18/2019
Date Received: 3/18/2019
Date of Report: 4/1/2019 1:40 PM
Source: VAGINAL
Specimen: THINPREP

STI MOLECULAR PROFILE

Test	Normal	Abnormal
L. reuteri/rhamnosus [6,7,8]		*Not Detected*
Group A strep [5,7,8]	Not Detected	
Group B strep [4,7,8]	Not Detected	
Enterococcus faecalis [3,7,8]	Not Detected	

Test	Normal	Abnormal
Escherichia coli [2,7,8]	Not Detected	
Staphylococcus aureus [2,7,8]	Not Detected	
Lactobacillus species [1,8,9]	Detected	
Lacto. Sp. Log Cells/mL [1,8,9]	>5.25	

Interpretation

RESULTS DO NOT FAVOR AEROBIC VAGINITIS (AV).

Comment

Lactobacillus DNA is detected. No aerobic bacterial DNA (from E. coli, Group B Strep, E. faecalis, S. aureus, Group A Strep) is detected.

Notes

1. This assay utilizes quantitative real time PCR (multiple detection temperatures technology, MuDT™) in liquid cytology specimens to quantify the levels of nucleic acid of Lactobacillus species, G. vaginalis and A. vaginae, and also detects nucleic acid from several obligate anaerobes associated with Bacterial Vaginosis (BV).
2. Escherichia coli (E.coli) is a gram-negative, rod-shaped coliform bacterium. It is a non-spore-forming, facultative anaerobic bacterium, making ATP by aerobic respiration if oxygen is present, but switching to fermentation or anaerobic respiration if oxygen is absent. Staphylococcus aureus is a facultative anaerobic, gram-positive coccus (round) bacterium that is non-motile and does not form spores. Aerobic vaginitis (AV) is caused by the presence of one or more aerobic pathogens, usually without the presence of Lactobacillus, causing a vaginal inflammatory immune response.
3. Enterococcus faecalis is a gram-positive, non-motile, commensal bacterium inhabiting the gastrointestinal tracts of humans. Aerobic vaginitis (AV) is caused by the presence of one or more aerobic pathogens, usually without the presence of Lactobacillus, causing a vaginal inflammatory immune response.
4. Group B streptococcus is a gram-positive, facultative anaerobic coccus bacterium. Aerobic vaginitis (AV) is caused by the presence of one or more aerobic pathogens, usually without the presence of Lactobacillus, causing a vaginal inflammatory immune response.
5. Group A streptococcus is a gram-positive, facultative anaerobic coccus bacterium. Aerobic vaginitis (AV) is caused by the presence of one or more aerobic pathogens, usually without the presence of Lactobacillus, causing a vaginal inflammatory immune response.
6. Lactobacillus rhamnosus is a short, gram-positive, facultative anaerobic, non-spore-forming rod that often appears in chains. Some strains of Lactobacillus rhamnosus bacteria are being used as probiotics. The Lactobacillus rhamnosus and Lactobacillus reuteri species are most commonly found in the healthy female genitourinary tract.
Lactobacillus reuteri is a gram-positive, rod-shaped, lactic acid bacterium. These gram-positive bacteria are used as probiotics and as supplements for women who do not have the natural Lactobacillus species (Lactobacillus crispatus, Lactobacillus jensenii, and Lactobacillus gasseri)
7. The Allplex® Aerobic Vaginitis (AV) Panel is qPCR technology for the identification of Eschericia coli (EC), Staphylococcus aureus (SA), Enterococcus faecalis (EF), Group A Streptococcus (GAS), Group B Streptococcus (GBS), Lactobacillus spp. (Lacto), Lactobacillus reuteri/Lactobacillus rhamnosis (LR), and ß-globin as an Internal Control (IC).
8. This test was evaluated and its performance characteristics determined by BioReference Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. BioReference Laboratories is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.
9. Results should be interpreted in light of current and past laboratory data and symptomatology.

BioReference Laboratories, Inc.
481 Edward H. Ross Drive | Elmwood Park, NJ 07407 | (800) 633-4522

James Weisberger, M.D.
Laboratory Director

Cytology Page 1 of 1
Created 4/1/19 1:40:21 PM EST

GenPath is a business unit of BioReference Laboratories, Inc.

BioReference
LABORATORIES
an OPKO Health Company

Billing and Payer

Billing Policies And Insurance Coverage

Billing To Patient:

BioReference can bill your patients directly for our services. The patient's full name and street address (including apartment number, city, state, and zip code) must be clearly printed in the space provided on the requisition. A complete address at the time the test is ordered is essential. Each requisition will result in a separate bill to the patient. Payment of patient bills is due upon receipt and, if not paid, will be followed by subsequent reminders and normal collection activity.

Bill To

Insurance information

BILLING INFORMATION

BILL TO: ❑ INSURANCE ❑ PATIENT ❑ CLIENT ❑ MEDICARE ❑ MEDICAID ❑ TRICARE			**ALL INSURANCES** RELATION TO SUBSCRIBER: ❑ CHILD ❑ SELF ❑ SPOUSE ❑ OTHER: _____		
INSURANCE CARRIER		INSURANCE ID #		GROUP #	
SUBSCRIBER'S NAME					DATE OF BIRTH
INSURANCE ADDRESS		CITY		STATE	ZIP
SECONDARY INSURANCE CARRIER		INSURANCE ID #		GROUP #	
DIAGNOSIS	DX CODE	DX CODE	DX CODE	DX CODE	DX CODE
REFERRING PROVIDER SOURCE OF REFERRAL		PRIOR AUTHORIZATION #			
PATIENT STATUS – ONE MUST BE CHECKED ❑ HOSPITAL INPATIENT ❑ HOSPITAL OUTPATIENT ❑ NOT A HOSPITAL PATIENT			HOSPITAL PATIENT DATE OF DISCHARGE _____/_____/_____		

Patient Status

Diagnosis Code(s)

Direct Billing to Third Party:

BioReference will bill insurances carriers directly, provided all the necessary information is supplied with the requisition,except as directed by the insurer. Please be certain to include all of the necessary information in the spaces provided on the requisition at the time the test is ordered, including any and all diagnosis codes to the highest level of specificity. Complete information significantly reduces the need to interrupt and impose upon your staff or patients with requests for any missing information. BioReference will bill the patient directly for, deductibles, co-insurance and co-payments as determined by the patient;s insurance carrier and plan. As provided to BioReference on the explanation of benefits issued by the patients insurance carrier.

Medicare / Medicaid:

For patients that are part of government healthcare programs, only AMA-approved panels should be ordered. All other tests must be ordered individually. A special requisition is available upon request for all government sponsored health plans (see page A54).

Patient Status:

Required for testing on all patients. If nothing is indicated, the admitting hospital may be billed for the charges.

Reminder to Clinicians:

BioReference would like to remind all our customers that diagnostic testing services should be ordered only when medically necessary and when required for the diagnosis or treatment of a patient. Federal and state payers (Medicare and Medicaid) typically exclude most testing that is only ordered for screening purposes.

Payer Policy

BioReference LABORATORIES an OPKO Health Company

BioReference is committed to providing the highest quality laboratory services for your patients. An important part of that quality is ensuring our clients and patients understand all aspects of our services. The guiding philosophy of BioReference is to perform only medically appropriate testing as set out in the guidelines of leading medical associations and organizations, as well as leveraging our team of medical experts and key opinion leaders in the industry to deliver the best diagnostic tools available to clinicians. It is also essential that BioReference adhere to all federal, state and local laws and regulations regarding billing for laboratory services; this letter seeks to clarify the billing policies of the company.

BioReference will bill third party payers for laboratory services utilizing the patient information provided by your office with your test requisition.

Patients having difficulty meeting their financial obligations or suffering from financial hardship may contact the laboratory to discuss payment options and determine eligibility for financial assistance by calling **800-229-5227 (press 2)** or emailing **BillingCS@bioreference.com**.

Patients may also pay their bill online, by visiting **bioreference.com/patient-portal**.

BioReference strives to provide unparalleled laboratory services for every one of your patients, and to enact the most patient-friendly billing policies in accordance with all laws and regulations. If you have any questions, please do not hesitate to contact the Billing Department using the above contact information.

For the most updated insurance information visit: bioreference.com/insurance

BioReference
LABORATORIES
an OPKO Health Company

Allergy Evaluations

Allergy Evaluation

All single allergens require 1 ml serum/spun barrier tube SST. If testing for more than 25 allergens, please send 1-2 full SST tubes.

Food Allergy Profile Test Code: K426-7

Allergen Type	Individual Test Code
Egg white	0671-8
Cow's milk	0672-6
Cod fish	0840-9
Wheat	0673-4
Sesame	0936-5
Peanut	0674-2
Soybean	0680-9
Hazelnut	1404-3
Almond	0815-1
Shrimp	0696-5
Tuna	0698-1
Salmon	0714-6
Cashew	1412-6
Walnut	1479-5
Scallop	2543-7
Total IgE	0996-9

**For Medicare/Medicaid patients, individual tests must be ordered.*

Childhood Allergy Profile

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Egg white	0671-8
Milk	0672-6
Cod fish	0840-9
Wheat	0673-4
Peanut	0674-2
Soybean	0680-9
Shrimp	0696-5
Walnut	1479-5
Cockroach	0716-1
Cladosporium herbarum	0661-9
Alternaria alternate	0660-1
Total IgE	0996-9

Region 1 Respiratory Profile (Northeast)
Test Code: 6823-9

Includes: CT; MA; NJ; NY; PA; VT; ME; NH; NY; RI

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Bermuda grass (Cynodon dactylon)	1198-1
Timothy grass (Phleum pratense)	0683-3
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Maple (box elder; Acer negindo)	0684-1
Birch (Betula verrucosa)	0685-8
Mountain Cedar (Juniperus sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Walnut (Juglans californica)	0686-6
Maple leaf sycamore, London Plane	1305-2
Cottonwood (Populus deltoides)	0891-2
White ash (Fraxinus americana)	1306-0
Mulberry	3835-6
Common ragweed (short; Ambrosia elatior)	0717-9
Mugwort	0718-7
Rough pigweed (Amaranthus retroflexus)	1627-9
Sheep sorrel (Rumex acetosella)	0894-6
Total IgE	0996-9

Region 2 Respiratory Profile (Mid-Atlantic)
Test Code: 6824-7

Includes: DE; MD; VA; DC; NC

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Bermuda grass (Cynodon dactylon)	1198-1
Timothy grass (Phleum pratense)	0683-3
Johnson grass (Sorghum halepense)	1824-2
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Maple (box elder; Acer negindo)	0684-1
Birch (Betula verrucosa)	0685-8
Mountain Cedar (Juniperus sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Cottonwood (Populus deltoides)	0891-2
Pecan/Hickory (Carya soecue, pecan)	1938-0
Mulberry	3835-6
Common ragweed (short; Ambrosia elatior)	0717-9
Rough pigweed (Amaranthus retroflexus)	1627-9
Sheep sorrel (Rumex acetosella)	0894-6
Total IgE	0996-9

Region 3 Respiratory Profile (Southeast)
Test Code: 6825-4

Includes: GA; SC; N. FA

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Bermuda grass (Cynodon dactylon)	1198-1
Timothy grass (Phleum pratense)	0683-3
Bahia grass (Paspalum notatum)	1825-9
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Maple (box elder; Acer negindo)	0684-1
Birch (Betula verrucosa)	0685-8
Mountain Cedar (Juniperus sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Pecan/Hickory (Carya soecue, pecan)	1938-0
Common ragweed (short; Ambrosia elatior)	0717-9
Rough pigweed (Amaranthus retroflexus)	1627-9
Sheep sorrel (Rumex acetosella)	0894-6
Nettle (Urtica dioica)	6308-1
Total IgE	0996-9

Region 4 Respiratory Profile (South Florida)
Test Code: 6826-2

Includes: FL, S. OF Orlando

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Blomia tropicalis	B235-3
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Bermuda grass (Cynodon dactylon)	1198-1
Timothy grass (Phleum pratense)	0683-3
Bahia grass (Paspalum notatum)	1825-9
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Maple (box elder; Acer negindo)	0684-1
Mountain Cedar (Juniperus sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Australian pine (Causarina equisetifolia)	3837-2
Common ragweed (short; Ambrosia elatior)	0717-9
Rough pigweed (Amaranthus retroflexus)	1627-9
Sheep sorrel (Rumex acetosella)	0894-6
Nettle (Urtica dioica)	6308-1
Total IgE	0996-9

Region 10 Respiratory Profile (W. South Central)
Test Code: 6827-0

Includes: TX; OK

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Bermuda grass (Cynodon dactylon)	1198-1
Timothy grass (Phleum pratense)	0683-3
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Maple (box elder; Acer negindo)	0684-1
Birch (Betula verrucosa)	0685-8
Mountain Cedar (Juniperous sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Cottonwood (Populous deltoides)	0891-2
White Ash (Fraxinus americana)	1306-0
Pecan/Hickory (Carya soecue, pecan)	1938-0
Mulberry	3835-6
Common ragweed (short; Ambrosia elatior)	0717-9
Rough pigweed (Amaranthus retroflexus)	1627-9
Rough marsh elder (Iva)	1481-1
Sheep sorrel (Rumex acetosella)	0894-6
Nettle (Urtica dioica)	6308-1
Total IgE	0996-9

Region 12 Respiratory Profile (South CA, AZ Desert)
Test Code: 6828-8

Includes: S. CA Desert; AZ Desert

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Bermuda grass (Cynodon dactylon)	1198-1
Perennial rye grass (Lolium perenne)	0682-5
Johnson grass (Sorghum halepense)	1824-2
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Olive (Olea europa)	1251-8
Mountain Cedar (Juniperous sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Cottonwood (Populus deltoides)	0891-2
Acacia (Acacia species)	3832-3
Common ragweed (short; Ambrosia elatior)	0717-9
Mugwort (safebrush; Artemisia vulgaris)	0718-7
Russian Thistle (Saltwort, Salsola kali)	0732-8
Rough pigweed (Amaranthus retroflexus)	1627-9
Total IgE	0996-9

Region 13 Respiratory Profile (South CA Coast)
Test Code: 6820-5

Includes: S. CA Coast

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Bermuda grass (Cynodon dactylon)	1198-1
Timothy grass (Phleum pratense)	0683-3
Johnson grass (Sorghum halepense)	1824-2
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Alder (Alpus incana)	0561-1
Mountain Cedar (Juniperous sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Olive (Olea europa)	1251-8
Walnut (Juglans californica)	0686-6
Cottonwood (Populus deltoides)	0891-2
Mulberry	3835-6
Common ragweed (short; Ambrosia elatior)	0717-9
Mugwort (safebrush; Artemisia vulgaris)	0718-7
Russian Thistle (Saltwort, Salsola kali)	0732-8
Rough pigweed (Amaranthus retroflexus)	1627-9
Total IgE	0996-9

Region 14 Respiratory Profile (Central CA)
Test Code: 6821-3

Includes: Central CA

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Bermuda grass (Cynodon dactylon)	1198-1
Timothy grass (Phleum pratense)	0683-3
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Alder (Alpus incana)	0561-1
Birch (Betula verrucosa)	0685-8
Mountain Cedar (Juniperous sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Olive (Olea europa)	1251-8
Sycamore (Plantanus acerfolia)	1305-2
Mulberry	3835-6
Common ragweed (short; Ambrosia elatior)	0717-9
Mugwort (safebrush; Artemisia vulgaris)	0718-7
Russian Thistle (Saltwort, Salsola kali)	0732-8
Rough pigweed (Amaranthus retroflexus)	1627-9
Total IgE	0996-9

Region 17 Respiratory Profile (N. CA and Pacific N.W.) Test Code: 6822-1

Includes: Northern CA; OR; WA

Allergen Type	Individual Test Code
D. pteronyssinus	0715-3
D. farinae	1372-2
Cat dander	0665-0
Dog dander	0664-3
Mouse urine	1360-7
Timothy grass (Phleum pratense)	0683-3
Cockroach	0716-1
Penicillium notatum	2167-5
Cladosporium herbarum	0661-9
Aspergillus fumigatus	0694-0
Alternaria alternata	0660-1
Maple (box elder; Acer negindo)	0684-1
Alder (Alpus incana)	0561-1
Birch (Betula verrucosa)	0685-8
Mountain Cedar (Juniperous sabinoides)	6334-7
Oak (Quercus alba)	0652-8
Elm (Ulmus americana)	0659-3
Walnut (Juglans californica)	0686-6
Cottonwood (Populus deltoides)	0891-2
White ash (Fraxinus americana)	1306-0
Common ragweed (short; Ambrosia elatior)	0717-9
Rough pigweed (Amaranthus retroflexus)	1627-9
Sheep sorrel (Rumex acetosella)	0894-6
Nettle (Urtica dioica)	6308-1
Total IgE	0996-9

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