ERIE COUNTY PUBLIC HEALTH LABORATORY

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LAB USE ONLY

SPECIMEN BARCODE LABELS

PATIENT & PROVIDER INFORMATION

Patient Name :

Date of Birth (mm/dd/yyyy): | **Patient Medical Record number:** | **Gender:**

Patient Address:

City: | **State:** | **Zip:**

Telephone: | **Guardian's Name** (if applicable):

Guardian's address: (if applicable and if different than patient's address)

Patient Race/Ethnicity:
□ Black, not of Hispanic origin □ White, not of Hispanic origin □ Hispanic
□ Asian or Pacific Islander □ American Indian or Alaskan

Provider Name: | **Provider License Number:**

Submitting Facility Name:

Mail reports to:

Phone #: | Fax: | **ICD-10 (Diagnosis) Code:** **(REQUIRED)**

BILLING

Insurance Carrier Name: | Insurance Policy Number:

Medicaid Number: | **Physician/Provider Signature:** (REQUIRED for Medicaid Patients)

SPECIMEN

Specimen Collection Date: _____ **Collection Time:** _____ **Collected by:** _____

Specimen Type/Source: □ Blood □ Feces □ Urine □ Throat □ Sputum
□ Rectal □ Cervical □ Vaginal □ Urethral □ Nasopharyngeal (NP) swab
□ Other (*specify*): _____

Bacteriology:

- ☐ Gram stain
- ☐ Culture, general aerobic [1]
- ☐ Culture, general anaerobic [1]
- ☐ Culture, stool
- ☐ Culture, *N. gonorrhoeae*
- ☐ NAAT: *C. trachomatis* & *N. gonorrhoeae*
- ☐ NAAT: *Trichomonas vaginalis*
- ☐ Bordetella PCR
  (B. pertussis, B. parapertussis, w/ B. holmesii differentiation)
- ☐ LRN Reference Testing [1]
  (rule-out *B.anthracis, Brucella sp., F.tularensis or Y.pestis)*

Virology:

- ☐ Influenza Virus Dx Panel, *r*RT-PCR(CDC)

[1] *CONSULT WITH LABORATORY PRIOR TO SPECIMEN SUBMISSION*
[2] *SEND OUT TEST – LIMITED AVAILABILITY*

Diagnostic Immunology:

- ☐ Hepatitis B Surface Antigen (HBsAg)
- ☐ Hepatitis B Surface Antibody (HBsAb)
- ☐ Hepatitis C Antibody (Anti-HCV)
- ☐ Herpes Simplex Virus 2 (HSV-2 gG2 IgG)
- ☐ Syphilis Antibody
- ☐ HIV-1/2 Ab

Clinical Chemistry:

- ☐ Alkaline phosphatase (ALP)
- ☐ Alanine Aminotransferase (ALT)
- ☐ Aspartate Aminotransferase (AST)
- ☐ Bilirubin, Total
- ☐ Lipids: ☐ Total Cholesterol, ☐ HDL, ☐ LDL, ☐ Triglycerides

Mycobacteriology:

- ☐ *Culture, Mycobacteria* [2]
- ☐ *Acid-Fast Bacillus (AFB) smear* [2]

Special Services: (See reverse side for available services and fee schedule)

☐ _____

Special Requests / Additional information

ECPHL Clinical Services Fee Schedule

(Effective 08/01/2015)

http://www2.erie.gov/health/index.php?q=node/94

Test or Service Name	CPT Code	Fee *(per code)*
BACTERIOLOGY		
Culture, general aerobic	87070	$14.00
Culture, general anaerobic	87073	$18.00
Bacterial identification, per isolate, aerobic	87077	$14.00
Bacterial identification, per isolate, anaerobic	87076	$14.00
Stool culture	87045	$15.50
Culture, Gonorrhea	87081	$10.50
- Bacterial identification	87077	$13.00
- Confirmation (Accuprobe)	87149	$28.00
Gram Stain	87205	$7.00
Wet Prep	87210	$7.00
GC/Ct Nucleic Acid Amplification Test (male urine/female swab)	87491/87591	$25.00
Trichomonas vaginalis Nucleic Acid Amplification Test	87661	$47.80
Pertussis PCR; B.pertussis and B.parapertussis w/B.holmesii differentiation	87801	$100.00
LRN Reference testing, Clinical; rule out B.anthracis, Brucella sp., F.tularensis, or Y.pestis		NO FEE
CLINICAL CHEMISTRY		
Alkaline phosphatase (ALP), Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST), Total Bilirubin, HDL, LDL, Triglycerides, Total Cholesterol ****Call lab for availability of additional analytes*	By analyte	$7.00/analyte
Urine Pregnancy (hCG)	81025	$10.00
DIAGNOSTIC IMMUNOLOGY		
Hepatitis B Surface Antigen (HBsAg)	87340	$19.00
Hepatitis B Surface Antibody (HBsAb, Anti-HBS)	86706	$16.00
Hepatitis C Antibody (Anti-HCV)	86803	$24.00
Syphilis Treponemal Antibody	86780	$18.00
RPR (Rapid Plasmin Reagin), Non-treponemal Antibody	86592/86593	$9.00
TP-PA (Treponema pallidum particle agglutination)	86780	$18.00
HIV-1/HIV-2 Antibody EIA	86703	$18.00
HIV-1/HIV-2 Differentiation/Confirmation	86701/86702	$35.00
HSV-2 Antibody (IgG type-specific)	86696	$30.00
VIROLOGY		
Influenza A/B Screen, PCR	87502	$50.00
Influenza A sub-typing, PCR	87503 (x3)	$25.00
SPECIAL SERVICES		
Specimen Packaging & Shipping, Category (IATA-compliant)	$60.00 + Actual shipping cost	
Specimen Packaging & Shipping, Category B (IATA-compliant)	$30.00 + Actual shipping cost	
Dry Ice shipping (additional cost)	$13.00	
Courier Fee, routine *(call for service availability)*	$2.00	
Courier Fee, RUSH (after-hours, weekends, emergencies) *(call for service availability)*	$25.00	
RUSH Analysis Fee *(call for service availability)*	$100.00	
Specimen Storage Fee (long-term)	$25.00	