NUNM Health Centers Laboratory

CLIA #38D0624258 STATE #254
3025 S Corbett St., Portland, OR 97201 ph. (503) 552-1987 fax (503) 257-5929

Date of Order _____ **Patient Phone ( )** _____ **DOB** _____

Patient Last Name _____ **Patient First Name** _____ **SEX: Male Female X Other: specify:**_____

Ordering Doctor (Printed) _____ *Doctor Phone* (____)_____

Doctor Signature (Required) _____ *Doctor Fax* (_____)_____

ICD-10 CODES:

SPECIALTY LABS

Routine Tests

	Price	
____Amylase	$42	
____ANA	$62	
____Antidiuretic Hormone (ADH)	$143	
____Comp. Metabolic Plus	$50	
____Comp. Metabolic-Standard	$38	
____CRP-hs or ____CRP	$51	
____Estrodial, serum	$59	
____Ferritin	$46	
____Fibrinogen	$46	
____FSH	$52	
____FSH & LH	$81	
____GC/ Chlamydia DNA Urine/Swab	$72	
____HCG Quant, serum	$64	
____Hep B/C panel	$143	
____Hepatic Panel	$51	
____Hepatitis C Ab.	$59	
____Homocysteine	$65	
____HSV 1 & 2 Ig G Quant.	$95	
____HSV by PCR (Quest)	$136	
____Insulin, Fasting	$59	
____Iron Panel *(Fe,TIBC%sat,Fer,Transferrin)*	$66	
____Lead, whole blood	$65	
____Lipase	$49	
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____Lipid Panel	$60	
____Lp(a)	$59	
____Magnesium, serum	$36	
____Prolactin	$59	
____PSA Free&Total	$81	
____PSA, Total	$59	
____PT/PTT	$74	
____R P R	$38	
____RF (Rheumatoid Factor)	$39	
____Testosterone, Total	$59	
____Testosterone Free & Total	$117	
____Treponema Screen	$58	
____Uric Acid	$16	
____Vitamin A, Serum	$94	
____Vitamin B12	$47	
____Vitamin B12 & folate	$68	
____Vitamin D, 25-OH	$72	

Gastro-Intestinal GENOVA, DT

	Price	
____CDSA only (Genova)	$264	
____CDSA w/ O&Px3 (Genova)	$364	
____Celiac: tTG/Gliadin IgA/IgG, total IgA(USB)	$175	
____Flexi-Matrix (5 tests) DT	$145	
____G I Effects 2200	$477	
____GI Health Panel (DiagnosTechs)	$285	
____GI Health, Expanded (DiagnosTechs)	$345	
____O & P x3 (DT)	$105	

Food Sensitivity / Allergy US Biotek

____Food IgG (96 foods)/IgE (27 foods)	$288	
____Food IgG Only or IgA Only (Each)	$179	
____Food IgA added to panel (USB)	$119	
____Inhalant Panel, IgE (USB)	$204	
____Inhalant Panel IgG or IgA (Each)	$104	

Hormone Profiles Diagnostech & ZRT

____ASI, Salivary (DT)	$170	
____Hormone Profile I, Salivary (ZRT)	$140	
____Hormone Profile III, Salivary(ZRT)	$200	
____PHP-1, Salivary (DT)	$130	

Doctor's Data

____Hair Analysis	$100	
____Urine Toxic Elements, 6-HR "post"	$100	
____Urine Toxic Elements,Random"Pre"	$100	
____Urine Toxic Elements, 6-HR "Pre"	$100	
____RBC Elements	$170	

Cardiac Risk Profiles

____CompCardio Assessment (Genova)	$	
____Cardiac Risk Profile (Doctor's Data)	$	

Spectracell
Drawn by 1:00pm Monday-Thusday ONLY
Provider MUST have their own account for these labs

Lyme Testing - Igenex

____Lyme Western Blot IgG + IgM	$270	
____Lyme + Coinfections III	$1150	

Cultures**

Specimen type: o Urine o Genital	$55	
____Reflex Culture (Lab Decides)		
____Doctor Decides and tells lab <24 hrs		
____Culture Regardless		

In House Tests

	Price	
____CBC/Auto Diff	$33	
____iFOBT (Immun.Occult Blood)	$15	
____H I V Ab (Rapid)	$39	
____U.A Dip only	$20	
____Urinalysis, Complete	$33	
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SIBO Breath Test

____SIBO, Lactulose Breath Test	$180	

Thyroid Tests

____FFT (fT3, fT4, TSH)	$165	
____T S H	$65	
____Thyroid Auto Abs (TPO/TG)	$85	
____TPO Ab	$58	
____Reverse T3	$87	

TB Test

____TB T-Spot	$95	

TB Test Drawn: Monday - Thursday ONLY

Fees

____Phlebotomy	$15	
____Handling	$10	
____Ifob Kit Fee	$5	
____Phlebotomy & Handling	$25	

Tests not listed:

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*****SPECIALTY LABS:***
NOT COVERED BY ANY INSURANCE
Diagnostech (DT) lab
Doctors Data (DD) Lab
Genova Lab
Igenex Lab
US Biotek (USB) Lab
ZRT LAB

TOTAL $ _____

LAB PRICES CAN CHANGE WITHOUT NOTICE

This form is to be used exclusivley for orders sent to the NUNM Health Centers Laboratory