

NUNM Health Centers Laboratory
 CLIA #38D0624258 STATE #254
 3025 S Corbett St., Portland, OR 97201 ph. (503) 552-1986 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

Price		Price		Price	
Routine Tests		Gastro-Intestinal GENOVA, DT		In House Tests	
Amylase	\$42	CDSA only (Genova)	\$264	CBC/Auto Diff	\$33
ANA	\$62	CDSA w/ O&Px3 (Genova)	\$364	iFOBT (Immun.Occult Blood)	\$15
Antidiuretic Hormone (ADH)	\$143	Celiac: tTG/Gliadin IgA/IgG, total IgA(USB)	\$175	H I V Ab (Rapid)	\$39
Comp. Metabolic Plus	\$50	Flexi-Matrix (5 tests) DT	\$145	U.A Dip only	\$20
Comp. Metabolic-Standard	\$38	G I Effects 2200	\$477	Urinalysis, Complete	\$33
CRP-hs or CRP	\$51	GI Health Panel (DiagnosTechs)	\$285		
Estrodial, serum	\$59	GI Health, Expanded (DiagnosTechs)	\$345		
Ferritin	\$46	O & P x3 (DT)	\$105		
Fibrinogen	\$46	Food Sensitivity / Allergy US Biotek			
FSH	\$52	Food IgG (96 foods)/IgE (27 foods)	\$288		
FSH & LH	\$81	Food IgG Only or IgA Only (Each)	\$179		
GC/ Chlamydia DNA Urine/Swab	\$72	Food IgA added to panel (USB)	\$119		
HCG Quant, serum	\$64	Inhalant Panel, IgE (USB)	\$204		
Hep B/C panel	\$143	Inhalant Panel IgG or IgA (Each)	\$104		
Hepatic Panel	\$51				
Hepatitis C Ab.	\$59	Hormone Profiles Diagnostech & ZRT		SIBO Breath Test	
Homocysteine	\$65	ASI, Salivary (DT)	\$170	SIBO, Lactulose Breath Test	\$180
HSV 1 & 2 Ig G Quant.	\$95	Hormone Profile I, Salivary (ZRT)	\$140		
HSV by PCR (Quest)	\$136	Hormone Profile III, Salivary(ZRT)	\$200		
Insulin, Fasting	\$59	PHP-1, Salivary (DT)	\$130		
Iron Panel (Fe,TIBC%sat,Fe,Transferrin)	\$66			Thyroid Tests	
Lead, whole blood	\$65			FFT (FT3, FT4, TSH)	\$165
Lipase	\$49			T S H	\$65
				Thyroid Auto Abs (TPO/TG)	\$85
				TPO Ab	\$58
				Reverse T3	\$87
Lipid Panel	\$45	Doctor's Data			
Lp(a)	\$59	Hair Analysis	\$85		
Magnesium, serum	\$36	Urine Toxic Elements, 6-HR "post"	\$100		
Prolactin	\$59	Urine Toxic Elements,Random"Pre"	\$100	TB Test	
PSA Free&Total	\$81	Urine Toxic Elements, 6-HR "Pre"	\$100	TB T-Spot	\$95
PSA, Total	\$59	RBC Elements	\$170		
PT/PTT	\$74	Cardiac Risk Profiles			
R P R	\$38	CompCardio Assessment (Genova)	\$		
RF (Rheumatoid Factor)	\$39	Cardiac Risk Profile (Doctor's Data)	\$		
Testosterone, Total	\$59	Boston Heart & Spectracell		Fees	
Testosterone Free & Total	\$117	Drawn by 1:00pm Monday-Thursday ONLY		Phlebotomy	\$15
Treponema Screen	\$58	Provider MUST have their own account for these labs		Handling	\$10
Uric Acid	\$16			Ifob Kit Fee	\$5
Vitamin A, Serum	\$94			Phlebotomy & Handling	\$25
Vitamin B12	\$47	Lyme Testing - Igenex			
Vitamin B12 & folate	\$68	Lyme Western Blot IgG + IgM	\$270		
Vitamin D, 25-OH	\$72	Lyme + Coinfections III	\$1150		
		Cultures**		Tests not listed:	
		Specimen type: o Urine o Genital	\$55		
		Reflex Culture (Lab Decides)			
		Doctor Decides and tells lab <24 hrs			
		Culture Regardless			

***Abnormal Paps incur a \$20 pathologist interpretation fee

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

TOTAL \$ _____

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