

WITNESSETH: AGREEMENT BETWEEN
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
AND
ROCKLEDGE HMA, LLC.
FOR
TOXICOLOGY AND HISTOLOGY SERVICES

THIS AGREEMENT (hereinafter "Agreement"), entered into as of November 8, 2015, by and between the BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS, a political subdivision of the State of Florida ("County"), and **ROCKLEDGE HMA, LLC.** ("RHMA").

WHEREAS, County, in support of the operations of the District Eighteen Medical Examiner's Office ("Medical Examiner"), within the purview of Section 406.11, Florida Statutes is in need of toxicology and histology services; and

WHEREAS, RHMA, operates a forensic laboratory in Melbourne, Florida wherein qualified physicians and technicians are available to provide toxicology and histology services; and

WHEREAS, RHMA, desires to provide toxicology and histology services to County as set forth herein,

NOW, THEREFORE, in consideration of the terms and covenants hereinafter set forth, and the mutual benefits each unto the other flowing, the parties heretofore named hereby agree as follows:

I. SCOPE OF WORK

1.01 This is an indefinite quantity Agreement with no guarantee that services will be required. County does not guarantee a minimum or maximum dollar amount to be expended under this Agreement.

II. RHMA RESPONSIBILITIES

2.01 Toxicology and Histology Services. RHMA shall make available to County, at RHMA's forensic laboratory located in Melbourne, Florida, the services of certain professionals and technicians (hereinafter collectively referred to as "Professionals") who are appropriately qualified, licensed and experienced to provide toxicological and/or histological services. Upon County's request, RHMA shall provide toxicological and/or histological examination and analysis of postmortem biological specimens submitted by County in accordance with Section 3.01. Except as set forth herein, RHMA Professionals shall be available to County for

consultation or discussion of toxicology and histology examinations from 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.

2.02 Toxicology Services Required.

A. Comprehensive Drug Screen including volatiles and drugs.

Volatiles – Analysis by headspace gas chromatography: Acetone, Ethanol, Isopropanol and Menthanol.

Drugs – Analysis by a combination of techniques including spot tests, immunoassay, thin layer chromatography, gas chromatography, and gas chromatography/mass spectrometry.

Antiarrhythmics
Antidepressants
Antiepileptics
Antihistamines
Antipsychotics
Barbiturates
Benzodiazepines
Cannabinoids (not to be quantified)
Cocaine
Opioids
Sympathomimetics

Others: Acetaminophen, amantadine, atenolol, atropine, benztropine, buspirone, bupivacaine, caffeine, chloroquine, cotinine, cyclizine, cyclobenaprime, doxapram, enalapril, ethchlorvynol, fluconazole, gamma-hydroxybutyrate (by request only), glutethimide, ketamine, levorphanol, metaxalone, methaqualone, methypylon, metoclopramide, metoprolol, nicotine, phencyclidine, procaine, propranolol, quinine, salicylates, strychnine, trimethobenzamide, trimethoprim, zolpiden

- B. Quantitation of unusual drugs (e.g., fentanyl, 6-acetylmorphine)
- C. Quantitation of gamma-hydroxybutyrate (GHB) in urine
- D. Complexity charge
- E. Volatiles only by headspace gas chromatography
- F. Blood carboxyhemoglobin by co-oximetry
- G. Blood cyanide screen by colorimetry
- H. Non-biological drug analysis (e.g., nasal swab, syringe)
- I. STAT charge
- J. Send-outs

2.03 Histology Services Required

- A. Tissue. Provide a satisfactory individual embedding, cutting, and staining of each portion of tissue received including routine hematoxylin and eosin stain; coverslipping; labeling of each slide with a provided case number.
- B. Stains. Provide on site satisfactory routine stains when requested (with maximum two working days turn around time unless otherwise stated), including special stains for acid-fast bacilli and fungi (both Gomori's methenamine silver and periodic-acid Schiff), tissue Gram stain, Wright-Giemsa stain, reticulum stain, Masson's trichrome stain, frozen section oil-red-O, etc., with accompanying control slide(s).
- C. Delivery. Deliver by courier labeled stained slides in slide folders to the Medical Examiner's Office when completed.
- D. Storage. Provide storage space for paraffin blocks at an appropriate temperature for a maximum of three months (permanent storage to be provided by the Medical Examiner).
- E. Accession Records. Maintain accession records including case number, date received, name of Medical Examiner, date completed, and date delivered.
- F. Charge Confirmation. Maintain records of number of blocks per case, special stains, etc. for confirmation (auditing) of charges.
- G. Security. Provide security for tissues, slides, and blocks while in RHMA's possession and provide properly executed chain of custody forms.
- H. Court Appearances. When necessary, make available courier, record clerk, histology technician, and supervising pathologist for deposition and/or court appearances relating to services provided.
- I. Formalin. Buffered 10% formalin is to be provided by RHMA in sufficient quantity to accommodate the workload.

2.04 RHMA Analysis. RHMA's toxicological and histological examination of County submitted specimens shall be subject to the following requirements:

- A. Specimen Analysis. During the term of this Agreement, RHMA shall provide toxicological specimen analysis of County-submitted postmortem biological specimens. RHMA shall provide histological evaluation of specimens on cases as requested by County.
- B. Analytical Requirements. RHMA shall ensure that adequate sample preparation is used in testing and that all drugs detected are confirmed and/or quantitated as directed by gas chromatography/mass spectrometry, or such other mutually agreed upon methodology as may be approved by recognized accrediting agencies. Upon request by County, RHMA shall provide County with a copy of the applicable analytical procedure manuals used in the operation of the RHMA.

C. Results. Toxicology and histology examination results shall be subject to the following requirements:

- (i) Toxicology. RHMA shall report positive test results by name of the drug or metabolite, volatile, or toxin found in the analyzed specimen. RHMA shall provide on each report the therapeutic and lethal reference ranges, provided such ranges have been established by an approved source.
- (ii) Histology. RHMA shall ensure that coronary arteries are cut to reveal a complete section of the artery and that staining of tissues is uniform throughout the entire section.

D. Quantitation. RHMA shall ensure that quantitation of drugs and poisons shall be performed by a validated procedure with sufficient quality control to ensure accuracy of test results. RHMA shall report drug/poison quantitations by name in "mg/L", "ng/mL", or "mg/Kg", as appropriate, and gastric quantitations as total quantity of drug/poison present in the provided specimen. RHMA shall report volatiles in "mg/dL". RHMA shall make validation data available to County personnel, for all quantitative procedures.

E. Other Analyses. The examinations listed below shall be conducted at the request of County on selected specimen/cases. The listed examinations shall be conducted in accordance with methods and procedures with documented reliability as demonstrated by RHMA validation data:

- (i) Carboxyhemoglobin;
- (ii) Cyanide screen;
- (iii) Heavy metals screen;
- (iv) Volatiles/Gases (e.g. Freon);
- (v) Other drugs and drug metabolites (e.g. GHB, fentanyl); and
- (vi) Non-biological drug screen (e.g. syringe, nasal swabs).

2.05 Other RHMA Responsibilities. During the term of this Agreement, RHMA shall have the following responsibilities:

A. Specimen Containers. RHMA shall provide specimen kits for use by County in the collection, preservation, and transportation of specimens to be analyzed by RHMA pursuant to this Agreement. RHMA shall ensure that each kit includes four (4) gray-stoppered ("vacutainer") tubes and the necessary supplies to secure and ship the specimens in a manner appropriate for forensic testing. All RHMA provided specimen containers shall be of suitable quality, as approved by County. The County shall provide the tissues to RHMA, in cassettes, in formalin. The RHMA shall decalcify tissues that require decalcification.

- B. Chain of Custody. RHMA shall be responsible for providing toxicology and histology submission forms in a format mutually acceptable to the parties. RHMA shall review any other information forms that the Medical Examiner deems necessary and correlate such forms with the toxicology and histology submission forms. RHMA shall provide consultations on such matters upon the request of County. RHMA shall ensure that all RHMA provided forms contain a chain of custody receipt to ensure the integrity of the specimen and test results. RHMA shall maintain records of specimen handling and dispositions within the Lab in order to sufficiently track the chain of custody of specimens while in the custody of the RHMA.
- C. Quality Control. RHMA shall ensure that appropriate quality control procedures are followed for records generated pursuant to this Agreement. RHMA shall review any other information forms that the County deems necessary and correlate it with the toxicology and histology submission forms. Consultations will be provided upon request. RHMA shall maintain quality control data and analytical data for a period of five (5) years from the termination of this Agreement. RHMA, upon reasonable notice by County, agrees to perform County-submitted proficiency tests in order to verify the testing capabilities of the laboratory.
- D. Disposition of Specimens. RHMA shall keep excess toxicology specimens submitted by County in secure refrigerated storage for a period of two (2) years following the RHMA report date. Excess non-liquid specimens shall be stored for two (2) years from the report date and will be kept in secure frozen storage. Upon written request by the County, individual specimens shall be retained by RHMA for an additional specified period of time as mutually agreed to by the parties. RHMA shall return histology blocks and slides to County upon completion of technical services by RHMA.

2.06 Time Requirements for Examination. Toxicology and/or histology examination of all specimens provided to RHMA by County shall begin within forty-eight (48) hours of RHMA's receipt of such specimen from County; provided, however, that "stat" testing shall be performed if (1) a "stat" test is necessary to preserve the integrity of the test, (2) due to health safety concerns for first responders and/or the Medical Examiner's Office personnel, or (3) the County makes a reasonable request for testing to be performed on a "stat" basis.

2.07 Time Requirements for Toxicology Reports. RHMA reports of toxicology examination results shall be available to County as follows:

- A. Volatile and Carboxyhemoglobin Determinations. Volatile and carboxyhemoglobin determination shall be available to County within five (5) working days of receipt of the specimen by RHMA.
- B. Qualitative Drug Screens. Qualitative drug screens shall be available to County within ten (10) working days of receipt of specimen by RHMA, unless anticipated delays are discussed with and agreed upon by the Medical Examiner.

C. Routine Drug Analyses. Routine drug analyses, including routine drug confirmations and quantitations of biological fluids and tissues shall be available to County within twenty (20) working days of receipt of specimen by RHMA, unless delays are anticipated and the parties mutually agree to extend such time.

D. Other Examinations. All other examination results shall be conducted and reported to the Medical Examiner's Office as specifically requested by the Medical Examiner.

Upon request by County, RHMA shall provide County with a preliminary report of a toxicological examination. A signed final RHMA report shall be issued for each toxicological examination provided by RHMA. The parties agree that issuance of a final RHMA report shall be contingent upon RHMA'S review and approval of the transcribed examination report. RHMA shall deliver all RHMA reports to County by RHMA'S courier service unless parties mutually agree to an alternate manner of transport.

2.08 Time Requirements for Histology Services. RHMA histology services, including tissue processing and preparation of slides, shall be completed within four (4) working days of receipt of specimen by RHMA, unless delays are anticipated and the parties mutually agree to extend such time.

2.09 Reference Laboratories. In the event RHMA is unable to provide an examination for any reason, RHMA shall forward the specimen to a mutually agreeable laboratory, for analysis. RHMA shall be reimbursed by County for costs and fees associated with referring a specimen to a reference laboratory. RHMA shall provide County with a fee schedule for the said reference laboratories.

2.10 Expert Testimony. RHMA shall make available upon reasonable notice by County, RHMA's professionals to testify, participate in depositions and arbitrations, and provide testimony in litigation proceedings in support of the conclusions contained in RHMA reports generated pursuant to this Agreement, or as necessary. In addition, all personnel performing Medical Examiner's case analysis shall be qualified to testify in court as an expert witness regarding analytical procedures.

2.11 Qualifications. RHMA warrants that it (1) holds certification by the State of Florida, (2) accredited by the College of American Pathologists (CAP) by both clinical testing lab and microbiology lab, (3) participates in a proficiency testing program such as that of the CAP, (4) demonstrates that the toxicology laboratory is in compliance with the guidelines of the Society of Forensic Toxicologist (SOFT), or accredited by the American Board of Forensic Toxicology (ABFT), the College of American Pathologists (CAP) or a State reference laboratory.

2.12 Qualification of RHMA Professionals. RHMA shall ensure that, at all times during the term of this Agreement, the forensics laboratory is staffed by a director who is qualified by reason of appropriate education and experience. That education and experience should be comparable to those of persons certified as Diplomats by the American Board of Forensic Toxicology. Alternate acceptable qualifications include a doctoral degree in one of the natural sciences and at least three years of full-time laboratory experience in forensic toxicology; or a Master's degree in one of the natural sciences and at least five years of full-time laboratory

experience in forensic toxicology; or a Bachelor's degree in one of the natural sciences and at least seven years of full-time toxicology experience in forensic toxicology. The director should also have documented training and/or experience in forensic applications of analytical toxicology including knowledge of evidentiary procedures that apply when toxicological specimens are acquired, processed, and stored and when toxicology data are submitted as part of a legal proceeding.

2.13 Identity of Professionals. RHMA shall provide to County a listing of all professionals providing toxicology and histology services hereunder. RHMA shall update such listing upon a personnel change in the RHMA professionals providing services to County hereunder and shall provide County with reasonable notice of such change. RHMA shall ensure that any newly assigned RHMA professional providing services hereunder shall be properly qualified to provide toxicology and histology services as set forth herein.

III. COUNTY RESPONSIBILITIES

3.01 Delivery of Specimens. County shall ensure that each specimen submitted to RHMA is properly packaged for courier with a completed submission form and chain of custody receipt.

IV. COMPENSATION

4.01 Compensation. County shall pay RHMA at the rates set forth on Attachment A, attached hereto, and incorporated herein, for services rendered by RHMA pursuant to this Agreement.

4.02 Pricing. Price(s) offered shall remain firm during the initial contract period. Price(s) for contract extension period(s) may be adjusted based on current market conditions and mutual agreement of the parties.

4.03 Invoicing and Payment. RHMA shall invoice County on a monthly basis for all services provided pursuant to this Agreement. Each RHMA invoice shall reference the contract number assigned to this Agreement. All invoices will be reviewed and approved by the Medical Examiner's Office, indicating that services have been performed in conformity with the Agreement. County's payments to RHMA shall be made pursuant to and in accordance with the Florida Prompt Payment Act on receipt of a proper invoice submitted to County by RHMA for services herein described. RHMA shall provide County with the payee name and address to which payments should be forwarded.

V. TERM, TERMINATION and AMENDMENT

5.01 Term/Amendment. Once fully executed by both parties, this Agreement shall be in effect for a period of one (1) year beginning November 8, 2015 and ending November 9, 2016. The Agreement shall remain in full force and effect for one year from the Effective Date, unless terminated as stipulated herein. This Agreement may be extended for up to four (4) one (1) year period(s), unless terminated as stipulated herein. County and RHMA agree that the terms of this Agreement may be revised at any time only by formal written amendments to this Agreement executed by both parties hereto.

5.02 Termination. This Agreement may be canceled with or without cause by RHMA's written notice to County at least ninety (90) days prior to intended date of termination. This Agreement may be terminated by the County, with or without cause, immediately upon written notice to RHMA. After receipt of notice of termination from County, and except as otherwise directed by County, RHMA shall:

- A. Stop work on the date and to the extent specified in County's written notice.
- B. Complete all work in process and transfer such completed work, and all materials related to terminated work, to the County within a reasonable period of time.

Subject to the provisions of this Agreement, either party shall have the right to terminate this Agreement at any time for refusal by the other party to allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapters 119, Florida Statutes, and made or received by the other party in conjunction with this Agreement.

VI. LIABILITY

6.01 Liability Protection. Each party to this Agreement agrees to be fully responsible for its acts of negligence, or its agent's acts of negligence when acting within the scope of employment or agency. Nothing herein is intended to serve as a waiver of sovereign immunity by County. Nothing herein shall be construed as consent by a state agency or political subdivision of the State of Florida to be sued in any matter arising out of any contract by a party or parties whose legal signature is not indicated on this Agreement. The County, a political subdivision of the State of Florida, agrees to be fully responsible as set forth in Section 768.28, Florida Statutes, for its own negligent acts or omissions or tortuous acts which result in claims or suits against the laboratory, and shall be liable to the limits set forth in Section 768.28, Florida Statutes, for any damages proximately caused by said acts or omissions. Nothing herein is intended to serve as a waiver of sovereign immunity by the County to any matter, circumstance, claim to which sovereign immunity applies. Nothing herein shall be construed as consent to be sued by third parties in any matter arising out of any contract. Nothing herein shall be construed as indemnification by the County of any party whatsoever.

VII. INSURANCE AND INDEMNIFICATION REQUIREMENTS

7.01 Insurance Requirements. RHMA will indemnify and hold harmless the County from any and all liability, claims, damages, losses, expenses (including attorney's fees) arising out of any proceedings or cause of action connected with the performance of any service, duty or obligation herein set forth. RHMA will maintain at all times during the period of this agreement an insurance policy indemnifying them for liabilities arising from Errors and Omissions in the performance of their services. The amount of such insurance shall not be less than \$1,000,000 and shall be written by a company satisfactory to the County. If the insurance policy is written on a "claims made" basis, the laboratory will maintain comparable coverage in force for a period of four (4) years after the end of the term of this contract. RHMA will maintain with the County evidence of this insurance satisfactory to the County. RHMA shall maintain the County and the Medical Examiner and employees as an additional insured on its liability insurance policy for

services provided under this agreement. The parties hereby agree that specific consideration has been paid for this hold harmless/indemnification agreement.

7.02 Insurance and Bond. RHMA shall provide and maintain during the entire term of this Agreement insurance in the following types and limits with a company or companies authorized to do business in the State of Florida. RHMA shall not commence work under the Agreement until County has received an acceptable certificate or certificates of insurance evidencing the required insurance, which is as follows: General Liability insurance on forms no more restrictive than the latest edition of the Commercial General Liability Policy (CG 00 01 or CG 00 02) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:

- A. General Liability Insurance: General Liability Insurance issued by responsible insurance companies and in a form acceptable to the County, with combined single limits of not less than One Million Dollars (\$1,000,000) for Bodily Injury and Property Damage per occurrence.
- B. Automobile Liability Insurance: Automobile Liability coverage shall be in the minimum amount of One Million Dollars (\$1,000,000) combined single limits for Bodily Injury and Property Damage per accident.
- C. Workers' Compensation Coverage: Full and complete Workers' Compensation Coverage, as required by State of Florida law shall be provided.
- D. Professional Liability Insurance: Professional liability insurance, in an amount not less than \$1,000,000 per claim, to cover its liabilities arising from activities performed under this Agreement.
- E. Specialty insurance (medical malpractice, engineers, architect, consultant, environment, pollution, errors and omissions, etc.) as applicable, with minimum limits of \$500,000 and annual aggregate of \$1,000,000.
- F. RHMA shall be responsible for subcontractors and their insurance.

7.03 RHMA Liability Insurance policies shall be endorsed to add County as an additional insured for General Liability Insurance. Additionally, RHMA shall be responsible for payment of all deductibles and self-insurance retention on RHMA Liability Insurance policies. All of the policies of insurance so required to be purchased and maintained shall contain a provision or endorsement that the coverage afforded shall not be canceled, materially changed or renewal refused until at least thirty (30) calendar days written notice has been given to County by certified mail.

- A. The Certificate holder shall be: **BREVARD COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, AND THE BOARD OF COUNTY COMMISSIONERS, 2725 Judge Fran Jamieson Way, Viera 32940**

VIII. NOTICES

8.01 Notices. All notices by either party required or permitted by this Agreement shall be in writing and delivered by registered or certified mail with the United States Postal Service, postage prepaid, return receipt requested, by overnight delivery (for which evidence of delivery is obtained by sender), or by hand delivery, to the representatives specified herein. The name and address of the respective representatives for this Agreement are:

For RHMA:

Gary Malaer/CEO
Rockledge HMA, LLC.
6800 Spyglass Court
Melbourne, FL 32940

For Brevard County:

Ian Golden
Housing and Human Services Dept.
2725 Judge Fran Jamieson Way, B-103
Viera, FL 32940

In the event that representatives change due to a change in personnel after execution of this Agreement, notice of the name and address of the new representative shall be furnished in writing to the other party and a copy of said notification attached to the originals of this Agreement.

IX. INDEPENDENT RHMA RELATIONSHIP

9.01 Independent RHMA Relationship. All parties intend that with regard to the provisions of this Agreement said parties shall be independent contractors and no party hereto shall receive any other benefits, besides those expressly provided for herein. Further it is the express intent of the parties hereto that no agent, servant, contractor, or employee of one party be deemed an agent, servant, contractor, or employee of the other party. All personnel of RHMA rendering services pursuant to this Agreement shall be employees/agents of RHMA. Regardless of anything else contained in or implied from this Agreement, any employee of RHMA who may be performing the services herein described shall be under the exclusive control and direction of RHMA, but subject to the terms of this Agreement.

X. MISCELLANEOUS

10.01 Venue and Fee Requirements. Venue for any lawsuit brought to enforce the terms of this agreement shall be in Brevard County. In any action brought to enforce the terms or provisions of this agreement, each party shall bear its own attorney's fees and costs.

10.02 Use of Name. No party to this Agreement shall use the name, logo or likeness of another party to this Agreement or of any other of the other party's staff in any signage, advertising or promotional material without the prior written consent of the party, which consent shall not be unreasonable withheld. The decision to consent or not consent shall be provided to the requesting party within five (5) business days following receipt of the request. The points of contact for the respective parties are:

For RHMA:

Gary Malaer/CEO
Rockledge HMA, LLC.
6800 Spyglass Court
Melbourne, FL 32940

For Brevard County:

Ian Golden
Housing and Human Services Dept.
2725 Judge Fran Jamieson Way, B-103
Viera, FL 32940

10.03 No Third Party Beneficiaries. Nothing in this Agreement, express or implied, is intended or shall be construed to confer upon any person, firm or corporation other than the parties hereto and their respective successor or assigns, any remedy or claim under or by reason of this Agreement or any term, covenant or condition hereof, a third party beneficiaries or otherwise, and all of the terms, covenants and conditions hereof shall be for the sole and exclusive benefit of the parties hereto and their permitted successors and assigns.

10.04 Unauthorized Alien Workers. Brevard County will not intentionally award publicly funded contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324a(e) (Section 274A(e) of the Immigration and Nationality Act "INA"). The County shall consider a contractors' intentional employment of unauthorized aliens as grounds for immediate termination of this Agreement.

10.05 Federal Tax ID Number. The Laboratories shall provide to the County their Federal Tax ID Number.

10.06 Employment. RHMA shall not engage the services of any person or persons now employed by the County, including any department, agency, board, or commission thereof, to provide services relating to this contract without written consent from the County.

10.07 Public Entity Crimes. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and may not transact business with any public entity in excess of the threshold amount provided in s.287.017 for CATEGORY TWO for a period of thirty six (36) months from the date of being placed on the convicted vendor list.

10.08 Construction of Agreement. The parties hereby knowledge that they fully reviewed this Agreement, its attachment and had the opportunity to consult with legal counsel of their choice, and that this Agreement shall not be construed against any party as if they were the drafters of this Agreement.

10.09 Continued Management by the Named Parties. Continuation of the contract is contingent on continued management of the Laboratory by Rockledge HMA, LLC. Noncompliance with this provision is grounds for the County to terminate the contract for

default. The County can only agree to substitute management by a written modification signed by both parties.

10.10 Binding by Signature. This Agreement is not binding on the parties until it has been signed by RHMA and the duly authorized representative of County.

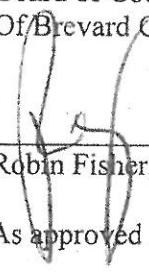
10.11 Governance. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida.

10.12 Counterparts. This Agreement may be executed in one or more counterparts, all of which together constitute one Agreement.

10.13 Entirety of Agreement. The terms set forth in this Agreement constitute all the terms and conditions agreed upon by the parties hereto, and no other terms or conditions in the future shall be valid and binding on either party unless reduced to writing and executed by both parties thereto.

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed in several counterparts each of which shall be deemed an original, as of the day and year first above set forth.

Board of County Commissioners
Of Brevard County, Florida



Robin Fisher, Chair

As approved by the Board on

November 3, 2015

Date

ATTEST:

By: 

Scott Ellis
Clerk of County Commissioners
Of Brevard County, Florida

Rockledge HMA, LLC.

By: 

Gary Malaer/CEO

Approved as to legal form and content:

By: 

Becky Behl- Hill
Assistant County Attorney

Date: 11/29/15

AGREEMENT BETWEEN
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
AND
ROCKLEDGE HMA, LLC.
FOR
TOXICOLOGY AND HISTOLOGY SERVICES

APPENDIX A – Pricing Sheet

ME 18 Tier 1 Pricing 102315

Test	Test Name	Price
6MAM	SCREEN FOR 6MAM	\$52.00
A1A	Alpha-1-Antitrypsin	\$50.00
A1ATR	ALPHA 1 ANTITRYPSIN	\$50.00
ABO	ABO Group	\$6.00
ABSC	Antibody Screen	\$25.00
ABSCG	Antibody Screen	\$25.00
ACENF	ACETAMINOPHEN, FLUID	\$241.00
ACMP	ACETAMINOPHEN PANEL	\$51.00
ACNMS	ACETAMINOPHEN (NMS)	\$51.00
ACNMT	ACETAMINOPHEN, TISSUE	\$281.00
AFBST	Stain, Acid Fast Bacillus	\$40.00
ALB	Albumin	\$5.00
ALBNM	ALBUTEROL	\$259.00
ALCB	BLOOD ALCOHOL	\$20.00
ALCO	BLOOD ALCOHOL 43898501	\$20.00
ALNMS	ALLOPURINOL AND METABOLITE	\$488.00
AMINT	AMITRIPTYLINE AND METABOLITE, TISSUE (NMS)	\$343.00
AMIP	AMITRIPTYLINE PANEL	\$75.00
AMIPN	AMITRIPTYLINE AND METABOLITE	\$75.00
AMIPT	AMITRIPTYLINE TISSUE PANEL	\$343.00
AMPP	AMPHETAMINE PANEL	\$75.00
AMPPT	AMPHETAMINE PANEL, TISSUE	\$200.00
AMY	Amylase	\$8.00
ANCM	ANTIDEPRESSANT CONFIRMATION (NMS)	\$241.00
ANG	Angiotensin Converting Enzyme	\$125.00
ANNMS	ANTIDEPRESSANT SCREEN (NMS)	\$241.00
ANNMT	ANTIDEPRESSANT PANEL, TISSUE (NMS)	\$498.00
ARNMS	ARIPRAZOLE	\$179.00
ARSNM	ARSENIC	\$110.00
ARSNU	ARSENIC (URINE) NMS	\$110.00
ASO	ASO	\$15.00
ASPNM	ANABOLIC STEROIDS PANEL	\$141.00
BANMS	BACLOFEN	\$288.00
BARP	BARBITURATE PANEL	\$70.00
BARPN	BARBITURATES PANEL (NMS)	\$75.00
BARPT	BARBITURATE PANEL, TISSUE	\$215.00
BDSME	BLOOD DRUG SCREEN	\$55.00
BENZN	BENZTROPINE	\$144.00
BFCEL	BODY FLUID CELL COUNT	\$25.00
BFGU	Body Fluid Glucose	\$7.00
BILID	Direct Bilirubin	\$4.00
BILIT	Total Bilirubin	\$4.00
BNZP	BENZODIAZEPINE PANEL	\$100.00
BNZPT	BENZODIAZEPINE PANEL TISSUE	\$200.00
BPNMS	BUPRENORPHINE AND METABOLITE - FREE	\$215.00
BPVNM	BUPIVACAINE	\$117.00

Note: Tier 1 is primary pricing. If test is not on primary tier 1 list, price will default to tier 2 secondary list.

ME 18 Tier 1 Pricing 102315

BSPB	BATH SALTS PANEL, BLOOD (NMS) DO NOT USE	\$228.00
BSPU	BATH SALTS PANEL, URINE (NMS)	\$288.00
BSPUE	BATH SALTS/STIMULANTS-EXPANDED (8756BU NMS)	\$288.00
BUNMS	BUPROPION AND METABOLITE	\$123.00
BUSNM	BUSPIRONE (NMS)	\$126.00
BZNMS	BENZODIAZEPINES PANEL (NMS)	\$100.00
BZNMT	BENZODIAZEPINES PANEL, TISSUE NMS	\$200.00
CAFNM	CAFFEINE	\$141.00
CANMS	CARBAMAZEPINE AND METABOLITE (NMS)	\$91.00
CARBP	CARBAMAZEPINE PANEL	\$91.00
CARP	CARISOPRODOL PANEL	\$75.00
CARPT	CARISOPRODOL TISSUE PANEL	\$200.00
CDIFP	CDIFF by PCR	\$30.00
CFTP	CSF Protein	\$8.00
CHLFN	CHLOROFORM	\$169.00
CHLNU	CHLORAL HYDRATE	\$149.00
CHLON	CHLORPROMAZINE (NMS)	\$117.00
CHLZN	CHLORZOXAZONE (NMS)	\$525.00
CHNMS	CHLORPHENIRAMINE	\$174.00
CINMS	CITALOPRAM (NMS)	\$100.00
CITNF	CITALOPRAM, FLUID (NMS)	\$319.00
CITNT	CITALOPRAM, TISSUE (NMS)	\$371.00
CITP	CITALOPRAM	\$100.00
CITPT	CITALOPRAM, TISSUE	\$371.00
CKMB	CK MB Fraction	\$12.00
CLNMS	CLONAZEPAM AND METABOLITE	\$80.00
CLONN	CLONIDINE	\$241.00
CLONT	CLONAZEPAM AND METABOLITE, TISSUE	\$148.00
CLPNM	CLOZAPINE AND METABOLITE	\$132.00
CMNMS	CLOMIPRAMINE AND METABOLITE	\$134.00
CO2	CO2	\$5.00
COCCR	COCAINE METABOLITE CONFIRMATION	\$100.00
COCP	COCAINE PANEL	\$105.00
COCPT	COCAINE PANEL TISSUE	\$200.00
COHBP	CARBON MONOXIDE	\$15.00
CONMS	CARBON MONOXIDE PROFILE (NMS)	\$159.00
CPEP	C PEPTIDE	\$15.00
CRBNT	CARBAMAZEPINE AND METABOLITE, TISSUE	\$300.00
CXAFB	Culture, Acid Fast	\$40.00
CXBLD	Culture, Blood	\$35.00
CXME	Culture, Other	\$35.00
CXMRS	Culture, MRSA Screen	\$172.00
CXVIR	Viral Culture, General	\$79.00
CYANM	CYANIDE SCREEN	\$84.00
CYCNF	CYCLOBENZAPRINE, FLUID	\$262.00
CYNMS	CYCLOBENZAPRINE	\$88.00
CYNMT	CYCLOBENZAPRINE, TISSUE	\$313.00

Note: Tier 1 is primary pricing. If test is not on primary tier 1 list, price will default to tier 2 secondary list.

ME 18 Tier 1 Pricing 102315

DENMS	DEXTRO/LEVO METHORPHAN	\$121.00
DFNMS	1,1-DIFLUOROETHANE (DFE)	\$582.00
DHEA	Dehydroepiandrosterone	\$205.00
DHNMT	DIHYDROCODEINE/HYDROCODOL - TOTAL	\$364.00
DICYN	DICYCLOMINE (NMS)	\$258.00
DINMS	DILTIAZEM	\$258.00
DIPP	DIPHENHYDRAMINE PANEL	\$96.00
DIPPT	DIPHENHYDRAMINE TISSUE PANEL	\$300.00
DONMS	DOXEPIN AND METABOLITE	\$92.00
DOXNF	DOXEPIN AND METABOLITE, FLUID	\$266.00
DOXNT	DOXEPIN AND METABOLITE, TISSUE	\$318.00
DOYNF	DOXYLAMINE, FLUID	\$290.00
DUNMS	DULOXETINE	\$215.00
DXYNM	DOXYLAMINE	\$290.00
EGNMS	ETHYLENE GLYCOL	\$206.00
EGNMT	ETHYLENE GLYCOL, TISSUE (NMS)	\$367.00
ELEPB	ELECTROLYTE PANEL	\$20.00
ELEPV	ELECTROLYTE PANEL	\$20.00
ESNMS	ESTAZOLAM	\$340.00
ESZNM	ESZOPICLONE/ZOPICLONE	\$361.00
EXINF	EXTENDED INFANT SCREEN (PEDIATRIX)	\$65.00
FENNT	FENTANYL AND METABOLITE, TISSUE (NMS)	\$200.00
FENP	FENTANYL PANEL	\$150.00
FENPN	FENTANYL AND METBOLITE (NMS)	\$150.00
FENPT	FENTANYL PANEL, TISSUE	\$200.00
FLNMS	FLUOXETINE AND METABOLITE (NMS)	\$101.00
FLUNF	FLUOXETINE AND METABOLITE, FLUID (NMS)	\$172.00
FLUNT	FLUOXETINE AND METABOLITE, TISSUE (NMS)	\$165.00
FLUNU	FLUOXETINE AND METABOLITE, URINE (NMS)	\$172.00
FLUON	FLUOROCARBONS (11, 12, 22, 113) SCREEN	\$351.00
FLUOP	FLUOXETINE AND METABOLITE	\$101.00
FLUPN	FLUPHENAZINE	\$172.00
FLURN	FLURAZEPAM AND METABOLITES	\$244.00
FT4	FT4	\$10.00
GABNT	GABAPENTIN, TISSUE (NMS)	\$301.00
GABP	GABAPENTIN	\$100.00
GANMS	GABAPENTIN	\$100.00
GDSME	GASTRIC DRUG SCREEN	\$55.00
GHBP	GHB PANEL	\$200.00
GHBPT	GHB PANEL, TISSUE	\$200.00
GHBPU	GHB PANEL, URINE	\$200.00
GLUAD	GLUCOSE, ADDITIONAL CHARGE	\$7.00
GLUMB	GLUCOSE	\$7.00
GLUMV	GLUCOSE	\$7.00
GLYNF	GLYCOLS PANEL, FLUID (NMS)	\$459.00
GRAM	Gram Stain, Aerobic	\$10.00
GRAMF	Gram Stain, Fungal	\$10.00

Note: Tier 1 is primary pricing. If test is not on primary teir 1 list, price will default to tier 2 secondary list.

ME 18 Tier 1 Pricing 102315

GRAMN	Gram Stain, Anaerobic	\$10.00
GUNMS	GUAIFENESIN	\$314.00
HA1C	Hemoglobin A1C	\$20.00
HALNM	HALOCARBONS PANEL	\$226.00
HANDF	HANDLING FEE	\$30.00
HANMS	HALOPERIDOL	\$104.00
HAVAM	HAVA IGM	\$25.00
HBCM	ANTI HBc IGM	\$25.00
HBSAB	Anti HBS	\$25.00
HBSAG	HBs Ag	\$25.00
HCV	Anti HCV	\$35.00
HEPPC	HEPATITIS PANEL CHRONIC	\$125.00
HGB	HGB	\$10.00
HGBFX	HEMOGLOBIN FRACTIONATED PROFILE	\$95.00
HHCP	HALOGENATED HYDROCARBON SCREEN	\$80.00
HHCPU	HALOGENATED HYDROCARBON SCREEN, URINE	\$80.00
HISAG	Histoplasma Antigen	\$150.00
HISTU	Histamine Determination, Urine	\$100.00
HIV,E	HIV I, O, & II	\$35.00
HIVE	HIV I, O, & II	\$35.00
HIVWB	HIV Confirm	\$65.00
HOLD	HOLD TOXICOLOGY TESTING	\$10.00
HOMT	TISSUE HOMOGENIZATION-DRUG SCREEN	\$25.00
HRCUT	HISTOLOGY RE-CUT	\$2.00
HYNMS	HYDROXYZINE	\$121.00
IBNMF	IBUPROFEN, FLUID (NMS)	\$256.00
IBNMS	IBUPROFEN	\$85.00
IBNMT	IBUPROFEN, TISSUE	\$307.00
ID	Identification, Definitive Aerobic	\$10.00
IDA	Identification, Definitive Anaerobic	\$20.00
IDY	Identification, Yeast	\$46.00
IGE	IGE	\$15.00
IGG	IGG	\$15.00
IMNMS	IMIPRAMINE AND METABOLITE	\$117.00
INHNM	INHALANTS PANEL (NMS)	\$355.00
INNMS	INHALANT PANEL, ABUSED GASES	\$153.00
INSU	Insulin	\$20.00
IRPPB	CARBON MONOXIDE-IRON RATIO PROFILE	\$388.00
IRPPT	CARBON MONOXIDE-IRON RATIO PROFILE, TISSUE	\$468.00
K	Potassium	\$5.00
KENMS	KETAMINE AND METABOLITE	\$117.00
KETNM	KETOROLAC	\$323.00
KETP	KETONE	\$5.00
LAIGE	LATEX SPECIFIC IgE (RIA) PANEL (IBT)	\$99.30
LANMS	LAMOTRIGINE	\$94.00
LBALC	LEGAL BLOOD ALCOHOL	\$20.00
LEANM	LEAD (NMS)	\$65.00

Note: Tier 1 is primary pricing. If test is not on primary tier 1 list, price will default to tier 2 secondary list.

ME 18 Tier 1 Pricing 102315

LENMS	LEVETIRACETAM	\$127.00
LIDNM	LIDOCAINE AND METABOLITE (MEGX)	\$162.00
LINMS	LITHIUM (NMS)	\$71.00
LONMS	LORATADINE AND METABOLITE	\$233.00
LSNMS	LSD	\$97.00
LYMGM	Lyme Disease, Antibody Total With Reflex	\$15.00
M1NMS	METALS/METALLOIDS PANEL 1	\$278.00
M1NMU	METALS/METALLOIDS PANEL 1, URINE (NMS) TOX	\$245.00
M3NMS	METALS/METALLOIDS PANEL 3	\$352.00
MDMP	MDMA/MDA PANEL	\$100.00
MDMPT	MDMA/MDA TISSUE PANEL	\$206.00
MDPV	MDPV STIMULANT DESIGNER DRUG (NMS)	\$200.00
MDSME	DRUG SCREEN	\$55.00
MENMS	METOPROLOL	\$118.00
MENMT	METALS/METALLOIDS PANEL, TISSUE	\$552.00
MEPHN	MEPHEDRONE	\$228.00
MEPNM	MEPERIDINE AND METABOLITE	\$174.00
METNM	METHOCARBAMOL	\$146.00
METNT	METHYLPHENIDATE AND METABOLITE, TISSUE (NMS)	\$170.00
METRN	METRONIDAZOLE	\$299.00
MIDP	MISCELLANEOUS SUBSTANCE IDENTIFICATION	\$100.00
MINMS	MIRTAZAPINE	\$105.00
MIRP	MIRTAZAPINE	\$105.00
MISCT	Miscellaneous Test	\$0.01
MPHNM	METHYLPHENIDATE AND METABOLITE	\$120.00
MRSAP	MRSA BY PCR	\$172.00
MTDP	METHADONE PANEL	\$80.00
MTDPT	METHADONE TISSUE PANEL	\$236.00
MTFNM	METFORMIN	\$155.00
MTNMT	METHADONE AND METABOLITE, TISSUE (NMS)	\$236.00
MTXNM	METAXALONE	\$188.00
MYOGS	Myoglobin, Serum	\$6.00
MYOGU	Myoglobin, Urine	\$46.00
NA	Sodium	\$5.00
NAB	SODIUM	\$5.00
NALBN	NALBUPHINE - FREE (NMS)	\$270.00
NANMS	NAPROXEN	\$90.00
NASAL	NASAL SWAB SCREEN	\$50.00
NONMS	NITROUS OXIDE	\$406.00
OCCBL	Occult Blood Stool	\$21.00
OLNMS	OLANZAPINE	\$240.00
OPNMT	OPIATES PANEL - TOTAL, TISSUE (NMS)	\$210.00
OPPF	OPIATE PANEL FREE	\$105.00
OPPFT	OPIATE PANEL FREE TISSUE	\$200.00
OPPT	OPIATE PANEL TOTAL	\$105.00
OPPTT	OPIATE PANEL TOTAL TISSUE	\$200.00
ORNMS	ORPHENADRINE	\$177.00

Note: Tier 1 is primary pricing. If test is not on primary tier 1 list, price will default to tier 2 secondary list.

ME 18 Tier 1 Pricing 102315

OXBNM	OXYBUTYNIN (NMS)	\$376.00
OXNMS	OXCARBAZEPINE as METABOLITE	\$97.00
PANMS	PAROXETINE	\$98.00
PARNF	PAROXETINE, FLUID	\$264.00
PCPP	PHENCYCLIDINE	\$280.00
PENMT	PESTICIDES/INSECTICIDES SCREEN, TISSUE	\$552.00
PENNM	PENTAZOCINE (NMS)	\$123.00
PFNMS	PROPOFOL	\$167.00
PFNMT	PROPOFOL, TISSUE	\$440.00
PHDNM	PHENDIMETRAZINE AND METABOLITE	\$214.00
PHENN	PHENN	\$190.00
PHENP	PHENYTOIN PANEL	\$114.00
PHNMS	PHTERMINE	\$190.00
PHYNM	PHENYTOIN (NMS)	\$114.00
PIPNM	PIPERAZINE DESIGNER DRUGS PANEL	\$487.00
PLNMS	PROPRANOLOL	\$97.00
PMAP	PMA/PMMA	\$165.00
PPNMS	PROPOXYPHENE	\$165.00
PXNMF	PROPOXYPHENE AND METABOLITE, FLUID	\$190.00
PREA	Prealbumin	\$21.00
PREG	Serum Pregnancy Test	\$8.00
PRENM	PREGABALIN	\$269.00
PRINM	PRIMIDONE, PHENOBARBITAL, PEMA	\$141.00
PRNMS	PROMETHAZINE	\$90.00
PSCNM	PSEUDOEPHEDRINE vs EPHEDRINE CONFIRMATION	\$168.00
PSSNM	PSEUDOEPHEDRINE vs EPHEDRINE SCREEN	\$168.00
PXNMT	PROPOXYPHENE PANEL, TISSUE	\$215.00
QUNMS	QUETIAPINE	\$121.00
QUNMT	QUETIAPINE, TISSUE	\$357.00
RANMS	RAMELTEON AND METABOLITE	\$221.00
RINMS	RISPERIDONE AND METABOLITE	\$131.00
RPR	RPR	\$5.00
RSV	Respiratory Syncytial Virus Antigen	\$17.00
SALS	SALICYLATES, SERUM	\$201.00
SANMS	SALICYLATES-TOTAL	\$201.00
SENMS	SERTRALINE	\$98.00
SERNF	SERTRALINE, FLUID	\$264.00
SERNM	SERTRALINE AND DESMETHYLSERTRALINE (NMS)	\$98.00
SERNT	SERTRALINE AND DESMETHYLSERTRALINE, TISSUE	\$315.00
SERO	Serotype	\$10.00
SICSC	Sickle Cell	\$10.00
SINMS	SILDENAFIL AND METABOLITE	\$396.00
SYCB2	SYNTHETIC CANNABINOIDS PANEL, BLOOD	\$237.00
SYCB3	SYNTHETIC CANNABINOIDS SCREEN, BLOOD	\$237.00
SYCNM	SYNTHETIC CANNABINOIDS CONFIRMATION	\$225.00
SYCU2	SYNTHETIC CANNABINOIDS PANEL, URINE (9563U)	\$201.00
SYEUA	SYNTHETIC CANNABINOIDS METABS SCREEN, EXP UR ABBREV. REP	\$225.00

Note: Tier 1 is primary pricing. If test is not on primary tier 1 list, price will default to tier 2 secondary list.

ME 18 Tier 1 Pricing 102315

SYEUN	SYNTHETIC CANNABINOID METAB-EXPANDED URINE	\$225.00
SYSNM	SYNTHETIC CANNABINOIDS SCREEN	\$225.00
T3	T3, Total	\$15.00
T4	T4	\$15.00
TANMS	TAPENTADOL-FREE	\$267.00
TDSME	TISSUE DRUG SCREEN	\$55.00
TERNM	TERPINEOL	\$218.00
TETNM	1,1,1,2-TETRAFLUOROETHANE (NMS)	\$582.00
THCP	CANNABINOIDS PANEL	\$100.00
THCUS	CANNABINOIDS, URINE IMMUNOASSAY SCREEN - THCUS	\$6.00
THEP	THEOPHYLLINE PANEL	\$126.00
THINM	THIOSULFATE	\$208.00
THIOR	THIORIDAZINE AND METABOLITE	\$168.00
TITER	Antibody Titer	\$25.00
TOLNM	TOLUENE (NMS)	\$115.00
TONMS	TOPIRAMATE	\$132.00
TRANS	Tasnsferrin	\$15.00
TRAP	TRAMADOL	\$100.00
TRAPT	TRAMADOL TISSUE	\$200.00
TRIBT	TRYPTASE (IBT) for toxicology	\$68.00
TRNMS	TRAZODONE	\$77.00
TROP	Troponin	\$15.00
TRPHS	Troponin	\$15.00
TRYP	Tryptase	\$68.00
TRZNF	TRAZODONE, FLUID	\$248.00
TSH	TSH	\$10.00
TZNT	TRAZODONE, TISSUE	\$300.00
UA	Urinalysis	\$8.00
UAME	URINALYSIS MEDICAL EXAMINER	\$8.00
UDS12	URINE DRUG SCREEN 12 PANEL	\$72.00
UDSME	URINE DRUG SCREEN COMPREHENSIVE	\$55.00
VALPP	VALPROIC ACID (TOX)	\$147.00
VANMS	VALPROIC ACID (NMS)	\$147.00
VANMT	VALPROIC ACID, TISSUE (NMS)	\$350.00
VDSME	VITREOUS DRUG SCREEN	\$55.00
VENMS	VERAPAMIL	\$127.00
VENNM	VENLAFAXINE AND METABOLITE	\$229.00
VINMS	VILAZODONE	\$206.00
VIRCX	Viral Culture, General	\$79.00
VOLP	VOLATILE PANEL	\$20.00
VOLPT	VOLATILE TISSUE PANEL	\$25.00
VOLPU	VOLATILE PANEL, URINE	\$20.00
VOLPV	VOLATILE PANEL, VITREOUS	\$20.00
WARN	WARFARIN	\$106.00
WBHIV	HIV Confirm Interp:	\$65.00
XCLIH	HISTOLOGY IMMUNOHISTOCHEM STAIN	\$25.00
XCLRC	HISTOLOGY RECUT SLIDE	\$2.00

Note: Tier 1 is primary pricing. If test is not on primary tier 1 list, price will default to tier 2 secondary list.

ME 18 Tier 1 Pricing 102315

XCSLD	HISTOLOGY H&E SLIDE	\$5.00
XCSPS	HISTOLOGY SPECIAL STAIN	\$7.00
XYNMS	XYLAZINE	\$649.00
ZINMS	ZIPRASIDONE	\$140.00
ZOLNT	ZOLPIDEM, TISSUE (NMS)	\$372.00
ZONMS	ZOLPIDEM	\$170.00
ZONNM	ZONISAMIDE	\$173.00

ME 18 Teir 2 Pricing 102315

Test	Test Name	Price
17HY	17 OH Pregnenolone	\$167.00
17KES	17-Ketosteroids, Tot, 24-Hr Ur	\$131.00
17OHP	17-OH Progesterone LCMS	\$1.00
5HIAA	5-HIAA, Quant., 24 Hr Urine	\$1.00
5NUC	5' Nucleotidase	\$95.00
6MAM	SCREEN FOR 6MAM	\$75.00
A1A	Alpha-1-Antitrypsin	\$60.00
A1APH	Alpha-1-Antitrypsin Phenotype	\$270.00
A1AST	Alpha-1-Antitrypsin, Stool	\$1.00
AAPGR	Amino Acid Profile, Qn, Plasma	\$444.00
ABG	Arterial Blood Gas	\$208.00
ABO	ABO Group	\$50.00
ABSC	Antibody Screen	\$75.00
ABSCG	Antibody Screen	\$75.00
ACENF	ACETAMINOPHEN, FLUID	\$230.00
ACET	Acetone, Serum	\$142.00
ACETM	Acetaminophen	\$102.00
ACFNM	ACETYL FENTANYL	\$164.00
ACHBI	AChR Binding Abs, Serum	\$193.00
ACHMO	AChR Modulating Ab	\$193.00
ACMOD	AChR Modulating Ab	\$193.00
ACMP	ACETAMINOPHEN PANEL	\$71.00
ACNMS	ACETAMINOPHEN (NMS)	\$71.00
ACNMT	ACETAMINOPHEN, TISSUE	\$281.00
ACP	Acid Phosphatase	\$102.00
ACTH	ACTH, Plasma	\$123.00
ADH	ADH	\$145.00
AFBST	Stain, Acid Fast Bacillus	\$83.00
AFP	Alpha Feto Protein	\$126.00
ALAU	ALA Delta, Random Urine	\$196.00
ALB	Albumin	\$35.00
ALBNM	ALBUTEROL	\$259.00
ALC	Alcohol	\$70.00
ALCB	BLOOD ALCOHOL	\$50.00
ALCC	URINE ALCOHOL CONFIRMATION BY GC	\$25.00
ALCO	BLOOD ALCOHOL 43898501	\$50.00
ALCU	ETHANOL	\$10.00
ALDB	Aldolase	\$59.00
ALDOS	Aldosterone	\$95.00
ALDSU	Aldosterone, Urine	\$50.00
ALKIS	Alk Phos Isoenzyme	\$105.00
ALNMS	ALLOPURINOL AND METABOLITE	\$488.00
ALP	Alkaline Phosphatase	\$40.00
ALSUB	Alpha Subunit (Free)	\$800.00
ALT	ALT	\$47.00
ALUM	Aluminum, Plasma/Serum	\$45.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to tier 2 for current pricing.

ME 18 Teir 2 Pricing 102315

AMID	Amiodarone (Cordarone), Serum	\$216.00
AMIKP	Amikacin Peak	\$112.00
AMIKR	Amikacin Random	\$84.00
AMIKT	Amikacin Trough	\$84.00
AMINT	AMITRIPTYLINE AND METABOLITE, TISSUE (NMS)	\$343.00
AMIP	AMITRIPTYLINE PANEL	\$125.00
AMIPN	AMITRIPTYLINE AND METABOLITE	\$121.00
AMIPT	AMITRIPTYLINE TISSUE PANEL	\$343.00
AMIQP	Amino Acid Profile, Qn, Plasma	\$453.00
AMLON	AMLODIPINE	\$288.00
AMPC	AMPHETAMINES CONFIRMATION BY GC/MS	\$132.00
AMPCR	AMPHETAMINES CONFIRMATION	\$132.00
AMPP	AMPHETAMINE PANEL	\$150.00
AMPPT	AMPHETAMINE PANEL, TISSUE	\$200.00
AMY	Amylase	\$50.00
ANCAP	ANCA Panel	\$74.00
ANCNM	ANTIDEPRESSANT CONFIRMATION (NMS)	\$139.00
ANG	Angiotensin Converting Enzyme	\$72.00
ANNMS	ANTIDEPRESSANT SCREEN (NMS)	\$241.00
ANNMT	ANTIDEPRESSANT PANEL, TISSUE (NMS)	\$498.00
APOA	Apolipoprotein A	\$102.00
APOB	Apolipoprotein B	\$50.00
APVPN	alpha-PVP	\$185.00
ARINT	ARIPRAZOLE, TISSUE	\$229.00
ARNMS	ARIPRAZOLE	\$158.00
ARSB	Arsenic, Blood	\$95.00
ARSNH	ARSENIC, HAIR	\$536.00
ARSNM	ARSENIC	\$110.00
ARSNU	ARSENIC (URINE) NMS	\$110.00
ASM	Actin(Smooth Muscle)Ab	\$102.00
ASO	ASO	\$68.00
ASPNM	ANABOLIC STEROIDS PANEL	\$141.00
AST	AST	\$55.00
AT3AC	Antithrombin Activity	\$136.00
AT3AG	Antithrombin Antigen	\$225.00
B12	Vitamin B12	\$50.00
B2MS	Beta-2 Microglobulin	\$81.00
B2MU	Beta-2 Microglobulin Ur	\$81.00
B2U	Beta-2 Microglob.,U	\$0.01
BANMS	BACLOFEN	\$288.00
BARBC	BARBITURATES CONFIRMATION BY GC/MS	\$75.00
BARP	BARBITURATE PANEL	\$200.00
BARPN	BARBITURATES PANEL (NMS)	\$192.00
BARPT	BARBITURATE PANEL, TISSUE	\$232.00
BAT	BREATH ALCOHOL TESTING	\$30.00
BBPNM	BETA -BLOCKERS PANEL	\$284.00
BDSME	BLOOD DRUG SCREEN	\$190.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

BENZN	BENZTROPINE	\$144.00
BFALB	BODY FLUID ALBUMIN	\$106.00
BFAMY	Body Fluid Amylase	\$45.00
BFC	BODY FLUID CRYSTALS	\$75.00
BFCEL	BODY FLUID CELL COUNT	\$35.00
BFCRE	Body Fluid Creatinine	\$48.00
BFGLU	Body Fluid Glucose	\$38.00
BFLDH	BODY FLUID LDH	\$35.00
BFPH	BODY FLUID PH	\$49.00
BFPRO	BODY FLUID PROTEIN	\$38.00
BFSG	BDY FLD SP Gravity	\$14.00
BFTRI	BDY FLD TRIGLYCERIDES	\$201.00
BFUA	BDY FLD Uric Acid	\$49.00
BHNGS	B. henselae IgG	\$0.01
BILE	Bile Acids	\$87.00
BILID	Direct Bilirubin	\$25.00
BILIT	Total Bilirubin	\$38.00
BIOT%	Bioavailable Testost, Percent	\$189.00
BKQNU	BK Quant PCR (Urine)	\$357.00
BLALM	BLOOD ALCOHOL CHARGE	\$18.00
BMP	Basic Metabolic Panel	\$49.00
BNP	B-TYPE NATRIURETIC PEPTIDE	\$123.00
BNZC	BENZODIAZEPINES CONFIRMATION BY GC/MS	\$105.00
BNZCR	BENZODIAZEPINES CONFIRMATION	\$100.00
BNZP	BENZODIAZEPINE PANEL	\$178.00
BNZPT	BENZODIAZEPINE PANEL TISSUE	\$228.00
BORDF	Bordetella pertussis, DFA	\$168.00
BPNMS	BUPRENORPHINE AND METABOLITE - FREE	\$148.00
BPVNM	BUPIVACAINE	\$117.00
BRUM	Brucella Antibody IgM	\$83.00
BSA	Beta Strep Screen Throat, Group A Antigen	\$46.00
BSPB	BATH SALTS PANEL, BLOOD (NMS) DO NOT USE	\$228.00
BSPB2	BATH SALTS PANEL, BLOOD (NMS2626B)	\$204.00
BSPU	BATH SALTS PANEL, URINE (NMS)	\$288.00
BSPUE	BATH SALTS/STIMULANTS-EXPANDED (8756BU NMS)	\$288.00
BUN	BUN	\$42.00
BUNMS	BUPROPION AND METABOLITE	\$139.00
BUPNT	BUPRENORPHINE, TISSUE	\$383.00
BUSNM	BUSPIRONE (NMS)	\$126.00
BZNMS	BENZODIAZEPINES PANEL (NMS)	\$202.00
BZNMT	BENZODIAZEPINES PANEL, TISSUE NMS	\$252.00
C1HS	C1 Esterase Inhibitor	\$152.00
C2	Complement C2	\$69.00
C2729	CA 27.29	\$95.00
C3COM	Complement C3, Serum	\$60.00
C4COM	Complement C4, Serum	\$46.00
C5	Complement C5 Level	\$193.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

CA	Calcium	\$45.00
CA125	Cancer Antigen (CA) 125	\$81.00
CA153	Cancer Antigen 15-3	\$119.00
CA199	Carbohydrate Ag 19-9	\$95.00
CADB	Cadmium, Blood	\$95.00
CADPR	Cadmium Std Profile, Blood/Ur	\$60.00
CADUR	Cadmium, Urine	\$0.01
CAFNM	CAFFEINE	\$141.00
CAIOO	Calcium Ionized	\$60.00
CALCS	Calcitonin, Serum	\$137.00
CAMAG	Campylobacter Antigen	\$100.00
CAMPY	Campylobacter, Additional Pathogen Billing	\$15.00
CANMS	CARBAMAZEPINE AND METABOLITE (NMS)	\$91.00
CARBA	Carbamezapine (Tegretol)	\$93.00
CARBP	CARBAMAZEPINE PANEL	\$60.00
CAROB	Carotene, Beta	\$88.00
CARP	CARISOPRODOL PANEL	\$125.00
CARPT	CARISOPRODOL TISSUE PANEL	\$200.00
CATPL	Catecholamines, Plasma	\$151.00
CATU	Catecholamines, Ur., Free, 24 Hr	\$55.00
CBCWD	CBC With Platelet and Differential	\$50.00
CCPG	CCP Antibodies IgG/IgA	\$130.00
CDBIL	Direct Bili Test	\$38.00
CDIFP	CDIFF by PCR	\$121.00
CEA	CEA	\$180.00
CENAB	Anti-Centromere B Antibodies	\$95.00
CERU	Ceruloplasmin	\$68.00
CFGLU	CSF Glucose	\$109.00
CFTP	CSF Protein	\$72.00
CH50	Complement, Total (CH50)	\$74.00
CHLFN	CHLOROFORM	\$169.00
CHLNU	CHLORAL HYDRATE	\$149.00
CHLON	CHLORPROMAZINE (NMS)	\$117.00
CHLTC	Chlamydia trachomatis Culture	\$202.00
CHLTM	Chlamydia trach Ab, IgM	\$97.00
CHLZN	CHLORZOXAZONE (NMS)	\$525.00
CHNMS	CHLORPHENIRAMINE	\$174.00
CHOL	Cholesterol	\$32.00
CHOLR	Cholinesterase, RBC	\$114.00
CHOLS	Cholinesterase, Serum	\$70.00
CHTAB	Antichromatin Antibodies	\$402.00
CHRGA	Chromogranin A	\$239.00
CHROM	Chromium, Plasma	\$95.00
CINMS	CITALOPRAM (NMS)	\$169.00
CITAU	Citric Acid (Citrates), Urine	\$88.00
CITNF	CITALOPRAM, FLUID (NMS)	\$319.00
CITNT	CITALOPRAM, TISSUE (NMS)	\$371.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to tier 2 for current pricing.

ME 18 Teir 2 Pricing 102315

CITP	CITALOPRAM	\$122.00
CITPT	CITALOPRAM, TISSUE	\$308.00
CKISO	CK, Total+Isoenzymes	\$134.00
CKMB	CK MB Fraction	\$92.00
CL	Chloride	\$53.00
CLNMS	CLONAZEPAM AND METABOLITE	\$80.00
CLONF	CLONAZEPAM AND METABOLITE, FLUID	\$123.00
CLONN	CLONIDINE	\$241.00
CLONT	CLONAZEPAM AND METABOLITE, TISSUE	\$148.00
CLPNM	CLOZAPINE AND METABOLITE	\$132.00
CMNMS	CLOMIPRAMINE AND METABOLITE	\$134.00
CMP	Comprehensive Metabolic Panel	\$86.00
CMVCX	Cytomegalovirus (CMV) Culture	\$291.00
CMVG	CMV Ab, IgG	\$74.00
CMVM	CMV Ab, IgM	\$76.00
CO2	CO2	\$20.00
COBAL	Cobalt, Plasma	\$270.00
COCC	COCAINE METABOLITE CONFIRMATION BY GC/MS	\$75.00
COCCR	COCAINE METABOLITE CONFIRMATION	\$100.00
COCP	COCAINE PANEL	\$145.00
COCPT	COCAINE PANEL TISSUE	\$200.00
COCUM	COCAINE METABOLITE	\$206.00
COHB	CARBOXYHEMOGLOBIN	\$235.00
COHBP	CARBON MONOXIDE	\$25.00
COLD	Cold Agglut Titer, Qn	\$64.00
CONMS	CARBON MONOXIDE PROFILE (NMS)	\$159.00
COPPU	Copper, Urine	\$88.00
COPS	Copper, Serum	\$88.00
COPU	Copper, Urine	\$88.00
CORSO	Cortisol, Serum LCMS	\$131.00
CORT	Cortisol	\$35.00
CORTU	Cortisol, Urinary Free	\$102.00
CPEP	C PEPTIDE	\$81.00
CPK	CPK	\$50.00
CQ10T	Coenzyme Q10, Total	\$78.00
CRBNT	CARBAMAZEPINE AND METABOLITE, TISSUE	\$308.00
CREAP	Creatinine and GFR Profile	\$55.00
CRP	C-REACTIVE PROTEIN	\$40.00
CRP1	C-REACTIVE PROTEIN	\$40.00
CRYAG	Cryptococcal Antigen with reflex Titer	\$125.00
CRYOG	Cryoglobulin, QI	\$60.00
CRYPT	Cryptosporidium Antigen, Stool	\$109.00
CRYTI	Cryptococcus Ag Titer	\$93.00
CTNAA	Chlamy trachomatis, NAA	\$73.00
CTXS	C-Telopeptide, Serum	\$0.01
CXAFB	Culture, Acid Fast	\$63.50
CXANA	Culture, Anaerobic	\$150.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

CXBLD	Culture, Blood	\$145.00
CXCAT	Culture, Cath Tip	\$200.00
CXCSF	Culture, Cerebrospinal Fluid	\$250.00
CXEAR	Culture, Ear	\$250.00
CXEYE	Culture, Eye	\$200.00
CXFLD	Culture, Fluid Aero_Ana	\$278.00
CXFNB	Culture, Fungal Blood	\$250.00
CXFND	Culture, Fungus Dermal_KOH	\$250.00
CXFUN	Culture, Fungal KOH	\$150.00
CXGC	Culture, GC	\$52.00
CXGEN	Culture, Genital	\$120.00
CXGRB	Culture, Group B Strep	\$130.00
CXME	Culture, Other	\$50.00
CXMRS	Culture, MRSA Screen	\$172.00
CXRSL	Culture, Respiratory Lower	\$150.00
CXRSU	Culture, Respiratory Upper	\$250.00
CXSIN	Culture, Sinus Respiratory	\$250.00
CXSTL	Culture, Stool	\$150.00
CXTHR	Culture, Throat Group A Strep	\$248.00
CXTIS	Culture, Tissue Aero_Ana Cx	\$150.00
CXURN	Culture, Urine	\$50.00
CXVIB	Culture, Vibrio	\$250.00
CXVIR	Viral Culture, General	\$81.37
CXVRE	Culture, VRE Screen	\$130.00
CXWDA	Culture, Wound Deep Abscess Aero_Ana	\$250.00
CXWSS	Culture, Wound Surgical Swab Aero_Ana	\$250.00
CXWSU	Culture, Wound Superficial Aerobic	\$250.00
CXYER	Culture, Yersinia	\$61.00
CYANM	CYANIDE SCREEN	\$84.00
CYCL	Cyclosporine, LC-MS/MS	\$132.00
CYCNF	CYCLOBENZAPRINE, FLUID	\$262.00
CYNMS	CYCLOBENZAPRINE	\$88.00
CYNMT	CYCLOBENZAPRINE, TISSUE	\$313.00
CYSFP	Cystic Fibrosis Profile	\$295.00
CYSTU	Cystine, Quantitative, Urine	\$304.00
D002	D002-IgE D farinae Mite	\$35.00
DAT	Direct Coombs	\$29.00
DENMS	DEXTRO/LEVO METHORPHAN	\$121.00
DFNMS	1,1-DIFLUOROETHANE (DFE)	\$499.00
DHEA	Dehydroepiandrosterone	\$95.00
DHEAS	DHEA - Sulfate	\$68.00
DHNMT	DIHYDROCODEINE/HYDROCODOL - TOTAL	\$364.00
DICYN	DICYCLOMINE (NMS)	\$258.00
DIG	Digoxin	\$68.00
DILAN	Phenytoin	\$81.00
DIMER	D-Dimer	\$92.00
DINMS	DILTIAZEM	\$258.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

DIPP	DIPHENHYDRAMINE PANEL	\$120.00
DIPPT	DIPHENHYDRAMINE TISSUE PANEL	\$206.00
DIPTH	Diphtheria Antitoxoid	\$123.00
DISOS	Disopyramide, Serum	\$116.00
DMTNU	DIMETHYLTRYPTAMINE	\$284.00
DNASE	Anti-DNase B Strep Abs	\$74.00
DOGHD	E005-IgE Dog Hair/Dander	\$55.00
DONMS	DOXEPIN AND METABOLITE	\$92.00
DOXNF	DOXEPIN AND METABOLITE, FLUID	\$266.00
DOXNT	DOXEPIN AND METABOLITE, TISSUE	\$318.00
DOYNF	DOXYLAMINE, FLUID	\$290.00
DRUGS	Drug Screen(Blood or Serum)	\$15.00
DSCAL	CALL IN DRUG SCREEN	\$85.00
DSCOL	DRUG SCREEN COLLECTION ONLY	\$30.00
DSDNA	Anti-DNA (DS) Ab Qn	\$81.00
DUNMS	DULOXETINE	\$215.00
DXYNM	DOXYLAMINE	\$162.00
E001	E001-IgE Cat Hair/Dander,Stan	\$55.00
EBEAG	EBV Early Ag Ab, IgG	\$0.01
EBVCG	EBV Ab VCA, IgG	\$106.00
EBVCM	EBV Ab VCA, IgM	\$106.00
EBVNG	EBV Nuclear Ag Ab, IgG	\$106.00
EGNMS	ETHYLENE GLYCOL	\$206.00
EGNMT	ETHYLENE GLYCOL, TISSUE (NMS)	\$367.00
ELECP	Electrolytes	\$44.00
ELEPB	ELECTROLYTE PANEL	\$30.00
ELEPV	ELECTROLYTE PANEL	\$75.00
ENDAG	Endomysial Antibody IgA	\$75.00
ENPCR	Enterovirus RT-PCR	\$68.00
EOSM	EOSINOPHILS, MANUAL	\$43.00
ERYTH	Erythropoietin	\$95.00
ESNMS	ESTAZOLAM	\$340.00
ESR	Sedimentation Rate	\$50.00
ESTFR	Estrogens Fractionated	\$200.00
ESTFS	Estradiol, Free Serum	\$338.00
ESTR	Estradiol	\$47.00
ESTRI	Estriol, Serum	\$96.00
ESTRO	Estrone, Serum	\$164.00
ESTRS	Estrogens, Total	\$117.00
ESZNM	ESZOPICLONE/ZOPICLONE	\$361.00
ETHGL	Ethylene Glycol, Serum	\$153.00
EXINF	EXTENDED INFANT SCREEN (PEDIATRIX)	\$65.00
F002	F002-IgE Milk (Cow)	\$55.00
F008	F008-IgE Corn	\$55.00
F026	F026-IgE Pork	\$55.00
F027	F027-IgE Beef	\$83.00
F052	F093-IgE Chocolate/Cocoa	\$55.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

F078	F078-IgE Casein	\$55.00
F083	F083-IgE Chicken	\$55.00
F092	F092-IgE Banana	\$55.00
F10A	Factor X Activity	\$158.00
F11A	Factor XI Activity	\$256.00
F245	F245-IgE Egg, Whole	\$55.00
F279	F279-IgE Chili Pepper	\$55.00
F309	F309-IgE Chick Pea	\$55.00
F5A	Factor V Activity	\$137.00
F5LEI	Factor V Leiden Mutation	\$200.00
F8A	Factor VIII Activity	\$258.00
F9A	Factor IX Activity	\$193.00
FDF10	FLORIDA DRUG FREE WP 10	\$42.00
FDFBA	FLORIDA DRUG FREE BLOOD ALCOHOL	\$20.00
FDFW5	FLORIDA DRUG FREE WP 5	\$42.00
FDFW8	FLORIDA DRUG FREE WP 8	\$42.00
FECQL	Fecal Fat, Qualitative	\$323.00
FECQN	Fecal Fat, Quantitative	\$260.00
FEDDS	FEDERAL DRUG SCREEN	\$60.00
FENNT	FENTANYL AND METABOLITE, TISSUE (NMS)	\$206.00
FENP	FENTANYL PANEL	\$150.00
FENPN	FENTANYL AND METBOLITE (NMS)	\$150.00
FENPT	FENTANYL PANEL, TISSUE	\$206.00
FER	Ferritin	\$86.00
FFN	Fetal Fibronectin	\$1,049.00
FIBR	Fibrinogen	\$50.00
FLNMS	FLUOXETINE AND METABOLITE (NMS)	\$138.00
FLUAB	Influenza A and B Antigen Screen	\$92.00
FLUNF	FLUOXETINE AND METABOLITE, FLUID (NMS)	\$172.00
FLUNT	FLUOXETINE AND METABOLITE, TISSUE (NMS)	\$165.00
FLUNU	FLUOXETINE AND METABOLITE, URINE (NMS)	\$113.00
FLUON	FLUOROCARBONS (11, 12, 22, 113) SCREEN	\$351.00
FLUOP	FLUOXETINE AND METABOLITE	\$65.00
FLUPN	FLUPHENAZINE	\$172.00
FLURN	FLURAZEPAM AND METABOLITES	\$244.00
FLUVN	FLUVOXAMINE	\$169.00
FOLAT	Folic Acid	\$49.00
FRUC	Fructosamine	\$79.00
FSH	FSH	\$137.00
FT3	Free T3	\$85.00
FT4	FT4	\$74.00
FUNST	Stain, Fungal KOH	\$40.00
G6PD	G-6-PD, Blood	\$95.00
G6PDB	G-6-PD, Quant, Blood and RBC	\$95.00
GABNT	GABAPENTIN, TISSUE (NMS)	\$301.00
GABP	GABAPENTIN	\$104.00
GABPT	GABAPENTIN	\$271.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

GABS	Gabapentin, Serum	\$116.00
GAD	Glutamic Acid Decarboxylase CSF	\$220.00
GANMS	GABAPENTIN	\$105.00
GASTS	Gastrin, Serum	\$88.00
GBMA	GBM Ab, IgA, IFA	\$267.00
GCNAA	Neiss gonorrhoeae, NAA	\$146.00
GCPRB	GC AMP/DNA	\$50.00
GDSME	GASTRIC DRUG SCREEN	\$190.00
GENPR	Chlamydia/Gonococcus, DNA Probe	\$60.00
GENTP	Gentamicin Peak	\$32.00
GENTR	Gentamicin Random	\$120.00
GENTT	Gentamicin Trough	\$32.00
GHBP	GHB PANEL	\$150.00
GHBPT	GHB PANEL, TISSUE	\$206.00
GHBPU	GHB PANEL, URINE	\$128.75
GIASC	Ova and Parasite Screen, Gia Ag	\$236.00
GL2PP	Glucose 2hr PP	\$50.00
GLOB	Globulin	\$25.00
GLU	Glucose	\$40.00
GLUAD	GLUCOSE, ADDITIONAL CHARGE	\$7.00
GLUMB	GLUCOSE	\$7.00
GLUMV	GLUCOSE	\$7.00
GLYCM	GlycoMark(R)(1,5 AG)	\$0.01
GLYNF	GLYCOLS PANEL, FLUID (NMS)	\$459.00
GRAM	Gram Stain, Aerobic	\$7.00
GRAMF	Gram Stain, Fungal	\$99.00
GRIND	Tissue Grind	\$31.00
GUNMS	GUAIFENESIN	\$314.00
HA1C	Hemoglobin A1C	\$51.00
HALNM	HALOCARBONS PANEL	\$226.00
HANDF	HANDLING FEE	\$30.00
HANDP	HANDLING FEE for DNA PATERNITY	\$50.00
HANMS	HALOPERIDOL	\$91.00
HAPTO	Haptoglobin	\$71.00
HAVAM	HAVA IGM	\$104.00
HAVAT	HAVA TOTAL	\$104.00
HBCM	ANTI HBc IGM	\$48.00
HBCT	ANTI HBc TOTAL	\$48.00
HBEAB	Hep Be Ab	\$90.00
HBEAG	Hep Be Ag	\$83.00
HBSAB	Anti HBS	\$117.00
HBSAG	HBs Ag	\$86.00
HBVPC	HBV Real-Time PCR, Quant	\$61.00
HCGM	MALE HCG	\$126.00
HCGQ	HCG Quantitative	\$126.00
HCT	HCT	\$25.00
HCV	Anti HCV	\$250.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

HCVG	HCV Genotyping Non Reflex	\$693.00
HCVQ	Hepatitis C Quant	\$454.00
HEPP	Hepatitis Panel Acute	\$294.00
HEPPC	HEPATITIS PANEL CHRONIC	\$250.00
HERNM	HERBICIDES PANEL 1 SCREEN	\$293.00
HFBIL	Liver profile	\$85.00
HGB	HGB	\$25.00
HGBFX	HEMOGLOBIN FRACTIONATED PROFILE	\$95.00
HGHS	Growth Hormone, Serum	\$95.00
HHCP	HALOGENATED HYDROCARBON SCREEN	\$75.00
HHCPU	HALOGENATED HYDROCARBON SCREEN, URINE	\$75.00
HHEMD	Hered.Hemochromatosis, DNA	\$0.01
HIPA	Heparin Induced Plt Ab	\$491.00
HISAG	Histoplasma Antigen	\$598.00
HIV,E	HIV I, O, & II	\$101.00
HIVE	HIV I, O, & II	\$35.00
HIVGE	GenoSure Plus	\$1,654.00
HIVRN	HIV-1 RNA by PCR	\$583.00
HIVRP	HIV RNA, Real Time PCR	\$182.00
HIVRQ	HIV-1 RNA Qualitative	\$157.00
HIVWB	HIV Confirm	\$85.00
HLATP	HLA Typing (A, B, and C Loci)	\$500.00
HMGP	Hemogram with Platelet	\$29.00
HMS1B	Heavy Metals Profile I, Blood	\$76.00
HOLD	HOLD TOXICOLOGY TESTING	\$25.00
HOM10	TISSUE HOMOGENIZATION-MDMPT	\$88.00
HOM11	TISSUE HOMOGENIZATION-METHADONE	\$25.00
HOM12	TISSUE HOMOGENIZATION-OPIATES, FREE	\$25.00
HOM13	TISSUE HOMOGENIZATION-OPIATES, TOTAL	\$25.00
HOM14	TISSUE HOMOGENIZATION-TRAMADOL	\$25.00
HOM15	TISSUE HOMOGENIZATION	\$25.00
HOMAU	Homovanillic Acid, Random Ur	\$75.00
HOMT	TISSUE HOMOGENIZATION-DRUG SCREEN	\$25.00
HOMT1	TISSUE HOMOGENIZATION-VOLATILES	\$25.00
HOMT2	TISSUE HOMOGENIZATION-AMPHETAMINES	\$25.00
HOMT3	TISSUE HOMOGENIZATION-AMITRIPTYLINE	\$25.00
HOMT4	TISSUE HOMOGENIZATION-BARBITURATES	\$25.00
HOMT5	TISSUE HOMOGENIZATION-BENZODIAZEPINES	\$25.00
HOMT6	TISSUE HOMOGENIZATION-CARISOPRODOL	\$25.00
HOMT7	TISSUE HOMOGENIZATION-COCAINE	\$25.00
HOMT8	TISSUE HOMOGENIZATION-DIPHENYDRAMINE	\$25.00
HOMT9	TISSUE HOMOGENIZATION-FENTANYL	\$25.00
HPYAG	H. pylori Stool Ag, EIA	\$256.00
HPYLA	H. pylori, IgA ABS	\$161.00
HPYLG	H. pylori IgG, Abs	\$161.00
HPYLM	H.pylori, IgM ABS	\$161.00
HRCUT	HISTOLOGY RE-CUT	\$22.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

HS12M	HSV, IgM I/II Combin	\$81.00
HSV12	HSV I/II IgG Rflx I-II Type Sp	\$81.00
HSV1G	HSV 1 IgG, Type Spec	\$118.00
HSV2G	HSV 2 IgG, Type Spec	\$118.00
HSVCX	HSV Culture and Typing	\$149.00
HSVPC	HSV BY PCR	\$81.00
HYNMS	HYDROXYZINE	\$121.00
IBNMF	IBUPROFEN, FLUID (NMS)	\$256.00
IBNMS	IBUPROFEN	\$85.00
IBNMT	IBUPROFEN, TISSUE	\$307.00
ID	Identification, Definitive Aerobic	\$77.00
IDA	Identification, Definitive Anaerobic	\$62.00
IDY	Identification, Yeast	\$55.00
IFE-S	Serum Immuno	\$84.00
IFE-U	URINE IMMUNO	\$84.00
IGA	IGA	\$59.00
IGALC	Immunoglobulin A, Qn	\$59.00
IGD	Immunoglobulin D, Quant	\$102.00
IGE	IGE	\$68.00
IGF1	Ins-Like Growth Fact I	\$109.00
IGG	IGG	\$0.01
IGGQN	Immunoglobulin G, Qn	\$91.00
IGM	IGM	\$59.00
IMNMS	IMIPRAMINE AND METABOLITE	\$223.00
INHAN	INHALANTS PANEL (NMS 2415B)	\$120.00
INHNM	INHALANTS PANEL (NMS)	\$355.00
INNMS	INHALANT PANEL, ABUSED GASES	\$153.00
INSAB	Insulin Antibodies	\$206.00
INSL	INSULIN	\$30.00
INSU	Insulin	\$189.00
IODNM	IODIDE	\$216.00
IRON	Iron	\$38.00
IRPPB	CARBON MONOXIDE-IRON RATIO PROFILE	\$388.00
IRPPT	CARBON MONOXIDE-IRON RATIO PROFILE, TISSUE	\$468.00
K	Potassium	\$84.00
K082	K082-IgE Latex	\$55.00
KENMS	KETAMINE AND METABOLITE	\$117.00
KETNM	KETOROLAC	\$323.00
KETP	KETONE	\$268.00
KFLC	Free Kappa	\$49.00
KLONS	Clonazepam (Klonopin)	\$159.00
LACID	Lactic Acid	\$59.00
LACNM	LACOSAMINE	\$177.00
LACTO	Lactoferrin, Fecal	\$100.00
LAIGE	LATEX SPECIFIC IgE (RIA) PANEL (IBT)	\$99.30
LAMOT	Lamotrigine, Serum	\$46.00
LANMS	LAMOTRIGINE	\$94.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

LAP	Leukocyte Alk Pho Score	\$304.00
LBALC	LEGAL BLOOD ALCOHOL	\$155.00
LDISO	LD Isoenzymes	\$121.00
LDLD	LDL Chol. (Direct)	\$53.00
LEAD	Lead, Blood (Adult)	\$43.00
LEADP	Lead Standard Profile w/ZPP	\$60.00
LEANM	LEAD (NMS)	\$76.00
LEGAB	Legion pneumophila Abs	\$134.00
LEGAG	Legionella pneumophila Urinary Antigen	\$0.01
LENMS	LEVETIRACETAM	\$127.00
LEVS	Levetiracetam, Serum (Keppra)	\$139.00
LFLC	FREE LAMBDA	\$0.01
LGPCR	Legionella Species by PCR	\$932.00
LH	LH	\$131.00
LIDNM	LIDOCAINE AND METABOLITE (MEGX)	\$162.00
LIDO	Lidocaine	\$158.00
LINMS	LITHIUM (NMS)	\$71.00
LIPAS	Lipase	\$50.00
LIPID	Lipid Evaluation	\$101.00
LITNF	LITHIUM, FLUID (NMS)	\$225.00
LITPE	LITIGATION PACKAGE EXTENDED	\$1.00
LITPK	LITIGATION PACKAGE	\$95.00
LKM	Liver-Kid Microsomal Ab	\$92.00
LOBST	F080-IgE Lobster	\$55.00
LONMS	LORATADINE AND METABOLITE	\$233.00
LPA	Lipoprotein (a)	\$49.00
LSDSC	LSD SCREEN	\$97.00
LSNMS	LSD	\$268.00
LUPAC	Lupus Anticoagulant Reflex	\$338.00
LYMGM	Lyme Disease, Antibody Total With Reflex	\$68.00
LYMPC	Lyme(B. burgdorferi)PCR	\$472.00
M005	M005-IgE Candida albicans	\$55.00
M1NMS	METALS/METALLOIDS PANEL 1	\$218.00
M1NMU	METALS/METALLOIDS PANEL 1, URINE (NMS) TOX	\$245.00
M2AB	Mitochondrial (M2) Ab	\$67.00
M3NMS	METALS/METALLOIDS PANEL 3	\$320.00
MALAR	MALARIA SLIDE REVIEW	\$43.00
MALBR	Microalbumin -Random	\$50.00
MANG	Manganese, Plasma	\$95.00
MDAC	MDA/MDMA CONFIRMATION BY GC/MS	\$65.00
MDACR	MDA/MDMA CONFIRMATION	\$65.00
MDIFF	Differential Manual	\$77.00
MDMP	MDMA/MDA PANEL	\$150.00
MDMPT	MDMA/MDA TISSUE PANEL	\$206.00
MDPV	MDPV STIMULANT DESIGNER DRUG (NMS)	\$200.00
MDSME	DRUG SCREEN	\$190.00
MEMNM	MEMANTINE (NMS)	\$291.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to tier 2 for current pricing.

ME 18 Teir 2 Pricing 102315

MENMS	METOPROLOL	\$118.00
MENMT	METALS/METALLOIDS PANEL, TISSUE	\$552.00
MEPHN	MEPHEDRONE	\$195.00
MEPNM	MEPERIDINE AND METABOLITE	\$174.00
MERCU	Mercury, Urine	\$82.00
METAP	Metanephrines, Frac., Pl. Free	\$300.00
METFU	Metanephrines, Frac, Qn, 24-Hr	\$214.00
METHA	METHANE	\$236.00
METHB	Methemoglobin	\$235.00
METNF	METFORMIN, FLUID (NMS)	\$305.00
METNM	METHOCARBAMOL	\$146.00
METNT	METHYLPHENIDATE AND METABOLITE, TISSUE (NMS)	\$170.00
METRNI	METRONIDAZOLE	\$299.00
MG	Magnesium	\$60.00
MIC	Sensitivity, MIC	\$117.00
MICAD	Sensitivity, MIC	\$300.00
MIDP	MISCELLANEOUS SUBSTANCE IDENTIFICATION	\$200.00
MILEC	MILEAGE CHARGE	\$0.56
MINMS	MIRTAZAPINE	\$105.00
MIRNT	MIRTAZAPINE, TISSUE	\$321.00
MIRP	MIRTAZAPINE	\$99.00
MISCT	Miscellaneous Test	\$0.01
MIXTH	Thrombin Mixing Study	\$69.00
MMAS	Methylmalonic Acid	\$435.00
MONO	MONO TEST	\$54.00
MPHNM	METHYLPHENIDATE AND METABOLITE	\$120.00
MPOAB	Antimyeloperoxidase Abs	\$159.00
MRO	MEDICAL REVIEW OFFICER	\$10.00
MRSAP	MRSA BY PCR	\$172.00
MTDC	METHADONE CONFIRMATION BY GC/MS	\$50.00
MTDCR	METHADONE CONFIRMATION	\$50.00
MTDP	METHADONE PANEL	\$120.00
MTDPT	METHADONE TISSUE PANEL	\$387.00
MTFNM	METFORMIN	\$155.00
MTNMT	METHADONE AND METABOLITE, TISSUE (NMS)	\$495.00
MTXNM	METAXALONE	\$188.00
MUMG	Mumps IgG	\$44.00
MUMPG	Mumps Abs, IgG	\$44.00
MUMPM	Mumps Antibodies, IgM	\$0.01
MYCIG	Mycoplasma pneumoniae, IgG Ab	\$74.00
MYCOM	MYCOPLASMA IGM	\$318.00
MYLAM	Anti-Myelin Assoc. Gly. IgM	\$134.00
MYOGS	Myoglobin, Serum	\$46.00
MYOGU	Myoglobin, Urine	\$46.00
NALBN	NALBUPHINE - FREE (NMS)	\$270.00
NANMS	NAPROXEN	\$90.00
NASAL	NASAL SWAB SCREEN	\$50.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

NH3	Ammonia	\$64.00
NICME	Nicotine and Metabolite, Quant	\$340.00
NONMS	NITROUS OXIDE	\$406.00
NORTP	Nortriptyline, Serum or Plasma	\$0.01
NTXS	N-Telopeptide, Serum	\$275.00
NTXU	N-Telopeptide, Urine	\$275.00
OCCBL	Occult Blood Stool	\$70.00
OLIGB	Oligoclonal Banding	\$299.00
OLNMS	OLANZAPINE	\$240.00
OPCON	Ova and Parasite Concentrate	\$5.00
OPIC	OPIATES CONFIRMATION BY GC/MS	\$125.00
OPICR	OPIATES CONFIRMATION	\$120.00
OPNMT	OPIATES PANEL - TOTAL, TISSUE (NMS)	\$369.00
OPPF	OPIATE PANEL FREE	\$200.00
OPPFT	OPIATE PANEL FREE TISSUE	\$268.00
OPPT	OPIATE PANEL TOTAL	\$200.00
OPPTT	OPIATE PANEL TOTAL TISSUE	\$268.00
OPTRC	Ova and Parasite Trichrome	\$62.00
ORNMS	ORPHENADRINE	\$177.00
OSMOS	OSMOLALITY SERUM	\$43.00
OXALU	Oxalate, Quant, 24-Hour Urine	\$101.00
OXBNM	OXYBUTYNIN (NMS)	\$376.00
OXCAR	Oxcarbazepine	\$63.00
OXNMS	OXCARBAZEPINE as METABOLITE	\$97.00
PANCA	Pancreatic Islet Cells	\$138.00
PANMS	PAROXETINE	\$98.00
PAPS	Prostatic Acid Phos	\$84.00
PARAB	Antiparietal Cell Ab	\$130.00
PARNF	PAROXETINE, FLUID	\$264.00
PARVG	Parvovirus B19, IgG	\$102.00
PATPM	PATERNITY TESTING-POST MORTEM	\$200.00
PATRA	PATERNITY TESTING-ADDITIONAL PARTY	\$150.00
PATRN	PATERNITY TESTING-3 PARTY	\$400.00
PCB	PCB, Arochlors 1254/1260, PL	\$416.00
PCPC	PHENCYCLIDINE CONFIRMATION BY GC/MS	\$65.00
PCPCR	PHENCYCLIDINE CONFIRMATION	\$65.00
PCPP	PHENCYCLIDINE	\$80.00
PENMT	PESTICIDES/INSECTICIDES SCREEN, TISSUE	\$584.00
PENNM	PENTAZOCINE (NMS)	\$123.00
PEP	Protein Electro	\$69.00
PERPN	PERPHENAZINE (NMS)	\$161.00
PETDN	PETROLEUM DISTILLATES PANEL	\$463.00
PFNMS	PROPOFOL	\$196.00
PFNMT	PROPOFOL, TISSUE	\$440.00
PHDNM	PHENDIMETRAZINE AND METABOLITE	\$214.00
PHENB	Phenobarbitol	\$193.00
PHENN	PHENN	\$129.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

PHENP	PHENYTOIN PANEL	\$65.00
PHENT	PHENTERMINE, TISSUE (NMS)	\$354.00
PHNFS	Phenytoin, Free, Serum	\$143.00
PHNMS	PHENTERMINE	\$190.00
PHOS	Phosphorus	\$55.00
PHOSG	Phosphatidylserine IgG	\$114.00
PHYNM	PHENYTOIN (NMS)	\$114.00
PICUP	SPECIMEN PICKUP TRIP CHARGE	\$150.00
PINEA	F210-IgE Pineapple	\$55.00
PINWM	Pinworm Prep	\$105.00
PIPNM	PIPERAZINE DESIGNER DRUGS PANEL	\$487.00
PLACG	Lp-Pla2 Plac Test	\$98.00
PLAGG	Platelet Aggregation	\$62.00
PLASM	Plasminogen	\$125.00
PLNMS	PROPRANOLOL	\$97.00
PLT	Platelet Count	\$42.00
PLTNE	Platelet Neutralization	\$179.00
PMAP	PMA/PMMA	\$300.00
PORBU	Porphobilinogen, Qn Ur	\$206.00
PORPU	Porphyrins, Qn, 24 Hr Ur.	\$130.00
PPNMS	PROPOXYPHENE	\$165.00
PPXC	PROPOXYPHENE CONFIRMATION BY GC/MS	\$65.00
PPXCR	PROPOXYPHENE CONFIRMATION	\$65.00
PPXNF	PROPOXYPHENE AND METABOLITE, FLIUD	\$190.00
PR3AB	Antiproteinase 3 Abs	\$200.00
PRCAG	Protein C Antigen	\$95.00
PREA	Prealbumin	\$54.00
PREG	Serum Pregnancy Test	\$45.00
PREGN	Pregnenolone, MS	\$164.00
PREMS	Pregnenolone, MS	\$164.00
PRENM	PREGABALIN	\$269.00
PRIMS	Primidone, Serum	\$52.00
PRIN	PRIMIDONE	\$52.00
PRINM	PRIMIDONE, PHENOBARBITAL, PEMA	\$141.00
PRNMS	PROMETHAZINE	\$90.00
PROC	Procainamide, Serum	\$47.00
PROCA	Procainamide	\$137.00
PROF1	PROFILE 1	\$12.00
PROG	Progesterone	\$44.00
PROIN	Proinsulin	\$137.00
PROLA	Prolactin	\$75.00
PRSAG	Protein S-Antigen	\$308.00
PRSFU	Protein S-Functional	\$137.00
PSA	Prostate Specific Antigen	\$50.00
PSAFR	PSA, Free	\$238.00
PSAG	Prostate Specific Ag	\$50.00
PSASC	Prostate Specific Antigen Screen	\$50.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

PSAUS	PSA, Ultrasensitive	\$109.00
PSCNM	PSEUDOEPHEDRINE vs EPHEDRINE CONFIRMATION	\$190.00
PSSNM	PSEUDOEPHEDRINE vs EPHEDRINE SCREEN	\$248.00
PT	Prothrombin Time	\$40.00
PTH	PTH Intact	\$217.00
PTHRP	PTH-Related Peptide	\$345.00
PTT	Partial Thromboplastin Time	\$96.00
PXNMT	PROPOXYPHENE PANEL, TISSUE	\$215.00
QUAD	QUAD SCREEN	\$255.00
QUIN	Quinidine	\$443.00
QUNMS	QUETIAPINE	\$121.00
QUNMT	QUETIAPINE, TISSUE	\$357.00
RANMS	RAMELTEON AND METABOLITE	\$221.00
RBCFO	Folate, RBC	\$50.00
RBCLC	RBC	\$0.01
RENAL	Kidney Panel 1	\$68.00
RENIN	Renin Activity, Plasma	\$88.00
RETA	Retic Count Automated %	\$40.00
RF	Rheumatoid Factor	\$65.00
RINMS	RISPERIDONE AND METABOLITE	\$131.00
RISNT	RISPERIDONE AND METABOLITE, TISSUE	\$354.00
RNP	RNP Antibodies	\$88.00
ROTAV	Rotavirus Antigen, Stool	\$52.00
RPR	RPR	\$39.00
RSV	Respiratory Syncytial Virus Antigen	\$126.00
RSVDF	Virus, RSV Ag, DFA	\$70.00
RUB	Rubella, IGG	\$146.00
RUBEG	Rubeola Ab, IgG, EIA	\$73.00
RUBEM	Rubeola Antibodies, IgM	\$93.00
RUBM	Rubella Antibodies, IgM	\$68.00
SALIC	Salicylate	\$102.00
SALNF	SALICYLATE, FLUID	\$187.00
SALS	SALICYLATES, SERUM	\$129.00
SANMS	SALICYLATES-TOTAL	\$201.00
SARPG	STATE ATTORNEY RECORDS PER PAGE	\$0.15
SARR	STATE ATTORNEY RESEARCH & RETRIEVAL	\$10.00
SCL70	Antiscleroderma-70 Abs	\$88.00
SCPN	SUBSTITUTED CATHINONE PANEL (NMS1021B)	\$239.00
SENMS	SERTRALINE	\$94.00
SERNF	SERTRALINE, FLUID	\$277.00
SERNM	SERTRALINE AND DESMETHYLSERTRALINE (NMS)	\$98.00
SERNT	SERTRALINE AND DESMETHYLSERTRALINE, TISSUE	\$315.00
SERO	Serotype	\$62.00
SEROB	Serotonin, Serum	\$200.00
SHBG	Sex Horm Binding Glob	\$112.00
SHIP	SPECIMEN SHIPPING	\$30.00
SICSC	Sickle Cell	\$35.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

SINMS	SILDENAFIL AND METABOLITE	\$396.00
SIRO	Sirolimus, Blood	\$258.00
SMITH	Smith Antibodies	\$88.00
SPEHN	Specimen Handling	\$31.00
SPERT	SPECIMEN RETURN FEE	\$55.00
SPEST	SPECIMEN STORAGE	\$550.00
SRHPA	Serotonin Release Assay	\$1,543.00
SSA	Sjogren's Anti-SS-A	\$88.00
SSB	Sjogren's Anti-SS-B	\$88.00
SSDNA	Anti-DNA(SS)IgG, Ab, Qn	\$116.00
STEC	STEC, Shiga Toxin E. coli	\$125.00
STR	Sol Transferrin Recept	\$0.01
STRIA	Anti-striation Abs	\$102.00
SYCAB	SYNTHETIC CANNABINOIDS, BLOOD (NMS) DO NOT USE	\$200.00
SYCB	SYNTHETIC CANNABINOIDS PANEL	\$231.00
SYCB2	SYNTHETIC CANNABINOIDS PANEL, BLOOD	\$237.00
SYCB3	SYNTHETIC CANNABINOIDS SCREEN, BLOOD	\$237.00
SYCNM	SYNTHETIC CANNABINOIDS CONFIRMATION	\$225.00
SYCU2	SYNTHETIC CANNANABINOIDS PANEL, URINE (9563U)	\$125.00
SYCU3	SYNTHETIC CANNABINOID METABOLITES, URINE (9562U)	\$128.00
SYEUA	SYNTHETIC CANNANABINOIDS METABS SCREEN, EXP UR ABBREV. REP	\$225.00
SYEUN	SYNTHETIC CANNABINOID METAB-EXPANDED URINE	\$225.00
SYSNM	SYNTHETIC CANNABINOIDS SCREEN	\$237.00
SYUSC	SYNTHETIC CANNABINOID METABOLITE, URINE	\$114.00
T006	T006-IgE Cedar Mountain	\$35.00
T030	T030-IgE Birch, White	\$35.00
T041	T041-IgE Hickory, White	\$35.00
T070	T070-IgE White Mulberry	\$35.00
T073	T073-IgE Pine, Australian	\$35.00
T280	T280-IgE Locust Tree	\$35.00
T3	T3, Total	\$74.00
T3UP	T3 Uptake	\$66.00
T4	T4	\$74.00
TACRO	Tacrolimus (FK506) Blood	\$235.00
TANMS	TAPENTADOL-FREE	\$267.00
TBG	Thyroxine Binding Glob	\$102.00
TBGOL	QuantiFERON TB Gold (In Tube)	\$231.00
TDSME	TISSUE DRUG SCREEN	\$220.00
TERNM	TERPINEOL	\$301.00
TEST	BILLING TEST CODE	\$10.00
TESTO	Testosterone	\$171.00
TETAG	Tetanus Antitoxoid IgG	\$74.00
TETNM	1,1,1,2-TETRAFLUOROETHANE (NMS)	\$535.00
TFMPP	3-TRIFLUOROMETHYLPHENYLPIPERZINE (NMS)	\$255.00
THCC	CANNABINOIDS CONFIRMATION BY GC/MS	\$80.00
THCCR	CANNABINOIDS CONFIRMATION	\$72.00
THCNT	CANNABINOIDS PANEL, TISSUE	\$311.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

THCP	CANNABINOIDS PANEL	\$150.00
THCUS	CANNABINOIDS, URINE IMMUNOASSAY SCREEN - THCUS	\$10.00
THEO	Theophylline	\$74.00
THEP	THEOPHYLLINE PANEL	\$91.00
THINM	THIOSULFATE	\$208.00
THIOR	THIORIDAZINE AND METABOLITE	\$168.00
THYG	Antithyroglobulin Ab	\$214.00
THYGA	Antithyroglobulin Ab	\$214.00
THYQT	Thyroglobulin, Qn.	\$148.00
TIBC	TIBC	\$48.00
TOBRP	Tobramycin Peak	\$59.00
TOBRR	TOBRAMYCIN RANDOM	\$120.00
TOBRT	Tobramycin Trough	\$59.00
TOLNM	TOLUENE (NMS)	\$115.00
TONMS	TOPIRAMATE	\$132.00
TOPIS	Topiramate, Serum	\$223.00
TOXIG	Toxoplasma gondii IgG	\$147.00
TOXIM	Toxoplasma gondii IgM	\$74.00
TP	Total Protein	\$91.00
TPBIL	Total Protein-Billing Only	\$91.00
TRANS	Tasnsferrin	\$251.00
TRAP	TRAMADOL	\$100.00
TRAPT	TRAMADOL TISSUE	\$200.00
TRIBT	TRYPTASE (IBT) for toxicology	\$98.00
TRIG	Triglycerides	\$35.00
TRNMS	TRAZODONE	\$77.00
TROP	Troponin	\$50.00
TRYP	Tryptase	\$150.00
TRZNF	TRAZODONE, FLUID	\$248.00
TSH	TSH	\$74.00
TSI	Thyroid Stim Immunoglob	\$68.00
TSTAT	TOX STAT CHARGE	\$75.00
TTGA	t-Transglutaminase IgA	\$60.00
TTGG	t-Transglutaminase IgG	\$66.00
TXMIS	MISCELLANEOUS TEST (TOXICOLOGY)	\$130.00
TZNT	TRAZODONE, TISSUE	\$300.00
UA	Urinalysis	\$50.00
UAME	URINALYSIS MEDICAL EXAMINER	\$25.00
UAMIC	Urine + Microscopic	\$50.00
UAMYR	Ur Amylase	\$45.00
UAOP	Urinalysis	\$50.00
UAR2	Urinalysis w/Mic + Culture Reflex	\$35.00
UCA24	24 Hr Urine Calcium	\$45.00
UCAR	UR CALCIUM RANDOM	\$58.00
UCL24	24 Hour Urine Chloride	\$45.00
UCLR	UR Chloride Random	\$41.00
UCRCL	24 Hour Creatinine Clearance	\$96.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

UCRER	Ur Creatinine Random	\$40.00
UDRG1	Urine Drugs of Abuse Panel (7 Panel)	\$77.00
UDS10	URINE DRUG SCREEN 10 PANEL	\$38.00
UDS12	URINE DRUG SCREEN 12 PANEL	\$72.00
UDS2	URINE DRUG SCREEN 2 PANEL	\$38.00
UDS5	URINE DRUG SCREEN 5 PANEL	\$38.00
UDS8	URINE DRUG SCREEN 8 PANEL	\$38.00
UDSME	URINE DRUG SCREEN COMPREHENSIVE	\$190.00
UDSSP	URINE DRUG SCREEN 10 PANEL	\$50.00
UDSZ8	URINE DRUG SCREEN ZERO TOLERANCE 8 PANEL	\$42.00
UDZ10	URINE DRUG SCREEN ZERO TOLERANCE 10 PANEL	\$42.00
UK24	24 HR UR POTASSIUM	\$45.00
UKR	Ur Potassium Random	\$40.00
UMG24	24 Hr Ur Magnesium	\$71.00
UMGR	Ur Magnesium Random	\$135.00
UMIC	URINE MICROSCOPIC	\$0.01
UNA24	24 Hr Ur Sodium	\$98.00
UNAR	Ur Sodium, Random	\$38.00
UOSMO	OSMOLALITY URINE	\$49.00
UPEP	Ur Protein Electro	\$77.00
UPHOR	Ur Phos, Random	\$57.00
UPO24	24 Hr Ur Phosphorous	\$64.00
UPREG	Urine Preg Test	\$33.00
URALM	URINE ALCOHOL CHARGE	\$15.00
UREO	EOSINOPHIL, URI	\$50.00
URIC	Uric Acid	\$46.00
USAAD	USA ADMINISTRATIVE FEE	\$18.00
USULF	SULFA SAL - Urine Protein Back up	\$112.00
UTP24	24 Hr Ur Protein	\$71.00
UTPR	URINE TOTAL PROTEIN, RANDOM	\$50.00
UUA24	24 Hr Ur Uric Acid	\$260.00
UUNC	UR UREA (G/24 HR)	\$260.00
UUNR	Ur Urea (random)	\$28.00
VALP	Valproic Acid	\$126.00
VALPP	VALPROIC ACID (TOX)	\$105.00
VANCP	Vancomycin, Peak	\$72.00
VANCR	Vancomycin, Random	\$68.00
VANCT	Vancomycin, Trough	\$72.00
VANMS	VALPROIC ACID (NMS)	\$147.00
VANMT	VALPROIC ACID, TISSUE (NMS)	\$350.00
VARG	VARICELLA IGG	\$51.00
VARZM	Varicella-Zoster Ab IgM	\$51.00
VB1P	Vit. B1, Plasma	\$126.00
VB1WB	Vit. B1, Whole Blood	\$126.00
VB2WB	Vitamin B2, Whole Blood	\$300.00
VDSME	VITREOUS DRUG SCREEN	\$190.00
VENIP	Venipuncture	\$27.50

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.

ME 18 Teir 2 Pricing 102315

VENMS	VERAPAMIL	\$127.00
VENNM	VENLAFAXINE AND METABOLITE	\$229.00
VENNT	VENLAFAXINE AND METABOLITE, TISSUE (NMS)	\$483.00
VINMS	VILAZODONE	\$206.00
VIPP	VIP, Plasma	\$158.00
VIRCX	Viral Culture, General	\$117.00
VITA	Vitamin A, Serum	\$93.00
VITB6	Vitamin B6	\$105.00
VITC	Vitamin C	\$105.00
VITD	Vitamin D	\$95.00
VITD1	Vitamin D, 1,25-Dihydroxy	\$141.00
VITE	Vitamin E(Alpha Tocoph)	\$95.00
VMAUR	VMA, Random Urine	\$112.00
VOLP	VOLATILE PANEL	\$150.00
VOLPT	VOLATILE TISSUE PANEL	\$200.00
VOLPU	VOLATILE PANEL, URINE	\$150.00
VOLPV	VOLATILE PANEL, VITREOUS	\$150.00
VVCAN	Candida species	\$107.00
VVGAR	Gardnerella vaginalis	\$107.00
VWFAC	vWF Activity	\$179.00
VWFAG	von Willebrand FactorAg	\$76.00
W001	W001-IgE Ragweed, Short/Com	\$35.00
W009	W009-IgE Plantain, Eng	\$35.00
W010	W010-IgE Lamb's Quarter	\$35.00
W013	W013-IgE Cocklebur	\$55.00
W014	W014-IgE Pigweed, Rough	\$55.00
W018	W018-IgE Sheep Sorrel	\$55.00
W020	W020-IgE Nettle	\$55.00
WARN	WARFARIN	\$106.00
WBC	WBC ONLY	\$42.00
WITFD	WITNESS FEE DAY RATE	\$750.00
WITFH	WITNESS FEE HOURLY	\$160.00
WNILA	West Nile Virus Antibody,Serum	\$71.00
XCLIH	HISTOLOGY IMMUNOHISTOCHEM STAIN	\$75.00
XCLRC	HISTOLOGY RECUT SLIDE	\$2.50
XCSLD	HISTOLOGY H&E SLIDE	\$7.00
XCSPS	HISTOLOGY SPECIAL STAIN	\$15.00
XCTP	auto created	\$15.00
XYNMS	XYLAZINE	\$649.00
ZINC	Zinc, Plasma or Serum	\$300.00
ZINMS	ZIPRASIDONE	\$140.00
ZOLNF	ZOLPIDEM	\$320.00
ZOLNT	ZOLPIDEM, TISSUE (NMS)	\$372.00
ZONI	Zonisamide	\$277.00
ZONMS	ZOLPIDEM	\$131.00
ZONNM	ZONISAMIDE	\$173.00
ZPP	Protoporphyrin, FEP/ZPP	\$100.00

Note: Tier 2 is secondary pricing. See Tier 1 for primary. If test is not on primary, then refer to teir 2 for current pricing.