REQUEST TO SET UP RESEARCH STUDY 2024-2025

Whenever possible, the ZSFG Clinical Laboratory will honor requests in connection with research projects for tests that we perform, provided that the requested services do not interfere with our primary responsibility of clinical testing for patient care. To process your request and determine pricing, we will need the following information:

| Today's date: | | | | | | | | |
|--------------------|--|---|-------------------------|-------------------|------------------|--|--|--|
| Principal Investi | gator: | | Physician's ID Number: | | | | | |
| Name of Study: | | | | | | | | |
| Contact person: | | | Title: | Title: | | | | |
| Mailing address | : | | Telephone #: | | | | | |
| Email address: | | | FAX #: | | | | | |
| Emergency telep | phone or beeper n | umber (24 hours): | | | | | | |
| CUD or other I | OD Annroval Num | how | (| Required) | | | | |
| CHR or other in | RB Approval Num | | (Required) | | | | | |
| (Form is availab | | otocol Application? website <u>https://sfgh.uc</u> | | | Please return | | | |
| Fund | Dep ID | Project ID | Activity Period | Function | Flex | | | |
| | | | | | | | | |
| Does this acco | | lve federal funding? | | No | | | | |
| Account Name: | | Depa | artment: | | | | | |
| Project starting I | Date: | Endi | ing Date: | | | | | |
| Study participan | ts (please check o | ne): Inpatient | Outpatient | Animal _ | | | | |
| Billing Contact: | | Telephone: | Em | ail: | | | | |
| Your four-letter | study <u>C O D E,</u> fo | RESEARCH TESTS Cor billing: ill be notified immediately if | | | | | | |
| | | | | Study Contact Sig | gnature | | | |
| | ZSFG Clinical L 1001 Potrero Av San Francisco, Email: juliette.va | asquez2@ucsf.edu or, | 4 Andy.Yeh@ucsf.edu | ı | | | | |
| | ation, refer to the 0 tor's office at 628-2 | Clinical Laboratory Mar 206-8588. | nual (on-line at https: | ://www.testme | nu.com/zsfglab), | | | |
| | | DO NOT WRITE BE | | | | | | |
| | | DIVISION AP | PROVALS | | | | | |
| Chemistry _ | | Blood Bank | | Administration | : | | | |
| Hematology _ | | Microbiology | | | | | | |
| LIS _ | | Specimen Processir | ng | | | | | |

RESEARCH STUDY – TEST ORDER FORM 2024-2025

| / | CPT code | TEST NAME | PRICE | CPT code | TEST NAME | PRICE |
|--|----------------|---|--------------------|-----------------|--|---------------------------------------|
| | 82040 | ALBUMIN | \$12.25 | 86701 | HIV 1/2 Antibody Differentiation | \$70.00 |
| | 82105 | ALPHA-FETOPROTEIN (TUMOR) | \$18.50 | 82784 | IGG | \$17.00 |
| | 84075 | ALKALINE PHOSPHATASE, BLOOD | \$12.25 | 83525 | INSULIN, BLOOD | \$18.50 |
| | 84460 | ALT (TRANSFERASE, ALANINE AMINO) | \$12.25 | 83540 | IRON, SERUM | \$12.25 |
| | 84450 | AST (TRANSFERASE, ASPARTATE AMINO) | \$12.25 | 83605 | LACTATE (STAT; incl Stat charge) | \$39.50 |
| | 82248 | BILIRUBIN, BLOOD, DIRECT | \$12.25 | 83615 | LD (LACTIC DEHYDROGENASE) | \$12.25 |
| | 82247 | BILIRUBIN, BLOOD, TOTAL | \$12.25 | 83690 | LIPASE | \$12.50 |
| | 82803 | BLOOD GAS PANEL (STAT; incl Stat charge) | \$44.00 | 80061 | LIPID PANEL | \$14.75 |
| | 84520 | BUN (UREA NITROGEN, QUANT) | \$12.25 | 80076 | LIVER PANEL | \$15.25 |
| | 82310 | CALCIUM | \$12.25 | 83735 | MAGNESIUM, BLOOD | \$12.2 |
| | 82340 | CALCIUM, URINE | \$14.25 | 80048 | METABOLIC PANEL, Basic | \$14.7 |
| | 85027 | CBC, PLATELETS | \$17.50 | 80053 | METABOLIC PANEL, Comprehensive | \$15.7 |
| | 85025 | CBC, PLATELETS & DIFF. (AUTOMATED) | \$17.50 | 80053 | METABOLIC PANEL, Comp + CSC* | \$30.5 |
| | 86361 | CD3 FLOW CYTOMETRY | \$47.25 | 82043 | MICROALBUMIN, URINE | \$13.25 |
| | 86361 | CD4 FLOW CYTOMETRY | \$47.25 | 83930 | OSMOLALITY, SERUM | \$14.7 |
| | 86360 | CD4/CD8 FLOW CYTOMETRY | \$47.25 | 83935 | OSMOLALITY, URINE | \$14.75 |
| | 89051 | CELL COUNT, CSF (STAT; incl Stat charge) | \$84.25 | 83970 | PARATHYROID HORMONE, INTACT | \$18.50 |
| \dashv | 82465 | CHOLESTEROL, TOTAL | \$12.25 | 85730 | PARTIAL THROMBOPLASTIN TIME | \$29.2 |
| | 86769 | COVID-19 ANTIBODY (IGM + IGG) | \$39.00 | 80185 | PHENYTOIN (DILANTIN) | \$15.0 |
| | 87635 | COVID-19 PCR | \$85.75 | 84100 | PHOSPHATE | \$12.2 |
| + | 82565 | CREATININE | \$12.25 | 84105 | PHOSPHATE (URINE) | \$14.2 |
| | 82575 | CREATININE CLEARANCE, URINE | \$14.50 | 84132 | POTASSIUM | \$12.2 |
| | 82550 | CREATININE KINASE (CK, CPK), TOTAL | \$12.25 | 84133 | POTASSIUM, URINE | \$14.2 |
| - | 82570 | CREATININE KINASE (CR, CFR), TOTAL CREATININE, URINE | \$14.25 | 84134 | PREALBUMIN | \$17.0 |
| - | 86141 | CRP, HIGH SENSITIVITY | \$14.25 \$16.25 | 81025 | PREGNANCY TEST, URINE | \$20.2 |
| - | | , | | | · · | |
| - | 87040 87070 | CULTURE, BLOOD, AEROBIC | \$40.75 | 84157 | PROTEIN PORY FILLID | \$13.0 \$12.2 |
| + | | CULTURE, CSF | \$36.75 | 84157 | PROTEIN, BODY FLUID | |
| | 87070 | CULTURE, MISCELLANEOUS. | \$54.50 | 84155 | PROTEIN, SERUM (TOTAL) | \$12.2 |
| _ | 87070 | CULTURE, RESPIRATORY | \$62.25 | 84156 | PROTEIN, URINE | \$15.0 |
| | G0483 | DRUGS OF ABUSE SCREEN, CONFIRMATION | \$70.25 | 85610 | PROTHROMBIN TIME | \$29.2 |
| | 80307 | DRUGS OF ABUSE SCREEN (DAU) | \$26.50 | 86592 | RPR | \$14.0 |
| | 80051 | ELECTROLYTES | \$14.50 | 86593 | RPR TITER | \$30.2 |
| | 80307 | ETHANOL, SERUM | \$12.75 | 85652 | SEDIMENTATION RATE | \$29.7 |
| | 82728 | FERRITIN | \$17.00 | 84295 | SODIUM, SERUM | \$12.2 |
| | 82945 | GLUCOSE, CSF | \$12.25 | 84300 | SODIUM, URINE | \$14.2 |
| | 82945 | GLUCOSE, EXCEPT URINE | \$12.25 | 87184 | SUSCEPTIBILITY, KB | \$28.0 |
| | 82977 | GLUTAMYLTRANSFERASE, GAMMA (GGT) | \$12.25 | 87186 | SUSCEPTIBILITY, MIC | \$22.5 |
| | 87205 | GRAM STAIN | \$21.00 | 84403 | TESTOSTERONE, BLOOD | \$17.5 |
| | 84702 | HCG, QUANT | \$17.00 | 80307 | THC, URINE | \$12.5 |
| | 83718 | HDL-CHOLESTEROL | \$12.50 | 86780 | TP-PA (SYPHILIS CONFIRMATION) | \$36.5 |
| | 83036 | HEMOGLOBIN A1C, DIRECT (GLYCATED HGB) | \$33.50 | 84466 | TRANSFERRIN | \$14.7 |
| | 86709 | HEPATITIS A ANTIBODY, IGM | \$19.25 | 84478 | TRIGLYCERIDES, BLOOD | \$12.5 |
| | 86708 | HEPATITIS A ANTIBODY, TOTAL | \$17.00 | 84484 | TROPONIN | \$16.7 |
| | 86705 | HEPATITIS B CORE, IGM | \$19.25 | 84540 | UREA NITROGEN, URINE | \$14.2 |
| | 86704 | HEPATITIS B CORE AB, TOTAL | \$17.00 | 84550 | URIC ACID, BLOOD | \$12.2 |
| | 86706 | HEPATITIS B SURFACE AB | \$16.25 | 84560 | URIC ACID, URINE | \$14.2 |
| | 87340 | HEPATITIS B SURFACE ANTIGEN | \$15.25 | 81001 | URINALYSIS MICRO & DIPSTICK | \$25.0 |
| $oldsymbol{oldsymbol{oldsymbol{oldsymbol{I}}}$ | 87341 | HEPATITIS B SURFACE ANTIGEN CONFIRMATION | \$25.75 | 81003 | URINALYSIS, W/O MICRO, AUTO. (Dipstick) | \$17.0 |
| $oldsymbol{oldsymbol{oldsymbol{oldsymbol{I}}}$ | 87517 | HEPATITIS B VIRAL LOAD | \$86.25 | 82306 | VITAMIN D, 25-OH | \$21.7 |
| | 86803 | HEPATITIS C ANTIBODY | \$18.25 | | Additional Services: | |
| | 87522 | HEPATITIS C VIRAL LOAD | \$97.50 | | Special Reporting, Initial set up fee (base) | \$250.0 |
| | 87536 | HIV VIRAL LOAD, RT-PCR | \$91.00 | | Special Reporting, annual fee | TB |
| T | 87389 | HIV 1/2 ANTIGEN/ANTIBODY COMBO | \$27.50 | | Spin, Aliquot and Hold at specified temp | \$19.5 |
| T | | | | | Venipuncture (check for availability) | \$7.7 |
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RESEARCH STUDY – TEST ORDER FORM 2024-2025

Please note that there is a \$25 surcharge added to the price of each test or test panel for STAT service. Some tests may not be available on a stat basis.

| List any other test(s) needed for your study: |
|---|
| Results Reporting: |
| |
| Please provide the following required information regarding testing volume: |
| Number of patients enrolled? How often will patients be drawn for testing? |
| How many samples will be submitted per week (approx.)? |
| Special handling required? No |
| Yes Centrifuge and Hold at Specified Temperature, \$19.50 per Specimen. |
| Yes Other, please describe (Note: Additional charge for special handling to be determined). |
| Special reports required? No Yes |
| If yes, please describe (Please note: There is an additional charge for special reports.) |
| Results in EPIC/EMR? No Yes |
| If yes, the patient's name and medical record number must be provided. Please inform your patients that these research study results will be available in the electronic and paper Medical Records. |
| Do you currently have a special mail slot in 2M (pick-up location) for your reports? No \Box Yes \Box |
| If yes, please list your four-letter CODE |
| Do you need a mail slot in 2M for this study? No 🔲 Yes 🔲 |
| Please complete these forms and the Request to Set Up Research Study form, and return all to: |
| ZSFG Clinical Laboratory 1001 Potrero Avenue, Building 5, Rm 2M14. |

ZSFG Clinical Laboratory 1001 Potrero Avenue, Building 5, Rm 2M14 San Francisco, CA 94110 Via email: juliette.vasquez2@ucsf.edu or, Andy.Yeh@ucsf.edu