

**APPENDIX C - EXHIBIT 5  
COMMONLY USED  
LABORATORY TEST LIST**

Commonly Used Laboratory Test List

|     | DESCRIPTION  | PROPOSED<br>LABORATORY TEST<br>PRICE |
|-----|--|--------------------------------------|
| 1.  | ALANINE AMINOTRANSFERASE (ALT)                       |                                      |
| 2.  | AMYLASE  |                                      |
| 3.  | ASPARTATE AMINOTRANSFERASE (AST)                     |                                      |
| 4.  | BASIC METABOLIC PANEL                                |                                      |
| 5.  | CARBAMAZEPINE, TOTAL                                 |                                      |
| 6.  | *COMPLETE BLOOD COUNT (CBC) W/ DIFF                  |                                      |
| 7.  | *COMPLETE BLOOD COUNT (H/H, RBC, WBC, PLT)           |                                      |
| 8.  | CHOLESTEROL, TOTAL                                   |                                      |
| 9.  | CLOZAPINE (CLOZARIL)                                 |                                      |
| 10. | COMPLETE DRUG SCREEN (URINE)                         |                                      |
| 11. | *COMPLETE METABOLIC PANEL                            |                                      |
| 12. | CREATININE   |                                      |
| 13. | *DRUG ABUSE PANEL 10-50 + ETHANOL                    |                                      |
| 14. | ELECTROLYTE PANEL                                    |                                      |
| 15. | FERRITIN   |                                      |
| 16. | FOLATE, SERUM  |                                      |
| 17. | GAMMA-GLUTAMYL TRANSPEPTIDASE (GGT)                  |                                      |
| 18. | GLUCOSE, GESTATION SCREEN                            |                                      |
| 19. | GLUCOSE, PLASMA                                      |                                      |
| 20. | GLUCOSE, SERUM                                       |                                      |
| 21. | HUMAN CHORIONIC GONADOTROPIN TOTAL QL                |                                      |
| 22. | HUMAN CHORIONIC GONADOTROPIN, TOTAL (U) QL           |                                      |
| 23. | HUMAN CHORIONIC GONADOTROPIN, TOTAL, QN              |                                      |
| 24. | *HIGH DENSITY LIPOPROTEIN-CHOLESTEROL                |                                      |
| 25. | *HEMOGLOBIN A1C                                      |                                      |
| 26. | HEMOGLOBIN A1C W/MPG                                 |                                      |
| 27. | HEPATITIS A IGM ANTIBODY                             |                                      |
| 28. | HEPATITIS B CORE IGM ANTIBODY                        |                                      |
| 29. | HEPATITIS B SURF ANTIGEN W/ CONFIRMATION             |                                      |
| 30. | HEPATITIS C ANTIBODY                                 |                                      |
| 31. | *HEPATIC FUNCTION PANEL                              |                                      |
| 32. | HUMAN IMMUNODEFICIENCY VIRUS (HIV) 1/2 AB SCR W/RFLS |                                      |
| 33. | IRON, TOTAL  |                                      |

Exhibit 5  
Commonly Used Laboratory Test List

|     | DESCRIPTION  | PROPOSED LABORATORY TEST PRICE |
|-----|--|--------------------------------|
| 34. | IRON, TOTAL, & IBC                                     |                                |
| 35. | LEAD, (B)  |                                |
| 36. | LIPASE   |                                |
| 37. | *LITHIUM   |                                |
| 38. | MAGNESIUM  |                                |
| 39. | PHOSPHATE (AS PHOS)                                    |                                |
| 40. | PROLACTIN  |                                |
| 41. | PROSTATE SPECIFIC ANTIGEN, TOTAL                       |                                |
| 42. | RAPID PLASMA REAGIN (RPR) MONITOR W/REFL               |                                |
| 43. | RAPID PLASMA REAGIN (RPR) DIAGNOSIS WITH REFL FTA      |                                |
| 44. | TRIIODOTHYROXINE (T-3) UPTAKE                          |                                |
| 45. | TRIIODOTHYROXINE (T-3), TOTAL                          |                                |
| 46. | *THYROXINE (T-4)                                       |                                |
| 47. | *THYROXINE (T-4), FREE                                 |                                |
| 48. | *TRIGLYCERIDES   |                                |
| 49. | *THYROID STIMULATING HORMONE (TSH)                     |                                |
| 50. | *THYROID STIMULATING HORMONE W/ REFL FT4               |                                |
| 51. | URINALYSIS, COMPLETE                                   |                                |
| 52. | URINALYSIS, MACROSCOPIC                                |                                |
| 53. | URINALYSIS, REFLEX                                     |                                |
| 54. | URIC ACID  |                                |
| 55. | *VALPROIC ACID   |                                |
| 56. | VITAMIN B12  |                                |
| 57. | VOLATILES (ACETONE, ALCOHOL- ETHYL, ISOPROPYL, METHYL) |                                |

**NOTE:**

\* Frequently ordered laboratory test that represents more than 50% of all laboratory tests ordered.

**Laboratory Test List Note:**

- No. 13 – Drug Abuse Panel 10-50 + Ethanol  
Test includes:  
Amphetamines  
    Amphetamine  
    Methamphetamine  
Barbiturates

Exhibit 5  
Commonly Used Laboratory Test List

No. 13- Drug Abuse Panel 10-50 + Ethanol (continued)

Benzodiazepines  
Cocaine Metabolites  
Marijuana Metabolites  
Methadone  
Methaqualone  
Opiates  
    Morphine  
    Codeine  
    Hydromorphone  
    Hydrocodone  
Phencyclidine  
Propoxyphene  
Alcohol, Ethyl

Additional Fee

| Description                 | Proposed Fee |
|-----------------------------|--------------|
| Draw/Venipuncture Procedure |              |

I hereby certify that my clinical laboratory and its staff shall maintain valid certifications, licensing, and accreditations in conjunction with State, CLIA, and local laws to perform the test categories checked above throughout the term of any resultant contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date