



LAB



Dignity Health

Laboratories

Toll Free Phone 855-586-7660
Toll Free Fax 844-200-0103

Arroyo Grande Community Hospital

345 South Halcyon Road,
Arroyo Grande, CA 93420

French Hospital Medical Center

1911 Johnson Avenue,
San Luis Obispo, CA 93401

Marian Regional Medical Center

1400 E. Church St.,
Santa Maria, CA 93454

PATIENT INFORMATION REQUIRED					Ordering Provider Information			
LAST NAME		FIRST NAME	MI	SEX	DATE OF BIRTH			
DATE OF SERVICE		PATIENT PHONE		PATIENT SSN#				
ADDRESS								
INSURANCE CO. (Please Attach Copy of BOTH SIDES of Card)								
BILL TO:		<input type="checkbox"/> PATIENT		<input type="checkbox"/> MEDICARE		Work Comp REQUIRED		
		<input type="checkbox"/> CLIENT ACCT		<input type="checkbox"/> MEDI-CAL		Date of Injury		
		<input type="checkbox"/> INSURANCE		<input type="checkbox"/> WORKERS COMP		Site of injury		
Employer Name:								
Employer Address:								
PHONE Critical Results to #:								
<input type="checkbox"/> Results May Be Released to Patient								
<input type="checkbox"/> RUN STAT								
ICD-10 DIAGNOSIS REQUIRED					STANDING ORDER (Up to 1 year)			
ABN Attached YES <input type="checkbox"/> NO <input type="checkbox"/>								
*ICD-10#	*ICD-10#	*ICD-10#	*ICD-10#	From: To: Frequency:				
Panels (See reverse for panel components)		Chemistry (continued)			Immunology/Serology (continued)			
<input type="checkbox"/> Comprehensive Metabolic (CMP)		80053	<input type="checkbox"/> PSA Free and Total		84153, 84154	<input type="checkbox"/> Hepatitis C Ab	86803	
<input type="checkbox"/> Basic Metabolic (BMP)		80048	<input type="checkbox"/> PSA Annual Screen (Z12.5)		G0103	<input type="checkbox"/> HIV 1,2 Ab/AG	87389	
<input type="checkbox"/> Electrolyte		80051	(Medicare 1x per year)			<input type="checkbox"/> HerpeSelect (HSV 1,2 IgG) ARUP	51152, 86695, 86696	
<input type="checkbox"/> Hepatitis Screen (Acute)		80074	<input type="checkbox"/> PSA, Total		84153	<input type="checkbox"/> Monospot	86308	
<input type="checkbox"/> Lipid (12 hr fast)		80061	<input type="checkbox"/> PSA, Free		84154	<input type="checkbox"/> EBV panel (IgG/Igm)	86663; 86664; 86665-1; 86665-2	
<input type="checkbox"/> Hepatic Function		80076	<input type="checkbox"/> Uric Acid		84550	<input type="checkbox"/> QuantiFERON TB Gold	86480	
<input type="checkbox"/> Pre-natal panel (All CPT codes billed individually)			<input type="checkbox"/> Vitamin B12		82607	<input type="checkbox"/> Rheumatoid Factor	86431	
<input type="checkbox"/> Renal Function		80069	<input type="checkbox"/> Vitamin D, 25-OH		82306	<input type="checkbox"/> Rubella AB IgG	86317	
Hormones			Hematology			<input type="checkbox"/> Syphilis IgG	86780	
<input type="checkbox"/> Cortisol (8 am, pm, random)		82533	<input type="checkbox"/> Hemogram		85027	<input type="checkbox"/> Varicella-Zoster IgG	86787	
<input type="checkbox"/> Estradiol		82670	<input type="checkbox"/> CBC w/Auto Diff		85025	Microbiology and Molecular		
<input type="checkbox"/> FSH		83001	<input type="checkbox"/> CBC w/Manual Diff		85027, 85007	Source:		
<input type="checkbox"/> LH		83002	<input type="checkbox"/> ESR		85652	Date & Time Collected:		
<input type="checkbox"/> Progesterone		84144	<input type="checkbox"/> Retic		85045	Current Antibiotic Rx:		
<input type="checkbox"/> Prolactin		84146	Urinalysis			<input type="checkbox"/> Culture, Blood		87040
<input type="checkbox"/> PTH-Intact w/Calcium Graph		83970	<input type="checkbox"/> Urinalysis Microscopic		81003	<input type="checkbox"/> Culture, anaerobic		87070
<input type="checkbox"/> Testosterone, Total		84403	<input type="checkbox"/> C/S if indicated		87086	<input type="checkbox"/> Culture, routine aerobic w/ gram stain		87070, 87205
<input type="checkbox"/> Testosterone, Free Total, SHBG		84403, 84270	<input type="checkbox"/> UA (Dip UA) reflex to microscopic		81003	<input type="checkbox"/> Culture, Herpes (HSV) w/ reflex to type		87255
<input type="checkbox"/> T3, Free		84481	<input type="checkbox"/> C/S if indicated		87086	<input type="checkbox"/> Culture, Fungal		87102, 87220
<input type="checkbox"/> T4, Free		84439	<input type="checkbox"/> UA Complete (Dip UA w/ microscopic)		81001	<input type="checkbox"/> Culture (MRSA), Nares		87081
<input type="checkbox"/> TSH		84443	<input type="checkbox"/> C/S if indicated		87086	<input type="checkbox"/> Culture, Sputum w/ gram stain		87070, 87205
Chemistry			<input type="checkbox"/> UA Dipstick only No Reflex		81003	<input type="checkbox"/> Culture, Stool (incl. EHEC shiga toxin assay)		87045
<input type="checkbox"/> ALT (SGPT)		84460	<input type="checkbox"/> Pregnancy test (Urine)		81025	<input type="checkbox"/> Culture, Wound w/ gram stain		87070, 87205
<input type="checkbox"/> Amylase		82150	Urine Chemistry			<input type="checkbox"/> Culture, Throat Full/Nose		87070
<input type="checkbox"/> ANA w/reflex		86038	<input type="checkbox"/> Creatinine, random		82570	<input type="checkbox"/> Culture, Urine		87088
<input type="checkbox"/> AST (SGOT)		84450	<input type="checkbox"/> Microalbumin/Creat Ratio (random)		82043, 82570	<input type="checkbox"/> Culture, Vaginal (Gardnerella & Candida)		87070
<input type="checkbox"/> Bilirubin, Total		82247	<input type="checkbox"/> Protein, random		84156	<input type="checkbox"/> Group B Strep Screen Vag/Rectal		
<input type="checkbox"/> B-Type Natriuretic Peptide (BNP)		83880	<input type="checkbox"/> Tox Screen (Amp, Barb, Coc, THC, Benz, Opiates)		G0431	(DNA amplification)		87081, 87653
<input type="checkbox"/> BUN		84520	<input type="checkbox"/> 24 hour Collection for:			<input type="checkbox"/> C. difficile Toxin A/B		87493
<input type="checkbox"/> CEA		82378	Coagulation			<input type="checkbox"/> Fecal Smear for WBC		87205
<input type="checkbox"/> CK		82550	<input type="checkbox"/> Prottime/INR		85610	<input type="checkbox"/> GC/Chlamydia (DNA probe) (Urine)		87491, 87591
<input type="checkbox"/> Creatinine, Serum		82565	<input type="checkbox"/> PTT		85730	<input type="checkbox"/> GC/Chlamydia (DNA probe) (Swab)		87491, 87591
<input type="checkbox"/> CRP (Inflammatory)		86140	<input type="checkbox"/> D-dimer		85379	<input type="checkbox"/> H. Pylori Urease Breath Test		83013, 83014
<input type="checkbox"/> CRP, high sensitivity (Cardiac)		86141	<input type="checkbox"/> Fibrinogen		85384	<input type="checkbox"/> Influenza A/B Ag Immunoassay		87804 x 2
<input type="checkbox"/> Ferritin		82728	<input type="checkbox"/> Platelet Function- PFA-100		85576 (x 2)	<input type="checkbox"/> KOH Prep		87220
<input type="checkbox"/> Folate		82746	<input type="checkbox"/> Platelet Inhibition w/ Plavix (P2Y12)		85576	<input type="checkbox"/> Occult Blood (iFOBT) Diagnostic		82274
<input type="checkbox"/> GGT		82977	<input type="checkbox"/> Platelet Inhibition w/ Aspirin		85576	<input type="checkbox"/> Occult Blood (iFOBT) screen (Z12.11)		G0328
<input type="checkbox"/> Glucose FASTING		82947	Therapeutic Drugs			(Medicare 1x per year)		
<input type="checkbox"/> Hgb A1C		83036	Last Dose, Date/Time:			<input type="checkbox"/> Ova/Parasite Screen Crypto & Giardia by EIA		87328, 87329
<input type="checkbox"/> Insulin Random		83525	<input type="checkbox"/> Digoxin		80162	<input type="checkbox"/> Full Ova/Parasite		87177, 87209
<input type="checkbox"/> Insulin Fasting		83525	<input type="checkbox"/> Dilantin/Phenytoin		80185	<input type="checkbox"/> Rotavirus Antigen		87425
<input type="checkbox"/> Iron & TIBC		83540, 83550	<input type="checkbox"/> Lithium		80178	<input type="checkbox"/> RSV Antigen Screen Immunoassay		87807
<input type="checkbox"/> LDH		83615	<input type="checkbox"/> Phenobarbital		80184	<input type="checkbox"/> Strep A, Antigen Immunoassay		87880
<input type="checkbox"/> LDL, Direct		83721	<input type="checkbox"/> Carbamazepine (TEGRETOL)		80156	Other Tests		
<input type="checkbox"/> Lipase		83690	<input type="checkbox"/> Valproic Acid (DEPAKOTE)		80164			
<input type="checkbox"/> Magnesium		83735	<input type="checkbox"/> Vancomycin		80202			
<input type="checkbox"/> Potassium		84132	Immunology/Serology			Collection Date:		Time:
<input type="checkbox"/> Pregnancy, Quantitative hCG (serum)		84702	<input type="checkbox"/> Cocci Serology (Com Fix/Immuno)		86635	Collected by:		
<input type="checkbox"/> Pregnancy, Qualitative BhCG (serum)		84703	<input type="checkbox"/> Hepatitis B Surface Ab		86317	Inventory		

Physician or Non Physician Provider Acknowledgement and Certification Medicare claims submitted for laboratory services require that the tests be medically necessary for the diagnosis and treatment of the patient, and that these services are reasonable and necessary. The medical necessity of each test ordered must be accurately documented in the patient's medical record. It has been explained to the patient that Medicare may not cover some laboratory testing and/or screening that the physician or non physician provider believes are appropriate. An Advance Beneficiary Notice (ABN) must be signed by the patient, or an authorized person indicating their acceptance of financial responsibility for screenings and for non covered tests. Please provide diagnostic information in the form of a valid ICD-10 code or a complete narrative diagnosis at the time of service. The ordering provider also understands that bills will be submitted for payment to Medicare, Medicaid, all other government programs and third party payors upon the diagnosis information provided.

*Signifies Mandatory Requirement - please provide.

FR-51V025A (2/19)

*Physician or Non Physician Provider Signature _____

LAB

PANEL COMPONENTS

CMP (80053)

BMP Panel
Albumin
Total Bilirubin
Alk Phos.
Total Protein
AST
ALT

BMP (80048)

Electrolyte Panel
Glucose
BUN
Creatinine
Calcium
GFR
BUN/CR ratio

Lipid Panel (80061)

Cholesterol
Triglycerides
HDL
Calculated LDL and ratio

Hepatic Function (80076)

Albumin
Bilirubin (total and direct)
Alk Phos.
ALT
AST
Total Protein

Renal Panel (80069)

BMP Panel
Albumin
Phosphorus

Prenatal Panel

(ALL CPT CODES BILLED INDIVIDUALLY)

UA with reflex to culture
if indicated (81003/87086)
CBC w/autodiff (85025)
ABO/Rh (86900/86901)
Antibody Screen (86850)
Rubella AB IgG (86317)
Hepatitis B Surface
Antigen (87340)
Hepatitis C Antibody (86803)
Syphilis IgG (86780)

Electrolyte Panel (80051)

Sodium
Potassium
Chloride
CO2
Anion Gap

Hepatitis Panel - Acute (80074)

Hepatitis A Antibody IgM
Hepatitis B Core AB IgM
Hepatitis B Surface Antigen
HCV Antibody

Please bring a picture ID and your Insurance card.

**If a fasting test has been ordered, do not eat or drink anything except for
plain clear water for 12–14 hours prior to blood draw. Accepting orders on any lab's form.**

DIGNITY HEALTH LABORATORIES PATIENT SERVICE CENTERS

Toll Free Phone: 855-586-7660 Toll Free Fax: 844-200-0103

(Hours subject to change)

Paso Robles

The Crossings Shopping Center

2307 Theater Dr., Suite 500, Paso Robles, CA 93446
Monday–Friday 7:00am–5:00pm

Atascadero

7635 El Camino Real, Suite 4B, Atascadero, CA 93422
Monday–Friday 7:00am–3:30pm, Closed 12:00pm–1:00pm

San Luis Obispo

Marigold Shopping Center

3840 -4 Broad St., San Luis Obispo, CA
Monday–Friday 6:30am–5:00pm
Saturday 8:00am–12:00pm

French Hospital - Pacific Medical Plaza

1941 Johnson Avenue, Suite 103, San Luis Obispo, CA
Monday–Friday 6:30am–5:30pm

Morro Bay

246 Pacific Street, Morro Bay, CA 93442
Monday–Friday 7:00am–3:30pm

Los Osos

1352 Los Osos Valley Road, Suite A, Los Osos, CA 93402
Monday–Friday 7:00am–12:00pm

Arroyo Grande

Dignity Health Lab & Imaging

Matthew Will Memorial Medical Center

850 Fair Oaks Avenue, Suite 120, Arroyo Grande, CA 93420
Lab Hours: Monday–Friday 7:00am–5:00pm

Arroyo Grande Community Hospital

345 S. Halcyon Road, Arroyo Grande, CA 93420
Monday–Friday 7:00am–5:00pm, Saturday 8:00am–12:00pm

Nipomo

622 W. Tefft, Nipomo, CA 93444
Monday–Friday 7:00am–5:00pm

Santa Maria

Preoperative Testing & Lab

525 E. Plaza Dr., Suite 206
Santa Maria, CA 93454
Lab Hours: Monday–Friday 7:00am–5:00pm

Dignity Health Laboratory & Diagnostics

116 S. Palisade Drive, Suite 100
Santa Maria, CA 93454
Lab Hours: Monday–Friday 6:00am–5:30pm, Saturday 8:00am–12:00pm

Parkway Lab and Imaging

2342 Professional Parkway, Suite 210
Santa Maria, CA 93454
Lab Hours: Monday–Friday 7:00am–3:45pm

Marian Regional Medical Center

1400 E. Church St.
Santa Maria, CA 93454
Monday–Friday 7:30am–6:00pm

Orcutt

Orcutt Lab and Imaging

1102 Clark Ave., Suite 120B
Orcutt, CA 93455
Lab Hours: Monday–Friday 7:00am–3:30pm, Closed 12:00pm–1:00pm

Lompoc

217 West Central Avenue, Suite B
Lompoc, CA 93436
Monday–Friday 7:00am–5:00pm, Closed 12:00pm–1:00pm
Saturday 8:00am–12:00pm



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San Luis Obispo, CA 93401

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1400 E. Church St.,

Santa Maria, CA 93454

PATIENT INFORMATION REQUIRED					Ordering Provider Information	
LAST NAME		FIRST NAME	MI	SEX	DATE OF BIRTH	
DATE OF SERVICE		PATIENT PHONE		PATIENT SSN#		
ADDRESS						
INSURANCE CO. (Please Attach Copy of BOTH SIDES of Card)						
BILL TO:		<input type="checkbox"/> PATIENT		<input type="checkbox"/> MEDICARE		Work Comp REQUIRED
		<input type="checkbox"/> CLIENT ACCT		<input type="checkbox"/> MEDI-CAL		Date of Injury
		<input type="checkbox"/> INSURANCE		<input type="checkbox"/> WORKERS COMP		Site of injury
Employer Name:						
Employer Address:						
PHONE Critical Results to #:						
<input type="checkbox"/> Results May Be Released to Patient						
<input type="checkbox"/> RUN STAT						
ICD-10 DIAGNOSIS REQUIRED				STANDING ORDER (Up to 1 year)		
ABN Attached YES <input type="checkbox"/> NO <input type="checkbox"/>				From: To: Frequency:		
*ICD-10#		*ICD-10#		*ICD-10#		*ICD-10#
Panels (See reverse for panel components)		Chemistry (continued)		Immunology/Serology (continued)		
<input type="checkbox"/> Comprehensive Metabolic (CMP)		80053		<input type="checkbox"/> PSA Free and Total 84153, 84154		
<input type="checkbox"/> Basic Metabolic (BMP)		80048		<input type="checkbox"/> PSA Annual Screen (Z12.5) G0103		
<input type="checkbox"/> Electrolyte		80051		(Medicare 1x per year)		
<input type="checkbox"/> Hepatitis Screen (Acute)		80074		<input type="checkbox"/> PSA, Total 84153		
<input type="checkbox"/> Lipid (12 hr fast)		80061		<input type="checkbox"/> PSA, Free 84154		
<input type="checkbox"/> Hepatic Function		80076		<input type="checkbox"/> Uric Acid 84550		
<input type="checkbox"/> Pre-natal panel (All CPT codes billed individually)				<input type="checkbox"/> Vitamin B12 82607		
<input type="checkbox"/> Renal Function		80069		<input type="checkbox"/> Vitamin D, 25-OH 82306		
Hormones		Hematology		<input type="checkbox"/> Syphilis IgG 86780		
<input type="checkbox"/> Cortisol (8 am, pm, random)		82533		<input type="checkbox"/> Hemogram 85027		
<input type="checkbox"/> Estradiol		82670		<input type="checkbox"/> CBC w/Auto Diff 85025		
<input type="checkbox"/> FSH		83001		<input type="checkbox"/> CBC w/Manual Diff 85027, 85007		
<input type="checkbox"/> LH		83002		<input type="checkbox"/> ESR 85652		
<input type="checkbox"/> Progesterone		84144		<input type="checkbox"/> Retic 85045		
<input type="checkbox"/> Prolactin		84146		Urinalysis		
<input type="checkbox"/> PTH-Intact w/Calcium Graph		83970		<input type="checkbox"/> Urinalysis Microscopic 81003		
<input type="checkbox"/> Testosterone, Total		84403		<input type="checkbox"/> C/S if indicated 87086		
<input type="checkbox"/> Testosterone, Free Total, SHBG		84403, 84270		<input type="checkbox"/> UA (Dip UA) reflex to microscopic 81003		
<input type="checkbox"/> T3, Free		84481		<input type="checkbox"/> C/S if indicated 87086		
<input type="checkbox"/> T4, Free		84439		<input type="checkbox"/> UA Complete (Dip UA w/ microscopic) 81001		
<input type="checkbox"/> TSH		84443		<input type="checkbox"/> C/S if indicated 87086		
Chemistry		Urine Chemistry		<input type="checkbox"/> UA Dipstick only No Reflex 81003		
<input type="checkbox"/> ALT (SGPT)		84460		<input type="checkbox"/> Pregnancy test (Urine) 81025		
<input type="checkbox"/> Amylase		82150		Coagulation		
<input type="checkbox"/> ANA w/reflex		86038		<input type="checkbox"/> Creatinine, random 82570		
<input type="checkbox"/> AST (SGOT)		84450		<input type="checkbox"/> Microalbumin/Creat Ratio (random) 82043, 82570		
<input type="checkbox"/> Bilirubin, Total		82247		<input type="checkbox"/> Protein, random 84156		
<input type="checkbox"/> B-Type Natriuretic Peptide (BNP)		83880		<input type="checkbox"/> Tox Screen (Amp, Barb, Coc, THC, Benz, Opiates) G0431		
<input type="checkbox"/> BUN		84520		<input type="checkbox"/> 24 hour Collection for:		
<input type="checkbox"/> CEA		82378		Last Dose, Date/Time:		
<input type="checkbox"/> CK		82550		<input type="checkbox"/> Digoxin 80162		
<input type="checkbox"/> Creatinine, Serum		82565		<input type="checkbox"/> Dilantin/Phenytoin 80185		
<input type="checkbox"/> CRP (Inflammatory)		86140		<input type="checkbox"/> Lithium 80178		
<input type="checkbox"/> CRP, high sensitivity (Cardiac)		86141		<input type="checkbox"/> Phenobarbital 80184		
<input type="checkbox"/> Ferritin		82728		<input type="checkbox"/> Carbamazepine (TEGRETOL) 80156		
<input type="checkbox"/> Folate		82746		<input type="checkbox"/> Valproic Acid (DEPAKOTE) 80164		
<input type="checkbox"/> GGT		82977		<input type="checkbox"/> Vancomycin 80202		
<input type="checkbox"/> Glucose FASTING		82947		Immunology/Serology		
<input type="checkbox"/> Hgb A1C		83036		<input type="checkbox"/> Cocci Serology (Com Fix/Immuno) 86635		
<input type="checkbox"/> Insulin Random		83525		<input type="checkbox"/> Hepatitis B Surface Ab 86317		
<input type="checkbox"/> Insulin Fasting		83525				
<input type="checkbox"/> Iron & TIBC		83540, 83550				
<input type="checkbox"/> LDH		83615				
<input type="checkbox"/> LDL, Direct		83721				
<input type="checkbox"/> Lipase		83690				
<input type="checkbox"/> Magnesium		83735				
<input type="checkbox"/> Potassium		84132				
<input type="checkbox"/> Pregnancy, Quantitative hCG (serum)		84702				
<input type="checkbox"/> Pregnancy, Qualitative BhCG (serum)		84703				

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*Physician or Non Physician Provider Signature

COPY

PANEL COMPONENTS

CMP (80053)

BMP Panel
Albumin
Total Bilirubin
Alk Phos.
Total Protein
AST
ALT

BMP (80048)

Electrolyte Panel
Glucose
BUN
Creatinine
Calcium
GFR
BUN/CR ratio

Lipid Panel (80061)

Cholesterol
Triglycerides
HDL
Calculated LDL and ratio

Hepatic Function (80076)

Albumin
Bilirubin (total and direct)
Alk Phos.
ALT
AST
Total Protein

Renal Panel (80069)

BMP Panel
Albumin
Phosphorus

Prenatal Panel

(ALL CPT CODES BILLED INDIVIDUALLY)

UA with reflex to culture
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Parkway Lab and Imaging

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Lompoc

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Lompoc, CA 93436
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