

ADDENDUM REQUEST TO RESEARCH STUDY 2026-2027

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 Investigator: _____ Physician's ID Number: _____

Name of Study: _____

Contact person: _____ Title: _____

Mailing address: _____ Telephone #: _____

Email address: _____ FAX #: _____

Emergency telephone or beeper number (24 hours): _____
(Required)

CHR or other IRB Approval Number: _____
(Required)

Have you completed the ZSFG Protocol Application? _____ Yes _____ No

(Form is available for download at: <https://zsfg.ucsf.edu/content/research-protocol-applications-at-zsfg>)

Please email a copy of the **completed RPA** to: juliette.vasquez2@ucsf.edu).

COA:

Fund	Dep ID	Project ID	Activity Period	Function	Flex
_____	_____	_____	_____	_____	_____

Does this account/contract involve federal funding? _____ Yes _____ No

Account Name: _____ Department: _____

Project starting Date: _____ Ending Date: _____

Study participants (please check one): Inpatient _____ Outpatient _____.

Billing Contact: _____ Telephone: _____ Email: _____

PLEASE USE THE ATTACHED "RESEARCH TESTS ORDER FORMS" TO LIST TESTS NEEDED.

Your **four-letter study C O D E** identifier: _____

(Use letters only; You will be notified immediately if the code you have selected cannot be used).

Study Contact Signature

Please complete this form and the Research Study Test Order forms, and return all to:

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

For more information, refer to the Clinical Laboratory Manual (on-line at <https://www.testmenu.com/zsfglab>), or call the Director's office at 628-206-8588.

DO NOT WRITE BELOW THIS LINE

DIVISION APPROVALS

Chemistry	_____	Blood Bank	_____	Administration:	_____
Hematology	_____	Microbiology	_____		
LIS	_____	Specimen Processing	_____		

RESEARCH STUDY - TEST ORDER FORM
2026-2027 - Addendum

✓	CPT CODE	TEST NAME	PRICE	✓	CPT CODE	TEST NAME	PRICE
	80143	ACETAMINOPHEN (TYLENOL)	\$ 18.75		87040	CULTURE BACTERIAL, BLOOD	\$ 50.00
	82105	ALPHA-FETOPROTEIN	\$ 22.25		87070	CULTURE BACTERIAL, GENITO-URINARY (GUC)	\$ 24.50
	82040	ALBUMIN	\$ 15.00		87070	CULTURE BACTERIAL, RESPIRATORY (RSPC)	\$ 77.00
	82042	ALBUMIN (BODY FLUID)	\$ 15.00		87070	CULTURE, CSF	\$ 45.50
	84075	ALKALINE PHOSPHATASE, SERUM, PLASMA, FLUID	\$ 15.00		87046	CULTURE, E. COLI-0157	\$ 42.00
	84460	ALT (ALANINE AMINO TRANSFERASE)	\$ 15.00		87107	CULTURE ID FUNGAL MOLD	\$ 17.50
	82140	AMMONIA	\$ 17.75		87106	CULTURE, ID FUNGAL YEAST	\$ 43.25
	82150	AMYLASE, SERUM, PLASMA	\$ 15.25		87070	CULT., MISC (MSM)	\$ 66.50
	86038	ANTI-NUCLEAR ANTIBODY	\$ 40.25		87103	MYCOLOGY CULTURE BLOOD F/CANDIDA, OR OTHER YEASTS & FUNGI	\$ 32.75
	86039	ANTI-NUCLEAR ANTIBODY TITER (reflexed) ANAT	\$ 68.00		87081	CULTURE, PATHOGENIC ORGANISMS (GC) SCREEN	\$ 39.00
	82803	ARTERIAL BLOOD GAS	\$ 26.00		87147	CULTURE, TYPING ID IMMUNOLOGIC	\$ 15.00
	84450	AST (TRANSFERASE, ASPARTATE AMINO)	\$ 15.00		80307	DRUGS OF ABUSE SCREEN-DAU	\$ 62.25
	87045	BACTERIAL CULTURE, STOOL (Helicobacter Pylori IgG Serology)	\$ 37.25		80051	ELECTROLYTES	\$ 17.75
	87046	BACTERIAL CULTURE, STOOL, YERSINIA	\$ 27.00		82077	ETHANOL, SERUM	\$ 17.50
	87185	BETA LACTAMASE (ANTIMICROBIAL SUSCEPTIBILITY TESTING)	\$ 16.25		80307	FENTANYL, URINE	\$ 114.00
	87081	BETA-HEMOLYTIC STREP	\$ 32.75		82728	FERRITIN, SERUM	\$ 20.75
	82010	BETA-HYDROXYBUTYRATE	\$ 18.25		85379	FIBRIN, D-DIMER	\$ 41.25
	82248	BILIRUBIN, BLOOD, DIRECT	\$ 15.00		85384	FIBRINOGEN DETERMINATION, QUANTITATIVE	\$ 38.75
	82247	BILIRUBIN, BLOOD, TOTAL	\$ 15.00		G0328	FECAL IMMUNOCHEMICAL SCREEN (FIT)	\$ 28.50
	83880	B-TYPE NATRIURETIC PEPTIDE - BNP	\$ 39.25		83001	FOLLICLE STIMULATING HORMONE (FSH)	\$ 21.00
	86160	C3 COMPLEMENT	\$ 34.00		82945	GLUCOSE, CSF	\$ 15.00
	86160	C4 COMPLEMENT	\$ 34.00		82947	GLUCOSE, PLASMA, SERUM	\$ 15.00
	82310	CALCIUM	\$ 14.75		82945	GLUCOSE, URINE	\$ 15.00
	82340	CALCIUM (URINE)	\$ 17.50		82977	GLUTAMYLTRANSFERASE, GAMMA(GGT)	\$ 15.00
	86304	CANCER ANTIGEN 125 (CA125)	\$ 46.25		87205	GRAM STAIN	\$ 26.00
	82374	CARBON DIOXIDE (CO2)	\$ 15.00		84702	HUMAN CHORIONIC GONADOTROPIN (HCG)	\$ 20.75
	85027	CBC, PLATELETS	\$ 21.75		83036	HEMOGLOBIN A1C , DIRECT (GLYCATED HGB)	\$ 41.50
	85025	CBC, PLATELETS & DIFF.(AUTOMATED)	\$ 21.75		83718	CHOLESTEROL-HDL(HIGH DENSITY LIPOPROTEIN)	\$ 15.00
	86361	CD3/CD4 FLOW CYTOMETRY	\$ 57.50		81381	HLA-B5701(HIGH RESOLUTION LEUKOCYTE ANTIGEN)	\$ 169.25
	86360	CD4/CD8 FLOW CYTOMETRY	\$ 57.50		86709	HEPATITIS A IGM ANTIBODY, QUALITATIVE (HA-IGM)	\$ 23.25
	89051	CELL COUNT, CSF	\$ 74.50		86708	HEPATITIS A TOTAL ANTIBODY (HA-AB), QUALITATIVE	\$ 20.50
	82435	CHLORIDE	\$ 14.75		86704	HEPATITIS B CORE ANTIBODY, TOTAL (HBC-AB),QUALI.	\$ 20.50
	82436	CHLORIDE, URINE	\$ 17.50		86705	HEPATITIS B CORE IGM ANTIBODY (HBC-IGM),QUALITA.	\$ 23.25
	82465	CHOLESTEROL	\$ 15.00		86706	HEPATITIS B SURFACE ANTIBODY (HBS-AB)	\$ 20.00
	87493	TOXIGENIC C. DIFF PCR WITH REFLEX TO EIA	\$ 77.75		87340	HEPATITIS B SURFACE ANTIGEN (HBS-AG)	\$ 18.50
	Panel	CO-OXYMETRY TEST (Comprised of 5 Components, of which 4 are billed)	\$ 112.75		87341	HEPATITIS B SURFACE ANTIGEN,confirmation	\$ 32.75
	82375	CO-OXIMETRY (Carboxyhemoglobin)	\$ 30.50		87517	HEPATITIS B VIRAL LOAD, RT-PCR	\$ 104.50
	83050	CO-OXIMETRY (Methemoglobin)	\$ 28.75		86803	HEPATITIS C ANTIBODY (HCV), QUALITATIVE	\$ 22.25
	82810	CO-OXIMETRY (Oxyhemoglobin)	\$ 30.50		87522	HEPATITIS C VIRAL LOAD, RT-PCR	\$ 117.50
	85018	CO-OXIMETRY (Hemoglobin)	\$ 23.00		87389	HIV 1/2 ANTIGEN/ANTIBODY COMBO	\$ 33.75
	82533	CORTISOL	\$ 21.00		86701 / 86702	HIV-1 ANTIBODY Diff / HIV-2 ANTIBODY Diff	\$ 85.25
	87635	COVID-19, PCR	\$ 73.75		87536	HIV-1, VIRAL LOAD,RT-PCR	\$ 109.75
	82565	CREATININE	\$ 14.75		87149	ID, AFB -AIDP;MTBP;MAVP Serogrouping or serotyping	\$ 117.25
	82575	CREATININE CLEARANCE	\$ 17.50		82784	IGA, OR IGG, OR IGM	\$ 20.75
	82550	CREATININE KINASE (CK)	\$ 15.00		83525	INSULIN, SERUM	\$ 22.50
	82570	CREATININE, URINE	\$ 17.50		83540	IRON, SERUM	\$ 15.00
	86141	C-REACTIVE PROTEIN, HIGH SENSITIVITY (CRPH)	\$ 19.75		81270	JAK2 GENE, V617F GENOTYPING MUTATION, QUALITATIVE	\$ 293.75
	87077	CULTURE AEROBIC BACTERIAL ISOLATE ID, BIOCHEM	\$ 31.00		83605	LACTIC ACID	\$ 17.75
	87076	CULTURE ANAEROBIC BACTERIAL ID CONFIRMATION	\$ 60.00		83615	LACTATE DEHYDROGENASE (LD)	\$ 15.00
	87015	AFB CULTURE (RESP.)	\$ 19.00		83655	LEAD, BLOOD (Venous) [LAB24]	\$ 25.50
	87116	AFB CULTURE	\$ 33.50		83690	LIPASE	\$ 15.25
	87206	AFB CULTURE AND SMEAR	\$ 19.50		80061	LIPID PANEL	\$ 18.00
	87077	CULTURE, BACTERIAL, ID AEROBIC ISOLATE(EACH)	\$ 41.75		80076	LIVER PANEL	\$ 18.50

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	83721	CHOLESTEROL-LDL (LOW DENSITY LIPOPROTEIN) (CALCULATED)	\$ 26.75		84550	URIC ACID, SERUM	\$ 15.00
	83735	MAGNESIUM	\$ 15.00		84560	URIC ACID, URINE, FLUID	\$ 17.50
	80048	METABOLIC PANEL, METB- BASIC	\$ 18.00		81001	URINALYSIS MICROSCOPY & DIPSTICK	\$ 31.50
	80053	METABOLIC PANEL, COMPREHENSIVE (14 TESTS)	\$ 19.25		81003	URINALYSIS , W/O MICROSCOPIC, AUTO. (Dipstick)	\$ 21.25
	82043	MICROALBUMIN, URINE (URINARY ALBUMIN)	\$ 16.00		86592	VDRL, CSF (VENEREAL DISEASE TEST FOR SYPHILIS)	\$ 65.50
	87556	MYCOBACTERIUM TUBERCULOSIS COMPLEX/RIFAMPIN BY RT-PCR	\$ 168.50		82607	VITAMIN B-12, SERUM	\$ 21.00
	83930	OSMOLALITY, BLOOD	\$ 18.00		82306	VITAMIN D (25-hydroxy)	\$ 29.75
	83935	OSMOLALITY, URINE	\$ 18.00				
	83970	PARATHYROID HORMONE, INTACT	\$ 41.50			Additional Service:	
	85730	ACTIVATED PARTIAL THROMBOPLASTIN TIME	\$ 36.75		99000	Spin, Aliquot and Hold at specified Temp. RHOLD:	\$ 23.00
	80184	PHENOBARBITAL	\$ 18.25				
	80185	PHENYTOIN, TOTAL (DILANTIN)	\$ 18.25				
	84100	PHOSPHORUS, INORGANIC, SERUM	\$ 15.00				
	84105	PHOSPHATE, URINE	\$ 17.50				
	84132	POTASSIUM	\$ 14.75				
	84133	POTASSIUM, URINE	\$ 17.50				
	84134	PREALBUMIN	\$ 20.75				
	81025	PREGNANCY TEST, URINE	\$ 25.00				
	84145	PROCALCITONIN	\$ 96.25				
	84165	PROTEIN ELECTROPHORESIS(PEP),SERUM OR URINE-FREE LIGHT CHAINS	\$ 41.50				
	84157	PROTEIN, CSF	\$ 15.75				
	84155	PROTEIN(S): TOTAL, ALBUMIN, GLOBULIN, SERUM, FLUID ALBUMIN	\$ 15.00				
	84156	PROTEIN, URINE	\$ 18.25				
	84157	PROTEIN,TOTAL (BODY FLUID)	\$ 15.00				
	85610	PROTHROMBIN TIME/INTERNATIONAL NORMALIZED RATIO	\$ 36.75				
	87633	RESPIRATORY VIRAL PANEL PCR- BIOFIRE	\$ 416.00				
	85045	RETICULOCYTE COUNT-AUTOMATED	\$ 24.75				
	86431	RHEUMATOID FACTOR (RF)	\$ 18.25				
	86592	RPR (RAPID PLASMA REAGIN; SERUM SCREENING TEST FOR SYPHILIS)	\$ 17.50				
	86593	RPR, TITER	\$ 38.00				
	86780	RPRS (TP-PA)	\$ 45.25				
	80179	SALICYLATES, SERUM	\$ 18.75				
	85652	SEDIMENTATION RATE (ESR), AUTOMATED	\$ 37.25				
	87427x2	SHIGA TOXIN ASSAY	\$ 100.25				
	84295	SODIUM	\$ 14.75				
	84300	SODIUM, URINE	\$ 17.50				
	87046	STOOL CULTURE BACTERIAL, AEROBIC	\$ 47.25				
	87046	STOOL CULTURE BACTERIAL , AEROBIC (E coli O157)	\$ 47.50				
	87329	STOOL IMMUNOASSAY(GIARDIA LAMBLIA DETECT)	\$ 52.00				
	87177	STOOL, ID OVA AND PARASITES (O&P) DIRECT SMEAR	\$ 75.50				
	87046	STOOL CULTURE, VIBRIO	\$ 40.50				
	87184	SUSCEPTIBILITY, ANTIMICROBIAL, DISK (<12 AGENTS)	\$ 35.00				
	87186	SUSCEPTIBILITY, ANTIMICROBIAL,MICRO/AGAR DIL, MIC	\$ 28.25				
	84403	TESTOSTERONE, BLOOD	\$ 26.25				
	80307	THC - CANNABINOID, URINE (done using drug screen)	\$ 62.75				
	84466	TRANSFERRIN	\$ 17.75				
	84478	TRIGLYCERIDE, BLOOD	\$ 15.00				
	84443	THYROID STIMULATING HORMONE (TSH-3rd Generation)	\$ 21.00				
	84481	TRIIODOTHYRONINE, FREE (FT3)	\$ 20.50				
	84439	THYROXINE, FREE (FT4)	\$ 20.50				
	84484	TROPONIN I	\$ 20.50				
	84520	UREA NITROGEN, SERUM, PLASMA - BUN	\$ 15.00				
	84540	UREA NITROGEN, URINE - UUN	\$ 17.50				

RESEARCH STUDY – TEST ORDER FORM 2026-2027 - Addendum

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.): _____

Specimen Submission

Dilution: _____

Additional Processing: _____

Note: Extra specimen dilution and/or processing other than specified above, will be assessed additional charges.

Special handling required: No ☐

Yes ☐ Centrifuge and Hold at Specified Temperature, \$23.00 per Specimen.

Yes ☐ Other, please describe (Note: Additional charge for special handling to be determined).

Results in EPIC/EMR: No ☐ Yes ☐

If yes, the patient's name and medical record number must be provided. Please inform your patients that this research Study results will be available in the electronic and paper Medical Records.

Notes: _____

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.
San Francisco, CA 94110
Via email: juliette.vasquez2@ucsf.edu
or Andy.Yeh@ucsf.edu