

REQUEST TO SET UP RESEARCH STUDY 2022-2023

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. In order 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 website <https://sfgh.ucsf.edu/protocol-applications-zsfg> - Please return the form to ZSFG Dean's Office)

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 _____ Animal _____
Billing Contact: _____ Telephone: _____ Email: _____

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

Your **four-letter study C O D E**, for billing: _____
(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 Form" and return both forms to:

Barbara Haller, MD, PhD
Director, ZSFG Clinical Laboratory
Bldg. 5, Rm 2M14
FAX: 628-206-3045

For more information, refer to the Clinical Laboratory Manual (on-line at <http://labmed.ucsf.edu/sfghlab/>), or call the Director's office at x68588.

DO NOT WRITE BELOW THIS LINE

DIVISION APPROVALS

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

RESEARCH STUDY – TEST ORDER FORM

√	CPT code	TEST NAME	PRICE	√	CPT code	TEST NAME	PRICE
	82040	ALBUMIN	\$12.25		86701	HIV 1/2 Antibody Differentiation	\$70.00
	82042	ALBUMIN (CSF) (Send out, incl handling fee)	\$15.00		82784	IGG	\$17.00
	82105	ALPHA-FETOPROTEIN (TUMOR)	\$18.50		83525	INSULIN, BLOOD	\$18.50
	84075	ALKALINE PHOSPHATASE, BLOOD	\$12.25		83540	IRON, SERUM	\$12.25
	84460	ALT (TRANSFERASE, ALANINE AMINO)	\$12.25		83605	LACTATE (STAT; incl Stat charge)	\$39.50
	84450	AST (TRANSFERASE, ASPARTATE AMINO)	\$12.25		83615	LD (LACTIC DEHYDROGENASE)	\$12.25
	82248	BILIRUBIN, BLOOD, DIRECT	\$12.25		83690	LIPASE	\$12.50
	82247	BILIRUBIN, BLOOD, TOTAL	\$12.25		80061	LIPID PANEL	\$14.75
	82803	BLOOD GAS PANEL (STAT; incl Stat charge)	\$44.00		80076	LIVER PANEL	\$15.25
	84520	BUN (UREA NITROGEN, QUANT)	\$12.25		83735	MAGNESIUM, BLOOD	\$12.25
	82310	CALCIUM	\$12.25		80048	METABOLIC PANEL, Basic	\$14.75
	82340	CALCIUM, URINE	\$14.25		80053	METABOLIC PANEL, Comprehensive	\$15.75
	85027	CBC, PLATELETS	\$17.50		80053	METABOLIC PANEL, Comp + CSC*	\$30.50
	85025	CBC, PLATELETS & DIFF. (AUTOMATED)	\$17.50		82043	MICROALBUMIN, URINE	\$13.25
	86361	CD3 FLOW CYTOMETRY	\$47.25		83930	OSMOLALITY, SERUM	\$14.75
	86361	CD4 FLOW CYTOMETRY	\$47.25		83935	OSMOLALITY, URINE	\$14.75
	86360	CD4/CD8 FLOW CYTOMETRY	\$47.25		83970	PARATHYROID HORMONE, INTACT	\$18.50
	89051	CELL COUNT, CSF (STAT; incl Stat charge)	\$84.25		85730	PARTIAL THROMBOPLASTIN TIME	\$29.25
	82465	CHOLESTEROL, TOTAL	\$12.25		80185	PHENYTOIN (DILANTIN)	\$15.00
	86769	COVID-19 ANTIBODY (IGM + IGG)	\$39.00		84100	PHOSPHATE	\$12.25
	87635	COVID-19 PCR	\$85.75		84105	PHOSPHATE (URINE)	\$14.25
	82565	CREATININE	\$12.25		84132	POTASSIUM	\$12.25
	82575	CREATININE CLEARANCE, URINE	\$14.50		84133	POTASSIUM, URINE	\$14.25
	82550	CREATININE KINASE (CK, CPK), TOTAL	\$12.25		84134	PREALBUMIN	\$17.00
	82570	CREATININE, URINE	\$14.25		81025	PREGNANCY TEST, URINE	\$20.25
	86141	CRP, HIGH SENSITIVITY	\$16.25		84157	PROTEIN, CSF	\$13.00
	87040	CULTURE, BLOOD, AEROBIC	\$40.75		84157	PROTEIN, BODY FLUID	\$12.25
	87070	CULTURE, CSF	\$36.75		84155	PROTEIN, SERUM (TOTAL)	\$12.25
	87070	CULTURE, MISCELLANEOUS.	\$54.50		84156	PROTEIN, URINE	\$15.00
	87070	CULTURE, RESPIRATORY	\$62.25		85610	PROTHROMBIN TIME	\$29.25
	G0483	DRUGS OF ABUSE SCREEN, CONFIRMATION	\$70.25		86592	RPR	\$14.00
	80307	DRUGS OF ABUSE SCREEN (DAU)	\$26.50		86593	RPR TITER	\$30.25
	80051	ELECTROLYTES	\$14.50		85652	SEDIMENTATION RATE	\$29.75
	80307	ETHANOL, SERUM	\$12.75		84295	SODIUM, SERUM	\$12.25
	82728	FERRITIN	\$17.00		84300	SODIUM, URINE	\$14.25
	82945	GLUCOSE, CSF	\$12.25		87184	SUSCEPTIBILITY, KB	\$28.00
	82945	GLUCOSE, EXCEPT URINE	\$12.25		87186	SUSCEPTIBILITY, MIC	\$22.50
	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	\$12.25		84403	TESTOSTERONE, BLOOD	\$17.50
	87205	GRAM STAIN	\$21.00		80307	THC, URINE	\$12.50
	84702	HCG, QUANT	\$17.00		86780	TP-PA (SYPHILIS CONFIRMATION)	\$36.50
	83718	HDL-CHOLESTEROL	\$12.50		84466	TRANSFERRIN	\$14.75
	83036	HEMOGLOBIN A1C, DIRECT (GLYCATED HGB)	\$33.50		84478	TRIGLYCERIDES, BLOOD	\$12.50
	86709	HEPATITIS A ANTIBODY, IGM	\$19.25		84484	TROPONIN	\$16.75
	86708	HEPATITIS A ANTIBODY, TOTAL	\$17.00		84540	UREA NITROGEN, URINE	\$14.25
	86705	HEPATITIS B CORE, IGM	\$19.25		84550	URIC ACID, BLOOD	\$12.25
	86704	HEPATITIS B CORE AB, TOTAL	\$17.00		84560	URIC ACID, URINE	\$14.25
	86706	HEPATITIS B SURFACE AB	\$16.25		81001	URINALYSIS MICRO & DIPSTICK	\$25.00
	87340	HEPATITIS B SURFACE ANTIGEN	\$15.25		81003	URINALYSIS, W/O MICRO, AUTO. (Dipstick)	\$17.00
	87341	HEPATITIS B SURFACE ANTIGEN CONFIRMATION	\$25.75		82306	VITAMIN D, 25-OH	\$21.75
	87517	HEPATITIS B VIRAL LOAD	\$86.25			Additional Services:	
	86803	HEPATITIS C ANTIBODY	\$18.25			Special Reporting, Initial set up fee (base)	\$250.00
	87522	HEPATITIS C VIRAL LOAD	\$97.50			Special Reporting, annual fee	TBD
	87536	HIV VIRAL LOAD, RT-PCR	\$91.00			Spin, Aliquot and Hold at specified temp	\$19.50
	87389	HIV 1/2 ANTIGEN/ANTIBODY COMBO	\$27.50			Venipuncture (check for availability)	\$7.75
						* CSC = CHOL, LD, PO4, TRIG, URIC ACID, HDL, LDL	

RESEARCH STUDY – TEST ORDER FORM 2022-2023

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 ☐ Yes ☐

If yes, please list your four-letter CODE _____.

Do you need a mail slot in 2M for this study? No ☐ Yes ☐

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