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**Research Test Price Quote Form**

**Complete the form below and send via email to** [LabSRSS@urmc.rochester.edu](mailto:LabSRSS@urmc.rochester.edu).

**Please allow 5 business days for completed requests. Need help? Call (585) 758-0525**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Requester Name:** |  | | **Department:** |  | **Date of Request:** |  |
| **Requester Phone #** |  | | **Requester Email:** |  | **Intra-Mural Mail Box #:** |  |
| **Requester Fax #:** |  | |
| **Protocol #:** |  | | **Version Date:** |  | **Sponsor:** |  |
| **Protocol Full Name:** |  | | | | | |
| **Is the Study Federally Funded?** | | **Yes**  **No** | | | | |

**Testing Required: CPT Code: Research Price:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | URMC LABS PM Study Setup Fee | | | | | | | |  |  |
|  | Basic Metabolic Profile  (*Glucose, Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Calcium, Anion Gap, GFR)* | | | | | | | |  |  |
|  | CBC & Platelet | | | | | | | |  |  |
|  | CBC, Platelet & Differential | | | | | | | |  |  |
|  | Comprehensive Metabolic Profile  *(Glucose, Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Calcium, Anion Gap, GFR,*  *Total Protein, Albumin, Globulin, Total Bilirubin, AST, ALT, Alk Phos)* | | | | | | | |  |  |
|  | Glucose | | | | | | | |  |  |
|  | Venipuncture | | | | | | | |  |  |
|  | Lipid Profile *(Cholesterol, Triglycerides, HDL, LDL Calc., Cholesterol/HDL ratio)* | | | | | | | |  |  |
|  | Amylase | | | | | | | |  |  |
|  | Lipase | | | | | | | |  |  |
|  | LDH | | | | | | | |  |  |
|  | Liver Function Panel  *(Total Protein, Albumin, Globulin, Total Bilirubin, Direct Bilirubin, Indirect Bilirubin, AST, ALT, Alk Phos)* | | | | | | | |  |  |
|  | Protime/INR | | | | | | | |  |  |
|  | PTT | | | | | | | |  |  |
|  | Serum Pregnancy | | | | | | | |  |  |
|  | Triglycerides | | | | | | | |  |  |
|  | Urine Pregnancy (Point of Care)? |  |  | Yes |  | No |  | Both |  |  |
|  | Urinalysis with Reflex to Microscopic | | | | | | | |  |  |
|  | Urinalysis with Microscopic | | | | | | | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

*List any other testing, be specific:*

Research prices for federally funded studies are subject to change per the University patient care rate agreement with the US Department of Health and Human Services. Prices may be adjusted annually based on the medical consumer price index or other changes, such as test methodology. Non-federally funded studies are only subject to change annually.

**Completed By**: [initials] [date] [fee schedule]