**Research Test Price Quote Form**

**Complete the form below and send via email to** InternalURMCClinicalTrials@URMC.Rochester.edu

**Please allow up to 14 business days for completed requests. Need help? Call (585) 758-0525**

1. **Protocol Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Protocol #:** |  | **Protocol Date:** |  | **Setup Request Date:** |  |
| **Protocol Full Name:** |  |
| **Sponsor Name:** |  |
| **Is the Study Federally Funded?** |  **Yes** [ ]  **No** [ ]  |

1. **Contact information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Name, Title** | **Department** | **Intra-Mural Box #** | **Phone** | **Fax** | **Email** |
| Invoice Recipient  |  |  |  |  |  |  |
| Requester Information |  |  |  |  |  |  |

1. **Tests**

|  |  |  |
| --- | --- | --- |
| Tests Required (Mark appropriate tests) | CPT Code | Research Price |
|[x]  URMC LABS PM Study Setup Fee |  |  |
|[ ]  Basic Metabolic Profile (*Glucose, Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Calcium, Anion Gap, GFR)* |  |  |
|[ ]  CBC & Platelet |  |  |
|[ ]  Phosphorus |  |  |
|[ ]  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 \*Additional reflex/add on tests may incur additional charges\* |  |  |
|[ ]  Urinalysis with Microscopic \*Additional reflex/add on tests may incur additional charges\* |  |  |

*List any other testing, be specific:*

|  |  |  |
| --- | --- | --- |
| **Test number** *(Ex: CBC)* | **Test name***(Ex: CBC with Platelet Count)* | **CPT Code-if available***(Ex:: 85027)* |
|  |  |  |
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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]