



1303 E. Herndon Ave., Fresno CA 93720 Tai Po Tschang, M.D., Medical Director

Patient required to fast for 12-14 hours Patient recommended to fast 12-14 hours

Store at Room Temperature. All other specimens to be refrigerated.

Appointment Required. Call 450-5656

★ - This test has reflex testing criteria (see reverse side).

Complete labs ____weeks/days prior to next appointment. * - This test has reflex testing to next appointment. To save time, preregister before your lab visit. Call (559) 450-3201 or visit WWW.samc.com

PATIENT: Please verify that your insurance is accepted by Saint Agnes Medical Center. Ultimately, it is your responsibility to choose a laboratory that is contracted with your insurance. If you have any questions, please contact your Insurance carrier. DIAGNOSIS/PATIENT ORDERING INFORMATION (Additional Codes on Reverse) All tests for which Medicare reimbursement will be claimed must be medically necessary for the patient. | 719.40 | Pain in Joint, Arthralgia #21 | 246.9 | Unsp. Disorder of Thyroid #2 | 599.0 | Uninary Tract Infection #23 | V58.61 | Long-Term (current) use of □ V58.64 ☐ 789.00 Abdominal Pain #1 ☐ 427.31 Atrial Fibrillation #7 401.9 Essential Hypertension, Long-term (current) use of non-steroidal anti-inflammatories (NSAID) #26 Unsp. Disorder of Thyroid #22 783.21 Abnormal Loss of Wt. #2 600.01 BPH \bar{c} Urinary Retention #8 Unspecified #14 **780.60** □ V58 65 Long-term (current) use of steroids #27 Fever, NOS #15 □ 462 Acute Pharvngitis #3 429.2 Cardiovascular Disease #9 Hyperlipidemia, NOS #16 Hyperthyroid, NOS #17 Long-Term (current) use of Other 272.4 242.90 244.9 □ V58.69 Adverse Effect of Drug,NOS #4
786.50 Chest Pain, Unspecified #10 995.20 242.90 Anticoagulants #24 Medications #28 285.9 Anemia, Unspecified #5 428 0 Congestive Heart Failure #11 Hypothyroidism, NOS #18 □ V58.63 Long-term (current) use of □ V58.83 Therapeutic Drug (Level) □ 440.9 250.00 DM2 #12 Arteriosclerosis. antiplatelets/antithrombotics #25 627.2 Menopausal States #19 Monitoring #29 ☐ 627.2 ☐ 780.79 DM1 #13 ☐ V76.44 Screening for Prostate CA #30 250.01 Unspecified #6 Other Malaise & Fatigue #20 Dx / Codes / Signs / Symptoms (For each test ordered below, indicate Dx number on space provided next to test): Other Dx: PRIORITY: ☐ Routine ☐ ASAP ☐ STAT ☐ Fasting 12-14 Hours ☐ Copy to ☐ Phone Results to _ ☐ Fax Results to HEMATOLOGY CHEMISTRY/IMMUNOLOGY MICROBIOLOGY ☐ @ ★ CBC, Auto Diff (incl. Platelet Ct.) □@ Albumin Homocysteine ☐ ★■ Culture & Sensitivity (Aerobic) _ Alkaline Phosphatase \square @ $\Box a$ Hematocrit Iron ☐ @ ★ Urine Culture ALT/SGPT Lead Hemoglobin ANA @ Magnesium Anaerobic Culture _____ \Box @ Hemogram ANA. Reflex Mono Test Beta Strep Culture Pro Time, Diagnostic AST/SGOT Parathyroid Hormone Blood Culture \Box @ Pro Time, Therapeutic ☐ ★■ Fungus Culture & Smear Bilirubin, Direct Phosphorus ☐ ★■ G.C. Culture □@ Potassium _ PTT ____ Bilirubin, Total Rapid Strep A Screen Only Prograf (Tacrolimas) Sed Rate/Westergren Rapid Strep A, Culture if Neg ___ @ C-Reactive Protein, hs (Cardio) Protein, Total URINE Gram Stain C-Reactive Protein, Inflammation PSA Diagnostic Wet Mount Urinalysis PSA, Free + Total Cholesterol Wright Stain Urinalysis, Microscopic Only Creatinine _____ PSA Screen C. Difficile Toxin Assay ☐ @★ Urinalysis, Culture if indicated ____ \Box @ Ferritin _____ Rheumatoid Factor Cryptosporidium/Giardia Antigen Urines below: ☐24 Hr ☐Spot Cryptosporidium Antigen Rubella ___ Folate _____ Giardia Antigen Creatinine @**▼** Glucose Sodium @ Occult Blood, Creatinine Clearance__ П Glucose, 1 hr. P 50g Glucola Triiodothyronine (T3), Free Chlamydia/G.C. by DNA Probe __ Wt. __ Glucose, 2 hr. P Glucola Triiodothyronine (T3), Total Chlamydia by DNA Probe □@ Glucose, 2 hr. P Prandial Thyroxine (T4), Free ____ Microalbumin G.C. by DNA Probe ☐ † ▼ Glucose Tolerance (2 hr.) _____ ☐ @ ★ ▼ Triglyceride ____ Chlamydia Culture _____ Potassium П Herpes Culture □ † ▼ Glucose Tolerance, Gestational Transferrin Pregnancy Test **@** Hemoglobin A1C \square @ Thyroid Stimulating Hormone, hs PANELS Protein Hepatitis B Surface Antigen Uric Acid BASIC METABOLIC PANEL Sodium BUN, Calcium, Chloride, CO₂, Creatinine, □@ hCG (Chorionic Gonadotropin) Vitamin B12 Glucose, Potassium, Sodium **OBSTETRICS** Vitamin D (25-Hydroxy) Quantitative COMPREHENSIVE METABOLIC PANEL □ PRENATAL PANEL ☐ @★ HIV 1&2 Antibody ______ Albumin, Alkaline Phosphatase, ALT (SGPT), CBC, ABO/RH, Antibody Screen, RPR. AST (SGOT), Total Bilirubin, BUN, Calcium, Chloride, CO2, Creatinine, Glucose, Potassium, Rubella Ab, Hepatitis B Surface Ag Total Protein, Sodium Cystic Fibrosis Carrier Study ELECTROLYTE PANEL $\overline{\text{Chloride, CO}_2, \text{Potassium, Sodium}}$ Alpha Feto protein, Pre-Natal HEPATIC FUNCTION PANEL @ - This test may require an Advance Beneficiary Notice (ABN). If so, please attach signed ABN to this order. Albumin, Alkaline Phosphatase, ALT (SGPT), AST (SGPT), Bilirubin Total, Other Tests / Comments: Bilirubin Direct, Total Protein @HEPATITIS PANEL. ACUTE HAVAb, HBsAg, HBcAb, HCVAb @LIPID PANEL (CARDIAC RISK) Cholesterol, HDL, LDL, Risk Factors, VLDL. Triglycerides RENAL FUNCTION PANEL PRINT Physician's Name ___ Albumin, Calcium, CO₂, Chloride, Creatinine, Glucose, Phosphorus, Potassium, Sodium, BUN PHYSICIAN'S SIGNATURE DATE SEX M 🗆 F 🗆 → @THYROID CASCADE TSH, Reflex Testing as indicated RACE: LAB USE ONLY Date & Time of Collection Phlebotomist ☐ Gray ☐ Black ☐ Urine ☐ Plasma ☐ Yellow ☐ Slides □ SST ☐ DNA Probe Blue Serum INIT_ ☐ Purple ☐ Green ☐ Swab ☐ B Culture Fasting ☐ Yes ☐ No □ Venipuncture Fee

	Required Patient	Information from		
Last Name		First Name		Middle
Address		City	State	Zip
Phone		SS#		D.O.B.

789.00 Abdominal Pain, Unspecified

ICD9 DIAGNOSIS CODES

CD-9 manual for a	l adt ot re	tice, it is not complete. Please refe	your prac	e tool depending upon the nature of	ıl reference
		Pain in Limb	5.627	(Duspecified)	
		Artery		Hormone Imbalance	6.632
		Occlusion and Stenosis, Carotid	433.10	Hematuria	7.668
		Obesity, Unspecified	278.00	Неадасће	0.487
Weight Loss, Abnormal	12.887	Nausea	20.787	Generalized Weakness	67.087
Weight Gain, Abnormal	1.887	Multiple Myeloma W./o Remission	203.00	Gastroenteritis & Colitis, NOS	6.883
gnitimo√	50.787	(Unspecified)		Gastritis	04.363
Viral Infection, NOS	66.670	Metabolism Disorder	6.772	Fever	9.087
Vascular Disease, NOS	6.634	Menstrual Irregularities	4.828	Female Genital Symptoms, NOS	6.629
SOV , eitinigsV	01.818	Menopausal Syndrome	2.728	Fatigue & Malaise	67.087
Noninfectious		Disorder (Unspecified)		Dysuria	1.887
Vaginal Leukorrhea,	6.623.5	Menopausal and Postmenopausal	6.728	Dysplasia of Prostate	6.209
Urinary Tract Infection, NOS	0.668	Malignant Neoplasm, Prostate	182	Dysplasia of Cervix MOS	01.559
Infection)		Bronchus & Lung, NOS		Dysphagia	2.787
URI (Upper Respiratory	6.334	Malignant Neoplasm,	162.9	Drug Effect (Adverse), NOS	05.26
Tonsillitis, Acute	463	Female, NOS		Dizziness and Giddiness	4.087
Thyroid Disorder, NOS	246.9	Malignant Neoplasm, Breast	9.471	Diarrhea	16.787
Thrombosis (Vein)	6.634	Lymphoma, NOS	202.80	Diabetes, Gestational	8.84
Stomach Pain	8.868	Lung Disease, NOS	68.813	Complication, Type 2	
Sore Throat	462	rnmbago	2.427	To noitney o.W. volition of	220.00
SOB (Shortness of Breath)	20.387	Therapeutic Drug (Level) Monitoring	£8.83V	Complication, Type 1	
Skin Disorder, NOS	6.607	Medications		To noitneM o\.W sutilleM setedsid	10.032
Sinusitis, Chronic, NOS	6.E74	Long Term (Current) use of other	69.83√	Depression, NOS	118
(Uncomplicated)		Anticoagulant		dguoO	2.887
Senile Dementia	290.0	Long Term (Current) use of	16.83V	Coronary Atherosclerosis	414.00
Seborrheic Keratosis, Other	91.207	Liver Disease (Unspecified)	6.873	snoisluvnoO	98.087
Aheumatoid Arthritis	0.417	Leukemia	208.90	Congestive Heart Failure	428.0
(Not Elsewhere Classified)		Kidney Disease	6.863	Antepartum	
Respiratory Abnormality	60.987	nis Triol	04.617	Complications of Labor, NOS,	86.699
Renal Ureter Disease, NOS	6.563	Infertility, Male	6.909	(Unspecified)	01001
Renal Insufficiency, Acute	6.563	Infertility, Female	6.829	Circulatory System Disorder	6.634
Renal Failure (Chronic), Unspecifie	6.283	Infection, NOS	6.981	SON	
(Unspecified)		IBS (Irritable Bowel Syndrome)	1.498	Chronic Ischemic Heart Disease,	6.414.9
Prostate Disorder	6.209	SOV , meibioryhtogyH	244.9	Chronic Airway Obstruction	967
Premature Menopause	18.932	Hypopotassemia	8.972	Chlamydia Infection	86.670
(ferial)	0	Hypoglycemia, NOS	2.132	Chest, Swelling/Mass/Lump	9.987
Supervision Pregnancy, Normal	V22.0	Hypertriglyceridemia	1.272	Chest Pain (Unspecified)	03.987
Post Menopausal Bleeding	1.728	Hypertension, NOS Hyperthyroidism, NOS	242.90	Classified)	00:00/
Unspecified	001		6.104	Chest Pain (Not Elsewhere	65.687
Pharyngifis (Acute) Pneumonia, Organism	987	Hypertipidemia	4.272	Cervicitis & Endocervicitis	0.919
(etupA) eitipnyysdq	797	Hypercholesterolemia	0.272	(beilisssIO erahwerla toV)	

Cardiovascular System Symptoms	6.287
Unspecified	
Cardiovascular Disease,	429.2
Cardiac Dysrhythmia, Unspecified	427.9
Cancer, Site Unspecified	1.99.1
Cancer, Prostate	182
Cancer, Colon	153.9
Cancer, Cervix	9.081
Cancer, Breast	6.471
Cancer, Bronchus & Lung, NOS	162.9
Bronchitis, NOS	067
BPH with Urinary Retention	10.009
Benign Neoplasm, Skin of Trunk	216.5
Benign Hypertension	1.104
Backache, NOS	724.5
Atrial Fibrillation	427.31
Asthma	463.90
(beificaquu) aitirlhhA	06.917
Arteriosclerosis, Unspecified	6.044
Antenatal Screening, Unapecified	9.8SV
Antenatal Screening, Specified	8.85V
Anemia, Pernicious	0.185
Anemia, NOS	6.385
Anemia, Iron Deficiency	6.082
Amenorrhea	0.929
Biological Substance, NOS	
Adverse Effect, Medicine/	995.20
Acne, NOS	1.307
Absence of Menstruation	0.626
Abscess, Unspecified Site	6.289
Abscess, Foot	7.289
Abscess, Face	0.288
Abnormal Liver Function Study	8.497
Abnormal Findings, Stool Contents	1.297
Other	1:001
Abnormal Clinical Findings,	4.967
Quadrant Abnormal Blood Chemistry	9.067
Abdominal Pain, Right Upper Ouadrant	10.687
Site Sight Upper	FU 08Z
0112	

complete listing. The ultimate responsibility for correct coding lies with the ordering physician. While this list may be a useful

REFLEX TESTS

Saint Agnes Medical Center's policy provides that the tests listed below will have automatic reflex testing, given the criteria noted. There will be an additional fee billed for all reflex testing, Reflex testing is the next progression in a sequence of events responding to an abnormal result on the primary test ordered (i.e., the abnormal result generates, or "reflexes", a need for further testing).

AMNIOTIC FLUID/FETAL MATURITY SCREEN:

- 1. Screen is performed with AmnioSTAT. If screen results are positive there is no further testing.
 2. If AmnioSTAT screen results are negative a Fetal Maturity Panel, which includes L/S, PG and Creatinine, is performed.

* If ANA is positive, reflexes to include dsDNA, mRNP/Sm IgG, SS-a, SS-b, Sm, ScI-70, Ribosomal P Protein, Thyroid Peroxidase Autoantibodies, C3, C4, and Rheumatoid Factor **EFFLEX:**

CBC FUTO DIFFERENTIAL: A manual differential will be ordered when any of the following criteria are met: cell counter indicates that the sample may have atypical, unusual, or suspicious cells and/or,

0.02 - 0	BD/N
0.011 - 0.83	MCV
21.0 - 54.0	HCT
0.81 - 0.7	HCB
UU. 1 - UU.S	ายห

-		
	0.02 - 0	# 3N
	0.2 - 0	%A8
	0.11-0	%03
	0.21-0	%OW
	0.08 - 0	%A7
	30.0 - 90.0	%BN
	0.08 - 3.0	MBC

COLTURES: Positive cultures will be identified & sensitivities performed if appropriate.

HIA PALTIBODY TESTING (WITH CONFIRMATION): Positive HIV satiboody screening will be confirmed with HIV satibody by Western Blot Assay.

LIPID PANEL: When Triglyceride > 400 mg/dl, a Direct LDL will be added.

THAROID CASCADE TESTING: TSH (mcU/mi): When TSH is <0.1, then FT4 is added; if FT4 is normal, then T3 is added. When TSH is 0.1 - 0.34 or >7.0, then FT4 is added. When TSH is 5.6 - 7.0, When RPR is positive, then FTA is added.

then FT4 and Peroxidase Ab are added.

NEMARYSIS, CULTURE IF INDICATED: Urine Culture is performed when specimen is positive for any or all of the following: Nitrite, Leukocyte, Esterase, and/or Microscope analysis shows 5+ WBC's. TRICLYCERIDE: When Triglyceride > 400 mg/dl, a Direct LDL will be added.

SAINT AGNES LABORATORY LOCATIONS URINALYSIS: A urine microscopic exam is performed when protein, blood, nitrite and/or Leukocyte Esterase are positive, only at the SAMC Laboratories indicated by a "III" symbol.

1728-428 (668) 275 W. Herndon Ave., Clovis Saint Agnes Peachwood Laboratory CLOVIS **□**

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Facility Hours: 7:30 AM - 6 PM, M-F

Facility Hours: 7:30 AM - 6 PM, M-F; 8169-172 (668) 4770 W. Herndon Ave., Suite 111, Fresno Saint Agnes Northwest Laboratory NORTHWEST FRESNO

JaS ,M9 f - MA 9

12:30 PM - 4:30 PM, M-F

Facility Hours: 7:30 AM -12 Noon &

9115-024 (668) 1303 E. Herndon Ave., Fresno Saint Agnes Outpatient Center Laboratory **JATI9SOH NIAM**

scheduled by calling 450-5656 Appointments are optional and may be Laboratory Hours: 6 AM - 7 PM, M-F; 6 AM - 12 Noon, Sat.

KEISHO PLAZA LAB

Facility Hours: 8 AM - 5 PM, M-F 9108-981 (699) 568 E. Herndon Ave., Fresno

7276-664 (668) 1300 N. Fresno St., Fresno 40232 Junction Drive, Oakhurst Saint Agnes Family Care Providers Laboratory Saint Agnes Oakhurst Laboratory OAKHURST # **CENTRAL FRESNO**

1:30 PM - 4:30 PM, M-F Facility Hours: 7:30 AM - 12 Noon & 2549-859 (653)





1303 E. Herndon Ave., Fresno CA 93720 Tai Po Tschang, M.D., Medical Director

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Store at Room Temperature. All other specimens to be refrigerated.

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★ - This test has reflex testing criteria (see reverse side).

Complete labs ____weeks/days prior to next appointment. * - This test has reflex testing to next appointment. To save time, preregister before your lab visit. Call (559) 450-3201 or visit WWW.samc.com

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Serum

☐ Swab

☐ DNA Probe

☐ B Culture

INIT_

Requir	ed Patient Information from	Physician	
Last Name	First Name		Middle
Address	City	State	Zip
Phone	SS#		D.O.B.

Fasting ☐ Yes ☐ No

Blue

☐ Green

☐ Purple

□ Venipuncture Fee

789.00 Abdominal Pain, Unspecified

ICD9 DIAGNOSIS CODES

		tice, it is not complete. Please refe		I	
		dmi Ž ni nis9	759.5	(Dəfii (bəfii (bəfii)	
		Artery		Hormone Imbalance	229.9
		Occlusion and Stenosis, Carotid	433.10	Hematuria	7.663
		Obesity, Unspecified	278.00	Headache	0.487
Weight Loss, Abnormal	783.21	Nausea	20.787	Generalized Weakness	67.087
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Thyroid Disorder, NOS	246.9	Malignant Neoplasm, Breast	9.471	Diarrhea	16.787
Thrombosis (Vein)	453.9	Lymphoma, NOS	202.80	Diabetes, Gestational	648.83
Stomach Pain	8.868	Lung Disease, NOS	618.89	Complication, Type 2	
Sore Throat	462	гпшрядо	2.427	to noitneM o\.W sutilleM setedsid	220.00
SOB (Shortness of Breath)	20.987	Therapeutic Drug (Level) Monitoring	£8.83V	F eqyT, noitscilqmoD	
Skin Disorder, NOS	6.607	Medications		To noitneM o\.W sutilleM setedsid	10.032
Sinusitis, Chronic, NOS	6.E74	Long Term (Current) use of other	69.83√	Depression, NOS	311
(Uncomplicated)		Anticoagulant		Cough	2.887
Senile Dementia	0.062	Long Term (Current) use of	16.83V	Coronary Atherosclerosis	414.00
Seborrheic Keratosis, Other	702.19	Liver Disease (Unspecified)	6.673	snoisluvnoO	98.087
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(Not Elsewhere Classified)		Kidney Disease	6.593	Antepartum	
Respiratory Abnormality	60.387	nis9 tnioL	04.917	Complications of Labor, NOS,	£6.699
Renal Ureter Disease, NOS	6.563	Infertility, Male	6.909	(bəiliəqenU)	
Renal Insufficiency, Acute	6.563	Infertility, Female	6.828	Circulatory System Disorder	6.684
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(Unspecified)		(BS (Irritable Bowel Syndrome)	1.488	Chronic Ischemic Heart Disease,	6.414
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Premature Menopause	256.31	Hypopotassemia	8.872	Chlamydia Infection	86.670
(First)		Hypoglycemia, NOS	2.132	Chest, Swelling/Mass/Lump	9.987
Supervision Pregnancy, Normal	V22.0	Hypertriglyceridemia	1.272	Chest Pain (Unspecified)	03.987
Post Menopausal Bleeding	1.758	Hyperthyroidism, NOS	242.90	(beiliszal)	
∩nspecified		Hypertension, NOS	6.104	Chest Pain (Not Elsewhere	69.987
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	Cardiovascular System Symptoms	6.387
	Unspecified	0 101
	Cardiovascular Disease,	429.2
	Cardiac Dysrhythmia, Unspecified	427.9
	Cancer, Site Unspecified	1.99.1
	Cancer, Prostate	182
	Cancer, Colon	153.9
	Cancer, Cervix	9.08 F
	Cancer, Breast	9.471
	Cancer, Bronchus & Lung, NOS	162.9
	Bronchitis, NOS	067
	BPH with Urinary Retention	10.009
	Benign Neoplasm, Skin of Trunk	2.815
	Benign Hypertension	1.104
	Backache, NOS	5.457
	Atrial Fibrillation	18.7S4
	smrtsA	493.90
	Arthritis (Unspecified)	06.917
	Arteriosclerosis, Unspecified	6.044
	Antenatal Screening, Unspecified	9.8SV
	Antenatal Screening, Specified	8.82V
	Anemia, Pernicious	0.182
	SON ,simenA	6.885
	Anemia, Iron Deficiency	6.082
	Biological Substance, NOS Amenorrhea	0.929
	Adverse Effect, Medicine/	02.266
	Acrie, NOS	1.807
	Absence of Menstruation	0.626
	Abscess, Unspecified Site	6.289
	Abscess, Foot	7.289
	Abscess, Face	0.288
	Abnormal Liver Function Study	8.497
	Abnormal Findings, Stool Contents	1.297
	Ofher	1 002
	Abnormal Clinical Findings,	4.867
	Abnormal Blood Chemistry	9.067
	Quadrant	
	Abdominal Pain, Right Upper	10.687
	Site	

complete listing. The ultimate responsibility for correct coding lies with the ordering physician. While this list may be a useful

REFLEX TESTS

Saint Agnes Medical Center's policy provides that the tests listed below will have automatic reflex testing, given the criteria noted. There will be an additional fee billed for all reflex testing, Reflex testing is the next progression in a sequence of events responding to an abnormal result on the primary test ordered (i.e., the abnormal result generates, or "reflexes", a need for further testing).

AMNIOTIC FLUID/FETAL MATURITY SCREEN:

- 1. Screen is performed with AmnioSTAT. If screen results are positive there is no further testing.
 2. If AmnioSTAT screen results are negative a Fetal Maturity Panel, which includes L/S, PG and Creatinine, is performed.

* If ANA is positive, reflexes to include dsDNA, mRNP/Sm IgG, SS-a, SS-b, Sm, ScI-70, Ribosomal P Protein, Thyroid Peroxidase Autoantibodies, C3, C4, and Rheumatoid Factor **EFFLEX:**

CBC FUTO DIFFERENTIAL: A manual differential will be ordered when any of the following criteria are met: cell counter indicates that the sample may have atypical, unusual, or suspicious cells and/or,

20 - 800	PLT
0.02 - 0	MDM
0.011 - 0.88	MCV
21.0 - 54.0	TOH
0.81 - 0.7	HCB
2.00 - 7.00	BBC

ш,	sobioa ooitivitiaaaa 9	boilitaobi od Iliw goviting
Г	0.02 - 0	# 3N
Г	0.2 - 0	BA%
Г	0.11 - 0	E0%
Г	0.21 - 0	%OW
Г	0.08 - 0	%,\7
Г	0.08 - 0.08	%BN
\Box	0:00 0:7	0.014

CULTURES: Positive cultures will be identified & sensitivities performed if appropriate.

HIA PALTIBODY TESTING (WITH CONFIRMATION): Positive HIV satiboody screening will be confirmed with HIV satibody by Western Blot Assay.

LIPID PANEL: When Triglyceride > 400 mg/dl, a Direct LDL will be added.

THYROID CASCADE TESTING: TSH (mcU/ml): When TSH is <0.1, then FT4 is added; if FT4 is normal, then T3 is added. When TSH is 0.1 - 0.34 or >7.0, then FT4 is added. When TSH is 5.6 - 7.0, RPR: When RPR is positive, then FTA is added.

then FT4 and Peroxidase Ab are added.

TRICLYCERIDE: When Triglyceride > 400 mg/dl, a Direct LDL will be added.

URINALYSIS: A urine microscopic exam is performed when protein, blood, nitrite and/or Leukocyte Esterase are positive, only at the SAMC Laboratories indicated by a "III" symbol. NEMARYSIS, CULTURE IF INDICATED: Urine Culture is performed when specimen is positive for any or all of the following: Nitrite, Leukocyte, Esterase, and/or Microscope analysis shows 5+ WBC's.

SAINT AGNES LABORATORY LOCATIONS

1728-428 (658) 275 W. Herndon Ave., Clovis Saint Agnes Peachwood Laboratory CLOVIS **□**

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Facility Hours: 7:30 AM - 6 PM, M-F

8169-172 (668) Saint Agnes Northwest Laboratory NORTHWEST FRESNO

JaS ,M9 f - MA 9 Facility Hours: 7:30 AM - 6 PM, M-F; 4770 W. Herndon Ave., Suite 111, Fresno

9119-097 (699) 1303 E. Herndon Ave., Fresno Saint Agnes Outpatient Center Laboratory **JATI9SOH NIAM**

scheduled by calling 450-5656 Appointments are optional and may be Laboratory Hours: 6 AM - 7 PM, M-F; 6 AM - 12 Noon, Sat.

KEISHO PLAZA LAB

Facility Hours: 8 AM - 5 PM, M-F 9708-987 (699) 568 E. Herndon Ave., Fresno

40232 Junction Drive, Oakhurst Saint Agnes Family Care Providers Laboratory Saint Agnes Oakhurst Laboratory OAKHURST II **CENTRAL FRESNO**

1:30 PM - 4:30 PM, M-F 12:30 PM - 4:30 PM, M-F Facility Hours: 7:30 AM - 12 Noon & Facility Hours: 7:30 AM -12 Noon & 2549-859 (653) 7276-664 (668) 1300 N. Fresno St., Fresno