



TEST	^ COMPONENTS
CBC – Complete Blood Count	White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Platelets, Indices
CBC with Automated Differential	White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Platelets, Indices, Automated Differential
CBC with Manual Differential	White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Platelets, Indices, Manual Differential
Basic Metabolic Panel	BUN, Creatinine, Glucose, Calcium, Sodium, Chloride, Potassium, CO2
Comprehensive Metabolic Panel	BUN, Creatinine, Glucose, Calcium, Sodium, Chloride, Potassium, CO2, Albumin, Total Bilirubin, Alkaline Phosphatase, Total Protein, AST, ALT
Electrolyte Panel	Sodium, Chloride, Potassium, CO2
Hepatic Function Panel	Albumin, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, Total Protein, AST, ALT
Lipid Panel	Total Cholesterol, HDL, Triglyceride, calculated LDL, CHOL/HDL ratio
Renal Function Panel	BUN, Creatinine/GFR, Glucose, Calcium, Sodium, Chloride, Potassium, CO2, Albumin, Phosphorus

TEST	+ ADDITIONAL INFORMATION
% Saturation	Iron, Iron Binding Capacity also required
ANA Screen	Titer performed if positive – if titer is >1:160, cascade performed. Cascade includes: Anti-ds DNA, ENA I (Sm, RNP), ENA II (SSA, SSB)
Syphilis Treponemal	If EIA/CIA positive, RPR performed; if RPR negative, TP-PA performed (refer to algorithm located at <a href="http://altrulab.testcatalog.org/">http://altrulab.testcatalog.org/</a> )
Microalbumin	Dipstick protein must be negative

* TEST REQUIRING A SIGNED ABN IF DIAGNOSIS DOESN'T SUPPORT MEDICAL NECESSITY			
AFP Tumor Marker	CA 125	CA 19-9	CEA
Cholesterol	Digoxin	Ferritin	Free T3
Free T4	GGT	Glucose	HCG
HDL Cholesterol	Hemoglobin A1c	HIV, 1/2 Ab/Ag	Iron
Magnesium	Basic Metabolic Panel	Complete Metabolic Panel	
Iron Binding Capacity	Percent Saturation	Lipid Panel	PSA, Total
Transferrin	Triglycerides	TSH	Occult Blood, Colorectal Cancer
Occult Blood, Non-Colorectal Cancer	CBC	CBC w/ Auto Diff	CBC w/ Manual Diff
WBC w/ Diff	Peripheral Smear	aPTT	PT/INR

**Medical Necessity Statement:** Tests ordered on Medicare patients must follow HCFA rules regarding medical necessity and FDA approval guidelines and must include diagnosis, symptoms, or reason for testing as indicated in the medical record. For any patient of any payor (including Medicare and Medicaid) that has a medical necessity requirement, only order those tests which are medically necessary for the diagnosis and treatment of the patient.

**For a complete test listing including: reflex testing, test components, algorithms, specimen requirements, specimen stability, and additional information, refer to <http://altrulab.testcatalog.org> or AltruLink -> Departments & Resources -> Laboratory Services -> Catalogs -> Laboratory Test Catalog.**