

2021 Price Match Request Form



Email this form AND your current
PT provider's quote/order to: mle@acponline.org

Medical Laboratory Evaluation
800-338-2746, ext. 4510
202-835-0440 (fax)

Contact: _____ Facility: _____
Phone: _____ Fax: _____ Email: _____
Accreditation Service: CMS _____ COLA _____ TJC _____ OTHER: _____
Primary PT Service: AAB _____ AAFP _____ AccuTest _____ API _____ CAP _____
WSLH _____ OTHER: _____
Secondary PT Service: _____ For which tests? _____

ABBREVIATION CODE: W = Waived NW = Non-Waived I = Instrument

HEMATOLOGY

__ Blood Cell Identification
(manual differential)
__ CBC Primary Instrument: _____

__ CBC Secondary Instrument: _____

__ Crystal Screening
__ Fluid Cell Count
__ Hematocrit __ W __ NW
__ Hemoglobin __ W __ NW
__ Immature Granulocytes
__ Reticulocyte Count
__ Sedimentation Rate
Method: _____

COAGULATION

__ Fibrinogen
__ Partial Thromboplastin Time (APTT) or
(PTT)
__ Prothrombin Time (PT) I: _____
__ PT/INR whole blood methods:
__ W __ NW I: _____

URINALYSIS/OCCULT BLOOD

__ Adulterated Urine
__ Creatinine, Urine
__ Ethyl Glucuronide (EtG)
__ Fecal Occult Blood
__ hCG, urine
__ Microalbumin, dipstick
__ Microalbumin, quantitative
__ Urine Chemistry (See next page)
__ Urine Dipstick
__ Urine Drug Screen
__ Urine Sediment Identification

BLOOD BANK

__ ABO Group
__ Antibody Identification
__ Compatibility Testing
__ Rh Factor (D Type)
__ Unexpected Antibody Detection

PPM

__ Fecal Leukocytes
__ Fern Test
__ KOH Vaginal Prep
__ KOH Skin Prep
__ Nasal Eosinophils
__ Pinworms
__ Scabies
__ Sperm
__ Wet Mount (Vaginal)

MICROBIOLOGY

__ Affirm VPIII (DNA)
__ Antimicrobial Susceptibility
Testing
__ Bacterial Vaginosis (OSOM)
__ Chlamydia (EIA/DNA)
__ Dermatophyte Culture
__ Genital Culture
__ GC (EIA/DNA)
__ Gram stain
__ MRSA Culture
__ Stool, Parasitology
__ Throat Culture
__ Trichomonas vaginalis (waived)
Method: _____
__ Urine Colony Count
__ Urine Culture
Method: _____
__ Culture from other sources:

ANTIGEN DETECTION

__ Clostridium difficile
__ Cryptosporidium
__ Giardia lamblia
__ Influenza A/B __ W __ NW
__ Legionella, urine
__ Rotavirus
__ RSV __ W __ NW
__ Strep A __ W __ NW
__ Strep pneumoniae, urine

IMMUNOLOGY

__ Allergen Specific IgE I: _____
__ Anti-Streptolysin O (ASO)
__ Antinuclear Antibody (ANA)
Method: _____
__ Anti-dsDNA
__ Anti-RNP
__ Anti-Sm
__ Anti-SSA
__ Anti-SSB
__ Complement C3/C4
__ C-Reactive Protein (CRP)
__ C-Reactive Protein, high sensitivity
(HS-CRP)
__ H.pylori, Antibody Detection
__ IgA, Total
__ IgE, Total
__ IgG, Total
__ IgM, Total
__ Infectious Mononucleosis __ W __ NW
__ Mycoplasma (IgG)
__ Rheumatoid Factor (RA)
__ Rubella
__ Syphilis Serology

