Self-Pay Price List

BioReference® | GenPath®

Below is a listing of commonly ordered tests and test panels included in the self-pay program as of **February 2025.**

Commonly Ordered Tests

(Additional testing, test codes, and pricing can be found in InsightDx® at https://brli.careevolve.com/MultiAccountLogin)

Test Code	Test Name	Self-Pay Price*
0156	ABO AND RH BLOOD TYPING	$7.18
0053	CBC W/DIFF, PLATELET CT.	$9.32
0034	CBC W/O DIFF (HEMOGRAM)/PLAT. CT	$7.76
0257	CHLAMYDIA + GONORRHEA, URINE, APTIMA	$84.22
0069	C-REACTIVE PROTEIN (CRP), SERUM	$6.22
0078	CULTURE, THROAT, ROUTINE	$10.34
0628	DRUG ABUSE SCREEN, URINE. (8 DRUG)	$74.57
0086	ESR (SED-RATE)	$3.24
0516	ESTRADIOL, SERUM	$33.53
0088	FERRITIN	$16.36
0092	FSH (FOLLICLE STIMULATING HORMONE)	$22.30
6236	H PYLORI UREA BREATH TEST	$80.83
0327	HCG, QUANTITATIVE, SERUM	$18.06
0102	HEMOGLOBIN A1C (GLYCOHGB)	$11.65
0216	HEMOGLOBIN FRACTIONATION, CAPILLARY ELECTROPHORESIS	$21.67
0105	HEPATITIS A AB., TOTAL W/ REFLEX	$14.87+
0538	HEPATITIS A ANTIBODY, IGM	$13.51
0108	HEPATITIS B CORE ANTIBODY, TOTAL	$14.46
0107	HEPATITIS B SURFACE ANTIBODY (QUAL/IMMUNITY)	$12.89
0106	HEPATITIS B SURFACE ANTIGEN	$12.40
B125	HEPATITIS C ANTIBODY W/ REFLEX VIRAL LOAD	$17.12+
0109	HERPES I/II AB. SCREEN, IGG	$39.05
B688	HIV AG/AB 4TH GENERATION	$28.90
0250	IRON + TIBC	$18.25
0398	LEAD, BLOOD (CHILD)	$14.53
0120	MAGNESIUM, SERUM	$8.04
2565	MEASLES,MUMPS,RUBELLA	$48.38
0228	MICROALBUMIN, URINE, RANDOM	$13.15
B975	PAP + PAP DEPENDENT HPV	$74.04
P372	PAP +HPV DNA HIGH RISK 16, 18, NON 16/18 (ROCHE COBAS) +CT/GC	$158.26
0335	PROGESTERONE, SERUM	$25.03
0134	PROLACTIN, SERUM	$23.26
0137	PROTHROMBIN TIME/INR (PT)	$5.15
2088	PSA FREE + TOTAL	$44.14
0190	PSA TOTAL	$22.07
T814	QFT - TB GOLD PLUS (QUANTIFERON)	$74.38
0142	RPR, WHEN POSITIVE, REFLEX TO CIA	$5.12+
0151	T4 (THYROXINE) TOTAL	$8.24
7301	TESTOSTERONE FREE + TOTAL	$62.99
0153	THYROID STIMULATING HORMONE (TSH)	$20.16
0091	THYROXINE, FREE (FT4)	$10.82
A518	TSH WITH REFLEX TO FREE T4	$20.16+
0157	URIC ACID, SERUM	$5.42
0159	URINALYSIS, ROUTINE	$3.80
0080	URINE CULTURE	$9.68
0597	VARICELLA-ZOSTER VIRUS (VZV) ANTIBODY, IGG	$15.46
0160	VITAMIN B12	$18.10
0287	VITAMIN B12/FOLATE	$35.74
0286	VITAMIN D, 25-HYDROXY, SERUM	$35.52

Commonly Ordered Test Panels

Test Code	Panel Name	Self-Pay Price*
3427	COMPREHENSIVE METABOLIC PANEL (AMA)	$12.67
0009	LIPID SCREEN (BASIC LIPID PANEL) (AMA)	$16.07
M264	MALE/FEMALE STI PROFILE	$168.43

*Prices are subject to change without prior notice. **The patient will be charged at the current Self-Pay Price reflected in InsightDx® (https://careevolve.com/MultiAccountLogin)**

+Additional charges may occur for reflex testing

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