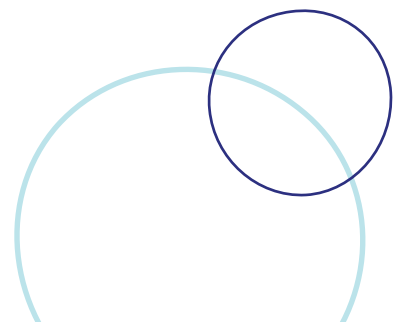


Fertility continuum – Comprehensive portfolio

Test Name	Test No.
FDA Donor Testing	
Female Donor Screening Profile	139060†
Female Donor Screening Profile, With WNV	139323†
Female Donor Screening Profile With Reflex to Confirmation	139061†
Female Donor Screening Profile With Reflex, With WNV	139472†
Male Donor Screening Profile	139062†
Male Donor Screening Profile, With WNV	139506†
Male Donor Screening Profile With Reflex to Confirmation	139063†
Male Donor Screening Profile With Reflex, With WNV	139496†
Reproductive Endocrinology	
Anti-mullerian Hormone (AMH)	500183
Cortisol, LC/MS	500154
Estradiol by LC/MS	500108
Follicle-stimulating Hormone (FSH)	004309‡
Follicle-stimulating Hormone (FSH) and Luteinizing Hormone (LH)	028480
Human Chorionic Gonadotrophin (hCG), β -Subunit, Quantitative	004416
17-OH Progesterone Serum, LC/MS	070085
Luteinizing Hormone (LH), Serum	004283‡
Macroprolactin	500324
PCOS Diagnostic Profile	505550
Progesterone	004317‡
Prolactin	004465
ReproSURE® (Ovarian Reserve Profile)	504295
Salivary Cortisol, MS	500179
Testosterone, Total, Women/Children/Hypogonadal Males, LC/MS-MS	070001
Testosterone, Free (With Total) by HPLC-MS/MS	500726
Thyroid Peroxidase (TPO) Antibodies	006676
Thyroid Antithyroglobulin Antibody	006692
Thyroid Cascade Profile (TSH With Reflex to FT3 or FT4)	330015
Thyroid-stimulating Hormone (TSH)	004259
Thyroxine (T4), Free, Dialysis/Mass Spectrometry	501902
Vitamin D, 25-Hydroxy	081950

Test Name	Test No.
Genetics	
Chromosome Analysis, Whole Blood (Constitutional)	511035
Chromosome Analysis, Whole Blood (Constitutional) With Reflex for Y Deletion Analysis	511075
Chromosome Analysis, Tissue Biopsies (Products of Conception, Skin)	052052
Cystic Fibrosis (CF) Profile, 97 Mutations, CFplus®	450020 ^{§#}
Cystic Fibrosis, 5T Allele Genotyping	480970 [§]
Cystic Fibrosis (CF): CFTR (Known Mutation)	252760 [#]
Cystic Fibrosis (CF): CFTR (Full Gene Sequencing)	252763 [#]
Fragile X Syndrome, PCR, With Reflex to Southern Blot	511655
Infertility–Male, Y Deletion Analysis	512053
Inheritest® Comprehensive, NGS	451950
Inheritest® Core Panel	451964
Inheritest®, Ashkenazi Jewish Carrier Screening, NGS	451920
Inheritest®, Society-guided Screening, NGS	451960
SNP Microarray–Products of Conception (POC)/Tissue (Reveal®)	510110
Spinal Muscular Atrophy (SMA) Carrier Testing	450010
Tay-Sachs Disease, DNA Analysis	510404
Hemostasis and Thrombosis—Thrombotic Risk	
Anticardiolipin Antibodies, IgA, IgG, IgM, Quantitative	161950
Antithrombin Activity	015040
Factor II (Prothrombin), DNA Analysis	511162
Factor V Leiden Mutation Analysis	511154
Factor XIII Activity	500185
Oral Contraceptive/Hormone Replacement Therapy Thrombotic Risk Profile II	502343
Protein C, Functional	117705
Protein S, Functional	164525
Prothrombin Time (PT) and Partial Thromboplastin Time (PTT)	020321



Test Name	Test No.
Hemostasis and Thrombosis - Thrombotic Risk (continued)	
Venous Thrombosis Profile <i>Test Includes:</i> Activated partial thromboplastin time (aPTT); anticardiolipin antibodies IgG, IgM; antithrombin activity; β 2-glycoprotein I, IgA, IgG, IgM; dilute Russell's viper venom time (dRVVT) confirm seconds; dilute Russell's viper venom time (dRVVT) ratio; dilute Russell's viper venom time (dRVVT) screen seconds; factor II gene mutation; factor VIII activity; hexagonal phospholipid neutralization; homocysteine; protein C activity (chromogenic); protein C resistance with factor V deficiency; protein S antigen, free	501790
Clinical Infectious Disease ^A	
Cytomegalovirus (CMV) Antibodies, IgG	006494
Cytomegalovirus (CMV) Antibodies Quantitative, IgM	096727
Hepatitis B Virus (HBV) Core Antibody, IgM	016881
Hepatitis B Surface Antibody	006395
Hepatitis B Virus (HBV) Surface Antigen	006510
Hepatitis C Virus (HCV) Antibody with reflex to Qualitative, NAA	144045
Hepatitis C Virus (HCV) Antibody With Reflex to Quantitative Real-time PCR	144050
Human Immunodeficiency Virus 1/O/2 (HIV 1/O/2) Antigen/Antibody (Fourth Generation) Preliminary Test With Cascade Reflex to Supplementary Testing	083935
Rapid Plasma Reagin (RPR), Qualitative Test (Syphilis)	006072
RPR With Reflex to TP and Quantitative RPR	012005
<i>Treponema pallidum</i> (Syphilis) Screening Cascade <i>Note:</i> See Association of Public Health Laboratories findings ⁵	082345
Rubella Antibodies, IgG	006197
Varicella Zoster Virus (VZV) Antibodies, IgG	096206
West Nile Virus (WNV) Antibody	138842
Microbiology	
Aerobic Bacterial Culture, General	008649
Chlamydia/Gonococcus, NAA	183194
Genital Culture, Routine	008334
Chlamydia, Gonococcus, Genital Mycoplasma Profile, NAA, Swab <i>Test Includes:</i> CT, NG, <i>Mycoplasma genitalium</i> , <i>Mycoplasma hominis</i> , <i>Ureaplasma spp hominis</i>	180093
Genital <i>Mycoplasma</i> Profile, NAA, Urine [†] <i>Test Includes:</i> <i>Mycoplasma genitalium</i> , <i>Mycoplasma hominis</i> , <i>Ureaplasma spp</i>	180040

Test Name	Test No.
Microbiology (continued)	
Group B <i>Streptococcus</i> Colonization Detection, NAA	188132
<i>Toxoplasma gondii</i> Antibodies, Quantitative, IgM	096651
Ureaplasma/ <i>Mycoplasma hominis</i> Culture	086884
Urine Culture, Routine	008847
Vaginitis (VG), NuSwab <i>Test Includes:</i> Bacterial Vaginosis by NAA (3 marker organisms), <i>C albicans</i> and <i>C glabrata</i> by NAA, <i>Trichomonas vaginalis</i> by NAA	180039
Vaginitis Plus (VG+), NuSwab <i>Test Includes:</i> Bacterial Vaginosis by NAA (3 marker organisms), <i>C albicans</i> and <i>C glabrata</i> by NAA, <i>Trichomonas vaginalis</i> by NAA, <i>Chlamydia trachomatis</i> by NAA, <i>Neisseria gonorrhoeae</i> by NAA	180021
General Health/Other	
ABO Grouping and Rh ₀ (D) Typing	006049
Antibody Screen	006015
Complete Blood Count (CBC) With Differential	005009
Creatinine, Serum	001370
Pregnancy Drug Profile, 10 Drugs	724774
Pregnancy Drug Profile, 16 Drugs	724775
Glucose, Serum	001032
Hemoglobin (Hgb) A _{1c}	001453
Hemoglobinopathy Fractionation Profile	121679
Hepatic Function Panel (7)	322755
Lipid Panel	303756
Metabolic Panel (14), Comprehensive	322000
Nicotine Metabolite, Screen Only, Urine	716555
Semen Analysis, Basic-contact lab prior to collection	519306
Urinalysis, Routine With Microscopic Examination on Positives	003038

†These panels include tests that have been approved, licensed, or cleared by the FDA for human cells, tissue, and cellular- and tissue-based products (HCT/PS) donor eligibility screening. The specific test numbers listed must be used to ensure testing is performed at the ViroMed FDA-registered laboratory. Please call ViroMed at 800-582-0077 to schedule services.

‡STAT testing services are available in some areas on request. Ask your representative for details.

§Buccal swabs may be submitted for testing.

^ANot for use with FDA Donor Eligibility Testing.

Specimens must be accompanied by a completed consent form.

For complete test information, including specimen requirements, CPT coding, and RUO/IUO status, consult the online Test Menu at **Labcorp.com**.

