

TEST MENU SELECTION

DATE: _____ FACILITY NAME: _____ CONTACT: _____

PHONE #: _____ EMAIL: _____ SALES REP: _____

INSTRUMENT TYPE

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> CLC6410 | <input type="checkbox"/> CLC720 | <input type="checkbox"/> BS200 |
| <input type="checkbox"/> CLC1600 | <input type="checkbox"/> CLC720i | <input type="checkbox"/> OLYMPUS AU400/AU480 |
| <input type="checkbox"/> CLC800 | <input type="checkbox"/> CLC480 | <input type="checkbox"/> OLYMPUS AU640/AU680 |
| | <input type="checkbox"/> BioLis24i | <input type="checkbox"/> Other: _____ |

Customer Instruction: To complete the Test Menu Selection form, please check boxes beside the tests you choose to perform. In the corresponding blank, please indicate the monthly volumes of each test selected.

TYPES OF TESTS

- General Chemistries
 Urine Drug Test: 2-Point Calibration
 Urine Drug Test: Multi-Point Calibration

TESTS FOR GENERAL CHEMISTRIES

- | | | |
|--|---|---|
| <input type="checkbox"/> CMP (ALB, ALP, ALT, AST, BUN, CA, CO ₂ , CREA, GLU, ISE, TBIL, TP) _____ | <input type="checkbox"/> CYS-C (Cystatin-C) _____ | <input type="checkbox"/> MALB (Microalbumin) _____ |
| <input type="checkbox"/> BMP (BUN, CA, CO ₂ , CREA, GLU, ISE) _____ | <input type="checkbox"/> FER (Ferritin) _____ | <input type="checkbox"/> MG (Magnesium) _____ |
| <input type="checkbox"/> Lipid Panel (CHOL, HDL, TRIG) _____ | <input type="checkbox"/> FRUCT (Fructosamine) _____ | <input type="checkbox"/> M-TP (Micro-Total Protein) _____ |
| <input type="checkbox"/> Liver Profile (ALT, ALB, ALP, AST, DBIL, TBIL, TP) _____ | <input type="checkbox"/> GGT (Gamma-Glutamyl Transferase) _____ | <input type="checkbox"/> PHOS (Phosphorus) _____ |
| <input type="checkbox"/> Aldolase _____ | <input type="checkbox"/> HbA1c (Hemoglobin A1c) _____ | <input type="checkbox"/> RF (Rheumatoid Factor) _____ |
| <input type="checkbox"/> AMY (Amylase) _____ | <input type="checkbox"/> HCY (Homocysteine) _____ | <input type="checkbox"/> T4 (Thyroxine) _____ |
| <input type="checkbox"/> APO A1 (Apolipoprotein A1) _____ | <input type="checkbox"/> IgA (Immunoglobulin A) _____ | <input type="checkbox"/> TIBC Direct (Total Iron Binding Capacity Direct) _____ |
| <input type="checkbox"/> APO B (Apolipoprotein B) _____ | <input type="checkbox"/> IgG (Immunoglobulin G) _____ | <input type="checkbox"/> TRFN (Transferrin) _____ |
| <input type="checkbox"/> C3 (Component 3) _____ | <input type="checkbox"/> IgM (Immunoglobulin M) _____ | <input type="checkbox"/> URIC (Uric Acid) _____ |
| <input type="checkbox"/> C4 (Component 4) _____ | <input type="checkbox"/> INS (Insulin) _____ | <input type="checkbox"/> Vitamin D Direct _____ |
| <input type="checkbox"/> CK (Creatine Kinase) _____ | <input type="checkbox"/> IRON (Iron) _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CRPhsWR (C-Reactive Protein high sensitivity Wide Range) _____ | <input type="checkbox"/> LDH (Lactate Dehydrogenase) _____ | |
| | <input type="checkbox"/> LDLD (LDL Cholesterol Direct) _____ | |
| | <input type="checkbox"/> LIP (Lipase) _____ | |
| | <input type="checkbox"/> Lp(a) (Lipoprotein (a)) _____ | |

CLIA Categorization varies by test and instrument. For CLIA Categorization questions please call Carolina Liquid Chemistries Regulatory Affairs / Quality Assurance: 877-722-8910.

Fax completed form to 336-722-8915 or email install@carolinachemistries.com

TEST MENU SELECTION

URINE DRUG TESTS

- | | | |
|---|---|--|
| <input type="checkbox"/> 6-AM (6-Acetylmorphine) _____ | <input type="checkbox"/> FENT (Norfentanyl) _____ | <input type="checkbox"/> PROX (Propoxyphene) _____ |
| <input type="checkbox"/> AMPH (Amphetamines) _____ | <input type="checkbox"/> Hydrocodone 100 cutoff _____ | <input type="checkbox"/> Sefria FENT (Fentanyl) Heia Kit _____ |
| <input type="checkbox"/> BARB (Barbiturates) _____ | <input type="checkbox"/> Hydrocodone 300 cutoff _____ | <input type="checkbox"/> TCA (Tricyclics) _____ |
| <input type="checkbox"/> BENZ (Benzodiazepines) _____ | <input type="checkbox"/> METD (Methadone) _____ | <input type="checkbox"/> THC (Cannabinoid) _____ |
| <input type="checkbox"/> BUPR (Buprenorphine) _____ | <input type="checkbox"/> METH (Methamphetamine) _____ | <input type="checkbox"/> TRAM (Tramadol) Heia Kit _____ |
| <input type="checkbox"/> CARI (Carisoprodol) _____ | <input type="checkbox"/> OP (Opiates) 300 cutoff _____ | <input type="checkbox"/> XTSY (Ecstasy) _____ |
| <input type="checkbox"/> COCM (Cocaine) _____ | <input type="checkbox"/> OXY (Oxycodone) 100 cutoff _____ | |
| <input type="checkbox"/> EDDP (Methadone Metabolites) _____ | <input type="checkbox"/> OXY (Oxycodone) 300 cutoff _____ | |
| <input type="checkbox"/> ETHA (Alcohol) _____ | <input type="checkbox"/> PCP (Phencyclidine) _____ | |

ADULTERANTS

- | | |
|--|--|
| <input type="checkbox"/> CREAu (Creatinine, Urine) _____ | <input type="checkbox"/> Spec Gravity _____ |
| <input type="checkbox"/> OX (Oxidant) _____ | <input type="checkbox"/> True Urine SD _____ |
| <input type="checkbox"/> pH reagent _____ | |

THERAPEUTIC DRUG MONITORING

- | | | |
|---|--|--|
| <input type="checkbox"/> ACET (Acetaminophen) _____ | <input type="checkbox"/> Li (Lithium) _____ | <input type="checkbox"/> SAL (Salicylate) _____ |
| <input type="checkbox"/> AMK (Amikacin) _____ | <input type="checkbox"/> NAPA (N-Acetylprocainamide) _____ | <input type="checkbox"/> THE (Theophylline) _____ |
| <input type="checkbox"/> CAR (Carbamazepine) _____ | <input type="checkbox"/> PCA (Procainamide) _____ | <input type="checkbox"/> TOB (Tobramycin) _____ |
| <input type="checkbox"/> DIGN (Digoxin) _____ | <input type="checkbox"/> PHE (Phenobarbital) _____ | <input type="checkbox"/> VANC (Vancomycin) _____ |
| <input type="checkbox"/> GEN (Gentamicin) _____ | <input type="checkbox"/> PHY (Phenytoin) _____ | <input type="checkbox"/> VPA (Valproic Acid) _____ |
| <input type="checkbox"/> LIDO (Lidocaine) _____ | <input type="checkbox"/> PRI (Primidone) _____ | |

ADDITIONAL NOTES
