

PUBLIC HEALTH LABORATORY

Fee Schedule

1211 S. 28th Ave Edinburg Tx 78542
(956) 292-7765

WELLNESS SCREENS

| | | | | | |
|-------------------------------------|--|-------------|-------------------------------------|--|--------------|
| <input type="checkbox"/> | Anemia Panel (CBC, Vit B12, Ferritin, Folate, Iron) | \$50 | <input type="checkbox"/> | Arthritic Panel (ESR, Rheumatoid Factor, Uric Acid, ANA) | \$30 |
| <input checked="" type="checkbox"/> | Basic Diabetes Screen (*Must be fasting)- Glucose and Hemoglobin A1C | \$15 | <input checked="" type="checkbox"/> | Complete Diabetes Screen (*Must be fasting)- CMP, Lipid Panel, CBC, Hemoglobin A1C | \$35 |
| <input type="checkbox"/> | Thyroid Panel- TSH, Total T4, T3-Uptake, FTI | \$30 | <input type="checkbox"/> | Mens Panel (*Must be fasting)- (Lipid Panel, CMP, CBC, PSA) | \$50 |
| <input checked="" type="checkbox"/> | Wellness Screen (*Must be fasting) CBC, CMP(kidney/liver), Lipid(cholesterol/triglycerides) | \$30 | <input type="checkbox"/> | Womens Panel (*Must be fasting) (Lipid Panel, CMP, CBC, TSH) | \$40 |
| <input checked="" type="checkbox"/> | Respiratory Panel (Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, SARS-CoV-2, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A, Influenza B, Parainfluenza Virus 1/2/3/4, RSV, Bordetella parapertussis, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae) | | | | \$120 |

SINGLE TESTS

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|-------------------------------------|--|-------------|-------------------------------------|---|-------------|-------------------------------------|---|-------------|
| <input type="checkbox"/> | Albumin/Creatinine Ratio, Urine, Microalbumin | \$15 | <input checked="" type="checkbox"/> | Hemoglobin A1C (average sugar 90 days) | \$10 | <input type="checkbox"/> | Testosterone Total and Free | \$30 |
| <input type="checkbox"/> | Basic Metabolic Panel (BMP) | \$8 | <input checked="" type="checkbox"/> | High Sensitive CRP | \$15 | <input checked="" type="checkbox"/> | STREP A PCR | \$25 |
| <input type="checkbox"/> | CA-125 | \$25 | <input checked="" type="checkbox"/> | HCG, Urine (Pregnancy test Positive or Negative Result) | \$15 | <input type="checkbox"/> | T3-Free | \$20 |
| <input checked="" type="checkbox"/> | Complete Blood Count (CBC) | \$10 | <input type="checkbox"/> | Insulin | \$15 | <input type="checkbox"/> | T3-Uptake | \$10 |
| <input checked="" type="checkbox"/> | Complete Metabolic Panel (CMP) (*Must be fasting) | \$10 | <input type="checkbox"/> | Iron | \$10 | <input type="checkbox"/> | T4-Free | \$10 |
| <input checked="" type="checkbox"/> | COVID PCR | \$40 | <input checked="" type="checkbox"/> | Lipid Screen | \$10 | <input type="checkbox"/> | Total-T4 (Thyroxine) | \$10 |
| <input type="checkbox"/> | CT/NG, NAAT, Urine | \$35 | <input type="checkbox"/> | PSA | \$25 | <input type="checkbox"/> | Ultrasensitive TSH | \$15 |
| <input type="checkbox"/> | Fecal Occult Blood | \$15 | <input type="checkbox"/> | PT (Includes INR) | \$5 | <input checked="" type="checkbox"/> | Urinalysis (checks for sugar, protein, bilirubin, bacterial infection, blood) | \$10 |
| <input checked="" type="checkbox"/> | FLU A&B/ COVID | \$35 | <input type="checkbox"/> | PTT (Partial Thromboplastin Time) | \$10 | <input type="checkbox"/> | Vitamin B12 | \$15 |
| <input type="checkbox"/> | Glucose Fasting | \$5 | <input type="checkbox"/> | Sed Rate (ESR) | \$10 | <input type="checkbox"/> | Vitamin D, 25 OH | \$30 |
| <input type="checkbox"/> | HCG, Serum (Quant) | \$15 | <input type="checkbox"/> | Testosterone Total | \$25 | <input type="checkbox"/> | | |

•Fees will be collected per established guidelines.

•PHL will require a patient consent form indicating that the following are screening services only and in no way substitutes the assessment and care of a physician.

•All tests are performed under the direction of our Board Certified Medical Director.

Approved by CC: