

DIRECTORY OF SERVICES



GENEX LABORATORIES
1301 N. SAN FERNANDO BLVD. BURBANK CA, 91504
T: (818) 557- 0004 F: (818) 557- 0040 E: Genexlab@hotmail.com
GENEXLABORATORIES.ORG

GENERAL SERVICES

GENEX Laboratories has brought together a unique mixture of expertise and experience to provide you, our Valued Client, the most technically advanced analysis and reporting of your patient's results. We take exceptional pride in our lab, our work, and promise you uncompromising excellence in everything we do.

LICENSING & CERTIFICATION

GENEX Laboratories is a California company, and is licensed by the State of California and the Federal Government (HCFA/CLIA)

Accreditation require better than satisfactory performance in external proficiency testing programs, which the analysis of unknown specimens received from the proficiency testing provides, with whom we are enrolled several times per year. GENEX Laboratories is proud to be enrolled in the proficiency testing programs provided by the American Association of Bioanalysts.

Department of Health Services, Clinical Laboratory License No.

CLIA ID No. 05D105089622

Medicare/Medicaid Provider number is *available upon request*.

MediCal Provider number is *available upon request*.

QUALITY ASSURANCE

Maintaining and following a comprehensive Quality Assurance (QA) program, as a clinical laboratory, is essential to providing medically reliable test results. GENEX Laboratories follows guidelines that were developed, and field tested in area hospitals and clinical laboratories in the 1970's, 80's, and 90's, which continue to serve as essential elements of our ongoing QA program today. We exhibit our pride in quality by:

1. SELECTION & PROCEDURE:

- The proper tests to resolve the patient's condition.

2. CONTROL OF ALL INTERNAL FACTORS

- Personal Qualifications, Training, and ongoing Competency
- Equipment verification, validation & preventative maintenance
- Reagent correlation and strict Quality Control
- Specimen collection, storage, preservation & transportation

3. PROCESS CONTROL

- Continuous monitoring of all instrumentation
- Continuous monitoring of all procedures by means of at least two (2) levels of controls each time instrument is run.
- Rigid criteria for acceptability of results prior to release

4. EXTERNAL CONTROLS

- Proficiency testing program(s) enrollment.
- Licensure surveys

5. SPECIAL PROJECTS

- Troubleshooting
- Internal spot check inspections
- Investigation of complaints and/or discrepancies

6. QUALITY ASSURANCE COMMITTEE

- All lab operations are monitored by an ongoing QA program to ensure that all aspects of GENEX Laboratories are scrutinized to effect maximum quality.
- Personnel are routinely monitored and evaluated at least once per year. Testing menu is reviewed at least twice per year to ensure menu items are available to clients which will provide the diagnostic information they are seeking for their patients

CUSTOMER SERVICE

- To obtain service, please call (818) 557-0004
- A customer service representative is available to answer any questions you may have regarding the requisitioning of supplies, specimen collection and processing, courier service, laboratory results, and billing.
- In the event you require a Clinical Consultant (MD) for a detailed interpretation of results, please do not hesitate to contact the lab for information and/or guidance.
- A part of GENEX Laboratories' customer service department is our courier system, which serves all of the laboratories, hospitals, physician offices, clinics, and other facilities. GENEX Laboratories endeavors to be constantly available to our clients by providing frequent pick-up of specimens and prompt delivery of reports and supplies.

TEST REQUISITION FORMS & SPECIMEN LABELING

Printed on the GENEX Laboratories requisition form are the most commonly ordered profiles and tests. To order a preprinted profile or tests, please check off Also, printed on the form are any custom profiles, which you, our client, have designed for your patients. If any of these custom profiles are desired, simply check off the one(s) required.

Each test requisition form is pre-printed with the client's name, address, phone number, and account number to ensure that both the medical report and billing are properly directed.

IN THE ABSENCE OF CLINICAL INFORMATION WITH TEST ORDERS AS SPECIFIED HEREIN, THE LAW MANDATES THAT EITHER YOUR ORDER BE REJECTED OR A DISCLAIMER APPEAR ON YOUR REPORTS.

IN ACCORDANCE WITH THE OIG's (OFFICE OF INSPECTOR GENERAL) NEW 'LABORATORY COMPLIANCE PROGRAM,' THE REQUESTING PHYSICIAN IS REQUIRED:

- *To sign-off that the testing, which is ordered, is for the purpose of Medical Necessity.*
- *The requesting entity must, for each requisition submitted, provide proper ICD-9 (Diagnosis Codes) or a narrative description to justify the requested testing.*

ON THE ABSENCE OF ADEQUATE CLINICAL INFORMATION WITH TEST ORDERS AS SPECIFIED HEREIN, THE LAB (CLIA & State of California) MANDATES THAT EITHER YOUR TEST(S) REQUEST BE REJECTED OR DISCLAIMER* APPEAR ON YOUR REPORTS.

The information required applies to both the specimens themselves and to the request forms which accompany them.

- ALL CLINICAL ASSAYS
The specimen: name clearly shown on tubes and all specimen containers. The request form: a) name, b) age, c) sex, d) source of specimen, e) date of collection, f) diagnosis codes (ICD-9 or narrative description, g) billing information, & h) any pertinent clinical information
- PAP SMEARS
The specimen: name clearly shown on ALL slides (in pencil) and pap packet. The request form: a) name, b) age, c) LMP, d) source of specimen (vaginal or cervix), e) date of collection, f) date & results of previous Pap test
- NON-GYNECOLOGICAL CYTOLOGY (including needle aspiration biopsies)

The specimen: name clearly shown on bottles or syringes and on any smeared slides you prepare at needle aspiration biopsies, as well as specimen source. Left (L) or right[®] must be included when applicable. The request form: a) name, b) age, c) sex, d) source of specimen (including (L) or right[®] when applicable), e) date of collection, f) and/or other related clinical information (i.e., clinical diagnosis or impression).

- SURGICAL PATHOLOGY SPECIMENS (BIOPSIES)

The specimen: name clearly shown on all specimen containers. The request form: a) name, b) age, c) sex, d) source of specimen (including (L) or right (R) when applicable), e) date of collection, f) and/or other related clinical information (i.e. clinical diagnosis or impression).

*** SAMPLE DISCLAIMER ***

- Potassium and/or LDH may be falsely elevated due to hemolysis.
- This specimen was evaluated without benefit of adequate clinical information as follows: ...
- Any missing information such as: Patient's age, LMP, and/or no specimen source, etc...

STORAGE & TRANSPORTATION

Please follow proper handling instructions as noted in the specimen requirements for each individual test.

- Any specimen requiring storage for more than one (1) hour prior to pick-up should be refrigerated (2°- 8° C) unless otherwise indicated.
- Ensure that specimens are properly labeled and accompanied by a requisition and placed in a proper specimen bag for transport. (**NOTE:** Each patient's specimen(s) must be in its own bag with its own requisition)

Upon receipt at GENEX Laboratories, all specimens are examined to ensure that they are suitable for analysis. If the specimen volume is insufficient or the specimen has been improperly handled; the specimen will not be accepted for analysis. Specimens may also be rejected because of hemolysis, lipemia, improper temperature storage, etc., as indicated in the specimen requirements for each individual test.

Specimens with inadequate labeling or without required information is subject to rejection. Pap smear slides without the patient's properly written name in pencil will be rejected.

If the specimen is rejected, the ordering entity (physician) will be contacted immediately and requested to submit another specimen.

SPECIMEN COLLECTION PROCEDURES

(Please see page 6 for specimen tube descriptions)

In general, the following guidelines should be followed for specimen collection:

SERUM is taken from the patient and collected in a serum separator tube. The blood should be allowed to clot for 20-30 minutes, and then spun in a centrifuge at 3,400 RPM for 10-15 minutes.

PLASMA is taken from blood collected in a tube containing an anticoagulant.

Immediately after drawing the specimen, the tube must be gently inverted several times to ensure thorough mixing of the blood specimen with the anticoagulant.

The blood should be centrifuged at 3,400 RPM for 10 minutes. The plasma (top, liquid layer) should be transferred into a plastic vial that has been labeled with the patient's first and last name, the date of collection, and then submitted for analysis.

WHOLE BLOOD is collected in a plain red-top tube without any type of anticoagulant.

SPECIMEN COLLECTION TUBES:

All tubes should be mixed by gentle inversion at least six (6) times after collection to promote clotting or thorough mixing with the anticoagulant present in the tube.

<i>TYPE</i>	<i>DESCRIPTION</i>	<i>COMMENTS</i>
RED – BARRIER (Serum – Separator)	No Additives No Anticoagulants	Recommended for testing requiring serum
RED (PLAIN)	No Additives No Anticoagulants	Used for tests requiring serum &. Blood banking procedures
LAVENDER	EDTA- Anticoagulants	Used for most hematological procedures
GRAY	Potassium- Oxalate Sodium- Fluoride	Used for blood glucose and constituents that must be stabilized after collection
GREEN	Sodium or Lithium heparin as anticoagulant	Used for tests requiring heparinized blood
BLUE	Siliconized tube with sodium citrate anticoagulant	Used for prothrombin and partial thromboplastin time. (<i>A minimum of 4.5 mL of blood is required</i>)

NAVY	Acid washed No additives	Used for trace metal analysis
-------------	-----------------------------	----------------------------------

URINE:

- For routine urinalysis, use 120 mL nonsterile urine container.
- For urine culture and/or sensitivity, use 120 mL sterile urine container.
- **24-HOUR COLLECTION**
- Provide patient with a sterile collection container with proper preservative if indicated. Check the individual test list for proper preservative.
- To begin the timed collection period, have patient void to empty the bladder. **DISCARD THIS SPECIMEN.** Begin collection period at this time.
- **COLLECT ALL URINE DURING TIMED COLLECTION PERIOD.** (If one specimen is lost, the result will not be valid.)
- At the end of the collection period, have patient void to empty their bladder. Save this specimen and add to the timed period.
- Maintain the collection container refrigerated during the collection period.
- Make sure to note on the container the beginning and ending times and dates of the collection.

STOOL specimens should be collected in a stool container supplied by Genex Laboratories, then allocated into the appropriate container listed in the individual test list.

CULTURES should be collected and submitted as directed in the individual test listing.

SUPPLIES:

Supplies and containers for collection of specimens to be sent to Genex Laboratories are provided at no charge. General supplies include blood collection tubes, needles, sterile urine containers, culturettes, formalin bottles and other miscellaneous items. If

special containers or preservatives are required, please call client services at (818) 557-0004 for instructions and delivery of the necessary supplies

RESULT REPORTING:

Genex Laboratories begins processing specimens upon receipt and medical reports are completed and returned to the physician as soon as possible (usually within 24 hours. Reporting times will vary; depending on the nature of the request and the amount of time required completing the test. Partial reports may be printed indicating all available test results and clearly noting and pending results, which are to follow. The physician may select whether he wants to receive partial reports or wait for the final report.

Genex Laboratories will also provide physicians offices with a Physicians portal where doctors can log on to check their patients results.

STAT reports and any critically abnormal results) will be called and faxed to the requesting physician upon verification of the abnormal/critical results. All abnormal results will be flagged on the report format in the abnormal column for easy scanning and reference.

REPEAT TESTING

If the reported results do not correlate in the physician's opinion or with other clinical findings, the physician may request a repeat determination of the same specimen free of charge.

If the original specimen is not available for repeat testing, a new sample may be submitted to Genex Laboratories along with a requisition indicating that this is a request for a repeat testing (*Note: please document on the newly submitted requisition the original Genex Laboratories specimen accession number*)

GENERAL BILLING INFORMATION

Genex Laboratories offers various billing options. This flexibility enables the physicians and patients to select the most preferable billing process. We request that our clients make every effort to fill out the requisition form completely at the time the specimen is submitted to us. This will eliminate the inconvenience caused when our personnel must call to obtain information required for proper billing

If you have any questions regarding our billing, please contact our Accounts Receivable Department at (818) 557-0004.

Client/Physician Billing

Check the box D in front of BILL CLIENT
No other information is required.

Patient/Third Party Billing

Listed below you will find the necessary information required for patient or third-party billing (i.e., MediCal, Medicare, or insurance). Please ensure that ALL information requested be provided so we may provide accurate, efficient, problem-free handling of all your billing needs.

Bill Patient

Check the box () in front of BILL CLIENT

Complete the following information:

- Name of responsible party if different than patient
- CORRECT current address (include apartment number if applicable)
- Phone number of patient (include area code)
- Patient's Social Security Number (SSN)
- Diagnosis code(s) (ICD-9) or narrative description(s)

Bill MediCal:

Check the box D in front of BILL CLIENT

Complete the following information:

- Address of patient (including apartment number if applicable)
- Date of birth (XX / XX / XXXX)
- Proof of eligibility in form of a copy of the ID card for the current month or, where applicable of POE sticker from the current month's ID card
- Diagnosis code(s) (ICD-9) or narrative description (s)

Bill Medi-Care:

Check the box O in front of BILL MEDICARE

Complete the following information:

- Address of patient (including apartment number if applicable)

- Medicare number
- Date of birth (XX / XX /XXXX)
- Diagnosis code(s) (ICD-9) or narrative description(S)

Bill Insurance:

Check the box () in front of BILL INSURANCE

Complete the following information:

- INSURED PARTY'S NAME IN RESPONSIBLE PARTY FIELD
- Address of patient (including apartment number if applicable)
- Insurance Group Number (if applicable)
- Insurance certificate number
- Insurance company name and address
- Diagnosis code(s) (ICD-9) or narrative description(s)

REFERENCE LABORATORY BILLING

For Highly Specialized or Infrequent Tests, Genex Laboratories refers to esoteric, reference laboratories. Referred procedures (tests) to an outside reference laboratory will be billed by the reference laboratory performing the requested analysis. Genex Laboratories will only bill for a minimal handling fee. Be aware that reference lab fees are subject to change

Genex Laboratory's Services Outlined

Genex Laboratories is proud to provide a broad range of high-quality services. We are committed to providing services in a timely manner and having on staff a Clinical Consultant (MD) and a Technical Consultant available for any questions you may have.

Custom Profiles

Test combinations (profiles/panels) drawn to your specifications are available to meet your changing needs and to better serve your patients. Grouping tests in this manner is a cost-effective way to order for your patients. Your custom designed profiles will be pre-printed on your custom requisition forms.

Reports

If desired, we will be happy to FAX your patient reports to your facility as soon as they have been completed and verified. We will also provide you with printed copies delivered to you during our next scheduled pick-up.

Training for Office Personnel

One of our Service representatives will be happy to train your personnel in the techniques of specimen collection, specimen preparation, and proper specimen handling. These services are available without charge to all GENEX Laboratories clients. If you require these services, please call and we will be happy to make an appointment to meet with your staff at your convenience.

Client Services

Client Services is designed to be available when you or your staff calls GENEX Laboratories. This department is available to you throughout the day for questions regarding specimen collection, preparation, and instructions for special handling of unusual or STAT specimens. By communicating your special needs to our Client Services Department, you may feel confident that GENEX Laboratories management.

Courier Service

Specimens are picked up from our client's facility during the day and in the evening. We utilize the most direct routes to provide you with your most test results in less than 24 hours.

TESTS/PANELS AVAILABLE AT GENEX LABORATORIES

<p><u>OTHER</u></p> <ul style="list-style-type: none"> - GFR - VITAMIN D - COVID-19 IgG - Pneumonia Panel <p><u>PROFILE/PANELS</u></p> <ul style="list-style-type: none"> - <i>ANEMIA PROFILE</i> VIT. B-12, FOLATE, FERRITIN, FE, UIBC, CBC, ESR - <i>BASIC METABOLIC PANEL</i> NA, K, CL, CO2, GLUC, CREATINE, TP, ALB, TBIL, ALP, AST - <i>COMP METABOLIC PANEL</i> NA, K, CL, CO2, GLUC, BUN, CAL, ALT, CREA, TP, ALB, TBIL, ALP, AST - <i>ARTHRITIS PROFILE</i> URIC ACID, ANA, RA, ESR, ASOT, CRP, C3, C4, RPR - <i>LIPID PROFILE</i> CHOL, LDL (Calc.), TRIG, HDL, VLDL, CHOL/HDL - <i>ELECTROLYTES PANEL</i> NA, K, CL, CO2 - <i>HEPATITIS PROFILE</i> HA-Ab (IgM), HBsAg, HBcoreAb (IgM), HC-Ab, HA-AB, HBsAB - <i>LIVER/HEPATIC FUNCTION PANEL</i> ALB, TBILI, DBILI, ALP, AST, ALT, TP - <i>GENERAL HEALTH PROFILE</i> CMP, LIPID, ANEMIA, THYROID, ARTHRITIS - <i>THYROID PROFILE</i> TSH, FT3, TT3, T4, TU 	<p><u>INDIVIDUAL TESTS</u></p> <ul style="list-style-type: none"> - ALLERGY FOOD - ALLERGY INHALANT - ALBUMIN - AMYLASE - BETA hCG, QUAL - BETA hCG, QUANT - BILIRUBIN, DIRECT - BILIRUBIN, TOTAL - CALCIUM - CHOLESTROL, TOTAL - CK, TOTAL - DIGOXIN/LANOXIN - DILANTIN/ PHENYTOIN - FERRITIN - FOLATE - GLUCOSE - GLUCOSE, FASTING - GLUCOSE, 2-HR PP - GLYCO-HGB (A1c) - HDL - HOMOCYSTEINE - IRON, IBC, & SAT - IRON, TOTAL - LIPASE - MAGNESIUM - PHOSPHORUS - POTASSIUM - PROTINE (PT) - PTT - PRO BNP - PTH - TRANSFERRIN - TRIGLYCERIDES - UREA NITROGEN (BUN) - URIC ACID - VITAMIN B-12 - UA W/MICROSCOPIC - UA <p><u>HEMATOLOGY</u></p> <ul style="list-style-type: none"> - CBC w/DIFF - SED. RATE (ESR) 	<p><u>SEROLOGY</u></p> <ul style="list-style-type: none"> - ASOT - CRP - H.S. CRP - H PYLORI - H PYLORI- BREATH - ANA LATEX - RA - RPR- ROUTINE - RUBELLA (IgG) <p><u>TUMOR MARKERS</u></p> <ul style="list-style-type: none"> - PSA TOTAL - PSA FREE - CEA - CA 125 - CA 19-9 <p><u>HEPATITIS STUDIES</u></p> <ul style="list-style-type: none"> - Hep A AB - Hep A Ab Igm - Hep Bs Ab - Hep Bs Ag - Hep B Core Ab Igm - Hep C Ab <p><u>HORMONE STUDIES</u></p> <ul style="list-style-type: none"> - ESTRADIOL - FSH - LH - PROLACTIN - PROGESTERONE - TESTOSTERONE, TOTAL - SHBG/ FREE TESTOSTERONE <p><u>THYROID STUDIES</u></p> <ul style="list-style-type: none"> - TSH - T4, TOTAL (THYROX) - T4, UPTAKE - FREE T3 - FREE T4
---	--	---

GENEX LABORATORIES

1301 N. SAN FERNANDO BLVD. BURBANK CA, 91504

T: (818) 557- 0004 F: (818) 557- 0040 E: Genexlab@hotmail.com

GENEXLABORATORIES.ORG

ALLERGEN TESTS OFFERED AT GENEX LABORATORIES

Food

- Chicken
- Pork
- Codfish
- Apple
- Carrot
- Orange
- Strawberry
- Banana
- Potato
- Garlic
- Onion
- Pea
- Peanut
- Soybean
- Rice
- Wheat
- Yeast, Bakers
- Cheese, Cheddar
- Milk
- Egg White

Inhalant

- BoxElder, Mpl
- Walnut Black
- Sycamore, Am
- Cottnwd, East
- Beech Amer
- Birch, White
- Cedar, Mtn
- Olive
- Mesquite
- Acacia
- Lamb's Qtrs
- Rssn Thistle
- Mugwort
- Eng Plantain
- Sheep Sorrel
- Ragwd Mix I
- Nettle
- Pigweed
- Cocklebur
- Mrsheldr, Rg
- Perennial Rye
- Sweet Vernal
- Timothy Grass
- Alternaria
- Aspergillus
- Cladosporium
- Penicillium
- Cat
- Dog
- Cockroach Mix
- Mite, farina
- Mite, pterony

GENEX LABORATORIES
1301 N. SAN FERNANDO BLVD. BURBANK CA, 91504
T: (818) 557- 0004 F: (818) 557- 0040 E: Genexlab@hotmail.com
GENEXLABORATORIES.ORG