



Bile Acid by Mass Spectrometry – GC Mass Spectrometry
Urinary Bile Acid Profile by FAB-MS (fast atom bombardment-mass spectrometry; LSIMS)

Test Fee	\$738.54 **	CCHMC Tax ID	31-0933936
CPT Code	83912, 83789	CLIA	36D0656333

Sample Types: Urine 10 – 30ml/ Serum 1 – 2ml/ Bile Fluid 1 – 2ml
Shipment Requirements: **FROZEN (ON DRY ICE), OVERNIGHT Express**
NO WEEKEND DELIVERY

Shipping Address:
 Kenneth Setchell
 Mass Spectrometry Lab – MLC 7019
 Cincinnati Children’s Hospital Medical Center
 3333 Burnet Avenue
 Cincinnati, OH 45229-3099

Phone: (513) 636-8442
Fax: (513) 636-7853

REPORT MAILING ADDRESS:

(Please note result graphs will be faxed separately from result report.)

BILLING ADDRESS (if different than Mailing Address)**:
****The Laboratory DOES NOT directly bill patients or insurance companies.**
 For Billing Concerns, please call Laboratory Administration at (513) 636-7328.

THE FOLLOWING INFORMATION IS REQUIRED FOR EACH SAMPLE

PATIENT NAME: _____ **Date of Birth:** / /

Chart (or) MRN#: _____ **Date of Sample:** / /

List MEDICATIONS:
 Is the patient currently on URSO or ACTIGALL, or has been within the past month?
 If yes, please provide the DATES on medication:

If possible, please provide a brief CLINICAL HISTORY/ PRELIMINARY DIAGNOSIS:

PHYSICIAN NAME: _____

Phone: _____ **Fax:** _____ (Please note result graphs will be faxed separately from result report.)

PHYSICIAN’S SIGNATURE: _____
PRINT NAME: _____

MEDICAL NECESSITY REGULATIONS: At the government’s request, the Clinical Laboratories would like to remind all physicians that when ordering tests that will be paid under federal health care programs, including Medicare and Medicaid, that they will pay only for those tests the relevant program deems to be (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.