**Non-Rebateable Tests Price List**

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| **TEST** | **COST** |
| a-1-Antitrypsin | **80.00** |
| Anti-Diuretic Hormone (ADH) | **60.00** |
| Alpha Sub Unit | **30.00** |
| Anti-Mullerian Hormone | **75.00** |
| Apolipoprotein (a) | **25.00** |
| Apolipoprotein A | **15.00** |
| Blood group Ab. Titre | **282.70** |
| Carotene | **43.00** |
| Chromogranin A | **32.00** |
| CMV viral load | **135.30** |
| Elastase - Faecal | **80.00** |
| Faecal Calprotectin | **60.00** |
| Free Light Chain URINE | **132.00** |
| Folate-SERUM | **23.75** |
| GIP | **65.00** |
| HLA-B57 | **38.17** |
| Iron -URINE | **31.15** |
| Macro Prolactin | **65.00** |
| Methyl Malonic Acid | **146.00** |
| MTHFR | **50.00** |
| Pancreatic Polypeptide | **35.00** |
| Percept | **449.00** |
| Prepair | **385.00** |
| Primidone | **25.00** |
| Procalcitonin | **35.00** |
| Protein S | **25.50** |
| PTHrP | **150.00** |
| Q fever Serology | **15.62** |

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| **TEST** | **COST** |
| Quantiferon TB Assay | **56.10** |
| Reverse T3 | **75.00** |
| ZnT8 | **65.00** |

**Patients will be charged for these tests if their request form has come from their GP or Specialist outside the Hospital**

**Patients who are exempt and will not be charged a fee are:**

**RHH patients who have come from the RHH Clinics\* and Tasmanian Clinical Genetic Services patients**

**\*Percept test is excluded except where indicated by the specialist based on clinical need, in this case this test needs to be funded by the unit ordering the test, not Pathology.**