

The outpatient clinic laboratories at Appleton, Green Bay, Rockford, Crown Point, Joliet and Red Rover DO NOT require the back-up equipment. All remaining medical centers require the backup testing.

Test Name	Requirements for Back-up Analyzer (Yes/No)
Acetaminophen	No
ACTH	No
<b>Albumin</b>	<b>Yes</b>
<b>Alcohol</b>	<b>Yes</b>
<b>Alkaline Phosphatase</b>	<b>Yes</b>
Alpha-Fetoprotein	No
<b>Alanine Transaminase (ALT)</b>	<b>Yes</b>
<b>Ammonia</b>	<b>Yes</b>
<b>Amphetamine, urine</b>	<b>Yes</b>
<b>Amylase</b>	<b>Yes</b>
Amikacin	No
Anti-Thyroid Peroxidase (TPO)	No
Antitrypsin, alpha-1	No
<b>Aspartate Transaminase (AST)</b>	<b>Yes</b>
Autoantibody Thyroglobulin (TG)	No
<b>Barbiturates, urine</b>	<b>Yes</b>
<b>Benzodiazepines, urine</b>	<b>Yes</b>
<b>Beta HCG</b>	<b>Yes</b>
<b>Blood Urea Nitrogen</b>	<b>Yes</b>
CA 19-9	No
<b>Calcium</b>	<b>Yes</b>
Carbamazepine	No
CEA	No
Ceruloplasmin	No
<b>Chloride</b>	<b>Yes</b>
<b>Cholesterol</b>	<b>Yes</b>
<b>CO2</b>	<b>Yes</b>
<b>Cocaine, urine</b>	<b>Yes</b>
Complement C3	No
Complement C4	No
Cortisol	No
C-Peptide	No
<b>Creatine Kinase</b>	<b>Yes</b>
<b>Creatinine</b>	<b>Yes</b>
C Reactive Protein (CRP)	No
Cyclosporine	No
DHEA-S	No
<b>Digoxin</b>	<b>Yes</b>
<b>Dilantin</b>	<b>Yes</b>
<b>Direct Bilirubin</b>	<b>Yes</b>
<b>Direct LDL</b>	<b>Yes</b>
Erythropoietin	No
Estradiol	No
<b>Ferritin</b>	<b>Yes</b>
<b>Folate, Serum</b>	<b>Yes</b>
Follicle Stimulating Hormone (FSH)	No

Test Name	Back-up Analyzer Required to Support Testing Services
<b>Free T3</b>	<b>Yes</b>
<b>FT4</b>	<b>Yes</b>
<b>Gentamicin</b>	<b>Yes</b>
<b>GGT</b>	<b>Yes</b>
<b>Glucose</b>	<b>Yes</b>
Haptoglobin	No
<b>HDL</b>	<b>Yes</b>
Hepatitis A, Total	No
Hepatitis B Core Antibody, IgM	No
Hepatitis B Core Antibody, total	No
Hepatitis B Surface Antibody	No
Hepatitis B Surface Antigen	No
Hepatitis A, IgM	No
Hepatitis C Antibody	No
HIV Antibody	No
Homocysteine	No
<b>hsCRP or cardio CRP</b>	<b>Yes</b>
IgA	No
IgE	No
IgG	No
IgM	No
Insulin	No
<b>Intact PTH</b>	<b>Yes</b>
<b>Iron</b>	<b>Yes</b>
<b>Lactic Acid</b>	<b>Yes</b>
<b>LDH</b>	<b>Yes</b>
Lidocaine	No
<b>Lipase</b>	<b>Yes</b>
<b>Lithium</b>	<b>Yes</b>
Luteinizing Hormone	No
<b>Magnesium</b>	<b>Yes</b>
<b>Mass CKMB</b>	<b>Yes</b>
<b>Methadone, urine</b>	<b>Yes</b>
<b>Microalbumin</b>	<b>Yes</b>
Microglobulin, beta-2	No
<b>Opiates, urine</b>	<b>Yes</b>
<b>PCP, urine</b>	<b>Yes</b>
<b>Phenobarbital</b>	<b>Yes</b>
<b>Phosphorus</b>	<b>Yes</b>
<b>Potassium</b>	<b>Yes</b>
<b>Pre-Albumin</b>	<b>Yes</b>
Prolactin	No
PSA, Free	No
<b>Pro-NT-BNP</b>	<b>Yes</b>
<b>PSA, Total</b>	<b>Yes</b>
Rheumatoid Factor	No
Rubella, IgG	No
<b>Salicylate</b>	<b>Yes</b>
Sex Hormone Binding Globulin	No
<b>Sodium</b>	<b>Yes</b>
Specialty Albumin	No
Tacrolimus	No
Testosterone	No
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Test Name	Back-up Analyzer Required to Support Testing Services
<b>THC, urine</b>	<b>Yes</b>
<b>Theophylline</b>	<b>Yes</b>
<b>TIBC</b>	<b>Yes</b>
<b>Tobramycin</b>	<b>Yes</b>
<b>Total Bilirubin</b>	<b>Yes</b>
<b>Total Protein</b>	<b>Yes</b>
<b>Triglycerides</b>	<b>Yes</b>
<b>Troponin I</b>	<b>Yes</b>
<b>TSH</b>	<b>Yes</b>
<b>Uric Acid</b>	<b>Yes</b>
<b>Urine Protein &amp; CSF Protein</b>	<b>Yes</b>
<b>Valproic Acid</b>	<b>Yes</b>
<b>Vancomycin</b>	<b>Yes</b>
<b>Vitamin B 12</b>	<b>Yes</b>
<b>Vitamin D</b>	<b>Yes</b>