ExamOne®

A Quest Diagnostics Company

CPU-to-CPU®

Technical Specification Guide

V9.6

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A Quest Diagnostics Company

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Introduction

Exam*One's* CPU-to-CPU® system transmits laboratory results directly from Exam*One's* mainframe system to your system in a structured "raw data" format, rather than in a text report format. This raw data format has been Y2K compliant since version 6.03 of this technical document. The data is sent as a file containing multiple records for each applicant and company code, and when applicable, for multiple company codes. The flexible record format of this system allows testing information to be modified rapidly with very few changes for you and Exam*One*.

You can manipulate this data within your own automated or expert underwriting system to match applicant information to internal files, produce your own underwriting reports, or generate in-house statistics.

Appendix A contains sample reports of actual data for applicants generated by Exam*One* for client companies. These examples are provided in the Text File Format with its corresponding Raw Data File Format. Examples include:

- Standard UA
- Standard UA with UHIV
- Standard Oral Fluid Screen
- Standard Blood Profile & UA with Prostate Specific Antigen Report & Lipid Profile & Hepatitis Screen

Document Use

This document was written for our client's information systems personnel. It explains the system and how it may be used. Your application software should be capable of accepting all available results even if your company chooses not to perform one or more tests. Your system should be designed to accept any new Result Id without causing software failure. Exam*One* will notify clients in advance of any anticipated changes to the CPU-to-CPU® format. Every attempt will be made to give adequate lead-time for any changes. However, advance notification often is only a matter of weeks.

Exam*One* and EDI

Exam*One*, a Quest Diagnostics subsidiary is an active member of the Life/Annuity Task Group of the ASC X12N Insurance Subcommittee of the American National Standards Institute (ANSI). This group is chartered with developing Electronic Data Interchange (EDI) standardized messages for the sharing of information with our North American trading partners. The EDI format for ordering underwriting services was approved for use by the insurance underwriting industry in 1999 and is now available for use. ANSI's long term strategy is to move EDI standardized messages to the International Standards that are set by the United Nations under UN/EDIFACT. This began in 1995. Exam*One* is dedicated to the efforts to standardize information exchange and will continue to be an active member of this task group. As EDI and UN/EDIFACT formatted messages are defined and approved for use, Exam*One* will support them for use by our clients.

Data Transmissions

Exam*One* transmits raw data files to hundreds of locations each day using a variety of transmission methods. We use a combination of synchronous and asynchronous modems at various speeds to ensure compatibility with your equipment. Our primary communication methods are listed in this section. Contact the Exam*One* Client Technical Support line at (800) 388-4675 for more information.

Transmissions via LabOne NET™

Exam*One* has designed a communication network for transferring data between insurance companies and various information providers such as laboratories, paramedical, and inspection agencies. This network, referred to as LabOne NET™, provides for automated transmission and receipt of our raw data. The primary LabOne NET™ distribution method is:

- **Dial-in to LabOne NET™:** Exam*One* can provide you with password protected dial-in access or a direct Internet socket connection to our data transmission system where you may download your data.

Other Raw Data Transmission Methods

- **FTP:** Exam*One* can encrypt your data files using PGP encryption software and send the data to an FTP server over the Internet.
- **FTPS/SFTP:** Exam*One* supports transporting your data files using the latest in secure FTP protocols over the internet..

Transmission Windows

If necessary, Exam*One* can set up specific time windows in which your raw data transmissions will be performed. Contact Exam*One* for more details on scheduling.

Implementation Schedule

The following areas must be addressed before production implementation:

- Project Authorization;
- Communication hardware and software (including phone lines and modems);
- Client application software;
- Security requirements;
- Transmission testing between your site and Exam*One*;
- Final production authorization.

We will make every effort to conform to your implementation schedule. During testing and phased implementation, your current distribution methods will not be interrupted.

HIV and Sensitive Drugs Policy

Exam*One* is extremely concerned with the confidentiality of all applicant results. Our current policy is to not transmit sensitive (positive) drug or HIV results over any open communication lines. For complete confidentiality, applicant reports containing sensitive results will be sent by certified mail. However, with proper authorization from your company, sensitive results may be transmitted via the CPU-to-CPU® system. You will also have to modify your system in order to receive sensitive results. This functionality is located in Record 000, position 75. If you wish to receive sensitive results as raw data, please contact your sales representative for more information. See Appendix D for the form "Agreement to Provide Sensitive Test Results via Electronic Transmissions".

Your company has 3 options to choose from regarding the transmission of sensitive drug results.

Option 1: This is the default option. If you elect not to receive sensitive results, the Special Status Indicator will be set to null. If an applicant has sensitive results, the whole applicant will be left off the transmission and the results will be mailed to you.

Option 2: If you elect to receive sensitive results, the Special Status Indicator will be set to 'S' for those applicants containing sensitive results. You will receive both demographic information (Records 000-005) and results on all applicants.

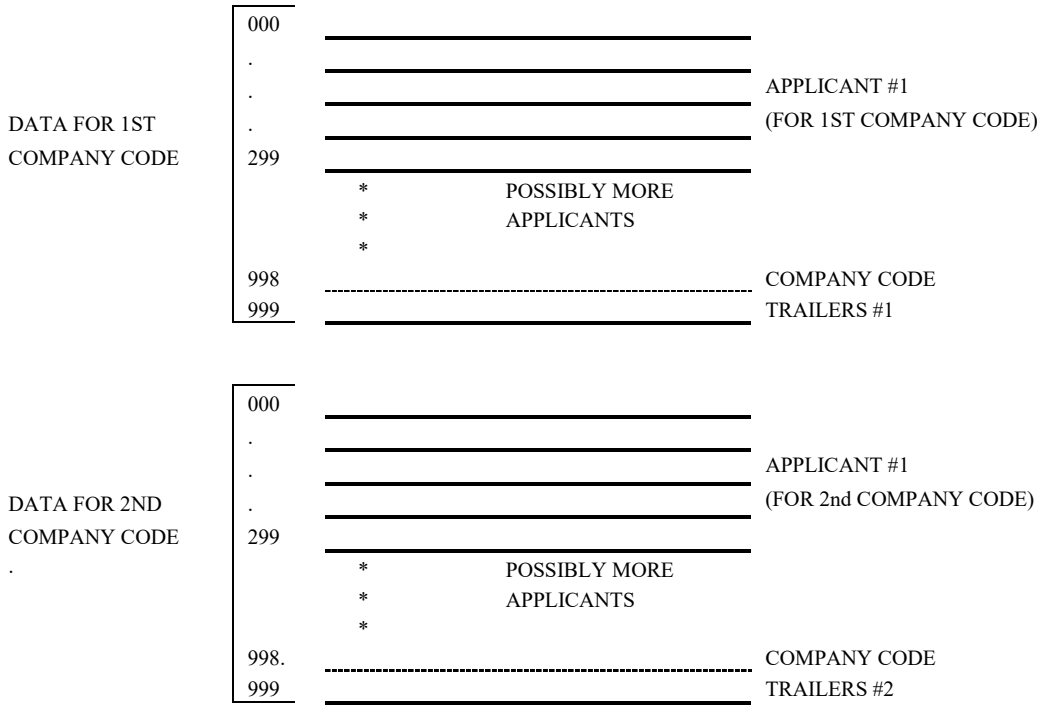
Option 3: If you choose not to have sensitive results electronically transmitted to you but want to receive notification within the data file, the comment "Results for this applicant are being mailed" will be displayed after the demographic records (000-005). The Special Status Indicator will be set to null. See the raw data example below.

```
000HCFA17D0648226200110150088888888                              999999999S  HRL
0010100444444444444440125TEST               0150DATA       0175 02555555550225F
0020250         0275CKI 0300L   I03250000100000350LITTLETON   0375CO040030652
0030425XX/HOLLY SPEAR0450MISCELLANEOUS 040000000005        0525     055020011003
0040575     0600Y06200110150650              0675XX0680         0690MISC0695XX
0050700                                  072580125    0750HOLLY SPEARMAN
1009500****   RESULTS FOR THIS APPLICANT ARE BEING MAILED   ****
```

File Specifications

A transmission file contains one or more company codes. Each company code contains one or more applicants. Each applicant has a minimum of seven 80-byte records generated. The maximum number of records depends on the number of tests requested for that applicant. The first three characters of each record indicate the record type. For a representation of a file, see **Figure 1** below.

Figure 1: File Representation



Data for a single company code is made up of applicant records and company code records.

Applicant Records

- Each applicant must have record types 000-005 and a minimum of one record type from the 010-199 range.
- Record type 000 is used to separate all applicant records. Each applicant has one '000' record.
- Record types 001, 002, 003, 004 and 005 contain applicant demographics and/or specimen specific information. Each applicant receives one of each record type.

- Record types 010-099 contain specimen test results. These record types are numbered beginning with '010' and increase in increments of one. Each record contains a maximum of seven results. These record types contain Result Id range numbers 1000-8999.
- Record types 100-299 contain remarks. These record types are numbered beginning with '100' and increase in increments of one. You should design your system to accept several lines of sequence within each Remark Id. These record types contain Remark Id range numbers 9000-9899.

Company Code Records

- Record type 998 is reserved for future use with measures and ranges, and is not currently part of the transmission.
- Record type 999 contains record and applicant counts. One record exists per company code. This record type contains Total Id range numbers 9900-9999.

Additional File Information

Test results may be either numeric or alphanumeric. Numeric results contain only results with numbers. Alphanumeric results may contain spaces, numbers, letters and symbols. The CPU-to-CPU® system is designed for use with either field type.

The CPU-to-CPU® data file has been designed to allow for the addition of new test results without changing the file format. This allows you to receive the results of newly offered tests immediately upon request.

You are urged to design your systems to allow for this kind of flexibility. Your application software should be capable of accepting any new test results without causing a software failure (abort).

Suggestions for Design and Implementation

Underwriting Department Notification

A change in report formatting can cause problems for underwriters and medical personnel who use the test results. Notification of a change in the reporting structure before the change is implemented is imperative in achieving a smooth transition to a new report format.

Transmission Time

Data files will be available for transmission after 3:00 a.m. CST the following day.

Retransmissions

Two types of retransmissions may occur:

- A complete retransmission of **all** applicants for a particular processing cycle may be necessary, usually due to a loss of data on the receiving end of the transmission. Exam*One* retains several months of transmission data on-line to provide a timely and complete retransmission.
- A complete retransmission of **individual** applicant(s) may occur for various reasons but is usually due to a request from the client, or an update to the Exam*One* history files. When this type of retransmission occurs, all data for the requested/updated applicant(s) will be included in the next normally scheduled transmission.

For either type of retransmission, **all** available data for each applicant will be retransmitted. Because test results may be added, deleted or changed, your system should allow for total replacement of **all** applicant data or for the retention of complete multiple versions of **all** applicant data. **Only the most current set of data should be considered complete, and reported or processed accordingly.**

Report Identification

Appendix A contains sample applicant profiles generated by Exam*One*. Whether you copy the Exam*One* report format or design one of your own, to avoid confusion please indicate on the report that it was generated by your system.

Matching Criteria

An individual applicant can be uniquely identified in the Exam*One* database by using the combined data keys of "Date Performed" and "Control # (Lab Id)." However, this data will not be available to you until testing of the applicant is complete.

The following data keys may be used for matching applicant information:

- **Ticket Number (Record Type 000)**
  The ticket number is preprinted on the Insurance Id Slip, which is sent to Exam*One* along with the specimens. The ticket number provides a unique key for each applicant **only if** the Id Slip has not been reproduced and/or submitted to Exam*One* more than once.
- **Reference/Policy/Member Number (Record Type 000)**
  This data is obtained from the Id Slip under the Reference/Policy/Member Number field. Exam*One* provides this field for the client to record any of their own unique identifying codes. The accuracy and uniqueness of these codes is entirely dependent on the codes defined and used by your company and the diligence used when recording these codes on the Id Slip.
- **Social Security Number (Record Type 000)**
  This number should not be used alone as a unique key because an applicant may be legitimately tested more than once, or it may not be included on the Id Slip.
- **Applicant Name/Date of Birth/Sex (Record Type 001)**
  This combination of data fields may, in many cases, provide a unique key. However, it is not always reliable because of the commonality of names, birth dates, and sex.

The most reliable criteria for matching applicant information is a combination of several of the above data keys. The "best" combination of keys to use is determined, in part, by your company's requirements and the procedures you establish to ensure the accurate recording of key information.

Code Validation

The following Id ranges normally will not be changed: Data Id, Result Id, Remark Id, and Totals Id. However, specific Ids within these ranges can, and will be, added or deleted. Exam*One* will notify clients in advance of any anticipated changes. Advance notification often is only a matter of weeks. Therefore, your system design should be flexible, table-driven (if possible), and should avoid any validation that requires the existence of specific Ids. In addition, any new or unexpected Ids you receive should be handled routinely (in an exception manner) without causing a software failure (abort).

Record Descriptions

ABBREVIATION	DESCRIPTION
C	Constant – Contains a Exam*One* assigned value and should not be used for editing purposes.
N	Numeric – Contains only numbers.
AN	Alphanumeric – Contains spaces, letters, numbers, or symbols.
R	Required
O	Optional

Age Default: If AGE = 00, use 36.

Sex Default: If SEX is unknown (U), use MALE.

SSN Default: If SSN is blank, system defaults to spaces.

DOB Default: If DOB is blank, system defaults to spaces.

Demographic Information (000)

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	R	Record Type	"000"
04-07	C	4	R	Certification Body	"HCFA"
08-17	C	10	R	Certification Number	"17D0648226"
18-25	N	8	R	Date Performed	CCYYMMDD
26-40	AN	15	R	Ticket Number	
41-65	AN	20	O	Reference/Policy/Member Number	
66-74	N	9	O	SSN	
75	AN	1	O	Special Status Indicator	S = Sensitive; otherwise space
76-77		2		Spaces	
78-80	C	3	R	Identification Code	"HRL"

Demographic Information (001)

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	R	Record Type	"001"
04-07	C	4	R	Data Id	"0100"
08-21	N	14	R	Control Number/Lab Id	Exam*One* assigned
22-25	C	4	R	Data Id	"0125"
26-45	AN	20	R	Applicant Last Name	
46-49	C	4	R	Data Id	"0150"
50-60	AN	11	R	Applicant First Name	
61-64	C	4	R	Data Id	"0175"
65	AN	1	O	Applicant Middle Initial	
66-67	C	2	R	Data Id	"02"
68-75	N	8	R	Applicant Date of Birth	CCYYMMDD
76-79	C	4	R	Data Id	"0225"
80	AN	1	R	Sex of Applicant	"M" = Male "F" = Female "U" = Unknown

Demographic Information (002)

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	R	Record Type	"002"
04-07	C	4	R	Data Id	"0250"
08-16		9		Spaces	
17-20	C	4	R	Data Id	"0275"
21-24	AN	4	R	Company Code	Exam*One* assigned
25-28	C	4	R	Data Id	"0300"
29	AN	1	O	Life	"L"
30	AN	1	O	Health	"H"
31	AN	1	O	Disability	"D"
32	AN	1	O	Group	"G"
33	AN	1	O	Individual	"I"
34-37	C	4	R	Data Id	"0325"
38-47	N	10	O	Insurance Amount	Whole dollars
48-51	C	4	R	Data Id	"0350"
52-63	AN	12	O	Applicant City	
64-67	C	4	R	Data Id	"0375"
68-69	AN	2	O	Applicant State	
70-73	C	4	R	Data Id	"0400"
74-78	AN	5	O	Agency Code	
79-80	AN	2	O	Insurance Type Id	"CG"= Critical Illness – Group "CI" = Critical Illness – Individual "DG"= Disability – Group "DI" = Disability – Individual "HG"= Health – Group "HI"= Health – Individual "LG"= Life – Group "LI"= Life – Individual "MG"= Major Medical – Group "MI"= Major Medical – Individual "TG"= Long Term Care – Group "TI" = Long Term Care - Individual

Demographic Information (003)

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	R	Record Type	"003"
04-07	C	4	R	Data Id	"0425"
08-21	AN	14	O	State/Agent	
22-25	C	4	R	Data Id	"0450"
26-39	AN	14	O	Examiner	
40-41	C	2	R	Data Id	"04"
42-49	N	8	O	*Date Collected (Urine)	CCYYMMDD
50-51	C	2	R	Data Id	"05"
52-59	N	8	O	Date of Last Meal	CCYYMMDD
60-63	C	4	R	Data Id	"0525"
64-68	AN	5	O	Time of Last Meal	HHMMX, where x = "A" (AM) or "P" (PM)
69-72	C	4	R	Data Id	"0550"
73-80	N	8	O	*Date Collected (Serum)	CCYYMMDD

*If Oral Fluid only specimen, date Oral Fluid specimen was collected will be in both Date Collected fields, otherwise, date Oral Fluid specimen was collected will be in the Date Collected (Serum) field.

Demographic Information (004)

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	R	Record Type	"004"
04-07	C	4	R	Data Id	"0575"
08-12	AN	5	O	*Time Collected	HHMMX, where x = "A" (AM) or "P" (PM)
13-16	C	4	R	Data Id	"0600"
17	AN	1	R	Signature Present	"Y" = Yes "N" = No
18-19	C	2	R	Data Id	"06"
20-27	N	8	R	Date Completed	CCYYMMDD
28-31	C	4	R	Data Id	"0650"
32-46	AN	15	O	Agent City	
47-50	C	4	R	Data Id	"0675"
51-52	AN	2	O	Agent State	
53-56	C	4	R	Data Id	"0680"
57-65	AN	9	O	Agent Zip Code	
66-69	C	4	R	Data Id	"0690"
70-73	AN	4	O	Examiner Company Id	
74-77	C	4	R	Data Id	"0695"
78-79	AN	2	O	Examiner State	
80		1		Space	

*Time is supplied by the examiner and is captured from the Id slip. No validation is performed.

Note: Date Completed (Record 004, position 20) reflects the date assigned or updated by Exam*One's* automated laboratory system each time an applicant's record is modified. The Date Completed field will match the Date Performed (Record 000, position 18) the first time an applicant's results are transmitted. Any subsequent transmission of an applicant's record includes the entire record with requested changes, and reflects the date of the change in the Date Completed field, but preserves the original Date Performed. By comparing the two dates, modified records may be easily identified and processed. To ensure data consistency, all previous information on the applicant should be replaced with the updated record.

Demographic Information (005)

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	R	Record Type	"005"
04-07	C	4	R	Data Id	"0700"
08-42	AN	35	O	Applicant Address	
43-46	C	4	R	Data Id	"0725"
47-55	AN	9	O	Applicant Zip Code	
56-59	C	4	R	Data Id	"0750"
60-79	AN	20	O	Agent/Agency Name	
80		1		Space	

Test Results (010-099)

⇒ **Every applicant has at least one result or remark record. Result record types range from 010-099. Each result record contains a maximum of seven results. Each result is identified by a unique Result Id. (See *Result Ids* in Appendix B*)***

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	O	Record Type	"010-099"
04-07	N	4	O	Result Id #	"1000-8999"
08-14	AN	7	O	*Result Value	
15-18	N	4	O	Result Id #	"1000-8999"
19-25	AN	7	O	*Result Value	
26-29	N	4	O	Result Id #	"1000-8999"
30-36	AN	7	O	*Result Value	
37-40	N	4	O	Result Id #	"1000-8999"
41-47	AN	7	O	*Result Value	
48-51	N	4	O	Result Id #	"1000-8999"
52-58	AN	7	O	*Result Value	
59-62	N	4	O	Result Id #	"1000-8999"
63-69	AN	7	O	*Result Value	
70-73	N	4	O	Result Id #	"1000-8999"
74-80	AN	7	O	*Result Value	

*If the result value is numeric, the format is 7 positions with 3 positions to the right of the (implied) decimal point (9999.999). If the result value is alphanumeric, the format is left justified, space-filled (XXXXXXX) and represents a valid result or replacement remark.

Test Remarks (100-299)

⇒ **Each record contains one test remark identified by a remark identification number. The remark can be associated with one or more Result Ids or a group of Result Ids. (See *Remark Ids and Associated Result Ids* in Appendix C*)***

⇒ **Occasionally it becomes necessary to provide the client with more information about a test than can be accommodated in one Remarks Record. In this instance, an additional Remarks Record(s) will be created that contain the same Remark Id #. See example below.**

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	R	Record Type	"100-299"
04-07	N	4	R	Remark Id #	"9000-9899"
08-80	AN	70	O	Comment	

Raw Data Example:

```
1009700COMPANY NOTIFIED OF CONTAINER IDENTIFICATION PRIOR TO UPDATE. ===> Remark 1
1019850ADULTERANT TESTS WITHIN NORMAL LIMITS ==> Remark 2
1029800THE URINE HIV-1 TEST MAY MISS 1 TO 2% OF ALL TRUE POSITIVES.  THE   ==> Remark 3
1039800TEST MAY GENERATE UP TO 6% FALSE POSITIVES WHEN TESTING SUBJECTS AT
1049800HIGH RISK FOR HIV-1 INFECTION AND 10% FALSE POSITIVES FOR INDIVIDUALS
1059800WITH OTHER MEDICAL CONDITIONS.
```

Ranges and Measures (998)

⇒ **Ranges may be included in a future version of the CPU-to-CPU® system. When this is added, the 998 records will include Result Ids with the measures and ranges in effect at the same time of transmission.**

Position	Data Type	Length	Use	Field	Format/Values

Record Counts (999)

⇒ **This record is included as the last entry for each company's data within the file. The record indicates the total number of applicants and the total number of records for an individual company code.**

Position	Data Type	Length	Use	Field	Format/Values
01-03	N	3	R	Record Type	"999"
04-07	C	4	R	Total Id	"9925"
08-17	N	10	R	Number of Applicants	Per company code
18-21	C	4	R	Total Id	"9950"
22-31	N	10	R	Number of Records	Per company code
32-80		49		Spaces	

Appendix A – Applicant Report Examples

- Standard UA
- Standard UA with UHIV
- Standard Oral Fluid Screen
- Standard Blood Profile & UA with Prostate Specific Antigen Report & Lipid Profile & Hepatitis Screen

Standard UA – Text File Format

```
LABONE, INC.     CLIA NO.: 17D0648226    CAP ACCREDITATION NO.: 28646-01
                     10101 RENNER BLVD. LENEXA KS,  66219
MED. INS. DIRECTOR:  RICHARD BRAUN, MD  LAB DIRECTOR:  PATRICK JAMES, MD

                     NAME: MARY B. AMMONS
                                   DOB/SEX/ST:    09/02/1960 F   MO
                                   AGENT/AGENCY:  XX/
                                   EXAMINER:      XX/ABC EXAM
                                   TICKET NUMBER: 0040522072
                                   INS TYPE/AMT:  IND LIFE/$ 1,000,000
  QUALITY LIFE INSURANCE           DATE PERFORMED:09/24/2001  DCL   38925062
  10101 RENNER BLVD                INSURANCE KEY:
  LENEXA, KS 66219                 D/T LAST MEAL: NOT GIVEN
  ATTN:LEACY BUSSELL               D/T COLLECTED: 09/19/2001
       MEDICAL DIRECTOR
                                   SOC SEC NO:
--------------------------------------------------------------------------------

-SPECIAL TESTS/DRUGS-          -URINALYSIS-                  -REFERENCE RANGE-
DIURETIC AGTS(DIU)    NEG  GLUCOSE           (GM%)      NEG            NEGATIVE
                           PROTEIN           (MG%)      <10          0 -     30
BETA BLOCKERS(BAB)    NEG  LEUKOCYTE SCREEN              NEG            NEGATIVE
                           HEMOGLOBIN SCREEN             NEG            NEGATIVE
COT(NIC)   (MCG/ML)   NEG  WHITE BLOOD CELLS(/HPF)        NP          0 -      9
                           RED BLOOD CELLS  (/HPF)       NP          0 -      4
COCAINE               POS  GRANULAR CASTS (/40LPF)       NP            0
                           HYALINE CASTS  (/40LPF)       NP          0 -     10
                           SPECIFIC GRAVITY              NP      1.003 -  1.035
                           URINE TEMP(FAHRENHEIT)      98.0       90.5 -   99.6


                              ADULTERANT TESTS WITHIN NORMAL LIMITS
```

Corresponding Raw Data File Format

```
000HCFA17D06482262001092400405220725                                        S  HRL
0010100000000389250620125AMMONS              0150MARY       0175B02196009020225F
0020250         0275DCL 0300L   I032500010000000350KC          0375MO0400
0030425XX            0450ABC EXAM      042001091905        0525     055020010919
0040575     0600Y06200109240650              0675XX0680         0690GLF 0695XX
0050700                                  0725         0750
0105250000900050 50NEG    4975NEG    5000NEG    5225NEG    60050098000502500010 00
0116015003810060200051007125NEG    7130NEG
1009850ADULTERANT TESTS WITHIN NORMAL LIMITS
```

Standard UA with UHIV – Text File Format

```
LABONE, INC.     CLIA NO.: 17D0648226    CAP ACCREDITATION NO.: 28646-01
                     10101 RENNER BLVD. LENEXA KS,  66219
MED. INS. DIRECTOR:  RICHARD BRAUN, MD  LAB DIRECTOR:  PATRICK JAMES, MD


                     NAME: JOAN THOMPSON
                                   DOB/SEX/ST:    06/20/1978 F   XX
                                   AGENT/AGENCY:  XX/
                                   EXAMINER:      XX/ABC EXAM
                                   TICKET NUMBER: 0040484715
                                   INS TYPE/AMT:  IND LIFE/NOT GIVEN
  QUALITY LIFE INSURANCE           DATE PERFORMED:08/03/2001  DCL   38249881
  10101 RENNER BLVD                INSURANCE KEY:
  LENEXA, KS 66219                 D/T LAST MEAL: NOT GIVEN
  ATTN:LEACY BUSSELL               D/T COLLECTED: 08/01/2001
       MEDICAL DIRECTOR
                                   SOC SEC NO:
--------------------------------------------------------------------------------

-SPECIAL TESTS/DRUGS-          -URINALYSIS-                  -REFERENCE RANGE-
DIURETIC AGTS(DIU)    NEG  GLUCOSE           (GM%)      NEG            NEGATIVE
                           PROTEIN           (MG%)       17          0 -     30
BETA BLOCKERS(BAB)    NEG  LEUKOCYTE SCREEN              NEG            NEGATIVE
HCG                   NEG  HEMOGLOBIN SCREEN             NEG            NEGATIVE
COT(NIC)   (MCG/ML)   NEG  WHITE BLOOD CELLS(/HPF)       NP          0 -      9
                           RED BLOOD CELLS  (/HPF)       NP          0 -      4
COCAINE               NEG  GRANULAR CASTS (/40LPF)       NP            0
                           HYALINE CASTS  (/40LPF)       NP          0 -     10
                           SPECIFIC GRAVITY              NP      1.003 -  1.035
                           URINE TEMP(FAHRENHEIT)      98.0       90.5 -   99.6

 --------------------------------------------------------------------------------

URINE HIV-1 ANTIBODY SCREEN: NON-REACTIVE

THE URINE HIV-1 TEST MAY MISS 1 TO 2% OF ALL TRUE POSITIVES.  THE TEST MAY
GENERATE UP TO 6% FALSE POSITIVES WHEN TESTING SUBJECTS AT HIGH RISK FOR HIV-1
INFECTION AND 10% FALSE POSITIVES FOR INDIVIDUALS WITH OTHER MEDICAL CONDITIONS.
--------------------------------------------------------------------------------
                           URINE ADULTERANT RESULTS
    DETERMINATION             ABNORMAL     NORMAL              NORMAL LIMITS
-------------------------    ------------------------          -------------
CREATININE       (MG/DL)                      154.2                 >    5.0
PH                                              7.7              4.0 -    8.7
URINE TEMPERATURE                              98.0              90.5 -   99.6
```

Corresponding Raw Data File Format

```
000HCFA17D0648226200108030040484715                                        HRL
0010100000000382498810125THOMPSON            0150JOAN       0175 02197806200225F
0020250         0275DCL 0300L   I032500000000000350            0375XX0400
0030425XX            0450ABC EXAM      042001080105        0525     055020010801
0040575     0600Y06200108030650              0675XX0680         0690GLF 0695XX
0050700                                  0725         0750
0105250001700050 50NEG    4975NEG    5000NEG    5225NEG    6005009800050250000000
0116000NEG    6015015420060200007700 5235NEG    7125NEG    7130NEG    6007NEG
1009850ADULTERANT TESTS WITHIN NORMAL LIMITS
1029800THE URINE HIV-1 TEST MAY MISS 1 TO 2% OF ALL TRUE POSITIVES.  THE
1039800TEST MAY GENERATE UP TO 6% FALSE POSITIVES WHEN TESTING SUBJECTS AT
1049800HIGH RISK FOR HIV-1 INFECTION AND 10% FALSE POSITIVES FOR INDIVIDUALS
1059800WITH OTHER MEDICAL CONDITIONS.
```

Standard Oral Fluid – Text File Format

```
LABONE, INC.     CLIA NO.: 17D0648226    CAP ACCREDITATION NO.: 28646-01
                     10101 RENNER BLVD. LENEXA KS,  66219
MED. INS. DIRECTOR:  RICHARD BRAUN, MD  LAB DIRECTOR:  PATRICK JAMES, MD
                              ORAL FLUID SCREEN

                     NAME: FLORA NELLS
                                   DOB/SEX/ST:    01/10/1968 F   XX
                                   AGENT/AGENCY:  XX/
                                   EXAMINER:      XX/ABC EXAM
                                   TICKET NUMBER: 0040487427
                                   INS TYPE/AMT:  IND LIFE/NOT GIVEN
  QUALITY LIFE INSURANCE           DATE PERFORMED:09/10/2001  DCL   38724197
  10101 RENNER BLVD                INSURANCE KEY:
  LENEXA, KS 66219                 D/T LAST MEAL: NOT GIVEN
  ATTN:LEACY BUSSELL               D/T COLLECTED: 09/05/2001
       MEDICAL DIRECTOR
                                   SOC SEC NO:
--------------------------------------------------------------------------------
    ORAL FLUID HIV ANTIBODY STATUS:     NEGATIVE


------------------------------ ORAL FLUID DRUGS --------------------------------

DETERMINATION      RESULT
-------------      ------
COCAINE               POS
COTININE (NIC)        NEG
```

Corresponding Raw Data File Format

```
000HCFA17D06482262001091000404874270                                          HRL
0010100000000387241970125NELLS              0150FLORA      0175 02196801100225F
0020250         0275DCL 0300L   I032500000000000350            0375XX0400
0030425XX            0450ABC EXAM      042001090505        0525     055020010905
0040575     0600Y06200109100650              0675XX0680         0690GLF 0695XX
0050700                                   0725         0750
0106525Y      6550POS    6555NEG    6520NEG
99999250000000001995000000000008
```

Standard Blood Profile & UA with Prostate Specific Antigen Report & Lipid Profile & Hepatitis Screen – Text File Format

```
LABONE, INC.     CLIA NO.: 17D0648226    CAP ACCREDITATION NO.: 28646-01
                     10101 RENNER BLVD. LENEXA KS,  66219
MED. INS. DIRECTOR:  RICHARD BRAUN, MD  LAB DIRECTOR:  PATRICK JAMES, MD

                     NAME: STEPHEN J. TIMBLE
                                  DOB/SEX/ST:    02/09/1960 M   MO
                                  AGENT/AGENCY:  XX/
                                  EXAMINER:      XX/
                                  TICKET NUMBER: 0040521955
                                  INS TYPE/AMT:  IND LIFE/$ 1,000,000
  QUALITY LIFE INSURANCE          DATE PERFORMED:07/02/2001  DCL   37798888
  10101 RENNER BLVD               INSURANCE KEY:
  LENEXA, KS 66219                D/T LAST MEAL: NOT GIVEN
  ATTN:LEACY BUSSELL              D/T COLLECTED: 06/28/2001
       MEDICAL DIRECTOR           SERUM APPEAR:  NORMAL
                                  SOC SEC NO:               ZIP:64113
-------------------------------------------------------------------------------
                           FULL BLOOD CHEMISTRY RESULTS        USUAL CLINICAL
----- DETERMINATION -----    -ABNORMAL-        -NORMAL-         --- RANGE ----
GLUCOSE          (MG/DL)                         108             60 -    109
FRUCTOSAMINE     (MMOL/L)                        1.5            1.2 -    2.0
HB A1C           (  %  )  NOT PERFORMED                        3.0 -    6.0
BUN              (MG/DL)                          24              9 -     27
CREATININE       (MG/DL)        2.4 H                          0.7 -    1.5
ALK. PHOS.       (U/L)                           100             30 -    125
BILI. TOT.       (MG/DL)                         0.7            0.2 -    1.5
AST(SGOT)        (U/L)           66 H                            0 -     33
ALT(SGPT)        (U/L)           64 H                            0 -     45
GGT(GGTP)        (U/L)                            30             0 -    65
TOT. PROTEIN     (G/DL)         4.4 L                          6.1 -    8.2
ALBUMIN          (G/DL)         2.7 L                          3.8 -    5.2
GLOBULIN         (G/DL)         1.7 L                          2.1 -    3.9
CHOLESTEROL      (MG/DL)        126 L                          140 -    199
HDL CHOLESTEROL  (MG/DL)                          58             35 -     80
LDL (CALCULATED) (MG/DL)                          42              0 -    129
CHOL/HDL CHOL RATIO                              2.2                <    5.0
LDL/HDL RATIO                  0.74 L                          0.9 -    5.3
TRIGLYCERIDES    (MG/DL)                         126              0 -    150
REMARKS: SPECIMEN WAS NOT PRESENT TO PERFORM REQUESTED GLYCO
-------------------------------------------------------------------------------
-SPECIAL TESTS/DRUGS-          -URINALYSIS-                  -REFERENCE RANGE-
DIURETIC AGTS(DIU)   NEG  GLUCOSE           (GM%)     0.25          NEGATIVE
                          PROTEIN           (MG%)       15          0 -     30
BETA BLOCKERS(BAB)   NEG  LEUKOCYTE SCREEN              NEG          NEGATIVE
                          HEMOGLOBIN SCREEN             NEG          NEGATIVE
COT(NIC)  (MCG/ML)   NEG  WHITE BLOOD CELLS(/HPF)        NP          0 -      9
                          RED BLOOD CELLS  (/HPF)       NP          0 -      4
COCAINE              NEG  GRANULAR CASTS (/40LPF)       NP          0
                          HYALINE CASTS  (/40LPF)       NP          0 -     10
                          SPECIFIC GRAVITY              NP      1.003 -  1.035
                          URINE TEMP(FAHRENHEIT)   NOT GIVEN     90.5 -   99.6
                              ADULTERANT TESTS WITHIN NORMAL LIMITS
```

```
LABONE, INC.     CLIA NO.: 17D0648226    CAP ACCREDITATION NO.: 28646-01
                     10101 RENNER BLVD. LENEXA KS,  66219
MED. INS. DIRECTOR:  RICHARD BRAUN, MD  LAB DIRECTOR:  PATRICK JAMES, MD
                        PROSTATE SPECIFIC ANTIGEN REPORT

                     NAME: STEPHEN J. TIMBLE
                                   DOB/SEX/ST:    02/09/1960 M   MO
                                   AGENT/AGENCY:  XX/
                                   EXAMINER:      XX/
                                   TICKET NUMBER: 0040521955
                                   INS TYPE/AMT:  IND LIFE/$ 1,000,000
  QUALITY LIFE INSURANCE           DATE PERFORMED:07/02/2001  DCL   37798888
  10101 RENNER BLVD                INSURANCE KEY:
  LENEXA, KS 66219                 D/T LAST MEAL: NOT GIVEN
  ATTN:LEACY BUSSELL               D/T COLLECTED: 06/28/2001
       MEDICAL DIRECTOR            SERUM APPEAR:  NORMAL
                                   SOC SEC NO:                ZIP:64113
--------------------------------------------------------------------------------

                       PROSTATE SPECIFIC ANTIGEN RESULTS


      DETERMINATION          OUT OF RANGE        NORMAL          USUAL RANGE
-------------------------   ------------       --------        -------------
PSA               (NG/ML)    9.84                                    <   4.01
PERCENT FREE PSA (%)       QUANTITY NOT SUFFICIENT

                            <10  %FREE PSA   INCREASED RISK OF CANCER
                           10-25 %FREE PSA   INTERMEDIATE RISK OF CANCER
                             >25 %FREE PSA   DECREASED RISK OF CANCER

                           THE PERCENT FREE PSA IS INVERSELY PROPORTIONAL TO
                           THE RISK OF PROSTATE CANCER.
                           PERCENT FREE PSA IS NOT ABSOLUTE EVIDENCE OF
                           MALIGNANCY. PERCENT FREE PSA IS PERFORMED USING
                           THE BECKMAN COULTER ACCESS II. VALUES OBTAINED WITH
                           DIFFERENT ASSAY METHODS MAY NOT BE INTERCHANGEABLE.

--------------------------------------------------------------------------------
```

LIPID PROFILE

PROPOSED INSURED: STEPHEN J. TIMBLE
DATE OF BIRTH: 02/09/1960
SEX: M
DATE PERFORMED: 07/02/2001

BELOW ARE SOME OF THE RESULTS OF THE BLOOD TEST RECENTLY PERFORMED IN CONJUNCTION WITH YOUR APPLICATION FOR INSURANCE. IF YOU HAVE ANY QUESTIONS REGARDING THESE RESULTS, PLEASE CONTACT YOUR PERSONAL PHYSICIAN.

DETERMINATION	RESULT	REFERENCE RANGE*	
TOTAL CHOLESTEROL	126 (MG/DL)	LESS THAN 200	DESIRABLE
		200 - 239	BORDERLINE RISK
		240+	HIGH RISK
HDL	58 (MG/DL)	36 OR GREATER	----
TOTAL CHOL./HDL RATIO	2.2 -----	4.5 OR LESS	----
LDL (CALCULATED)**	42 (MG/DL)	130 OR LESS	DESIRABLE
		130 - 159	BORDERLINE RISK
		160+	HIGH RISK
LDL/HDL RATIO**	0.74 -----	LESS THAN 4	MEN
		LESS THAN 3	WOMEN
TRIGLYCERIDES**	126 (MG/DL)	250 OR LESS	----

* THESE ARE THE STANDARDIZED RANGES OF THE NATIONAL CHOLESTEROL EDUCATION PROGRAM, THE AMERICAN HEART ASSOCIATION AND THE UNIVERSITY OF KANSAS MEDICAL CENTER. RANGES USED BY YOUR INSURER FOR UNDERWRITING MAY VARY.

** THESE RESULTS MAY BE AFFECTED BY YOUR FASTING STATE AT THE TIME OF THE BLOOD DRAW. IF THE TRIGLYCERIDE VALUE IS GREATER THAN 400 MG/DL, THE LDL CALCULATION WILL NOT BE REPORTED.

```
LABONE, INC.     CLIA NO.: 17D0648226    CAP ACCREDITATION NO.: 28646-01
                     10101 RENNER BLVD. LENEXA KS,  66219
  MED. INS. DIRECTOR:  RICHARD BRAUN, MD  LAB DIRECTOR:  PATRICK JAMES, MD


                     NAME: STEPHEN J. TIMBLE
                                  DOB/SEX/ST:    02/09/1960 M   MO
                                  AGENT/AGENCY:  XX/
                                  EXAMINER:      XX/
                                  TICKET NUMBER: 0040521955
                                  INS TYPE/AMT:  IND LIFE/$ 1,000,000
  QUALITY LIFE INSURANCE          DATE PERFORMED:07/02/2001  DCL   37798888
  10101 RENNER BLVD               INSURANCE KEY:
  LENEXA, KS 66219                D/T LAST MEAL: NOT GIVEN
  ATTN:LEACY BUSSELL              D/T COLLECTED: 06/28/2001
       MEDICAL DIRECTOR           SERUM APPEAR:  NORMAL
                                  SOC SEC NO:                ZIP:64113
-------------------------------------------------------------------------------
HEPATITIS TEST              -ABNORMAL-        -NORMAL-         --- RANGE ----

  HBsAg                                       NEGATIVE             NEGATIVE
  HEPATITIS C Ab                              NEGATIVE             NEGATIVE
```

Corresponding Raw Data File Format

```
000HCFA17D0648226200107020040521955                                          HRL
0010100000000377988880125TIMBLE             0150STEPHEN    0175J02196002090225M
0020250         0275DCL 0300L   I032500010000000350KANSAS CITY 0375MO0400
0030425XX            0450              042001062805        0525     055020010628
0040575     0600Y06200107020650              0675XX0680         0690MISC0695XX
0050700                                   072564113    0750
0101250000270012750100000130000007001325002400013500126000137500024001400003000
0111450006600014750064000150000044001575000170015250126000156000015001425010800
0121600005800016250002200163000420001635000074021 00NP     2685000984052500015000
0135050000025049 75NEG    5000NEG    5225NEG    6005NG     5025000000060150154900
0146020000670013800161000 7125NEG    7130NEG    4315NEG    4365NEG    2687QNS
1009100SPECIMEN WAS NOT PRESENT TO PERFORM REQUESTED GLYCO
1019850ADULTERANT TESTS WITHIN NORMAL LIMITS
1029300NORMAL
```

Appendix B

- Result Ids

Result Ids

SPEC TYPE = SPECIMEN	DESCRIPTION
B	Blood
U	Urine
S	Oral Fluid
D	Dried Blood Spot

Result Id	Remark Id	Test Description	Spec Type	Gender	Age	Reference Range
1000	9600	Apolipoprotein A1	B	F M/Unk	All	147-167 100-148
1025	9600	Apolipoprotein B	B	All	All	50 – 155
1030	9600	Apolipoprotein Ratio A1/B	B	F M/Unk	All	.90-2.40 .70-1.80
1050	9000	CBC – HCT	B	F M/Unk	All	37-47 42-52
1075	9000	CBC – HGB	B	F M/Unk	All	12-16 14-18
1100	9000	CBC – MCH	B	All	All	27.0-31.0
1125	9000	CBC - MCHC	B	All	All	33.0-37.0
1150	9000	CBC – MCV	B	All	All	81.0-99.0
1175	9000	CBC – PLT	B	All	All	130-400
1200	9000	CBC – RBC	B	F M/Unk	All	4.2-5.4 4.6-6.2
1225	9000	CBC – WBC	B	All	All	4.8-10.8
1250	9100	Chemistry – Albumin	B	All	All	3.8-5.2
1251	9100	Chemistry – Albumin/Globulin Ratio	B	All	All	1.0 – 2.5
1275	9100	Chemistry – Alkaline Phosphatase	B	All	0-18 19+	30-200 30-125
1300	9100	Chemistry – Total Bilirubin	B	F M/Unk	All	0.2-1.2 0.2-1.5
1325	9100	Chemistry – BUN	B	F F M/Unk M/Unk	0-50 51+ 0-50 51+	7-22 9-26 9-25 9-27
1330	9100	Chemistry-Pro-BNP	B	All	0 – 74 75+	0 – 124 0 – 449
1350	9100	Chemistry – Total Cholesterol	B	All	All	140-199
1375	9100	Chemistry – Creatinine	B	F M/Unk	All	0.6-1.3 0.7-1.5
1380	9100	Chemistry – LDH	B	All	All	100-280
1400	9100	Chemistry – GGT (GGTP)	B	F M/Unk	All	0-45 0-65
1425	9100	Chemistry - Glucose	B	All	All	60-109
1450	9100	Chemistry – AST(SGOT)	B	All	All	0-33
1475	9100	Chemistry – ALT(SGPT)	B	All	All	0-45
1500	9100	Chemistry – Total Protein	B	All	All	6.1-8.2
1525	9100	Chemistry – Triglycerides	B	All	All	0-150
1560	9100	Chemistry – Fructosamine	B	All	All	1.2-2.0
1575	9100	Chemistry – Globulin (Total Protein minus albumin)	B	All	All	1.9-3.7
1600	9100	Chemistry – HDL	B	F	All	35-100

4924	9100	Cardiac Relative Risk	B	All	All	1.0
4975	9700	DIU – Diuretic Urine Screen	U	All	All	<1500
5000	9700	BAB – Beta Blocker Urine Screen	U	All	All	<5000
5025^	9400 9700	Cocaine - Urine	U	All	All	0 = Negative 1 = Positive
5050	9400 9700	Glucose – Urine	U	All	All	0.00 – 0.24
5100^	9400	Marijuana – Urine	U	All	All	0 = Negative 1 = Positive
5125	9700	Urine Microscopy – Granular Casts	U	All	All	0
5150	9700	Urine Microscopy – Hyaline Casts	U	All	All	0-10
5175	9700	Urine Microscopy – RBC	U	All	All	0-4
5200	9700	Urine Microscopy – WBC	U	All	All	0-9
5220	9100	Cotinine (Nicotine) - Serum	B	All	All	<10
5225	9400 9700	Cotinine (Nicotine) – Urine	U	All	All	<.50
5235	9700	HCG (Pregnancy Test) – Urine	U	All	All	Neg
5250	9400 9700	Protein – Urine	U	All	All	0-30
5260	9700	Microalbumin - Urine	U	All	All	0-3
5265	9700	Microalbumin/Creatinine Ratio	U	All	All	0-30
5275	9700	Specific Gravity	U	All	All	1.003-1.035
5300^	9400	Toxicology – Amphetamine	U	All	All	0 = Negative 1 = Positive
5350^	9400	Toxicology – Codeine	U	All	All	0 = Negative 1 = Positive
5425^	9400	Toxicology – Methaqualone	U	All	All	0 = Negative 1 = Positive
5450^	9400	Toxicology – Morphine	U	All	All	0 = Negative 1 = Positive
5475^	9400	Toxicology – Oxycodone	U	All	All	0 = Negative 1 = Positive
5480^	9400	Toxicology - Oxymorphone	U	All	All	0 = Negative 1 = Positive
5525^	9400	Toxicology – Phencyclidine	U	All	All	0 = Negative 1 = Positive
5550^	9400	Toxicology – Propoxyphene	U	All	All	0 = Negative 1 = Positive
5575^	9400	Toxicology – Methamphetamine	U	All	All	0 = Negative 1 = Positive
5590^	9400	Toxicology – Codeine	U	All	All	0 = Negative 1 = Positive
5595^	9400	Toxicology – Hydrocodone	U	All	All	0 = Negative 1 = Positive
5600^	9400	Toxicology – Morphine	U	All	All	0 = Negative 1 = Positive
5605^	9400	Toxicology – Hydromorphone	U	All	All	0 = Negative 1 = Positive
5660^	9400	Toxicology – Fentanyl	U	All	All	0 = Negative 1 = Positive
		Toxicology				0 = Negative

9 or Z

^indicates a sensitive result

Appendix C

- Units of Measure
- Results Exceeding Reporting Limit
- Remark Ids and Associated Result Ids
- Replacement Remark Descriptions
- Interpretation of Remarks
- Ratio Calculations
- Remarks to Associate With Results
- Results Not Reported If Not Performed
- Serum Appearances
- Exam Questions

Units of Measure

UNIT	DESCRIPTION
%	percent
μ^3	cubic microns
°F	degrees Fahrenheit
µIU/mL	micro international units per milliliter
µmol/L	micromoles per liter
/40 lpf	per 40 low powered field
/hpf	per high powered field
g/dL	grams per deciliter
gm%	grams percent
Log IU/mL	Log international units per milliliter
mcg/dL	micrograms per deciliter
mcg/mL	micrograms per milliliter
meq/L	milliequivalents per liter
mg%	milligrams percent
mg/dL	milligrams per deciliter
mg/L	milligrams per liter
mL/min	milliliter per minute
mmol/L	millimoles per liter
pg	picograms
U/L	international units per liter

Results Exceeding Reporting Limit

Reporting a value for some results beyond a specific limit may have limited (if any) clinical significance. In the following cases, a specific result value is reported which is used to designate that the normal reporting limit has been exceeded.

Result Id	Minimum/ Maximum Interpreted	CPU to CPU® Raw Data Displayed	Lab*One* Text Reported Value
1000	39	0039000	<40
1000	2501	2501000	>2500
1025	39	0039000	<40
1025	201	0201000	>200
1275	2	0002000	<3
1300	0	0000000	<0.1
1330	4	0004000	<5
1330	9999	9999000	>9999
1525	9999	9999000	>9999
1600	0	0000000	<1
2100	2.9	0002900	<3.0
2100	17.9	0017900	>17.8
2680	0.24	0000240	<0.25
2685	136	0136000	>135
2685	0.03	0000030	<0.04
2705	301	0301000	>300
2710	20.1	0020100	>20
2710	4.9	0004900	<5.0
3060	1.0	0001000	<1.1
3060	99.9	0099900	>99.9
3095	0.48	0000480	<0.49
3095	13.81	0013810	>13.80
3350	149	0149000	<150
3350	301	0301000	>300
3693	0	0000000	<0.1
3693	12.1	0012100	>12.0
3701	0	0000000	<0.1
3701	8.1	0008100	>8.0

3703	0	0000000	<0.01
3950	1.2	0001200	<1.3
3952	0.4	0000400	<0.5
4144	19	0019000	<20
4144	51	0051000	>50
4145	0.4	0000400	<0.5
4145	20.1	0020100	>20.0
4148	0.4	0000400	<0.5
4148	200.1	0200100	>200.0
4370	0.00	0000000	<1.18 Not Detected
4370	1.17	0001170	<1.18 Detected
4370	8.00	0008000	>7.99
4922	0.2	0000200	<0.3
4922	10.1	0010100	>10.0
5050	1.1	0001100	>1.0
5225	1.01	0001010	>1.00
5250	9	0009000	<10
5260	0.2	0000200	<0.3
5260	601	0601000	>600
5275	1.036	0001036	>1.035
6020	8.6	0008600	>8.5
6044	59	0059000	<60
6044	361	0361000	>360
6047	24	0024000	<25
6047	126	0126000	>125
6048	24	0024000	<25
6048	501	0501000	>500
6050	99	0099000	<100
6050	301	0301000	>300
6060	2.9	0002900	<3.0
6060	18.1	0018100	>18.0

Remark Ids and Associated Result Ids

Remark Id	Description	Associated Result Ids
9000	CBC	1050 1075 1100 1125 1150 1175 1200 1225
9010	Chain of Custody Comments	
9020	Client Quoteback	
9100	Blood Chemistry	1250 1275 1300 1325 1330 1350 1375 1380 1400 1425 1450 1475 1500 1525 1560 1575 1600 1625 1630 1635 1690 2100 3060 3095 4922 4924 5220 6676 6677
9125	Hepatitis	4305 4315 4325 4335 4345 4351 4365 4370 4375 4385

Remark Id	Description	Associated Result Ids
		4390 4391 4392 4393 4394 4395
9130	Thyroid	3693 3701 3703 4144 4148 4150
9175	Dried Blood Profile - Chemistry	3340 3350 6044
9180	Dried Blood A1C	6060
9200	T-Cell	2125 2225 2250 2275 2300 2325 2350 2375 2380 3560
9250	Medications	
9275	Examiner Comments	
**9300	Serum Appearance	
9375	Dried Blood Profile – HIV	3135
9400	Toxicology	3289 4010 4012 4014 5025 5050 5100 5225 5250 5300 5350 5425 5450 5475 5480 5525 5550 5575 5590

Remark Id	Description	Associated Result Ids
		5595 5600 5605 5660 5662 6015 6020 7120 7125 7130
9500	Applicant Message	
9600	Apolipoprotein	1000 1025 1030
9650	Differential	1650 1675 1700 1725 1750 1775 1800 1825 1850 1875 1900
9700	Urine	4975 5000 5025 5050 5100 5125 5150 5175 5200 5225 5235 5250 5260 5265 5275 6015 6020 7120 7125 7130
9750	PSA/Tumor Marker	2685 3950 3952 3959
9800	Urine HIV Antibody Screen	6000 6007

Remark Id	Description	Associated Result Ids
*9850	Urine Adulterant	
9875	Oral Fluid HIV Antibody Screen	6520 6525
9880	Oral Fluid Drug	6550 6555
9890	Alcohol Marker	2705 2710 2720 2722

*Refer to the “Interpretation of Remarks: section for more details.
** Refer to the “Serum Apperance Values: section for more details.

Replacement Remark Descriptions

The following are possible replacement remarks for the result fields of Record Types 010-099. Each test result may have any of these replacement remarks.

REMARK	DESCRIPTION
BORDLNE	BORDERLINE
CBLT	CDT RESULTS CONFIRMED
CQNS	QNS TO CONFIRM
EXAL	NO ORAL FLUID TESTS PERFORMED – KIT EXPIRED
EXHI	NO ORAL FLUID HIV TEST PERFORMED – KIT EXPIRED
FEW	FEW
INDETER	INDETERMINATE
MAN	MANY
MAR	MARKED
MOD	MODERATE
MOHE	MODERATE HEMOLYSIS
MOLI	MODERATE LIPEMIA
N	NO. CLASS G IMMUNOGLOBULIN LEVEL BELOW VALID LIMITS…[Oral Fluid Specimen Validity]
NCAL	NOT CALCULATED
NEG	NEGATIVE
NG	NOT GIVEN
NI	INVALID DUE TO ICTERUS
NO	NO
NONE	NONE
NOR	NORMAL
NP	NOT PERFORMED
NSR	NO SPECIMEN RECEIVED
NT	TEST NOT PERFORMED-NO SPECIMEN
NVG	RESULT NOT VALID DUE TO GLYCOLYSIS
NVH	RESULT NOT VALID DUE TO HEMOLYSIS
NVL	RESULT NOT VALID DUE TO LIPEMIA
OCLT	OCCULT BLOOD DETECTED
OTR	OUT OF RANGE
OUT	OUTSIDE REPORTABLE LI MITS
POS	POSITIVE OR REACTIVE
QNS	QUANTITY NOT SUFFICIENT
REF	REFER TO REMARK BELOW
SEHE	SEVERE HEMOLYSIS
SELI	SEVERE LIPEMIA
SIBT	UNABLE TO PERFORM URINE HIV-COLLECTOR USED IMPROPER NON HIV CONTAINER
SLHE	SLIGHT HEMOLYSIS
SLLI	SLIGHT LIPEMIA
SPCE	SPECIMEN NOT CENTRIFUGED
SPPO	SPECIMEN NOT POURED OFF
SPRM	SPERM
SRC	SMALL ROUND CELL
SUFA	SPECIMEN UNSUITABLE FOR ANALYSIS

TNSA	T-CELL NOT SUITABLE FOR ANALYSIS
TNTC	TOO NUMEROUS TO COUNT
TRIG	INVALID WHEN TRIGLYCERIDES >400
XTAL	CRYSTAL
Y	YES. CLASS G IMMUNOGLOBULIN LEVEL WITHIN VALID LIMITS. SPECIMEN VALID …[Oral Fluid Specimen Validity]
YES	YES
YLC	YEAST

Interpretation of Remarks

- For Remark Id 9200, when the value reported is MSG01, the following statement should be reported by your application:

T-CELL ABNORMALITIES CAN BE CAUSED BY A VARIETY OF FACTORS INCLUDING, BUT NOT LIMITED TO: VIRAL INFECTIONS, EXPOSURE TO CHEMICAL TOXINS, ANITMICROBIAL TREATMENTS, AIDS, BONE MARROW TRANSPLANTS.

- Any negative urine adulterant result will report in Remark Id 9850 with the following statement: ADULTERANT TESTS WITHIN NORMAL RANGE

- For all specimens collected in New York, the following should be associated:

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM CONFIDENTIAL RECORDS WHICH ARE PROTECTED BY STATE LAW. STATE LAW PROHIBITS YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY LAW.

- New York state law mandates the following comment be reported on all Urine HIV results where the urine was collected in a non-regulated container:

COLLECTED IN A URINE VIAL FROM A BLOOD COLLECTION KIT.
FOR INSURANCE RISK ASSESSMENT ONLY – NOT FOR DIAGNOSTIC PURPOSES.

Ratio Calculations

While most of the results (including ratios) in the CPU-to-CPU® system are determined and obtained directly from the equipment used to perform the tests, a few result values are calculated using result values for other related Result Ids. The following is a list of calculated ratios and the results used in computing them.

RESULT ID	CALCULATION
1030	Result Id 1000 divided by Result Id 1025
1625	Result Id 1350 divided by Result Id 1600
1635	Result Id 1630 divided by Result Id 1600
2375	Result Id 2225 divided by Result Id 2250
7120	Result Id 5250 divided by Result Id 6015
5265	(Result Id 5260 divided by Result Id 6015)*1000

Note: Calculations are usually performed using the related result values before they are rounded or truncated and may be computed using a greater number of significant digits than reported. Using the reported values in the related results to recreate the calculations may not result in values that will equate to those supplied in the Result Ids for the ratios.

Remarks to Associate with Results

For Free PSA, Result Id 3959, the following statement should be displayed:

< 10	% FREE PSA	INCREASED RISK OF CANCER
10 – 25	% FREE PSA	INTERMEDIATE RISK OF CANCER
>25	% FREE PSA	DECREASED RISK OF CANCER

THE PERCENT FREE PSA IS INVERSELY PROPORTIONAL TO THE RISK OF PROSTATE CANCER. PERCENT FREE PSA IS NOT ABSOLUTE EVIDENCE OF MALIGNANCY. PERCENT FREE PSA IS PERFORMED USING THE BECKMAN COULTER ACCESS II. VALUES OBTAINED WITH DIFFERENT ASSAY METHODS MAY NOT BE INTERCHANGEABLE.

For CEA (Carcinoembryonic Antigen) Result Id 3952, the following statement should be displayed:

CEA IS NOT ABSOLUTE EVIDENCE OF MALIGNANCY. CEA PERFORMED USING BAYER DIAGNOSTICS CENTAUR CHEMILUMINSCENCE ASSAY. VALUES OBTAINED WITH DIFFERENT ASSAY METHODS MAY NOT BE INTERCHANGEABLE.

For AFP (Alpha-Fetoprotein) Result Id 3950, the following statement should be displayed:

AFP PERFORMED USING THE BECKMAN COULTER CHEMILUMINESCENT METHOD. VALUES OBTAINED FROM DIFFERENT ASSAY METHODS CANNOT BE USED INTERCHANGEABLY. AFP LEVELS, REGARDLESS OF VALUE, SHOULD NOT BE INTERPRETED AS ABSOLUTE EVIDENCE OF THE PRESENCE OF ABSENCE OF DISEASE.

For Urine HIV Result ID 6007, the following statement should be displayed:

THE URINE HIV-1 TEST MAY MISS 1 TO 2% OF ALL TRUE POSITIVES. THE TEST MAY GENERATE UP TO 6% FALSE POSITIVES WHEN TESTING SUBJECTS AT HIGH RISK FOR HIV-1 INFECTION AND 10% FALSE POSITIVES FOR INDIVIDUALS WITH OTHER MEDICAL CONDITIONS.

For HCV RNA Quant RT-PCR, Result ID 4370, the following statement should be displayed:

THIS TEST WAS PERFORMED USING REAL-TIME POLYMERASE CHAIN REACTION.

THE ANALYTICAL PERFORMANCE CHARACTERISTICS OF THIS ASSAY HAVE BEEN DETERMINED BY QUEST DIAGNOSTICS. THE MODIFICATIONS HAVE NOT BEEN CLEARED OR APPROVED BY THE FDA. THIS ASSAY HAS BEEN VALIDATED PURSUANT TO THE CLIA REGULATIONS.

For SARS CoV 2 AB IgG, Result 1690, the following statements should be displayed:

THIS TEST IS INTENDED FOR USE AS AN AID IN IDENTIFYING INDIVIDUALS WITH AN ADAPTIVE IMMUNE RESPONSE TO SARS COV-2, INDICATING RECENT OR PRIOR INFECTION. RESULTS ARE FOR THE DETECTION OF SARS-COV-2 ANTIBODIES. IGG ANTIBODIES TO SARS-COV-2 ARE GENERALLY DETECTABLE IN BLOOD SEVERAL DAYS AFTER INITIAL INFECTION, ALTHOUGH THE DURATION OF TIME ANTIBODIES ARE PRESENT POST-INFECTION IS NOT WELL CHARACTERIZED. AT THIS TIME, IT IS UNKNOWN FOR HOW LONG ANTIBODIES PERSIST FOLLOWING INFECTION AND IF THE PRESENCE OF ANTIBODIES CONFERS PROTECTIVE IMMUNITY. INDIVIDUALS MAY HAVE DETECTABLE VIRUS BY MOLECULAR TESTING PRESENT FOR SEVERAL WEEKS FOLLOWING SEROCONVERSION. NEGATIVE RESULTS DO NOT PRECLUDE ACUTE SARS-COV-2 INFECTION. THIS TEST SHOULD NOT BE USED TO DIAGNOSE ACUTE SARS-COV-2 INFECTION. IF ACUTE INFECTION IS SUSPECTED, DIRECT TESTING BY MOLECULAR METHODS FOR SARS-COV-2 IS NECESSARY. FALSE POSITIVE RESULTS FOR THE TEST MAY OCCUR DUE TO CROSS-REACTIVITY FROM PRE-EXISTING ANTIBODIES OR OTHER POSSIBLE CAUSES.

THIS TEST HAS BEEN AUTHORIZED BY THE FDA UNDER AN EMERGENCY USE AUTHORIZATION (EUA) FOR USE BY AUTHORIZED LABORATORIES. THE FDA AUTHORIZED LABELING IS AVAILABLE ON THE QUEST DIAGNOSTICS WEBSITE: WWW.QUESTDIAGNOSTICS.COM/COVID19.

FOR ADDITIONAL INFORMATION PLEASE REFER TO HTTP://EDUCATION.QUESTDIAGNOSTICS.COM/FAQ/FAQ219

(THIS LINK IS BEING PROVIDED FOR INFORMATIONAL/ EDUCATIONAL PURPOSES ONLY.)

Results Not Reported if Not Performed

While some Result Ids may be reported along with a result value of "NP" to indicate that the test was NOT PERFORMED, the following Result Ids will NOT be reported if the test was not performed:

3135	5275	6050	6620	6645	6670
5125	6005	6600	6625	6650	6672
5150	6015	6605	6630	6655	
5175	6020	6610	6635	6660	
5200	6044	6615	6640	6665	

Serum Appearance Values

The following are examples of serum appearance values that will be sent in Remark 9300 of Record Type 100-199.

MODERATE HEMOLYSIS
MODERATE LIPEMIA
NONE
NORMAL
SEVERE HEMOLYSIS
SEVERE LIPEMIA
SLIGHT HEMOLYSIS
SLIGHT LIPEMIA
SPECIMEN NOT CENTRIFUGED
SPECIMEN NOT POURED OFF

Exam Questions

Exam questions are collected by the Paramed/Examiner, recorded on the Insurance Id Slip, submitted to Exam*One*, data entered, and then reported to the client using their corresponding Result Ids. They are not results generated from testing performed by Exam*One.* There is an extra fee associated with capturing and reporting exam questions, therefore each service will be added only upon request by your Medical Underwriting Department.

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Appendix D

- Agreement to Provide Sensitive Test Results via Electronic Transmission

ExamOne®
A Quest Diagnostics Company

Agreement to Provide Sensitive Test Results via Electronic Transmission

This agreement will serve to provide Exam*One* authorization to electronically transmit sensitive test results to your company. Sensitive test results may include results containing positive HIV, positive cocaine and/or other positive drugs of abuse on your insurance applicants. This agreement will cover the transmission of results to an Exam*One* System (software and/or hardware) or CPU-to-CPU® (direct transmission or via a third party network).

Exam*One* recommends that Company has the following security measures in place to restrict access to these sensitive test results to ensure the confidentiality of this information:

1. Restrict access to the physical hardware to those individuals needing access to these results and who are authorized to view applicants' results, if possible.
2. Utilize the password protection provided by the Exam*One* Portal. This password should be changed periodically, in accordance with recommended security best practices. For CPU-to-CPU® clients, we suggest you construct your software application to enforce password protection that would prevent unauthorized individuals from gaining access to this data
3. Control the knowledge of the password. Maintain a list of those authorized to know this information and review the list periodically.
4. Initiate procedures that will protect printed copies of the results from being available/reviewed by unauthorized persons.

CPU-to-CPU® (Includes ANSI 186)	Exam*One* Portal
_____ Cocaine/Drugs of Abuse	_____ Cocaine/Drugs of Abuse
_____ HIV	_____ HIV

By signing below, the Company requests and authorizes Exam*One* to transmit sensitive results to Company in the manner described above, and Company assumes the responsibility for the confidentiality and security of those results. The individual signing represents that he/she has the authority to execute this agreement for Company.

Accepted and Agreed to on this _____ day of _____ 20 __

Signature: _____

Name: _____

Title: _____

Company: _____