**Section 475.25 Fee Schedule**

The Department has established fees for those diagnostic Laboratory services listed in subsection (b).

a) The Laboratory's service fees, itemized in subsection (b), shall not exceed the Department's actual costs to provide the Laboratory's services, and shall consider the current fees charged by private laboratories for comparable services. The Department's actual costs to perform the Laboratory's services shall include the costs of Laboratory personnel, materials and equipment; the Laboratory's data processing, quality control and support costs (e.g., facility-related costs, postage, telephones, supervision, etc.); any Laboratory marketing sales cost; and other Department costs outside the Laboratory but necessary to support the Laboratory's services (e.g., personnel and financial management costs). The Laboratory's actual costs per unit of service are integrally dependent upon the current technology used to perform laboratory analyses, the test volumes for each laboratory service, and the unit cost of the materials or chemicals/reagents. Because these actual costs per unit of service are subject to change, every effort will be made to review and update the Laboratory's fees on a regular (e.g., biennial) basis.

b) Fees

Unless the sample or specimen is submitted as part of an agreed upon Department surveillance program, in which case the fee may be reduced, the fees for tests are:

|  |  |
| --- | --- |
| Arbovirus Testing |  |
|  |  |
| St. Louis Encephalitis, West Nile Virus, California Encephalitis (Enzyme Immunoassay) | $73.31 |
| St. Louis Encephalitis, West Nile Virus, California Encephalitis (Supplemental Test) | $100.22 |
| Dengue Virus (Enzyme Immunoassay) | $73.31 |

|  |  |
| --- | --- |
| Dairy Testing |  |
|  |  |
| Aflatoxin, Raw Milk | $214.31 |
| Inhibitor (Beta-lactam) | $65.16 |
| Petrifilm Aerobic Count | $134.81 |
| Phosphatase | $64.66 |
| Container Rinse Test | $74.60 |
| Dairy Salmonella Test | $265.51 |
| Total Coliform | $134.81 |
| Dairy Water, Contained (Coliform) | $78.66 |
| Dairy Water Well/Plant (Coliform) | $26.16 |

|  |  |
| --- | --- |
| Food Testing |  |
|  |  |
| E. coli O157:H7 | $355.12 |
| Listeria monocytogenes | $261.11 |
| Salmonella | $265.51 |
| Shigella | $281.34 |
| Total coliform | $134.81 |

|  |  |
| --- | --- |
| Enteric Testing |  |
|  |  |
| Salmonella (Amplified Test) | $306.87 |
| Salmonella (Serology) | $239.80 |
| Shigella, E coli, Vibrio and Yersinia (Serology) | $239.80 |
| Shigatoxin 1,2 (Amplified Test) | $86.70 |
| Enteric PFGE (Pulse Field Gel Electrophoresis) | $342.33 |
| Norovirus (Amplified Test) | $86.70 |

|  |  |
| --- | --- |
| Lead Testing |  |
|  |  |
| Blood Lead | $26.33 |
| Environmental Lead | $49.79 |

|  |  |
| --- | --- |
| Parasite Testing |  |
|  |  |
| Malaria (Microscopic Observation) | $82.38 |
| Malaria (Amplified Test) | $157.72 |
| Cryptosporidium (Enzyme Immunoassay) | $78.01 |
| Giardia (Enzyme Immunoassay) | $78.01 |
| Cyclospora (Enzyme Immunoassay) | $78.01 |

|  |  |
| --- | --- |
| Rabies Testing |  |
|  |  |
| Rabies | $232.78 |

|  |  |
| --- | --- |
| Sexually Transmitted Infection Testing |  |
|  |  |
| Chlamydia trachomatis (Amplified Test) | $53.77 |
| Neisseria gonorrhea (Amplified Test) | $53.77 |
| Syphilis Serology (Enzyme Immunoassay) | $27.86 |
| Syphilis Serology (Rapid Plasma Reagin) | $14.92 |
| Syphilis Serology (Fluorescent Treponemal Antibody) | $39.54 |
| HIV Serology 4th Generation (Chemiluminescent Microparticle Immunoassay) | $32.19 |
| HIV Serology Differentiation (Enzyme Immunoassay) | $33.24 |
| HIV Serology Supplemental (Amplified Test) | $86.70 |
| HIV Oral Fluid (Western Blot) | $99.88 |
| Herpes Simplex 1 & 2 (Amplified Test) | $86.70 |

|  |  |
| --- | --- |
| Tuberculosis (TB) Testing |  |
|  |  |
| TB Acid Fast Bacillus, Smear | $33.14 |
| TB (Culture) | $47.59 |
| TB Drug Resistance | $114.81 |
| TB (Amplified Test) | $142.72 |

|  |  |
| --- | --- |
| Vaccine Preventable Disease Testing |  |
|  |  |
| Measles (Amplified Test) | $86.70 |
| Mumps (Amplified Test) | $86.70 |
| Pertussis (Amplified Test) | $86.70 |
| Respiratory Virus Panel (Amplified Test) | $86.70 |

|  |  |
| --- | --- |
| Water Testing |  |
|  |  |
| Bathing Beach E. coli (Microbiology) | $24.12 |
| Private Water Well (Microbiology, Most Probable Number) | $26.16 |
| Non-Community Public Water Supply (Microbiology, Presence/Absence) | $24.22 |
| Nitrate-Nitrite (as Nitrogen) | $47.41 |

c) Results of clinical laboratory tests will be provided to medical providers that submit a patient specimen. A duplicate copy of a patient's test result will be provided upon written request by the medical provider that originally ordered the test. Other medical providers will be provided a copy of patient test results upon the Department's receipt of proof of the patient's consent to release the patient's test result to that medical provider.

d) In accordance with the HIPAA Privacy Rules, upon receipt of a written notarized request by a patient or a patient's legal representative, the Department will provide a copy of the patient's clinical test result to the patient, patient's legal representative or persons designated by the patient or the patient's legal representative. The request shall identify the patient, the patient's date of birth, and the test performed. The request shall be accompanied by a payment of $25.

e) The Director may reduce any of the fees listed in subsection (b), pursuant to a written agreement executed prior to submission of the sample or specimen, between the Department and the person to be submitting the sample or specimen. Examples of instances when reduced service fees may be considered include, but are not limited to, when the samples or specimens from, or test volumes for, one submitter will be very large; when a large one-time advance payment for all services is desired; and when the Department is participating in a special study requiring laboratory analysis.

f) The Director may waive any of the standard laboratory fees prescribed in subsection (b) when the sample or specimen is submitted by Department staff (to support Department programs or services), another State agency, or any unit of local government, provided that the fee waiver is requested in writing and approved by the Director in writing prior to submission of the sample/specimen.

g) The Director may enter into a written agreement with any commercial laboratory or governmental unit (contained within the definition of person) to provide additional laboratory services. The agreement will specify any conditions established for the submission of samples or specimens and the fees for the services.

(Source: Amended at 41 Ill. Reg. 10210, effective July 6, 2017)