



Clinisys Associates, Ltd

clinisysassociates.com

800 Lambert Dr. Phone: 404-235-0610
Suite F Fax: 404-728-0059
Atlanta, GA 30324 support@clinisys.us

2024 Price List



CliniSys Associates, Ltd.

2024 Price List - Page 1 of 19

Products, availability, pricing, routine delivery times, customized orders,
and payments

Please read carefully. New prices will be effective January 1, 2024. Percent of price increases may vary per sample type. The increases are the result of specific sample type availability or changes in laboratory processing cost.

Sample type added for 2024:

- 4020.Emi Emicizumab correlation samples

Sample types removed for 2024:

- 1012 Oral Anticoagulant Plasma INR 1.7-3.5- Standing Order
- 1012.H Oral Anticoagulant Plasma INR >3.5 Standing Order
- 4035.2.U Factor II Deficient Unclassified
- 4037.5.U Factor V Deficient Unclassified
- 4039.7.U Factor VII Deficient Unclassified
- 4041.6.U Factor VIII Deficient Unclassified
- 4044.9.U Factor IX Deficient Unclassified
- 4047.10.U Factor X Deficient Unclassified
- 4049.11.U Factor XI Deficient Unclassified
- 4051.12.U Factor XII Deficient Unclassified
- 4054.13.U Factor XIII Deficient Unclassified
- 4072.8.UV Factor VIII Ultra High: >350 % Activity
- 5062.VWD.2N Von Willebrand's Disease Type 2N
- 2027.TPA
- 8080.TAT
- 8080.TAT.H
- 8081.PF1.2
- 8082.PAI
- 9088.PC.L.U Protein C Deficient Low Unclassified
- 9090.PS.U Protein S Deficient Unclassified
- 9095.PK.L Prekallikrein Deficient- Fletcher Low
- 9095.PK.N Prekallikrein Plasma > 50% Activity

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 2 of 19

Sample types removed for 2024 cont.:

- 10099.FVL.HE See 10099FVL.HE.S
- 10100.FVL.HO See 10100.FVL.HO.S
- 10101>PTG.HE Prothrombin Gene Mutation: Heterozygous
- 11102 Misc. Samples- Chemistry, Serology, Infectious Disease
- 12106 Virology Testing- PCR
- Add on test - removed ELISA

Range Changes:

- 3029.H High Fibrinogen Plasma: 451-799 mg/dl
- 3030.UH Ultra High Fibrinogen Plasma:800 – 1200 mg/dl
- 4070.2.VH Factor II Very High: 181-225 %
- 4079.7.VH Factor VII Very High: 181- 225
- 4075.11.H Factor XI High: 121- 150

Products: Clinisys Associates is a supplier of diagnostic samples mainly associated with Hemostasis. Our biobank provides a source of samples with data for an array of hemostatic states for use by those in manufacturing, research, and development and by labs seeking samples to validate new reagents and equipment. All samples supplied are for “Research Use Only”.

Availability and Pricing: Our services are unique in that each request is a customized order. In efforts to fulfill these types of requests in a timely manner, we recently expanded our list of sample codes. These codes and the ranges indicated in the sample description are used to build inventory and create a price base for sample sets. This base price includes the generation of test data sheets using our routine test methods as described in our catalog.

Routine Delivery: Our routine time of delivery is up to 4-6 weeks from the date of confirmation. Please note this is an approximate time and not a guarantee. Completion time will depend on workload at the time of confirmation, size of the request, availability of appropriate inventory and reagents and complexity of the request. We will not begin to process an order until a confirmation is received. Any changes to the order will initiate a need for a new confirmation and may delay completion. Samples prepared for your order are unique and may not be duplicated. Our team strives to maintain a reasonable turnaround time for all orders. If unexpected delays are encountered, you will be notified.

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 3 of 19

Customization: We do not wish to discourage customization, but the degree of the customization does add to costs incurred to screen samples to meet the specifications. Any additional costs will be incorporated into the quote. Fees will be assessed based on the degree and type of change requested, the number of samples and the number of variables added to each sample. Some of the types of customization requests which may result in additional fees are outlined below.

- The cost to supply data using an alternative reagent or test method will vary with each request based on test setup cost at the time the request is received.
- Cost for one additional test (see rates in catalog page 14)
- Two or more additional tests (additional 5% to 10% per additional test)
- Our protocol states that specifications for results for any add-on test are not part of our standard procedure. If specified data is requested, we will evaluate the feasibility and if approved require an additional fee. Please note: Not all requests for specific data on added test parameters will be honored.
- Any change requested for a sample outside the range posted in the sample code description may incur an additional fee. This additional fee may be 5% to 20% and will be based on the degree of change to the posted range and the number of samples requested to fall within that revised range. Requests for a narrower range dramatically increases the rate of rejection for samples with data that may otherwise fall within our posted range. For this reason, we will not honor a request for even distribution along a requested data range. Instead, we will assure you that samples will be selected yielding data points spanning the range as indicated in the request.
- Any request with any other unspecified data criteria not listed will be reviewed and priced on a case - by -case basis.
- Rush orders may only be feasible if the order is small, inventory and reagents are available, and the sample data requested is not complex. The fee for all rush orders will be 25% of the standard cost for the order.

New: Jan 2024

- If you request a sample to be an approximate value we will assign a range of acceptability for that sample type based on the CV value stated for that test method used in our laboratory. This CV range will be posted with the sample results on the data sheet.

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 4 of 19

SAMPLE TESTING DIRECTORY and General Sample Information

Revised: November 2021

Test Directory and Alternate Test Options:

The next two pages outline the reagent sources, analyzers, and test methods available from our laboratory. Catalog pricing is based on the data produced using the routine analyzers, test systems and reagents as indicated.

Alternative testing methods may be selected by the customer from the alternative test systems and reagents as outlined.

Note: Any selection from the alternate reagent or analyzer list will incur additional fees. Reagents for the alternate test methods are not maintained in our regular inventory.

Certificate of Analysis (COA) on the Test Directory: Some sample types listed under the routine heading may indicate "COA" as the instrument source and a specified test method as the reagent. In most cases these are related to sample types with test data not performed in-house.

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 5 of 19

TEST NAME or SAMPLE TYPE	ROUTINE ANALYZER or TEST SYSTEM	ROUTINE REAGENT	ALTERNATE REAGENT	ALTERNATE TEST SYSTEM
Antiplasmin	Stago	Stachrom Antiplasmin		
Antiphospholipid Antibody: ACA, B2G, APS, APT	COA	IgG / IgM	Inova	ELISA/Chem-Lumi**
Antithrombin	Stago	Stachrom ATIII		
Anti-Xa Heparins	Stago	Liquid Anti-Xa	IL, Innovance	ACL TOP, CS2500
Anti-Xa DOACs	Stago	Liquid Anti-Xa	IL or Biophen	ACL TOP
APCR screen FVL	ACL TOP	FV Leiden APCR	Stago	Stago
APTT	ACL TOP	SynthaSil	Actin FSL	CS2500 or Stago Analyzers
APTT for LA Screen	Stago	PTT-Automate	APTT-SP, SynthaSil	ACL TOP
D-Dimer	Stago	Dimer Liatest	IL, Innovance	ACL TOP / CS2500
DRVVT Screen/Confirm	Stago	StaClot DRVVT	Siemens/IL DVVT	CS2500/ACL TOP
DTI for Dabigatran	Stago	Biophen Hyphen	Biophen	ACL TOP
Factor Assays: PT Factors II, V, VII, X	ACL TOP	Recombiplastin	Innovin Neoplastin CI Plus	CS2500 Stago Analyzers
Factor Assays: APTT Factors VIII, IX, XI, XII	ACL TOP	SynthaSil	FSL/ PTT Automate	CS2500 Stago Analyzers
Factor VIII Chrom.	ACL TOP	Prec. Bio. Reagent		
Factor VIII Inh. BU	COA		SynthaSil	ACL TOP
Factor XIII Quant	CS2500	Berichrom XIII		
Fibrin Monomer	Stago	STA Monomer		
Fibrinogen: Clauss	Stago	STA Fibrinogen	Fib. C/	ACL TOP/ CS2500
Fibrinogen: Derived	ACL Top	RP		
FVL: Heterozygous or Homozygous	COA	PCR		

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 6 of 19

TEST NAME or SAMPLE TYPE	ROUTINE ANALYZER or TEST SYSTEM	ROUTINE REAGENT	ALTERNATE REAGENT	ALTERNATE TEST SYSTEM
LA Testing: See DRVVT				
See Silica Clot Time See StaClot LA				
OAC: PT Screen See Protime Reagent				
Plasminogen	Stago	Stachrom Plasminogen		
Protein C Activity	Stago	StaClot Prot C		
Protein S Activity	Stago	StaClot Prot S		
Protein S Ag Free	Stago	Liatest S Free		
Protein S Ag Total	Stago	Liatest S Total		
Protime	ACL TOP	Recombiplastin	Innovin Neoplastin CI Plus	CS2500 Stago
Prothrombin Gene	COA	PCR		
Reptilase Time	Stago	Reptilase	Batroxobin	CS2500
Silica Clotting Time	ACL TOP	SCT KIT**		
StaClot-LA	Stago	StaClot-LA		
Thrombin Time	Stago	Thrombin Time		
VWD: Types	COA or Test Panel: FVIII Act / VWF Act-Risto / VWF Ag	Test Panel: FVIII Act / VWF Act-Risto / VWF Ag		
VWF Act: Ristocetin	CS2500	VWF Risto Reagent		
VWF Act: Antigen	Stago	Liatest VWF	Siemens vWF Ag	CS2500

Notes:

** On-site testing by these methods may be added to our test menu.

****Derived fibrinogen results are only for the estimation of normal range results.

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

Guidelines and Considerations when placing an Order and to Expedite Order Confirmation

Sample Volumes, Bulk Samples and Special Considerations:

All orders are custom filled. We maintain our packaging inventory to prepare individual sample volumes of 1, 2, 3 to 5 ml, 6 to 10 ml fills. in increments of 1 ml volumes. We will not accept fills using ½ ml increments. Requests outside these suggested fill increments may incur additional fees.

We will discourage requests for bulk volume fills with limited exceptions. Large fill volumes, if approved, may have to be sourced as a pooled sample rather than a single donor sample. All request for bulk volume fills (>10 ml) must be approved by an administrator. Single donor bulks of large volumes may be collected using an alternate sodium citrated concentration or other anticoagulant. Please inquire for further details and sample types available for bulk fill. Special handling and discounts will be considered for request of bulk samples. These considerations will be addressed on an individual basis.

We will discourage request for sale of sample aliquots prior to purchase of a bulk “on reserve”. As an alternative, a customer may request more extensive testing on that sample using broad ranges for result acceptability.

A Guide for Sample Code Selections and Options:

Our catalog has been updated to be more comprehensive and to better detail groupings within each sample type. Note: the heading “Stock Code” has been replaced with “Sample Code” in our catalog. The item numbers remain the same. Some of the numbers may appear as an expanded sample code to assist with grouping multiple items of the same sample type then adding an extension to designate the difference in the result range available.

We ask that you use the sample code listings when drafting your order. Select the appropriate sample codes for the ranges indicated if your request covers multiple ranges for the same sample type. This will expedite the quote process and minimize the number of correspondences required to clarify your request. Any change to the range posted for a listed sample code will be handled as a customized range and may incur a different fee.

Less Than/ Greater Than:

Upper and lower detectable ranges may vary depending on the test, the analyzer used and reagent source. The method in use may dictate the limits of the reportable range. When the range requested is outside the detection limits the results will be listed as a “less than or greater than number” (< or >) on the sample data sheet.

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 8 of 19

Normal Donor Plasmas

Sample Code	Descriptions	Price / mL
0001	Normal Donor Plasma (3.2% Citrate)	
0001.C	Clinical Normals (3.2% Citrate)	
0001.38	Normal Donor Plasma (3.8% Citrate)	* Check Availability INQUIRE
0002	Normal Donor Plasma (FV Leiden Neg./ FII Gene Neg.)	* Check Availability INQUIRE
0003	Normal Donor Plasma – Specialty Anticoagulant (EDTA)	*Check Availability INQUIRE
0004	Normal Donor Plasma – Specialty Anticoagulant (CTAD)	*Check Availability INQUIRE
0005	Normal Donor Plasma – Specialty Anticoagulant (Li Heparin)	*Check Availability INQUIRE
0006	Normal Donor Plasma – Specialty Anticoagulant (CPDA)	*Check Availability INQUIRE
0007	Normal Donor Plasma – Double Spun, Filtered	* Check Availability INQUIRE
0008	Normal Donor Serum	INQUIRE

Anticoagulant Drug Plasmas

Sample Code	Descriptions	Price / mL
1008	Oral Anticoagulant Plasma – INR <2.00	
1009	Oral Anticoagulant Plasma – INR 2.00 - 2.99	
1010	Oral Anticoagulant Plasma – INR 3.00 – 3.99	*Limited Availability – Please Inquire
1011	Oral Anticoagulant Plasma – INR 4.00 - 4.99	*Limited Availability – Please Inquire
1025	Oral Anticoagulant Plasma – INR >5.00	*Limited Availability – Please Inquire
1013	Low Molecular Weight Heparin (LMWH) – Fragmin– 0.1-2.0 U/mL	
1014	Low Molecular Weight Heparin (LMWH) – Lovenox – 0.1-2.0 U/mL	
1016	Low Molecular Weight Heparin (LMWH) – Fondaparinux (Arixtra) – 0.1-2.0 mg/L	
1017	Direct Oral Anticoagulant (DOAC) – Rivaroxaban (Xarelto) – 6-100 ng/mL	
1017.H	Direct Oral Anticoagulant (DOAC) – Rivaroxaban (Xarelto) High – 101-600 ng/mL	
1024	Direct Oral Anticoagulant (DOAC) – Apixaban – 6-100 ng/mL	
1024.H	Direct Oral Anticoagulant (DOAC) – Apixaban High – 101-600 ng/mL	
1027	Direct Oral Anticoagulant (DOAC) – Other	INQUIRE
1027.H	Direct Oral Anticoagulant (DOAC) – Other High	INQUIRE
1018	Anticoagulant Plasma – DTI – Argatroban 0.5-2.0 ug/mL	
1019	Anticoagulant Plasma – DTI – Dabigatran 6-200 ng/mL	
1019.H	Anticoagulant Plasma – DTI – Dabigatran 201-400 ng/mL	
1020	Anticoagulant Plasma – DTI – Other	INQUIRE
1022	UFH - IV Heparin – aPTT Classification – 40-180 seconds	*See Note Below
1023	UFH - IV Heparin– Anti-Xa Classification – 0.1-2.0 U/mL	

*** From random unfractionated heparin samples**

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 9 of 19

D-Dimer Positive Plasmas

Sample Code	Descriptions	Price / mL
2021.L	D-Dimer Positive Plasma: <1000 ng/mL FEU or <500 ng/mL DDU	
2021	D-Dimer Positive Plasma: 1000-3999 ng/mL FEU or 500-1999 ng/mL DDU	
2031	D-Dimer Positive Plasma: 4,000-19,000 ng/mL FEU or 2000-9500 ng/mL DDU	
2028	D-Dimer Positive Plasma: 20,000-39,000 ng/mL FEU or 10K-19.5K ng/mL DDU	
2022.H	D-Dimer Positive Plasma: 40,000-59,000 ng/mL FEU or 20K-29.5K ng/mL DDU	
2029.VH	D-Dimer Positive Plasma: 60,00-80,000 ng/mL FEU or 30K-40K ng/mL DDU	
2030.UH *	D-Dimer Positive Plasma – Ultra-High: > 80,000 ng/mL FEU or >40K ng/mL DDU	
2024	D-Dimer Positive Plasma – DVT Diagnosis: 600-2K ng/mL FEU / PE 1.5K-4K ng/mL FEU	
2025	D-Dimer Positive Plasma – DIC Diagnosis: 4K-20K ng/mL FEU	
2026	D-Dimer Correlation Set (30 x 1ml per set): 120-18K ng/ml FEU or 60-9K ng/mL DDU	

*** May have reproducibility issues above 100K ng/mL FEU or 50K ng/mL DDU**

Fibrinogen Plasmas and Linearity Sets

Sample Code	Descriptions	Price / mL
3027.UL	Ultra-Low Fibrinogen Plasma: 30-50 mg/dL	
3027.VL	Very Low Fibrinogen Plasma: 51- 100 mg/dL	
3028.L	Low Fibrinogen Plasma: 101-150 mg/dL	
3026.N	Normal Fibrinogen Plasma: 151-450 mg/dL	
3029.H	High Fibrinogen Plasma: 451-799 mg/dL	
3030.UH	Ultra-High Fibrinogen Plasma: 800-1200 mg/dL	* Check Availability
3031	Dysfibrinogenemia Plasma	* Check Availability
3032	Afibrinogenemia Plasma (Congenital)	* Check Availability
3034	Derived Fibrinogen: 150-450 mg/dL	
3033	Fibrinogen Linearity Set (10 x 1 mL): 100-1100 mg/dL	

Factor Deficient Plasmas

Sample Code	Descriptions	Price / mL
4034.2.CS	Factor II Deficient (Congenital): Severe 3-10% Activity	
4034.2.C	Factor II Deficient (Congenital): 11-49% Activity	
4035.2.A	Factor II Deficient (Acquired): 5-49% Activity	
4036.5.CS	Factor V Deficient (Congenital): Severe 3-10% Activity	
4036.5.C	Factor V Deficient (Congenital): 11-49% Activity	
4037.5.A	Factor V Deficient (Acquired): 5-49% Activity	

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024

Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 10 of 19

Factor Deficient Plasmas

Sample Code	Descriptions	Price / mL
4038.7.CS	Factor VII Deficient (Congenital): Severe 3-10% Activity	
4038.7.C	Factor VII Deficient (Congenital): 11-49% Activity	
4039.7.A	Factor VII Deficient (Acquired): 5-49% Activity	
4040.8.CS	Factor VIII Deficient (Congenital) Hemophilia A: Severe <5% Activity	
4040.8.C	Factor VIII Deficient (Congenital) Hemophilia A: 5-49% Activity	
4041.8.A	Factor VIII Deficient (Acquired): 5-49% Activity	
4042.8.Inh	Factor VIII Inhibitor (Bethesda Units)	
4042.8.Chr	Factor VIII Chromogenic <5-49% Activity	
4042.Emi	Emicizumab correlation samples	INQUIRE
4043.9.CS	Factor IX Deficient (Congenital) Hemophilia B: Severe <5% Activity	
4043.9.C	Factor IX Deficient (Congenital) Hemophilia B: 5-49% Activity	
4044.9.A	Factor IX Deficient (Acquired): 5-49% Activity	
4046.10.CS	Factor X Deficient (Congenital): Severe 3-10 % Activity	
4046.10.C	Factor X Deficient (Congenital): 11-49% Activity	
4047.10.A	Factor X Deficient (Acquired): 5-49% Activity	
4048.11.CS	Factor XI Deficient (Congenital): Severe 3-10% Activity	
4048.11.C	Factor XI Deficient (Congenital): 11-49% Activity	
4049.11.A	Factor XI Deficient (Acquired): 5-49% Activity	
4050.12.CS	Factor XII Deficient (Congenital): Severe 3-10% Activity	
4050.12.C	Factor XII Deficient (Congenital): 11-49% Activity	
4051.12.A	Factor XII Deficient (Acquired): 5-49% Activity	
4052.13.CS	Factor XIII Deficient (Congenital): Severe (unable to measure) <15% Activity	
4052.13.C	Factor XIII Deficient (Congenital): 15-49% Activity	
4054.13.A	Factor XIII Deficient (Acquired): 15-49% Activity	

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
 Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
 Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 11 of 19

Normal and High Factor Plasmas

Sample Code	Descriptions	Price / mL
4060.2.N	Factor II Normal: 50-120% Activity	
4070.2.H	Factor II High: 121-180% Activity	
4070.2.VH	Factor II Very High: 181-225% Activity	
4062.5.N	Factor V Normal: 50-100% Activity	
4071.5.H	Factor V High: 101-120% Activity	
4063.7.N	Factor VII Normal: 50-120% Activity	
4079.7.H	Factor VII High: 121-180% Activity	
4079.7.VH	Factor VII Very High: 181-225% Activity	
4064.8.N	Factor VIII Normal: 50-150% Activity	
4064.8.N.Chr	Factor VIII Normal :50 –150% Chromogenic Activity	
4072.8.H	Factor VIII High: 151-250% Activity	
4072.8.VH	Factor VIII Very High: 251-350% Activity	
4065.9.N	Factor IX Normal: 50-150% Activity	
4073.9.H	Factor IX High: 151-250% Activity	
4073.9.VH	Factor IX Very High: 251-300% Activity	
4066.10.N	Factor X Normal: 50-130% Activity	
4074.10.H	Factor X High: 131-180% Activity	
4067.11.N	Factor XI Normal: 50-120% Activity	
4075.11.H	Factor XI High: 121-150% Activity	
4068.12.N	Factor XII Normal: 50-100% Activity	
4076.12.H	Factor XII High: 101-130% Activity	
4069.13.N	Factor XIII Normal: 50-100% Activity	
4077.13.H	Factor XIII High: 101-130% Activity	

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 12 of 19

Von Willebrand's Plasmas

Sample Code	Descriptions	Price / mL
5078.VW.FS	Von Willebrand's Ristocetin: Severe <15% Activity <i>*See Note Below</i>	
4078.VW.FL	Von Willebrand's Ristocetin: Low 15-49% Activity	
4080.VW.FN	Von Willebrand's Ristocetin: Normal 50 - 150% Activity	
4080.VW.FH	Von Willebrand's Ristocetin: High: 151-250% Activity	
4080.VW.FVH	Von Willebrand's Ristocetin: Very High 251-350% Activity	<i>*Check Availability</i> INQUIRE
4081.VW.Ag.L	Von Willebrand's Antigen: Low 5-49% of Normal	
4081.VW.Ag.N	Von Willebrand's Antigen: Normal 50-150% of Normal	
4081.VW.Ag.H	Von Willebrand's Antigen: High 151-250% of Normal	
4081.VW.Ag.VH	Von Willebrand's Antigen: Very High 251-350% of Normal	<i>*Check Availability</i>
5061.VWD.1	Von Willebrand's Disease: Type 1	<i>*Check Availability</i> INQUIRE
5062.VWD.2A	<i>*Von Willebrand's Disease: Type 2A</i>	<i>*Check Availability</i> INQUIRE
5062.VWD.2B	<i>*Von Willebrand's Disease: Type 2B</i>	<i>*Check Availability</i> INQUIRE
5063.VWD.3	Von Willebrand's Disease: Type 3	<i>*Check Availability</i> INQUIRE

****Unable to give exact value under 15% activity due to assay limitations***

Disease State Plasmas

Sample Code	Descriptions	Price / mL
5060.LD	Liver Disease Plasma: INR 1.3-2.0	
5060.LD.S	Liver Disease Plasma Severe: INR 2.10-2.99	
5060.LD.VS	Liver Disease Plasma Very Severe: INR >3.00	<i>*Check Availability</i>
5064	Renal Failure Plasma	<i>*Check Availability</i> INQUIRE
5065	Vitamin K Deficiency Plasma	<i>*Check Availability</i> INQUIRE
5066	Abnormal PT Plasma: >14 seconds	
5067	Abnormal aPTT Plasma: >39 seconds	
5077	Abnormal Thrombin Time: >21 seconds	
5068	Icteric Plasma (High Bilirubin)	
5069	Lipemic Plasma	INQUIRE
5070	Hemolytic Plasma	
5074	Ultra-High Triglycerides Plasma: >2500 mg/dL	INQUIRE

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 13 of 19

Lupus Anticoagulant Plasmas

Sample Code	Descriptions	Price / mL
6076.LA.N	Lupus Anticoagulant Normal DRVVT: <1.2 Normalized Ratio	
6076.LA.L	Lupus Anticoagulant Positive DRVVT Low Titer: 1.2 -1.4 Normalized Ratio	
6076.LA.M	Lupus Anticoagulant Positive DRVVT Medium Titer: 1.5 – 1.8 Normalized Ratio	
6076.LA.H	Lupus Anticoagulant Positive DRVVT High Titer: >1.8 Normalized Ratio	
6076.LA.M.PTT	Lupus Anticoagulant Pos DRVVT Med. Titer + aPTT: 1.5 – 1.8 Normalized Ratio + aPTT	
6076.LA.H.PTT	Lupus Anticoagulant Positive DRVVT High Titer + aPTT: > 1.8 Normalized Ratio + aPTT	
6076.LA.M.INR	Lupus Anticoagulant Pos DRVVT Med. Titer + OAC: 1.5 – 1.8 Normalized Ratio + INR	INQUIRE
6076.LA.H.INR	Lupus Anticoagulant Pos DRVVT Hi Titer+ OAC: >1.8 Normalized Ratio + INR	INQUIRE
6076.BK	Lupus Anticoagulant Positive DRVVT Plasma: Bulk Volume >500 ml	INQUIRE
6078.LA.Hex	Lupus Anticoagulant Positive StaClot LA-Hexagonal: <30 seconds Delta	
6079.LA.Hex	Lupus Anticoagulant Positive StaClot LA-Hexagonal: >30 seconds Delta	
6079.SCT	Lupus Anticoagulant Positive Silica Clotting Time: ≥1.3 Ratio	

Antiphospholipid Antibody Positive Plasmas

Sample Code	Descriptions	Price / mL
7076.ACA	Anti-Cardiolipin Antibody Positive Plasma: IgG /*IgM	*Check Availability
7076.ACA.DVVT	Anti-Cardiolipin Antibody Positive + Positive DRVVT Ratio: IgG /*IgM	*Check Availability
7077.B2G	Anti-β2Gp1 Antibody Positive Plasma: IgG /*IgM	*Check Availability
7077.B2G.DVVT	Anti-β2Gp1 Antibody Pos. + Positive DRVVT Ratio: IgG or *IgM	*Check Availability
7078.PT	Anti-Prothrombin Antibody Positive Plasma: *IgG or *IgM	*Check Availability INQUIRE
7079.APA.O	Antiphospholipid Antibody Positive Plasma: * Other	*Check Availability INQUIRE

Specialty Plasmas

Sample Code	Descriptions	Price / mL
8083.SFM	*Soluble Fibrin Monomer Plasma: 10-80 ug/mL	
8083.FMH	Soluble Fibrin Monomer Plasma: 81-150 ug/mL	*Check Availability
8083.FMVH	Soluble Fibrin Monomer Plasma: 151-200 ug/mL	*Check Availability
8083.FMUH	Soluble Fibrin Monomer Plasma: > 201 ug/mL	*Check Availability

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
 Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
 Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 14 of 19

Thrombophilia Plasmas

Sample Code	Descriptions	Price / mL
9085.AT.S	Antithrombin Deficient: Severe 5-20% Activity	
9083.AT.VL.C	Antithrombin Deficient Very Low (Congenital): 21-40% Activity	
9083.AT.VL.A	Antithrombin Deficient Very Low (Acquired): 21-40% Activity	
9084.AT.L	Antithrombin Deficient Low: 41-70% Activity	
9085.AT.N	Antithrombin Normal: 71-120% Activity	
9086.AT.H	Antithrombin High: >120% Activity	
9087.PC.CS	Protein C Deficient Low (Congenital): Severe 4-20% Activity	
9087.PC.C	Protein C Deficient (Congenital): 21 - 45% Activity	
9088.PC.L.A	Protein C Deficient Low (Acquired): 21-45% Activity	
9099.PC.N	Protein C Normal: 46-120% Activity	
9101.PC.H	Protein C High: 121-180% Activity	
9089.PS.CS	Protein S Deficient (Congenital): Severe 4-20% Activity	
9089.PS.C	Protein S Deficient (Congenital): 21 - 49% Activity	
9090.PS.A	Protein S Deficient (Acquired): 21-49% Activity	
9100.PS.N	Protein S Normal: 50-120% Activity	
9100.PS.H	Protein S High: 121-180% Activity	
9100.PSF.Ag.L	Protein S – Antigen Free Low: 5-49% of Normal	
9100.PSF.Ag	Protein S – Antigen Free: 50-180% of Normal	
9100.PST.Ag.L	Protein S Antigen Total Low: 5-45% of Normal	
9100.PST.Ag	Protein S Antigen Total: 46-180% of Normal	
9091.PL.C	Plasminogen Deficient (Congenital): 5-60% Activity	INQUIRE
9092.PL.A	Plasminogen Deficient (Acquired): 5-60% Activity	INQUIRE
9092.PL.N	Plasminogen Normal: 61-120% Activity	INQUIRE
9092.PL.H	Plasminogen High: 121-150% Activity	INQUIRE
9093-A2A.CS	α 2 Antiplasmin Deficient (Congenital): Severe 5 - 20% Activity	INQUIRE
9094.A2A.AS	α 2 Antiplasmin Deficient (Acquired): Severe 5 – 20% Activity	INQUIRE
9094.A2A.L	α 2 Antiplasmin Deficient: Low 21 - 60% Activity	INQUIRE
9094.A2A.N	α 2 Antiplasmin Normal: 61-120% Activity	INQUIRE

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
 Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
 Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 15 of 19

Thrombophilia Plasmas

Sample Code	Descriptions	Price / mL
9094.A2A.	α 2 Antiplasmin High: 121-150% Activity	INQUIRE

Congenital Thrombophilia Samples

Sample Code	Descriptions	Price / mL
10099.FVL.HE.S	Factor V Leiden: Heterozygous Mutation + APCR Screen	*Check Availability
10100.FVL.HO.S	*Factor V Leiden: Homozygous Mutation + APCR Screen	*Check Availability

Miscellaneous Samples

Sample Code	Descriptions	Price / mL
11104	Pregnancy Samples – Coagulation Assays Only	INQUIRE

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 16 of 19

Additional Sample Data / Handling

Sample Code	Descriptions	Price / Sample
12105	Virology Testing – Antibody Test Screen *See Note Below	
12107	Demographic Data: Age /Gender/ Ethnicity	
12107.Col	Demographics + Collection Date (Bleed Date) Age/Gender/Ethnicity	
12107.CD	Collection Date (Bleed Date) Only	
12107.A.G.CD	Age/ Gender + Collection Date (Bleed Date) Only	
12108	Additional Testing per assay	See add on test list
12110.D	Diagnosis + Demographic Data	INQUIRE
12110.M	Medication + Demographics	INQUIRE
12111	Diagnosis + Medication + Demographics	INQUIRE
12112	Alternate Reagent and/or Analyzer – Routine (PT, APTT, D -Dimer, Fibrinogen)	INQUIRE
12113	Alternate Reagent and/or Analyzer – Specialty (All Other Sample Types)	INQUIRE
12114	Set-Up Fee – One-time charge (Samples requiring New Test Protocol Setup: Fee per protocol)	INQUIRE

Virology Testing:

Virology is not automatically provided for all samples. Virology screening is available upon request for an additional fee. This in-house screening is usually performed after samples have been received into our inventory as plasma samples stored at refrigerator temperatures or minus 70 degrees C freezer temperatures. Our virology screen test method detects antibodies against HBc, HIV 1/2, and HCV. Other screening test methods and PCR test methods may yield different test results.

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 17 of 19

Adding Other Test Data to a Specific Sample Type

Other test data may be requested to be added to certain sample types. Fees for this additional service are outlined below. When requesting additional test data to a specific sample type you may not specify a result value or range for that add-on test. You may request multiple add-on tests, but you may not specify a result value or result range for any of the add-on tests. Test data reported for any add-on test will not be considered as a qualification for rejection of samples or requesting a review of sample data. We will only review sample description inquiries based on the original sample type data as requested.

Fees for add-on tests will be based per sample (per single sample or per single pool) and not per # of aliquots from the same sample.

<u>Code</u>	<u>Add-On Test Description</u>	<u>Cost</u>	<u>Code</u>	<u>Add-On Test Description</u>	<u>Cost</u>
APC	Activated Protein C Res. Ratio		Fib-Class	Fibrinogen Act. Clauss	
AT	Antithrombin Activity		Fib-Der	Fibrinogen Act. Derived	
Anti-Xa	Anti-Xa: UNF or LMWH		PCAct	Protein C Activity	
aPTT-LA	APTT (Lupus sensitive)		PSAct	Protein S Activity	
aPTT	APTT (Routine screen)		PSAgF	Protein S Ag Free	
BAT	Batroxobin Time (Reptilase)		PSAgT	Protein S Ag Total	
D-Di	D-Dimer		PT	Protime	
DRVVT	DRVVT: SC/Confirm/Ratio		Rept	Reptilase Time (Batroxobin)	
FII(2)	Factor II		SCT	Silica Clotting Time (LA)	
FV(5)	Factor V		StaClotLa	StaClot Hexa	
FVII(7)	Factor VII		TT	Thrombin Time	
FVIII(8)	Factor VIII		wvf:Ris	VWF Activity: Ristocetin	
FIX(9)	Factor IX		wvf:Ag	VWF Antigen	
FX(10)	Factor X				
FXI(11)	Factor XI				
FXII(12)	Factor XII				
FXIII(13)	Factor XIII				

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 18 of 19

Packaging and Scheduling Shipment

A Certificate of Analysis (COA) will be provided for normal donor samples, specific samples if testing was provided by other labs and upon specific request. This document along with a sample data list for testing performed by our laboratory will be included in each shipment. The packing slip on the outside of the box will detail all contents of the shipment.

Most samples are frozen after internal test analysis is complete then shipped frozen on dry ice via FedEx in accordance with local and international regulations. All packages are shipped using the priority system schedules in efforts to assure the quickest turnaround time for each delivery. The client's location and hours of business are taken into consideration when selecting the day packages are prepared for shipment. International shipments are generally scheduled for Mondays and Tuesdays. Most local shipments are scheduled Mondays through Thursdays. Any special delivery day instructions requested by the client are also included when preparing the shipment schedule.

We have arrangements with FedEx to be included in their Priority Alert Plus system. This system gives special tracking and dry ice addition capabilities for any high value biological package moving within the FedEx system.

Shipping, Priority Alert, and Dry Ice Charges

	1 – 50 mL	51 – 150 mL	151 – 300 mL	301 – 1000 mL
Domestic				
<i>Shipping</i>	\$TBD	\$TBD	\$TBD	\$TBD
<i>Priority Alert</i>	\$29.70	\$29.70	\$29.70	\$29.70
<i>Dry Ice/Packaging</i>	\$72.00	\$72.00	\$121.00	\$121.00
All International Orders Will Ship Using FedEx Priority Plus Alert (unless another carrier is authorized by client)				
Europe				
<i>Shipping</i>	*TBD*	*TBD*	*TBD*	*TBD*
<i>Dry Ice/Packaging</i>	\$123.00	\$196.00	\$223.00	\$269.00
Asia/Australia				
<i>Shipping</i>	*TBD*	*TBD*	*TBD*	*TBD*
<i>Dry Ice/Packaging</i>	\$269.00	\$275.00	\$356.00	\$429.00

TBD - Shipping Fees will reflect on invoice depending on FedEx fees assessed at time of shipping.

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
 Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
 Version: CA03.10

CliniSys Associates, Ltd.

2024 Price List - Page 19 of 19

Terms of payments:

CliniSys Associates ships plasma on credit card terms only unless prior credit arrangements have been made. We can accept most credit cards (MasterCard, Visa, Discover and American Express). Any new customer or customers without established accounts placing orders must pay upfront using a credit card. We will not establish customer accounts for these orders.

A charge of 3.0% per month is assessed for payments extended beyond our normal credit terms. If an account goes over 30 days past due or beyond the terms of their stated agreement an extended assessment will be applied. Failure to make payments in a timely manner may result in a suspension being placed on the account for any additional orders until arrangements have been approved to bring the account current.

Inquiries and Comments:

Your questions and comments are welcomed. Contact one of our customer service representatives at 404-235-0610 to see how they may assist you. You may also contact us using the following email address: support@clinisys.us. When answering your questions our representatives will also direct you to the information listed in the catalog for more details. At times they may need to transfer your inquiry to another staff member. We will do our best to quickly address your inquiries and concerns.

800 Lambert Dr. NE, Suite F, Atlanta GA 30324
Phone (404) 235-0610 Fax (404) 728-0059

****FOR RESEARCH USE ONLY****

Effective Date: 01-22-2024
Version: CA03.10