

LifeLabs Patient Pay Test Menu - ON

Please make sure to inform your patients about these updated testing prices and advise them that any tests not covered by provincial health plans, must be paid out of pocket or through private insurance.

Allergy Testing	
Peanut Component Panel	\$252
Allergen Interpretation Per Accession	\$17
Specific Allergen	\$31
Unspecified Allergen	\$66
Common Allergic Rhinitis Allergen	\$31
Alzheimer's Disease	
ABeta 42/40 & p-tau217 Evaluation, Plasma	\$600
p-tau217, Plasma	\$325
ApoE Isoform, Plasma	\$175
Beta-Amyloid 42/40 Ratio, Plasma	\$300
p-tau181, Plasma	\$300
Neurofilament Light Chain (NfL), Plasma	\$350
Glial Fibrillary Acid Protein (GFAP), Plasma	\$300
Cardiovascular Disease	
High Sensitivity Troponin T (Non-acute)	\$35
B-type Natriuretic Peptide (BNP)	\$94
Galectin-3	\$93
PLAC® (LP-PLA2)	\$93
Myeloperoxidase (MPO)	\$85
Omega-3 Fatty Acids (Omega Score™)	\$120
Ambulatory Blood Pressure Monitoring (ABPM)	\$88
Homocysteine	\$89
Gastrointestinal Disease	
H.pylori Urea Breath Test (UBT)	\$125
H. pylori Stool Antigen	\$125
Fecal Calprotectin	\$149
AST*	\$18
FIB-4 [†]	\$15
Enhanced Liver Fibrosis (ELF)	\$172
Gliadin Antibodies (IgG)	\$105

Hormones	
Bioavailable Testosterone*	\$74
Thyrotropin Receptor AB (TRAB)	\$99
Thyroid Stimulating Hormone (TSH)	\$34
Insulin-like Growth Factor-1 (IGF-1)	\$108
Sex Hormone Binding Globulin	\$69
Anti-Mullerian Hormone	\$85
Immune System Testing	
Anti-CCP*	\$86
Antiphospholipid Antibodies	\$85
Anti-GAD	\$65
IGG Fractionation	\$234
Acetylcholine Receptor (AChR) Ab	\$64
C-Telopeptide (CTX)	\$88
P-ANCA / C-ANCA*	\$81
Infectious Disease	
Herpes Simplex Type 1 and 2 Serology (HSV1&2)	\$187
QuantIFERON®-TB Gold Plus	\$108
Mycoplasma Genitalium	\$83
Kidney Health	
Klinrisk [‡]	\$90
Cystatin-C	\$62

www.LifeLabs.com

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1. May be covered by extended private health insurance plans

2. Pricing is subject to change.

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Oncology	
Prostate Specific Antigen*	\$47
PSA Ratio Screening	\$66
CA 125	\$45
CA 15-3	\$44
CA 19-9	\$59
Chromogranin A (CgA)	\$82
Hereditary Cancer Panel	\$1,200
Signatera™ Initial Test	\$4,500
Signatera™ Subsequent Test	\$2,000
Free Light Chains	\$68

Pregnancy	
Panorama™ Basic Prenatal Panel (Trisomy 21, 18, 13, monosomy X, sex chromosome trisomies, triploidy, complete molar pregnancy, fetal sex optional)	\$550
Panorama™ Extended Prenatal Panel (Basic + 22q.11.2)	\$650
Panorama™ Full Prenatal Panel (Basic + 5 microdeletions)	\$795
Vitamin Deficiency	
Vitamin D (Vitamin D 25-hydroxy)*	\$54
Vitamin B1	\$92
Serum Folate*	\$32
RBC Folate*	\$45

*These tests may be covered by Provincial Health Plans when ordered by certain specialists or for specific indications. For further information, please review the Schedule of Benefits for Laboratory Services for Ontario.

†Fibrosis 4 (FIB-4) Index

Please note that in order to calculate the FIB-4 Index, the following tests must be completed: ALT (OHIP covered), AST (paid for by patient), and CBC (OHIP covered).

#Klinrisk

Access the Ontario Klinrisk requisition by scanning the QR code:



For more information, please contact us at:
contactus@LifeLabs.com or 1-877-849-3637

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