

DIRECT ACCESS TESTING (LAB) ORDER FORM

Personal Information (Please Print):

Name (First, Last, MI) _____ Date of Birth _____ Sex (M/F) _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Results option: _____ MyChart _____ Mail _____

Select your test(s) from the list below: Tests in italics are included in the Chem 30.

*Fasting for 10-12 hours is recommended.

√	Laboratory Test	\$\$
	Chem 30*	40
	Chem 30 + TSH*	55
	CBC (Complete Blood Count)	25
	<i>Lipid Profile w/LDL*</i>	25
	Blood Type	20
	<i>Cholesterol*</i>	10
	Covid-19 PCR (Cepheid)	100
	Covid-19 Antigen (Binax)	35
	CRP, high sensitivity	20
	Drug Screen 5-Panel Medical	30
	<i>Glucose*</i>	10
	Hemoglobin A1c	25
	Hepatitis B surface Antibody	25
	Homocysteine	35

√	Laboratory Test	\$\$
	<i>Iron</i>	10
	Microalbumin/Creatinine Ratio	25
	Mumps IgG	25
	Occult Blood, Stool	10
	Pregnancy Test, Serum	20
	Pregnancy Test, Urine	15
	PSA (Screening)	25
	Quantiferon TB	47
	Rubella	25
	Rubeola (Measles)	25
	TSH	20
	Varicella Zoster IgG	25
	Vitamin D, 25-OH	55

Read and initial the following:

_____ I understand that these tests are a screening tool and not designed to diagnose or predict illness.

It is my responsibility to contact my physician for a professional interpretation of these results.

_____ I understand that if I want a copy of these results to go to my physician that I am responsible for giving him/her a copy.

_____ I understand that test results will be stored in my electronic medical record.

_____ I understand that I must pay for these tests at the time of service.

_____ I understand that my insurance cannot be billed for these tests. I will only receive a receipt of payment.

_____ I understand that results will be available in MyChart upon completion of testing and/or mailed to the address I have provided within one week.

_____ I have received or been offered the AMH Joint Notice of Privacy Practices.

Signature of Participant _____ Date _____

Printed Name _____ Relationship to Participant (if minor) _____

AMOUNT DUE _____ **PAYMENT** ___ Cash ___ Check ___ Credit Card ___ HS