

### 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 \_\_\_\_\_

Send results to my physician (list name) \_\_\_\_\_

**Select your test(s) from the list below:** Fasting for 10-12 hours is recommended for the Chem17 and Lipid Panel w/LDL

V	Laboratory Test	\$\$	V	Laboratory Test	\$\$
	Blood Type	20		Microalbumin/Creatinine Ratio	25
	Chem 17 (includes Lipid Panel)	30		Pregnancy Test, Serum	20
	CBC (Complete Blood Count)	25		Pregnancy Test, Urine	15
	Covid-19 NAA (Abbott ID NOW)	60		PSA (Screening)	25
	Drug Screen Urine (Screen only)	30		Quantiferon TB	47
	Hemoglobin A1c	25		TSH	20
	Hepatitis B surface Antibody	25		Varicella Zoster IgG	25
	Lipid Profile w/LDL	25		Vitamin D, 25-OH	55
	Measles/Mumps/Rubella Immunity	75			

**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 automatically be sent to my physician that I must indicate it on this form.

\_\_\_\_\_ 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 \_\_\_\_\_

AMH Collected by: \_\_\_\_\_