



DIRECT LAB ACCESS TESTING

NAME: _____
LAST

FIRST M.I.

DOB: _____ MALE FEMALE

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE #: (Cell): _____

(Home): _____

ARE YOU FASTING?
YES NO

IF YES, HOW LONG?
_____ Hours

PLEASE CHECK ONE

- ☐ MAIL RESULTS
- ☐ PICK UP RESULTS
- ☐ WAIT FOR RESULTS

I HAVE READ THE FOLLOWING INFORMATION AND UNDERSTAND:

- ❖ Anyone under age 18 must be accompanied by a parent/guardian.
- ❖ Tests are being performed at my request.
- ❖ Results will not be forwarded to my regular health care provider nor flow into my electronic medical record. I am responsible for forwarding these results to my provider if I would like them to be a part of my CCM Health electronic medical record.
- ❖ CCM Health will not bill my insurance. I will pay cash for the tests before the specimen is obtained. (No checks or credit cards are accepted).
- ❖ It is my responsibility to follow up with my healthcare provider if I have questions regarding lab results obtained using direct lab access testing services.
- ❖ I understand that laboratory staff are unable to give any medical advice.
- ❖ I will be notified of critical values that need immediate attention. A CCM Health provider will also be notified of any critical values in compliance with CCM Health policy.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

DATE

DIRECT LAB ACCESS TEST MENU

PLEASE INDICATE WHICH TESTS YOU WANT COMPLETED TODAY

TEST *Fasting samples required	✓	COST
Blood type (ABO & Rh)		\$20.00
Glucose* (Fasting Lab)		\$15.00
Hemoglobin		\$15.00
CBC		\$20.00
PSA Screen (Prostate)		\$30.00
TSH (Thyroid)		\$30.00
Mononucleosis		\$15.00
A1C		\$25.00
Vitamin D		\$40.00
HIV (Signature required, see below)		\$35.00
Microalbumin (urine)		\$25.00
Urine Pregnancy Test		\$20.00
Complete Metabolic Panel (CMP)		\$30.00
Basic Metabolic Profile (BMP)		\$20.00
Lipid Profile* (Fasting Lab)		\$25.00
Heart Health Panel (Lipid, CMP, CBC {no diff})		\$95.00
Health Panel (CBC, CMP, Lipid, TSH)		\$125.00
Chol Panel (Lipid + ALT)		\$40.00
ALT		\$15.00
Anemia Panel (CBC, FE, TIBC, FERR, FOL, B12)		\$120.00
Liver Panel (AST, ALT, ALKP, Albumin, Total Bili, Direct Bili, Total Protein)		\$50.00
TOTAL		

HIV TESTING ONLY

** HIV status is protected by the HIPAA Privacy Rule and cannot be shared with friends, family, or employers without written permission. I understand by law, all new cases of HIV are reported to state and local health departments to determine the incidence of HIV and to provide appropriate prevention and care services. Also, per CCM Health Laboratory policy, a health care provider will be notified of a "Reactive" result.

DLA Client Signature: _____ Date: _____

If you do not have a primary health care provider at CCM Health, please complete, for "Reactive" results only:

Primary Health Care Provider Name: _____

Name of Facility: _____

City: _____ State: _____ Phone Number (if known): _____

FOR LABORATORY USE ONLY

PAYMENT:

REC'D BY _____ AMOUNT _____ INVOICE #: _____

SPECIMEN:

DATE COLLECTED _____ TIME COLLECTED _____ COLLECTED BY _____