

**DIRECT ACCESS LABORATORY
 INFORMED CONSENT**

Available: 8:00 am to 5:00 pm Mon-Fri, No Holiday service

Please Print Clearly

COLLECTION DATE			
LAST NAME		FIRST NAME	MI
BIRTHDATE	SEX	PHONE#	
ADDRESS			
CITY-STATE-ZIP			

I have read the following and understand:

- A provider's order is not required for direct access laboratory testing. **Therefore, your provider will not review these results without an appointment.**
- If I am ill, I should contact my primary care provider for immediate medical care.
- Only the laboratory tests listed on this form are available.
- Cash, check or credit card payment is required for laboratory testing before lab test samples are collected. SCMC will not file health insurance or Medicare/Medicaid claims for direct access laboratory testing.
- Anyone under the age of 18 must be accompanied by a parent or legal guardian who can consent to the testing.
- Laboratory test results will be mailed directly to me at the above address in 3-5 business days.
- Reference ranges are included with the laboratory test results to assist me in interpreting them. Go to www.labtestsonline.org for additional information.
- I will be contacted by phone in the event of a critical result. **It is my responsibility to seek medical care concerning abnormal or critical test results that may require immediate medical care.**
- I have received a copy of SCMC's Notice of Privacy Practices.
- **If you have any questions about your test results, please make an appointment with your primary care provider. 320-589-7600**

I consent to laboratory testing as detailed above.

X

Signature of customer or legal guardian _____ Date _____

When calling the Laboratory about this test, you must have the accession number below available at the time of the call. Test result information is available Monday – Friday 8:00am - 5:00pm (no holiday service) by calling our lab at 320-589-7652

ACCESSION NUMBER: _____

Amount Collected: _____

Write DAT Lab & Accession # on Receipt

PAYMENT METHOD: Cash Check Credit Card

Test Options & Pricing:

<u>Test</u>	<u>Cost</u>
<input type="checkbox"/> Alcohol (Not for Legal Purposes)	\$25.00
<input type="checkbox"/> Basic Metabolic Profile(Fasting – 8 hr)	\$30.00
<input type="checkbox"/> Blood Type (ABO/RH)	\$20.00
<input type="checkbox"/> CBC Complete Blood Count	\$20.00
<input type="checkbox"/> Cholesterol	\$10.00
<input type="checkbox"/> CRP C-Reactive Protein	\$20.00
<input type="checkbox"/> Drug Screen (Urine – Not for Legal Purposes)	\$45.00
<input type="checkbox"/> ESR Erythrocyte Sed. Rate	\$10.00
<input type="checkbox"/> Fecal Occult Blood Screen	\$25.00
<input type="checkbox"/> Glucose (Fasting – 8 hr)	\$10.00
<input type="checkbox"/> Hemoglobin A1C	\$20.00
<input type="checkbox"/> Hemoglobin	\$10.00
<input type="checkbox"/> Lead (Results sent to MDH)	\$40.00
<input type="checkbox"/> Lipid Screen (Fasting – 12 hr)	\$20.00
<input type="checkbox"/> Liver Function Profile	\$25.00
<input type="checkbox"/> Microalbumin (Urine)	\$30.00
<input type="checkbox"/> Pregnancy Test (Urine or Serum)	\$15.00
<input type="checkbox"/> PSA	\$35.00
<input type="checkbox"/> (AST) SGOT	\$10.00
<input type="checkbox"/> (ALT) SGPT	\$10.00
<input type="checkbox"/> Free T3	\$30.00
<input type="checkbox"/> Free T4	\$30.00
<input type="checkbox"/> TSH	\$30.00
<input type="checkbox"/> Urinalysis	\$20.00
<input type="checkbox"/> Vitamin B-12	\$30.00
<input type="checkbox"/> Vitamin D -25 Hydroxy	\$45.00
<input type="checkbox"/> Kit Collection/Processing	\$35.00

Lab Comments: _____

Lab Staff initials: _____ **Date:** _____