

**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:

Test	Cost
<input type="checkbox"/> Alcohol (Not for Legal Purposes)	\$25.00
<input type="checkbox"/> Basic Metabolic Profile (includes glucose)	\$30.00
<input type="checkbox"/> Blood Type (ABO/RH)	\$30.00
<input type="checkbox"/> CBC Complete Blood Count (Includes Hemoglobin)	\$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"/> Ferritin	\$20.00
<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"/> Iron	\$15.00
<input type="checkbox"/> Lead (Results sent to MDH)	\$40.00
<input type="checkbox"/> Lipid Profile (Fasting – 12 hr) (Includes Cholesterol)	\$20.00
<input type="checkbox"/> Liver Function Profile (Includes ALT & AST)	\$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"/> Total Iron Binding Capacity (Includes Iron)	\$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:** _____

Routing: Registration initiates (customer to sign / pay) and lab54 (4-17) rev 4-25
makes a copy of informed consent. Registration then puts money, receipt, and copy of the form in the bag for Patient Account Services to pick up.
Customer takes original form and gives it to Lab → Lab (collects blood sample & writes in Accession Number) gives copy of informed consent to customer
to keep and then the original is scanned into a file which is maintained by lab in the public drive. Copy of results: mailed to customer