

**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**

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)	\$30.00
<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"/> 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 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"/> 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

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: _____

Lab Comments: _____

Lab Staff initials: _____ Date: _____