

Assession Label
Lab Use Only

Lab Test Order



PATIENT LAB SERVICES

PATIENT - Please print

- Fasting Non-fasting
 Male Female

Birthdate (Month/Date/Year):
____/____/____

CLIENT #D8100

Name (Last, First, Middle) _____

Street _____

City, State, ZIP _____

Phone () _____ Hours I can be reached: _____

Alternate Phone () _____ Hours I can be reached: _____

CONSENT - To be tested, you must read each section and initial where requested.

CompuNet DIRECT will attempt to contact the patient with any question or critical laboratory values which may indicate serious medical conditions in need of immediate medical care. **OPTIONAL:** If CompuNet DIRECT cannot reach the patient at the numbers provided, CompuNet DIRECT is authorized to leave a message (which may include personal medical information) with: **Name (Last, First, Middle)** _____

I am 18 years or older.

I understand that because a physician has not ordered these tests, my health insurance (including Medicare and Medicaid) will not pay for these tests. I will not ask my health insurer, Medicare, Medicaid, or any other federal or state health care program to pay for these tests. *Payment is due in full at time of service.*

I understand that CompuNet *DIRECT* will not submit these tests for reimbursement or payment to my health insurer, Medicare, Medicaid, any federal or state health care program, or third party payer.

I understand that CompuNet *DIRECT* does not replace the advice and care of my physician. It is intended for educational purposes. A CompuNet *DIRECT* lab test result is not a medical diagnosis, a treatment, or a form of medical advice. I am solely responsible for promptly talking with a physician about my lab test results. I understand that only my physician can interpret my test results.

I release and will not hold CompuNet Clinical Laboratories, LLC and CompuNet *DIRECT* responsible if I do not promptly communicate the results of these tests to my physician.

Your Signature _____ Date _____

| | | | |
|---|-------|--|------|
| <input type="checkbox"/> Basic Health Profile* 75241 - 1 SST | \$50 | <input type="checkbox"/> Prostate Screen 74647 - 1 SST | \$40 |
| Complete Health Profile* | | <input type="checkbox"/> Serum Iron and TIBC(*and early morning collection preferred)75245 1 SST | \$30 |
| <input type="checkbox"/> Men's - 74641 - 2 SST <input type="checkbox"/> Women's - 74642 - 2 SST | \$95 | <input type="checkbox"/> Thyroid Screen (TSH) 74648 - 1 SST | \$40 |
| Complete Health Profile with Glycohemoglobin A1c* | | <input type="checkbox"/> Vitamin D Panel 74914 - 1 SST | \$55 |
| <input type="checkbox"/> Men's - 74915 - 2 SST 1 LAV <input type="checkbox"/> Women's - 74916 - 2 SST 1 LAV | \$120 | <input type="checkbox"/> Hepatitis A Immune Status 75338 - 1 SST | \$40 |
| <input type="checkbox"/> Anemia Screen(*and early morning collection preferred)74646 - 1 SST, 1 LAV | \$40 | <input type="checkbox"/> Hepatitis B Immune Status 75335 - 1 SST | \$50 |
| <input type="checkbox"/> Cardiac (Heart) Health Screen* 74645 - 1 SST | \$40 | <input type="checkbox"/> Herpes Simplex IGG Immune Status 75337 - 1 SST | \$50 |
| <input type="checkbox"/> Cholesterol* 74797 - 1 SST | \$15 | <input type="checkbox"/> Measles Antibody 75332 - 1 SST | \$40 |
| <input type="checkbox"/> Complete Blood Count with Diff (CBC) 75378 - 1 LAV | \$30 | <input type="checkbox"/> Mumps Antibody 75333 - 1 SST | \$40 |
| <input type="checkbox"/> CRP (High-Sensitivity C-Reactive Protein) 75242 - 1 SST | \$20 | <input type="checkbox"/> Rubella Antibody 75339 - 1 SST | \$40 |
| <input type="checkbox"/> Diabetes Screen*(Glucose ONLY) 74644 - 1 SST | \$15 | <input type="checkbox"/> T-Spot TB 75336 Sod Hep Dk grn top tube | \$75 |
| <input type="checkbox"/> Diabetes Management Panel*74643 - 1 SST 1 LAV | \$40 | <input type="checkbox"/> Varicella Antibody 75334 - 1 SST | \$40 |
| <input type="checkbox"/> Glycohemoglobin A1c 74988 - 1 LAV | \$25 | | |

*This means FASTING is required for this test. To fast, do not eat or drink anything but water for 8 - 12 hours before your test.

This section is completed by the laboratory only:

Account: **D8100** Bill Code: **DAT**

Date collected: _____ Time: _____ AM PM

PSC/Tech Code: _____ _____SST _____LV