

# SLV HEALTH Direct to Consumer Laboratory Testing Services

**PARTICIPANT INFORMATION**

Preference for Receiving Results: Mail  Email  Portal for Self-service of Results

|  |   |  |
|--|---|--|
| LAST NAME: <input style="width: 100%;" type="text"/>                     | FIRST NAME: <input style="width: 100%;" type="text"/>   | MI: <input style="width: 100%;" type="text"/>                    |
| DATE OF BIRTH: <input style="width: 100%;" type="text"/><br>(MM/DD/YYYY) | # of hours fasted: <input style="width: 100%;" type="text"/>  | MALE <input type="checkbox"/><br>FEMALE <input type="checkbox"/> |
| PHONE NUMBER: <input style="width: 100%;" type="text"/>                  | Emergency Contact Name: <input style="width: 100%;" type="text"/><br>Emergency Contact Phone #: <input style="width: 100%;" type="text"/> |  |
| MAILING ADDRESS: <input style="width: 100%;" type="text"/>               |   |  |
| CITY: <input style="width: 30%;" type="text"/>                           | STATE: <input style="width: 10%;" type="text"/>   | ZIP CODE: <input style="width: 30%;" type="text"/>               |
| EMAIL ADDRESS: <input style="width: 100%;" type="text"/>                 |   |  |

| √ Test | Lab Only                            | Test Name - Panels  | Price    |
|--------|-------------------------------------|---|----------|
|        | DTCBCP                              | Blood Chemistry (Comprehensive Metabolic Panel [CMP], <b>Lipid, TSH</b> ) <i>fasting required</i> | \$30.00  |
|        | DTCTP                               | Thyroid Panel ( <b>TSH &amp; Free T4</b> ) ( <i>TSH included in other panels</i> )                | \$35.00  |
|        | DTCBCP<br>DTCUA<br>DTCCBC           | Women's Health Panel (CMP, CBC, <b>Lipid Panel, TSH</b> , Urinalysis) <i>fasting required</i>     | \$70.00  |
|        | DTCBCP<br>DTCUA<br>DTCCBC<br>DTCPSA | Men's Health Panel (CMP, CBC, <b>Lipid Panel, TSH, PSA</b> , Urinalysis) <i>fasting required</i>  | \$100.00 |

**Test Name – Individual Tests\*\*\*\*Caution these are also included in the panels above. Only order from this section below if not ordered in the panels above.**

|  |        |  |         |
|--|--------|--|---------|
|  | DTCTSH | ***TSH (Thyroid Stimulating Hormone) (included in Blood Chemistry, Thyroid, Women's and Men's)     | \$25.00 |
|  | DTCT4  | ***Free T4 (included in Thyroid Panel)   | \$25.00 |
|  | DTCLIP | ***Lipid Panel Only <i>fasting required</i> (included in Blood Chemistry, Women's and Men's Panel) | \$20.00 |
|  | DTCUA  | ***Urinalysis Only (included in Women's and Men's Panel)   | \$20.00 |
|  | DTCPSA | ***PSA Only (Prostate Specific Antigen) <b>MEN only</b> (included in Men's Panel)                  | \$30.00 |
|  | DTCGLU | ***Glucose Only <i>fasting required</i> (included in Blood Chemistry, Women's and Men's)           | \$10.00 |
|  | DTCCBC | ***Complete Blood Count (CBC) (included in Women's and Men's Panel)                                | \$20.00 |

**Test Name – Individual Tests (not included in panels)**

|  |          |  |         |
|--|----------|--|---------|
|  | DTCGLYCO | HgA1c  | \$30.00 |
|  | DTCHH    | ***Hemoglobin and Hematocrit Only ( <i>This is Included in CBC – if CBC is ordered do not order this</i> ) | \$15.00 |
|  | DTCTOX   | Urine Drug of abuse Screen   | \$35.00 |
|  | DTCHIV   | HIV ½ antibodies, HIV 1 p24 Antigen ( <i>signed HIV testing consent required</i> )                         | \$40.00 |
|  | DTCVITD  | Vitamin D  | \$40.00 |
|  | DTCB12   | Vitamin B12  | \$25.00 |
|  | DTCFEIB  | Iron & Iron Binding  | \$40.00 |
|  | DTCFER   | Ferritin   | \$25.00 |
|  | DTCHCV   | Hepatitis C  | \$40.00 |
|  | DTCHBS   | Hepatitis B surface Antigen  | \$40.00 |
|  | DTCHCG   | Serum Pregnancy Test   | \$25.00 |
|  | DTCABO   | Blood Type (ABO/Rh)  | \$20.00 |
|  | DTCTM    | Testosterone ( <b>MEN</b> )  | \$40.00 |
|  | DTCTF    | Testosterone ( <b>WOMEN</b> )  | \$40.00 |
|  | DTCCRP   | CRP – C Reactive Protein   | \$20.00 |
|  | DTCCORTT | Cortisol   | \$15.00 |
|  | DTCURIC  | Uric Acid  | \$15.00 |
|  | DTCFOB   | Colon Cancer Screening (pay and pick up kit from lab)  | \$25.00 |

I agree that this test is being requested for the purpose of providing information to me and I understand that no medical interpretation, medical advice, or medical expertise will be provided by SLV HEALTH, Laboratory Director, staff or employees. No doctor-patient relationship exists between the Laboratory Director and me, the requestor of the tests. No doctor-patient relationship exists between the SLV HEALTH staff physicians and me, unless I have specifically scheduled a consultation with a physician who has agreed to accept the responsibility of a formal physician/patient relationship with me.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_