



**St. Vincent Hospital (SVH) LABORATORY PATIENT SELF-REFERRAL FOR TESTING**

To be completed by patient for Direct Access Testing (DAT).

The laboratory results of the Direct Access Testing (DAT) require additional expert interpretation and do not substitute for medical advice, diagnosis or treatment, which should be based on your physician’s professional judgment, including his/her review of your test results, the findings of physical examination, and the review of your personal and family medical history. DAT laboratory results are not sent to your physician. You are responsible for distribution of your reports to your physician and for scheduling a follow-up appointment to discuss your results with your physician.

Patient Name (Last, First, MI)			
Cell phone		Home phone	
Address		City, State Zip	
Birth date		E-mail	
Emergency contact name		Emergency contact phone	
Check box below to indicate which test is desired:			Check Here
<b>Blood Chemistry</b> <i>fasting recommended</i> (Comprehensive Metabolic Panel (CMP), Lipid, TSH, Iron, Uric Acid)			\$30.00
<b>Comprehensive Metabolic Panel (CMP)</b> <i>fasting recommended</i>			\$15.00
<b>Lipid Panel</b> <i>fasting recommended</i> (Included in Blood Chemistry, and Men’s and Women’s Health Panels)			\$19.00
<b>Thyroid Stimulating Hormone (TSH)</b> (Included in Blood Chemistry, and Men’s and Women’s Health Panels)			\$20.00
<b>Iron</b> (Serum Iron) (Included in Blood Chemistry, and Men’s and Women’s Health Panels)			\$10.00
<b>Uric Acid</b> (Included in Blood Chemistry, and Men’s and Women’s Health Panels)			\$10.00
<b>Prostate Specific Antigen (PSA)</b>			\$25.00
<b>Serum Pregnancy Test</b>			\$10.00
<b>Hemoglobin A1c (HgA1c)</b>			\$25.00
<b>PT INR</b>			\$25.00
<b>Complete Blood Count (CBC)</b> (in Men’s and Women’s Health Panels)			\$15.00
<b>Vitamin D</b>			\$40.00
<b>Blood Type (ABO/Rh)</b>			\$8.00
<b>Glucose</b> <i>fasting recommended</i>			\$10.00
<b>Free Thyroxine (Free T4)</b>			\$25.00
<b>Ferritin</b>			\$10.00
<b>Women’s Health Panel</b> <i>fasting recommended</i> (CMP, CBC, Lipid Panel, TSH, Urinalysis, Iron, Uric Acid)			\$60.00
<b>Men’s Health Panel</b> <i>fasting recommended</i> (CMP, CBC, Lipid Panel, TSH, PSA, Urinalysis, Iron, Uric Acid)			\$85.00
<b>Urinalysis</b> (in Men’s and Women’s Health Panels)			\$20.00
<b>Chlamydia / Gonorrhea (GC/CHLAM)</b>			\$75.00
<b>Rapid Strep (RSTCO)</b>			\$35.00
<b>Drug Screen</b> medical screening only not for legal processes and court orders			\$45.00

\* Diabetics should not fast. Venipuncture fee of \$3.00 charged on all blood tests.

I agree that the test/tests requested is for the purpose of providing information to myself, so I can compare my results with the laboratory's established reference ranges (so-called normal ranges). I understand that no medical interpretation, medical advice, or medical expertise will be provided by SVH, its Laboratory Director, its staff or employees. No doctor-patient relationship exists between the Laboratory Director and myself, the requestor of the tests. No doctor-patient relationship exists between the SVH staff physicians and myself, unless I have specifically scheduled a consultation with a physician who has agreed to accept the responsibility of a formal physician/patient relationship with myself.

We urge all patients requesting tests for themselves to seek, without delay, the expertise of a health-care professional skilled in the interpretation and treatment of diagnostic tests and medical conditions. It is your responsibility to seek a physician and distribute your test results to your physician.

I have read, understand and agree to the above provisions:

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

This form will be completed and returned to the hospital lab before any requested tests are performed