

## St. Vincent Health

### Direct Access Testing Consent

#### REQUEST FOR LABORATORY EVALUATION TO BE REPORTED TO PATIENT ONLY (PATIENT SELF-REFERRAL FOR TESTING)

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

The laboratory results of the Direct Access Laboratory Testing (DAT) require additional expert interpretation and do not substitute for medical advice, diagnosis or treatment, which should be based on your medical provider'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 medical provider.** You are responsible for distribution of your reports to your medical provider and for scheduling a follow-up appointment to discuss your results with your medical provider.

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Patient Name (Last, First, MI)

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Cell phone

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Home phone

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Address

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City, State

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Zip

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Birth date

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Email

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Emergency contact name

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Emergency contact phone

I agree that this test is being requested 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 SVGHD, 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 SVGHD staff medical providers and myself, unless I have specifically scheduled a consultation with a medical provider who has agreed to accept the responsibility of a formal medical provider/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 medical provider and distribute your test results to your medical provider.

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.

*See reverse side for testing menu*

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

Check box below to indicate which test is desired:	Check Here	
<b>Complete Blood Count (CBC)</b>		\$20.00
<b>Comprehensive Metabolic Panel (CMP)</b>		\$30.00
<b>Hemoglobin A1c (HgA1c)</b>		\$30.00
<b>Iron (Serum Iron)</b>		\$20.00
<b>Lipid Panel (fasting optional*)</b>		\$30.00
<b>PT/INR</b>		\$25.00
<b>Prostate Specific Antigen (PSA)</b>		\$35.00
<b>Serum Pregnancy Test</b>		\$20.00
<b>TSH</b>		\$25.00
<b>Thyroid Panel (TSH &amp; Free T4)</b>		\$50.00
<b>Uric Acid</b>		\$15.00
<b>Urinalysis</b>		\$20.00
<b>Vitamin D</b>		\$40.00
<b>General Health Screen (CBC, CMP, TSH)</b>		\$75.00
<b>Drug Screen Collection (Chain of Custody/Medical Review Officer)- Specimen Collection ONLY</b>		\$25.00
<b>Drug Screen Test - For Medical/Personal Use ONLY (Provides screening (no confirmation) for the following classes of drugs: Amphetamines, Barbiturates, Benzodiazepines, Buprenorphine, Cocaine, Methamphetamine, Methadone, Opiates, Oxycodone, PCP, Propoxyphene, Marijuana, &amp; Tricyclic Antidepressants)</b>		\$65.00

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

## SVGHD Direct Access Laboratory Testing

### Legal Information / Disclaimer and Waiver

**INFORMATIONAL NATURE OF THE TESTS:** The SVGHD Laboratory provides Direct Access Laboratory Testing (DAT), including accompanying reference ranges (expected normal ranges), for your informational purposes only. **Direct Access Laboratory Testing cannot substitute for medical advice, diagnosis or treatment. Diagnosis and treatment of human illness should be based on your medical history, including your family's medical history, and a physical examination, along with your doctor's professional judgment and review of test results.**

It is therefore important for you to discuss your test results with your personal medical provider/health care provider. Medical provider judgment must remain central to the selection of diagnostic tests and therapy options of a specific patient's medical condition. **Always seek the advice of your doctor if you have any questions, and before you stop, start or change any treatment plan, including the use of medication. If you do not have a personal medical provider, the SVGHD Laboratory Manager (719-486-7150) can assist you to the front desk to schedule an appointment with one of the SVGHD clinic providers,** so you can contact a provider for medical advice, diagnosis and treatment.

**LIMITATIONS OF LABORATORY TESTING:** Your laboratory tests are completed in a CLIA-certified laboratory, utilizing stringent quality-control standards. However, no guarantees are made with respect to accuracy, completeness, errors or omissions of content. In no event will SVGHD, its Laboratory Director, or SVGHD personnel be liable for any decision made, action taken, or action omitted, based upon the information provided through this Direct Access Laboratory Testing program. The tests provided are known to have a certain percentage of false-negative results (disease is present, but lab value is normal), and false-positive results (no disease is present, but lab value is abnormal). Therefore, whether your lab results are normal or abnormal, you should consult with your medical provider/health care provider to determine the significance of your laboratory values.

**NORMAL RESULTS:** A normal laboratory result does not exclude the presence of serious disease, such as cancer. People with cancer and other serious diseases can have normal laboratory values. Pregnant women can have negative pregnancy tests if the test is performed early in pregnancy. Up to one in four men with prostate cancer will have a normal PSA result. PSA testing should always be accompanied by a digital rectal examination, which is part of a regular examination by your personal medical provider.

**ABNORMAL RESULTS:** Abnormal laboratory results do not necessarily mean that disease is present. Many variables, including diet, exercise, medications/supplements, and inflammatory conditions can affect laboratory values. In addition, the conditions to which blood or urine is subjected during and after collection (before being tested in the laboratory) can affect laboratory values.

**LEGEND FOR INTERPRETING RESULTS ON REPORTS:** I understand that results outside the expected "normal" reference range will be indicated as letters next to the numerical value result. "H" means high value, "L" means low value, "HC" means "high critical" value, "LC" means "low critical" value.

**ROLE OF LABORATORY DIRECTOR AND LABORATORY PERSONNEL IN DIRECT ACCESS LABORATORY TESTING:**

With Direct Access Laboratory Testing, the SVGHD Laboratory Director does not receive your results and does not review your results. There is no doctor-patient relationship between the Laboratory Director and the Test Subject/Consumer requesting the tests. **The Laboratory Director will not be interpreting your results, acting on your results, or giving medical advice concerning the significance of your lab values.** Likewise, Laboratory personnel will not be interpreting your results. Results must be interpreted by your personal medical provider/health care provider.

**Your test results will only be sent to you, not to your medical provider. It is your responsibility to share the lab results with your medical provider/health care provider, and to schedule an appointment to discuss your results with your medical provider/health care provider.**

**CRITICAL VALUE RESULTS:** Certain laboratory values are considered “critical values” (or alert values). Critical value results are lab results which are considered life threatening and require urgent medical attention by a health care provider, such as your personal medical provider or an emergency room medical provider. If your test shows a “critical value,” the laboratory staff will call you to give you the critical value result, and will recommend that you contact a medical provider/health care provider immediately.

**It is your responsibility to immediately report any critical value to your health care provider, or to a nearby emergency room doctor, if you do not have a provider. The Laboratory will not be calling your doctor with any critical values obtained.**

For purposes of communicating to you any “critical results,” you are agreeing that SVGHD Laboratory may leave a voicemail message on your telephone answering machine (or cell phone), asking you to call the Lab immediately to obtain a critical result. In the event that the Lab cannot reach you by leaving voicemail for you, you are also agreeing that SVGHD Lab can call your listed “Emergency contact,” to ask them to help us notify you to call the SVGHD Lab immediately.

**MAILING OF RESULTS:** Otherwise, laboratory results will be mailed to you. **Since results will be mailed to you at your address, you accept responsibility should someone else at that address access these results. If you do not receive your results within one week, it is your responsibility to call the Laboratory Manager at 719-486-7150.**

**PRIVACY:** SVGHD respects your privacy. Personal information collected from customers will not, unless required by law, be shared with any third party. The primary reason we collect personal information is for identification purposes and to enable you to obtain your test results. We do not distribute unsolicited e-mails, nor, unless required by law, do we share the names of customers with any third party.

**SVGHD EMPLOYEE EXPOSURE POLICY:** You understand that the SVGHD Laboratory has a policy to test for viral Hepatitis and HIV (AIDS) in the event that a Lab employee sustains an accidental exposure to your blood. You are consenting to viral Hepatitis testing and HIV (AIDS) testing of your blood sample in the event of employee exposure to your blood. The results of any such testing will be shared with you.

**THIRD PARTY PAYMENT OR REIMBURSEMENT:** Direct Access Laboratory Testing may or may not be reimbursed by a health insurance company or by Medicare, Medicaid, or any other city, state or federal program. Please check with your health insurance company or with Medicare, Medicaid, or any other city, state or federal program.

**PAYMENTS:** I understand that full payment is expected at the time of specimen collection. No other billing will occur, and there is no refund option available.

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Patient Name (printed)

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Date

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Patient Signature

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Date

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Witness Signature

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Date

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Legal Guardian/Parent Name (printed)

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Date required for test subjects  
less than 18 years old

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Legal Guardian/Parent Signature

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Date required for test subjects  
less than 18 years old