



CLIENT: Idaho State University

Portneuf Medical Center Laboratory

777 Hospital Way.

Pocatello, ID. 83201

208-239-1671

Accn: _____

The laboratory tests that you are having performed today fall under a special category as follows:

1. *Cash/check payment is requested at the time of service. Insurance companies, Medicaid and Medicare will **not** accept billing for self-directed testing.*
2. *Tests will be sent to a physician if requested. Only the patient requesting the tests will be given the test results. Results will be mailed to your home address. Results will be mailed to your home address. Results: Easily access your results via MyChart. Sign up today at **Portneuf.org/mychart***
3. *Notice of privacy practices have been disclosed to me.*
4. *You are responsible to consult a physician for interpretation and care if results are abnormal.*
5. *You are responsible to contact a physician for further care if the test results are normal and symptoms continue. The lab staff cannot diagnose or treat patients.*

Initials _____

I consent to having these tests done. I have read the above statements and consent to have my blood drawn. I had an opportunity to ask questions if needed and understand their meaning.

Signature _____ Date ____/____/20____

Name _____ Phone # _____
Last First Middle

Address _____ City: _____ Zip _____

Date of Birth: ____/____/____ Gender: _____ Physician _____

TEST REQUESTED

	Test #	Cost	PLEASE CHECK THE TEST(S) DESIRED
<input type="checkbox"/> **Coronary Risk Profile (HDL, LDL, VLDL, Cholesterol and Triglycerides) Cholesterol/HDL Ratio Interpretation **12-14 hours fasting required for these tests.	(LAB18)	\$16.00	_____
<input type="checkbox"/> Comprehensive Metabolic Panel (Chemistry Profile) (Blood Sugar, Liver, Kidney, Muscle and Heart Function)	(LAB12623)	\$11.00	_____
<input type="checkbox"/> Complete Blood Count (CBC)	(LAB12089)	\$5.00	_____
<input type="checkbox"/> Thyroid Stimulating Hormone (TSH)	(LAB129)	\$11.00	_____
<input type="checkbox"/> **COMBINATION OF THE CORONARY RISK PROFILE,			
<input type="checkbox"/> CHEMISTRY PROFILE, CBC AND TSH		\$43.00	_____

****12-14 hours fasting required for these tests.**

<input type="checkbox"/> Thyroid Function Screen (Free T4)	(LAB127)	\$16.00	_____
<input type="checkbox"/> Iron	(LAB94)	\$5.00	_____
<input type="checkbox"/> Uric Acid	(LAB141)	\$5.00	_____
<input type="checkbox"/> A1c / Glycohemoglobin	(LAB90)	\$27.00	_____
<input type="checkbox"/> HIV Antibody...(gold)	(LAB13185)	\$22.00	_____
<input type="checkbox"/> Prostate Specific Antigen (PSA)	(LAB10562)	\$16.00	_____
<input type="checkbox"/> Insulin	(LAB828)	\$27.00	_____
<input type="checkbox"/> Colon Cancer Screen (Stool Specimen Card)	(LAB10523)	\$5.00	_____
<input type="checkbox"/> Vitamin D 25, Hydroxy	(LAB535)	\$18.00	_____
<input type="checkbox"/> Hepatitis C Antibody	(LAB868)	\$12.00	_____

Employee ID Number _____

TOTAL _____

Payment ___ Cash ___ Check # _____

Lab Sticker

Patient Registration Sticker