

**Laboratory Wellness Screening for
Patient-Initiated (*Direct Access*) Testing**

PLEASE REQUEST A FORM TO COMPLETE AT THE REGISTRATION AREA

Dear Patient: Please be aware that State regulatory requirements regarding patient-initiated testing do not allow us to send your lab results to your family healthcare provider. **Due to the regulatory requirements, only the provider signing below will receive lab results.** The provider signing this form may contact you regarding critical values outside of the standard range.

The laboratory tests that you are having performed today fall under a special category and are subject to the following conditions:

- Payment (*cash / personal check / credit card*) is required at the time of service.
 - Insurance companies, Medicare, and Medicaid **do not** accept billing for patient-initiated testing; therefore, Minidoka Memorial Hospital **does not bill** – or provide billing information – for patient-initiated testing.
 - A copy of your lab results will be mailed to the address you provide below.
1. (Patient Initials) A Notice of Privacy practices has been made available to me.
 2. As the patient, you are responsible to consult a physician for interpretation and care if results are abnormal.
 3. As the patient, you are responsible to consult a physician for further care if the test results are normal and symptoms continue.
 4. As the patient, you are responsible to follow-up with a medical provider for diagnosis and treatment.

ONLY THE FOLLOWING LABS ARE ALLOWED FOR PATIENT-INITIATED TESTING

**** 12-14 hour fast required for these tests. You may drink - water only - for ** tests.**

	Name of Lab Test Options	
	Complete Blood Count (<i>CBC with auto differential</i>)	
	**Comprehensive Metabolic Panel (<i>blood sugar, liver, kidney, electrolytes</i>)	
	ESR- (<i>sedimentation rate</i>)	
	Ferritin	
	**General Health Panel (<i>comprehensive metabolic panel, Lipid, CBC and TSH</i>)	
	Glycohemoglobin (A1c)	
	Hemosure-Fecal occult blood test (<i>sample collection kit</i>)	
	Iron/ IBC	
	**Lipid (<i>cholesterol HDL, LDL, VLDL, calculated risk and triglycerides</i>)	
	Pregnancy Test, Qualitative (<i>urine or serum</i>)	
	Prostate Specific Antigen (<i>PSA</i>)	
	Protime / INR	
	Thyroid Stimulating Hormone (<i>TSH</i>)	
	Thyroid- Free T4	
	Uric Acid	
	Urinalysis (<i>dipstick only</i>)	
	Vitamin D-25, Hydroxy	
	Venipuncture	

METHOD OF PAYMENT (circle one): **CASH** **PERSONAL CHECK** **CREDIT CARD** **TOTAL DUE \$ _____**