



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. 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.

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 ____/____/2022

Name _____ Phone # _____
Last First Middle

Address _____ City: _____ Zip _____
 Physician _____

Date of Birth: ____/____/____ Gender: M F Are you taking medication? Yes No

<u>TEST REQUESTED</u>	<u>Test #</u>	<u>Cost</u>	<u>PLEASE CHECK THE TEST(S) DESIRED</u>
<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	_____
**COMBINATION OF THE CORONARY RISK PROFILE, CHEMISTRY PROFILE, CBC AND TSH			
<input type="checkbox"/> BMI.....Body mass index.....		\$43.00	_____
**8-10 hours fasting recommended 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	_____

TOTAL _____

Payment ___ Cash ___ Check # _____

Sign up now to access your results online at Portneuf.org/mychart

