



QUICK LAB

Name _____ Date of Birth _____

Address: _____ City, _____ State _____ zip _____

Phone: _____ SS# _____ - _____ - _____ Male _____ Female _____

Tests ordered: _____

CONSENT AND DISCLAIMER

By signing below I understand that I have requested the specific lab test(s) listed above. Lab results from Middle Park Health Quick Lab are for informational purposes only and are not a substitute for medical advice, diagnosis or treatment. I am aware that I should consult a physician. Quick Lab and its employees will not interpret the results for me. I also understand that results within the reference (normal) range do not ensure health and that results that fall outside the reference range may not indicate disease. I understand that lab tests are not a substitute for a full medical evaluation.

I will not hold Middle Park Health Quick Lab, its officers, directors and employees, its affiliates, program sponsors and agents, including the owners/operators of this facility, or its parent company, their officers, directors and employees liable for any outcomes which may result from my participation in this testing option.

I understand that participation in the quick lab program will register my PHI into the MPH database. If I have requested that my results be mailed to me at the address listed above, I retain all responsibility should someone else at that address access the results. If I request that my results be transmitted to a third party, the request must be in writing, signed by me, and must clearly identify the designated party and where/how to deliver the results.

I understand that "critical" on the reports means a critical value which could mean a life threatening condition, and that in this case I should immediately contact a physician or the emergency room. I understand that "high" means an abnormally high value, and that "low" means an abnormally low value, and that I should contact a physician if I have a lab result that is high or low. Even if all results are normal, Middle Park Health Quick Lab recommends you consult with a physician to discuss your test results as part of a complete medical examination.

I would like my results released to my provider: _____

Fax: _____

I understand that I am expected to pay in full at the time of service, that no other billing will occur, and that there is no refund option available. If I am eligible to receive Medicare benefits, I am aware that Medicare does not cover this service and I am fully responsible for payment at this time.

Signature

Date

Witness

Date

QUICK LAB ORDER FORM

Alcohol – Blood	_____	\$26.00
Alcohol – Breath	_____	\$35.00
Basic Metabolic Panel (BMP)	_____	\$20.00
Blood Type (ABO, Rh)	_____	\$10.00
Complete Blood Count NO MANUAL DIFF	_____	\$10.00
Complete Metabolic Panel (CMP)	_____	\$60.00
Diabetes Screen (fasting glucose)	_____	\$20.00
Hemoglobin A1C (Diabetes compliance)	_____	\$35.00
Lipid Panel (must be fasting 8-12 hours)	_____	\$21.00
Liver Panel (Hepatic)	_____	\$40.00
Pregnancy Test (urine or serum)	_____	\$12.00
Prostate Specific Antigen (PSA)	_____	\$28.00
Thyroid Stimulating Hormone (TSH)	_____	\$26.00
Urinalysis NO MICRO	_____	\$20.00
Urine Drug Screen (Clinical-Biorad Tox-See)	_____	\$52.00
Urine Drug screen (Chain of Custody)	_____	\$35.00
Urine Drug Screen (MPMC Chain of Custody)	_____	\$70.00
Breath alcohol (Chain of custody)	_____	\$45.00
Blood Draw <u><i>ALL BLOOD TESTS INCLUDE A VENIPUNCTURE FEE</i></u>	_____	\$5.00

MRN# _____

Total collected _____

Received by: _____

Results can be viewed on my chart app or a hard copy can be picked up.

Date/Time specimen collected: _____ Phlebotomist Initials _____

**Quick Lab Hours
Tuesday and Thursday
8am – 1:00pm**