



**Clinical Laboratory - Patient Authorized Direct Access Testing**

|                           |            |                |               |               |
|---------------------------|------------|----------------|---------------|---------------|
| Participant's Last Name   | Legal Name | MI             | Date of Birth | Sex           |
| M F                       |            |                |               |               |
| Address                   | City       | State          | Zip           | Email Address |
|                           |            |                |               |               |
| Phone #                   | Cell #     | Marital Status | Race          | Ethnicity     |
| Emergency Contact         |            | Phone #        | Relationship  |               |
| Emergency Contact Address |            |                |               |               |

- I hereby request and grant permission to Mercer Health Laboratory to perform certain screening tests as set forth below, which may include obtaining specimens by venipuncture or finger stick. I request and authorize Mercer Health Laboratory to obtain these screening results and **mail them to me at the above address.**
- I also understand that this **testing should NOT be used as the only means to diagnose the existence or absence of any medical condition.** I understand that the Laboratory test results may be normal in presence of certain disease states. I understand that I alone am responsible for obtaining medical information or services from a doctor or other qualified health care provider.
- I understand that it is **my responsibility to send or share this information with my personal physician**, Mercer Health Laboratory is not proposing diagnosis or recommending medical treatment, but is merely acting as a resource to provide this additional, medical information. I understand that should I become ill, have any complaints, or have any questions regarding my health; it is my responsibility to contact my physician.
- I understand that these test results **will be included in the complete medical record** chart kept at Mercer Health and may be viewable by my health care provider.
- I am releasing all agents, employees, and volunteer personnel involved in this health screening from any and all liability for the results of the testing/screening or any treatment I may receive from a physician of my choice based upon the information provided by this program.
- **I understand that up to 25% of prostate cancers will be missed by a PSA screening only.** PSA testing **should be accompanied by a digital rectal examination**, which is only part of a regular examination. It is **highly recommended that you see your personal physician for this service.**
- I understand that because the tests are not ordered by a physician, **insurance companies routinely do not cover the tests.** I understand that Mercer Health will NOT submit these tests for insurance reimbursement.
- I understand the results of the **COVID 19 (SARS-CoV2) antibody, IgG** test will be reported to the appropriate state Department of Health where the patient resides in accordance with Infectious Disease Reporting guidelines
- I understand that Mercer Health has a policy in place to test patients and participants of this testing program for Hepatitis and Human Immunodeficiency Virus, in the event an employee sustains an exposure to a patient's or participant's blood or body fluid specimen. In the event of such exposure, I hereby consent to such testing by Mercer Health; the results of which will also be provided to me.

I have read, understand and agree to the above provisions:

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

(Legal Guardian signature if Participant is under 18 years of age)

|   |  |
|---|--|
| _____ \$45.00 <b>Comprehensive Metabolic Panel (CMP)</b> (CPT 80053)                    | _____ \$25.00 <b>Lipid Profile</b> ( CPT 80061)                          |
| _____ \$30.00 <b>Basic Metabolic Panel (BMP)</b> (CPT 80048) <i>all included in CMP</i> | _____ \$45.00 <b>PSA Screen</b> (CPT G0103)                              |
| _____ \$35.00 <b>Kidney Panel</b> (CPT 80069) <i>some tests included in CMP</i>         | _____ \$25.00 <b>Hemoglobin A1C</b> (CPT 83036)                          |
| _____ \$35.00 <b>Liver Panel</b> (CPT 80076) <i>some tests included in CMP</i>          | _____ \$15.00 <b>ABO/Rh</b> (CPT 86900; 86901)                           |
| _____ \$50.00 <b>Thyroid Panel</b> includes TSH and free T4(CPT 84443; 84439)           | _____ \$20.00 <b>CBC with diff</b> (CPT auto:85025)                      |
| _____ \$25.00 <b>TSH</b> (CPT 84443)  | _____ \$15.00 <b>Cholesterol</b> (CPT82465) <i>inc. in Lipid Profile</i> |
| _____ \$15.00 <b>Glucose</b> (CPT 82947) <i>inc. in CMP, BMP, Kidney panel</i>          | _____ \$40.00 <b>Vitamin D</b> (CPT 82306)                               |
| _____ \$15.00 <b>Potassium</b> (CPT 84132) <i>inc. in CMP, BMP, Kidney panel</i>        | _____ \$30.00 <b>Testosterone, Total</b> (CPT 84403)                     |
| _____ \$25.00 <b>High sensitivity CRP</b> (CRP-hs) (CPT 86141)                          | _____ \$65.00 <b>COVID 19 (SARS-CoV2) antibody, IgG</b> (CPT 86769)      |
| \$ _____ Total Due      Paid: Cash _____ Check # _____ Credit Card _____ Rec'd by _____ |  |

\*\*Checks Payable to Mercer Health

Tax ID# 34-1101385

|   |                 |     |                 |   |                  |
|---|-----------------|-----|-----------------|---|------------------|
| LAB USE: Location: Hospital /COMC/ CPH/STH-FTR/SL ( circle one) | Collection Date | / / | Collection Time | : | Phleb. Initials: |
|---|-----------------|-----|-----------------|---|------------------|

**COVID-19 IGG Testing:** This test should only be used to detect exposure to the SARS-CoV-2 virus that causes COVID-19. It is not suitable for diagnosis of an active infection. It is unknown at this time if a positive antibody test confirms any level of immunity against Covid-19, and patients with antibodies may still be able to spread the disease. A negative result may mean the patient has not been exposed, has been exposed but has not yet formed antibodies, or is unable to form antibodies due to immunosuppression.