

Laboratory Services
Direct Access Testing
Available Monday-Friday 8 AM-5 PM



Customer Information (Please Print)			DISCLAIMER
Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Last First MI </div> DOB _____ Sex M / F <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Month Day Year </div> Home Phone _____ Work Phone _____ Cell Phone _____ Address _____ City/State/Zip _____			<p>I HAVE READ AND UNDERSTAND THE FOLLOWING INFORMATION:</p> <ul style="list-style-type: none"> Anyone under the age of 18 must be accompanied by a parent or guardian. Tests are being performed at my request. Results will not be forwarded to my provider. Copies of my record will not be retained at Cumberland Healthcare Lab. Any critical/urgent values will be given to the "on-call" physician at Cumberland Healthcare. Positive results of Chlamydia/GC, HIV or Syphilis tests will be reported to the State of Wisconsin. HIV testing requires a signed consent form.
Results will be sent to the above address. A letter explaining test information will accompany your results.			
Quantity	Test Menu	Charge	
	Basic Metabolic Profile (includes BUN, calcium, chloride, CO2, creatinine, glucose, potassium, sodium) 8 hour fasting	\$25	
	Blood Glucose 8 hour fast required for best results	\$10	
	Blood Type (ABO/Rh)	\$20	
	Chlamydia/GC Urine Test	\$65	
	Complete Blood Count (CBC)	\$20	
	Glucose (*8 hour fasting)	\$10	
	Hemoglobin	\$15	
	Hemoglobin A1C	\$20	
	HIV Test	\$55	
	Lipid Screening (includes cholesterol triglycerides, HDL and calculated LDL) 12 Hour fast required for best results.	\$20	
	Lipid Medication Monitor Panel (includes lipid screen, ALT, AST) 12 hour fast required for best results	\$25	
	Microalbumin	\$30	
	Pregnancy Test (urine)	\$10	
	PSA	\$40	
	Syphilis Screen	\$40	
	TSH	\$30	
	Urinalysis	\$20	
	Vitamin D	\$35	
	TOTAL	\$	
			<hr/> Signature of Customer or Parent/ Guardian <hr/> Date <div style="background-color: #e0e0e0; padding: 2px; text-align: center; font-weight: bold;">THIS SECTION FOR LAB USE ONLY</div> Notes: Payment Method: <input type="checkbox"/> \$ _____ Cash <input type="checkbox"/> \$ _____ Check# _____ <input type="checkbox"/> \$ _____ Credit Card Make checks payable to: Cumberland Healthcare Total:\$ _____ Received by: _____