Laboratory Services

Direct Access Testing

Available Monday-Friday 8 AM-4 PM by appointment
(Excludes Holidays) 715-822-7500

CUMBERLAND HEALTHCARE

Customer Information (Please Print)

Name _____
Last First MI

DOB _____ Sex M / F
Month Day Year

Phone_____

Address_____

City/State/Zip_____

Results will be sent to the above address. A letter explaining test information will accompany your results.

Quantity	Test Menu	Charge
	Basic Metabolic Profile (BMP) (includes BUN, calcium, chloride, CO2, creatinine, glucose, potassium, sodium) 8 hour fasting	$25
	Blood Type (ABO/Rh)	$20
	Complete Blood Count (CBC)	$20
	Hemoglobin A1C	$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
	TSH	$30
	Vitamin D	$35
	Kit Draw/Processing	$50
	TOTAL	$

DISCLAIMER

I HAVE READ AND UNDERSTAND THE FOLLOWING INFORMATION:

- 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.
- **Once testing is completed, results will be mailed to the listed address. If electronic results are preferred, a patient portal account should be requested to the Patient Access Representative.**
- Any critical/urgent values will be given to the "on-call" physician at Cumberland Healthcare.
- Pricing is subject to change without notice.

_____
Signature of Customer or Parent/ Guardian

_____
Date

THIS SECTION FOR LAB USE ONLY

Notes:

Payment Method:

☐ $_____Cash

☐ $ _____Check#_____

☐ $ _____Credit Card

Make checks payable to: Cumberland Healthcare

Total:$_____
Received by:_____