



Laboratory Services

Direct Access Testing

Available Monday-Friday 7:30 AM-4 PM by appointment

Patient Label

Customer Information (Please Print)

Name _____

Last First MI

DOB _____ Sex M / F

Month Day Year

Phone _____

Address _____

City/State/Zip _____

I would like my results mailed to the address above.

A letter explaining test information will accompany your results.

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.
- **Once testing is complete, results will be sent to your patient portal. A Patient Access Representative can assist with portal set up.**
- Any critical/urgent values will be given to the "on-call" physician at Cumberland Healthcare.
- Pricing is subject to change without notice.
- Any kit draw that needs to be sent out same day needs to be completed in our Cumberland location.

Quantity Test Menu Charge

Blood Tests

	Basic Metabolic Profile (BMP) (includes BUN, calcium, chloride, CO2, creatinine, glucose, potassium, sodium) 8 hour fasting	\$30
	Blood Type (ABO/Rh)	\$30
	Complete Blood Count (CBC)	\$30
	Hemoglobin A1C	\$25
	Lipid Medication Monitor Panel (includes ALT, AST, Cholesterol, LDL, HDL, Triglycerides) 12 hour fast required for best results	\$35
	PSA	\$45
	TSH	\$35
	Vitamin D	\$40
	External Kit Prep/Processing	\$75
1	Blood Draw Fee	\$5
	Blood Tests Sub Total	\$

Urine Tests

	Urine Microalbumin	\$30
	Pregnancy Test (urine)	\$15
	Urine Tests Sub Total	\$
	TOTAL	\$

Signature of Customer or Parent/
Guardian

Date:

Payment Method:

\$ _____ Cash

\$ _____ Check# _____

\$ _____ Credit Card

**Make checks payable to:
Cumberland Healthcare**

Total: \$ _____

Received by: _____

