

MILLE LACS HEALTH SYSTEM LABORATORY – DIRECT ACCESS TESTING

ACCOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_ (PLEASE PRINT)

Name (L,F,M):			
Date of Birth:			
Address			
City, State and Zip	City:	State:	Zip:
Phone:	( ) ( - )		
<b>**Patient Signature**</b>			

Check Box:	Tests	Charge
	Alcohol	\$35.00
	Blood Type (ABO/Rh)	\$25.00
	BMP (Glu,BUN, Creat, Na,K,Cl,CO2, Ca) ***	\$25.00
	CBC	\$20.00
	Cholesterol ***	\$10.00
	Glucose ***	\$10.00
	Hemoglobin/Hematocrit	\$15.00
	Urine Microalbumin	\$20.00
	Liver Panel	\$25.00
	PSA	\$35.00
	Quantiferon (TB test)	\$50.00
	Hemoglobin A1C/Glycosolated Hemoglobin ***	\$25.00
	Lipid ***	\$30.00
	SGOT (Liver)	\$10.00
	TSH ***	\$35.00
	Vitamin D	\$35.00
<b>Total:</b>		

Check this box if you are a MLHS patient and would like your results posted in your chart.

- A physician’s order is not required for these tests.
- Tests are available Monday – Friday from 07:00 – 04:00pm.
- Please call to make a DIRECT ACCESS LAB appointment at 320-532-3154, option 1
- A parent or guardian must accompany anyone under age 18.
- You must pay for all tests with either cash or check at the time of the test. Your insurance will not be billed.**
- A Clinical Laboratory Scientist will review and notify you of critical test results. All other tests will be sent directly to you.
- Testing is performed by Mille Lacs Health System Laboratory services, licensed and accredited by state and federal agencies, ensuring accurate and precise results.
- You are encouraged to share your results with your Health Care Provider. **The results will NOT go in your Medical Record chart.** The Direct Access Testing is not meant as a substitute for regular medical care.
- For additional test information, go to: [www.LabTestsOnline.org](http://www.LabTestsOnline.org)
- \*\*\*Fasting specimens are recommended for the above tests. To decrease the chance for dehydration, drinking water is recommended during the fasting period. NPO after midnight or 8-10 hours before sample is taken.
- Questions??? Call us at 320-532-2503.

Payment received (Circle):    Check    Cash    CC    HSA

MLHS SIGNATURE: \_\_\_\_\_