



Reference Laboratories

Customer Service: 651-232-3500

Available: 8:00am – 4:00pm Mon – Fri, No Holiday Service

Client Submitter ID: 1230002822

Client Name: Express Lab

Please Print –LAST NAME		Please Print –FIRST NAME		DOB: (MM-DD-YYYY)	GENDER – CIRCLE ONE
					M F
STREET ADDRESS			CITY, STATE, ZIP		
EMAIL ADDRESS (optional for receipt)			PHONE #		

LABORATORY USE ONLY

COLLECT DATE	COLLECT TIME	COLLECTED BY

I have read the following and understand:

- A physician's order is **not** required for direct access laboratory testing.
- If I am ill, I should contact my primary care physician for immediate medical care.
- Only the laboratory tests listed on this form are available.
- Payment is required for laboratory testing before the laboratory test samples are collected. * Only card payments accepted. * M Health Fairview Laboratories will not file health insurance or Medicare/Medicaid claims for Express Lab testing. **Express Lab testing is out of pocket – This testing cannot be submitted for insurance claim or reimbursement.**
- Anyone under the age of 18 must be accompanied by a parent or legal guardian and consent to the testing.
- Laboratory test results will be mailed directly to me at the above address in 5-7 business days.
- Reference ranges are included with the laboratory test results to assist me in interpreting them or I can contact my primary care physician or go to www.labtestsonline.org for additional information.
- M Health Fairview pathologist may review abnormal results as necessary. I will be contacted by phone in the event of a critical result. **It is my responsibility to inform my primary care physician about abnormal or critical test results that may require immediate medical care.**
- M Health Fairview Laboratories will not forward direct access laboratory test results to my physician or provide access to test results to anyone other than me.
- As required by state law any positive Chlamydia, N. Gonorrhea (GC) or HIV test results will be reported to the Minnesota Department of Health.
- I have received a copy of M Health Fairview's Notice of Privacy Practices.
- I consent to laboratory testing as detailed above.

TEST DESCRIPTION		PRICE
LAB46	Ethyl Alcohol Level	\$36.00
LAB132	ALT (a liver function test)	\$20.00
LAB895	Blood Type (ABO and Rh)	\$22.00
LAB3640	BNP (B Natriuretic Peptide)	\$117.00
LAB293	Complete Blood Count with Diff	\$28.00
LAB15	BASIC METABOLIC PROFILE	\$30.00
LAB17	Comprehensive Metabolic Panel	\$38.00
LAB60	Cholesterol	\$17.00
LAB260	Chlamydia PCR	\$107.00
LAB66	Creatinine	\$19.00
LAB4516	CRP, Cardiac Risk	\$47.00
LAB523	Estradiol (Estrogen)	\$85.00
LAB68	Ferritin	\$49.00
LAB3502	Glucose (fasting)	\$15.00
LAB3497	Gonorrhea (GC)	\$107.00
LAB101	HDL	\$29.00
LAB291	Hemoglobin	\$10.00
LAB90	Hemoglobin A1c (glycated)	\$34.00
LAB868	Hepatitis C Antibody	\$51.00
LAB6327	HIV Antigen/Antibody	\$84.00
LAB3520	Homocysteine	\$59.00
LAB94	Iron	\$24.00
LAB18	Lipid Panel	\$48.00
LAB114	Potassium	\$18.00
LAB144	Pregnancy	\$27.00
LAB4571	Pregnancy	\$25.00
LAB3572	Prothrombin Time	\$15.00
LAB3695	Prostate Specific Antigen	\$65.00
LAB3766	Testosterone Total	\$27.00
LAB129	TSH	\$59.00
LAB3806	Urinalysis with Microscopic	\$13.00
LAB67	Vitamin B12	\$53.00
LAB535	Vitamin D	\$101.00
LAB7085	Chlamydia/Gonorrhea by PCR	\$214.00
LAB8344	COVID-19 SPIKE ABY	\$105.00

X

 SIGNATURE OF CUSTOMER OR LEGAL GUARDIAN DATE

If you haven't received your test results within 7 business days, please reach out to The Laboratory Solution Center at 651-232-3500 to confirm your mailing address. You must have your **requisition number** available at the time of the call. The Laboratory Solution Center is available Monday – Friday 8am – 4:30pm (no holiday service).

REQUISITION NUMBER: _____

LABORATORY USE ONLY

TOTAL AMOUNT COLLECTED \$ _____



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					M F
STREET ADDRESS			CITY, STATE, ZIP		
EMAIL ADDRESS (optional for receipt)			PHONE #		
TOTAL NUMBER OF KITS TO COLLECT		KIT PERFORMING LABORATORY			

I have read the following and understand:

- If I am ill, I should contact my primary care physician for immediate medical care.
- Processing and collection fees must be paid prior to collection. * Only card payments are accepted. * M Health Fairview Laboratories will not file health insurance or Medicare/Medicaid claims for Express Lab testing. **Kit Processing is out of pocket – this cannot be submitted for insurance claim or reimbursement.**
- Anyone under the age of 18 must be accompanied by a parent or legal guardian and consent to the testing.
- I have received a copy of M Health Fairview's Notice of Privacy Practices.

X

SIGNATURE OF CUSTOMER OR LEGAL GUARDIAN

DATE

LABORATORY USE ONLY

COLLECT DATE	COLLECT TIME	COLLECTED BY
LAB8422	XKITC - Order External Kit Charge (Lab Use Only)	Processing Only \$16: Order only when Order Inquiry collection for provider ordered work is performed in same collection Venipuncture Only \$20: No centrifuge/spin and aliquot instructions Venipuncture and Processing \$33: Centrifuge/spin and aliquot required Venipuncture and Dry Ice Processing \$65: Shipping on dry ice required
TOTAL AMOUNT COLLECTED \$ _____		

