

Decatur Health
 810 West Columbia
 Oberlin, KS 67749
 Phone: (785) 475-2208

Laboratory Direct Access Testing Requisition

Name:	Date:
Mailing Address:	
City, State, Zip Code:	
Phone:	Date of Birth:
Primary Provider:	Clinic Location:

Please put an X next to all the tests you wish to be performed

	Test	Fee		Test	Fee
	DAT CBC	\$20.00		DAT Hgb A1C	\$25.00
	DAT CMP	\$25.00		DAT Urinalysis	\$15.00
	DAT Lipid Panel (fasting)	\$25.00		DAT Urine Pregnancy Test	\$15.00
	DAT PT/INR	\$20.00		DAT Strep Screen	\$20.00
	DAT Glucose	\$20.00		DAT Mono Screen	\$20.00
	DAT TSH (Thyroid)	\$20.00		DAT Blood Type and Rh	\$25.00
	DAT Free T4 (Thyroid)	\$20.00		DAT Urine Drug Screen	\$45.00
	DAT PSA	\$35.00		DAT Influenzae Screen	\$25.00
	DAT Cancer Screen (occult x3)	\$ 5.00		DAT Blood Alcohol	\$20.00
	DAT Uric Acid	\$10.00			
Subtotal				Subtotal	
				Total	
Payment Method:		<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit	
				Amount Received	
				Change	

PARTICIPANT INFORMED CONSENT

I understand that Decatur Health Systems disclaims any liability for any costs, injuries, actions, or damages suffered by an individual, no matter what their relationship, as a result of participation in the Laboratory Direct Access Testing. Participation in the Laboratory Direct Access Testing is strictly voluntary, and any injuries suffered in conjunction with such participation shall not be subject to reimbursement under any applicable law.

I agree to participate in the Laboratory Direct Access Testing indicated above, and further agree to release Decatur Health Systems and any other person associated with these tests from any liability whatsoever in connection with testing procedures, or any other aspect of this screening.

I understand that the results of these tests will be mailed directly to me. Critical laboratory test values will be promptly called to me in accordance with Decatur Health Systems laboratory policy. I understand it is my responsibility to contact my healthcare provider regarding these results, if I so choose.

I understand that these tests are for screening purposes only, and the results are preliminary and should in no way be considered conclusive. Moreover, by providing these results, Decatur Health Systems is not giving medical advice. For a better understanding of the results of these tests, for more conclusive measurements, and for any medical advice and treatment, I understand that it is my responsibility to contact my personal healthcare provider.

Any minors under 18 years of age must have his or her legal guardian sign this consent.

Signature of participant