



Mercer Health

800 W. Main St. ~ Coldwater, OH 45828

Clinical Laboratory – Self Directed Laboratory Testing Program

Participant's Last Name	Legal Name	MI	Date of Birth	Sex	M	F
Address	City	State	ZIP	Telephone #		

- I hereby request and grant permission to Mercer Health Laboratory to perform certain screening tests as set forth below, which may include obtaining specimens by venipuncture or fingerstick. I request and authorize Mercer Health Laboratory to obtain these screening results and **mail them to me at the above address.**
- I also understand that this **testing should NOT be used as the only means to diagnose the existence or absence of any medical condition.** I understand that Laboratory test results may be normal in presence of certain disease states. I understand that I alone am responsible for obtaining medical information or services from a doctor or other qualified health care provider.
- I understand that it is **my responsibility to send or share this information with my personal physician.** Mercer Health Laboratory is not proposing diagnosis or recommending medical treatment, but is merely acting as a resource to provide this additional medical information. I understand that should I become ill, have any complaints, or have any questions regarding my health; it is my responsibility to contact my physician.
- I understand that these test results **will NOT be included in the complete medical record** chart kept at Mercer Health nor will they be available to any health care provider unless I release a copy to them.
- I am releasing all agents, employees and volunteer personnel involved in this health screening from any and all liability for the results of the testing/screening or any treatment I may receive from a physician of my choice based upon the information provided by this program.
- **I understand that up to 25% of prostate cancers will be missed by PSA screening only.** PSA testing **should be accompanied by a digital rectal examination,** which is only part of a regular examination. It is **highly recommended that you see your personal physician for this service.**
- I understand that because the tests are not ordered by a physician, **insurance companies routinely do not cover** these tests. I understand that Mercer Health will NOT submit these test for insurance reimbursement.
- I understand that Mercer Health has a policy in place to test patients and participants of this testing program for Hepatitis and Human Immunodeficiency Virus, in the event an employee sustains an exposure to a patient's or participant's blood or body fluid specimen. In the event of such exposure, I hereby consent to such testing by Mercer Health; the results of which will also be provided to me.

I have read, understand and agree to the above provisions:

Participant Signature _____ Date _____

(Legal Guardian signature if Participant is under 18 years of age)

- | | |
|---|---|
| <input type="checkbox"/> \$45.00 Comprehensive Metabolic Panel (CMP) (CPT 80053) | <input type="checkbox"/> \$25.00 Lipid Profile (CPT 80061) |
| <input type="checkbox"/> \$30.00 Basic Metabolic Panel (BMP) (CPT 80048) <i>all included in CMP</i> | <input type="checkbox"/> \$45.00 PSA Screen (CPT G0103) |
| <input type="checkbox"/> \$40.00 Kidney Panel (CPT 80069) <i>some tests included in CMP</i> | <input type="checkbox"/> \$25.00 Hemoglobin A1C (CPT 83036) |
| <input type="checkbox"/> \$35.00 Liver Panel (CPT 80076) <i>some tests included in CMP</i> | <input type="checkbox"/> \$20.00 ABO/Rh (CPT 86900; 86901) |
| <input type="checkbox"/> \$50.00 Thyroid Panel (CPT 84443; 84439) | <input type="checkbox"/> \$25.00 CBC with diff (CPT auto:85025;man:85007) |
| <input type="checkbox"/> \$15.00 Glucose (CPT 82947) <i>inc. in CMP, BMP, Kidney panel</i> | <input type="checkbox"/> \$15.00 Cholesterol (CPT 82465) <i>inc. in Lipid Profile</i> |
| <input type="checkbox"/> \$15.00 Potassium (CPT 84132) <i>inc. in CMP, BMP, Kidney panel</i> | |

\$ _____ Total due Paid: Cash _____ Check# _____ Rec'd by _____

****Checks payable to Mercer Health**

LAB USE	Collection Date	/	/	Collection Time	:	Phlebotomist initials
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