



# Chase County Community Hospital

600 West 12<sup>th</sup> Street, Imperial, NE 69033 - (308) 882-7111

## DIRECT ACCESS TESTING REQUISITION

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_M \_\_\_\_\_F

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

WELLNESS PANELS	PRICE	PLEASE CHECK which tests you are requesting
<b>General Health Panel</b> – Includes General Chemistry, Uric Acid, Lipid Panel, CBC, and TSH *See individual test descriptions below	\$75	
INDIVIDUAL TESTS	PRICE	
* <b>General Chemistry</b> – 14-test panel which measures blood sugar, electrolytes, proteins, and overall kidney and liver function as well as uric acid	\$25	
* <b>Lipid Panel</b> – Triglycerides (fats and fatty substances), Cholesterol, HDL (good cholesterol), LDL (bad cholesterol) <b>*Please fast for 12-14 hours prior to test</b>	\$25	
* <b>CBC</b> – (Complete Blood Count)— Provides information about the types and amounts of cells in the blood, including WBC (white blood cell), RBC (red blood cell), HGB (hemoglobin), HCT (hematocrit), platelet	\$20	
* <b>TSH</b> – (Thyroid Stimulating Hormone) Used to evaluate thyroid gland function and monitor thyroid replacement therapy	\$25	
<b>Hemoglobin A1c</b> – Used to diagnose diabetes and monitor blood sugar control in diabetic patients	\$25	
<b>PSA Screening</b> – Prostate cancer screening, males only	\$25	
<b>Vitamin D</b> – Used to evaluate bone health	\$60	
<b>Blood Type</b> – ABO, Rh	\$25	
RADIOLOGY TESTS	PRICE	
<b>Body Composition</b> – Identifies lean muscle mass, bone and percentage of body fat	\$40	
Payment: Cash _____ Check _____ Credit _____	<b>TOTAL COST</b>	

\_\_\_\_\_ Please mail my results to the address listed above

\_\_\_\_\_ I will pick up my results at CCCH within 3 days

\_\_\_\_\_ I give permission to \_\_\_\_\_ to pick up/receive my results

### PARTICIPANT INFORMED CONSENT

- I understand that because these test results have not been ordered as a result of my personal medical condition, they are not considered a "covered service" for purposes of insurance, and that it will be my personal responsibility to pay for this testing.
- I also understand that the test results will not be maintained under my medical record number, and that the only copy will be mailed to me at the above address. **Copies are not kept in my medical record unless I make an appointment with my family provider and take a copy with me to my appointment. Results are only available at CCCH for 30 days past the date of testing.**
- I understand that no medical professional will review my test results and that the hospital will take no action based on the results.

\_\_\_\_\_  
Signature of participant or participant's personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Relationship to participant if signed by personal representative