

Lima Memorial Health System Direct Access Laboratory Testing Program

1001 Bellefontaine Ave.
Lima, Ohio 45804

Last Name (please print)	First	MI	Sex	DOB	Phone
Address			City		State
Zip					
Email					

Consent for Testing

- I am 18 years of age or older (or I am the parent or guardian of the above named patient) and willingly consent to have my blood drawn for the purpose of testing by Lima Memorial Laboratory.
 - Lima Memorial Health System Laboratory will attempt to contact patient with any questions or critical laboratory values, which may indicate serious medical conditions in need of immediate care.
 - A Lima Memorial lab test result is not a medical diagnosis, a treatment or form of medical advice. I understand I am solely responsible for promptly talking with a provider about my lab test results. I understand that only my physician can interpret my test results.
 - I understand that Lima Memorial Direct Access testing does not replace the advice and care of my physician.
 - I release and hold harmless Lima Memorial Health System and its personnel from any responsibility for my own health care needs and from any liability from health consequences, which may occur or arise from my participation in and services rendered by this testing.
 - I understand that these test results will be included in my complete medical record chart kept at Lima Memorial and may be viewable by my health care provider.
 - I understand that Lima Memorial must act in accordance with Infectious Disease Reporting guidelines and release any required results to the appropriate state Department of Health, as applicable.
 - I understand that because the tests are not ordered by a physician, **insurance companies routinely do not cover the tests**. I understand that Lima Memorial Health System will NOT submit these tests for insurance reimbursement.
 - I understand that full payment is due at the time of service.
- 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"/> Alanine Amino Transferase (ALT) \$15	<input type="checkbox"/> TSH \$35	<input type="checkbox"/> General Health Screen (GHS) \$50 <small>(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count)</small>
<input type="checkbox"/> Albumin \$15	<input type="checkbox"/> Urea Nitrogen \$15	
<input type="checkbox"/> Alkaline Phosphatase \$15	<input type="checkbox"/> Uric Acid \$15	
<input type="checkbox"/> Aspartate Amino Transferase (AST) \$15	<input type="checkbox"/> Vitamin D, 25 Hydroxy \$45	<input type="checkbox"/> Men's Health Screen (MHS) \$80 <small>(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, HA1C, Testosterone, Prostate Specific Antigen Screen)</small>
<input type="checkbox"/> Bilirubin, Total \$15	<input type="checkbox"/> 12-LEAD EKG Panels \$50	
<input type="checkbox"/> Blood Type, ABORH \$20	<input type="checkbox"/> Allergen Panel, Northwest Ohio (MRAST) \$100	<input type="checkbox"/> Women's Health Screen (WHS) \$80 <small>(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, HA1C, Vitamin D, TSH)</small>
<input type="checkbox"/> Calcium \$15	<input type="checkbox"/> D. farinae Elm Cat dander Common Ragweed Dog dander June Grass Bermuda Grass English Plantain Alternaria alternata IgE. Total Oak	<input type="checkbox"/> Kidney Health Panel (RENF) \$40
<input type="checkbox"/> Carbon Dioxide \$15	<input type="checkbox"/> Allergen Panel, Comprehensive Food (FOOD) \$200	<input type="checkbox"/> Diabetes Screening (HAIC) \$40
<input type="checkbox"/> CBC \$30	<input type="checkbox"/> Almond Egg Yolk Scallops Baker's Yeast Garlic Sesame Banana Green Pea Shrimp Beef Hazelnut Soybean Brazil Nut Milk Strawberry Cacao (Chocolate) Mustard Tomato Cashew Nut Orange Tuna Chicken Peanut Walnut-Food Cinnamon Pecan Nut Wheat Codfish Pork White Potato Corn-Food Rice IgE. Total Egg White Gliadin	<input type="checkbox"/> Liver Health Panel (HEP) \$40
<input type="checkbox"/> Chloride \$15		<input type="checkbox"/> Heart Health Panel (LIPR) \$40
<input type="checkbox"/> Cholesterol, Total \$15		<input type="checkbox"/> Basic Metabolic Panel (BMP) \$35
<input type="checkbox"/> COVID-19 IgG Antibody \$60		<input type="checkbox"/> Complete Metabolic Panel (CMP) \$45
<input type="checkbox"/> COVID-19 PCR, Travel \$90		<input type="checkbox"/> Electrolyte Panel (LYTE) \$30
<input type="checkbox"/> C-Reactive Protein (CRP) \$25		<input type="checkbox"/> Inflammation Panel (DATINF) \$30
<input type="checkbox"/> Creatinine \$15	<input type="checkbox"/> Allergen Panel, Child (CHILDP) \$150	
<input type="checkbox"/> ESR \$15	<input type="checkbox"/> D. pteronyssinus Egg White D. farinae Egg Yolk Cat dander Milk Dog dander Peanut Mouse Urine Shrimp Cockroach Soybean Cladosporium herbarum Walnut-Food Alternaria alternata Wheat Codfish IgE. Total	
<input type="checkbox"/> Ferritin \$35		
<input type="checkbox"/> Free T4 (FT4) \$20		
<input type="checkbox"/> Glucose \$15		
<input type="checkbox"/> Hepatitis C Virus (HCV) \$40		
<input type="checkbox"/> Hemoglobin & Hematocrit \$10		
<input type="checkbox"/> Iron \$15		
<input type="checkbox"/> Magnesium \$15		
<input type="checkbox"/> Phosphorus \$15		
<input type="checkbox"/> Prostate Specific Antigen Screen \$45		
<input type="checkbox"/> Potassium \$15		
<input type="checkbox"/> Protein, Total \$15		
<input type="checkbox"/> Serum Pregnancy \$10		
<input type="checkbox"/> Sodium \$10		
<input type="checkbox"/> Testosterone, Total \$40	<input type="checkbox"/> Respiratory Panel by PCR \$150	
<input type="checkbox"/> Triglycerides \$15		

\$ _____ Total Due

Paid
Credit: _____

To Access Your Test Results:
Most results will appear in your online portal on day of testing. To sign up please visit www.limamemorial.org. Results may also be picked up in Medical Records during regular business hours.