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)

___ Alanine Amino Transferase (ALT) $15
___ Albumin $15
___ Alkaline Phospatase $15
___ Aspartate Amino Transferase (AST) $15
___ Bilirubin, Total $15
___ Blood Type, ABORH $20
___ Calcium $15
___ Carbon Dioxide $15
___ CBC $30
___ Chloride $15
___ Cholesterol, Total $15
___ COVID-19 IgG Antibody $60
___ COVID-19 PCR, Travel $90
___ C-Reactive Protein (CRP) $25
___ Creatinine $15
___ ESR $15
___ Ferritin $35
___ Free T4 (FT4) $20
___ Glucose $15
___ Hepatitis C Virus (HCV) $40
___ Hemoglobin & Hematocrit $10
___ Iron $15
___ Lipoprotein (a) $30
___ Magnesium $15
___ Phosphorus $15
___ Prostate Specific Antigen Screen $45
___ Potassium $15
___ Protein, Total $15
___ Serum Pregnancy $10
___ Sodium $10
___ Testosterone, Total $40

___ Triglycerides $15
___ TSH $35
___ Urea Nitrogen $15
___ Uric Acid $15
___ Vitamin D, 25 Hydroxy $45
___ 12-LEAD EKG Panels $50

___ Allergen Panel, Northwest Ohio (MRAST) $100

D. farinae
Cat dander
Dog dander
Bermuda Grass
Alternaria alternata
Oak
Elm
Common Ragweed
June Grass
English Plantain
IgE. Total

___ Allergen Panel, Comprehensive Food (FOOD) $200

Almond
Baker's Yeast
Banana
Beef
Brazil Nut
Cacao (Chocolate)
Cashew Nut
Chicken
Cinnamon
Codfish
Corn-Food
Egg White
Egg Yolk
Garlic
Green Pea
Hazelnut
Milk
Mustard
Orange
Peanut
Pecan Nut
Pork
Rice
Gliadin
Scallop
Sesame
Shrimp
Soybean
Strawberry
Tomato
Tuna
Walnut-Food
Wheat
White Potato
IgE. Total

___ Allergen Panel, Child (CHILDP) $150

D. pteronyssinus
D. farinae
Cat dander
Dog dander
Mouse Urine
Cockroach
Cladosporium herbarum
Alternaria alternata
Codfish
Egg White
Egg Yolk
Milk
Peanut
Shrimp
Soybean
Walnut-Food
Wheat
IgE. Total

___ Respiratory Panel by PCR $150

___ General Health Screen (GHS) $50
(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count)

___ Men's Health Screen (MHS) $80
(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, HA1C, Testosterone, Prostate Specific Antigen Screen)

___ Women's Health Screen (WHS) $80
(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, HA1C, Vitamin D, TSH)

___ Kidney Health Panel (RENF) $40
___ Diabetes Screening (HA1C) $40
___ Liver Health Panel (HEP) $40
___ Heart Health Panel (LIPR) $40
___ Basic Metabolic Panel (BMP) $35
___ Complete Metabolic Panel (CMP) $45
___ Electrolyte Panel (LYTE) $30
___ Inflammation Panel (DATINF) $30

$_____ 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.

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