

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)

___ Albumin	\$15	___ Allergen Panel, Northwest Ohio (MRAST)	\$100	___ General Health Screen (GHS)	\$50
___ Bilirubin, Total	\$15	D. farinae	Elm	(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count)	
___ Blood Type, ABORH	\$20	Cat dander	Common Ragweed		
___ Calcium	\$15	Dog dander	June Grass	___ Men's Health Screen (MHS)	\$80
___ Carbon Dioxide	\$15	Bermuda Grass	English Plantain	(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, HA1C, Testosterone, Prostate Specific Antigen Screen)	
___ CBC	\$30	Alternaria alternata	IgE. Total		
___ Chloride	\$15	Oak		___ Women's Health Screen (WHS)	\$80
___ Cholesterol, Total	\$15	___ Allergen Panel, Comprehensive Food (FOOD)	\$200	(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, HA1C, Vitamin D, TSH)	
___ COVID-19 IgG Antibody	\$60	Almond	Egg Yolk	___ Kidney Health Panel (RENF)	\$40
___ COVID-19 PCR, Travel	\$90	Baker's Yeast	Garlic	___ Diabetes Screening (HAIC)	\$40
___ Creatinine	\$15	Banana	Green Pea	___ Liver Health Panel (HEP)	\$40
___ Ferritin	\$35	Beef	Hazelnut	___ Heart Health Panel (LIPR)	\$40
___ Glucose	\$15	Brazil Nut	Milk	___ Basic Metabolic Panel (BMP)	\$35
___ Hepatitis C Virus	\$40	Cacao (Chocolate)	Mustard	___ Complete Metabolic Panel (CMP)	\$45
___ Hemoglobin & Hematocrit	\$10	Cashew Nut	Orange	___ Electrolyte Panel (LYTE)	\$30
___ Iron	\$15	Chicken	Peanut		
___ Magnesium	\$15	Cinnamon	Pecan Nut		
___ Phosphatase, Alkaline	\$15	Codfish	Pork		
___ Prostate Specific Antigen Screen	\$45	Corn-Food	Rice		
___ Potassium	\$15	Egg White			
___ Protein, Total	\$15	___ Allergen Panel, Child (CHILDP)	\$150		
___ Serum Pregnancy	\$10	D. pteronyssinus	Egg White		
___ Sodium	\$10	D. farinae	Egg Yolk		
___ Testosterone, Total	\$40	Cat dander	Milk		
___ Transferase, Alanine Amino	\$15	Dog dander	Peanut		
___ Transferase, Aspartate Amino	\$15	Mouse Urine	Shrimp		
___ Triglycerides	\$15	Cockroach	Soybean		
___ TSH	\$35	Cladosporium herbarum	Walnut-Food		
___ Urea Nitrogen	\$15	Alternaria alternata	Wheat		
___ Uric Acid	\$15	Codfish	IgE. Total		
___ Vitamin D, 25 Hydroxy	\$45				

\$_____ 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.