



CITIZENS MEDICAL CENTER, INC.  
 100 E COLLEGE DR.  
 COLBY, KS 67701  
 PH: (785) 460-1260  
 FAX: (785) 460-1261  
 cmc\_lab@nwkshealthcare.com



**DIRECT ACCESS TESTING REQUISITION**

NAME:	DATE:
ADDRESS:	Account #
CITY, STATE, ZIP:	
PHONE:	DOB:                      SEX:    M    F

TEST	FEE	TEST	FEE
DA BLOOD TYPE & RH	\$25.00	DA FREE T3	\$35.00
DA COMPLETE BLOOD COUNT (CBC)	\$25.00	DA C-REACTIVE PROTEIN (CRP)	\$30.00
DA CMP/LIPID PROFILE	\$35.00	DA ESTRADIOL	\$60.00
DA GLUCOSE	\$20.00	DA ESTROGEN	\$75.00
DA HIV	\$60.00	DA PROGESTERONE	\$60.00
DA LIPID PROFILE	\$25.00	DA VITAMIN D-OH	\$60.00
DA BASIC METABOLIC PROFILE	\$25.00	DA TESTOSTERONE	\$55.00
DA MONO	\$25.00	DA TOXICOLOGY	\$50.00
DA PREGNACY TEST	\$25.00	DA SEDIMENTATION RATE (ESR)	\$30.00
DA PROTINE	\$30.00	DA HEMOGLOBLIN A1C	\$30.00
DA PSA	\$40.00	DA T3	\$35.00
DA STREP SCREEN	\$25.00	DA T4	\$35.00
DA URINALYSIS	\$25.00	DA TSH	\$35.00
DA URINE CULTURE	\$30.00	DA FREE T4	\$35.00
DA LUTEINIZING HORMONE ( LH )	\$60.00	DA INSULIN	\$35.00
		DA FSH	\$60.00
<b>TOTAL</b>		<b>TOTAL</b>	
		<b>TOTAL COST</b>	
Payment: Cash _____ Check _____ Credit _____		<b>Amount Received</b>	

**PARTICIPANT INFORMED CONSENT**

I understand that Citizens Medical Center disclaims any liability for any costs, claims, injuries, actions, or damages suffered by an individual, no matter what their relationship, as a result of participation in Direct Access Testing. Participation in the Direct Access Testing is strictly voluntary, and any injuries suffered in conjunction with such participation shall not be subject to reimbursement under any applicable law. I agree to release Citizens Medical Center and any other person associated with these tests from any liability whatsoever in connection with testing procedures, or any other aspect of this screening.

I understand that the results of these tests will be mailed directly to me. Critical laboratory test values will be promptly called to me. I understand it is my responsibility to contact my physician regarding these critical results.

I understand that these tests are for screening purposes only, and the results are preliminary and should in no way to be considered conclusive. Moreover, by providing these results, Citizens Medical Center is not giving medical advice. For a better understanding of the results of these tests, for more conclusive measurements, and for any additional medical advice and treatment, I understand that it is my responsibility to contact my own personal physician. Any positive drug screening results will need confirmation testing by an order from your physician. Any positive HIV will be sent to a reference lab for confirmation. If positive result is confirmed, it is required by the state of Kansas to notify the Kansas Department of Health and the state will contact you for further information.

Any minors under 18 years of age must have his or her legal guardian sign this consent.

\_\_\_\_\_  
*Signature of participant*