

M-Health Fairview Reference Laboratories

1690 University Ave, Suite 255
St. Paul, MN 55104

Express Lab

Available: 8:00 am to 4:00 pm Mon-Fri, No Holiday service

I have read the following and understand:

- A doctor's order is **not** required for Fairview Express Lab testing.
- If I am ill, I should contact my primary care doctor for immediate medical care.
- Only the laboratory tests listed on this form are available.
- Check or credit card payment is required for laboratory testing before the laboratory test samples are collected. Fairview Laboratories will not file health insurance or Medicare/Medicaid claims for Fairview Express Lab testing.
- Anyone under the age of 18 must be accompanied by a parent or legal guardian and consent to the testing.
- Laboratory test results will be mailed directly to me at the above address in 3-5 days.
- Reference ranges are included with the laboratory test results to assist me in interpreting them or I can contact my primary care doctor for additional information.
- Fairview pathologist may review abnormal results as necessary. I will be contacted by phone in the event of a critical result. **It is my responsibility to inform my primary care doctor about abnormal or critical test results that may require immediate medical care.**
- As required by state law any positive Chlamydia, N. Gonorrhea (GC), Hepatitis C, HIV (AIDS), Lyme, or Syphilis test result will be reported to the Minnesota Department of Health.
- I have received a copy of Fairview's Notice of Privacy Practices.
- I consent to laboratory testing as detailed above.

X

SIGNATURE OF CUSTOMER OR LEGAL GUARDIAN _____ DATE _____

When calling the Laboratory about this test, you **must** have the accession number below available at the time of the call. Test result information is available Monday – Friday 7:30 am-6:00 pm (no holiday service) by calling **Client Services at 612-273-7838.**

ACCESSION NUMBER: _____

Amount Collected : _____

PAYMENT METHOD: eCheck Credit Card

ROUTING ID CSC 383 RIDGES 363 SOUTHDAL 349
UMMC-W 382 LAKES 315 NORTHLAND 326

Order in HIDEF / Charge to C / Do NOT charge VPT

| COLLECTION DATE | | | |
|--|-----|--|----------|
| LAST NAME | | FIRST NAME | MI |
| BIRTHDATE | SEX | CUSTOMER PHONE # | |
| ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| <input type="checkbox"/> M Health Maple Grove U4069 | | | |
| <input type="checkbox"/> UM Health CSC U2014 | | <input type="checkbox"/> UMMC West Bank B386 | |
| <input type="checkbox"/> Fairview Southdale S421 | | <input type="checkbox"/> Fairview Ridges R415 | |
| <input type="checkbox"/> Fairview Northland P209 | | <input type="checkbox"/> Fairview Lakes K217 | |
| Test description | | | Price |
| ETOH | | Alcohol, Blood (Non-legal) | GG 23.00 |
| ALT | | ALT (a liver function test) | GG 17.00 |
| ABR | | Blood Type (ABO and Rh) | P 10.00 |
| NTBNP | | BNP (B Natriuretic Peptide) | P 108.00 |
| CBCD | | Complete Blood Count with Diff | P 25.00 |
| CCOMP | | Chemistry Profile-Comp | GG 34.00 |
| CHPCR | | Chlamydia PCR Urine | M 112.00 |
| CHOL | | Cholesterol, Total | GG 14.00 |
| CREA | | Creatinine | GG 17.00 |
| CRPC | | CRP Cardiac | GG 42.00 |
| FERTN | | Ferritin | RG 44.00 |
| GLU | | Glucose (fasting) | GG 13.00 |
| GCPCR | | Gonorrhea (GC) PCR, Urine | M 112.00 |
| HDL | | HDL Cholesterol | GG 26.00 |
| HGB | | Hemoglobin | P 8.00 |
| GLYHB | | Hemoglobin A1c (glycated Hgb) | P 31.00 |
| HCVAB | | Hepatitis C Antibody | RG 46.00 |
| HIAGAB | | HIV Antibody Screen (inc. confirm) | RG 77.00 |
| HCY | | Homocysteine | PI 54.00 |
| INR | | INR / Prothrombin Time | B 13.00 |
| FE | | Iron | RG 21.00 |
| BLIPR | | Lipid Panel Ref(Chol Trig HDL LDL) | GG 43.00 |
| LYMEGM | | Lyme Disease Antibodies | RG 55.00 |
| K | | Potassium | GG 15.00 |
| HCGS | | Pregnancy Serum | RG 24.00 |
| HCGU | | Pregnancy Urine | U 24.00 |
| PSA | | Prostate Specific Antigen (PSA) | RG 59.00 |
| TREPAB | | Syphilis (Anti Treponema) | RG 42.00 |
| TSHR | | Thyroid Screen (TSH,FT4 if indicated) | RG 54.00 |
| UAI | | Urinalysis (No culture) | UR 11.00 |
| VB12 | | Vitamin B12 | RG 48.00 |
| VITD | | Vitamin D Screen | RG 94.00 |

Customers with collection kits: (Differs from order using test codes)

- Charge VPT, PR & SHIP in Healthpay 24 (total amount)
- Order LABEL, PR and SHIP in Sunquest
- Collection Verify using VPT in Sunquest

| | | |
|-------|---|-------|
| LABEL | Labels only | |
| VPT | Outpatient Venipuncture (Kit tests) | 18.00 |
| PR | Sample Processing (Kit tests) | 25.00 |
| SHIP | Sample Shipping (ONLY if FV provides container) | 30.00 |

INTERNAL USE ONLY Please give signed copy to patient.

Ordered by _____ Requisition No _____