



CITIZENS MEDICAL CENTER  
 100 E COLLEGE DR.  
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**DIRECT ACCESS TESTING REQUISITION**

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

TEST	FEE	TEST	FEE
DA BASIC METABOLIC PROFILE	\$148	DA BLOOD TYPE & RH	\$80
DA COMPLETE METABOLIC PROFILE	\$180	DA DHEA	\$208
DA LIPID PROFILE	\$132	DA FREE T3	\$168
DA COMPLETE BLOOD COUNT (CBC)	\$140	DA FREE T4	\$84
DA C-REACTIVE PROTEIN (CRP)	\$100	DA FSH	\$216
DA GLUCOSE	\$68	DA LUTEINIZING HORMONE ( LH )	\$200
DA HEMOGLOBLIN A1C	\$120	DA PROGESTERONE	\$220
DA HIV	\$192	DA TESTOSTERONE	\$280
DA MONO	\$100	DA TESTOSTERONE FEMALE	\$280
DA PREGNANCY TEST	\$120	DA TOTAL T4	\$100
DA PROTINE/INR	\$60	DA TSH	\$180
DA PSA	\$180	DA VITAMIN D-OH	\$336
DA SEDIMENTATION RATE (ESR)	\$60		
DA STREP SCREEN	\$80	DA SPECIMEN COLLECTION	\$24
DA TOXICOLOGY	\$200		
DA URINALYSIS	\$40		

<b>SUBTOTAL</b>	<b>SUBTOTAL</b>
	<b>TOTAL COST</b>
	<i>Less 75% Discount</i>
Payment: Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/>	<b>Amount Received</b>

**Hours of Service - Monday-Friday 7am-5pm (excludes holidays)**

**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 that the laboratory will not release results to anyone but me; it is my responsibility to contact my provider regarding all 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.

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*Signature of participant*