



CITIZENS MEDICAL CENTER, INC.
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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	\$160	DA BLOOD TYPE & RH	\$156
DA COMPLETE METABOLIC PROFILE	\$196	DA FREE T3	\$168
DA LIPID PROFILE	\$144	DA FREE T4	\$92
DA COMPLETE BLOOD COUNT (CBC)	\$152	DA FSH	\$216
DA C-REACTIVE PROTEIN (CRP)	\$108	DA LUTEINIZING HORMONE (LH)	\$200
DA GLUCOSE	\$68	DA PROGESTERONE	\$240
DA HEMOGLOBLIN A1C	\$132	DA TSH	\$196
DA HIV	\$209	DA VITAMIN D-OH	\$366
DA MONO	\$100	DA COVID-19 PCR	\$174
DA PREGNANCY TEST SERUM	\$132		
DA PREGNANCY TEST URINE *	\$144		
DA PROTINE/INR	\$64		
DA PSA	\$180		
DA SEDIMENTATION RATE (ESR)	\$60	DA SPECIMEN COLLECTION	\$26
DA TOXICOLOGY *	\$200	* = NO SPECIMEN COLLECTION	
DA URINALYSIS *	\$48		

SUBTOTAL	SUBTOTAL
	TOTAL COST
	Less 75% Discount
	Amount Received

Payment: Cash ___ Check ___ Credit ___

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 to review my results, I will need to access my Patient Portal. Critical laboratory test values will be promptly called to me. I understand that 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.

Signature of participant

Revised 8/23/2022