



# My Choice Labs

Tests ordered by you, for you.

Payment Due at Time of Service

### STEP 1: Fill in your demographic information.

First Name	Middle Initial	Last Name	Date of Birth	Sex at Birth
Mailing Address		City	State	Zip Code
Phone		Primary Care Provider (optional)		

### STEP 2: Tell us how you would like to receive your My Choice Lab Results.

- On-line** (the quickest and most secure method available) through your private and secure **Patient Connect** account available via [livingstonhealthcare.org](http://livingstonhealthcare.org)
- USPS Mail** to the address provided above (mailed within 7 business days)

### STEP 3: Read each statement below and sign for the services you are requesting through My Choice Labs.

I am requesting Direct Access Testing through Livingston HealthCare My Choice Labs. I do not have a physician order for these tests. I understand that only I will receive the testing results. Livingston HealthCare Laboratory will share the test results with my physician or other providers only in critical or emergent situations or as required by law.

I consent to and authorize Livingston HealthCare to collect my blood or stool for analysis of the requested tests. I understand that laboratory results are NOT a substitute for medical advice, diagnosis, or treatment and that Livingston HealthCare Laboratory is not acting as my doctor; that this does not replace treatment by a physician. **I agree to assume complete and full responsibility for seeking medical advice regarding test results. I understand that I must schedule an appointment to consult with a physician if I have questions or concerns, have any symptoms of illness, or become ill.** I understand that results within the normal range do not indicate absence of disease. I understand that results that fall outside the normal range do not indicate the presence of disease. As with any medical testing of any nature, the potential for falsely elevated or lowered, positive or negative laboratory values is present.

I authorize Livingston HealthCare Laboratory to release my results to me through the method indicated above, that my results will be viewable in *Patient Connect* patient portal and that it is my responsibility to share my results with my provider. I understand that my provider will not review my results unless I share my results with my provider. I understand that Livingston HealthCare Laboratory will not provide interpretation, counseling, consultation, or care recommendations on the basis of any laboratory results provided to me.

I agree to take full financial responsibility for the tests requested and I understand that payment is required prior to specimen collection. I understand that Livingston HealthCare is prohibited from billing insurance for Direct Access Testing. I understand that these tests are not covered by Medicare as Medicare does not cover laboratory testing without a physician’s order and insurance usually will not reimburse these charges nor apply them towards a deductible as they are not ordered by a physician. I understand that the cost of tests may increase at a future time without prior notice.

**My signature acknowledges that I have read and understand the statements listed above. I have also been given the opportunity to review Livingston HealthCare’s Notice of Privacy Practices (NOPP)**

**Patient/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### STEP 4: Choose your My Choice Lab tests from the menu on reverse.

Laboratory Use Only		
Date Collected	Time Collected	Initials
<input type="checkbox"/> ID Verified	<input type="checkbox"/> Fasting	<input type="checkbox"/> Non-Fasting
RESULTS: <input type="checkbox"/> On-line Only <input type="checkbox"/> USPS Mail		

BASIC TESTING	Price	✓
<b>Complete Blood Count/Differential (CBC/Diff)</b> <i>(also available as part of General Wellness Panel)</i>	\$10	
<b>Comprehensive Metabolic Panel (CMP)</b> <i>(also available as part of General Wellness Panel)</i>	\$15	
<b>Lipid Panel*</b> <ul style="list-style-type: none"> <li>• Triglyceride</li> <li>• Cholesterol</li> <li>• HDL</li> <li>• LDL</li> </ul> <i>(also available as part of General Wellness Panel)</i>	\$15	
<b>Thyroid Stimulating Hormone (TSH)</b> <i>(also available as part of General Wellness Panel)</i>	\$20	
<b>General Wellness Panel*</b> <ul style="list-style-type: none"> <li>• Complete Blood Count/Diff</li> <li>• Comprehensive Metabolic Panel</li> <li>• Lipid Panel</li> <li>• TSH</li> </ul>	\$60	

DIABETES TESTING	Price	✓
<b>Hemoglobin A1c (HgbA1c)</b>	\$25	

HORMONE TESTING	Price	✓
<b>Testosterone, Total**</b>	\$45	

IMMUNITY TESTING	Price	✓
<b>Hepatitis B Ab Immune Status</b>	\$35	
<b>Measles IgG (Rubeola)</b> <i>(also available as part of MMR Panel)</i>	\$25	
<b>MMR Immunity Panel (Measles, Mumps, Rubella)</b>	\$75	
<b>Varicella Zoster IgG Immunity (Chicken Pox)</b>	\$30	

INFLAMMATION TESTING	Price	✓
<b>C-Reactive Protein (CRP)</b>	\$25	

IRON TESTING	Price	✓
<b>Ferritin</b>	\$25	
<b>Iron Panel*</b> <ul style="list-style-type: none"> <li>• Iron</li> <li>• TIBC</li> </ul> <i>(also available as part of Anemia Panel)</i>	\$35	
<b>Anemia Panel*</b> <ul style="list-style-type: none"> <li>• Complete Blood Count (No Diff)</li> <li>• Iron Panel</li> </ul>	\$45	

Patient Label (Lab Use Only)

KIT COLLECTION	Price	✓
<b>Kit Collection &amp; Handling Fee</b> <i>(you have your own blood test kit in hand – we draw blood, process and ship according to kit instructions)</i>	\$45	

MISCELLANEOUS TESTING	Price	✓
<b>Blood Type (ABO/Rh)</b>	\$25	
<b>Uric Acid (Gout test)</b>	\$20	

SCREENING TESTS	Price	✓
<b>Fecal Immunochemical Test, Stool: Colon Cancer</b> <i>(pay &amp; pick up kit; return sample to lab for testing at no additional charge)</i>	\$45	
<b>Prostate Specific Antigen (PSA)</b>	\$25	
<b>QuantiFERON Gold (Tuberculosis test)</b>	\$140	

THYROID TESTING	Price	✓
<b>Free T3*</b>	\$35	
<b>Free T4*</b>	\$25	
<b>Thyroid Stimulating Hormone (TSH)*</b> <i>(also available as part of General Wellness Panel)</i>	\$20	

VITAMIN TESTING	Price	✓
<b>Vitamin B12*</b>	\$35	
<b>Vitamin B12 &amp; Folate*</b>	\$70	
<b>Vitamin D 25-OH</b>	\$35	

\*10-12 hours prior to draw = no food or drink; water/black coffee OK. No supplements for 24 hours prior to draw; no high-dose Biotin for 48 hours prior to draw. FT3/FT4/TSH/Thyroid Panel do not require fasting but refrain from supplements as directed above.

\*\*Draw before 10 am preferred; if serial testing, draw at the same time of day each time.

**Originally offered as part of "LHC Health Fair" test options.**

<b>NUMBER OF BOXES CHECKED</b>	
<b>TOTAL AMOUNT DUE</b>	
<b>TOTAL AMOUNT PAID</b>	