

Step 1: Fill in your demographic info:

PRINT NAME (LAST, FIRST, MIDDLE)				
GENDER	DATE OF BIRTH	MONTH	DAY	YEAR
STREET ADDRESS				
ADDRESS 2				
CITY			STATE	ZIP
PHONE			ALTERNATE PHONE	
EMAIL				
<input type="checkbox"/> CHECK TO RECEIVE A FOLLOW-UP SURVEY BY EMAIL				

My Lab ReQuest™

Patient Ordered Lab Tests

F = Fasting required:

Please do not eat or drink anything except water for 8-12 hours before your test. **DO NOT** stop taking your prescription medications. If your doctor advised you to take your medication with food, consult with your doctor before fasting.

LABORATORY USE ONLY:

DATE COLLECTED/INITIALS	TIME	<input type="checkbox"/> AM	<input type="checkbox"/> ID	<input type="checkbox"/> FASTING
		<input type="checkbox"/> PM	Verified	<input type="checkbox"/> NON-FASTING

Step 2: Select how you would like to receive your My Lab ReQuest™ results and optionally provide an alternative contact:

- On-line through your private & secure Patient Portal account available via **www.SonoraQuest.com** (Not available for minors) **(Lab-Account 390)**
- Unencrypted email to: (Print email address clearly) **(Lab-Account 391)** _____
(Please note, unencrypted information sent via email can be intercepted by unauthorized parties)
- USPS Mail to the address provided above (mailed within 7 business days) **(Lab-Account 392)**

I understand that certain abnormal test values are considered "critical" because they may (but do not necessarily) indicate the presence of a potentially life threatening condition requiring immediate medical attention. I understand that Sonora Quest Laboratories will notify me by phone of any critical result upon completion of testing, at any time of the day or night.

- If after two attempts, Sonora Quest Laboratories cannot reach me at the numbers provided above, they are authorized to contact the person listed below.
- I give my permission to discuss my medical information with the person listed below if they contact Sonora Quest Laboratories.

Name: _____ Phone: _____

Step 3: Read and initial each statement below and sign for the services you are requesting through My Lab ReQuest™:

I am requesting Direct Access Testing through My Lab ReQuest™. I do not have a physician order for these tests. I understand that only I will receive the testing results. Sonora Quest Laboratories may share the test results with my physician or other providers only in critical or emergent situations or as required by law.

I understand that certain patient test results are required by Arizona Administrative Code (R9-4-302 and 404.H. and R9-6-204) to be reported to the Arizona Department of Health Services (AZDHS) for public health reasons. For selected results marked with an * on the test menu, a local or state public health investigator may contact me for additional information or to ensure proper treatment. If I receive a positive test result for a sexually transmitted disease or tuberculosis, I understand it is my responsibility to consult with my doctor and/or contact my county health department's STD clinic or main office.

I am age 18 or older. If <18, I am an emancipated minor or otherwise authorized to request and provide consent for the tests ordered below. If I am requesting testing for which a minor is required by law to consent (noted below by ^), the minor has consented to such testing.

I understand that Arizona law prohibits laboratories from billing health insurance for patient ordered laboratory testing. I further understand that these tests are not covered by Medicare as Medicare does not cover laboratory testing without a physician order. **Full payment is due at time of service.**

I understand that it is solely my responsibility to promptly discuss all laboratory results with a physician and that neither Sonora Quest Laboratories nor its Medical Director will provide interpretation, counseling, consultation, or care recommendations on the basis of any laboratory results provided to me. I release from liability and will not hold Sonora Quest Laboratories LLC or its Medical Director responsible if I do not promptly communicate the results of these tests to my physician.

PATIENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

Step 4: Print your name & mark each test being requested by placing an “X” in the box:

PRINT NAME (LAST, FIRST, MIDDLE)

HEALTH PROFILES – TEST PACKAGES	
<input type="checkbox"/> Comprehensive Metabolic Panel (CMP) – F (900323)	\$ 17
<input type="checkbox"/> Expanded Health Profile – includes Comprehensive Metabolic Panel & Lipid Panel – F (780086)	\$ 37
<input type="checkbox"/> Men’s Complete Health Profile – includes CMP, Lipid Panel, hsCRP (Cardio) & PSA – F (803567)	\$ 83
<input type="checkbox"/> Women’s Complete Health Profile – includes CMP, Lipid Panel, hsCRP (Cardio) & TSH – F (803570)	\$ 81
GENERAL HEALTH SCREENING OR MONITORING	
<input type="checkbox"/> Anemia Screen – includes Iron, TIBC & Ferritin – F (1082) early morning collection preferred	\$ 44
<input type="checkbox"/> Blood Type (ABO/Rh) (2317)	\$ 10
<input type="checkbox"/> Complete Blood Count with Diff (CBC) (3000)	\$ 11
<input type="checkbox"/> CRP (C-Reactive Protein) for Inflammation (2320)	\$ 9
<input type="checkbox"/> Folate (8015)	\$ 23
<input type="checkbox"/> H. pylori Urea Breath Test (902147 Adult / 906542 Pediatric)	\$ 111
<input type="checkbox"/> hCG Quantitative (8030)	\$ 22
<input type="checkbox"/> Hepatic (Liver) Function Panel (900313)	\$ 13
<input type="checkbox"/> Iron and TIBC – F (2040) early morning collection preferred	\$ 24
<input type="checkbox"/> Magnesium (2042)	\$ 11
<input type="checkbox"/> Occult Blood Screen (InSure®) (11293)	\$ 20
<input type="checkbox"/> Pregnancy Test Qualitative – Serum (8025)	\$ 12
<input type="checkbox"/> PSA Screen (Prostate Specific Antigen) (8501)	\$ 29
<input type="checkbox"/> Prottime/INR (3500)	\$ 7
<input type="checkbox"/> Urinalysis w/reflex to Microscopic (3300)	\$ 5
<input type="checkbox"/> Vitamin B12 (8060)	\$ 24
<input type="checkbox"/> Vitamin D, 25-Hydroxy (904059)	\$ 36
ALLERGY SCREENING	
<input type="checkbox"/> Allergy Screen – Inhalants (803660)	\$ 125
DIABETES HEALTH	
<input type="checkbox"/> Diabetes Screen – includes Glucose only – F (2021)	\$ 7
<input type="checkbox"/> Diabetes Management Panel – includes Glucose & A1c – F (16236)	\$ 21
<input type="checkbox"/> Hemoglobin A1c (9230)	\$ 16
<input type="checkbox"/> Insulin, Fasting - F (9265)	\$ 15
HEART HEALTH	
<input type="checkbox"/> Cardio Health Screen (Lipid Panel) - F (1877)	\$ 21
<input type="checkbox"/> Cholesterol, Total - F (1017)	\$ 8
<input type="checkbox"/> hsCRP (High Sensitivity C-Reactive Protein for Cardio) (90045)	\$ 20
HORMONE REPLACEMENT THERAPY MONITORING	
<input type="checkbox"/> Testosterone, Total (Adult Male) (9345)	\$ 44
<input type="checkbox"/> Testosterone, Total (Women/Children) (902198)	\$ 49
<input type="checkbox"/> Testosterone, Total & Free (702723)	\$ 88
IMMUNITY TESTING	
<input type="checkbox"/> Chicken Pox Immunity Screen (Varicella zoster) (2435)	\$ 20
<input type="checkbox"/> Hepatitis B Immune Status (9235)	\$ 17
<input type="checkbox"/> Measles/Mumps/Rubella Immunity Screen (16025)	\$ 61
INFECTIOUS DISEASE SCREENING	
<input type="checkbox"/> Hepatitis C Screen - includes Reflex to Confirmation * (8587)	\$ 29
<input type="checkbox"/> STD Profile – Includes Chlamydia/Gonorrhea, Herpes, Syphilis & HIV *^ (803571)	\$ 210
<input type="checkbox"/> STD Screen Chlamydia/Gonorrhea Only *^ (904767)	\$ 105
<input type="checkbox"/> STD Screen Herpes Only *^ (13845)	\$ 47
<input type="checkbox"/> STD Screen HIV Only *^ (3682)	\$ 37
<input type="checkbox"/> STD Screen Syphilis Only *^ (905363)	\$ 23
<input type="checkbox"/> Tuberculosis (TB) Test (Quantiferon®) * (905108)	\$ 94
<input type="checkbox"/> Valley Fever Screen (Screening for active infection of Coccidioidomycosis) * (906727)	\$ 35
THYROID SCREENING OR MONITORING	
<input type="checkbox"/> Microsomal TPO Antibody (9145)	\$ 22
<input type="checkbox"/> T3 Free (9346)	\$ 26
<input type="checkbox"/> T4 Free (8899)	\$ 14
<input type="checkbox"/> Thyroid Screen (TSH, High Sensitivity) (8055)	\$ 26

F = Fasting required - See top of page 1 for details

* = Indicates results that will be reported to the Arizona Department of Health Services if positive

^ = Indicates testing that requires minor consent as required by law