

Payment Information:
Payment Due at Time of Service

Laboratory Use Only:		
Date Collected ____ / ____ / ____	Initials _____	<input type="checkbox"/> ID Verified
Time ____ : ____	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting

Step 1: Fill in your demographic info:

First Name	Middle Name / Initial	Last Name	Suffix	Date of Birth	Gender
Address 1		Address 2	City	State	Zip Code
Phone		Alternate Phone	Email Address		<input type="checkbox"/> Check to receive a follow-up survey by email. (Lab - add code 906559)

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

- On-line – the quickest and most secure method available;** through your private and secure account available via SonoraQuest.com (not available for minors) (Lab-Account 390)
- Unencrypted email** provided below (Please note, unencrypted information sent via email can be intercepted by unauthorized parties) (Lab-Account 391)

Email

- USPS Mail (\$3 report mailing fee will apply)** to the address provided above (mailed within 7 business days) (Lab-Account 392; add code 906853)

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
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(Lab - add code 906558)

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)

- F** Please do not eat or drink anything except for 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.
- B** Test results may be falsely increased or decreased in patients taking therapeutic doses of biotin and should therefore be interpreted cautiously. Biotin is a water-soluble B-vitamin, also called vitamin B7 and formerly known as vitamin H or coenzyme R and may be found in supplements intended to improve skin, hair, and nail health. Please consult your physician to discuss your results if you are taking therapeutic doses of biotin.
- †** Indicates testing that requires minor consent as required by law.
- A** Indicates results that will be reported to the Arizona Department of Health Services if positive.

HEALTH PROFILES - TEST PACKAGES

<input type="checkbox"/> Comprehensive Metabolic Panel (CMP) (900323)	F	\$ 23
<input type="checkbox"/> Expanded Health Profile – includes Comprehensive Metabolic Panel & Lipid Panel (780086)	F	\$ 45
<input type="checkbox"/> Men's Complete Health Profile – includes CMP, Lipid Panel, hsCRP (Cardio) & PSA (803567)	F	\$ 99
<input type="checkbox"/> Women's Complete Health Profile – includes CMP, Lipid Panel, hsCRP (Cardio) & TSH (803570)	F	\$ 99

GENERAL HEALTH SCREENING OR MONITORING

<input type="checkbox"/> Anemia Screen – includes Iron, TIBC & Ferritin - (1082) - early morning collection preferred	F	\$ 64
<input type="checkbox"/> Blood Type (ABO/Rh) (2317)		\$ 15
<input type="checkbox"/> Complete Blood Count with Diff (CBC) (3000)		\$ 15
<input type="checkbox"/> CRP (C-Reactive Protein) for Inflammation (2320)		\$ 15
<input type="checkbox"/> Folate (8015)	B	\$ 32
<input type="checkbox"/> H. pylori Urea Breath Test (902147 Adult / 906542 Pediatric)		\$ 145
<input type="checkbox"/> hCG Quantitative (8030)		\$ 33
<input type="checkbox"/> Hepatic (Liver) Function Panel (900313)		\$ 18
<input type="checkbox"/> Iron and TIBC (2040) - early morning collection	F	\$ 40
<input type="checkbox"/> Magnesium (2042)		\$ 15
<input type="checkbox"/> Occult Blood Screen (InSure®) (11293)		\$ 26
<input type="checkbox"/> Pregnancy Test Qualitative – Serum (8025)	B	\$ 16
<input type="checkbox"/> PSA Screen (Prostate Specific Antigen) (8501)	B	\$ 38
<input type="checkbox"/> Prottime/INR (3500)		\$ 15
<input type="checkbox"/> Urinalysis w/reflex to Microscopic (3300)		\$ 7
<input type="checkbox"/> Vitamin B12 (8060)	B	\$ 37
<input type="checkbox"/> Vitamin D, 25-Hydroxy (904059)		\$ 45

ALLERGY SCREENING

<input type="checkbox"/> Allergy Screen – Inhalants (803660)		\$ 125
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DIABETES HEALTH

<input type="checkbox"/> Diabetes Screen – includes Glucose only (2021)	F	\$ 9
<input type="checkbox"/> Diabetes Management Panel – includes Glucose & A1c (16236)	F	\$ 25
<input type="checkbox"/> Hemoglobin A1c (9230)		\$ 19
<input type="checkbox"/> Insulin, Fasting (9265)	B F	\$ 19

HEART HEALTH

<input type="checkbox"/> Cardio Health Screen (Lipid Panel) (1877)	F	\$ 28
<input type="checkbox"/> Cholesterol, Total (1017)	F	\$ 11
<input type="checkbox"/> hsCRP (High Sensitivity C-Reactive Protein for Cardio) (90045)		\$ 26

HORMONE REPLACEMENT THERAPY

<input type="checkbox"/> Testosterone, Total (Adult Male) (9345)	B	\$ 55
<input type="checkbox"/> Testosterone, Total (Women/Children) (902198)		\$ 65
<input type="checkbox"/> Testosterone, Total & Free (702723)		\$ 100

IMMUNITY TESTING

<input type="checkbox"/> Chicken Pox Immunity Screen (Varicella zoster) (2435)		\$ 32
<input type="checkbox"/> Hepatitis B Immune Status (9235)		\$ 30
<input type="checkbox"/> Measles/Mumps/Rubella Immunity Screen (16025)		\$ 85

INFECTIOUS DISEASE SCREENING

<input type="checkbox"/> Hepatitis C Screen - includes Reflex to Confirmation (8587)	A	\$ 38
<input type="checkbox"/> STD Profile – Includes Chlamydia/Gonorrhea, Herpes, Syphilis & HIV (803571)	A †	\$ 245
<input type="checkbox"/> STD Screen Chlamydia/Gonorrhea Only (904767)	A †	\$ 137
<input type="checkbox"/> STD Screen Herpes Only (13845)	A †	\$ 62
<input type="checkbox"/> STD Screen HIV Only (3682)	A †	\$ 49
<input type="checkbox"/> STD Screen Syphilis Only (905363)	A †	\$ 33
<input type="checkbox"/> Tuberculosis (TB) Test (Quantiferon®) (905108)	A	\$ 123
<input type="checkbox"/> Valley Fever Screen (Screening for active infection of Coccidioidomycosis) (906727)	A	\$ 45

THYROID SCREENING OR MONITORING

<input type="checkbox"/> Microsomal TPO Antibody (9145)		\$ 32
<input type="checkbox"/> T3 Free (9346)	B	\$ 34
<input type="checkbox"/> T4 Free (8899)	B	\$ 20
<input type="checkbox"/> Thyroid Screen (TSH, High Sensitivity) (8055)		\$ 34