

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
Phone		Alternate Phone		Email Address	
					Check to participate in 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 a  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.

Y 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

Comprehensive Metabolic Panel (CMP) (900323)	F	\$ 23
Expanded Health Profile - includes Comprehensive Metabolic Panel & Lipid Panel (780086)	F	\$ 45
Men's Complete Health Profile - includes CMP, Lipid Panel, hsCRP (Cardio) & PSA (803567)	F	\$ 99
Women's Complete Health Profile - includes CMP, Lipid Panel, hsCRP (Cardio) & TSH (803570)	F	\$ 99

GENERAL HEALTH SCREENING OR MONITORING

Anemia Screen - includes Iron, TIBC & Ferritin - (1082) - early morning collection preferred	F	\$ 64
Blood Type (ABO/Rh) (2317)		\$ 15
Colorectal Cancer Screening Blood Test (BeScreened™ CRC) (Age 50-85 Only) (906873)		\$ 170
Colorectal Cancer Screening Stool Test (InSure®) (11293)		\$ 26
Complete Blood Count with Diff (CBC) (3000)		\$ 15
CRP (C-Reactive Protein) for Inflammation (2320)		\$ 15
Folate (8015)	B	\$ 32
H. pylori Urea Breath Test (902147 Adult / 906542 Pediatric)		\$ 145
hCG Quantitative (8030)		\$ 33
Hepatic (Liver) Function Panel (900313)		\$ 18
Iron and TIBC (2040) - early morning collection	F	\$ 40
Magnesium (2042)		\$ 15
Pregnancy Test Qualitative - Serum (8025)	B	\$ 16
PSA Screen (Prostate Specific Antigen) (8501)	B	\$ 38
Protime/INR (3500)		\$ 15
Urinalysis w/reflex to Microscopic (3300)		\$ 7
Vitamin B12 (8060)	B	\$ 37
Vitamin D, 25-Hydroxy (904059)		\$ 45

ALLERGY SCREENING

Allergy Screen - Inhalants (803660)		\$ 125
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DIABETES HEALTH

Diabetes Screen - includes Glucose only (2021)	F	\$ 9
Diabetes Management Panel - includes Glucose & A1c (16236)	F	\$ 25
Hemoglobin A1c (9230)		\$ 19
Insulin, Fasting (9265)	B F	\$ 19

HEART HEALTH

Cardio Health Screen (Lipid Panel) (1877)	F	\$ 28
Cholesterol, Total (1017)	F	\$ 11
hsCRP (High Sensitivity C-Reactive Protein for Cardio) (90045)		\$ 26

HORMONE REPLACEMENT THERAPY

Estradiol (9201)	B	\$ 57
FSH (Follicle Stimulating Hormone) (9215)	B	\$ 42
Testosterone, Total (Adult Male) (9345)	B	\$ 55
Testosterone, Total (Women/Children) (902198)		\$ 65
Testosterone, Total & Free (702723)		\$ 100

IMMUNITY TESTING

Chicken Pox Immunity Screen (Varicella zoster) (2435)		\$ 32
Hepatitis B Immune Status (9235)		\$ 30
Measles/Mumps/Rubella Immunity Screen (16025)		\$ 85

INFECTIOUS DISEASE SCREENING

Hepatitis C Screen - includes Reflex to Confirmation (8587)	A	\$ 38
STD Profile - Includes Chlamydia/Gonorrhea, Herpes, HIV & Syphilis (803571)	Y A	\$ 245
STD Profile with Trichomonas Vaginalis - Includes Chlamydia/Gonorrhea, Herpes, HIV, Syphilis & Trichomonas Vaginalis (803896)	Y A	\$ 323
STD Screen Chlamydia/Gonorrhea Only (904767)	Y A	\$ 137
STD Screen Herpes Only (13845)	Y A	\$ 62
STD Screen HIV Only (3682)	Y A	\$ 49
STD Screen Syphilis Only (905363)	Y A	\$ 33
Trichomonas Vaginalis Screen (904768)	Y A	\$ 78
Tuberculosis (TB) Test (T-SPOT®.TB) (906927)	A	\$ 130
Valley Fever Screen (Screening for active infection of Coccidioidomycosis) (906727)	A	\$ 45

THYROID SCREENING OR MONITORING

Microsomal TPO Antibody (9145)		\$ 32
T3 Free (9346)	B	\$ 34
T4 Free (8899)	B	\$ 20
Thyroid Screen (TSH, High Sensitivity) (8055)		\$ 34