



DIRECT ACCESS TESTING
SELF REFERRAL
LABORATORY

LABS
WYTHE US

Name _____ Date of birth _____ M F
Last First MI

Mailing Address: _____

City _____ State _____ Zip code _____

Day phone _____ Evening phone _____

Email address _____

Payment will be collected at the time of service.

No testing will be provided without prior payment. Insurance will NOT be billed for these services.

Initial:

_____ **CONSENT FOR VENIPUNCTURE:** I am aware that there are possible risks associated with venipuncture (blood draw) including but not limited to bruising, syncope, excessive bleeding or infection at the site of the draw. Having been advised of these risks, I consent to venipuncture.

_____ **CONSENT FOR INFECTION CONTROL:** In the event that a hospital employee is exposed to my blood, I understand that my blood will be tested for HIV and hepatitis.

_____ **PHYSICIAN FOLLOW-UP:** I understand that my test results will not be sent to my physician without my specific direction. I also understand that laboratory test procedures are a screening tool and are not designed to diagnose or predict illness. It is my responsibility to initiate medical follow-up to confirm test results.

_____ **ABNORMAL RESULTS:** I understand that in the event of critically abnormal test results, the Laboratory Medical Director may review my results and I will be notified of these results.

_____ **TEST RESULTS:** I understand that the results of my tests will not be interpreted for me by laboratory staff. If I have questions, I can briefly discuss abnormal results with the Laboratory Medical Director during regular business hours.

_____ **NOTICE OF PRIVACY:** I understand and have been provided with the Notice of Privacy Practices that provides a more complete description of my health care information uses and disclosures.

I have read and fully understand the above information and have been given the opportunity to ask questions. I acknowledge that I either have no questions or that my questions have been answered to my satisfaction.

Signature of Patient or Legal Representative

Relationship to Patient:

Date:

**WYTHE COUNTY COMMUNITY HOSPITAL
LABS WYTHE US TESTING MENU**

Patient name _____

Date of birth _____

BLOOD TESTS	
Alcohol (ethanol) level	\$52.68
Amylase	\$17.56
ANA (anti-nuclear Ab) screen*	\$23.00
Bilirubin, direct	\$26.34
Bilirubin, total	\$26.34
Blood Type (ABO/Rh)	\$17.57
BMP (Basic Metabolic Panel) ^F	\$37.63
BNP, pro- (B-type natriuretic peptide)	\$62.72
BUN	\$17.56
CA-125*	\$50.18
Calcium, total	\$18.82
Carbamazepine level	\$52.68
CBC (Complete Blood Count)	\$25.09
CEA*	\$42.65
Celiac Disease Panel*	\$158.04
Cholesterol	\$21.32
CMP (Comprehensive Metabolic Panel) ^F	\$42.65
CRP (C-reactive protein -not h.s.)	\$32.61
Creatine Kinase (CK)	\$26.34
Creatinine	\$17.56
D-dimer	\$48.92
Digoxin (Lanoxin) level	\$52.68
EBV panel (Epstein Barr Virus)*	\$116.67
Electrolyte Panel (Lytes)	\$27.60
Estradiol	\$32.00
Estrogen, total*	\$38.89
Ferritin	\$37.63
Folic acid	\$27.60
FSH (Follicle Stimulating Hormone)*	\$40.14
Glucose ^F	\$21.32
HCG (serum pregnancy test)	\$36.38
HCG quantitative, (serum)	\$38.89
HDL cholesterol	\$18.82
Hemoglobin	\$12.54
Hemoglobin A1c (HgbA1c)	\$23.83
Hepatic Function (Liver) Panel	\$33.87
Hepatitis B surface antibody HBsAb*	\$38.89
Hepatitis B surface antigen (HBsAg)*	\$38.89
Hepatitis C antibody*	\$52.68
HIV screen (1&2 Ab, p24 Ag)*	\$66.48
IgE, total*	\$35.12
Iron	\$21.32
Iron & TIBC	\$40.36

BLOOD TESTS (cont.)	
Lead, blood*	\$26.34
Lipase	\$17.56
Lipid Panel (incl.,chol, trig, HDL chol) ^F	\$35.12
Lithium level	\$52.68
LH (Lutenizing hormone)*	\$38.89
Lyme disease panel	\$130.46
Magnesium	\$21.32
Measles antibody (Rubeola), IgG*	\$26.34
MMR* (measles, mumps, rubella antibodies)	\$79.02
Mono screen	\$35.12
Mumps antibody (IgG)*	\$26.34
Nicotine (cotinine), blood*	\$85.30
Phosphorus	\$20.07
Potassium	\$16.31
Progesterone*	\$38.89
Prolactin*	\$38.89
PSA screen -prostate specific antigen*	\$31.36
PT (protime) with INR	\$30.11
PTT	\$32.61
RA (Rheumatoid arthritis) screen*	\$37.68
Renal function panel ^F	\$42.65
RPR (Serological Test for Syphilis)*	\$35.12
Rubella antibody (IgG)*	\$26.34
Sedimentation Rate (ESR)	\$26.34
Sodium	\$16.31
TB test (Quantiferon TB Gold)*	\$70.25
T3 free*	\$38.89
T3 total*	\$32.61
T3 uptake*	\$26.34
T4 free	\$27.60
T4 total	\$26.34
Testosterone, total*	\$58.96
Testosterone, free*	\$58.96
Triglycerides ^F	\$20.07
TSH (thyroid stimulating hormone)	\$35.12
Uric acid	\$22.58
Valproic acid (depakene) level	\$52.68
Varicella zoster antibody (IgG)*	\$26.34
Vitamin B12	\$28.85
Vitamin B12 & Folate	\$56.45
Vitamin D 25	\$68.99

**WYTHE COUNTY COMMUNITY HOSPITAL
LABS WYTHE US TESTING MENU**

Patient name _____

Date of birth _____

URINE TESTS	
GC/Chlamydia, urine, NAA*	\$67.74
Microalbumin, urine	\$26.34
Nicotine (cotinine), urine	\$85.30
Urinalysis	\$12.54
Urine culture	\$55.19
Urine drug screen (DOA 8)	\$70.25
Urine drug screen (DOA 10)	\$91.57
Urine Pregnancy Test	\$15.05

SWAB TESTS	
Strep A test, throat (PCR)	\$35.12
Throat culture	\$38.89
Handling charge/ Packaging Fee (prepare specimens to ship to another lab)	\$62.72
Venipuncture (required for blood tests)	\$5.02

F Fasting specimen recommended for accurate results.

*Test sent to reference lab. Turnaround time 2-7 days.

TOTAL AMOUNT _____

AMOUNT PAID _____

I would like to receive my test results via:

Patient Portal (email address and registration for the portal is required)
Note: Results will NOT be emailed; they may be retrieved through the patient portal.

Mail

Pick up in Person. Identification required.

Fax to: Recipient _____ **Fax number** _____

Panels

ELECTROLYTES PANEL*	BASIC METABOLIC PANEL*	COMPREHENSIVE METABOLIC PANEL	RENAL FUNCTION PANEL	HEPATIC FUNCTION PANEL	LIPID PANEL
Sodium	Sodium	Sodium	Sodium		Cholesterol
Potassium	Potassium	Potassium	Potassium		Tryglycerides
Chloride	Chloride	Chloride	Chloride		HDL Cholesterol
CO2	CO2	CO2	CO2		
	Glucose	Glucose	Glucose		
	BUN	BUN	BUN		
	Creatinine	Creatinine	Creatinine		
	Calcium	Calcium	Calcium		
		Albumin	Albumin	Albumin	
		Total Protein		Total Protein	
		Bilirubin, Total		Bilirubin, Total	
		AST		AST	
		ALT		ALT	
		Alkaline Phosphatase		Alkaline Phosphatase	
			Phosphorus	Bilirubin, Direct	