



# Self-Pay/High Deductible Patients

Phoenix: 602-273-9000 Tucson: 520-293-4600  
Fax: 602-252-0006 Email: info@labxpress.com

## PATIENT INFORMATION - PLEASE PRINT CLEARLY

LAST NAME:	FIRST NAME:	MI:	
ADDRESS:	CITY:	STATE:	ZIP:
DOB:	SEX:	PHONE:	EMAIL:
/ / M / F ( )			Fasting: Yes / No Collection Date: ___/___/___ Collection Time: _____ AM/PM
Patient payment if collected in providers office:			

<input type="checkbox"/> Cash \$	<input type="checkbox"/> Check: DL #	<input type="checkbox"/> Credit Card #	Exp:	CVV:
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### LOW COST LABORATORY PANELS

<input type="checkbox"/> 1107 ARTHRITIS EVALUATION (ANA, ANA Pattern, RA Factor, Uric Acid) <b>\$80</b>	<input type="checkbox"/> 1561 HEPATITIS PANEL (Hepatitis A, B & C Virus Evaluation) <b>\$110</b>	<input type="checkbox"/> 5213 PRE-NATAL PANEL W/ HIV (ABO w/ RH, Antibody Screen, CBC w/ Diff, Hepatitis B Surface Ag, RPR (Syphilis), Rubella, HIV) <b>\$160</b>
<input type="checkbox"/> 5328 CBC & CMP <b>\$30</b>	<input type="checkbox"/> 20539 HORMONE PANEL, FEMALE (Estradiol, Progesterone, Testosterone Total, Dhea-S) <b>\$135</b>	<input type="checkbox"/> 2340 RENAL FUNCTION PANEL (Albumin, BUN, Calcium, Creatinine, Electrolytes, Glucose, Phosphorus) <b>\$15</b>
<input type="checkbox"/> 20706 CBC, CMP, HGB A1C, LIPID PANEL, TSH, T4 FREE <b>\$110</b>	<input type="checkbox"/> 20740 HORMONE PANEL, MALE (PSA, Testosterone Total) <b>\$75</b>	<input type="checkbox"/> 2 STD - 5 Panel (HIV, RPR (Syphilis), GC/Chlamydia, Herpes 1 & 2) <b>\$180</b>
<input type="checkbox"/> 5892 CBC, CMP, LIPID PANEL, HGB A1C, MICROALBUMIN, URINE RANDOM <b>\$90</b>	<input type="checkbox"/> 20224 IRON STUDIES (Iron, TIBC, %Saturation) <b>\$25</b>	<input type="checkbox"/> 5253 SUPERCHEM PANEL (CMP, Lipid Panel, Iron Studies, LDH, GGT, Bilirubin Direct & Indirect, Phosphorous, Uric Acid, Magnesium) <b>\$120</b>
<input type="checkbox"/> 5072 CBC, CMP, LIPID PANEL, TSH <b>\$80</b>	<input type="checkbox"/> 1860 LIPID PANEL (Cholesterol/HDL/LDL, Triglycerides) <b>\$25</b>	<input type="checkbox"/> 5337 THYROID PANEL 2 (T3 Total, T4 Total, TSH) <b>\$65</b>
<input type="checkbox"/> 20358 CBC, CMP, TSH <b>\$60</b>	<input type="checkbox"/> 1867 LIVER PANEL (Total Protein, Albumin, ALP, ALT, AST, Bilirubin Direct & Total) <b>\$15</b>	<input type="checkbox"/> 5285 THYROID PANEL 3 (T3 Free, T4 Free, TSH) <b>\$75</b>
<input type="checkbox"/> 1263 CMP & LIPID PANEL <b>\$40</b>	<input type="checkbox"/> 1993 MMR TITER (Measles, Mumps, and Rubella) <b>\$65</b>	<input type="checkbox"/> 2589 VITAMIN B12 & FOLATE <b>\$30</b>
<input type="checkbox"/> 1332 DIABETES SCREEN (HgbA1c & Fasting Glucose) <b>\$25</b>	<input type="checkbox"/> 20796 PEDIATRIC PANEL (CBC, Lead Whole Blood, Urinalysis Random) <b>\$35</b>	
<input type="checkbox"/> 20810 DIABETES SCREEN 2 (HgbA1c, Fasting Glucose, Lipid Panel) <b>\$45</b>		
<input type="checkbox"/> 1368 EARLY DETECTION PACKAGE (CBC, CMP, Lipid Panel, T4 Total, TSH, UA) <b>\$105</b>		
<input type="checkbox"/> 20842 EARLY DETECTION PACKAGE PLUS (CBC, CMP, HgbA1c, Lipid Panel, T4 Total, TSH, UA) <b>\$115</b>		

### FREQUENTLY ORDERED LABORATORY TESTS

<input type="checkbox"/> 1001 ABO, Rh Type <b>\$35</b>	<input type="checkbox"/> 20958 H-PYLORI STOOL TEST <b>\$45</b>	<input type="checkbox"/> 2324 RHEUMATOID FACTOR <b>\$20</b>
<input type="checkbox"/> 1065 AMYLASE <b>\$15</b>	<input type="checkbox"/> 1525 HCG QUAL (PREGNANCY TEST) <b>\$15</b>	<input type="checkbox"/> 2412 RPR (SYPHILIS) <b>\$10</b>
<input type="checkbox"/> 21048 ANA W/RFLX TITER & PATTERN <b>\$40</b>	<input type="checkbox"/> 20548 HCG QUANTITATIVE <b>\$25</b>	<input type="checkbox"/> 1388 SED RATE <b>\$5</b>
<input type="checkbox"/> 1130 BMP <b>\$15</b>	<input type="checkbox"/> 6150 HEMOGLOBIN A1C <b>\$20</b>	<input type="checkbox"/> 20063 TB, QUANTIFERON GOLD <b>\$125</b>
<input type="checkbox"/> 1260 CBC W/DIFF <b>\$10</b>	<input type="checkbox"/> 1590 HEPATITIS C AB W/ REFLEX <b>\$45</b>	<input type="checkbox"/> 2441 TESTOSTERONE F & T (LC/MS) <b>\$75</b>
<input type="checkbox"/> 1220 CHOLESTEROL TOTAL <b>\$10</b>	<input type="checkbox"/> 20763 HIV 4TH GENERATION <b>\$40</b>	<input type="checkbox"/> 2442 TESTOSTERONE TOTAL (EIA) <b>\$45</b>
<input type="checkbox"/> 20088 CREATINE KINASE, TOTAL <b>\$10</b>	<input type="checkbox"/> 1690 HOMOCYSTEINE <b>\$30</b>	<input type="checkbox"/> 2512 T3 FREE <b>\$30</b>
<input type="checkbox"/> 5199 CMP <b>\$20</b>	<input type="checkbox"/> 1769 INSULIN FASTING <b>\$20</b>	<input type="checkbox"/> 2513 T3 REVERSE <b>\$50</b>
<input type="checkbox"/> 5899 COCCIDIOIDES AB IgG, IgM <b>\$80</b>	<input type="checkbox"/> 1776 IRON <b>\$15</b>	<input type="checkbox"/> 2514 T3 TOTAL <b>\$25</b>
<input type="checkbox"/> 1270 CORTISOL TOTAL <b>\$25</b>	<input type="checkbox"/> 1850 LEAD WHOLE BLOOD <b>\$20</b>	<input type="checkbox"/> 2472 T4 FREE <b>\$15</b>
<input type="checkbox"/> 1275 CRP (INFLAMMATION) <b>\$20</b>	<input type="checkbox"/> 1857 LH <b>\$30</b>	<input type="checkbox"/> 2437 T4 TOTAL <b>\$15</b>
<input type="checkbox"/> 1276 CRP-HS (HIGH SENSITIVITY) <b>\$25</b>	<input type="checkbox"/> 1859 LIPASE <b>\$15</b>	<input type="checkbox"/> 5868 THYROGLOBULIN ANTIBODIES <b>\$30</b>
<input type="checkbox"/> 1331 DHEA SULFATE (DHEA-S) <b>\$35</b>	<input type="checkbox"/> 1923 MAGNESIUM <b>\$15</b>	<input type="checkbox"/> 2462 TPO <b>\$30</b>
<input type="checkbox"/> 1389 ESTRADIOL (E2) <b>\$45</b>	<input type="checkbox"/> 5148 MICROALBUMIN URINE <b>\$10</b>	<input type="checkbox"/> 2523 TSH <b>\$30</b>
<input type="checkbox"/> 1396 ESTROGEN TOTAL <b>\$60</b>	<input type="checkbox"/> 1376 MONONUCLEOSIS SCREEN <b>\$10</b>	<input type="checkbox"/> 5352 TSH W/ REFLEX TO T4 FREE <b>\$35</b>
<input type="checkbox"/> 1438 FERRITIN <b>\$20</b>	<input type="checkbox"/> 2134 PHOSPHORUS <b>\$10</b>	<input type="checkbox"/> 2549 URIC ACID <b>\$10</b>
<input type="checkbox"/> 1446 FOLATE, SERUM <b>\$15</b>	<input type="checkbox"/> 2177 PROGESTERONE <b>\$25</b>	<input type="checkbox"/> 5076 URINALYSIS COMPLETE <b>\$5</b>
<input type="checkbox"/> 1448 FSH <b>\$30</b>	<input type="checkbox"/> 2181 PROLACTIN <b>\$30</b>	<input type="checkbox"/> 5664 URINALYSIS W/REFLEX CULTURE <b>\$25</b>
<input type="checkbox"/> 1487 GLUCOSE (FASTING) <b>\$5</b>	<input type="checkbox"/> 2209 PT/INR <b>\$10</b>	<input type="checkbox"/> 2551 URINE CULTURE & SENSITIVITY <b>\$20</b>
<input type="checkbox"/> 1212 GONORRHEA/CHLAMYDIA (U) <b>\$65</b>	<input type="checkbox"/> 2183 PSA <b>\$30</b>	<input type="checkbox"/> 2590 VITAMIN B12 <b>\$20</b>
<input type="checkbox"/> 20153 H-PYLORI BREATH TEST <b>\$125</b>	<input type="checkbox"/> 2184 PSA FREE & TOTAL <b>\$55</b>	<input type="checkbox"/> 20376 VITAMIN D 25 HYDROXY TOTAL <b>\$50</b>

### ADDITIONAL TESTS

A draw fee of \$15 is due at the time of service.  
Prices are subject to change without notice.