



Self-Pay/High Deductible Patients

Phoenix: 602-273-9000 Tucson: 520-293-4600
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PATIENT INFORMATION - PLEASE PRINT CLEARLY

LAST NAME: FIRST: 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:

Cash \$ Check: DL # Credit Card # Exp: CVV:

LOW COST LABORATORY PANELS

<input type="checkbox"/> 1107 ARTHRITIS EVALUATION (ANA w/ Titer/Pattern, RA Factor, Uric Acid) \$70	<input type="checkbox"/> 1368 EARLY DETECTION PACKAGE (CBC, CMP, Lipids, T4 Total, TSH, UA) \$111	<input type="checkbox"/> 20796 PEDIATRIC PANEL (CBC, Lead, UA Random) \$39
<input type="checkbox"/> 5328 CBC & CMP \$34	<input type="checkbox"/> 20842 EARLY DETECTION PACKAGE PLUS (CBC, CMP, HgbA1c, Lipids, T4 Total, TSH, UA) \$131	<input type="checkbox"/> 5213 PRE-NATAL PANEL W/ HIV (Abo/Rh, AB Screen, CBC, HBSAg, HIV, RPR, Rubella) \$184
<input type="checkbox"/> 20706 CBC, CMP, HGB A1C, LIPIDS, TSH, T4 FREE \$129	<input type="checkbox"/> 1561 HEPATITIS PANEL (Hepatitis A, B & C Virus Evaluation) \$125	<input type="checkbox"/> 2340 RENAL FUNCTION PANEL (Alb, BUN, Ca, Cr, Electrolytes, Glucose, Phos) \$18
<input type="checkbox"/> 5892 CBC, CMP, HGB A1C, LIPIDS, MICROALBUMIN, UA RANDOM \$98	<input type="checkbox"/> 20539 HORMONE PANEL, FEMALE (DHEA-S, Estradiol, Progesterone, Testosterone) \$166	<input type="checkbox"/> 5046 STD - 4 PANEL (GC/Chlamydia, HIV, RPR) \$142
<input type="checkbox"/> 5072 CBC, CMP, LIPID PANEL, TSH \$89	<input type="checkbox"/> 20740 HORMONE PANEL, MALE (PSA, Testosterone Total) \$78	<input type="checkbox"/> 2 STD - 5 PANEL (GC/Chlamydia, HIV, RPR, Herpes 1 & 2) \$182
<input type="checkbox"/> 20200 CBC, CMP, PT, PTT \$56	<input type="checkbox"/> 21165 IMMIGRATION PANEL (Gonorrhea, RPR, TB Quantiferon Gold) \$182	<input type="checkbox"/> 5253 SUPERCHEM PANEL (CMP, Lipids, Iron Studies, LDH, GGT, Bili Direct & Indirect, Phos, Uric Acid, Magnesium) \$157
<input type="checkbox"/> 20358 CBC, CMP, TSH \$64	<input type="checkbox"/> 20224 IRON STUDIES (Iron, TIBC, %Saturation) \$30	<input type="checkbox"/> 20743 T4 FREE, TSH \$50
<input type="checkbox"/> 21035 CBC, CMP, LIPID PANEL, TSH, HGB A1C \$109	<input type="checkbox"/> 1860 LIPID PANEL (Cholesterol/HDL/LDL, Triglycerides) \$25	<input type="checkbox"/> 5337 THYROID PANEL 2 (T3 Total, T4 Total, TSH) \$70
<input type="checkbox"/> 1263 CMP & LIPID PANEL \$47	<input type="checkbox"/> 1867 LIVER PANEL (HEPATIC) (Protein, ALB, ALP, ALT, AST, Bili Total & Direct) \$15	<input type="checkbox"/> 5285 THYROID PANEL 3 (T3 Free, T4 Free, TSH) \$80
<input type="checkbox"/> 1332 DIABETES SCREEN (Glucose & HgbA1c) \$28	<input type="checkbox"/> 1993 MMR TITERS (Measles, Mumps, and Rubella) \$65	<input type="checkbox"/> 2589 VITAMIN B12 & FOLATE \$35
<input type="checkbox"/> 20810 DIABETES SCREEN 2 (Glucose, HgbA1c, Lipid Panel) \$53		
<input type="checkbox"/> 21151 DRUG SCREEN 10 W/CONF (AMP, BAR, BZO, COC, 6-MAM, THC, MTD, METH, OPI, PCP) \$110		

FREQUENTLY ORDERED LABORATORY TESTS

<input type="checkbox"/> 1001 ABO, Rh Type \$35	<input type="checkbox"/> 20153 H-PYLORI BREATH TEST \$125	<input type="checkbox"/> 2184 PSA FREE & TOTAL \$55
<input type="checkbox"/> 1065 AMYLASE \$15	<input type="checkbox"/> 20958 H-PYLORI STOOL TEST \$45	<input type="checkbox"/> 2324 RHEUMATOID FACTOR \$20
<input type="checkbox"/> 21048 ANA W/RFLX TITER & PATTERN \$40	<input type="checkbox"/> 1525 HCG QUAL (PREGNANCY TEST) \$15	<input type="checkbox"/> 2412 RPR (SYPHILLIS) \$12
<input type="checkbox"/> 1130 BMP \$17	<input type="checkbox"/> 20548 HCG QUANTITATIVE \$25	<input type="checkbox"/> 1388 SED RATE \$7
<input type="checkbox"/> 1260 CBC W/DIFF \$12	<input type="checkbox"/> 6150 HEMOGLOBIN A1C \$20	<input type="checkbox"/> 20063 TB, QUANTIFERON GOLD \$125
<input type="checkbox"/> 1220 CHOLESTEROL TOTAL \$10	<input type="checkbox"/> 1568 HEPATITIS B SURF AG W/RFLX \$25	<input type="checkbox"/> 2441 TESTOSTERONE F & T (LC/MS) \$85
<input type="checkbox"/> 5199 CMP \$22	<input type="checkbox"/> 1590 HEPATITIS C AB W/ REFLEX \$45	<input type="checkbox"/> 2442 TESTOSTERONE TOTAL (EIA) \$48
<input type="checkbox"/> 20088 CREATINE KINASE, TOTAL \$12	<input type="checkbox"/> 20763 HIV 1/2 4TH GEN W/RFLX \$40	<input type="checkbox"/> 2512 T3 FREE \$30
<input type="checkbox"/> 5899 COCCIDIOIDES AB IgG, IgM \$80	<input type="checkbox"/> 1690 HOMOCYSTEINE \$30	<input type="checkbox"/> 2513 T3 REVERSE \$50
<input type="checkbox"/> 1304 COCCIDIOIDES COMP FIX \$30	<input type="checkbox"/> 1769 INSULIN FASTING \$20	<input type="checkbox"/> 2514 T3 TOTAL \$25
<input type="checkbox"/> 1270 CORTISOL TOTAL \$27	<input type="checkbox"/> 1776 IRON \$17	<input type="checkbox"/> 2472 T4 FREE \$20
<input type="checkbox"/> 1275 CRP (INFLAMMATION) \$20	<input type="checkbox"/> 1850 LEAD, WHOLE BLOOD \$20	<input type="checkbox"/> 2437 T4 TOTAL \$15
<input type="checkbox"/> 1276 CRP-HS (HIGH SENSITIVITY) \$25	<input type="checkbox"/> 1857 LH \$35	<input type="checkbox"/> 5868 THYROGLOBULIN ANTIBODIES \$30
<input type="checkbox"/> 1331 DHEA SULFATE (DHEA-S) \$40	<input type="checkbox"/> 1859 LIPASE \$15	<input type="checkbox"/> 2462 TPO \$35
<input type="checkbox"/> 1389 ESTRADIOL (E2) \$48	<input type="checkbox"/> 1923 MAGNESIUM \$15	<input type="checkbox"/> 2523 TSH \$30
<input type="checkbox"/> 1396 ESTROGEN TOTAL \$60	<input type="checkbox"/> 5148 MICROALBUMIN URINE \$12	<input type="checkbox"/> 5352 TSH W/ REFLEX TO T4 FREE \$35
<input type="checkbox"/> 1438 FERRITIN \$22	<input type="checkbox"/> 1376 MONONUCLEOSIS SCREEN \$40	<input type="checkbox"/> 2549 URIC ACID \$10
<input type="checkbox"/> 1446 FOLATE, SERUM \$17	<input type="checkbox"/> 2134 PHOSPHORUS \$10	<input type="checkbox"/> 5076 URINALYSIS RANDOM \$7
<input type="checkbox"/> 1448 FSH \$33	<input type="checkbox"/> 2177 PROGESTERONE \$30	<input type="checkbox"/> 5664 URINALYSIS W/RFLX CULTURE \$25
<input type="checkbox"/> 1487 GLUCOSE (FASTING) \$8	<input type="checkbox"/> 2181 PROLACTIN \$30	<input type="checkbox"/> 2551 URINE CULTURE & SENSITIVITY \$30
<input type="checkbox"/> 1488 GLUCOSE TOLERANCE 1 HOUR \$15	<input type="checkbox"/> 2209 PT/INR \$12	<input type="checkbox"/> 2590 VITAMIN B12 \$22
<input type="checkbox"/> 1212 GONORRHEA & CHLAMYDIA (U) \$90	<input type="checkbox"/> 2183 PSA \$30	<input type="checkbox"/> 20376 VITAMIN D 25 HYDROXY TOTAL \$50

ADDITIONAL TESTS

A draw fee of \$15 is due at the time of service.

Prices are subject to change without notice.