



SERVING ARIZONA FOR 30 YEARS

# PATIENT SELF-ORDER REQUISITION

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**PATIENT INFORMATION - PLEASE PRINT CLEARLY**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 M / F

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL FOR RESULTS: \_\_\_\_\_

HEALTH PANELS		ALLERGY SCREENING		HORMONE	
<input type="checkbox"/> 20173 ANEMIA SCREEN (Iron, TIBC, Ferritin)	\$60	<input type="checkbox"/> 5665 ALLERGY, ENVIRONMENTAL, IGE	\$172	<input type="checkbox"/> 1331 DHEA SULFATE (DHEA-S)	\$48
<input type="checkbox"/> 1130 BMP - BASIC METABOLIC PANEL	\$19	45 Allergens: Grasses, Weeds, Trees, Molds, Epidermal		<input type="checkbox"/> 1389 ESTRADIOL (E2)	\$57
<input type="checkbox"/> 5199 CMP - COMP METABOLIC PANEL	\$24	<input type="checkbox"/> 5666 ALLERGY, FOOD BASIC, IGE	\$172	<input type="checkbox"/> 1396 ESTROGEN TOTAL	\$66
<input type="checkbox"/> 21035 GENERAL HEALTH PANEL	\$121	46 Allergens: Meat/Poultry, Dairy, Seafood, Fruits, Veggies, Grains		<input type="checkbox"/> 1448 FSH - FOLLICLE STIMULATING HORMONE	\$40
(CBC, CMP, HGBA1C, LIPIDS, TSH)		<input type="checkbox"/> 5668 ALLERGY, FOOD EXPANDED, IGE	\$312	<input type="checkbox"/> 1857 LH - LUTEINIZING HORMONE	\$40
<input type="checkbox"/> 2340 KIDNEY PROFILE (RENAL)	\$20	90 Allergens: Same as above plus Spices, Additives		<input type="checkbox"/> 2177 PROGESTERONE	\$40
<input type="checkbox"/> 1867 LIVER PANEL (HEPATIC)	\$18			<input type="checkbox"/> 2441 TESTOSTERONE F & T (LC/MS)	\$87
<input type="checkbox"/> 21617 RHEUMATOID ARTHRITIS PANEL	\$97			<input type="checkbox"/> 5354 TESTOSTERONE F & T W/SHBG	\$95
(ANA, CCP, RHEUMATOID FACTOR)				<input type="checkbox"/> 2442 TESTOSTERONE TOTAL (EIA)	\$53
<input type="checkbox"/> 5253 SUPERCHEM	\$173				
(CMP, Lipid, Iron, LDH, GGT, Bili D&I, Phos, Uric Acid, Mag)					
INDIVIDUAL HEALTH TESTS		DIABETES SCREENING		IMMUNITY TESTING	
<input type="checkbox"/> 21048 ANA W/RFLX TITER & PATTERN	\$40	<input type="checkbox"/> 1332 DIABETES SCREEN (Glucose, HgbA1C)	\$29	<input type="checkbox"/> 2581 CHICKEN POX (VARICELLA ZOSTER)	\$25
<input type="checkbox"/> 1001 BLOOD TYPE (ABO/RH)	\$35	<input type="checkbox"/> 1487 GLUCOSE	\$9	<input type="checkbox"/> 20643 HEPATITIS B IMMUNITY (TITERS)	\$40
<input type="checkbox"/> 1260 CBC W/DIFF	\$15	<input type="checkbox"/> 1488 GLUCOSE TOLERANCE 1 HOUR	\$15	<input type="checkbox"/> 1993 MMR - MEASLES/MUMPS/RUBELLA	\$68
<input type="checkbox"/> 1270 CORTISOL TOTAL	\$32	<input type="checkbox"/> 1769 INSULIN FASTING	\$20		
<input type="checkbox"/> 1275 CRP (INFLAMMATION)	\$20				
<input type="checkbox"/> 1446 FOLATE, SERUM	\$22				
<input type="checkbox"/> 21530 IRON AND TIBC	\$30				
<input type="checkbox"/> 1850 LEAD	\$23				
<input type="checkbox"/> 1923 MAGNESIUM	\$17				
<input type="checkbox"/> 1525 PREGNANCY QUALITATIVE (+/-)	\$16				
<input type="checkbox"/> 20548 PREGNANCY QUANTITATIVE, HCG	\$30				
<input type="checkbox"/> 2183 PSA TOTAL	\$35				
<input type="checkbox"/> 2209 PT/INR	\$15				
<input type="checkbox"/> 2324 RHEUMATOID FACTOR	\$20				
<input type="checkbox"/> 2549 URIC ACID (GOUT)	\$10				
<input type="checkbox"/> 5076 URINALYSIS RANDOM	\$10				
<input type="checkbox"/> 5664 URINALYSIS W/RFLX CULTURE	\$28				
<input type="checkbox"/> 2551 URINE CULTURE & SENSITIVITY	\$38				
<input type="checkbox"/> 2590 VITAMIN B12	\$30				
<input type="checkbox"/> 20376 VITAMIN D 25 HYDROXY TOTAL	\$50				
		DNA/PATERNITY		INFECTIOUS DISEASE/STD/STI	
		<input type="checkbox"/> 1349 DNA PATERNITY, NON-LEGAL	\$195	<input type="checkbox"/> 1590 HEPATITIS C W/ REFLEX (!)	\$45
		<input type="checkbox"/> 1348 DNA PATERNITY, LEGAL	\$245	<input type="checkbox"/> 20763 HIV 1/2 4TH GEN W/RFLX (!)	\$45
		DIGESTIVE HEALTH		<input type="checkbox"/> 1212 GONORRHEA & CHLAMYDIA (!)	\$120
		<input type="checkbox"/> 20595 CELIAC COMPREHENSIVE PANEL	\$150	<input type="checkbox"/> 20297 HERPES 1 & 2 IGG (!)	\$50
		<input type="checkbox"/> 20958 H-PYLORI STOOL TEST	\$55	<input type="checkbox"/> 2412 SYPHILLIS (RPR W/RFLX TO FTA) (!)	\$20
		<input type="checkbox"/> 20153 H-PYLORI BREATH, ADULT	\$125	<input type="checkbox"/> 2 STD - 5 PANEL (!)	\$230
		<input type="checkbox"/> 21085 H-PYLORI BREATH, MINOR	\$125	(GC, CHLAM, HIV, SYPHYLLIS, HERPES 1 & 2)	
		DRUG SCREENING		<input type="checkbox"/> 20063 TB, QUANTIFERON GOLD (!)	\$130
		<input type="checkbox"/> 1345 HAIR 5 PANEL	\$99	<input type="checkbox"/> 5899 VALLEY FEVER (COCCI) (!)	\$80
		<input type="checkbox"/> 21606 HAIR 8 PANEL	\$219		
		<input type="checkbox"/> 20798 URINE 5 PANEL	\$50	THYROID SCREENING	
		<input type="checkbox"/> 20814 URINE 10 PANEL	\$65	<input type="checkbox"/> 2512 T3 FREE	\$34
		<input type="checkbox"/> 21429 URINE 12 PANEL	\$135	<input type="checkbox"/> 2514 T3 TOTAL	\$30
		<input type="checkbox"/> 21037 FENTANYL, URINE	\$40	<input type="checkbox"/> 2472 T4 FREE, NON DIALYSIS	\$22
		HEART HEALTH		<input type="checkbox"/> 2437 T4 TOTAL	\$16
		<input type="checkbox"/> 20964 APOLIPOPROTEINS A-1 & B	\$150	<input type="checkbox"/> 2523 TSH	\$34
		<input type="checkbox"/> 1220 CHOLESTEROL TOTAL	\$10	<input type="checkbox"/> 5352 TSH W/ REFLEX TO T4 FREE	\$45
		<input type="checkbox"/> 1690 HOMOCYSTEINE	\$35		
		<input type="checkbox"/> 1276 hsCRP (HIGH SENSITIVITY CRP)	\$26	OTHER	
		<input type="checkbox"/> 1860 LIPID PANEL (Chol, HDL/LDL, Trigs)	\$28	<input type="checkbox"/> 21421 INTERPRETATION OF RESULTS	\$35
		<input type="checkbox"/> 1861 LIPOPROTEIN a	\$45	By choosing the test above you agree to have your final lab results sent to an AZ board certified physician chosen by LabXpress, for a written interpretation. Once completed, the interpretation will be emailed directly to you and will include a link for a telemed consult.	
		<input type="checkbox"/> 20143 Lp-PLA2 (PLAC TEST)	\$125		

The tests listed above are our most commonly ordered tests. LabXpress offers 100's of additional tests for self-ordering. Please ask our staff for additional information if the test(s) you are interested in is not listed on this requisition.

**ADDITIONAL TESTS**

- I am requesting Direct Access Testing and I do not have a physicians order for these tests. I understand that only I will receive the testing results. If I want my results released to someone other than myself I must complete a "Patient Authorization to Release Healthcare Information" Lab Express Inc 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 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 for public health reasons for the selected tests marked with (!) on the requisition. I understand that 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 departments STD clinic or main office.

- I understand that Arizona law prohibits laboratories from billing health insurance for patient ordered laboratory testing. I further understand that tests are not covered by Medicare and they will not cover laboratory testing without a physicians 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 LabXpress will not provide interpretation, counseling, consultation, or care recommendations unless I have chosen above to have my results sent to for an interpretation at an additional charge.

- 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 LabXpress will notify me by phone of any critical result upon completion of testing, at any time of the day or night.

Patient/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**A draw (venipuncture) fee of \$15 is due at the time of service.**

Prices are subject to change without notice.