



**KOSSUTH
REGIONAL
HEALTH CENTER**

An Affiliate of **MERCYONE**

KOSSUTH REGIONAL HEALTH CENTER ALGONA, IA
DIRECT ACCESS TESTING LABORATORY REQUISITION

WELLNESS SCREENINGS AND PRICES

	AST(Liver)	\$10
	ALT (Liver)	\$10
	Basic Chemistry (BMP)* Includes glucose	\$30
	Blood Type (ABO/Rh)	\$20
	Comprehensive Chemistry (CMP)* Includes glucose, ALT,AST, and BMP	\$45
	Fecal Occult Blood (ICT)	\$35
	Ferritin	\$30
	Folate	\$30
	Free T4	\$35
	Glucose	\$10
	Hematology (CBC no Diff)	\$15
	Hemoglobin A1C	\$30
	High Sensitivity CRP	\$20
	Iron and Iron Binding Panel	\$30
	Lipid Panel	\$20
	Nicotine Serum Level	\$140
	PSA (Prostate)	\$45
	TSH Wellness (Thyroid)	\$35
	Uric Acid	\$10
	Urine Microalbumin	\$25
	Vitamin B	\$30
	Vitamin D	\$65

Last name First name M.I.

Address

City State ZIP

PAYMENT AMOUNT: _____

- ☐ Cash
- ☐ Check
- ☐ Debit/Credit Card

Received by: _____

How would you like to receive your results?

☐ Patient Portal ☐ Mailed

ACKNOWLEDGEMENT OF INTERPRETATION OF LABORATORY TEST RESULTS

Tests are being performed at my request. I understand that the responsibility for initiating a follow-up examination to interpret or confirm any of the results and obtain advice or treatment is mine, not that of my physician or any facility and/or employee of Kossuth Regional Health Center and MercyOne- North Iowa Medical Center.

I understand that physician judgement must remain central to the selection of laboratory tests and treatment options. I must always seek the advice of my physician if I have questions and before I stop, start or change any treatment plan.

I understand that the results of the test are not conclusive. When evaluating my health, my complete medical history must be considered – laboratory testing is only a part of the evaluation. While laboratory tests identify certain discrete health indicators, they are not a substitute for a regular and thorough physical performed by my personal physician. I realize that a normal test results does not guarantee that I do not need medical attention; likewise, an abnormal result may not necessarily be abnormal for me. My complete medical history must be considered by a physician.

I realize my results will be mailed directly to me and will not be interpreted by or reported to any physician except as required by law or regulation. I also understand that I am responsible to contact a physician regarding my test results if necessary.

I hereby release Kossuth Regional Health Center and MercyOne – North Iowa Medical Center, its parent and affiliated companies, and their officers, directors, and employees, from any and all liability arising from or in any way connected to my failure to follow up with a physician regarding interpretation of the test results or the treatment advice.

Customer Signature/Legal Guardian of Minor (under 18)

Date