WILSON HEALTH Caring Without Limits	Direct Access Laboratory Testing Program Wilson Health Laboratory 915 W. Michigan St. – Sidney, Ohio 45365					F	PLACE WILSON HEALTH REGISTRATION LABEL HERE Account #: MR #:		
Last Name (please print)	First	MI	Sex		DOB		SSN		Phone
Address		City		State		Zip		Email	
Wilson Health Laboratory will attempt to contact the patient with any questions or critical laboratory values, which may indicate serious medical conditions in need of immediate care. Optional: If Wilson Health Laboratory cannot reach the patient at the numbers provided, Wilson Health Laboratory is authorized to leave a message with:									
Name:									

Consent for Testing

• I am 18 years of age or older (or I am the parent or guardian of the above named patient) and willingly consent to having my blood drawn for the purpose of testing. I request and authorize Wilson Health Laboratory to **mail them to me at the above address.**

• I release and hold harmless Wilson Health and its personnel from any responsibility for my own health care needs, and from any liability from health consequences, which may occur or arise from my participation in and services rendered by this testing. This release also binds my family members, heirs, executors, and assigns.

• I understand that Wilson Health Direct Access testing does not replace the advice and care of my physician. It is intended for educational purposes. A Wilson Health lab test result is not a medical diagnosis, a treatment or form of medical advice. I am solely responsible for promptly talking with a physician about my lab test results. I understand that only my physician can interpret my test results.

• I understand that these test results will be included in the complete medical record chart kept at Wilson Health and may be viewable by my health care provider.

• I understand that Wilson Health must act in accordance with Infectious Disease Reporting guidelines and release any required results to the appropriate state Department of Health.

• I understand that because the tests are not ordered by a physician, **insurance companies routinely do not cover the tests.** I understand that Wilson Health will NOT submit these tests for insurance reimbursement.

• I understand that full payment is due at the time of service.

I have read, understand and agree to the above provisions.

Participant's Signature:	Date:
(Legal Guardian signature if participant is under 18 years of age)	

Total Due
S Wilson Health
 NPI #: 1639174204

To Access Your Test Results: Results will be mailed and will take 7-10 days to receive. If after 10 days you have not received test results, contact medical records at 937-498-5310.

Finalized results will appear in the online portal immediately. To sign up please visit www.wilsonhealth.org

Lab Use Only Collection Date:
Collection Time:
Collector's Initials:

Wellness Profiles

Men's Health Profile: \$100

(Comprehensive Metabolic Panel / Lipid Panel / PSA Screen / High Sensitivity CRP)

_Women's Health Profile: \$100

(Comprehensive Metabolic Panel / Lipid Panel / TSH / High Sensitivity CRP)

<u>Heart Health</u>

Lipid Panel: \$20 Cholesterol Total: \$10 CRP (high sensitivity): \$25

Infectious Diseases

Sexually Transmitted Diseases (STD)
*Chlamydia & Gonorrhea: \$60 (Urine)
*Trichomonas: \$50 (Urine)
*Syphilis w/ Confirmation: \$40 (Blood)
*Hepatitis B Infection: \$35 (Blood)
*Herpes Simplex 1 & 2 Ab: \$45 (Blood)

Other Infectious Diseases/Immunity _____Measles Ab: \$30 _____Mumps Ab: \$30 _____Rubella Ab: \$30 _____Varicella Zoster Ab: \$30 _____Hepatitis A Immune Status: \$30 _____Hepatitis B Immune Status: \$45 *Hepatitis C w/ Confirmation: \$70

Allergies

_Food Allergy: \$136
 (17 allergens)
__Respiratory Allergy: \$224
 (Ohio – 27 allergens & Total IgE)

Blood Type / Iron Levels / Anemia Blood Type (ABORH): \$25 Anemia Screen: \$30 (Hgb / TIBC / Iron / % Iron Saturation) Hemoglobin: \$10 Complete Blood Count (CBC): \$20 Ferritin: \$25 Iron: \$10 TIBC: \$10



<u>Diabetes</u>

Fasting Glucose: \$10 Hemoglobin A1C: \$20

<u>Hormones</u>

- ____Thyroid Screen: \$50
- (TSH / Free T4)
- _____TSH: \$25

_____Free T4: \$25

_____Testosterone Total: \$30

Digestive

____Celiac Panel: \$90

____IFOB/FIT (Not Cologuard): \$40

<u>Respiratory</u>

Covid: \$60 (Antigen)
Covid: \$90 (Molecular)
Covid: \$65 (Antibody - IGG)
Influenza A&B: \$75 (Molecular)
Strep A: \$50 (Molecular)
RSV: \$50 (Molecular)
Mononucleosis Spot Test: \$30

Additional Panels

____BMP: \$30 (Basic Metabolic Panel)

- **____CMP: \$45** (Comprehensive Panel)
- ____Kidney Panel: \$35
- Liver Panel: \$35

Additional Individual Tests

- _____Urine Pregnancy: \$15 (Qualitative)
- Serum Pregnancy: \$25 (Quantitative)
- ____Progesterone: \$25
- _____Urinalysis w/ Reflex Microscopic: \$20
- ____Potassium: \$10
- ____Calcium: \$10
- _____Vitamin D: \$35
- _____Vitamin B12: \$30
- ____Prostate Screen (PSA): \$30
- ____Magnesium: \$10
- _____Uric Acid \$10
- ____Homocysteine: \$35

* Indicates patient will be notified for follow up care if test results are abnormal