

Lima Memorial Health System Direct Access Laboratory Testing Program

1001 Bellefontaine Ave.
Lima, Ohio 45804

Last Name (please print)	First	MI	Sex	DOB	Phone
Address		City		State	Zip
Email					

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 have my blood drawn for the purpose of testing by Lima Memorial Laboratory.
 - Lima Memorial Health System Laboratory will attempt to contact patient with any questions or critical laboratory values, which may indicate serious medical conditions in need of immediate care.
 - A Lima Memorial lab test result is not a medical diagnosis, a treatment or form of medical advice. I understand I am solely responsible for promptly talking with a provider about my lab test results. I understand that only my physician can interpret my test results.
 - I understand that Lima Memorial Direct Access testing does not replace the advice and care of my physician.
 - I release and hold harmless Lima Memorial Health System 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.
 - I understand that these test results will be included in my complete medical record chart kept at Lima Memorial and may be viewable by my health care provider.
 - I understand that Lima Memorial must act in accordance with Infectious Disease Reporting guidelines and release any required results to the appropriate state Department of Health, as applicable.
 - I understand that because the tests are not ordered by a physician, **insurance companies routinely do not cover the tests.** I understand that Lima Memorial Health System 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 Signature: _____ Date: _____
(Legal Guardian signature if participant is under 18 years of age)

<input type="checkbox"/> Albumin	\$15	<input type="checkbox"/> Uric Acid	\$15	<input type="checkbox"/> General Health Screen (GHS)	\$50
<input type="checkbox"/> Bilirubin, Total	\$15	<input type="checkbox"/> Vitamin D, 25 Hydroxy	\$45	(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count)	
<input type="checkbox"/> Blood Type, ABORH	\$20	<input type="checkbox"/> Allergen Panel, Northwest Ohio (MRAST)	\$100	<input type="checkbox"/> Men's Health Screen (MHS)	\$80
<input type="checkbox"/> Calcium	\$15	D. farinae	Elm	(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, HA1C, Testosterone, Prostate Specific Antigen Screen)	
<input type="checkbox"/> Carbon Dioxide	\$15	Cat dander	Common Ragweed	<input type="checkbox"/> Women's Health Screen (WHS)	\$80
<input type="checkbox"/> CBC	\$30	Dog dander	June Grass	(Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, HA1C, Vitamin D, TSH)	
<input type="checkbox"/> Chloride	\$15	Bermuda Grass	English Plantain	<input type="checkbox"/> Kidney Health Panel (RENF)	\$40
<input type="checkbox"/> Cholesterol, Total	\$15	Alternaria alternata	IgE. Total	<input type="checkbox"/> Diabetes Screening (HAIC)	\$40
<input type="checkbox"/> COVID-19 IgG Antibody	\$60	Oak		<input type="checkbox"/> Liver Health Panel (HEP)	\$40
<input type="checkbox"/> COVID-19 PCR, Travel	\$90	<input type="checkbox"/> Allergen Panel, Comprehensive Food (FOOD)	\$200	<input type="checkbox"/> Heart Health Panel (LIPR)	\$40
<input type="checkbox"/> Creatinine	\$15	Almond	Egg Yolk	<input type="checkbox"/> Basic Metabolic Panel (BMP)	\$35
<input type="checkbox"/> 12-LEAD EKG	\$50	Baker's Yeast	Garlic	<input type="checkbox"/> Complete Metabolic Panel (CMP)	\$45
<input type="checkbox"/> Ferritin	\$35	Banana	Green Pea	<input type="checkbox"/> Electrolyte Panel (LYTE)	\$30
<input type="checkbox"/> Glucose	\$15	Beef	Hazelnut		
<input type="checkbox"/> Hepatitis C Virus	\$40	Brazil Nut	Milk		
<input type="checkbox"/> Hemoglobin & Hematocrit	\$10	Cacao (Chocolate)	Mustard		
<input type="checkbox"/> Iron	\$15	Cashew Nut	Orange		
<input type="checkbox"/> Magnesium	\$15	Chicken	Peanut		
<input type="checkbox"/> Phosphatase, Alkaline	\$15	Cinnamon	Pecan Nut		
<input type="checkbox"/> Phosphorus	\$15	Codfish	Pork		
<input type="checkbox"/> Prostate Specific Antigen Screen	\$45	Corn-Food	Rice		
<input type="checkbox"/> Potassium	\$15	Egg White	Gladiin		
<input type="checkbox"/> Protein, Total	\$15	<input type="checkbox"/> Allergen Panel, Child (CHILDP)	\$150		
<input type="checkbox"/> Serum Pregnancy	\$10	D. pteronyssinus	Egg White		
<input type="checkbox"/> Sodium	\$10	D. farinae	Egg Yolk		
<input type="checkbox"/> Testosterone, Total	\$40	Cat dander	Milk		
<input type="checkbox"/> Transferase, Alanine Amino	\$15	Dog dander	Peanut		
<input type="checkbox"/> Transferase, Aspartate Amino	\$15	Mouse Urine	Shrimp		
<input type="checkbox"/> Triglycerides	\$15	Cockroach	Soybean		
<input type="checkbox"/> TSH	\$35	Cladosporium herbarum	Walnut-Food		
<input type="checkbox"/> Urea Nitrogen	\$15	Alternaria alternata	Wheat		
		Codfish	IgE. Total		

\$_____ Total Due

Paid

Credit: _____

To Access Your Test Results:

Most results will appear in your online portal on day of testing. To sign up please visit www.limamemorial.org. Results may also be picked up in Medical Records during regular business hours.