



Invoice # \_\_\_\_\_

Testing Hours M-F, 8 am to 4 pm

<p style="text-align: center;">(PLEASE PRINT)</p> <p>NAME _____  <span style="margin-left: 40px;">LAST</span> <span style="margin-left: 100px;">FIRST</span> <span style="margin-left: 40px;">MI</span></p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>DOB _____ GENDER _____</p> <p>PHONE _____</p> <hr/> <p><b>OCCUPATIONAL HEALTH ONLY (GRHS to bill Employer)</b></p> <p>Employer Name _____</p> <p>Employer Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone # _____</p> <hr/> <p><b>I HAVE READ THE FOLLOWING INFORMATION AND UNDERSTAND:</b></p> <ul style="list-style-type: none"> <li>◆ ANYONE UNDER AGE 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN.</li> <li>◆ TESTS ARE BEING PERFORMED AT YOUR REQUEST.</li> <li>◆ RESULTS WILL NOT BE FORWARDED TO YOUR PHYSICIAN.</li> <li>◆ ABNORMAL RESULTS MAY BE REVIEWED BY THE LAB DIRECTOR. A LETTER OF EXPLANATION WILL BE INCLUDED.</li> </ul> <p>_____/_____/_____          SIGNATURE OF PATIENT OR LEGAL GUARDIAN      DATE</p>	<p><b>BILLING INFO:</b>          XQ Admission Only</p> <p><b>PATIENT TYPE:</b>          Select one:</p> <p><input type="checkbox"/> Health Fair (HF)</p> <p><input type="checkbox"/> Occupational Health (OH)</p> <p><input type="checkbox"/> DLA</p> <p><input type="checkbox"/> GRHS Wellness (no charge with voucher) (use OH)</p> <p><b>LOCATION:</b>          GRHS LAB</p> <p><b>ORDERING PHYSICIAN:</b>          DLA</p> <p>(No venipuncture order necessary)</p>	<p style="text-align: center;"><i>LABORATORY USE ONLY</i></p> <p><b>RESULT HANDLING:</b></p> <p><input type="checkbox"/> MAIL TO CLIENT</p> <p><input type="checkbox"/> MAIL TO EMPLOYER (sign Release of Information)</p> <p><input type="checkbox"/> PICK-UP</p> <p><input type="checkbox"/> WAIT FOR RESULTS (ALLOW UP TO 2 HOURS)</p> <p><b>PAYMENT:</b> (Cash/Check/ Credit Card)</p> <p>Received by _____</p> <p>Check # _____</p> <p>Credit/Debit Used _____</p> <p><b>SPECIMEN / CONDITIONS:</b></p> <p>DATE COLL.: _____</p> <p>TIME COLL.: _____</p> <p>COLL. BY: _____</p> <p><b>SPEC. /TYPE:</b></p> <p><input type="checkbox"/> FASTING/DURATION _____ HRS</p> <p><input type="checkbox"/> NON-FASTING</p>
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<b>DIRECT LAB ACCESS TESTING</b>			
<input type="checkbox"/> CBC (Complete Blood Count) \$18	<input type="checkbox"/> ALT \$10	<input type="checkbox"/> Vitamin D \$45	
<input type="checkbox"/> Vitamin B12 \$20	<input type="checkbox"/> Urine Protein \$20	<input type="checkbox"/> Urinalysis Dip w/ Reflex \$20	
<input type="checkbox"/> Microalbumin (urine) \$30	<input type="checkbox"/> Liver Function \$25	<input type="checkbox"/> Hemoglobin A1C \$20	
<input type="checkbox"/> Hemoglobin \$10	<input type="checkbox"/> AST \$10	<input type="checkbox"/> TSH \$30	
<input type="checkbox"/> Hematocrit \$10	<input type="checkbox"/> Glucose \$10	<input type="checkbox"/> Fecal Occult Blood Screen \$25	
<input type="checkbox"/> Hemoglobin/Hematocrit \$15	<input type="checkbox"/> Lipid Panel \$20	<input type="checkbox"/> Basic Metabolic Profile \$30	
<input type="checkbox"/> Pregnancy Test (ser or urine) \$16	<input type="checkbox"/> Cholesterol \$10	<input type="checkbox"/> Shipping \$20	
<input type="checkbox"/> Blood Type (ABO/RH) \$20	<input type="checkbox"/> HDL Direct \$12.50	<input type="checkbox"/> Collection Fee \$33	
<input type="checkbox"/> Drug Screen (medical) \$50	<input type="checkbox"/> LDL Direct \$16	*allow up to 5 days for result	
<input type="checkbox"/> Alcohol, saliva or blood \$46	<input type="checkbox"/> Triglyceride \$12.50		
<input type="checkbox"/> PSA, Total \$35	<input type="checkbox"/> Other: _____		

<b>OCCUPATIONAL HEALTH ONLY (BILL TO EMPLOYER)</b>		
<input type="checkbox"/> HBs Antibody	<input type="checkbox"/> Culture, Environmental	<input type="checkbox"/> Collection Fee (\$33) <input type="checkbox"/> Shipping (\$20)
<input type="checkbox"/> HBs Ag (Source Testing)	<input type="checkbox"/> HCV Aby <input type="checkbox"/> HCV RNA	<input type="checkbox"/> Lead <input type="checkbox"/> ZPP
<input type="checkbox"/> HIV 1/2	<input type="checkbox"/> Hep A aby	<input type="checkbox"/> Rubella IgG <input type="checkbox"/> Rubeola IgG
<input type="checkbox"/> Alcohol, saliva	<input type="checkbox"/> Quantiferon	<input type="checkbox"/> Varicella zoster IgG
<input type="checkbox"/> COVID PCR	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Drug screen, GRHS acct, to Med Tox. Specify panel : _____		