



**Direct Access Laboratory
Testing Program**
Wilson Health Laboratory
915 W. Michigan St. – Sidney, Ohio 45365

**PLACE WILSON HEALTH
REGISTRATION LABEL HERE**

Account #:

MR #:

Last Name (please print)		First	MI	Sex	DOB	SSN	Phone
Address			City	State	Zip	Email	
<small>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:</small>							
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 not be included in the complete medical record chart kept at Wilson Health and will not 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
Make Checks Payable to Wilson Health

Paid

Cash: _____
 Check: _____
 Credit: _____

Rec'd by: _____

Tax ID #: 344427944

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)

Heart Health

_____ **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)**
_____ ***Hep. B Infection(Hep B Core IgM):\$35(Blood)**
_____ ***Herpes Simplex 1 & 2 IgG Ab: \$45 (Blood)**

Other Infectious Diseases/Immunity
_____ **Measles Ab (Rubeola IgG): \$30**
_____ **Mumps IgG Ab: \$30**
_____ **Rubella IgG Ab: \$30**
_____ **Varicella Zoster IgG Ab: \$30**
_____ **Hepatitis A IgG Immune Status: \$30**
_____ **Hepatitis B Surface AB Immune Status: \$45**
_____ ***Hepatitis C w/Confirmation:\$70 (LABHEPCABR)**

Allergies

_____ **Food Allergy: \$136**
(17 allergens)
_____ **Respiratory Allergy: \$224**
(Ohio – 27 allergens & Total IgE)

Iron Levels / Anemia

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

Diabetes

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

Hormones

_____ **Thyroid Screen: \$50**
(TSH / Free T4)
_____ **TSH: \$25**
_____ **Free T4: \$25**
_____ **Testosterone Total: \$30**

Digestive

_____ **Celiac Panel: \$90**
_____ **IFOB/FIT (Not Cologuard): \$40**

Respiratory

_____ **Covid: \$60 (Antigen)**
_____ **Covid: \$90 (Molecular)**
_____ **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