



Valid only for UCHealth lab locations listed below

List of Direct Laboratory Services

Payment due prior to service
Billing is not able to be changed after service

Are you an **Aspen Club** member? Yes No
*Lab staff: If patient is an Aspen Club member, change draw type to "Aspen Club." If not, change draw type to "DAT."

Individual Testing Menu			Check here to order
Basic Metabolic Panel	LAB15	\$25	..
Vitamin B12	LAB67	\$38	..
Blood Typing (ABO/Rh)	LAB895	\$20	..
CBC with Diff	LAB210	\$20	..
Cholesterol (8-10 hour fast recommended)	LAB60	\$12	..
Comprehensive Metabolic Panel	LAB17	\$26	..
CRP	LAB149	\$20	..
Group A Strep PCR	LAB8664	\$90	..
Electrolyte Panel	LAB16	\$20	..
Estradiol	LAB523	\$70	..
Ferritin	LAB68	\$35	..
Folic Acid	LAB69	\$37	..
Free T3	LAB137	\$45	..
Free T4	LAB127	\$30	..
Triiodothyronine (Total T3)	LAB136	\$40	..
Hemoglobin A1C	LAB90	\$25	..
Glucose (8-10 hour fast recommended)	LAB82	\$10	..
Sedimentation Rate, Automated	LAB322	\$10	..
Vitamin D, Hydroxy	LAB535	\$65	..

Individual Testing Menu			Check here to order
Iron Panel	LAB4016	\$49	..
Renal Panel (Kidney function)	LAB19	\$25	..
Lipid Panel (8-10 hour fast recommended)	LAB18	\$30	..
Hepatic Function Panel (Liver function)	LAB20	\$22	..
Rheumatoid Factor, Quant	LAB206	\$15	..
Pregnancy, Serum Quant	LAB3451	\$38	..
Pregnancy, Urine Qual	LAB437	\$25	..
Progesterone	LAB529	\$53	..
Prolactin	LAB531	\$50	..
Protime/INR	LAB320	\$15	..
PSA	LAB8010	\$48	..
Heterophile AB Screen (Mono)	LAB482	\$15	..
Eosinophil Smear	LAB328	\$15	..
Testosterone, Total	LAB124	\$65	..
TSH	LAB129	\$42	..
Urinalysis (Dip w/reflex to Microscopic, if indicated)	LAB347	\$20	..
FSH	LAB86	\$50	..
Luteinizing Hormone (LH)	LAB87	\$50	..

Only valid at the following UCHealth locations:

UCHealth Laboratory – Broomfield Hospital
11820 Destination Dr., Broomfield, CO 80021

UCHealth Laboratory – Yampa Valley Medical Center
1024 Central Park Dr., Steamboat Springs, CO 80487

UCHealth Laboratory – Longs Peak Medical Center
1760 E Ken Pratt Blvd., Longmont, CO 80504

UCHealth West Greeley Laboratory
6906 10th St., Greeley, CO 80634

UCHealth Laboratory – Windsor
1455 Main St., Suite 130, Windsor, CO 80550

UCHealth Laboratory – Greeley Hospital
6767 W 29th St., Greeley, CO 80634

UCHealth Laboratory – Medical Center of the Rockies
2500 Rocky Mountain Ave., Loveland, CO 80538

UCHealth Laboratory – Harmony Campus
4630 Snow Mesa Dr., Fort Collins, CO 80528

UCHealth Laboratory – Poudre Valley Hospital
1024 S. Lemay Ave., Fort Collins, CO 80524

UCHealth Laboratory – Garfield
1025 Garfield St., Suite C, Fort Collins, CO 80525



Direct Access Laboratory Testing Consent Form

LABORATORY SERVICES

Consent for Treatment/Payment/Receipt of Results

This is to certify that I consent to and authorize UCHealth laboratory to collect my blood and/or urine for analysis of the marked Direct Access Laboratory Testing. Direct Access Testing (DAT) is patient initiated testing that does not require a physician's order. I authorize UCHealth to release my results to me through the method indicated on this form. I understand that the UCHealth laboratory is not acting as my doctor, that this does not replace treatment by a physician and that I assume complete and full responsibility to take appropriate action with regard to test results, up to and including consulting with a physician. In this regard, I do not and will not hold the UCHealth laboratory responsible for my test results and absolve them and their affiliates of any liability. **I agree that I will seek medical advice, care and treatment from my usual source of health care if I have questions or concerns, have any symptoms of illness, or become ill.** I understand that the venipuncture process involves a small medical risk and may result in bruising around the area from which the blood is taken. In the event of an accidental needle puncture to the UCHealth staff member involved in the blood collection process, I consent to any routine blood test deemed necessary for the safety of the phlebotomist. As with laboratory testing of any nature, the potential for falsely elevated, lowered, positive or negative laboratory values is present.

I agree to take full financial responsibility for the tests requested and I understand that payment is required prior to specimen collection. I understand that the DAT I am requesting on the attached form will not be billed to a third party by UCHealth and that results will not be sent to a physician or healthcare provider, though the results will be available for review in my medical record. Should my provider review my results and request additional tests on the specimens collected by DAT, these add-on tests will be billed as physician-ordered tests and my insurance company may be billed for the additional tests only. If add-on tests are requested by my provider, please bill as follows (initial only one option):

_____ Bill me.

_____ Bill my insurance (A copy of your insurance information is required).

I understand the cost of DAT may increase in the future without prior notice. I understand that medical insurance generally does not cover the cost of DAT and usually will not reimburse these charges or apply them towards a deductible when they are not ordered by a physician. I accept full responsibility for inquiring with my insurer in this regard. I understand that additional tests may be performed if requested by my physician and those tests will be billed as I have indicated above.

Please select the method you prefer to receive your results:

- .. Access results via My Health Connection.
- .. Mail a copy of my results. (Request an envelope from the front desk and self-address it).

Print name: _____ Date of birth: _____
Last First

Patient signature: _____

Date: _____ Phone number for emergent/critical lab results: _____

If patient is under the age of 18, parent/guardian signature: _____