



F=Fasting required: DO NOT eat or drink anything except water for 8-12 hours before your test. DO NOT stop taking your prescription medications. If your healthcare provider advised you to take your medication with food, consult with your doctor before fasting.

F = FASTING REQUIRED

PRINT NAME (LAST, FIRST, MIDDLE)				
SEX	DATE OF BIRTH	MONTH	DAY	YEAR
<input type="checkbox"/> M <input type="checkbox"/> F				
PATIENT PHONE			LAST FOUR OF SSN	
ALTERNATE PHONE				
EMAIL ADDRESS		<input type="checkbox"/> CHECK HERE TO RECEIVE DLO NEWS AND PROMOTIONS BY EMAIL		
STREET ADDRESS				
CITY			STATE	ZIP
Visit DLODirect.com for detailed information on each test				

LABORATORY USE ONLY		ACCOUNT # 52596		
DATE COLLECTED/INITIALS	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> ID VERIFIED	<input type="checkbox"/> FASTING <input type="checkbox"/> NON-FASTING

Your lab results will be available in 7-10 business days through the MyQuest™ online web portal. Results will not be mailed or emailed. Ask a DLO representative for instructions on how to create a MyQuest account or visit DLODirect.com.

TO BE TESTED, YOU MUST READ AND INITIAL EACH BOX BELOW:

- I am 18 years or older, or a parent or legal guardian for the individual receiving testing and understand I must be present during the lab draw.
- I am requesting Direct Access Testing through DLO Direct. I do not have a physician order for these tests. I understand that only I will receive the testing results. As required by law, DLO may share certain test results with other entities, such as the State Department of Health.
- I understand that, because a physician has not ordered these tests, my health insurance (including Medicare and Medicaid) will not pay for these tests.
- I will not ask my health insurer, Medicare, Medicaid, or any other federal or state health care programs to pay for these tests. I also understand that DLO will not submit these tests for reimbursement or payment to my health insurer, Medicare, Medicaid or any federal or state health program, or any third party payer. **Payment in full is due at time of service.** Payment may be made with a credit/debit card or check; cash payments are not available.
- I understand that it is solely my responsibility to promptly discuss all laboratory results with a physician and that neither DLO nor its Medical Director will provide interpretation, counseling, consultation or care recommendations on the basis of any laboratory results provided to me. I release from liability and will not hold DLO or its Medical Director responsible if I do not promptly communicate the results of these tests to my physician.
- I understand DLO will attempt to contact me with priority laboratory values, which may indicate a serious medical condition in need of urgent care. If after two attempts DLO cannot reach me at the numbers provided, I authorize DLO to leave a message that may include personal medical information.
- I understand that DLO Direct testing is intended for informational purposes only. A DLO Direct test result is not a medical diagnosis, a treatment, or a form of medical advice. I understand that only my physician can interpret my test results.

PATIENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

HEALTH PROFILES - TEST PACKAGES (see DLODirect.com for profile test lists)		DIABETES SCREENING	
<input type="checkbox"/> Basic Health Profile F (10231*, 7600)	\$72.99	<input type="checkbox"/> Diabetes Management Panel F (483**, 496)	\$41.83
<input type="checkbox"/> Expanded Health Profile - Male F (10231*, 7600, 5363)	\$130.99	<input type="checkbox"/> Glucose (Diabetes Screen) F (483**)	\$12.83
<input type="checkbox"/> Expanded Health Profile - Female F (10231*, 7600, 899)	\$98.99	<input type="checkbox"/> Hemoglobin A1c (496)	\$29.00
<input type="checkbox"/> Complete Health Profile - Male F (10231*, 7600, 5363, 496)	\$159.99	HEART HEALTH SCREENING	
<input type="checkbox"/> Complete Health Profile - Female F (10231*, 7600, 899, 496)	\$127.99	<input type="checkbox"/> Cardiac Screen (Lipid Panel) F (7600)	\$51.00
GENERAL SCREENING		<input type="checkbox"/> Cholesterol, Total F (334)	\$13.00
<input type="checkbox"/> Anemia Screen F (6399, 466, 7573, 927)	\$100.92	<input type="checkbox"/> CRP (High Sensitivity C-Reactive Protein) (10124)	\$35.00
<input type="checkbox"/> Blood Type (ABO/Rh) (7788)	\$34.00	IMMUNITY TESTING	
<input type="checkbox"/> Complete Blood Count with Diff (CBC) (6399)	\$14.00	<input type="checkbox"/> Chickenpox (Varicella Zoster) Antibody (4439)	\$47.00
<input type="checkbox"/> Comprehensive Metabolic Panel F (10231*)	\$21.99	<input type="checkbox"/> Hepatitis B Antibody Immunity Panel (499)	\$21.00
<input type="checkbox"/> Drug Screen (59084)	\$60.46	<input type="checkbox"/> Measles/Mumps/Rubella Panel (5259)	\$128.00
<input type="checkbox"/> Folate F (466)	\$25.00	<input type="checkbox"/> Measles (964)	\$53.00
<input type="checkbox"/> Iron and TIBC F (7573)	\$34.92	<input type="checkbox"/> Mumps (8624)	\$50.00
<input type="checkbox"/> Pregnancy Test Qualitative - Serum (8435)	\$23.00	<input type="checkbox"/> Rubella (802)	\$25.00
<input type="checkbox"/> Prostate Screen (PSA) (5363)	\$58.00	INFECTIOUS DISEASE SCREENING	
<input type="checkbox"/> Prottime/INR (8847)	\$12.00	<input type="checkbox"/> Hepatitis B Surface Antigen with Reflex (498)	\$33.00
<input type="checkbox"/> Testosterone (Male Only) (873)	\$45.00	<input type="checkbox"/> Hepatitis C Screen (8472)	\$56.00
<input type="checkbox"/> Thyroid Screen (TSH) (899)	\$26.00	<input type="checkbox"/> Tuberculosis - QuantiFERON-TB Gold (16603)	\$130.00
<input type="checkbox"/> Urinalysis (5463)	\$12.00	SEXUALLY TRANSMITTED DISEASE SCREENING	
<input type="checkbox"/> Vitamin B12 (927)	\$27.00	<input type="checkbox"/> STD Panel (11363, 6447, 91431, 799)	\$297.00
<input type="checkbox"/> Vitamin D, 25-Hydroxy (17306)	\$65.00	<input type="checkbox"/> Gonorrhea/Chlamydia (11363)	\$101.00
ALLERGY SCREENING		<input type="checkbox"/> Herpes Simplex Virus (HSV-1 and HSV-2) (6447)	\$96.00
<input type="checkbox"/> Allergy Screen - Food (10715)	\$210.00	<input type="checkbox"/> HIV 1/2 4th Gen Reflex (91431)	\$75.00
<input type="checkbox"/> Allergy Screen - Respiratory (10651)	\$399.00	<input type="checkbox"/> Syphilis (799)	\$25.00

* Results for 10231 will appear on the itemized statement as 34714 Chem Test 14

** 483 will appear on the itemized statement as 34701 Chem Test 01