

Self-Order Test Requisition

Please complete the requisition, print it, sign and date it and then bring it with you to a UCL site for blood collection. If you wish to keep a copy for your records please print a second copy; the information entered will not be saved.

Please select at least one

12 Hour Fast: Fast for 12 hours prior to blood collection; avoid caffeine products and alcohol. People who are fasting may have sips of water and take medications with water on their normal schedule.

- Wellness Panel A (885) Lipid Panel (12 hr fast).....\$15.00
- Wellness Panel B (820) Lipid Panel, Glucose (12 hr fast).....\$22.00
- Wellness Panel C (821) Lipid Panel, Glucose, CBC (12 hr fast).....\$32.00
- Wellness Panel D (822) Lipid Panel, Basic Metabolic Panel, CBC (12 hr fast).....\$38.00
- Wellness Panel E (813) Hemoglobin A1c.....\$16.00
- Comprehensive Metabolic Panel (200) [CMP] (12 hr fast).....\$17.00
- Thyroid Stimulating Hormone (360 [TSH]).....\$28.00
- 25-Hydroxy Vitamin D2/D3 (419).....\$60.00
- Blood Alcohol (Second Opinion).....\$100.00
- Urine Pregnancy Test (Beta hCG).....\$25.00

Fields bordered in red are required and the information is needed to process your request.

First Name _____

Last Name _____

Date of Birth _____

Home Phone _____

Cell Phone _____

Street Address _____

City, State, Zip _____

Copy to my Health Care Provider (Recommended)

Provider _____

Address _____

Phone _____

FAX _____

Consent Statement: I understand that United Clinical Laboratories provides the results of Laboratory tests by mail directly to me, the participant. Test results are **NOT** provided to health care providers unless specified above. United Clinical Laboratories is not responsible for providing treatment based on any result and I am responsible for seeking medical advice and assistance from my health care provider regarding my test results. I release United Clinical Laboratories from any liability with respect to the test results provided.

Signature: _____ Date: _____