

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).....\$33.00
- Wellness Panel D (822) Lipid Panel, Basic Metabolic Panel, CBC (12 hr fast).....\$40.00
- Wellness Panel E (813) Hemoglobin A1c.....\$17.00
- Comprehensive Metabolic Panel (200) [CMP] (12 hr fast).....\$18.00
- Thyroid Stimulating Hormone (360 [TSH]).....\$30.00
- 25-Hydroxy Vitamin D2/D3 (419).....\$63.00
- Blood Alcohol (Second Opinion).....\$100.00
- Urine Pregnancy Test (Beta hCG).....\$12.00
- ABO/Rh (050).....\$12.00
- PSA, TOTAL (149).....\$33.00
- Urinalysis (090).....\$6.00
- Celiac Screen with Reflex (TTDGP).....\$40.00*

*Inform patient that reflex testing will be an additional charge

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

First Name	Home Phone
Last Name	Cell Phone
Date of Birth	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: _____