



Test Description	Price	Biotin Pause	Fasting Required	CPT	LAB CODES
BUNDLES					
<input type="radio"/> Comprehensive CBC, CMP, TSH, Iron, Ferritin, Lipid Panel, LDL	\$251	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85025, 80053 84443, 83540 82728, 80061 83721	LAB1748, LAB17 LAB129, LAB94 LAB68, LAB18, LAB102
<input type="radio"/> Basic (CBC, CMP, TSH)	\$112	<input checked="" type="checkbox"/>	<input type="checkbox"/>	85025, 80053 84443	LAB1748, LAB17 LAB129
<input type="radio"/> Value (CBC, CMP)	\$73	<input type="checkbox"/>	<input type="checkbox"/>	85025, 80053	LAB1748, LAB17
<input type="radio"/> ABO Rh	\$60	<input type="checkbox"/>	<input type="checkbox"/>	86900, 86901	LAB 895
<input type="radio"/> CBC w/ auto differential (Complete Blood Count)	\$30	<input type="checkbox"/>	<input type="checkbox"/>	85025	LAB 1748
<input type="radio"/> CMP (Comprehensive Metabolic Panel)	\$43	<input type="checkbox"/>	<input type="checkbox"/>	80053	LAB 17
<input type="radio"/> CRP (C- Reactive Protein)	\$25	<input type="checkbox"/>	<input type="checkbox"/>	86140	LAB 149
<input type="radio"/> Estradiol	\$64	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82670	LAB 523
<input type="radio"/> Ferritin	\$42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82728	LAB 68
<input type="radio"/> Folate	\$44	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82746	LAB 69
<input type="radio"/> FSH (Follicle Stimulating Hormone)	\$55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83001	LAB 86
<input type="radio"/> Free T3	\$55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84481	LAB 137
<input type="radio"/> Free T4	\$40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84439	LAB 127
<input type="radio"/> Hepatitis C Ab	\$45	<input type="checkbox"/>	<input type="checkbox"/>	86803	LAB 868
<input type="radio"/> HGB A1C	\$38	<input type="checkbox"/>	<input type="checkbox"/>	83036	LAB 90
<input type="radio"/> Iron	\$31	<input type="checkbox"/>	<input type="checkbox"/>	83540	LAB 94
<input type="radio"/> Iron and TIBC	\$57	<input type="checkbox"/>	<input type="checkbox"/>	83540, 83550	LAB 6391
<input type="radio"/> LDL (Low-density Lipoprotein)	\$27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	83721	LAB 102
<input type="radio"/> Lipid Panel (Cholesterol, Triglyceride, High-density Lipoprotein)	\$39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80061	LAB 18
<input type="radio"/> Magnesium	\$28	<input type="checkbox"/>	<input type="checkbox"/>	83735	LAB 103
<input type="radio"/> Pregnancy, serum	\$20	<input type="checkbox"/>	<input type="checkbox"/>	84703	LAB 144
<input type="radio"/> Pregnancy, urine	\$20	<input type="checkbox"/>	<input type="checkbox"/>	84703	LAB 437
<input type="radio"/> Progesterone	\$45	<input type="checkbox"/>	<input type="checkbox"/>	84144	LAB 529
<input type="radio"/> Testosterone, Free and Total	\$65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84402, 84403	LAB 540
<input type="radio"/> Testosterone, Total	\$30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84403	LAB5442
<input type="radio"/> Thyroxine Antibodies	\$40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	86376	LAB 5440
<input type="radio"/> TSH (Thyroid Stimulating Hormone)	\$39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84443	LAB129
<input type="radio"/> Urinalysis w/out microscopic	\$25	<input type="checkbox"/>	<input type="checkbox"/>	81001	LAB 553
<input type="radio"/> Vitamin B-12	\$43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82607	LAB 67
<input type="radio"/> Vitamin D (25-Hydroxy Vitamin D)	\$58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82306	LAB 535

The interpretation of the laboratory results of Direct Access Testing (DAT) should be left to your Licensed Clinical Provider. You are responsible for distributing your results to your provider and for scheduling a follow-up appointment with your provider. Test results outside the expected normal range may indicate the need to seek medical care from a Licensed Clinical Provider. Please reach out to Gunnison Valley Health Family Medicine Clinic for follow-up appointment if you do not have a Primary Care Provider at 970-642-8413.



ID LABEL - GVH STAFF TO COMPLETE	
NAME	
MRN	CSN
DOB	DOS

Direct Access Testing Consent

Consent for Treatment/Payment/Receipt of Results

TIME: _____

This is to certify that I consent to and authorize Gunnison Valley Health/Gunnison Valley Hospital (collectively, "Hospital") to collect my blood and/or urine for analysis of the chosen Direct Access Testing ("DAT"). Direct Access Testing is patient-initiated testing that does not require a physician's order. I authorize the Hospital to release my results to me through the method indicated on this form. In performing the patient initiated testing, I understand that Gunnison Valley Hospital 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 regarding test results, up to and including consulting with a physician. In this regard, I do not and will not hold the Hospital 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 Hospital's 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, decreased, positive or negative laboratory values is present.

I agree to take full fiscal 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 Hospital and that my results will not be sent to a physician or health care provider, though the results will be available for review in my medical record and patient portal. Certain Providers may be able to access results electronically via Contexture. I understand the cost of DAT may increase in the future without prior notice.

I understand that medical insurance does not usually 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.

Please select the method you prefer to receive your results:

- Access results via Patient Portal
- Fill out a Medical Records Request form (970) 641-7257 or email to: mr@gvh-colorado.org

Patient Name

Date of Birth

Patient Signature or legally authorized representative (if under the age of 18)

Phone (for emergent/critical lab results)

Relationship to the Patient (If not patient)

Date of Birth