GUNNISON VALLEY HEALTH

Walk In. Test. Know.

Available Daily!

COMMUNITY LAB TESTING

Convenient access to year-round low-cost laboratory testing.

AVAILABLE DAILY AT GVH

- This replaces the community blood draw event in Gunnison.
- Available daily from **7:30 AM – 6:00 PM** at the **GVH Lab**, located inside the hospital north entrance.
- **Available on a walk-in basis,** no appointment necessary
- **Upfront payment** - no insurance

LEARN MORE

GVH Community Lab Testing Program

GENERAL WELLNESS BUNDLES

General wellness bundle tests will still be selected individually on the Order Form.

Panel Name	Price	Tests Included	Description	Biotin Pause (72 hrs)	Fasting Required
VALUE	$73	CBC, CMP	Baseline screening of blood cells, liver/kidney function, electrolytes, blood sugar, and proteins.	✗	✗
BASIC	$112	CBC, CMP, TSH	Adds thyroid screening to baseline labs.	✓	✗
COMPREHENSIVE	$251	CBC, CMP, TSH, Iron, Ferritin, Lipid Panel, LDL	Broad screening including thyroid, Iron levels, and cardiovascular risk markers.	✓	✓

SPECIALIZED BUNDLES

Specialized bundle tests will still be selected individually on the Order Form.

Panel Name	Price	Tests Included	Description	Biotin Pause (72 hrs)	Fasting Required
DIABETES & METABOLISM	$152	A1C, Glucose (CMP), Magnesium B-12	Evaluates blood sugar control, energy, and nerve health.	✓	✓
ADVANCED HEART HEALTH	$130	Lipid Panel, LDL, CRP, TSH	Measures cholesterol, inflammation and thyroid function.	✓	✓
MEN'S HEALTH	$103	Testosterone, CBC, CMP	Evaluates energy, hormones, and overall health in men.	✓	✗
WOMEN'S HORMONE	$203	Estradiol, Progesterone, FSH, TSH	Evaluates menstrual cycle, menopause, fertility, and thyroid.	✓	✗

QUICK KEY

✓ = Required

✗ = Not required

FASTING REQUIRED
Do not eat or drink anything except water for 8–12 hours before your test.

BIOTIN PAUSE (72 HOURS)
Stop biotin (Vitamin B7) supplements for 3 days before your test to avoid inaccurate results.

These tests are not billed through insurance and payment is due at time of visit. More test descriptions are available on reverse side. For a full list of tests available at the GVH Lab, visit **www.gunnisonvalleyhealth.org/lab.**

Order in person — no referral | **Upfront payment** — no insurance

Easy tracking & repeat testing | **Fast, secure results via MyChart** 711 N. Taylor Street, Gunnison | 970-641-1456

Individual Lab Test Descriptions and Pricing

ABO Rh Blood Typing – $60
Detects ABO type and Rh type of blood (e.g., "B positive" or "O negative").
Biotin Pause ✗ Fasting ✗

Complete Blood Count w/ Auto Differential (CBC)– $30
Measures white blood cells, red blood cells, and platelets.
Biotin Pause ✗ Fasting ✗

Comprehensive Metabolic Panel (CMP)– $43
Evaluates liver and kidney function, electrolytes, and blood sugar.
Biotin Pause ✗ Fasting ✗

C-Reactive Protein (CRP) – $25
Detects inflammation related to infection or autoimmune conditions.
Biotin Pause ✗ Fasting ✗

Estradiol – $64
Measures estrogen levels for reproductive and hormonal health.
Biotin Pause ✓ Fasting ✗

Ferritin – $42
Measures stored iron levels in the body.
Biotin Pause ✓ Fasting ✗

Folate (Folic Acid) – $44
Evaluates folate levels for red blood cell production and deficiency.
Biotin Pause ✓ Fasting ✓

Follicle Stimulating Hormone (FSH) – $55
Measures reproductive hormone involved in egg and sperm development.
Biotin Pause ✓ Fasting ✗

Free T3 – $55
Evaluates active thyroid hormone levels.
Biotin Pause ✓ Fasting ✗

Free T4 – $40
Assesses thyroid function alongside TSH.
Biotin Pause ✓ Fasting ✗

Hepatitis C Antibody – $45
Detects antibodies indicating hepatitis C exposure.
Biotin Pause ✗ Fasting ✗

Hemoglobin A1C – $38
Measures average blood sugar over 2–3 months.
Biotin Pause ✗ Fasting ✗

Iron (Serum Iron) – $31
Measures circulating iron levels.
Biotin Pause ✗ Fasting ✗

Iron and TIBC – $57
Evaluates iron levels and binding capacity for anemia assessment.
Biotin Pause ✗ Fasting ✗

Lipid Panel – $39
Measures cholesterol and triglycerides for heart disease risk.
Biotin Pause ✗ Fasting ✓

Lipoprotein (a) – $65
Measures genetic cholesterol particle linked to heart disease risk.
Biotin Pause ✗ Fasting ✗

Low-density Lipoprotein (LDL) – $27
Measures "bad" cholesterol levels.
Biotin Pause ✗ Fasting ✓

Magnesium – $28
Evaluates magnesium levels for muscle, nerve, and heart function.
Biotin Pause ✗ Fasting ✗

Pregnancy, Serum – $20
Blood test detecting hCG hormone for pregnancy.
Biotin Pause ✗ Fasting ✗

Pregnancy, Urine – $20
Urine test detecting hCG hormone for pregnancy.
Biotin Pause ✗ Fasting ✗

Progesterone – $45
Measures hormone involved in ovulation and pregnancy support.
Biotin Pause ✗ Fasting ✗

Prostate-Specific Antigen – $65 Screening (PSA)
Measures prostate-specific antigen levels to assess prostate health.
Biotin Pause ✓ Fasting ✗

Testosterone, Free and Total – $65
Measures biologically active and total testosterone.
Biotin Pause ✓ Fasting ✗

Testosterone, Total – $30
Measures total testosterone levels.
Biotin Pause ✓ Fasting ✗

Thyroperoxidase (TPO) Antibodies – $40
Detects autoimmune thyroid disease markers.
Biotin Pause ✓ Fasting ✗

TSH – $39
Screens thyroid function and detects hypo/hyperthyroidism.
Biotin Pause ✓ Fasting ✗

Uric Acid – $30
Measures uric acid levels to assess kidney health and risk of gout.
Biotin Pause ✗ Fasting ✗

Urinalysis (UA) – $25
Evaluates kidney function and screens for infection.
Biotin Pause ✗ Fasting ✗

Vitamin B-12 – $43
Measures levels important for red blood cells and nerve function.
Biotin Pause ✓ Fasting ✗

Vitamin D (25-Hydroxy) – $58
Measures vitamin D levels for bone health and deficiency.
Biotin Pause ✓ Fasting ✗

QUICK KEY **Key:** ✓ Required ✗ Not Required

Fasting Required
Do not eat or drink anything except water for 8–12 hours before your test.

Biotin Pause (72 Hours)
Stop biotin (Vitamin B7) supplements for 3 days before your test to avoid inaccurate results.

GUNNISON VALLEY HEALTH

Community Lab Testing
Available daily from 7:30 AM – 6:00 PM at the GVH Lab

gunnisonvalleyhealth.org/lab

GUNNISON VALLEY HEALTH

ORDER FORM

ID LABEL - GVH STAFF TO COMPLETE

NAME

MRN **CSN**

DOB **DOS**

TIME: _____

Test Description	Price	Biotin Pause	Fasting Required	CPT	LAB CODES
○ **ABO Rh Blood Typing**	**$60**	✗	✗	86900, 86901	LAB 895
○ **Complete Blood Count** (CBC w/ auto differential)	**$30**	✗	✗	85025	LAB 1748
○ **Comprehensive Metabolic Panel** (CMP)	**$43**	✗	✗	80053	LAB 17
○ **C- Reactive Protein** (CRP)	**$25**	✗	✗	86140	LAB 149
○ **Estradiol**	**$64**	✓	✗	82670	LAB 523
○ **Ferritin**	**$42**	✓	✗	82728	LAB 68
○ **Folate**	**$44**	✓	✓	82746	LAB 69
○ **Follicle Stimulating Hormone** (FSH)	**$55**	✓	✗	83001	LAB 86
○ **Free T3**	**$55**	✓	✗	84481	LAB 137
○ **Free T4**	**$40**	✓	✗	84439	LAB 127
○ **Hepatitis C Ab**	**$45**	✗	✗	86803	LAB 868
○ **HGB A1C**	**$38**	✗	✗	83036	LAB 90
○ **Iron**	**$31**	✗	✗	83540	LAB 94
○ **Iron and TIBC**	**$57**	✗	✗	83540, 83550	LAB 6391
○ **Lipid Panel** (Cholesterol, Triglyceride, High-density Lipoprotein)	**$39**	✗	✓	80061	LAB 18
○ **Lipoprotein (a)**	**$65**	✗	✗	83695	LAB 563
○ **Low-density Lipoprotein** (LDL)	**$27**	✗	✓	83721	LAB 102
○ **Magnesium**	**$28**	✗	✗	83735	LAB 103
○ **Pregnancy, serum**	**$20**	✗	✗	84703	LAB 144
○ **Pregnancy, urine**	**$20**	✗	✗	84703	LAB 437
○ **Progesterone**	**$45**	✗	✗	84144	LAB 529
○ **Prostate Specific Antigen** (PSA)	**$65**	✓	✗	84153	LAB 3019
○ **Testosterone, Free and Total**	**$65**	✓	✗	84402, 84403	LAB 540
○ **Testosterone, Total**	**$30**	✓	✗	84403	LAB 5442
○ **Thyroperoxidase Antibodies**	**$40**	✓	✗	86376	LAB 5440
○ **Thyroid Stimulating Hormone** (TSH)	**$39**	✓	✗	84443	LAB 129
○ **Uric Acid**	**$30**	✗	✗	84550	LAB 141
○ **Urinalysis** w/out microscopic	**$25**	✗	✗	81003	LAB 553
○ **Vitamin B-12**	**$43**	✓	✗	82607	LAB 67
○ **Vitamin D** (25-Hydroxy)	**$58**	✓	✗	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.

GUNNISON VALLEY HEALTH

Direct Acess Testing Consent

Consent for Treatment/Payment /Receipt of Results

TIME: _____

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

This is to certify that I consent to and authorize Gunnison Valley Health/Gunnison Valley Hospital ("GVH") to collect my blood and/or urine for analysis of the selected Direct Access Testing ("DAT") tests. DAT is patient-initiated testing that does not require a physician's order. All DAT is performed under the oversight of the Gunnison Valley Health Laboratory Medical Director. I understand that GVH is not acting as my physician or healthcare provider, and that Direct Access Testing does not replace evaluation, diagnosis, treatment, or medical advice from a healthcare provider. DAT is not intended for the evaluation of emergency medical conditions. If I am experiencing chest pain, shortness of breath, stroke symptoms, severe bleeding, loss of consciousness, or another medical emergency, I understand that I should call 911 or seek immediate medical care. I understand that laboratory testing involves certain risks, including discomfort, bruising, bleeding, fainting, infection, specimen collection errors, and the possibility of falsely elevated, falsely decreased, positive, or negative laboratory results. If an accidental needle stick or other exposure occurs involving GVH personnel during specimen collection, I consent to any testing required to ensure the safety of the affected healthcare worker. I understand that some tests require specific preparation, including fasting or medication restrictions. Failure to follow preparation instructions may affect test accuracy and may require repeat testing.

I understand that my DAT results will become part of my medical record and may be accessible to authorized healthcare providers involved in my care. I understand that my results will not automatically be sent to a health-care provider. I understand that normal laboratory results do not necessarily indicate the absence of disease or a medical condition. I understand that GVH will make reasonable efforts to contact me with critical results using the contact information provided but cannot guarantee successful contact if the information is incorrect, incomplete, outdated, or if you do not respond. I understand that abnormal/critical results may require prompt attention. Because results are not routinely provided to a clinician, I am responsible for reviewing my results and taking any follow-up actions; I deem appropriate. I understand that my health information will be maintained and disclosed in accordance with applicable privacy laws and the Gunnison Valley Health Notice of Privacy Practices.

I agree to take full financial responsibility for all tests requested. I understand that payment is required prior to specimen collection, and that DAT services are not billed to insurance, Medicare, Medicaid, or any third-party payer. I understand that health insurance plans generally do not reimburse for tests obtained without a provider order and that such charges may not apply toward deductibles or out-of-pocket expenses. I understand that published DAT prices are subject to change without notice.

DAT is generally limited to adults age 18 years and older. Exceptions may be made when a minor is legally authorized under Colorado law to consent to the healthcare service associated with the requested test.

Gunnison Valley Health may require documentation or verification of a minor's legal authority to consent prior to providing DAT.

Patient Acknowledgments - Please initial each statement:

_____ I have read and understand the information provided above.
_____ I understand that these tests were not ordered by a healthcare provider.
_____ I understand that DAT does not replace medical evaluation, diagnosis, treatment, or preventive care.
_____ I understand that abnormal results may indicate the need for follow-up care, and that normal results do not guarantee the absence of disease.

Please select the method you prefer to receive your results:

○ Access results via MyChart Patient Portal
○ Fill out a Medical Records Request form – Phone (970) 641-7257, Fax (970) 641-7273 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**