

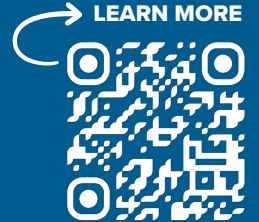
Available Daily!

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



GVH Community Lab Testing Program

GENERAL WELLNESS BUNDLES

Panel Name	Price	Tests Included	Description	Fasting Required	Biotin Pause (72 hrs)
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

Panel Name	Price	Tests Included	Description	Fasting Required	Biotin Pause (72 hrs)
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.

Crested Butte | 3 - Day Event

- June 10 – 12 6:30-9:30 AM
- Community blood draw event not affiliated with GVH
- Crested butte Fire Station, 300 County Road 317



Walk in daily 7:30 AM - 6:00 PM
No Appointment Needed!

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 Detects ABO type and Rh type of blood (e.g., “B positive” or “O negative”).	Cost: \$60 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	LDL – \$27 Measures “bad” cholesterol levels.	Cost: \$27 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Complete Blood Count w/ Auto Differential (CBC) Measures white blood cells, red blood cells, and platelets.	Cost: \$30 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Lipid Panel – \$39 Measures cholesterol and triglycerides for heart disease risk.	Cost: \$39 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Comprehensive Metabolic Panel (CMP) Evaluates liver and kidney function, electrolytes, and blood sugar.	Cost: \$43 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Magnesium – \$25 Evaluates magnesium levels for muscle, nerve, and heart function.	Cost: \$25 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
C-Reactive Protein (CRP) – \$33 Detects inflammation related to infection or autoimmune conditions.	Cost: \$33 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Pregnancy, Serum – \$20 Blood test detecting hCG hormone for pregnancy.	Cost: \$20 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Estradiol – \$64 Measures estrogen levels for reproductive and hormonal health.	Cost: \$64 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Pregnancy, Urine – \$20 Urine test detecting hCG hormone for pregnancy.	Cost: \$20 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Ferritin – \$42 Measures stored iron levels in the body.	Cost: \$42 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Progesterone – \$45 Measures hormone involved in ovulation and pregnancy support.	Cost: \$45 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Folate (Folic Acid) – \$44 Evaluates folate levels for red blood cell production and deficiency.	Cost: \$44 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Testosterone, Total – \$30 Measures total testosterone levels.	Cost: \$30 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
FSH – Follicle Stimulating Hormone Measures reproductive hormone involved in egg and sperm development.	Cost: \$55 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Testosterone, Free and Total – \$65 Measures biologically active and total testosterone.	Cost: \$65 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Free T3 – \$40 Evaluates active thyroid hormone levels.	Cost: \$40 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Thyroperoxidase (TPO) Antibodies – \$40 Detects autoimmune thyroid disease markers.	Cost: \$40 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Free T4 – \$30 Assesses thyroid function alongside TSH.	Cost: \$30 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	TSH – \$39 Screens thyroid function and detects hypo/hyperthyroidism.	Cost: \$39 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Hepatitis C Antibody – \$45 Detects antibodies indicating hepatitis C exposure.	Cost: \$45 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Urinalysis (UA) – \$25 Evaluates kidney function and screens for infection.	Cost: \$25 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Hemoglobin A1C – \$38 Measures average blood sugar over 2–3 months.	Cost: \$38 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Vitamin B-12 – \$43 Measures levels important for red blood cells and nerve function.	Cost: \$43 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Iron (Serum Iron) – \$31 Measures circulating iron levels.	Cost: \$31 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	Vitamin D (25-Hydroxy) – \$58 Measures vitamin D levels for bone health and deficiency.	Cost: \$58 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>
Iron and TIBC – \$57 Evaluates iron levels and binding capacity for anemia assessment.	Cost: \$57 Fasting <input checked="" type="checkbox"/> Biotin Pause <input checked="" type="checkbox"/>	QUICK KEY Key: <input checked="" type="checkbox"/> Required <input checked="" type="checkbox"/> 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!

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

Available daily from 7:30 AM – 6:00 PM at the GVH Lab, located inside the hospital North Entrance at 711 N. Taylor St. Available on a walk-in basis, **no appointment necessary.**

GUNNISONVALLEYHEALTH.ORG/LAB



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