

LABORATORY SERVICES – Self Directed Labs

	Test Menu	Charge
	B12 001503	\$25
	Basic Metabolic Profile (BMP) 322758	\$15
	Blood Type (ABO/RH) 006049	\$30
	Complete Blood Count (CBC) 005009	\$20
	Comprehensive Metabolic Panel (CMP) 322000	\$30
	Cortisol 004051	\$45
	Environmental Allergy Profile 649749	\$95
	Estradiol 004515	\$45
	Ferritin 004598	\$20
	Folate 002014	\$20
	Food Allergy Profile 648014	\$50
	FSH and LH 028480	\$45
	Hemoglobin A1C 001453	\$25
	Insulin 004333	\$35
	Iron and Total Iron Binding Capacity 001321	\$20
	Lipid Screen (cholesterol, triglycerides, LDL & HDL) 303756	\$25
	PSA (Prostate-Specific Antigen) 010322	\$30
	Progesterone 004317	\$30
	Prolactin 004465	\$30
	Testosterone Free and Total 140103	\$85
	Thyroxine (T4) 001149	\$15
	T3 Total 002188	\$45
	T3 Free 010389	\$45
	TPO Antibodies 006676	\$20
	TSH (Thyroid Stimulating Hormone) 004259	\$25
	Vitamin D 081950	\$45
	Pregnancy Test – Urine	\$10
	Chlamydia/Gonorrhea – Urine 183616	\$75
	Uric Acid 001057	\$10
	Urine Albumin 149997	\$20
	Urine Albumin/Creatinine Ratio 140285	\$25
	Urinalysis 003038	\$15
	Urine Culture 008086	\$35
	Lab Draw & Processing Fee	\$45

Check here if this is your first time using Self Directed Labs through Sensible Solutions Care Clinic and you are completing your consent forms for the first time.

Check here if you have previously completed your consent forms. Initial to agree to previous informed consent. _____

Customer Information (Please Print)

Name _____

DOB _____

Phone _____

Address _____

City/State/Zip _____

Results will be sent to the above addresses. Typically results are available in 7-10 business days.

Payment Method: Cash Check Card

Lab Total + \$45 processing fee = _____

Payment Received By: _____

Results Mailed on : __/__/____ By: _____

