

## LABORATORY SERVICES – Self Directed Labs

Mondays 8:30 am-4 pm, Wednesdays 7am – 4pm and Tuesday & Friday 7am – 12 pm (Excludes Holidays)

Appointment needed. Please call **715-637-0001** to make your appointment.

Customer Information (Please Print)			
Name _____			
Last	First	MI	
DOB _____			
Month	Day	Year	
Phone _____			
Address _____			
City/State/Zip _____			
Results will be sent to the above address and typically take up to 1 week.			

**Most lab results are more effective following an 8 hour fast**

	Test Menu	Charge
	B12	\$25
	Basic Metabolic Profile (BMP)	\$15
	Blood Glucose (included in BMP)	\$10
	Blood Type (ABO/RH)	\$20
	Complete Blood Count (CBC)	\$15
	Comprehensive Metabolic Panel (CMP)	\$25
	Ferritin	\$15
	Folate	\$10
	Hemoglobin A1C	\$15
	Iron and Total Iron Binding Capacity	\$15
	Lipid Screen (cholesterol, triglycerides, LDL & HDL)	\$20
	PSA (Prostate-Specific Antigen)	\$35
	Prolactin	\$10
	Testosterone Free and Total	\$25
	Thyroid Profile Free thyroxine index; T3 uptake (THBR); thyroxine (T4)	\$20
	Thyroid Profile with TSH	\$25
	TPO Antibodies	\$20
	TSH (Thyroid Stimulating Hormone)	\$15
	Vitamin D	\$30
	Pregnancy Test – Urine	\$10
	Chlamydia/Gonorrhea – Urine	\$25
	Urinalysis	\$15
	Urine Culture	\$20
	Women’s Health Panel (Thyroid profile with TSH, Hgb A1C, Testosterone free and total, Progesterone, Insulin, Estradiol, FSH & LH, Vitamin D, Cortisol, Lipid Panel, CMP) <i>*may take up to 2 weeks to result</i>	\$150
	Lab Draw & Processing Fee	\$45

### DISCLAIMER

**I have read and understand the following information:**

- \*Anyone under the age of 18 must be accompanied by a parent or guardian.
- \* Tests are being performed at my request.
- \* Results will NOT be forwarded to my provider.
- \* Copies of my record will **not** be retained at Sensible Solutions Care Clinic.
- \* Any critical/urgent values will be given to the “on-call” provider at SSCC.
- \* Positive results of Chlamydia/GC tests will be reported to the State of Wisconsin.
- \* Pricing is subject to change without notice.

**See attached signed informed consent form.**

### SSCC USE ONLY

#### Payment Method:

- \_\_\_\_\_ Cash  
 \_\_\_\_\_ Check  
 \_\_\_\_\_ \$Total

#### Payment Received By:

Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_

#### Results mailed to patient on:

Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_



**Sensible Solutions Care Clinic**  
 Exceptional care, sensible cost