

Location: _____

Time: _____

**Patient Requested Lab Tests
REGISTRATION FORM**

Name: _____ Date of Birth: ____/____/____

Address: _____ City/State/Zip: _____

Mailing Address: *(if different than street address)* _____ City/State/Zip: _____
mm dd yr

Social Security Number: ____-____-____ Gender: Male Female

Race: _____ Ethnicity: _____

Home Phone: ____-____-____ Cell: ____-____-____ Work: ____-____-____

Emergency Contact: Name _____ Phone ____-____-____

Primary Care Physician: _____

Please Check Test(s) Requested

<input type="checkbox"/> Blood Type (ABO & Rh)	\$ 20.00	<input type="checkbox"/> Lipid Profile* (Total, H0L, LDL, Cholesterol, Triglycerides)	\$ 24.00
<input type="checkbox"/> Cholesterol* (Total Blood Levels)	\$ 12.00	<input type="checkbox"/> Measles Immune Status (IgG)	\$ 14.00
<input type="checkbox"/> Complete Blood Count (CBC with automated WBC. or White Blood Cell, differential count)	\$ 18.00	<input type="checkbox"/> Mumps Immune Status (IgG)	\$ 14.00
<input type="checkbox"/> Comprehensive Metabolic Profile* (16 tests)	\$ 27.00	<input type="checkbox"/> Potassium	\$ 10.00
<input type="checkbox"/> COVID PCR Viral Panel (includes FLU and RSV)	\$ 230.00	<input type="checkbox"/> Pregnancy Test (Urine)	\$ 10.00
<input type="checkbox"/> Drug Screen (Urine, 7 tests)	\$ 25.00	<input type="checkbox"/> Prostate-Specific Antigen (PSA)	\$ 22.00
<input type="checkbox"/> Ferritin (Iron)	\$ 20.00	<input type="checkbox"/> Prothrombin Time (PT - clotting time)	\$ 12.00
<input type="checkbox"/> Glucose* (blood level)	\$ 10.00	<input type="checkbox"/> Rubella Immune Status (IgG)	\$ 14.00
<input type="checkbox"/> Glycosylated Hemoglobin (HbA1C)	\$ 25.00	<input type="checkbox"/> RPR (Syphilis Test)	\$ 20.00
<input type="checkbox"/> Hepatic (Liver) Function Panel	\$ 14.00	<input type="checkbox"/> Thyroid Profile (free T4, TSH)	\$ 32.00
<input type="checkbox"/> Hepatitis B Immune Status (Antibody)	\$ 14.00	<input type="checkbox"/> Uric Acid level	\$ 10.00
<input type="checkbox"/> Hepatitis C Screening	\$ 30.00	<input type="checkbox"/> Urinalysis (with microscopic study)	\$ 20.00
<input type="checkbox"/> HIV Antibody Screen	\$ 29.00	<input type="checkbox"/> Varicella Immune Status (IgG)	\$ 14.00
<input type="checkbox"/> Iron Profile (iron level & iron binding capacity)	\$ 25.00	<input type="checkbox"/> Vitamin D (blood level)	\$ 65.00
		<input type="checkbox"/> Student Drug Screen (11 panel test)	\$ 75.00

***8-hour Fasting Recommended**

I authorize RMC's Laboratory staff to collect specimens and/or my blood by venipuncture for the above test(s). I understand and agree all tests must be paid at time of services rendered. I understand that test results will be treated with respect and confidentiality. If a lab test(s) is positive for any reportable disease, such as HIV or Hepatitis, the results will be reported to the state health department (SCDHEC) according to South Carolina law.

Patient Signature or Parent/Legal Guardian Signature

Date

Please give this signed consent form to our staff at the time of lab test(s).