Mercer Health

800 West Main Street
Coldwater, Ohio 45828
**Telephone: 419-678-5122**
**Form 86 Revised: 12/2025**

Patient Label

# Clinical Laboratory – Patient Authorization Direct Access Testing

| | |
|---|---|
| **Participant Name:** | |
| **Date of Birth:** | |
| **Gender:** | Circle one: Male Female |
| **Send my test results via:** | Circle one: MyChart MyChart + Mail |

## AUTHORIZATION

I request and authorize Mercer Health Laboratory to perform the screenings/tests as indicated on this form. I understand that this testing will not be directly linked to any order obtained through a provider. Mercer Health will not diagnose or recommend specific medical treatment through this testing but is merely acting as a resource to provide this voluntary informative service.

## RESPONSIBILITY

**I understand my provider will only view results of these tests when I choose to share the information with them. The screenings/test performed through this Direct Access Testing will NOT be viewed automatically by a provider** like those results directly linked to a provider's order. I am releasing all agents, employees, and volunteer personnel involved in this DAT process from any and all liability for the results or any treatment I may receive from a provider based upon the information provided by this service. In the event of a blood-borne exposure, I hereby consent to participate in the procedures associated with that policy and will obtain results of that additional testing. The costs listed on this form **will not be submitted to my insurance** and I agree to pay for the services at the time of registration. By signing below, I certify that I have read and fully understand the above.

_____ **Initials**

## MORE DETAILS

For more information on Direct Access Testing including a description of each test, visit mercer-health.com or scan the QR code.

## PANELS

_____ $30 **Basic Metabolic Panel** (CPT 80048) Includes Sodium, Potassium, Chloride, $CO_2$, Glucose, BUN, Creatinine, Calcium

_____ $45 **Comprehensive Metabolic Panel (CMP)** (CPT 80053) Includes Sodium, Potassium, Chloride, $CO_2$, Glucose, BUN, Creatinine, Calcium, Albumin, Protein, AST, ALT, Alk Phos, Bili

_____ $35 **Kidney Panel** (CPT 80069) Includes Sodium, Potassium, Chloride, $CO_2$, Glucose, BUN, Creatinine, Calcium, Albumin, I Phosphorus

_____ $30 **Lipid Panel** *Fasting Required*. (CPT 80061) Includes Cholesterol, Triglycerides, HDL, LDL, VLDL

_____ $35 **Liver Panel** (CPT 80076) Includes AST, ALT, Alk Phos, Total & Direct Bili, Albumin, Total Protein

_____ $50 **Thyroid Panel** (CPT 84443, 84439) Includes TSH and Free T4

## COMBINED PANELS

*Panels may contain duplicate testing. If multiple panels above are selected, use the pricing below.*

_____ $45 **Comprehensive Metabolic Panel** and **Basic Metabolic Panel**

_____ $50 **Comprehensive Metabolic Panel** and **Kidney Panel**

_____ $65 **Comprehensive Metabolic Panel** and **Liver Panel**

_____ $70 **Comprehensive Metabolic Panel, Kidney Panel** and **Liver Panel**

## INDIVIDUAL TESTS

_____ $20 **Blood Type** (ABO/Rh) (CPT 86900, 86901)

_____ $25 **CBC with diff** (CPT 85025 for automated diff)

_____ $15 **Glucose** (CPT 82947) *Included in CMP, Basic & Kidney*

_____ $30 **Hemoglobin A1C** (CPT 83036)

_____ $25 **High Sensitivity CRP** (CRP-hs) (CPT 86141)

_____ $20 **Magnesium (Mg)** (CPT 83735)

_____ $30 **Microalbumin** (CPT 82043, 82570) *Urine Collection*

_____ $15 **Potassium** (CPT 84132) *Included in CMP, Basic & Kidney*

_____ $45 **PSA Screen** (CPT G0103) *Male Only*

_____ $35 **Testosterone, Total** (CPT 84403)

_____ $25 **TSH** (CPT 84443) *Included in Thyroid Panel*

_____ $45 **Vitamin D** (CPT 82306)

$_____**TOTAL DUE** Checks Payable to Mercer Health
Tax ID# 34-1101385

REGISTRATION USE:

| Payment received by: | Circle payment type: |
|---|---|
| | Credit Card<br>Cash<br>Check# _____ |

_____ _____
Signature of Patient/Representative (and relationship as applicable) Date & Time

_____ _____
Signature of Witness Date & Time

LAB USE: Location: Hospital / COMC / CPH / STH-FTR / SL / SO / MS / Mendon (circle one) Collection Date: Collection Time: Phleb. Initials: