

**PLEASE CHECK (✓) TESTS TO BE PERFORMED** (tests do not require fasting, unless indicated) Not all tests may available at this site.

<input type="checkbox"/> <b>SMAC-31 Super Panel \$35</b> 8 hrs fasting (water & medications ok) • HDL, LDL, VLDL Cholesterol, Non-HDL, Total Cholesterol • Triglycerides, Cardiac Risk Ratio • Diabetes: Glucose, Fructosamine • Kidney: BUN, Creatinine, Ratio, GFR Est. • Nutrition: Protein, Albumin, Globulin, Albumin/Globulin Ratio • Iron: TIBC, Iron, Transferrin % Sat. • Liver: Bilirubin, GGT, ALT, AST, LDH, ALK • Bone: Calcium, Phosphates • Gout: Uric Acid • Electrolytes: Sodium, Chloride 2.5 ml min/tiger/spin within 45 min code 803339	<input type="checkbox"/> <b>Testosterone Adult Males Total \$85</b> Hormone secreted by testicles in men, ovaries in women, and in small amounts by adrenal glands. 1.0 ml min/tiger/spin...code 9345 <hr/> <input type="checkbox"/> <b>Testosterone Total &amp; Free \$85</b> Measures total as well as free amount circulating not attached to a protein.  1.0 ml min/plain red top/code 702723	<b>Allergy Testing</b> Allergy results mailed in approx. 2-3 weeks. <input type="checkbox"/> <b>Basic Food Panel \$80</b> 46 items (milk, eggs, meats, grains). <input type="checkbox"/> <b>SW Regional Inhalant Panel \$80</b> 45 items (grasses, dust, pollens, pet hair). <input type="checkbox"/> <b>Comprehensive Food Panel \$150</b> 90 items—all of basic panel plus more.  COMBO PRICES... <input type="checkbox"/> <b>Basic Food and Southwest Regional Inhalant Panels \$145</b> <input type="checkbox"/> <b>Comprehensive Food and Southwest Regional Inhalant Panels \$200</b>  Estimate 2 tests per tube/tiger/spin Federal Express to Spectrum
<input type="checkbox"/> <b>Complete Lipid Panel \$25</b> (Chol, HDL, VLDL, Trig, Chol/HDL Ratio) 1.0 ml min/tiger/spin...code 1877	<input type="checkbox"/> <b>Testosterone Total WOMEN &amp; CHILDREN \$85</b> This test is recommended for females, children less than 18 & hypogonadal males.  0.5 ml min/plain red top/code 902198	<input type="checkbox"/> <b>Vitamin D Test \$48</b> Fasting preferred, recommended to check for deficiency, common in children & adults. 1.0 ml mi/tiger/spin...code 904059  <input type="checkbox"/> <b>Vitamin B12 Test \$75</b> Found in meat, fish & dairy. Helps with fatigue, memory, prevent anemias, lowers homocysteine. 1.0 ml min/tiger/spin...code 8060
<input type="checkbox"/> <b>Cardio IQ \$85</b> 8 hrs fasting (water & medications ok) Lipoprotein Fractionation w/lipids. (Includes LDL Particle Number, Pattern, HDL Large, LDL Small, Medium, etc + complete lipid profile)  2.0 ml min/tiger/spin...code 906448	<input type="checkbox"/> <b>TSH Thyroid \$38</b> 1.0 ml min/tiger/spin...code 8055  <input type="checkbox"/> <b>T3U, T4 and T7 Thyroid \$28</b> 1.0 ml min/tiger/spin...code 1409  <input type="checkbox"/> <b>Both Panels Recommended \$58</b> 2.0 ml min/tiger/spin	<input type="checkbox"/> <b>Folate (Folic Acid) \$55</b> 8 hrs fasting preferred (water only). B vitamin important for cell growth, metabolism, neurogenic & cardiac health. 1.0 ml min/tiger/spin...code 8015
<input type="checkbox"/> <b>Hemoglobin A1C \$25</b> Test used for diabetic patients to monitor glucose control over the last mo.  1.0 ml min/needs own tube/lavender..code 9230	<input type="checkbox"/> <b>Free T3 \$48</b> 1.0 ml min/tiger/spin...code 9346  <input type="checkbox"/> <b>Free T4 \$35</b> 1.0 ml min/tiger/spin...code 8899	<input type="checkbox"/> <b>Ferritin \$40</b> Major iron storing protein in the body.  1.0 ml min/tiger/spin...code 9210
<input type="checkbox"/> <b>Apolipoprotein A-1 &amp; B \$68</b> Fasting preferred, a more advanced and sensitive indicator of cardiovascular risk. 1.0 ml min/tiger/spin...code 2062	<input type="checkbox"/> <b>Rheumatoid Arthritis Panel \$95</b> Fasting preferred.  1.0 ml min/tiger/spin...code 801796	<input type="checkbox"/> <b>Colorectal Cancer Screening \$30</b> Take-home kit for fecal-occult blood. Kit must be returned in provided envelope to Healthwaves.
<input type="checkbox"/> <b>C-Reactive Protein-High Sensitivity \$35</b> 8 hrs fasting. Helps predict heart attack risk.  1.0 ml min/tiger/spin...code 90045	<input type="checkbox"/> <b>Homocysteine \$90</b> Helps determine risk of heart disease or stroke. 1.0 ml min/tiger/spin...code 7074	<input type="checkbox"/> <b>Sedimentation Rate \$25</b>  2.0 ml min/ lavender tube...code 3105
<input type="checkbox"/> <b>Complete Blood Count (CBC) \$20</b> Tests for anemia and other conditions. 1.0 ml min—needs own lavender tube/gently invert x6/refrigerate asap/to lab within 24 code 3000	<input type="checkbox"/> <b>PT/INR \$20</b> Clotting time of blood. 2.7 ml full blue top...code 3500	<input type="checkbox"/> <b>HepC AB \$48</b> With reflex to RNA Quant. 2.0 ml min/ lavender tube & 2.0 ml min/tiger/spin...code 8587
<input type="checkbox"/> <b>Prostate Specific Antigen (PSA) \$48</b> Recommended for men 40 and older. A digital rectal exam conducted by a physician is also recommended. 1.0 ml min/tiger/spin...code 8501	<input type="checkbox"/> <b>Blood Type (Group &amp; RH) \$20</b> 3 ml min—needs own tube/lavender/ refrigerate asap...code 2317	

Please double check your selections above and complete both sides of this form 

Total amount: \$ \_\_\_\_\_

## ABOUT *Healthwaves* & SONORA QUEST LABORATORIES

Healthwaves Corporate Wellness Team has been providing worksite wellness, laboratory screening, and immunization services since 1986 under the direction of Patrick N. Connell, M.D., FACEP. Sonora Quest, our reference laboratory of choice, has a proven track record of award-winning quality, including being a recipient of the Arizona Governor's Award for Quality. Healthwaves believes that Sonora Quest Laboratories is the gold standard in Arizona, and quality is absolutely paramount in our view. Sonora Quest is used by thousands of Arizona physicians, and thus offers the continuity of care our clients have come to expect. Our experienced Healthwaves professionals, follow-up educational reports, and support programs have 29 years of demonstrated success in preventive medicine.



### INFORMATION ON PARTICIPANT (PLEASE PRINT)

NAME—Last, First, Middle Initial	SEX (F/M)	AGE	DATE OF BIRTH—MM/DD/YYYY	
MAILING ADDRESS	CITY		STATE	ZIP CODE
EMAIL ADDRESS	PHONE			
REFERRED BY: <input type="checkbox"/> Mailer <input type="checkbox"/> Poster/Flyer <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Doctor <input type="checkbox"/> Friend <input type="checkbox"/> Other				

### CONSENT

The undersigned hereby voluntarily consents to undergo a health screening test performed by Healthwaves. I understand that it is not possible to diagnose or define any disease or problem with a single test alone, and that a screening cannot detect every health problem. For example, a prostate-specific antigen (PSA) blood test cannot detect all prostate cancers. I understand these tests are for screening purposes only and are not diagnostic tests or a substitute for a more complete examination by a physician. Blood test results can fluctuate from day to day due to changes in the individual and from laboratory variation. As a result, a test may be abnormal at one time and not another. If any of my results fall outside normal ranges, I understand I should see a physician for a follow up evaluation. Often a retest by your physician will be necessary. A new sterile needle is used for each blood test. I understand possible but infrequent side effects include fainting, bacterial infection, or bruising (hematoma) at the puncture site. In rare circumstances, I may be contacted for a redraw due to a poor lab sample. **I understand that because these are screening tests, they are not reimbursable under most insurance plans.** Screening tests are being performed per the direction and authority of the Healthwaves Medical Director, Patrick N. Connell, M.D. or as otherwise designated on the laboratory requisition or results forms. Healthwaves practices in accordance with HIPAA regulations as pertains to privacy practices & patient confidentiality regarding protected health information.

**X**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

### HEALTHWAVES PERSONNEL ONLY BELOW THIS LINE

AMOUNT PAID \$ <input type="checkbox"/> CASH <input type="checkbox"/> CARD # _____ <input type="checkbox"/> CHECK # _____	LOCATION	SCREENER INITIALS	SENT ON/BY  CONCERN <b>A      B</b>
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