

Client Specifics:

Name:	
Address:	
Telephone Number:	
May We Leave a Message?	
Date of Birth:	
Last 4 digits of SSN:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

How Would You Prefer To Receive Your Results:

Call for Pick Up <input type="checkbox"/>	Encrypted E-mail <input type="checkbox"/>
Email: _____	
Alaska's Best Medical Lab cannot provide testing results over the phone for any reason.	
If someone other than yourself is picking up the lab results please provide their name below:	
Name:	_____

Test Menu:

<u>Panels</u>	<u>Hormones</u>	<u>Thyroid</u>
<input type="checkbox"/> BMP <u>\$25</u> 100062 Sodium, Potassium, Chloride, total Carbon Dioxide, Glucose, BUN, Creatinine, Calcium, Anion Gap, eGFR African and Non-American, Hemolysis, Icterus, Lipemia _____ <input type="checkbox"/> CBC <u>\$25 (CBCAD)</u> 100104 White and Red Blood Cells, Hemoglobin, Hematocrit, Mean Corpuscular Volume, Hemoglobin, and hemoglobin concentration, Red Cell Distribution Width, Platelets, Mean Platelet Volume, Neutrophil %, Lymphocyte %, Monocyte %, Eosinophil %, Basophil %, Neutrophil, Lymphocyte, Monocyte, Eosinophil, and Basophil Absolute _____ <input type="checkbox"/> CMP <u>\$40</u> 100105 AST (SGOT), ALT (SGPT), Alkaline Phosphatase, Albumin, Globulin, Albumin/Globulin Ratio, total Bilirubin, Sodium, Potassium, Chloride, total Carbon Dioxide, Glucose, BUN, BUN/Creatinine Ratio, Creatinine, Calcium, Anion Gap, eGFR African and non-American, Hemolysis, Icterus, Lipemia _____ <input type="checkbox"/> Cardiac Risk <u>\$429 (CARD)</u> 100088 C-reactive protein, cardiac, Fibrinogen activity, Lipoprotein (a), Von Willebrand factor antigen _____ <input type="checkbox"/> Hepatic <u>\$35 (HEP)</u> 100207 Total, Direct, and Indirect Bilirubin, Alkaline Phosphatase, AST (SGOT), ALT (SGPT), Total Protein, Albumin, Globulin, Albumin/Globulin Ratio _____ <input type="checkbox"/> Lipid <u>\$40</u> 100264 Total Cholesterol, Triglyceride, HDL and LDL Calculated, LDL/HDL Risk Ratio, Hemolysis, Icterus, Lipemia _____ <input type="checkbox"/> Renal <u>\$35 (REN)</u> 100347 Albumin, BUN, BUN / Creatinine Ratio, Calcium, total Carbon dioxide, Chloride, Creatinine, Glucose, Phosphorus, Potassium, Sodium _____ <input type="checkbox"/> Testosterone F&T <u>\$270 (TESTFT)</u> 100373 Free and Total Testosterone _____ <input type="checkbox"/> Thyroid <u>\$180</u> 100383 Thyroid Stimulating Hormone, Free T3, Free T4 _____	<input type="checkbox"/> Cortisol AM <u>\$75 (CORAM)</u> 100109 _____ <input type="checkbox"/> DHEA-S <u>\$100</u> 100128 _____ <input type="checkbox"/> Estrogen total <u>\$100 (ESTT)</u> 100141 _____ <input type="checkbox"/> Estradiol <u>\$90 (E2)</u> 100139 _____ <input type="checkbox"/> FSH <u>\$65</u> 100154 _____ <input type="checkbox"/> LH <u>\$75</u> 100261 _____ <input type="checkbox"/> Pregnenolone <u>\$85 (PREG)</u> 100325 _____ <input type="checkbox"/> Progesterone <u>\$65 (PROG)</u> 100328 _____ <input type="checkbox"/> Prolactin <u>\$75 (PRL)</u> 100329 _____ <input type="checkbox"/> Testosterone total <u>\$85 (TESTT)</u> 100374 _____	<input type="checkbox"/> TSH <u>\$50</u> 100384 _____ <input type="checkbox"/> T4 F <u>\$55 (FT4)</u> 100368 _____ <input type="checkbox"/> T3 F <u>\$75</u> (FT3) 100365 _____ <input type="checkbox"/> T3 T <u>\$65 (T3T)</u> 100367 _____ <input type="checkbox"/> T3 U <u>\$30 (T3U)</u> 100364 _____ <input type="checkbox"/> T3 R <u>\$125 (T3R)</u> 100366 _____ <input type="checkbox"/> Thyroid Ab. <u>\$145 (TPO&TAA)</u> 100381 _____ <div style="text-align: center;"><u>STD'S</u></div> <input type="checkbox"/> HIV <u>\$60 (HIV1&2)</u> 100222 _____ <input type="checkbox"/> HSV1 & 2 <u>\$120 (HSV 1&2 IgG)</u> 100231 _____ <input type="checkbox"/> Chlamydia/Gonorrhea <u>\$150 (CGPCR)</u> 100096 _____ <input type="checkbox"/> RPR <u>\$25</u> 100352 _____

Standard	Standard (cont)	Standard (cont)
<input type="checkbox"/> ABO/RH <u>\$65</u> (ABRH) 100008 <small>1 100008 100008 100008 100008 100008 100008</small>	<input type="checkbox"/> Iron TIBC <u>\$50</u> (TIBC) 100389 <small>1 100389 100389 100389 100389 100389 100389</small>	<input type="checkbox"/> Vit. B6 <u>\$125</u> (VB6) 100419 <small>1 100419 100419 100419 100419 100419 100419</small>
<input type="checkbox"/> ANA <u>\$50+</u> if positive 100037 <small>1 100037 100037 100037 100037 100037 100037</small>	<input type="checkbox"/> Magnesium <u>\$35</u> (MGS) 100275 <small>1 100275 100275 100275 100275 100275 100275</small>	<input type="checkbox"/> Vit. B12/F <u>\$95</u> (B12F) 100418 <small>1 100418 100418 100418 100418 100418 100418</small>
<input type="checkbox"/> CRP-HS <u>\$25</u> 100073 <small>1 100073 100073 100073 100073 100073 100073</small>	<input type="checkbox"/> MicAlb/Cre <u>\$55</u> (MCR) 100285 <small>1 100285 100285 100285 100285 100285 100285</small>	<input type="checkbox"/> Vit. D 25 <u>\$75</u> (VD25) 100422 <small>1 100422 100422 100422 100422 100422 100422</small>
<input type="checkbox"/> ESR <u>\$25</u> 100138 <small>1 100138 100138 100138 100138 100138 100138</small>	<input type="checkbox"/> Monospot <u>\$30</u> (MONQL) 100289 <small>1 100289 100289 100289 100289 100289 100289</small>	
<input type="checkbox"/> Ferritin <u>\$45</u> (FERR) 100148 <small>1 100148 100148 100148 100148 100148 100148</small>	<input type="checkbox"/> O&P <u>\$85</u> 100301 <small>1 100301 100301 100301 100301 100301 100301</small>	<u>Additional Labs</u>
<input type="checkbox"/> Folate <u>\$50</u> (FOLA) 100152 <small>1 100152 100152 100152 100152 100152 100152</small>	<input type="checkbox"/> PSA <u>\$65</u> (PSA-US) 100340 <small>1 100340 100340 100340 100340 100340 100340</small>	
<input type="checkbox"/> Glucose F <u>\$20</u> (GLUF) 100175 <small>1 100175 100175 100175 100175 100175 100175</small>	<input type="checkbox"/> PT/INR <u>\$25</u> (PTINR) 100336 <small>1 100336 100336 100336 100336 100336 100336</small>	
<input type="checkbox"/> HCG QT <u>\$40</u> (HCGQN) 100185 <small>1 100185 100185 100185 100185 100185 100185</small>	<input type="checkbox"/> PT/PTT <u>\$30</u> (PT&PTT) 100341 <small>1 100341 100341 100341 100341 100341 100341</small>	
<input type="checkbox"/> Hep B Surface AG <u>\$50</u> (HBSG) 100206 <small>1 100206 100206 100206 100206 100206 100206</small>	<input type="checkbox"/> PTH I/C <u>\$100</u> (PTHCA) 100343 <small>1 100343 100343 100343 100343 100343 100343</small>	
<input type="checkbox"/> Hep C ab <u>\$60</u> (HCV) 100215 <small>1 100215 100215 100215 100215 100215 100215</small>	<input type="checkbox"/> RA <u>\$170</u> 100349 <small>1 100349 100349 100349 100349 100349 100349</small>	
<input type="checkbox"/> Hgb A1 c <u>\$35</u> (HBA1C) 100197 <small>1 100197 100197 100197 100197 100197 100197</small>	<input type="checkbox"/> Rheu. Factor <u>\$40</u> (RF) 100351 <small>1 100351 100351 100351 100351 100351 100351</small>	
<input type="checkbox"/> Homocyst. <u>\$100</u> (HOMOC) 100227 <small>1 100227 100227 100227 100227 100227 100227</small>	<input type="checkbox"/> UA Comp. <u>\$25</u> (UCOMP) 100405 <small>1 100405 100405 100405 100405 100405 100405</small>	
<input type="checkbox"/> Insulin F <u>\$50</u> (INSU) 100253 <small>1 100253 100253 100253 100253 100253 100253</small>	<input type="checkbox"/> UA Cult. <u>\$30</u> (UCULT) 100408 <small>1 100408 100408 100408 100408 100408 100408</small>	
<input type="checkbox"/> Iron Total <u>\$35</u> (FE) 100256 <small>1 100256 100256 100256 100256 100256 100256</small>	<input type="checkbox"/> Uric Acid <u>\$20</u> (UAS) 100403 <small>1 100403 100403 100403 100403 100403 100403</small>	
		<p style="text-align: center;">X <u>Draw Fee</u> \$10</p> <small>1 100403 100403 100403 100403 100403 100403</small> <p><input type="checkbox"/> Stat Fee <u>\$35</u></p> <small>1 100403 100403 100403 100403 100403 100403</small>

Sample Details (Completed by the Lab Technician):

<input type="checkbox"/> Blood	<input type="checkbox"/> Urine
<input type="checkbox"/> Fasting	<input type="checkbox"/> Non-fasting

Client Sample:	
Date:	(dd/mm/yyyy)
Time:	(hh/mm)