

LABORATORY SERVICES – Self Directed Labs

	Test Menu	Charge
	B12 001503	\$25
	Basic Metabolic Profile (BMP) 322758	\$15
	Blood Type (ABO/RH) 006049	\$30
	Complete Blood Count (CBC) 005009	\$20
	Comprehensive Metabolic Panel (CMP) 322000	\$30
	Cortisol 004051	\$45
	Environmental Allergy Profile 649749	\$75
	Estradiol 004515	\$45
	Ferritin 004598	\$20
	Folate 002014	\$20
	Food Allergy Profile 648014	\$50
	FSH and LH 028480	\$45
	Hemoglobin A1C 001453	\$25
	Insulin 004333	\$35
	Iron and Total Iron Binding Capacity 001321	\$20
	Lipid Screen (cholesterol, triglycerides, LDL & HDL) 010322	\$25
	PSA (Prostate-Specific Antigen) 010322	\$30
	Progesterone 004317	\$15
	Prolactin 004465	\$30
	Testosterone Free and Total 140103	\$35
	Thyroxine (T4) 001149	\$15
	T3 Total 002188	\$45
	T3 Free 010389	\$45
	TPO Antibodies 006676	\$20
	TSH (Thyroid Stimulating Hormone) 004259	\$25
	Vitamin D 087950	\$45
	Pregnancy Test – Urine	\$10
	Chlamydia/Gonorrhea – Urine 183616	\$75
	Uric Acid 001057	\$10
	Urine Albumin 149997	\$20
	Urine Albumin/Creatinine Ratio 140285	\$25
	Urinalysis 003038	\$15
	Urine Culture 008086	\$35
	Lab Draw & Processing Fee	\$45

- ☐ Check here if this is your first time using Self Directed Labs through Sensible Solutions Care Clinic and you are completing your consent forms for the first time.
- ☐ Check here if you have previously completed your consent forms. Initial to agree to previous informed consent. _____

Customer Information (Please Print)

Name _____

DOB _____

Phone _____

Address _____

City/State/Zip _____

Results will be sent to the above addresses. Typically results are available in 7-10 business days.

Payment Method: Cash Check Card

Lab Total + \$45 processing fee = _____

Payment Received By: _____

Results Mailed on : __/__/____ By: ____

