

Individual Labs	Price
ANA SCREEN/REFLEX TITER 2320099	\$15.00
APO E GENOTYPE 2193479	\$75.00
VITAMIN B12/FOLATE PANEL 2127959	\$15.00
TYPE/RH (Blood Typing A,B,O Group & Rh Type) 2170700	\$27.00
COMPLETE BLOOD COUNT (CBC) WITH DIFF. 2180036	\$9.00
COMPREHENSIVE METABOLIC PANEL (CMP) 2120356	\$12.00
C-REACTIVE PROTEIN, HIGH SENSITIVITY (CRP) 2127196	\$15.00
DHEA SULFATE 2127270	\$15.00
DIHYDROTESTOSTERONE, LC/MS/MS (DHT) 2190241	\$40.00
ESTRADIOL 2127310	\$15.00
FERRITIN (Serum) 2120280	\$15.00
FSH (FOLLICLE STIMULATING HORMONE) 2127401	\$15.00
GLUCOSE-6-PHOSPHATE DEHYDRIGENASE (G-6-PD), QUANT. 2192832	\$27.00
GAMMA GLUTAMYL TRANSFERASE (GGT) 2120187	\$6.00
GLUCOSE (Serum) * 2121157	\$15.00
HEMOGLOBIN A1C 2122798	\$15.00
HOMOCYSTEINE, (Plasma) 2128702	\$23.00
Iron, & TIBC (TRANSFERRIN W/CALCULATED TIBC) 2128558	\$15.00
LIPID PANEL (AMA) * 2120311	\$15.00
Lyme IgG/IgM Western Blot	\$75.00
MAGNESIUM, RBC 2197962	\$27.00
METHYLMALONIC ACID, Serum 2198337	\$25.00
MELANOCYTE-STIMULATING HORMONE (MSH) 2191194	\$28.00
NMR LIPOPROTEIN FRACTIONATION, NMR w/ LIPIDS (CHL) 2193595	\$42.00
PROSTATE SPECIFIC ANTIGEN (PSA), FREE AND TOTAL 2127337	\$25.00
PROSTATE SPECIFIC ANTIGEN (PSA), Total 2120335	\$15.00
PROGESTERONE 2127521	\$15.00
ERYTHROCYTE SEDIMENTATION RATE (ESR) Sed Rate 2180065	\$15.00
T3 REVERSE, LC/MS/MS Serum 2197552	\$25.00
RHEUMATOID FACTOR (RF) QUANTITATIVE 2120097	\$15.00
THYROXINE (T4) 2120253	\$15.00
TESTOSTERONE, FREE (DIALYSIS) AND TOTAL (LC/MS/MS) 2196311	\$27.00
THYROGLOBULIN ANTIBODY (Anti-Tg) 2120108	\$15.00
TPO ANTIBODY (Microsomal) 2120110	\$15.00
TSH (THYROID STIMULATING HORMONE) 2120255	\$15.00
URIC ACID, Serum 2120181	\$15.00
URINALYSIS, WITH MICROSCOPIC, REFLEX CULTURE (UA) 2189007	\$15.00
VITAMIN D, 25-OH (TOTAL D2/D3) 2128210	\$20.00
ZINC, RBC 2192016	\$31.00

**Please list any labs you would like that are not listed on this form:**

**PATIENT INFORMATION:** **TODAY'S DATE:**  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Would you like results sent to your doctor via fax?**  
**Fax Number:** \_\_\_\_\_ **Doctors Name:** \_\_\_\_\_

Lab Panels	Price
<b>Anemia Panel:</b> (Iron & TIBC, Ferritin, CBC, B12, Folate)	\$25.00
<b>ALLERGENS (22) - INHALANT PANEL, MIDWEST IgE Health Labs 2126560</b>	\$147.00
<b>Autoimmune Panel:</b> (ANA w/Reflex titer, RF,CCP, Sed Rate, Uric Acid, CRP)	\$45.00
<b>CELIAC DISEASE PANEL:</b> (Deaminated gliadin peptide IgA, tTG, total IgA) 2109546	\$29.00
<b>Food Sensitivity (IgG - US Biotek) (96 foods)</b>	\$185.00
<b>Blood Sugar Panel:</b> ( Insulin, CMP(including glucose), HgA1C, Leptin, CRP(hs))*	\$39.00
<b>Thyroid Basic Panel:</b> (TSH, Free T3, Free T4)	\$25.00
<b>Thyroid Autoimmune Panel:</b> (TSH, Free T3, Free T4, antiTPO, anti-thyroglobulin)	\$40.00
<b>Thyroid Comprehensive Panel:</b> ( TSH, FT3, FT4, antiTPO, RT3, Cortisol, Thyroglobulin, DHEA(s)	\$60.00
<b>Male Hormone Panel:</b> (LH, Free/Total Testosterone, Estradiol,Progesterone, DHEA(s), Cortisol, PSA)	\$45.00
<b>Female Hormone Panel:</b> (FHS. LH, Progesterone, Estradiol, Free/Total Testosterone, DHEA(s), Cortisol, SHBG)	\$45.00
<b>Female Health Complete:</b> (CBC, Chemistry panel, Lipids, TSH, Free T3, Free T4, CRP (HS), Vit D, DHEA (S), Estradiol, Progesterone, Iron, Ferritin, Free & Total Testosterone, Magnesium, B12, GGT, HgbA1C) *	\$149.00
<b>Male Health Complete:</b> (CBC, Chemistry panel, Lipids, TSH, Free T3, Free T4, CRP (hs), Vit D, DHEA (S), Ferritin, Free & Total Testosterone, B12, GGT, HgbA1C, Magnesium) *	\$149.00
<b>Omega Check:</b> (EPA/DHA, Omega3/Omega6, ratio, Arachadonic acid)* 2193344	\$30.00
<b>Lipid Comprehensive Panel:</b> (Apolipoprotein Evaluation, NMR Lipoprofile, omega check, Lp pla2, homocysteine, CRP (hs), Lipoprotein(a), HgbA1C, Magnesium) *	\$129.00
<b>Pediatric IgE Food Allergy Panel (Immunocap) 2126558</b>	\$129.00
<b>Viral panel:</b> (CMV(IgM/IgG), HSV 1,2 (IgM), HSV 1,2(IgG), EBV panel)	\$149.00
<b>COVID-19 (SARS) AntiBody Quest 0039504</b>	\$70.00

\*need to be at least 10 days symptom free

**When was the last time you experienced any of the following:**  
**Fever, Cough, Sore Throat, Shortness of Breath, DATE:**  
**Loss of Taste/Smell?**

**Would you like a doctor lab consultation before or after your labwork is done?**  
**\$90 ( 25 minutes) Yes/ No**

**INSTRUCTIONS:**  
1. Check labs requested.  
2. Fill out personal information.  
3. Fax or send Lab form to Family Clinic (or call with info).  
4. Set up appointment for blood draw.  
**\* = Requires 10 hour fast**

**\* Lab Draw Fee: \$25.00--\* Multiple kits will incur additional fees\***  
**\*Lab prices subject to change without notice** 12.14.2020