

**\* = Requires 10 hour fast**

Separate Labs	Price
ANA SCREEN/REFLEX TITER 2320099	\$15.00
APO E GENOTYPE 2193479	\$75.00
VITAMIN B12/FOLATE PANEL 2127959	\$15.00
BLOOD TYPE/RH (A,B,O Group & Rh Type) 2170700	\$27.00
COMPLETE BLOOD COUNT (CBC) WITH DIFF 2180036	\$9.00
*COMPREHENSIVE METABOLIC PANEL*(CMP) (chemistry) 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
G-6-PD, GLUCOSE-6-PHOSPHATE DEHYDRIGENASE, QUANT. 2192832	\$27.00
GAMMA GLUTAMYL TRANSFERASE (GGT) 2120187	\$17.00
*GLUCOSE (Serum) * 2121157	\$15.00
HEMOGLOBIN A1C 2122798	\$15.00
HOMOCYSTEINE, (Plasma) 2128702	\$23.00
Iron & TIBC (Tranferrin w/calculated TIBC) 2128558	\$15.00
*LIPID PANEL (AMA)* (Basic Cholesterol) 2120311	\$15.00
LYME IgG/IgM Western Blot 2192261	\$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)* 2193594	\$42.00
PROSTATE SPECIFIC ANTIGEN (PSA), FREE & 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) & TOTAL (LC/MS/MS) 2196311	\$27.00
THYRIGLOBULIN ANTIBODY (Anti-Tg) 2120108	\$15.00
TPO ANTIBODY (Microsomal) 2120110	\$19.00
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

Lab Panels	Price
<b>ALLERGENS (22)-INHALANT PANEL, MIDWEST IgE Health Lab 2126560</b>	\$147.00
<b>ANEMIA PANEL: (Iron &amp; TIBC, Ferritin, CBC, B12, Folate)</b>	\$30.00
<b>AUTOIMMUNE PANEL: (ANA w/Reflex titer, RF, CCP Sed Rate, Uric Acid, CRP)</b>	\$45.00
<b>* BLOOD SUGAR PANEL: (Insulin, CMP-including glucose, HgA1C, Leptin, CRP (hs) *</b>	\$45.00
<b>CELIAC DISEASE PANEL: (Deaminated gliadin peptide IgA, tTg, total IgA) 2109546</b>	\$35.00
<b>*FEMALE HEALTH COMPLETE: (CBC, Chemistry Panel, Lipids, TSH, Free T3, Free T4, CRP-hs, Vit D, DHEA (s), Estradiol, Progesterone, Iron, Ferritin, Free &amp; Total Testosterone, Magnesium, B12, GGT, HgbA1C)*</b>	\$149.00
<b>FEMALE HORMONE PANEL: (FSH, LH, Progesterone, Estradiol, Free/Total Testosterone, DHEA(s), Cortisole, SHBG)</b>	\$45.00
<b>FOOD SENSITIVITY (IgG- US Biotek, 96 Foods)</b>	\$195.00
<b>*LIPID COMPREHENSIVE PANEL: (Apolipoprotein Evaluation, NMR Lipoprofile, Omega Check, Lp pla2, Homocysteine, CPR-hs, Lipoprotein(a), HgbA1C, Magnesium)*</b>	\$149.00
<b>* MALE HEALTH COMPLETE: (CBC, Chemistry Panel, Lipids, TSH, Free T3, Free T4, CRP-hs, Vit D, DHEA (s), Ferritin, Free &amp; Total Testosterone, B12, GGT, HgbA1C, Magnesium *</b>	\$149.00
<b>MALE HORMONE PANEL: (LH, Free/Total Testosterone, Estradiol, Progesterone, DHEA (s), Cortisol, PSA)</b>	\$45.00
<b>*OMEGA CHECK: (EPA/DHA, Omega3/Omega6 Ratio, Arachadonic Acid)* 2193344</b>	\$35.00
<b>THYROID AUTOIMMUNE PANEL: (TSH, FreeT3, Free T4, antiTPO, Anti-Thyroglobulin)</b>	\$40.00
<b>THYROID BASIC PANEL: (TSH, Free T3, Free T4)</b>	\$25.00
<b>THYROID COMPREHENSIVE PANEL: (TSH, Free T3, Free T4, antiTPO, Reverse T3, Cortisol, Thyroglobulin, DHEA (s)</b>	\$60.00
<b>PEDIATRIC IgE FOOD ALLERGY PANEL (Immunocap) 2126558</b>	\$170.00
<b>VIRAL PANEL: (CMV,IgM/IgG, HSV 1,2 (IgM), HSV 1,2 (IgG) EBV Panel)</b>	\$149.00

**COVID-19 (SARS) AntiBody Quest Labs 0039504**  **\$70.00**  
 >> You will need to be at least 10 days symptom free <<  
 Date of last time you experienced any of the following:  
 Fever, Cough, Sore Throat, Shortness of Breath, Loss of Taste/Smell?

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

1  
2  
3

**PATIENT INFORMATION:**      **TODAY'S DATE:**  
 NAME:                                      DATE OF BIRTH:  
 ADDRESS:  
 PHONE:

**INSTRUCTIONS:**

1. Check off labs you would like drawn
2. Fill out personal information.
3. Fax or email Lab Form to Family Clinic (info@familynaturalmedicine.com)
4. Call clinic to make appointment (608.222.2700)
5. Do you want lab results sent to your doctor via fax?  
 Doctor Name:                                      Doctor Fax:

>> Lab Draw Fee: \$35.00 Multiple kits will add additional fees <<  
**Lab prices subject to chage without notice**

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