

*** = Requires 10 hour fast**

Separate Labs	Price
ANA SCREEN/REFLEX TITER 2320099	\$29.00
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
Estriol 2190532	\$41.00
Estrone LC/MS/MS 2190530	\$33.00
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 (Tranferin w/calculated TIBC) 2122670	\$15.00
LH Lutenizing Hormone 2127411	\$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
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
T4 Total 2120253	\$15.00
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
ALLERGENS (22)-INHALANT PANEL, MIDWEST IgE Health Lab 2126560	\$147.00
ANEMIA PANEL: (Iron & TIBC, Ferritin, CBC, CMP, B12, Folate)	\$30.00
AUTOIMMUNE PANEL: (ANA w/Reflex titer, RF, CCP Sed Rate, Uric Acid, CRP)	\$45.00
* BLOOD SUGAR PANEL: Insulin, CMP-including glucose, HgA1C, Leptin, CRP (hs) *	\$45.00
CELIAC DISEASE PANEL: (Deaminated gliadin peptide IgA, tTg, total IgA) 2109546	\$35.00
FEMALE HEALTH COMPLETE: (CBC, Chemistry Panel, Lipids, TSH, Free T3, Free T4, CRP-hs, Vit D, DHEA (s), Estradiol, Progesterone, Iron, Ferritin, Free & Total Testosterone, Uric Acid, Magnesium, B12, GGT, HgbA1C)	\$149.00
FEMALE HORMONE PANEL: (FSH, LH, Progesterone, Estradiol, Free/Total Testosterone, DHEA(s), Cortisol, SHBG)	\$45.00
FOOD SENSITIVITY (IgG- US Biotek, 96 Foods)	\$195.00
LIPID COMPREHENSIVE PANEL: (Apolipoprotein Evaluation, NMR Lipoprofile, Omega Check, Lp pla2, Homocysteine, Uric Acid, CPR-hs, Lipoprotein(a), HgbA1C, Magnesium)	\$149.00
* MALE HEALTH COMPLETE: (CBC, Chemistry Panel, Lipids, TSH, Free T3, Free T4, CRP-hs, Vit D, DHEA (s), Ferritin, Uric Acid, Free & Total Testosterone, B12, GGT, HgbA1C, Magnesium *	\$149.00
MALE HORMONE PANEL: (LH, Free/Total Testosterone, Estradiol, Progesterone, DHEA (s), Cortisol, PSA)	\$45.00
OMEGA CHECK: (EPA/DHA, Omega3/Omega6 Ratio, Arachadonic Acid) 2193344	\$35.00
THYROID AUTOIMMUNE PANEL: (TSH, FreeT3, Free T4, antiTPO, Anti-Thyroglobulin)	\$40.00
THYROID BASIC PANEL: (TSH, Free T3, Free T4)	\$25.00
THYROID COMPREHENSIVE PANEL: (TSH, Free T3, Free T4, antiTPO, Reverse T3, Cortisol, Thyroglobulin, DHEA (s))	\$60.00
PEDIATRIC IgE FOOD ALLERGY PANEL (Immunocap) 2126558	\$170.00
VIRAL PANEL: (CMV,IgM/IgG, HSV 1,2 (IgM), HSV 1,2 (IgG) EBV Panel)	\$149.00

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 change without notice