FAMILY CLINIC OF NATURAL MEDICINE

Lab Price List

Family Clinic of Natural Medicine
PO Box 224
51 N. Main Street Deerfield, WI 53531
Fax (608) 222-2771 Phone (608) 222-2700

*** = Requires 10 hour fast **=Female Health Complete and Female Hormone Panel are recommended 7 days before menses**

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 (Tranferrin w/calculated TIBC) 2122670	☐	$15.00
LH Lutenizing Hormone 2127411	☐	$15.00
LIPID PANEL (AMA) (Basic Cholesterol) 2120311	☐	$15.00
Lyme Immunoblot IgG/IgM 2192691	☐	$36.00
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
RHEUMATOID FACTOR (RF) QUANTITATIVE 2120097	☐	$15.00
THYROXINE (T4) 2120253	☐	$15.00
TESTOSTERONE, FREE (DIALYSIS) & TOTAL (LC/MS/MS) 2196311	☐	$27.00
THYROGLOBULIN 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, 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, Cortisol, LH, FSH, B12, GGT, Magnesium, HgbA1C) * 7 days before menses**	☐	$149.00
FEMALE HORMONE PANEL: (FSH, LH, Progesterone, Estradiol, Free/Total Testosterone, DHEA, Cortisol, SHBG) **** 7 days before menses**	☐	$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, CMP, Magnesium)*	☐	$149.00
***MALE HEALTH COMPLETE:** (CBC, Chemistry Panel, Lipids, TSH, Free T3, Free T4, Vit D, DHEA (s), Ferritin, Uric Acid, Free & Total Testosterone, B12, GGT, HgbA1C, Magnesium , PSA Total, Cortisol, LH, CRP-hs)	☐	$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, Anti-Thyroglobulin, DHEA (s)	☐	$60.00
PEDIATRIC IgE FOOD ALLERGY PANEL (Immunocap) 2126558	☐	$140.00
CMV/EBV PANEL: (CMV IgM/IgG, EBV Antibody Panel)	☐	$55.00

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:

PLEASE COMPLETE THIS SECTION

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

***PLEASE ALLOW 24 HOURS FOR CANCELLATIONS/RESCHEDULES APPOINTMENTS**

LATE CANCELLATIONS/RESCHEDULES ARE SUBJECT TO A $35 FEE*

NOV 2024