JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL™
AN AFFILIATE OF GRAND LAKE HEALTH SYSTEM

This is the only valid DAT form as of **7/20/2026**
Tax ID #341623770
Outpatient Hours: M-F 6a-6p; Sat 6a-12P

DIRECT ACCESS TESTING ORDER FORM

Please note that direct access tests are not reported or faxed to any healthcare provider.

It is the patient's responsibility to notify and provide results to their provider if needed.
GLHS providers may be able to view results in the GLHS EMR, but they will not be notified that testing has been completed.

Date of Service: _____

PLEASE PRINT INFORMATION

NAME:_____

DATE OF BIRTH: _____

LAST 4 OF SS#: XXX-XX- _____

PHONE #: _____
Phone number needed in case of critical results

How would you like to receive your results?

☐ I will view my results through *Follow My Health*; JTDMH's online patient portal.
Not Enrolled? Provide your email below to join!
Email: _____
Please note: Results will NOT be sent directly to the provided email.

☐ Mailed (Typically received within 1-2 weeks)
Address: _____
_____
_____

Please mark the test you would like to be performed:

Items marked with "" must be fasting (8 hours for glucose, 12 hours for triglycerides) for accurate results*

PROFILES:

	$45	***Comprehensive Health Panel** (CPT 80053) Includes: Sodium, Potassium, Chloride, CO2, Glucose, BUN, Creatinine, Calcium, Albumin, Protein, AST, ALT, Alkaline Phosphatase, Total Bilirubin
	$35	***Basic Health Panel** (CPT 80048) Includes: Sodium, Potassium, Chloride, CO2, Glucose, BUN, Creatinine, Calcium
	$40	***Liver Function Panel** (CPT 80076) Includes: AST, ALT, Alkaline Phosphatase, Total Bilirubin, Direct Bilirubin, Indirect Bilirubin, Albumin, Protein
	$40	***Kidney Function Panel** (CPT 80069) Includes: Sodium, Potassium, Chloride, CO2 Glucose, BUN, Creatinine, Calcium, Albumin, Phosphorus
	$37	***Iron Profile** (CPT 83540 +83550) Includes: Iron, Unsaturated Iron Binding Capacity (UIBC), Total Iron Binding Capacity (TIBC), Percent Iron Saturation
	$50	***Thyroid Profile** (CPT 84443 + 84439) Includes: Free T4, Ultrasensitive TSH

Please note some profiles will have duplicate components.

Read components carefully prior to requesting.

Cardiovascular Risk Assessment:

	$27	***Lipid Profile** (CPT 80061) Includes: Total Cholesterol, Triglycerides, HDL, LDL, VLDL, Cardiac Risk
	$25	***C-Reactive Protein, High Sensitivity** (CPT 86141)
	$15	***Cholesterol** (CPT 82465)

Common Tests: *For Testosterone, Male only: For best results collect between 6am -10 am*

	$40	***Testosterone, Male only** (CPT 84403)
	$15	***Glucose** (CPT 82947)
	$27	***Hemoglobin A1C*** (CPT 83036)
	$35	***Ferritin** (CPT 82728)
	$15	***Potassium** (CPT 84132)
	$43	***Vitamin D, 25-Hydroxy*** (CPT 82306)
	$20	***Magnesium** (CPT 83735)

	$47	***PSA Screening** (Prostatic Specific Antigen) (CPT 84153)
	$25	***Pregnancy Test (serum)*** (CPT 84703)
	$27	***CBC with Differential*** (CPT 85025) *Includes: Complete blood and platelet count, with a white blood cell differential*
	$20	***Blood Type*** (CPT 86900 + 86901) *Includes: ABO and Rh*
	$30	***Microalbumin** (CPT 82043)
	$20	***Urinalysis, Reflex Microscopic if Indicated*** (CPT 81003 reflex 81015)

HIS Label here

LIS Label here

$_____ Total (Payment must be made at the Outpatient Registration area prior to specimen collection)

Consent for treatment/payment:

This is to certify that I consent to and authorize the performance of specimen collection and analysis of the above marked laboratory tests. I understand that GLHS/NVML is not acting as my doctor and that I have sole responsibility to take appropriate action on the test results and consult my doctor regarding all abnormal test results. I agree to take full financial responsibility for the cost of the tests that I request and that payment will be required prior to specimen collection. I understand that these tests will not be billed to a third party by GLHS and no results will be sent to any physician or health care provider. I understand the cost of these tests may increase without prior notice. I understand that these test results will be included in the complete medical record chart kept at Grand Lake Health System and may be viewable by my healthcare provider

_____ _____ _____ _____

Patient signature Date Employee signature Date