



Participant Name PRINT: _____

Date of Birth: _____

Lab on Demand Test Menu

Page 1 of 2

Participant Name PRINT: _____ Date of Birth: _____

Primary Care Provider (PCP) or Wellness PCP Name PRINT: _____

Please fast for 8 hours prior to your blood draw.
Drink plenty of water! You can still take your prescription medicines.

Place a check mark next to the test you would like performed.

- General Wellness Panel** \$100
(CMP, Lipid, CBC with Diff, TSH, Iron Panel, Magnesium)
- Iron Panel** \$35
(Iron, TIBC, Iron Sat%, Ferritin)
- MMRVZ (Immunization Panel)*** \$66
(Measles, Mumps, Rubella, Varicella Zoster)
- STD Panel (Urine)*** \$114
(Gonorrhea, Chlamydia, Trichomonas)
- STD Comprehensive Panel (Blood and Urine)*** \$219
(Gonorrhea, Chlamydia, Trichomonas, Hepatitis C Antibody, Herpes Simplex Virus I and II, HIV, Syphilis)
- Thyroid Panel** \$35
(TSH, Free T4)
- Women's Hormone Panel** \$160
(Estradiol, Follicle Stimulating Hormone, Luteinizing Hormone, Progesterone, Prolactin, Testosterone Total)
- Western Dakota Allergen Profile** \$288
(Cottonwood, Nettle, Cat dander, Alternaria alternata, Timothy Grass, Box Elder / Maple, White Ash, Common Ragweed, Mugwort, Sheep Sorrel, D. Farinae (Dust Mite), Dog dander, Bermuda Grass, Aspergillus Fumigatus, Penicillium, White Pine, Spruce, Oak, Elm, Total IgE, Mites, Mouse Urine, Cockroach, Cladosporium herbarum, Mountain Cedar, Mulberry, Russian Thistle, Goose Feather, Chicken Feathers, Cat dander allergy components, Dog dander allergy components)
- Early Childhood Allergen Profile (less than 3 years of age)** \$170
(Cat dander, Alternaria alternata, Dust mite, Dog dander, Mites, Mouse urine, Total IgE, Cockroach, Cladosporium herbarum, Wheat, Walnut, Egg white, Peanut, Soybean, Cow's milk, Shrimp, Codfish, Peanut allergy components)
- Food Allergen Profile** \$162
(Wheat, Walnut, Egg white, Peanut, Soybean, Cow's milk, Shrimp, Total IgE, Codfish, Hazelnut, Cashew, Almond, Scallop, Salmon, Tuna, Sesame, Peanut allergy componets)
- ABO / Rh (Blood Typing)** \$85



Lab on Demand Test Menu

Page 2 of 2

Participant Name PRINT: _____

Date of Birth: _____

- Basic Metabolic Panel (BMP)** \$15
- C-Reactive Protein (CRP)** \$10
- High Sensitivity CRP (HsCRP)** \$25
- Folate** \$17
- Hepatitis B Surface Antibody*** \$20
- Hepatitis C Antibody*** \$30
- Hemoglobin A1C** \$30
- PSA Screen** \$30
- COVID, Influenza A / B, RSV (Nasopharyngeal swab)*** \$170
- Testosterone Total** \$30
- Medical Urine Drug Screen** \$45
- Uric Acid** \$8
- Vitamin B12** \$20
- Vitamin D 25- Hydroxy** \$45

* Denotes testing reportable to State Health Department

Ask how you can sign up for MyChart to view your results sooner.

Payment Amount Collected: _____ Payment Collected by: _____

Participant Signature: _____ Date: _____ Time: _____