



Personal Health Self Test Request

Thank you for choosing ACM Medical Laboratory. Please fill in the information below in order for us to process your test request in a timely and accurate manner. Most test results will be available within 24 hours, unless otherwise specified.

Last Name		First name	Middle initial
Sex Male Female	Date of birth		Social Security #
Street Address		City, State, Zip	Phone number ()-
How do you want to receive your results? Mail to address on request: Yes No		Would you like a copy of the report sent to your physician? Yes No <i>Signature below required for authorization.</i>	Physician name and address
Method of payment: Amount \$ _____ Cash ___ Check ___ Charge ___ If Charge Type of card _____ Expiration date: /		Name on Card: _____ Account number: _____ Charge authorization number: _____	Have you eaten today? Yes ___ No ___ What time did you eat? AM ___ PM

Test Menu

Please check mark the box next to the test you would like to order.

Specific Conditions

- Glucose for blood sugar levels (Test #4306) \$20.00
- Hemoglobin A1c (HB A1c) to monitor blood sugar (Test #4307) \$20.00
- Pregnancy (Serum, Test #4309) \$25.00
- Pregnancy (Urine #4310) \$25.00
- Blood Type: A, B, AB, O, Rh +, Rh - (Test #4311) \$20.00

Heart Health - Heart Risk

- Cholesterol (Test #4312) \$20.00

Drug Abuse

- Screen to detect the presence of drugs (Test #4314) \$50.00

Cancer Screening

- Colorectal - Fecal Occult Blood X 3 (Test #4316) \$20.00

Infectious Disease

- Hepatitis C (Test #4317) \$45.00

For internal use only.
Use (00099) as Attph/Req
Place Barcode label here

Disclaimer: This self-testing service provided by ACM Medical Laboratory does not replace the diagnostic services and disease management provided by your doctor. You are urged to contact your doctor to follow-up and interpret your test results. A copy of the results can be sent to your doctor, if you wish. By signing this form you are giving us permission to send a copy of the test result to your physician if you have so indicated. If you do not have a doctor, you may contact Unity Health System by calling 585-368-3000 or on the web at www.unityhealth.org, then click on Find A Doctor. I certify that I am at least eighteen years of age, or am otherwise legally competent to make health related decisions for myself. I have read and understand the contents of this form, and by signing below; I agree to be bound by its contents and acknowledge receipt of ACM's privacy notice.
(Revised 04/03/09)

Print Name: _____ Signature: _____ Date: _____

P:\Direct Access Testing\Requisition 04_09with logo.doc

For phlebotomist use:	Date/Time collected:	Specimens collected:
-----------------------	----------------------	----------------------