



# Mountain State Medical Laboratory

120 Medical Park Drive, Suite 101, Bridgeport, WV 26330



## BLOOD SCREENINGS

Take time to be a healthier you!

For additional information please call  
**304-624-7200 ext 2007**

### Please mark the test(s) to be preformed:

**CBC** **\$25.00**

This test is used as an indicator for infections, anemia and clotting.

**A1C** **\$20.00**

This checks whether your glucose levels have been in control over the last two to three months. Used to assess long term glucose control. Average glucose level over the last two to three months.

**Lipid Panel** **\$30.00**

This test is used as an indicator for Cholesterol (both good and bad) and triglycerides.

**Multiphasic** **\$45.00**

CBC, Chem Profile, Lipid Panel



**Thyroid Profile** **\$25.00**

Includes T3, T4, TSH and FTI. Abnormal weight gain or loss may indicate a problem with the thyroid.

**PSA Test** **\$25.00**

Prostate Cancer Screening.

**Drug Screen (12 Panel)** **\$35.00**

Tests for BZO, BAR, COC, THC, MET, MOP, MTD, OXY, MDMA, AMP, PPX, and BUP.

\*This test is a screen, not for confirmation. Confirmation testing is available upon request.

**Vitamin D** **\$30.00**

Immune system, muscle function, cardio function, respiratory system, brain development

I am requesting these services for screening purposes only. I understand this service is not being provided to diagnose or treat any illness or disease. I understand it is my responsibility to follow up with my primary care provider to discuss any results or information given through this event. I understand a paper copy of my results will be mailed to the address provided below. If I do not receive a report within 14 days it is my responsibility to contact this facility at: 304-624-7200 ext 2007.

**My signature below acknowledges my acceptance of the above terms.**

Participant's Signature

\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you been fasting for at least 12 hours today?

Yes  No

PCP Name: \_\_\_\_\_

PCP Address: \_\_\_\_\_

PCP Phone: \_\_\_\_\_

**FOR STAFF USE ONLY**

Total Amount Due: \$ \_\_\_\_\_

Paid by:  check  credit card  cash

Receipt# \_\_\_\_\_

Employee Initials: \_\_\_\_\_

**12 hour fasting is recommended. Results will be promptly mailed to the address you provide.**