



Available Testing

Mark the boxes below to indicate the health screenings that you are interested in. To obtain accurate test results you should fast for 10 to 12 hours before the blood draw. You can take normal medications and drink water.

- Comprehensive Health Panel:** Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, Calcium, Total Protein, Albumin, Globulin, A/G Ratio, Total Bilirubin, AST, ALT, Iron, Cholesterol, Triglycerides, HDL, LDL, Chol/HDL Risk Factor, and Hemogram (Blood tests that check general metabolic health including possible problems for diabetes, risk factors for heart disease, nutrition status, liver, kidney, anemia, and blood count.) \$30.00
- Thyroid Screen:** TSH – Thyroid Stimulating Hormone (Blood test that may determine malfunction of thyroid gland resulting in possible weight gain or loss, fatigue, insomnia, a feeling of being too hot or too cold.) \$20.00
- Hemoglobin A1C-** Also referred to as glycohemoglobin. Used to monitor compliance with diabetic treatment and now commonly used as a screening test for diabetes. \$10.00
- PSA – Prostatic Specific Antigen** (A blood test to aid in the detection of prostatic cancer which is the second most common cancer in males. This test is recommended for all males over the age of 50- even earlier for males with family history.) \$20.00

Personal Information

First Name	Middle Initial	Last Name
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Address	City	State	Zip Code
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Phone Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (must be completed)
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If applicable, can results be returned in same envelope as spouse? Y N N/A

Name of spouse: _____

Results of these tests will not be sent to your physician, however your results may be available to PCH physicians via the laboratory information system. Upon signing below, you have given permission for your results to be released to you and you understand that such data is not considered conclusive and not meant to supersede regularly scheduled medical exams. If you have any medical complaints, you should arrange a visit with your physician. As this is an invasive procedure, I agree to have my blood drawn. I understand the above information and I relinquish any responsibility to Paulding County Hospital and their employees.

Signature	Date
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