

**LABORATORY DIRECT ACCESS
Consent Form**

Direct access laboratory testing allows individuals to request tests without a physician's order. Adults may request their own testing by selecting from the menu on the opposite page, and making payment prior to the phlebotomy. Parents/legal guardians may also request testing on their children under the age of 18 years. Insurance will not be billed. Cash, checks, or credit cards are accepted for payment. For questions regarding this service, please contact HFM Laboratory at (920) 320-2243. You may schedule your appointment ahead at 920-320-6777.

Testing is available at:

HFM Medical Center
2300 Western Avenue
Manitowoc, WI
Present at Cashier
Mon-Fri 8:00 AM to 4:00 PM

HFM Harbortown
1650 S. 41st Street
Manitowoc, WI
Present to Laboratory
Mon-Fri 7:30 AM to 4:30 PM

HFM Lakefront Campus
800 Lakefront Way
Two Rivers, WI
Present to Front Desk
Mon-Fri 8:00 AM to 5:00 PM

For most of the offered tests, you will not need to follow any special instructions. For some, however, such as Glucose and Lipid Profiles, fasting is recommended to obtain accurate results. See opposite side for details.

For most tests, a copy of your results will be mailed to you the following weekday. Allow time for delivery. Infosheets will be included if you would like to receive them *. Abnormal results will be flagged as such. Should the results show a potential abnormality, it is recommended that you consult your physician/provider. Any emergent abnormal results, results that may be life threatening, will be called to you immediately upon completion by the lab. A telephone number to contact you is required in order to obtain direct access lab tests for this reason. Although in your HFM medical record, these results will only be sent to you and will not be brought to a physician's attention. **To provide testing under direct access at HFM, you will need to initial and agree.**

_____(initials) I understand that the results will be stored in my electronic medical record at Holy Family Memorial, accessible to HFM providers if needed for my care, but will not be released to any third party payer without my signed release.

_____(initials) I understand that no physician or medical provider will review these results and I may need to schedule a clinic appointment to do so.

_____(initials) I understand that certain infectious disease tests, as indicated by an **R** near the test name, are reportable to the Manitowoc County Health Department if positive.

PLEASE SIGN THE FOLLOWING CONSENT FOR TREATMENT:

I authorize Holy Family Memorial Laboratory to perform the tests ordered on the opposite page. I hereby release Holy Family Memorial and its agents from responsibility if complications occur due to the collection process. I understand that the laboratory is not obligated to report abnormal results to my physician and that any emergent results will be called to the phone number I have provided. If such a result is called to me, I understand it is my responsibility to follow up immediately with a physician. I understand that I am responsible for my own health. I understand these lab tests are not a substitute for a full examination by my own physician/provider. I also consent to the use of my results for statistical reports that protect individual confidentiality.

Patient's Signature (or legal guardian if under 18 yrs) Date / _____ _____
Witness Signature Date

* Please check box if you would like information sheets sent with your test results.