Triumph Health Alliance

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Sacramento, CA 95816
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Fax (530) 743 7292
www.healthscreeningtests.com

NAME:		DATE:	
ADDRESS:		Account #:	
CITY:	State:	ZIP:	
PHONE:	DOB:	SEX:	M F

TEST	FEE		TEST	FEE	
BASIC METABOLIC PANEL	25.00		HEMOGLOBIN A1C	15.00	
COMPREHENSIVE METABOLIC PANEL	35.00		FOLLICULE STIMULATING HORMONE	50.00	
ACUTE HEPATITIS PANEL	85.00		THYROID FUNCTION TEST (TSH)	32.00	
COMPLETE BLOOD COUNT	25.00		TESTOSTERONE	40.00	
C- REACTIVE PROTEIN QNT	33.00		HOMOCYSTEINE, CARDIO	50.00	
CHOLESTEROL/ LIPID PROFILE	35.00		RED BLOOD CELL COUNT	10.00	
LIVER FUNCTION PROFILE	15.00		WHITE BLOOD CELL COUNT	10.00	
PROSTATE ANTIGEN PANEL	45.00		PROTHROMBIN TIME	10.00	
CEA	45.00		PLATELET COUNT	10.00	
CA 27. 29	60.00		PREGNANCY TEST (BLOOD)	20.00	
CA 19-9	45.00		BLOOD TYPE	35.00	
CA 72-4	60.00		SEDIMENTATION RATE (ESR)	25.00	
CA 125	60.00		STOOL BLOOD TEST	25.00	
FASTING GLUCOSE	25.00		URINE ANALYSIS	25.00	
LUTEINIZING HORMONE	55.00		VITAMIN D 25	55.00	
TOTAL	**$**		**TOTAL**	**$**	

Payment: CASH_____ CHECK_____ CREDIT_____ Amount Received: $_____

Participant Informed Consent

I understand that these tests are for screening purposes only, and the results are preliminary and should in no way be considered conclusive. By providing these tests, Triumph Health Alliance is not giving medical advice. For a better understanding of the tests, results, medical advice and treatment, I understand it is my responsibility to contact my own personal physician or healthcare provider. I also understand that some positive test results are required to be reported to the California Department of Health and the State will contact you for further information.

I understand that the result of these tests will be mailed directly to me and critical laboratory test values will be promptly called to me. I understand that it is my responsibility to contact my physician or healthcare provider regarding these critical results or to seek further evaluations.

I understand that Triumph Health Alliance disclaims any liability for any costs, claims, injuries, actions, or damages suffered by an individual as a result of participating in these tests. Participation is strictly voluntary. I agree to release Triumph Health and any other person or persons associated with these tests from any liability whatsoever in connection with testing procedures, or any other aspect of this screening.

Any minor under 18 years of age must have his or her legal guardian sign this consent.

Signature:_____ Date: _____