An 8 - 12 hour fast is recommended before blood screening.

Consent & Authorization for Blood Profile

I request that health screening examinations/tests be performed for me by Cass County Memorial Hospital. I understand that a nominal fee will be charged to cover the cost of supplies for the screening. I release Cass County Memorial Hospital and laboratory from any and all liability including any matter or thing committed or omitted which may arise during blood drawing or other examinations/tests or from the data derived therefrom. I understand that:

1. The data derived from the examinations/tests are to be considered as preliminary only and is in no way conclusive;

2. The responsibility for providing these results to my physician and initiating any follow-up examination for abnormalities identified by the examinations/tests lies with me as the person responsible for my own health and not Cass County Memorial Hospital;

3. Hospital personnel will have access to my test results for the sole purpose of ascertaining if the results are normal and aiding me in initiating a follow-up exam;

4. No other individual or agency will have access to my individual test results without express or written permission from myself.

5. Serum Prostatic Specific Antigen (P.S.A.) measurement is not an absolute test for malignancy. The P.S.A. value should be used in conjunction with information available from clinical evaluation and other diagnostic procedures.

6. I will contact my personal physician for further explanations/questions.

I have read and understood the above paragraphs.

PLEASE PRINT

_____ _____ _____

First Name Middle Initial Last Name

_____ _____ _____ _____

Birthdate Sex Time of last food Physician

_____ _____

Address City State ZIP Phone

_____

Signature Date

Tests Requested:

_____Blood Screening $35

_____A1c $11

_____PSA (men only) $20