

SENTARA *SELF*TEST MENU

ABO RH TYPE

The ABO RH Type test indicates the ABO blood type and Rh factor based on the red cell antigens and plasma antibodies present.

BASIC METABOLIC PANEL (BMP)

The Basic Metabolic Panel (BMP) is a group of 8 specific tests that offer important information about the current status of your kidneys, electrolyte and acid/base balance, blood sugar, and calcium levels.

COMPLETE BLOOD COUNT (CBC)

The Complete Blood Count (CBC) test is typically used to screen for such disorders as anemia, infection, and many other diseases. CBC testing is an automated count of the cells in the blood. It provides information about the white blood cell (WBC), red blood cell (RBC), and platelet populations present.

CHOLESTEROL

This test measures total cholesterol only, which helps in assessing risk for heart disease. A more thorough assessment of this risk is the complete lipid profile.

COMPLETE METABOLIC PANEL (CMP)

The Comprehensive Metabolic Panel (CMP) is typically a group of 14 specific tests that offer important information about the current status of your kidneys, liver, and electrolyte and acid/base balance as well as of your blood sugar and blood proteins.

DRUG TEST

Testing for drugs of abuse or “drugs of abuse screening” is the detection of the presence of both legal and illegal substances. This test panel screens for the existence of amphetamines, opiates, cocaine, cannabinoids and PCP.

HGBA1C

Hgb A1c, indicates glucose levels present over an extended period of time (2-3 months), aiding in overall glucose management to prevent or delay the development of long-term complications. Patients ordering this test will also receive estimated average blood glucose.

FERRITIN

Testing for ferritin detects how much iron your body has stored for future use. Typically, ferritin levels are low in persons with an iron deficiency.

GLUCOSE

This test determines if your blood glucose level is within healthy ranges; to screen for, diagnose, and monitor hyperglycemia (high blood glucose), hypoglycemia (low blood glucose), diabetes, and pre-diabetes.

HDL CHOLESTEROL

The test for HDL measures the amount of HDL-cholesterol in blood. HDL cholesterol is often termed “good” cholesterol.

HIGH-SENSITIVITY CRP

This test is often ordered as C reactive proteins (CRP) are shown to be an indicator of risk of cardiovascular disease in apparently healthy people. CRP is a substance made by the liver and secreted into the bloodstream, increasing when inflammation is present.

COMPLETE LIPID PROFILE

The lipid profile is a group of tests that are often ordered to determine risk of coronary heart disease. The lipid profile includes total cholesterol, HDL-cholesterol (often called good cholesterol), LDL-cholesterol (often called bad cholesterol), and triglycerides. Fasting required for 10-14 hours prior to test and patients should also refrain from drinking coffee prior to testing.

URINE MICROALBUMIN & CREATININE SERUM

Urine Microalbumin and Serum Creatinine testing are used in conjunction as a more thorough assessment of kidney function. Creatinine is a waste product produced by muscles and is filtered from the blood by the kidneys and released into the urine. Diabetic patients are encouraged to have a urine microalbumin test annually. In addition, microalbumin appears in patients with other conditions, such as hypertension or some immune disorders.

PREGNANCY TEST

Testing confirms and monitors pregnancy.

PROTHROMBIN TIME

The prothrombin time (PT) test measures how long it takes for a clot to form in a blood sample. The PT test evaluates the integrated function of these factors and the body's ability to produce a clot in a reasonable amount of time.

PROSTATE SPECIFIC ANTIGEN (PSA)

To screen asymptomatic and symptomatic men for prostate cancer, to help determine the necessity for a biopsy of the prostate, to monitor the effectiveness of treatment for prostate cancer, and to detect recurrence of prostate cancer.

SENTARA OUTPATIENT SITES

Sentara RMH Center

2010 Health Campus Drive
Harrisonburg VA 22801
Park in G Parking Lot
Mon. - Fri.
6:00 a.m. - 6:00 p.m.
Saturday
7:00 a.m.- noon

Sentara RMH East Market Street Health Center

1790-64B East Market St
Harrisonburg VA 22801
Located in Kroger Shopping Center
Mon. - Fri.
7:30 a.m. - 4 p.m.

Sentara Bridgewater Health Center

100 Health Center Drive
Bridgewater VA 22812
Mon. - Fri.
8:00 a.m. - 4:30 p.m.

For more information call, 757-388-3621 or
(Toll Free) 1-800-822-0468.

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LABORATORY SERVICES

SENTARA *Self*Test

START MONITORING YOUR HEALTH NOW

You can now order a wide variety of laboratory testing that allows you to proactively monitor your health – simply, securely and conveniently with Sentara *Self*Test.

HERE'S HOW IT WORKS

Step 1: Please visit any of the Sentara locations listed on this brochure, to order Sentara *Self*Tests and process payment in person.

Step 2: Select tests on the order form located on the brochure.

Step 3: Review and sign patient waiver prior to specimen collection. Results will be mailed to the address you provide and are available on Sentara My Chart. Patients are strongly encouraged to share results with their personal physician. If necessary, laboratory personnel will contact you should any critical results be discovered.

www.sentara.com/lab



TESTOSTERONE

Testosterone blood levels are used to evaluate fertility. Testosterone levels can adversely affect fertility in addition to sexual features and development in both sexes. Since testosterone blood levels tend to be highest early in the day, it is suggested that specimens for this test are collected in the morning.

THYROID STIMULATING HORMONE (TSH)

This test measures the amount of thyroid-stimulating hormone (TSH) in your blood. This test screens for and assists in the diagnosis of thyroid disorders; to monitor treatment of hypothyroidism and hyperthyroidism. Test best drawn in morning and prior to taking thyroid medication if applicable.

TRIGLYCERIDES

To assess the risk of developing heart disease as the test measures the amount of triglycerides in your blood. Triglycerides are the body's storage form for fat.

URIC ACID

Uric acid blood levels are used to both diagnose gout (increased blood levels) and to monitor the effects of therapy (decreasing blood levels). Uric acid blood levels may also be increased for patients undergoing chemotherapy, radiation therapy, and with primary and secondary conditions affecting formation and excretion of uric acid.

URINALYSIS

To screen for metabolic and kidney disorders, including urinary tract infections. A urinalysis is a group of tests that detect and semi-quantitatively measure various compounds that are eliminated in the urine, including the byproducts of normal and abnormal metabolism as well as cells, including bacteria, and cellular fragments.

VITAMIN B12 & FOLATE

Vitamin B12 and Folate blood levels have been related to nutritional status (malnutrition, malabsorption). Deficiency of vitamin B12 and Folate has been associated with anemia and neuropathy (B12 deficiency). Vitamin B12 and Folate blood levels are used to monitor the effectiveness of therapeutic intervention.

VITAMIN D

Vitamin D testing is used to determine if bone weakness, bone malformation or abnormal metabolism of calcium (reflected by abnormal calcium, phosphorus, PTH) is occurring due to a deficiency or excess of Vitamin D. Vitamin D testing can also be used to determine appropriate level of Vitamin D supplementation.

KIT TEST COLLECTION AND PROCESSING

Routine phlebotomy collection and specimen processing of samples for external kit collections. Patient must provide kit and instructions.

Sentara SelfTest Order Form

Sentara *SelfTest* from Sentara Laboratory Services allows patients to proactively monitor their health. Please choose from the tests listed below and pay any fees. We encourage you to share your results with your physician.

<input type="checkbox"/>	ABO RH Type	\$40
<input type="checkbox"/>	Basic Metabolic Panel (BMP) - LAB15	\$39
<input type="checkbox"/>	Cholesterol - LAB60	\$39
<input type="checkbox"/>	Complete Blood Count (CBC) - LAB294	\$29
<input type="checkbox"/>	Complete Metabolic Panel (CMP) - LAB17	\$49
<input type="checkbox"/>	Drug Test Urine (5 Panel) - LAB0065	\$99
<input type="checkbox"/>	Hgb A1c - LAB0504	\$39
<input type="checkbox"/>	Ferritin - LAB68	\$59
<input type="checkbox"/>	Glucose - LAB82	\$30
<input type="checkbox"/>	HDL Cholesterol - LAB101	\$30
<input type="checkbox"/>	High Sensitivity CRP - LAB150	\$59
<input type="checkbox"/>	Complete Lipid Profile - LAB0278	\$59
<input type="checkbox"/>	Urine Microalbumin - LAB411	\$30
<input type="checkbox"/>	Pregnancy Test - LAB6007	\$49
<input type="checkbox"/>	Prothrombin Time (PT) LAB320	\$39
<input type="checkbox"/>	Prostate Specific Antigen (PSA) - LAB0280	\$69
<input type="checkbox"/>	Testosterone - LAB124	\$69
<input type="checkbox"/>	Thyroid Stim. Hormone (TSH) - LAB129	\$49
<input type="checkbox"/>	Triglycerides - LAB134	\$30
<input type="checkbox"/>	Uric Acid - LAB141	\$39
<input type="checkbox"/>	Urinalysis Screen - LAB347	\$39
<input type="checkbox"/>	Vitamin B12 & Folate - LAB67/LAB69	\$89
<input type="checkbox"/>	Vitamin D - LAB535	\$69
<input type="checkbox"/>	Kit Test Collection/Processing - LAB9986	\$50

Total: \$

RESULT MAILING ADDRESS:

Name:_____

Date of Birth:_____

Address:_____

City, State, Zip:_____

Primary Contact Phone:_____

SENTARA SELFTEST PATIENT WAIVER

I am directly and voluntarily seeking testing by Sentara Reference Laboratory without a physician's order. In order to perform the test(s), blood will be drawn from my arm using a needle inserted by a trained lab employee called a phlebotomist. I understand that as a result of taking blood from my arm, some soreness, discomfort, or bruising may occur at the site where the blood was drawn. Although it is rare, more serious effects may include nerve damage and stroke.

I understand that the tests I requested may not detect all abnormalities that may be present. And, sometimes laboratory tests produce false results (either positive or negative). For diagnosis and treatment based on the test results, I understand I must see my personal physician for a complete medical examination and for any questions relating to the results. If I do not have a physician, I may request one through Sentara HealthCare's Physician Referral service at 1-800-SENTARA.

I acknowledge that I am solely responsible for arranging for any follow-up evaluation, interpretation, diagnosis, and treatment from my physician. I understand that if any of my results are considered to be outside of normal range and are deemed to require immediate attention, my results will be considered "Critical Values," and I will be notified by phone by laboratory personnel. If I am called about a Critical Value I agree to seek immediate care from the nearest emergency room and/or call 911 for ambulance transportation if needed. The phone number I am providing below can be used to communicate with me, or to leave a message indicating the urgent nature of the call. I am assuming the risk of delayed treatment or a missed diagnosis by having testing done without the supervision of my physician.

I hereby release Sentara Reference Laboratory as well as the physicians and employees performing the testing from any and all liability arising from or connected with the implementation of this testing, and for any problems caused by not sending the results to my physician for follow up on test results. I understand that this testing does not constitute a complete medical examination or diagnosis. I understand and agree that all of my results from this testing will be included in my electronic medical record.

NOTICE OF DEEMED CONSENT FOR INFECTIOUS DISEASE TESTING: Virginia Code Section 32.1-45.1 and North Carolina Administrative Code Sections 10A NCAC 41A.0202(4) and 41A.0214 provides that if anyone on our staff, when processing your specimen, is directly exposed to your blood or body fluids in a way that may transmit human immunodeficiency virus or Hepatitis B or C virus, we may test for those viruses and release the test results to the person directly exposed so that they may seek treatment if needed.

I acknowledge that any physician involved in my care and has access to EPIC including my PCP may view my results and that my results are distributed via mail to my address as well as Sentara My Chart if I have one.

I understand that my insurance may not pay for these tests and that I am fully responsible for all applicable costs.

I have read this form and agree with its contents.

X_____
Participant Signature Date

X_____
Witness Signature Date

For Registration use only: Client Code 80119