



Self-Referral (Direct Access) Lab Testing

TAMU – Student Health Services (SHS) offers a limited number of laboratory tests without a physician’s order, assuring quality results with confidentiality. Fully certified by the College of American Pathologist (CAP), this is the same testing provided to physicians. The following tests may be performed without a physician/provider order. Please indicate the test(s) you request to be performed as a self-referred lab test:

*****APPOINTMENTS WITH A SHS HEALTHCARE PROVIDER FOR PRE AND POST TEST COUNSELING ARE AVAILABLE UPON REQUEST**

_____	Blood Sugar Glucose	\$15	Z13.0	(82947)
_____	Cholesterol	\$23	Z13.220	(82465)
_____	Lipid Profile (fasting preferred)	\$30	Z13.220	(80061)
	- Test includes: Cholesterol, Triglycerides, HDL, LDL			
_____	Blood Type	\$25	Z01.83	(86900)
_____	Hemoglobin	\$8	Z13.0	(85018)
_____	Hematocrit	\$8	Z13.0	(85014)
_____	Hepatitis B Antibody	\$27	Z11.59	(86706)
_____	Hepatitis C Antibody	\$30	Z11.59	(86803)
_____	Rabies Titer	\$75	Z11.59	(86382)
_____	RPR	\$23	Z11.3	(86592)

Note: MMR is Measles, Mumps & Rubella

_____	Mumps IGG	\$35	Z11.59	(86735)
_____	Mumps IGG Quantitative	\$40	Z11.59	(86735)
_____	Rubella IGG	\$23	Z11.59	(86762)
_____	Rubella IGG Quantitative	\$28	Z11.59	(86317)
_____	Rubeola IGG (Measles)	\$23	Z11.59	(86765)
_____	Rubeola IGG Quantitative	\$46	Z11.59	(86765)
_____	Varicella IGG (Chickenpox)	\$33	Z11.59	(86787)
_____	Varicella IGG Quantitative	\$38	Z11.59	(86787)
_____	HIV I and II Screen	\$31	Z11.4	(86703)
	- Positive test results for a HIV Screen must be reported to the Texas Dept. of State Health Services			
_____	Chlamydia/Gonorrhea (\$26 each)	\$52	Z11.8/Z11.3	(87491/87591)
	_____urine _____oral/mouth _____anal/rectal (each site tested will be charged)			
	- Positive test results for a Chlamydia or GC must be reported to the Texas Dept. of State Health Services			
_____	Pregnancy Test – Urine	\$20	Z32.00	(81025)
_____	Drug Screen – Urine	\$39	Z02.83	(80100)
_____	Sickle Cell Screen	\$15	Z13.0	(85660)
_____	COVID Antibody	\$100	U07.1	(86769)

All clients must sign this authorization form prior to testing being performed. Test results will not be conveyed by telephone, but will be reviewed by a SHS medical provider and released directly to the patient. You will receive an email/secure message that will then require you to log-on to the SHS Portal to view your results. You may also print the results from the SHS Portal for your records.

Consent for Treatment

I hereby acknowledge that I am 18 years of age and request and consent to the performance of the self-referred laboratory services listed above. I understand and agree that results are reviewed by a TAMU – SHS provider and I am responsible for obtaining the results. If my results are considered abnormal I will be contact by the reviewing provider or their agent.

Financial Responsibility

I understand that I am responsible for payment of the requested test(s) at the time of service. As these lab tests are under the TAMU-SHS self-referral program and not ordered by a physician or other authorized healthcare provider, the test(s) I am requesting may not be covered by health insurance.

Privacy Policy

TAMU-SHS understands that medical information about you and your healthcare is confidential. We are committed to protecting medical information about you. A record is created of the care and services that you receive at this facility. Records are needed to provide the necessary care and to comply with legal requirements. This notice applies to all of the records of your care generated by this facility. Your personal physician may have different policies or notices regarding the physician’s use and disclosure of your medical information in the physician’s office or clinic.

Patient Name UIN Date of Birth

Patient Signature or Legal Guardian Signature (If applicable – relationship to minor) Date

This form will be scanned and maintained as part of your TAMU-SHS electronic health record. Form Update 09/2019

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