

STEP 1: Demographic information (please print clearly)

First Name		Middle Initial	Last Name		
Address		City		State	Zip Code
Date of Birth (MM/DD/YY)	Gender	Phone Number	Email		Secure PIN (any 4 digit #)

STEP 2: Select your test(s)

F "Fasting" Do NOT eat or drink anything except water for 8-12 hours before your test. Do NOT stop taking prescription medications; if those medications advise to be taken with food, consult your physician before fasting.

HEALTH PROFILES (VISIT WWW.MACLONLINE.COM FOR MORE TEST INFORMATION)					
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP) (10231)			1G	F \$30
<input type="checkbox"/>	Basic Health Profile - includes CMP (10231) & Lipid Panel (7600)			1G	F \$58
<input type="checkbox"/>	Liver Function Panel (10256)			1G	\$23
<input type="checkbox"/>	Men's Health Profile - includes CMP (10231), Lipid Panel (7600), CBC (6399) , Hemoglobin A1C (8181) & PSA (5363)			1G 2L	F \$127
<input type="checkbox"/>	Nutritional Health - includes CMP (10231), CBC (6399) , Ferritin (457), Folate (466), Iron & TIBC (7573), Vitamin B12 (927) & Vitamin D (17306)			2G 1L	F \$264
<input type="checkbox"/>	Women's Health Profile - includes CMP (10231), Lipid Panel (7600), CBC (6399) , Hemoglobin A1C (8181) & TSH (899)			1G 2L	F \$127
GENERAL HEALTH SCREENING			ALLERGY SCREENING		
<input type="checkbox"/>	Anemia Screen - includes Iron, TIBC (7573) & Hemoglobin (510)	1G 1L	\$45	<input type="checkbox"/>	Allergy Screen - Inhalants (51315) 2G \$119
<input type="checkbox"/>	Blood Type (ABO/Rh) (7788)	1P	\$30	DIABETES HEALTH	
<input type="checkbox"/>	Compl Blood Count & Diff (CBC) (6399) confirmation \$28	1L	\$19	<input type="checkbox"/>	Diabetes Screen - includes Glucose only (483) 1GY F \$17.50
<input type="checkbox"/>	CRP (C-Reactive Protein) for Inflammation (4420)	1G	\$35	<input type="checkbox"/>	Diabetes Management Panel - includes Glucose (483) & Hemoglobin A1C (8181) 1GY 1L F \$37.50
<input type="checkbox"/>	Drug Screening: 13 Drug Class, Urine (51477)	1GFAL	\$55	<input type="checkbox"/>	Hemoglobin A1C (8181) 1L \$20
<input type="checkbox"/>	Folate (466)	1G	\$50	<input type="checkbox"/>	Insulin, Fasting (561) 1G F \$19
<input type="checkbox"/>	Iron & TIBC (7573)-early morning collection	1G	\$35	HEART HEALTH	
<input type="checkbox"/>	Magnesium (622)	1G	\$25	<input type="checkbox"/>	Cardiovascular Health (Lipid Panel) (7600) 1G F \$28
<input type="checkbox"/>	Pregnancy Test Qualitative - Urine (51052)	1YU	\$25	<input type="checkbox"/>	Cholesterol, Total (334) 1G F \$8
<input type="checkbox"/>	Prostate Specific Antigen, PSA (5363)	1G	\$30	HORMONE AND VITAMIN TESTING	
<input type="checkbox"/>	Prottime / INR (8847)	1LB	\$20	<input type="checkbox"/>	Testosterone, Free & Total (36170) 1R \$110
<input type="checkbox"/>	Thyroid Screen, TSH (899)	1G	\$30	<input type="checkbox"/>	Vitamin B12 (927) 1G \$50
<input type="checkbox"/>	Urinalysis Complete (5463)	1CYU	\$20	<input type="checkbox"/>	Vitamin D (17306) 1G \$55
IMMUNITY TESTING			INFECTIOUS DISEASE SCREENING		
<input type="checkbox"/>	Chicken Pox Immunity Screen* (Varicella zoster) (4439)	1G	\$35	<input type="checkbox"/>	Hepatitis B Surface Antibody* (499) 1G \$40
<input type="checkbox"/>	Measles* (964)	1G	\$62	<input type="checkbox"/>	Hepatitis C Antibody* (8472) confirmation \$65 2G \$40
<input type="checkbox"/>	Mumps* (8624)	1G	\$63	<input type="checkbox"/>	Tuberculosis* (TB) Test (Quantiferon®) (51772) TB \$110
<input type="checkbox"/>	Rubella* (802)	1G	\$25		
SEXUALLY TRANSMITTED DISEASES					
<input type="checkbox"/>	STD Profile - Includes Chlamydia/Gonorrhea* (11363), Herpes (6447), Syphilis* (51374) & HIV* (91431)			YTMA 2G 1L	\$267
<input type="checkbox"/>	STD Screen Chlamydia/Gonorrhea Only* (11363)			YTMA	\$100
<input type="checkbox"/>	STD Screen Herpes Only (6447)			1G	\$72
<input type="checkbox"/>	STD Screen HIV 1 & 2 Antibodies and Confirmation* (91431) confirmation \$200			1G 1L	\$65
<input type="checkbox"/>	STD Screen Syphilis Only* (51374) confirmation \$85			1G	\$30

Bold italicized tests may require an additional confirmation test which will be billed after all testing is complete at the price listed above.

STEP 3: Read and initial each statement below

- _____ I consent to and authorize MACL to collect my blood and/or urine for analysis of the above marked test(s).
- _____ I understand MACL does not provide direct access testing to individuals younger than 18 years old. Accordingly, I represent I am 18 years of age or older.
- _____ I authorize MACL to release my results to the MyQuest™ online portal as indicated on this form.
- _____ I agree to take full financial responsibility for the tests requested and I understand payment is required prior to specimen collection, except for confirmatory testing, which will be billed to me after testing is complete. I understand these tests will not be billed to a third party by MACL and no results will be sent to a physician or healthcare provider.
- _____ I understand MACL will not disclose information relating to the tests I obtain to my health plan for purposes of payment or health care operations, unless the disclosure is required by law, since I am paying out-of-pocket.
- _____ I understand MACL is not acting as my doctor, nor does this replace treatment by a physician; and I assume complete and full responsibility to take appropriate action up to and including consulting with a physician. In this regard, I do not and will not hold MACL responsible for my test results and absolve them and their affiliates of any liability.
- _____ I agree I will seek medical advice, care and treatment from my usual source of health care if I have questions or concerns, have any symptoms of illness, or become ill.
- _____ I understand as with any medical testing, the potential for falsely elevated, lowered, positive, or negative laboratory values is present.
- _____ I understand certain abnormal test values are considered critical because they may, but do not necessarily, indicate the presence of a potentially life-threatening condition requiring medical attention. I understand MACL will notify me by phone day or night of any critical result and will require I verify the PIN number I provided on this form.
- _____ I understand any positive results for Reportable Communicable Diseases, as notated on this form with an asterisk (*), will be reported to the Indiana State Department of Health in accordance with applicable law.

STEP 4: Sign and date below

Signature of Participant or Participant's Representative

Date

Printed Name of Participant or Participant's Representative

Relationship of Representative to Participant, if applicable: _____

MACL Account: 41199

FOR INTERNAL USE ONLY

AMOUNT DUE (include \$5.00 draw fee) : _____ PAYMENT METHOD: _____ Debit / Credit Card _____ Money Order

LEGEND: P= Pink, G= Gold, L= Lavender, GY= Grey, R= Red, LB= Light Blue, TB= Quantiferon, CYU= Cherry Yellow Urine, YU= Yellow Urine, YTMA= Yellow TMA, GFAL= Green Falcon

Frequently Asked Questions

What is SOLO by Mid America Clinical Laboratories (MACL)?

SOLO by MACL puts control of your health back in your hands. Patients may order select tests themselves without a physician's order. This allows you to have the most up-to-date information about your personal health, while taking a proactive role in managing your own care.

How do I order my tests?

Fill out your information (Step 1), check your tests (Step 2), read and initial each line above (Step 3) and then sign and date this form (Step 4).

How do I pay for my tests?

Payment in full is due to Mid America Clinical Laboratories at time of collection. A \$5 draw fee is applied to all orders, regardless of the number of tests selected. Some tests, as notated, may require additional confirmatory testing and result in an additional bill after testing is performed.

How do I get my results?

Your lab results will be available in 7-10 business days through the MyQuest™ online portal/app. Visit www.maclonline.com for information on creating a MyQuest™ account. Please note: results will ONLY be available online.

Does MACL send a copy of my results to my physician?

When a patient chooses to self-order lab tests they assume responsibility for obtaining their results and contacting a physician as necessary. MACL will not send results to a physician; patients are not able to make that request at the time of the order.

For additional information regarding SOLO by MACL or general test information: please visit www.maclonline.com.

