



F=Fasting required: DO NOT eat or drink anything except water for 9-12 hours before your test. DO NOT stop taking your prescription medications. If your healthcare provider advised you to take your medication with food, consult with your doctor before fasting.

F = FASTING REQUIRED

| | | | | |
|---|---------------|-------|-----------------------------|------|
| PRINT NAME (LAST, FIRST, MIDDLE INITIAL) | | | | |
| SEX <input type="checkbox"/> M <input type="checkbox"/> F | DATE OF BIRTH | MONTH | DAY | YEAR |
| PATIENT PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE | | | UNIQUE ID: 10-DIGIT PHONE # | |
| ALTERNATE PHONE (OPTIONAL): <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE <input type="checkbox"/> WORK | | | | |
| STREET ADDRESS | | | | |
| CITY | | | STATE | ZIP |

| LABORATORY USE ONLY | | ACCOUNT # 97565758 | | |
|-------------------------|--|--------------------------------------|----------------------------------|--------------------------------------|
| DATE COLLECTED/INITIALS | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> ID VERIFIED | <input type="checkbox"/> FASTING | <input type="checkbox"/> NON-FASTING |

[Visit dloab.com/blueprint](http://Visitdloab.com/blueprint) for detailed information on each test

Your lab results will be available online in 3-5 business days, and a paper copy will be mailed to you in 2-3 weeks, pending the completion of the online health questionnaire. To complete the questionnaire and review results online, create an account at My.QuestForHealth.com; Registration key: **DLOConsumer**

TO BE TESTED, YOU MUST READ AND INITIAL EACH BOX BELOW:

- I am 18 years or older.
- I am requesting Blueprint for Wellness through DLO Direct. I do not have a physician order for these tests. I understand that only I will receive the testing results. As required by law, DLO may share certain test results with other entities, such as the State Department of Health.
- I understand that, because a physician has not ordered these tests, my health insurance (including Medicare and Medicaid) will not pay for these tests. I will not ask my health insurer, Medicare, Medicaid, or any other federal or state health care programs to pay for these tests. I also understand that DLO will not submit these tests for reimbursement or payment to my health insurer, Medicare, Medicaid, any federal or state health program, or any third-party payer. **Payment in full is due at time of service.** Payment may be made with a credit/debit card or check; cash payments are not available.
- I understand that it is solely my responsibility to promptly discuss all laboratory results with a physician and that neither DLO nor its Medical Director will provide interpretation, counseling, consultation or care recommendations on the basis of any laboratory results provided to me. I release from liability and will not hold DLO or its Medical Director responsible if I do not promptly communicate the results of these tests to my physician.
- I understand that an optional Physician Health Information Session (PHIS) is available to me after receiving results. PHIS services are educational sessions that include reviewing results and receiving general information for next steps. PHIS services are solely for informational purposes and do not constitute the practice of medicine. I understand that I am solely responsible for initiating follow-up with my personal physician for care, diagnosis, medical treatment, or to obtain an interpretation of the test results. I authorize my information, including test results, to be used by and discussed among DLO Direct and PWNHealth and its staff to perform the services.
- I understand that an authorized third party, PWNHealth, will attempt to contact me with priority laboratory values, which may indicate a serious medical condition in need of urgent care. If after three attempts PWNHealth cannot reach me at the numbers provided, I authorize PWNHealth to send a mailed letter to the address provided.
- I understand that DLO Direct testing is intended for informational purposes only. A DLO Direct test result is not a medical diagnosis, a treatment, or a form of medical advice. I understand that only my physician can interpret my test results.

PATIENT SIGNATURE: _____ **DATE:** _____

| | BLUEPRINT FOR WELLNESS (see dloab.com/blueprint for more information on the tests in each panel) | PRICE |
|-------------------------------------|---|--------------|
| <input type="checkbox"/> | Healthy Heart Blueprint F (37172) • Total cholesterol, HDL, LDL, triglycerides, total cholesterol/HDL ratio, glucose | \$44.00 |
| <input type="checkbox"/> | Basic Blueprint F (37173) • Total cholesterol, HDL, LDL, triglycerides, total cholesterol/HDL ratio, glucose, hemoglobin A1c, high sensitivity CRP | \$74.00 |
| <input type="checkbox"/> | Complete Blueprint F (37175) • Total cholesterol, HDL, LDL, triglycerides, total cholesterol/HDL ratio, glucose, hemoglobin A1c, high sensitivity CRP, creatinine eGFR, ALT, AST, GGT, albumin, alkaline phosphatase, bilirubin, globulin, total protein | \$134.00 |
| <input type="checkbox"/> | Enhanced Blueprint F (37174) • Total cholesterol, HDL, LDL, triglycerides, total cholesterol/HDL ratio, glucose, hemoglobin A1c, high sensitivity CRP, creatinine eGFR, ALT, AST, GGT, albumin, alkaline phosphatase, bilirubin, globulin, total protein, calcium, ferritin, iron, vitamin D, thyroid tests, CBC, uric acid | \$174.00 |
| | VENIPUNCTURE AND BIOMETRICS (Required for all Blueprint for Wellness testing) | PRICE |
| <input checked="" type="checkbox"/> | Venipuncture (3259) | \$5.00 |
| <input checked="" type="checkbox"/> | Biometrics (16354) • Height, weight, waist circumference, blood pressure | \$0.00 |



Blueprint
for WELLNESS®

DLO Direct Blueprint for Wellness Checklist

- Did you provide a good callback number with area code in case you need to be contacted?
- Did you create an account at **My.QuestForHealth.com**? Use the Registration Key: **DLOConsumer**.
This is required to receive your results.
- Did you complete your online health questionnaire at My.QuestForHealth.com?
This is required to receive your results. If this step is not completed within two (2) weeks of your screening, your results will be released without the health questionnaire data.
- Do you understand insurance claims cannot be filed for any DLO Direct testing?

Note: Your receipt for these services will be itemized as a \$5 fee for the collection and a second line-item for the remaining amount of the Blueprint for Wellness package you selected.

DLO Direct Blueprint for Wellness Resources

- ◆ **dlodirect.com**: For information on available tests through DLO Direct
- ◆ **dlolab.com/locations**: For a list of DLO Patient Service Center sites
- ◆ **dlolab.com/blueprint**: For more information on the tests in each panel and a list of frequently asked questions on Blueprint for Wellness testing



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