Cheyenne County Hospital

Name:	**Date:**
Address:	**Email:**
City, State, Zip:	**Sex:** M F
Phone:	**DOB:**

**NOTE: Please fast for at least 12 hours prior to blood collection (no caloric intake, you may drink water normally)

Individual Tests		Fee	Wellness Panels		Fee
A1c-Hemoglobin A1c		$ 30	**Anemia Profile**, Complete (Includes: CBC, IRON PROFILE, VIT B12, FOLATE)		$ 70
BCHG, Quantative--Serum Pregnancy test		$ 25	**Arthritis Panel,** (Includes: RheumFact, ANA, CRP, URIC, ESR, CMP, CBC)		$ 100
CBC - Complete Blood Cell Count		$ 25	**Basic Health & Wellness** (Includes: CMP, LIPID, CBC, TSH)		$ 70
CMP-Comprehensive Metabolic Panel		$ 25	**Basic Thyroid** (Includes: TSH and Free T4)		$ 40
CRP - C Reactive Protein		$ 30	**Complete Health & Wellness** (Includes: CMP, LIPID, CBC, ANEMIA, TSH, FT4, CRP, A1C, VTD25, URIC, MG)		$ 285
Lipid - *Fasting required*		$ 25	**Diabetic/Pre-Diabetic Screening** (Includes: Glucose **FASTING REQUIRED**, HGB A1c)		$ 30
PSA - Prostate Cancer Screen		$ 40	**Hormone Panel-Men** (Includes: Testosterone total, TSH, PSA)		$ 80
Testosterone - Total		$ 55	**Hormone Panel-Women** (Includes: E2 (Estradiol), Progesterone, FSH, LH)		$ 160
TSH - Thryoid Stimulating Hormone		$ 35	**Heart & Cardiovascular Screening** (Includes: CMP, LIPID, CRP)		$ 60
UA - Urinalysis		$ 25	**Sexually Transmitted Disease Panel** (Includes: Chlamydia/Gonorrhea, Syphillis, HIV)		$ 105
VD25 - Vitamin D 25 Hydroxy		$ 70	**Stress & Fatigue Panel** (Includes: CMP, CBC, Thyroid, Anemia Prof, CRP, Vit D)		$ 185
Blood Type - (Includes ABO & RH)		$ 25	**Obstetrics Panel** (Includes: CBC, CMP, ABO, RH, Antibody screen, HIV, Syphillis, Hepatitis B Surface Antigen, Rubella)		$ 175
Flu Swab		$ 35	**Weight Management Profile** (Includes: CMP, CBC, TSH, FT4, DHEAS, Cortisol, Insulin)		$ 200
Glucose - *Fasting required*		$ 20			
HepC		$ 60			
HIV		$ 60			
Mono		$ 25			
Protime		$ 30			
Strep		$ 50			
Uric Acid		$ 20			
Urine Microalbumin		$ 25			
Venipuncture		$ 18.50			
SUBTOTAL				**SUBTOTAL**	
PAYMENT: CASH____CHECK____CREDIT____				**TOTAL COST**	
				AMOUNT RECEIVED	