



**Direct Access Testing
COVID-19**
Wilson Health Laboratory
915 W. Michigan St. – Sidney, Ohio 45365

**PLACE WILSON HEALTH
REGISTRATION LABEL HERE**

Account #:

MR #:

Last Name (please print)		First	MI	Sex	DOB	SSN	Phone
Address			City	State	Zip	Email	
<small>Wilson Health Laboratory will attempt to contact the patient with any questions or critical laboratory values, which may indicate serious medical conditions in need of immediate care. Optional: If Wilson Health Laboratory cannot reach the patient at the numbers provided, Wilson Health Laboratory is authorized to leave a message with:</small>							
Name:							

Consent for Testing

- I am 18 years of age or older (or I am the parent or guardian of the above named patient) and willingly consent to having my blood drawn for the purpose of testing. I request and authorize Wilson Health Laboratory to **mail them to me at the above address.**
- I release and hold harmless Wilson Health and its personnel from any responsibility for my own health care needs, and from any liability from health consequences, which may occur or arise from my participation in and services rendered by this testing. This release also binds my family members, heirs, executors, and assigns.
- I understand that Wilson Health Direct Access testing does not replace the advice and care of my physician. It is intended for educational purposes. A Wilson Health lab test result is not a medical diagnosis, a treatment or form of medical advice. I am solely responsible for promptly talking with a physician about my lab test results. I understand that only my physician can interpret my test results.
- I understand that these test results will be included in the complete medical record chart kept at Wilson Health and may be viewable by my health care provider
- I understand that Wilson Health must act in accordance with Infectious Disease Reporting guidelines and release any required results to the appropriate state Department of Health.
- I understand that because the tests are not ordered by a physician, **insurance companies routinely do not cover the tests.** I understand that Wilson Health will NOT submit these tests for insurance reimbursement.
- I understand that full payment is due at the time of service

I have read, understand and agree to the above provisions

Participants Signature: _____
(Legal Guardian signature if participant is under 18 years of age)

Date: _____

Check at least one test that applies

SARS-CoV-2 PCR Testing [\$90]

To Access Your Test Results:
 Results will be available online via Wilson Health's Patient Portal immediately after they are completed. To sign up please visit www.wilsonhealth.org

PCR testing is a molecular test using a lab technique called polymerase chain reaction (PCR) that detects the virus' genetic material. This test utilizes the more invasive nasopharyngeal (NP) swab that goes farther back in the nose. This test is considered the gold standard for accuracy and is so sensitive it can detect the virus long after symptoms are gone and the person is no longer contagious.

\$ _____ Total Due
 Make Checks Payable to Wilson Health

Paid
 Cash: _____
 Check: _____
 Credit: _____

Rec'd by: _____
 Tax ID #: 344427944 NPI #: 1639174204