Participant Instructions for Quest Patient Service Center

Quest Patient Service Center Option
Participants who are unable to attend their site’s onsite Health Screening may go to any Quest Diagnostics Patient Service Center (PSC) to have their blood drawn and biometrics measured.

YOU MUST FOLLOW THE INSTRUCTIONS BELOW:

1. **Complete the Quest Requisition form included in this packet.** Complete the form and bring this form and the completed consent form with you to the PSC. You are only eligible to receive the company paid base test listed on the requisition form (no optional tests).

2. **Choose a Quest Patient Service Center (PSC) location.** An appointment is not required but highly recommend as appointments take priority before walk-ins. **If you would like to make an appointment, you can do so at [www.questdiagnostics.com/appointment](http://www.questdiagnostics.com/appointment).** This link will also provide the most up-to-date PSC locations near you; simply enter your zip code.
   a. **Take note of the hours that your chosen site is open.** Many close for lunch. Ignore the hours labeled UDS (a urine drug screen).
   b. There are Patient Service Centers along the Front Range from Fort Collins and Greeley to Colorado Springs and Pueblo, and there is one in Grand Junction.

3. **Instructions for a good draw.** **FAST for 10-12 hours prior to your appointment but stay well hydrated. Diabetics should NOT fast.** Take all necessary medications. **Drink a glass of water one hour before your appointment time.**

4. **YOU MUST bring the following forms to the PSC and give to the examiner (NOTE: These forms MUST be provided or you will be turned away):**
   a. Completed Quest Requisition form
   b. Quest Instructions for PSC

5. **Be sure they measure your biometrics and write the results on the Quest Requisition Form.**

6. **You should not be charged any money at the PSC.** This is explained to the phlebotomist in the Instructions for PSC Phlebotomists document. You will not be able to receive any optional tests, only the company paid base test that is listed on the requisition form.

7. **Your blood results will be mailed to the address you put on the Quest requisition form.** You should receive the results within two-three weeks of going to the PSC.

8. **The deadline for the PSC option is 2/18/16.** Therefore, you must visit a PSC location by this date.

9. **Contact HPMI if you have any questions – 720-214-3188.**
Instructions for Patient Service Center (PSC) Staff for Health Fair Blood Draw

1. Participant to give Quest Diagnostics Health Fair requisition to PSC

2. **Collect no monies from participant**

3. Add draw fee (test # 3259) to requisition form

4. Draw appropriate tubes

5. Label tubes with **name, date of birth and date of draw**

6. Spin SSTs

7. Send to main lab in specimen bag and mark on the outside **‘HEALTH FAIR’**

If questions – call Health Fair Department
303-899-6703 or 800-765-2655 x6703
# HEALTH FAIR

HPMI UCAR/NCAR-PSC  
HEALTH PROMOTION MGMT  
DR ALAN BURGESS  
303-297-0729

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<table>
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<th>Middle Initial</th>
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## General Test Requisition - Please (x) desired profile(s).

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<tr>
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<td>FULL CHEM SCREEN W/TSH</td>
<td>(SST)</td>
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<tr>
<td>5363</td>
<td>PSA (MEN ONLY)</td>
<td>(SST)</td>
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Total $: __________  

Received By __________

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**NOTICE TO ALL MEDICARE PART B BENEFICIARIES:** I understand that should I go to my physician and/or healthcare provider, Medicare allows a screening occult blood test once every twelve (12) months; screening cholesterol, triglycerides and HDL tests once every five (5) years; screening glucose tests under certain conditions once every twelve (12) months; and a screening Prostate Specific Antigen test (PSA) once every twelve (12) months for males who are over fifty (50) years of age.

**MEDIcare Waiver:** I have been informed and understand fully, that NO claim will be filed on my behalf, NOR will I file a claim with Medicare or my Supplemental Insurance. I voluntarily take full financial responsibility for the screening(s) I have ordered, even if Medicare would have paid for any or all of these tests, had I gone to my physician or healthcare provider. I therefore, of my own will, **refuse to authorize** the laboratory or health fair provider of services to submit a claim to Medicare on my behalf.

**MEDICARE**  
Participant Signature: __________

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**Consent and Release**

I hereby request and grant permission to the Health Fair Organization, the local Health Fair Coordinators and Volunteers, and Quest Diagnostics Incorporated to draw blood from me for the purpose of performing a set of standardized laboratory tests on that sample. I request and authorize the Health Fair Organizations to obtain those laboratory results and forward them to me.

I understand that I am responsible for forwarding this information to my personal physician or other source of health care and that the local Health Fair Coordinators and Volunteers, Quest Diagnostics and Health Fair Organizations are not practicing medicine, proposing diagnoses, or recommending medical treatment, but merely acting as a resource to provide me this additional information. I understand that should I become ill, have any complications or have any questions regarding my health, I should contact my usual source of health care. I do not hold the local Health Fair Coordinators and Volunteers, Quest Diagnostics, the above named ordering physician, or Health Fair Organizations responsible in this regard. In the event of an accidental needle puncture, I consent to any routine blood testing deemed necessary for the safety of the phlebotomist.

**Participant**

Signature ___________________________________________  Date __________

**Legal Guardian**  
(If Under 18) ___________________________________________