LABORATORY SERVICES – Self Directed Labs

	Test Menu	Charge
	B12 001503	$25
	Basic Metabolic Profile (BMP) 322758	$9
	Blood Type (ABO/RH) 006049	$27
	Complete Blood Count (CBC) 005009	$9
	Comprehensive Metabolic Panel (CMP) 322000	$11
	Cortisol 004051	$45
	Environmental Allergy Profile 649749	$114
	Estradiol 004515	$48
	Ferritin 004598	$16
	Folate 002014	$17
	Food Allergy Profile 608005	$162
	FSH and LH 028480	$51
	Hemoglobin A1C 001453	$9
	Insulin 004333	$36
	Iron and Total Iron Binding Capacity 001321	$18
	Lipid Screen (cholesterol, triglycerides, LDL & HDL) 303756	$11
	PSA (Prostate-Specific Antigen) 010322	$18
	Progesterone 004317	$27
	Prolactin 004465	$29
	Testosterone Free and Total 140103	$98
	Thyroxine (T4) 001149	$10
	T3 Total 002188	$50
	T3 Free 010389	$47
	TPO Antibodies 006676	$17
	TSH (Thyroid Stimulating Hormone) 004259	$14
	Vitamin D 081950	$52
	Pregnancy Test – Urine	$10
	Chlamydia/Gonorrhea – Urine 183616	$94
	Uric Acid 001057	$8
	Urine Albumin 149997	$13
	Urine Albumin/Creatinine Ratio 140285	$23
	Urinalysis 003038	$8
	Urine Culture 008086	$34
	ACCESS LABS: FOOD SENSITIVITY PANEL FDSN	$329
	ACCESS LABS: FOOD/ENVIRONMENTAL ALSN	$454

Revised 04/15/2026 MK

☐ Check here if this is your first time using Self Directed Labs through Sensible Solutions Care Clinic and you are completing your consent forms for the first time.

☐ Check here if you have previously completed your consent forms. Initial to agree to previous informed consent.

_____

****A $45 Lab Draw and Processing Fee will be added to the final total.**

Customer Information (Please Print)

Name _____

DOB _____

Phone _____

Email _____

Address _____

City/State/Zip _____

Today's Date: ____/___/_____

- ○ Please check here if you'd like your results emailed to you.
- ○ Check here for SSCC to mail your results to you.

Payment Method: Cash Check Card

Lab Total + $45 processing fee = _____

Payment Received By: _____

Results Mailed on: __/__/__ By: _____

Sensible Solutions
CARE CLINIC