

# Multiphasic Blood Analysis

## Friday, October 20, 2017

7-10 a.m.



Rotary International



## New Date:

Friday October 20, 2017

Time: 7-10 a.m.

Location: City Neon (Chaplin Road-across from Mylan Park)

Sponsored by: Westover Rotary

The cost for the multiphasic blood analysis is \$35 for those who pre-register and \$40 if you are a walk-in. A Prostate Specific Antigen (PSA) blood test (for men only), a Thyroid Stimulating Hormone (TSH) screening and the Glucose A1-C are available for an additional cost of \$15 each, Vitamin D for \$20.. **No registrations will be taken over the phone. A confirmation letter will be sent out after payment and registration is received. Please call (304) 285-2730 if you have any questions. Printable forms are available on our web page [www.monhealth.com](http://www.monhealth.com).**

**Make checks payable to Mon General and mail to: PO BOX 1615 MORGANTOWN WV 26507.**

Please mark your time choice: 7-8 a.m. \_\_\_\_\_ 8-9 a.m. \_\_\_\_\_ 9-10 a.m. \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ SS # Number \_\_\_\_\_

Please Check: Multiphasic \$35 \_\_\_\_\_ PSA (Men Only) \$15 \_\_\_\_\_ Thyroid \$ 15 \_\_\_\_\_ Glucose A1-C \$15 \_\_\_\_\_ Vitamin D \$20 \_\_\_\_\_

Amount enclosed \_\_\_\_\_

**Informed Consent (Please read and sign)** I allow the agents of Monongalia County General Hospital Company to draw a sample of my blood for testing in the Multiphasic Health Screening and/or Prostate Specific Antigen (PSA) and/or Thyroid Stimulating Hormone (TSH) and/or Glucose A1-C screening. I understand that these tests are for screening only and, if there are abnormalities, it will be my sole responsibility to seek further evaluation and treatment as recommended. I understand it is not uncommon to experience some bruising (hematoma) at the site where the needle entered my arm for the blood specimen collection. By way of my signature below, I release Mon Health, their respective directors, officers, agents, and employees from liability arising from this blood draw.

### Notice of Privacy

I understand that the Monongalia Health System Privacy Notice that describes how my health information may be used for the purpose of treatment and/or payment of healthcare operations will be available to me at the site of my blood draw.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration form and payment must be received by October 6, 2017**

