

NRHS EMPLOYEE

LIPID PROFILE & HbA1c TEST

Norman Regional Laboratory Services is offering **ONE** free lipid profile test and HbA1c test (3 month blood sugar average) to all Norman Regional Health System employees:
January 1 – December 16, 2019. Please read and complete the information on this form.

Take this form **and** your **Norman Regional badge** to check in at any Norman Regional Lab location.

For a list of lab locations and hours, visit:

www.normanregional.com/services/laboratory-services

****Your results will be sent to you through interdepartmental mail by the Health Promotion Department. Please do not call the lab for results.** All information on this form and results are confidential.

****Please allow at least a 30 minute wait during high patient volume times. Thank you.****
****You *must* be fasting (nothing to eat or drink except water) for at least 12 hours before your blood is drawn. Your results may not be accurate if you are not fasting****

Please **print legibly** and complete **ALL** lines. Thank you.

Full Legal Name _____ Work or cell phone # _____ NRHS Emp. ID # _____

Date of Birth _____ Last 4 digits of SSN _____ Gender: M or F (circle one)

What is the Department where you work? (not cost center number) _____

What is the Facility where you work? (eg: Porter, HPX, Moore, Off-site Address) _____

→ATTN: Your results will not be sent to you if you do not complete the Department NAME and FACILITY.

*Have you been fasting at least 12 hours prior to this lab test? (circle one) Yes No

I hereby give consent to have my blood drawn for the tests listed on this form. I understand that Norman Regional Health System, its facilities and employees are not responsible for any harm, loss or injury arising from the laboratory testing and I hereby waive any and all claims against Norman Regional Health System if harm, loss or injury occurs.

Signature _____ **Date** _____

LAB USE ONLY

Lipid Profile: mint/gold tube _____

HbA1c: lavender tube _____ Draw date: _____ Time _____

Collector Meditech User Name: _____

Registration Instructions for Clerks

A contract registration is to be performed using ADM. The client mnemonic is **CEMPCHOL**. The attending physician mnemonic is **ZZEMPCHOL**. The location is **CZHEALTHP**. Scan this form under ORD. Specimens are performed at all three campuses.

Fax all forms to Porter Health Promotion Daily: 9-307-3179