



LMH
Laboratory

A Service of Lawrence Memorial Hospital



2020 Baldwin City and Baker University Community Wellness Festival

Collins Sports and Convention Center
6th & Fremont, Baldwin City

April 4, 2020 8:00am to 10:00am.

Pre-Registration Form

Baldwin City and Baker University Community Wellness Festival Blood Profile Consent:

Please read carefully and sign below
(RETURN ENTIRE FORM)

The Baldwin City and Baker University Community Wellness Festival blood profile includes the following tests: glucose, potassium, BUN, creatinine, GFR, calcium, alkaline phosphatase, total protein, albumin, AST, total cholesterol, triglycerides, HDL, LDL, and cholesterol ratios. The PSA (prostate specific antigen) test is optional. For males wishing that this test be included, the request must be made while completing the registration paperwork and prior to the time the blood is drawn. There is an additional fee for the PSA test. I understand that no additional individualized test can be included in the Health Fair profile blood tests.

Results are reviewed by an LMH pathologist. The results and a cover letter are mailed to the participant as soon as reasonably possible but in most cases will take about three weeks, after the festival, to be mailed. I understand that if my identifying information as noted below, including name, address, gender, and birth date, are not fully complete nor legible, the blood profile results may not be able to be correctly processed nor mailed to me. I also understand that results will not be released or mailed to anyone other than myself (including your personal physicians).

I give my consent to Lawrence Memorial Hospital to draw blood from me for the Baldwin City and Baker University Community Wellness Festival blood profile. I agree that LMH and its staff will not be held responsible for any injuries including bruising, incurred during the blood drawing process. I understand the responsibility for initializing any follow-up examinations for any abnormalities identified by these test, lies with me as the person responsible for my own health and not with Lawrence Memorial Hospital. I also understand that on occasion, my blood sample may hemolysis (red blood cells can be destroyed) during the blood drawing or analysis processes, and therefore can alter results, and if so, I may be contacted to come back into LMH Laboratory to have my blood redrawn.

I have read, understand and agree to the information and restrictions noted above.

Signature: _____ Date: _____

Registration Information (Please Print) One registration per person.

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City _____ State _____ Zip _____ Phone: _____

Gender: M _____ ☐ Blood Draw only \$40 (profile)– Pre-registration before 3/27/20
F _____ ☐ Blood Draw only \$50 (profile) w/ Psa Males Only)– Pre-registration before 3/27/20

After 3/27/20 Please DO NOT mail in your form. You will need to register the day of the fair at the door.

Payment Type: ☐ Check # _____ Amount \$ _____

Please do not send cash!

Enclose a check payable to: Lawrence Memorial Hospital Laboratory.

Please mail form and payment to: Lawrence Memorial Hospital Attn: Brandy - Lab. 325 Maine Lawrence, Kansas 66044

Registration must be received at Lawrence Memorial Hospital Lab by 3/27/20 to receive the discounted fee.