



APPT TIME: _____



2017 Wellness Blood Screen Registration

Remember to fast for 12 hours

Name: Last _____ First _____ Middle Initial _____	Date of Birth ____ / ____ / ____ (mo.) (day) (yr.)	NU ID# or last 4 digits of your SSN# ____ - ____ - ____ - ____
Address: _____ _____ City: _____ State: _____ Zip: _____ Telephone: (____) ____ - ____ - ____	<input type="checkbox"/> Male <input type="checkbox"/> Female Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Retiree <input type="checkbox"/> Alumni <input type="checkbox"/> Other	

I am requesting the following option(s) for my Wellness Blood Screen:

- ☐ **Option 1: Health Screen** ☐ Self-pay: \$40 ☐ Insurance: \$50
Tests included: thyroid, cholesterol, HDL, LDL, triglycerides and glucose. Also, tests that detect cell disorders and chemical imbalances for the kidneys and liver.
- ☐ **Option 2: Health Screen + PSA** ☐ Self-pay: \$55 ☐ Insurance: \$70
Tests included: all of the above and the Prostate Specific Antigen (PSA) test.
This is test for men ages 50 and older, or 45 with a family history.
- ☐ **Option 3: Hemoglobin A1C** ☐ Self-pay: \$20 ☐ Insurance: \$25
Screening test for diabetes
- ☐ **Option 4: HS-CRP** ☐ Self-pay: \$35 ☐ Insurance: \$40
Recognizing that atherosclerosis (plaques lining the surface of our coronary arteries) involves a chronic inflammatory process has brought greater attention to arterial "inflammation" as a risk factor for heart attack and stroke. HS-CRP is an inflammatory marker.

If you have questions regarding your Wellness Blood Screen lab results please call Health Services at 402-554-3171 to speak to a nurse.

For Health Services Staff Only

Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Total \$ _____	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Mav Card
	<input type="checkbox"/> Insurance _____