



## Havasu Community Health Foundation

2126 McCulloch Blvd N Suite 14

Lake Havasu City, AZ 86403

Phone 928 453-8190 Fax: 928 453-8236

Confirmation Code: \_\_\_\_\_

### Application Labs

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

| LABS          |      |       |       | Expires | Amount |               |      |       |       | Expires    | Amount |
|---------------|------|-------|-------|---------|--------|---------------|------|-------|-------|------------|--------|
| Aerobic       | 4920 | 10.00 | 2 Mos |         |        | Lipid Panel   | 4920 | 30.00 | 2 Mos |            |        |
| BMP           | 4920 | 11.00 | 2 Mos |         |        | Lithium       | 4920 | 10.00 | 2 Mos |            |        |
| C Diff        | 4920 | 40.00 | 2 Mos |         |        | Magnesium     | 4920 | 10.00 | 2 Mos |            |        |
| C Reactive    | 4920 | 10.00 | 2 Mos |         |        | Sensitivity   | 4920 | 10.00 | 2 Mos |            |        |
| CBC           | 4920 | 20.00 | 2 Mos |         |        | T3 Uptake     | 4920 | 15.00 | 2 Mos |            |        |
| CMP           | 4920 | 25.00 | 2 Mos |         |        | Triglycerides | 4920 | 10.00 | 2 Mos |            |        |
| Creatinine BL | 4920 | 10.00 | 2 Mos |         |        | TSH           | 4920 | 25.00 | 2 Mos |            |        |
| Culture Stool | 4920 | 15.00 | 2 Mos |         |        | UA w/reflex   | 4920 | 45.00 | 2 Mos |            |        |
| Folic         | 4920 | 20.00 | 2 Mos |         |        | Venipuncture  | 4920 | 3.00  | 2 Mos |            |        |
| Free T4       | 4920 | 20.00 | 2 Mos |         |        | Vitamin B12   | 4920 | 20.00 | 2 Mos |            |        |
| HGB A1C       | 4920 | 15.00 | 2 Mos |         |        | Vitamin D     | 4920 | 45.00 | 2 Mos |            |        |
| Iron          | 4920 | 10.00 | 2 Mos |         |        | Multiple      |      |       |       | Sub Total: |        |

*Tax-deductible donation:*

**Donations** Havasu Community Health Foundation: \_\_\_\_\_

Cancer Association: \_\_\_\_\_

Total: \$ \_\_\_\_\_

#### Notes:

I hereby release Havasu Community Health Foundation from all liability. If I do not personally obtain the results of this test, it is my responsibility to contact my physician for said results. *This Agreement shall be effective the day it is signed by both parties and expires as posted next to the procedure.* If I fail to complete my procedure by the expiration date, HCHF will consider my payment as a donation. I understand I will need to sign a new application and make an additional payment to utilize this program once it has expired. **Transaction Fees - Non-refundable:** You understand that a donation payment, once charged to your credit card, is final and non-refundable with the exception that you can prove the transaction was made through an unauthorized use of your credit card. If you become aware of unauthorized use of your credit card, or it is lost or stolen, you must notify your credit card provider in accordance with its reporting rules. 90 cents of every dollar donated supports your charitable program of choice.

**Payment Method** ☐ CASH ☐ CHECK ☐ CREDIT ☐ SPLIT ☐ OTHER Check No. \_\_\_\_\_

\_\_\_\_\_  
Participant/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HCHF Representative

\_\_\_\_\_  
Date

Havasu Community Health Foundation is a 501(c)(3) public charity serving health-related needs and social services in the Lake Havasu community.

Our taxpayer identification number is 20-1839858, AZ Tax Credit: QCO 21974

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