



OB/GYN Associates
of Lancaster, Inc.

SPECIMEN CONSENT FORM

OB/GYN ASSOCIATES OF LANCASTER, INC. utilizes *PathGroup Laboratories* for all patients that will need bloodwork, urine collection, pap smears, and cultures. *PathGroup Laboratories* is in network with all major insurance providers. There is a possibility that your insurance could not be in network and therefore the specimen collected would be considered out of network. For specimens that are classified as out of network, the patient understands that they are financially responsible for any bills they may incur. For patients that are requesting labs and specimens to be sent to *Fairfield Medical Center*, we will honor your request to do so. However, we are only able to send specific labs/specimens to *Fairfield Medical Center*. These labs include: routine pap smears and STAT blood work/cultures. There are specific cultures that *Fairfield Medical Center* is unable to test, therefore must go to *PathGroup Laboratories*.

PathGroup Laboratories does offer payment options and can help with financial assistant if a bill is too high for the patient.

By signing this form, you agree to have your specimen sent to *PathGroup Laboratories* unless stated otherwise. If no verbal or written consent is received, we will proceed with sending all specimens to *PathGroup Laboratories*.

Printed Name: _____

Signature: _____

Date: _____

Patient ID (Office staff will fill out): _____