

## Participant Contract for Laboratory Testing

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

Address: \_\_\_\_\_  
(Must include physical address, even if you have a P.O. Box)

City, State, Zip: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

**Completed contract must be accompanied by a U.S. Postal Service Money order or a cashier's check in the amount of \$37.00.** Completed contract and payment should be mailed to:

Dr. Thomas McDonald  
270 West Church St., Ste. D  
Lexington, TN 38351

Upon receipt of completed contract and fee, participant will receive a signed order for lab tests and a list of available testing sites. Participant should take the signed order, along with \$10.00 cash for venipuncture charge, to an available testing site as soon as possible. The venipuncture charge is paid directly to the testing facility and may vary, but will not exceed \$10.00.

Laboratory testing is for qualification purposes only. Dr. McDonald will NOT be responsible for follow-up on positive or abnormal test results. Participants will need to follow-up with their primary care physician regarding any positive or abnormal results.

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_