Texas A&M University Health Services

Self-Referral (Direct Access) Lab Testing

Texas A&M University Health Services (UHS) offers a limited number of laboratory tests without a physician's order, assuring quality results with confidentiality. Fully certified by the College of American Pathologists, this is the same testing provided to physicians. Please indicate the test(s) you request to be performed as a self-referred lab test.

APPOINTMENTS FOR PRE- AND POST-TEST COUNSELING ARE AVAILABLE UPON REQUEST

☐ Blood Sugar Glucose (Not HemoCue)	$15	Z13.0	(82947)
☐ Lipid Profile (fasting preferred) Includes Cholesterol, Triglycerides, HDL, LDL	$18	Z13.220	(80061)
☐ Blood Type	$26	Z01.83	(86900)
☐ Hemoglobin	$15	Z13.0	(85018)
☐ Hematocrit	$15	Z13.0	(85014)
☐ Hepatitis B Surface Antibody	$27	Z01.84	(86706)
☐ Hepatitis C Antibody	$28	Z01.84	(86803)
☐ Rabies Antibody Titer	$110	Z01.84	(86382)
☐ RPR (Syphilis)	$20	Z11.3	(86592)
☐ Sickle Cell Screen (if positive add $30 Hgb electrophoresis)	$20	Z13.0	(85660)
☐ QuantiFERON TB-Gold	$80	Z11.1	(86480)
Note: MMR is Measles, Mumps & Rubella			
☐ Mumps IgG Quantitative	$25	Z11.59	(86735)
☐ Rubella IgG Quantitative	$45	Z11.59	(86317)
☐ Measles (Rubeola) IgG Quantitative	$32	Z11.59	(86765)
☐ Varicella IgG Quantitative (Chickenpox)	$28	Z11.59	(86787)
☐ MMR and VZ panel	$65	Z11.59	86765
☐ HIV I and II Screen	$15	Z11.4	(86703)
☐ Chlamydia/Gonorrhea Urine-**UHS**	$75	Z11.8/Z11.3	87491/87591
☐ Chlamydia/Gonorrhea Genital-**UHS**	$75	Z11.3	87491/97591
☐ Chlamydia/Gonorrhea Urine (Not preferred for females)	$25	Z11.8/Z11.3	(87491/87591)
☐ Chlamydia/Gonorrhea rectal/oral	$25, both $45	Z11.8/Z11.3	(87491/87591)
☐ Chlamydia/Gonorrhea Genital (Preferred for females)	$25	Z11.3	(87491/87591)
☐ Pregnancy Test – Urine	$25	Z32.00	(81025)
Below tests may not be covered by insurance without a qualifying order by a medical provider.			
☐ Drug Screen – Urine	$42	Z02.83	(80307)
☐ Vitamin D (25 OH Vitamin D)	$37	Z13.21	(82306)
☐ COVID – PCR (CPL)	$100	Z03.818	(87635)
☐ COVID – PCR / Influenza A&B	$100	Z03.818/Z11.59	(87635 / 87502)

Positive test results for certain tests must be reported to the Department of State Health Services.

All clients must sign this form prior to testing. Results will be reviewed by a medical provider and released directly to the patient through receive email or secure message. This form will be maintained as part of your electronic health record. Please view our statements and policies at uhs.tamu.edu/statements-policies.

Patient Name: _____ UIN: _____ Date of Birth: _____

Patient Signature or (if applicable Legal Guardian Signature): _____ Date: _____

(If applicable – relationship to minor): _____

Revision History

Effective Date	Description of Change	Revised By
8/30/2021	Price Changes	
10/19/2021	COVID CARES ACT Funding content added	A Seivert
11/03/21	Spike Antibody added	A Seivert
04/04/22	CPL prices added	J. Culpepper
10/27/22	CPL prices added	J. Culpepper
04/06/23	CTNG vaginal added	J. Culpepper
05/05/23	COVID price change	L. Sleeth
12/11/23	Added syphilis, chickenpox, not preferred for females, preferred for females	J. Culpepper
02/12/24	Added Vit D and replaced SHS with UHS	J. Culpepper
08/18/25	Updated pricing	L. Duesterhoft
10/14/2025	Added UHS CTNG testing for urine and genital	S. Conrad
04/16/2026	Added QuantiFERON TB-Gold	L. Duesterhoft
04/20/2026	Added insurance information and removed COVID antibody testing	J. Culpepper