



Eastern Kentucky University
Student Health Services

Titer Request and Prepayment Form
(These tests are available only to students in certain University Programs)

Name of Student: _____ EKU ID No: _____

Name of Program: _____ Date: _____

I am requesting the following lab tests be done on me at Student Health Center, and I understand that I must pay for these at Student Accounts before I can have the blood drawn at SHS. It is my responsibility to take this form to Student Accounts so that they know exactly which tests I am paying for and how much to charge me. I also understand that there is **a \$3.00 processing fee which is added to the total** charge(s) for test(s).

Varicella (chicken pox) Ab (antibody) titer -----\$ 18.75 (Quest Code: 04439)

Measles Ab titer -----\$ 18.69 (Quest Code: 00964)

Mumps Ab titer -----\$ 8.40 (Quest Code: 08624)

Rubella Ab titer -----\$ 7.68 (Quest Code: 00802)

Hepatitis Bs Ab titer -----\$ 10.00 (Quest Code: 08475)

Cashier: Please add charges for all tests requested, add \$3.00 processing fee to it, and deposit the total into **Student Health Services/Quest Account – Org # 144084 – 616084. Misc. Income Acct. # 572000.** (Please include in the receipt exactly which test was paid for). Thank you.

Student Signature: _____ Date _____