Dr. Justin Marchegiani - www.JustInHealth.com - Office@JustInHealth.com - Office (512) 535-1817 - Fax (707) 227-1529

DSL GI-MAP 1-DAY STOOL TEST INSTRUCTIONS

What You Will Receive When Your Test Kit Arrives:

1. A box containing a sample collection container.
2. A prepaid FedEx envelope for returning your sample.

Steps to Complete the DNA Stool Test:

1. Print and fill out the correct requisition form.
    - This form is for patients who have paid the full cash price, not for those using the lab-read fee or insurance. Please check your invoice from our office if you are unsure.
2. Include the date the sample was collected on the requisition form.
3. There is no need to stop taking nutrient supplements or medications before this test unless specifically instructed otherwise.
4. **You must include the completed requisition form with your stool sample.**
    - Important: If the requisition form is not included, your sample will be discarded and you will need to repeat the test.

Sample Shipping Note:
Samples older than 10 days without refrigeration may have compromised viability.
Please ship your sample as soon as possible after collection to ensure accurate results. If you cannot ship the specimen on the day of collection, please refrigerate it and ship as soon as possible, ideally within 3 days.

Next Steps:

1. Dr. Justin will review your lab results with you during your scheduled appointment.
2. Make sure you have a follow-up appointment booked to discuss your results.
3. Results typically take 8 to 10 days to process. You may request a copy of your results at the start of your consult.

Optional Zonulin Add-On:
Zonulin is available as an optional add-on to the GI-MAP test for an additional fee of $99.

- To add Zonulin, please email us at office@justinhealth.com and we will invoice you.
- On the requisition form (page 4), manually check the box next to **“Zonulin add-on to GI-MAP.”**

Questions:
For any questions not covered here, please contact Diagnostic Solutions Lab directly at 877-485-5336.

Notice of Liability
The information contained herein is not intended to be an endorsement of treatment options. It is presented for educational purposes only. The authors, publishers, and distributors shall have no liability for any liability, loss, or damage alleged or caused directly or indirectly by this information. It is the sole responsibility of the primary physician to consider this information’s applicability to each individual patient.

International Shipping Instructions:

- You may use any shipping method that guarantees delivery to the United States within **7 days**.
- **Samples must be received by the lab within 6 days of collection.**
    - If you cannot ship the specimen on the day of collection, please refrigerate it and ship as soon as possible, ideally within 3 days.

Paperwork Requirements:

1. Fill out the **name, address, phone number, and signature** sections on all **3 copies of the commercial invoice** and the **international.**
    - **Click here to access: commercial invoice**
    - **International waybill** (this will come from your chosen courier).
2. Place the completed paperwork in the clear pouch provided, and affix it to the front of the FedEx clinical pak.
3. To schedule a pickup:
    - Call FedEx at 1-800-463-3339
    - When prompted, say: “Schedule a pickup”
    - When asked if you are shipping a package, say: “Yes”
    - Let them know you are shipping **using an International Waybill**

Questions:
For any questions not covered here, please contact Diagnostic Solutions Lab directly at 877-485-5336.

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Diagnostic Solutions laboratory

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Alpharetta, GA 30005
Phone: 877-485-5336
Fax: 470-239-5017
www.diagnosticsolutionslab.com

Lab Use Only

Practice Information

Just in Health
912 S Capital of Texas Hwy #170
Austin, TX 78746
512-535-1817

Billing Type

(Please attach copies of all insurance cards, front and back, to Test Request Form)

- ☐ Medicare
- ☐ Patient Cash (No insurance will be billed)
- ☐ Bill to Patient Insurance (Deposit must be included with sample)
- ☑ Bill Clinician **(Patient Paid Doctor)**

Ordering Clinician

Acct # 1054 NPI # 1477828408

Name: Dr. Justin Marchegiani Degree: D.C.

Signature: Justin Marchegiani

For professional billing please initial: JM

Patient Information

Patient Name: _____

Patient DOB: __/__/____ (MM/DD/YYYY)

Sex: ☐ Female ☐ Male

Responsible Party Name: _____

Relationship to Patient: ☐ Self ☐ Parent ☐ Spouse ☐ Guardian

Address of patient or responsible party:

Street: _____

_____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Test Information

Date Sample Collected: __/__/____ (MM/DD/YYYY)

- ☑ **GI-MAP** (Includes GI Pathogens and H. pylori)
- ☐ **GI Pathogens**
- ☐ **H. Pylori** ☐ ***Stool*** ☐ ***Biopsy***
- ☐ **Zonulin (only)**
- ☐ **Zonulin add-on to GI-MAP**
- ☐ **CytoDX**
- ☐ **Calprotectin**
- ☐ **GenomicInsight**
- ☐ **GenomicInsight - Data Only**

Reflex test based on results:

- ☐ **Antibiotic Resistance Genes**

Insurance/Medicare

Primary Insurance: N/A

Name of Insured: _____

Policy/Medicare Number: _____

Group Number: _____

Secondary Insurance: _____

Name of Insured: _____

Policy/Medicare Number: _____

Group Number: _____

Patient or Responsible Party Signature:

X_____ Date: _____

By signing I understand that my insurance will be billed and I will be responsible for all charges not paid by my insurance.

ICD Coding

In the space below provide ICD codes that apply to signs, symptoms and findings for this visit.

N/A	K59.9	

Credit Card Payment Authorization

Credit Card Type: ☐ VISA ☐ Master Card ☐ AmEx

Card # N/A

Exp Date: _____ CCRV# _____

Name on Card: _____

Signature: _____

By signing this section, you are authorizing Diagnostic Solutions Laboratory, LLC to charge your card for the payment type selected.

Items Included in Your Collection Kit

STOOL COLLECTION

- 1 – Kit Box
- 1 – Test Request Form (TRF)
- 1 – Collection Tray
- 1 – Specimen Vial*
- 2 – Gloves
- 1 – Zip Closure Specimen Bag
- 1 – Absorbent Pad
- 1 – FedEx Clinical Pak Mailer
- 1 – Shipping Label

If you are missing any of the needed components or have questions about the collection, please call Diagnostic Solutions Laboratory Customer Service Department at 877-485-5336.

** Avoid contact with skin and eyes to the specimen vial fluid. If you do get fluid in your eyes, flush eyes with water for 15 minutes. If your skin comes in contact with vial fluid, wash with soap and water. If ingested, please contact a physician.*

The assays in the GI-MAP were developed, and/or the performance characteristics determined, by Diagnostic Solutions Laboratory.

GI-MAP®

GI Microbial Assay Plus

IMPORTANT: Stool sample must be received within 8 days of collection. If you cannot ship the specimen on the day of collection, please refrigerate and ship as soon as possible, preferably within 3 days.

RESULTS YOU CAN RELY ON

DNA STOOL ANALYSIS by qPCR

SHIPPING INSTRUCTIONS

Call FedEx at 1-800-463-3339 to Schedule Your Free Pickup

1. When the automated greeting begins say, *"Schedule a pickup."*
2. When asked if your label has the word "stamp" on it, say, *"Yes."*
3. Note your tracking number, which can be found on the Return Label.
4. Mark the box on the FedEx Clinical Pak Mailer stating: 'Exempt Human Specimen'.

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STOOL COLLECTION INSTRUCTIONS

– FOLLOW INSTRUCTIONS CAREFULLY –
IMPROPER COLLECTION MAY INVALIDATE RESULTS

NOTE: Please review all instructions and collection kit components before starting your sample collection. DO NOT discontinue taking prescription medications unless directed by your physician.

Additional instructions for filling out the Test Request Form can be found at:
www.diagnosticsolutionslab.com/patients/test-request-form-overview

1



Write the Patient Name, Date of Birth, and Collection Date on the Specimen Vial label.*

** Actual label may vary from image.*



If possible, void urine prior to collecting stool to avoid mixing it with your stool sample.

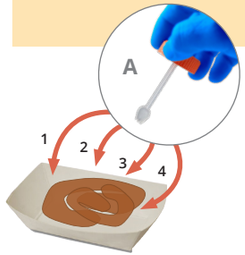
2

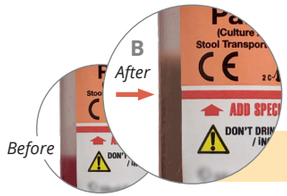


IMPORTANT: Put gloves* on and pass stool into the Collection Tray.

** Wear gloves while collecting the sample.*

3





DO NOT DISCARD THE PINK LIQUID IN THE SPECIMEN VIAL.

A) Using the spoon attached to the cap of the Specimen Vial, spoon stool from multiple areas of the sample into the vial.*

** Collect from at least 4 areas of sample.*

B) FILL SPECIMEN VIAL TO ABOVE THE RED FILL LINE INDICATED ON LABEL.

Don't overfill. The cap should close without spillover.

Failure to add sufficient sample may result in the laboratory not being able to process the sample.

4

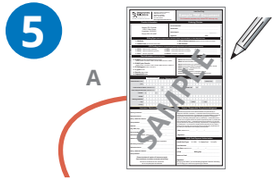


A) Carefully mix stool and fluid with the spoon attached to the cap.

B) Replace cap tightly and shake vial vigorously for 30 seconds.

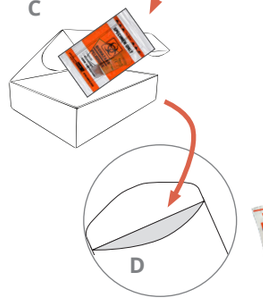
NOTE: If spillover occurs, rinse the outside of the vial (with water only) after sealing.

5



Insert into document pocket.





A) Fill out the Test Request Form completely and place into the document pocket of the specimen bag.

NOTE: Be sure to write the date of sample collection on the form.

Incomplete information in the patient section will result in delayed testing.

Payment type must be completed and payment included to process sample.

B) Place the collected Specimen Vial into the specimen bag and seal the bag.

C) Place the Specimen Bag with the collected sample and Test Request Form into the Kit Box.

D) Ship the completed Kit Box back to Diagnostic Solutions Laboratory using the provided Clinical Pak mailer.

NOTE: Please ensure that the shipping label is placed on the designated area, which is clearly marked on the middle of the Clinical Pak.

See important shipping requirements and instructions on the following page.

Items Included in Your Collection Kit

STOOL COLLECTION

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- 1 – Collection Tray
- 1 – Specimen Vial*
- 2 – Gloves
- 1 – Zip Closure Specimen Bag
- 1 – Absorbent Pad
- 1 – FedEx Clinical Pak Mailer
- 1 – Waybill
- 3 – Commercial Invoices
- 1 – Clear Pouch

If you are missing any of the needed components or have questions about the collection, please call Diagnostic Solutions Laboratory Customer Service Department at 877-485-5336.

** Avoid contact with skin and eyes to the specimen vial fluid. If you do get fluid in your eyes, flush eyes with water for 15 minutes. If your skin comes in contact with vial fluid, wash with soap and water. If ingested, please contact a physician.*

The assays in the GI-MAP were developed, and/or the performance characteristics determined, by Diagnostic Solutions Laboratory.

GI-MAP®

GI Microbial Assay Plus

IMPORTANT: Stool sample must be received within 8 days of collection. If you cannot ship the specimen on the day of collection, please refrigerate and ship as soon as possible, preferably within 3 days.

RESULTS YOU CAN RELY ON

DNA STOOL ANALYSIS by qPCR

SHIPPING INSTRUCTIONS – CANADA and US Territories

1. Complete the name, address, phone number, and signature sections on the 3 Commercial Invoices and Waybill.
2. Keep the 'Senders Copy' of the Waybill for your records, as it contains the FedEx Tracking Number.
3. Place the completed invoices and Waybill in the clear pouch and affix pouch to the front of the Clinical Pak.
4. Mark the box on the FedEx Clinical Pak Mailer stating: 'Exempt Human Specimen'.
5. Call FedEx at **1-800-463-3339** to schedule your pickup. When the automated greeting begins say, *"Schedule a pickup."* When asked if you are shipping a package say, *"Yes."*
6. Let them know you are shipping using an International Waybill.

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STOOL COLLECTION INSTRUCTIONS

– FOLLOW INSTRUCTIONS CAREFULLY –
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Items Included in Your Collection Kit

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- 1 – Test Request Form (TRF)
- 1 – Collection Tray
- 1 – Specimen Vial*
- 2 – Gloves
- 1 – Zip Closure Specimen Bag
- 1 – Absorbent Pad
- 1 – FedEx Clinical Pak Mailer
- 3 – Commercial Invoices
- 1 – Clear Pouch

If you are missing any of the needed components or have questions about the collection, please call Diagnostic Solutions Laboratory Customer Service Department at 877-485-5336.

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RESULTS YOU CAN RELY ON

DNA STOOL ANALYSIS by qPCR

SHIPPING INSTRUCTIONS – INTERNATIONAL

1. Complete the name, address, phone number, and signature sections on the 3 Commercial Invoices.
2. Place the completed invoices in the clear pouch and affix pouch to the front of the Clinical Pak.
3. Take the Clinical Pak to a FedEx location (or carrier of your choice) to ship the package.

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STOOL COLLECTION INSTRUCTIONS

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