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

DOCTORS DATA HEAVY METAL TEST INSTRUCTIONS

SAVE THIS BOX FOR SHIPPING YOUR TEST SAMPLE TO THE LAB!

Before the Test: Read the directions and familiarize yourself with the procedures. Wait at least 2 weeks following a detoxification program before retesting.

Verify Kit Contents:

- 1 white specimen collection cup
- 1 small screw-cap vial
- 1 zip-lock bag with absorbent material
- 1 Laboratory Requisition Form
- 8 DMPS capsules (25 mg each, total 200 mg)
- 1 prepaid FedEx Shipping Pack & Label

NOT FOR USE IF PREGNANT OR UNDER 18 YEARS OF AGE WITHOUT PHYSICIAN DIRECTION.

For child testing instructions, email customercare@mercout.com.

This test uses DMPS; if you are not familiar with it, please read the FAQ section on our website at www.MercOut.com.

You will be shipping your sample to an independent laboratory for analysis; results are sent by the lab to the MercOut medical director for evaluation, then emailed to you or your referring clinician.

Before the Test:

- Do not take the test during a menstrual cycle.
- For 2 days before the test, avoid all seafood and fish oil supplements.
- On the day before the test, drink about 6–8 glasses of water to stay well hydrated.
- Check off: “Bill Physician” on the requisition form.

On the Day of the Test:

- This is a **2-hour heavy metal test** to be completed first thing in the morning.
- Avoid mineral supplements and food for at least 2 hours before the test.
- Empty your bladder — **do not collect this urine.**

On an empty stomach with 8 oz. of water, take DMPS as follows:

- **8 capsules** (25 mg each) if you weigh **over 120 lbs** (>54 kilos)

- **6 capsules** if you weigh **up to 120 lbs** (<54 kilos)
- **4 capsules** for children 30–60 lbs (13–27 kilos)
- **2 capsules** for children under 30 lbs (<13 kilos)
  Not recommended for children under 2 years of age.
- You may eat 30 minutes after taking the DMPS capsules.
- The test will take 2 hours; drink ~32 oz. of water during this time to ensure urine production.
- Retain urine in your bladder for the full 2 hours, then collect the first urine in the provided collection cup (fill at least halfway).
- If after 2 hours you haven't urinated enough, drink another 32 oz. of water. It's okay if the test takes longer than 2 hours — just **not less** than 2 hours.

TIP: If you can't hold your urine for the full 2 hours, collect all urine during that time in a clean container, then pour into the vial.

To Process the Collected Specimen:

- Pour the urine into the screw-top transport bottle and close tightly. Discard any extra urine.
- Write your name and date of collection on the bottle; check the box marked "Post."
- Place the vial in the zip-lock bag with absorbent material and seal it.
- Place the bag and the **completed requisition form** in the original shipping box.

To Ship the Collected Specimen:

- Place the box in the prepaid FedEx envelope and seal.
- FedEx shipping is prepaid only within the U.S. and Canada.
- Keep the FedEx tracking number for your records.

U.S. Clients:

- Write your name/address on the prepaid Billable Stamp.
- Call FedEx at 1-800-238-5355 to schedule a pickup.
  Say "REP" at the prompt, then say "YES" when asked if shipping a package.
  Say you are using a prepaid "Billable Stamp."

Canadian Clients:

- Fill out the Air Waybill and sign it.
- Fill out the shaded areas of the commercial invoice and sign it.
- Insert both into the adhesive pouch and affix it to the FedEx Clinical Pak.
- Call FedEx at 1-800-463-3339. Say "REP" at the prompt, then "YES" when asked if shipping.
  Request a Third Party Pickup using "Air Waybill with account number 185197611."

TEST REQUISITION FORM

DOCTOR'S DATA INC
3755 Illinois Avenue – St. Charles, IL 60174-2420
800.323.2784 – 630.377.8139 – Fax 630.587.7860
inquiries@doctorsdata.com – www.doctorsdata.com

Note: *This form must be completed and signed by both the physician and the financially responsible party in order to avoid processing delays.*

1 Bill to (select one):

- [X] Physician Account (N/A in NY, NJ or RI) – Complete 1,2,3,4 *(If nothing is selected physician account will be billed)*
- [ ] Patient – Complete Section 1,2,3,4
- [ ] Patient Insurance – Complete Sections 1,2,3,4,6
- [ ] Medicare – Complete Sections 1,2,3,4,5,6 & ABN on back
- [ ] Payment Enclosed – Complete Sections 1,2,3,4,5

2 Physician Information

- [ ] *New Client? Address change? Incorrect physician listed below? Check here and correct the information.*

Account #:

39982
Dr. Justin Marchegiani
2028 East Ben White Blvd
Suite 240-2655
Austin TX 78741

Physician Signature: Justin Marchegiani

X *(Required)* _____ Date Ordered: _____

NPI # 1477828408

Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to create or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. Your ordering of the test(s) means that you believe the test(s) is medically necessary unless you indicate that it is for screening purposes.

3 Test(s) Ordered *Medicare patients see reverse side for important information.*

For Insurance/Medicare provide ICD-9 diagnosis codes **for each test ordered.**

- [X] **Urine Toxic Metals profile**

Collection Information:

→ Date final sample was collected: ___/___/___
→ Pt. Height (in.):_____ Pt. Weight (lb.):_____
→ Collection Period: ❑ Random – First morning void recommended
❑ Less than 24 hours – Number of hours:_____
❑ 24 hours – Volume (mL):_____ *required*
→ If this sample is part of a provocative challenge; is it ❑ pre or [X] post?
→ Provoking agent: DMPS Dosage: 500 mg

Profile components:	CPT:	ICD-9 Diagnosis Codes (required):		
Aluminum	82108			
Arsenic	82175			
Heavy Metals*	83018			
* Includes: Antimony, Barium, Beryllium, Bismuth, Cesium, Gadolinium, Palladium, Platinum, Tellurium, Thallium, Thorium, Tin, Tungsten, Uranium				
Cadmium	82300			
Lead	83655			
Mercury	83825			
Nickel	83885			

AVAILABLE ADD-ON TESTS: (additional fees apply):

❑ Urine Iodine	84999			
❑ Urine Halides (I, Br & F)	MULTIPLE			
❑ Urine Essential Elements	MULTIPLE			
❑ Creatinine Clearance	82575			

Timed Urine (24 hr preferred) with volume + serum sample required for Creatinine Clearance. Serum must be drawn during urine collection period.

→ Urine Collection Volume (mL):_____ Hours collected:_____
→ Iodine Loading Dose: _____

Client Reference:

4 Patient Information *Patient / responsible party is financially responsible for any portion of the claim not covered by insurance within 30 days.*

Patient Name: _____ Patient Date of Birth: ___/___/___ Sex: ❑ Male ❑ Female
Mailing Address: _____
City: _____ State: _____ County (required for NY): _____ Zip: _____
Daytime Phone: (_____) _____ Evening Phone: (_____) _____ Patient Social Security #: _____ - _____ - _____
Responsible Party Name: _____ Responsible Party Social Security #: _____ - _____ - _____
Responsible Party Date of Birth: ____/____/____ Relationship to Patient: ❑ Self ❑ Spouse ❑ Parent ❑ Other _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Patient/Responsible Party Signature: I authorize and request payment of medical benefits be made directly to Doctor's Data, Inc. I authorize the release of any medical information necessary to process this claim. I agree to be personally and fully responsible for any portion of the claim not covered by my insurance carrier and agree to make such payment within 30 days. A service charge of 1.5% per month may be charged on balances over 30 days.

X *(Required)* _____ Date: _____ ***Medicare Patients read and sign ABN on back of form.***

THIS SPACE FOR LAB USE ONLY

V01.12

244862-004 39982

TEST REQUISITION FORM

DOCTOR'S DATA INC
3755 Illinois Avenue – St. Charles, IL 60174-2420
800.323.2784 – 630.377.8139 – Fax 630.587.7860
inquiries@doctorsdata.com – www.doctorsdata.com

Note: *This form must be completed and signed by both the physician and the financially responsible party in order to avoid processing delays.*

1 Bill to (select one):

- [X] Physician Account (N/A in NY, NJ or RI) – Complete 1,2,3,4 *(If nothing is selected physician account will be billed)*
- [ ] Patient – Complete Section 1,2,3,4
- [ ] Patient Insurance – Complete Sections 1,2,3,4,6
- [ ] Medicare – Complete Sections 1,2,3,4,5,6 & ABN on back
- [ ] Payment Enclosed – Complete Sections 1,2,3,4,5

2 Physician Information

- [ ] *New Client? Address change? Incorrect physician listed below? Check here and correct the information.*

Account #:

39982
Dr. Justin Marchegiani
2028 East Ben White Blvd
Suite 240-2655
Austin TX 78741

Physician Signature: Justin Marchegiani

X *(Required)* _____ Date Ordered: _____

NPI # 1477828408

Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to create or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. Your ordering of the test(s) means that you believe the test(s) is medically necessary unless you indicate that it is for screening purposes.

3 Test(s) Ordered *Medicare patients see reverse side for important information.*

For Insurance/Medicare provide ICD-9 diagnosis codes **for each test ordered.**

- [X] **Urine Toxic Metals profile**

Collection Information:

→ Date final sample was collected: ___/___/___
→ Pt. Height (in.):_____ Pt. Weight (lb.):_____
→ Collection Period: ❑ Random – First morning void recommended
❑ Less than 24 hours – Number of hours:_____
❑ 24 hours – Volume (mL):_____ *required*
→ If this sample is part of a provocative challenge; is it ❑ pre or [X] post?
→ Provoking agent: DMPS Dosage: 500 mg

Profile components:	CPT:	ICD-9 Diagnosis Codes (required):		
Aluminum	82108			
Arsenic	82175			
Heavy Metals*	83018			
* Includes: Antimony, Barium, Beryllium, Bismuth, Cesium, Gadolinium, Palladium, Platinum, Tellurium, Thallium, Thorium, Tin, Tungsten, Uranium				
Cadmium	82300			
Lead	83655			
Mercury	83825			
Nickel	83885			

AVAILABLE ADD-ON TESTS: (additional fees apply):

❑ Urine Iodine	84999			
❑ Urine Halides (I, Br & F)	MULTIPLE			
❑ Urine Essential Elements	MULTIPLE			
❑ Creatinine Clearance	82575			

Timed Urine (24 hr preferred) with volume + serum sample required for Creatinine Clearance. Serum must be drawn during urine collection period.

→ Urine Collection Volume (mL):_____ Hours collected:_____
→ Iodine Loading Dose: _____

Client Reference:

4 Patient Information *Patient / responsible party is financially responsible for any portion of the claim not covered by insurance within 30 days.*

Patient Name: _____ Patient Date of Birth: ___/___/___ Sex: ❑ Male ❑ Female
Mailing Address: _____
City: _____ State: _____ County (required for NY): _____ Zip: _____
Daytime Phone: (_____) _____ Evening Phone: (_____) _____ Patient Social Security #: _____ - _____ - _____
Responsible Party Name: _____ Responsible Party Social Security #: _____ - _____ - _____
Responsible Party Date of Birth: ____/____/____ Relationship to Patient: ❑ Self ❑ Spouse ❑ Parent ❑ Other _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Patient/Responsible Party Signature: I authorize and request payment of medical benefits be made directly to Doctor's Data, Inc. I authorize the release of any medical information necessary to process this claim. I agree to be personally and fully responsible for any portion of the claim not covered by my insurance carrier and agree to make such payment within 30 days. A service charge of 1.5% per month may be charged on balances over 30 days.

X *(Required)* _____ Date: _____ ***Medicare Patients read and sign ABN on back of form.***

THIS SPACE FOR LAB USE ONLY

V01.12

244862-004 39982