



GENOVA ION PROFILE TEST INSTRUCTIONS

What You'll Receive:

- Sample collection containers for **urine and blood**
- Prepaid **FedEx return envelope**
- Instruction guide from Genova Diagnostics

Before You Begin:

1. This is a **cash-pay test only**
 Please use the correct **cash-pay requisition form** (not for insurance or discounted pricing)
2. **Complete all required sections** of the requisition form
 Leave insurance and credit card info blank

Sample Collection:

1. **Collect the urine sample first** (at home) following the kit instructions
2. **Complete your blood draw next**
 - You **must be fasting** for the blood draw (no food or drink except water for 12 hours)
 - Blood draw instructions are included in the kit
3. **Freeze the samples immediately** after collection, as instructed
4. **Ship both urine and blood specimens together** using the **prepaid FedEx label**
 - Ship the **same day** or the **next morning** after freezing

You may **drop off at FedEx** or schedule a **pickup**

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.



Important Notes:

- The **completed requisition form must be included** in the return package.
 - **Missing forms will result in your sample being discarded** and may incur additional fees.
- The **Personal Health Assessment Form is not required** and may be skipped.
- **Do not separate** the blood and urine shipments—they must be mailed together

What to Do Next:

1. **Schedule your consult with Dr. Justin** to go over your lab results.
2. **Lab results typically take 3–4 weeks** to be processed
3. Dr. Justin will review your results and answer your questions during your appointment.

Lab Contact Information:

If you have any questions about the test or return process, contact **Genova Diagnostics** at (800) 522-4762.

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Requisition



Full Option

Note: This form must be completed (including responsible party signature) and returned with specimen in order to process this test.

GDX ID# **A65E0**

Just In Health

Justin Marchegiani, DC

2028 E Ben White Blvd # 240-2655

Austin, TX 78741-6966

512-535-1817

NPI: 1477828408

Justin Marchegiani

X Physician's Signature & Date (required)

Please document medical necessity and the specific order for the test in the patient's medical record or progress notes with a signature and date from the referring physician in addition to providing a diagnosis code below.

Billing Options

Check only one option below. If no billing option selected, Practitioner account may be billed.

Bill Practitioner Account

Complete on reverse: **1**

Not available in the states of NY, NJ, and RI

***For payments & pricing please visit www.gdx.net/prc or ask your healthcare practitioner.**

Potential ICD-10 Codes and Conditions

IMPORTANT:

Please select or add the appropriate ICD 10 diagnosis code(s).

- R53.83 Other Fatigue
- E63.9 Nutritional Deficiency, Unspecified
- F41.9 Anxiety Disorder, Unspecified
- E61.9 Deficiency Of Nutrient Element, Unspecified
- R53.82 Chronic Fatigue, Unspecified
- G47.9 Sleep Disorder, Unspecified
- L30.9 Dermatitis, Unspecified

Other Codes: _____

Definition of Medical Necessity

All claims submitted to Medicare/Medicaid for Genova Diagnostics' laboratory services must be for tests that are medically necessary. "Medically necessary" is defined as a test or procedure that is reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. Consequently, tests performed for screening purposes will not be reimbursed by the Medicare program. Physicians may deem it medically necessary to order a single test or a portion of a profile.

CPT & ICD-10 Codes

Due to the possibility of regulatory and/or methodology changes, CPT and ICD-10 codes are subject to change without prior notification.

THIS SPACE FOR LAB USE ONLY



5330980

Specimens for patients less than 2 years of age will be discarded.

Date Final Sample Collected:

Mo. Day Year

Sample Type: Fasting Blood and Urine, First Morning Void

#10800

IIP 200 CP 429

ION Profile - #0090 Blood & Urine

Profile Components/CPT Codes

Long Chain Fatty Acids	82726 x5
Additional Fatty Acids	82542
Amino Acids, Quant, 6 or more	82139
Vitamin D	82306
CoQ10 and Gamma Tocopherol	82542
Lipid Peroxides	82542
Homocysteine	83090
Carotene	82380
Vitamin E	84446
Vitamin A	84590
Organic Acids	83921 x19
Citrate	82507
Homovanillic Acid	83150
Vanilmandelic Acid	84585
5-Hydroxyindoleacetic Acid	83497
Pyruvate	84210
Lactic Acid	83605 x2
Creatinine	82570
D-Arabinitol Sugar	84378
8-Hydroxy-2'-Deoxyguanosine & Indican	83789 x2
Sulfate	84392
Aluminum	82108
Arsenic	82175
Cadmium	82300
Calcium	82310
Copper	82525
Lead	83655
Magnesium	83735
Mercury	83825
Potassium	84132
Selenium	84255
Zinc	84630

Add-on Tests

<input type="checkbox"/> Vitamin K - #0031	83937
<input type="checkbox"/> Neopterin/Biopterin - #0088	83789
Mass Spectrometry, Quant	
<input type="checkbox"/> Serum Chemistry - #0068	
Chem-12/ALT	80053
Iron	83540
Iron Binding Capacity	83550
Lipid Panel	80061
TSH	84443
T3 Total	84480
T-4, Free	84439

IIP 225 CP 429

ION with 40 Amino Acids - #0490

Profile Components/CPT Codes

Long Chain Fatty Acids	82726 x5
Additional Fatty Acids	82542
Amino Acids, Quant, 6 or more	82139
Vitamin D	82306
CoQ10 and Gamma Tocopherol	82542
Lipid Peroxides	82542
Homocysteine	83090
Carotene	82380
Vitamin E	84446
Vitamin A	84590
Organic Acids	83921 x19
Citrate	82507
Homovanillic Acid	83150
Vanilmandelic Acid	84585
5-Hydroxyindoleacetic Acid	83497
Pyruvate	84210
Lactic Acid	83605 x2
Creatinine	82570
D-Arabinitol Sugar	84378
8-Hydroxy-2'-Deoxyguanosine & Indican	83789 x2
Sulfate	84392
Aluminum	82108
Arsenic	82175
Cadmium	82300
Calcium	82310
Copper	82525
Lead	83655
Magnesium	83735
Mercury	83825
Potassium	84132
Selenium	84255
Zinc	84630

Add-on Tests

<input type="checkbox"/> Vitamin K - #0031	83937
<input type="checkbox"/> Neopterin/Biopterin - #0088	83789
Mass Spectrometry, Quant	
<input type="checkbox"/> Serum Chemistry - #0068	
Chem-12/ALT	80053
Iron	83540
Iron Binding Capacity	83550
Lipid Panel	80061
TSH	84443
T3 Total	84480
T-4, Free	84439

Please complete indicated sections below as referenced in Billing Options on requisition front. (Please use black or blue pen)

1 Patient Information Section Required for all patients

Full SSN required for insurance billing and online access to your test results.

Patient Date of Birth mm/dd/yyyy	Sex: M	F	Social Security #:	(first):	(middle):	(last):
Patient Name (last):	(first):	(middle):				
Mailing Address:						
City:				State:	Zip:	
Phone:	County:			Country:		
Alternate Phone:			Race:	American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>		
Email:			Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
Responsible Party Name: (Other legal guardian or if patient is a minor child)		(first):	(middle):	(last):		

If you reside in OH or NH, the following fields are required:

Occupation: _____

Employer Address: _____

Employer: _____

5 Visit Your Patient Resource Center

- Access test results
- Make payments
- Complete health surveys

Log On At: www.gdx.net/prc

GENOVA
DIAGNOSTICS

63 Zillico Street
Asheville, NC 28801

800.522.4762
www.gdx.net



533098010800

Checklist (Prior to Shipping)

Includes Blood & Urine Specimens

1. Tubes

- Patient's first and last name, date of birth, gender, and date of collection are written on all tubes and vials
- All the tubes and vials are capped tightly

2. Frozen

- Clear cap plastic vial (urine)
- 3 red top amber transfer tubes
- Lavender top clear transfer tube
- 3 ice packets

3. Room Temperature

- Royal-blue top Na-EDTA tube, trace mineral free

4. Test Requisition Form with Payment

- Test Requisition Form is complete
- Personal Health Assessment Form is complete
- Payment is included

ION™ Profile - Patient

Urine Specimen Collection Instructions

This specimen collection kit can be used for the following test(s):

- 0090 ION Profile - Blood/Urine**
- 0190 ION Profile NY - Blood/Urine**
- 0490 ION Profile w/Amino Acids 40 - Blood/Urine**
- 0590 ION Profile w/Amino Acids 40 NY - Blood/Urine**
- *0068 Chemistries - Serum**
- *0088 Neopterin/Biopterin Profile - Urine**
- *0030 UMFA Profile - Serum**
- *0031 Vitamin K Assay - Serum**

Please Note: The ION Profile requires the patient to collect urine at home. This should be done prior to the blood collection. **All specimens, urine and blood, must be shipped together.** Patient must be fasting for blood draw. (Blood collection instructions are explained in the ION Profile - Clinician Specimen Collection Instructions.)

IMPORTANT:

All patient specimens require two unique identifiers
patient's name and date of birth, as well as *date of collection*.

Patient's first and last name, date of birth, gender, and date of collection must be recorded on the **Test Requisition Form** as well as on all tube(s) and/or vial(s), using a permanent marker, or the test may not be processed.

Specimen

Serum, ~9 ml (3 tubes, ~3 ml each), frozen; **Plasma**, 2.5 - 3 ml, frozen;
Whole Blood, room temperature; **Overnight Urine**, 12 ml, frozen

Collection Materials

- Clean collection container (NOT included in this kit)
- Clear cap plastic vial with thymol preservative
- Disposable pipette

Shipping Materials

- Plastic shell tube tray
- Absorbent pads
- 3 ice packets
- Test Requisition Form
- Personal Health Assessment Form
- Biohazard bag with side pocket
- Specimen collection kit box
- FedEx® Clinical Lab Pak and Billable Stamp

*Not Available in New York

*International shipping may vary, please see shipping instructions for more details.



Call 800.522.4762 or visit our website at www.gdx.net

Please read all instructions carefully before you begin.

Patient Preparation

- It is best to **ship your specimen within 24 hours of collection**. Please refer to the enclosed shipping instructions before you collect to determine what days you can ship your specimen.
- It is not necessary to discontinue nutritional supplements prior to this specimen collection. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.
- **Decrease** fluid intake to avoid excessive dilution of the urine.
 - » For adults, **restrict intake** to three 8 oz. glasses or less for 24 hours.
 - » Make sure that no more than 8 oz. of fluids are consumed after 8:00 the evening prior to urine collection.
- **Do Not collect** urine during menstruation.
- Vial contains preservative - **Do Not Rinse**.

Urine Collection

1. **Write** patient's **first and last name, date of birth, gender, and date of collection** on the Test Requisition Form (located in the pouch on top of the Specimen Collection Kit Box), as well as on all tube(s) and/or vial(s), using a permanent marker.
 - **IMPORTANT:** To ensure accurate test results, you **must** provide the requested information.
2. **Empty** bladder before going to bed at night. **DO NOT** collect this urine.
3. **Collect** urine (if any) during the night and first morning urine into a clean container.
4. **Pipette** urine, using a fresh disposable pipette, into the clear cap plastic vial to the 12 ml mark (**DO NOT OVERFILL**). **Screw** the cap on tightly.
5. **Dispose** of the remaining urine.
6. **Freeze** the clear cap plastic vial and the ice packet.

Blood Collection Preparation

7. **Schedule** a morning blood drawing appointment on a **Monday, Tuesday, Wednesday, or Thursday**. Inform the doctor or lab that a centrifuge is needed to prepare the blood specimens. The kit contains all of the tubes required for collection.
8. **Do not have** anything to eat or drink (other than water) after 9:00 on the night before your blood is drawn.
9. **Staple** payment to the bottom right-hand corner of the completed Test Requisition Form and **Complete** the Personal Health Assessment Form; **Fold and Place** them in the side pocket of the biohazard bag.
10. **Take** frozen urine specimen (placed in biohazard bag with frozen ice packet) and **ALL** collection and shipping materials with you to the blood drawing site. This will allow the blood and urine specimens to be shipped together to the lab.