



MOSAIC MICROBIAL ORGANIC ACIDS TEST (MOAT) INSTRUCTIONS

What You Will Receive:

- A **prepaid UPS return label** (U.S. only)

Tip: Note your tracking number if you'd like to track the return shipment

- Sample collection container
- Printed instructions from Mosaic Diagnostics

Before You Begin:

1. **Complete the attached requisition form** fully and clearly
 - Include **date and time of urine collection**
 - Only use the **completed form** provided in your email or packet
2. Discard the blank form included in the kit
3. **Dietary and supplement guidelines – 24 hours before collection:**
 - **✗** Avoid: apples, grapes, raisins, and cranberries
 - **✗** Avoid: all nutrient supplements (vitamins, minerals, amino acids)
 - ☒ You may continue hormone support (e.g., DHEA, pregnenolone)

On the Day of Collection:

- Follow the **urine collection instructions** included with your kit
- Freeze the sample if required (check inside the kit)
- Ensure the **completed requisition form is included** in the return package

⚠ Samples without completed paperwork cannot be processed

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.



Shipping the Sample:

- Use the **prepaid UPS label** to return your sample
- Drop off at a UPS location or schedule a pickup
- Ship the sample as soon as possible after collection

What to Do Next:

1. **Schedule your consult** with Dr. Justin if you haven't already
2. Lab results typically take **2–3 weeks**
3. For shipping or kit questions, contact:
 - ☎ **Mosaic Diagnostics (formerly Great Plains Lab): 913-341-8949**
 - ✉ **CustomerService@gp-labs.com**

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Place Test Kit ID sticker here.

Test Requisition Form (TRF)

Complete this paper Test Requisition Form **ONLY** if your test kit has **NOT** been registered by your practitioner.



How to know if you need to complete this paper TRF?

Step 1: Scan the QR code on the "Register Your Kit" guide included in your test kit.

Step 2: If your kit has NOT been registered you **CAN NOT** enter your information into the portal.

Step 3: You will need to complete the paper Test Requisition Form to submit with your sample.

All information is required to process sample. We do NOT accept specimens from patients who reside in or practitioners who practice in the state of New York.

Practitioner/Distributor Information

- If located within the U.S., your Practitioner will need to complete the below information.
- For outside the U.S., this section may be completed by either the patient, distributor or practitioner (if applicable).

First Name

Last Name

Credentials

Institution/Company

Phone

NPI (for U.S. Practitioners)

Address

Fax

City

State/Province

Zip/Postal Code

Country

Email

Practitioner Signature (U.S. only)

Practitioner Signature
on File

ICD-10 Codes, U.S. only, required for insurance 1 - _____ 2 - _____ 3 - _____ 4 - _____

Distributor Information for International Clients

Distributor Company Name

Country

Email

Test Selection

PRACTITIONER MUST FILL OUT THE BELOW INFORMATION, if test is not selected, patient must go back to practitioners to complete this section, the patient cannot select additional tests on practitioner's behalf.

Urine Tests

Has urine been frozen?

Yes

No

Urine

Collection Date (MM/DD/YYYY)

Urine

Collection Time

AM / PM

Organic Acids Test (OAT) (urine)

MycoTOX Profile* (urine)

Patient is taking mycophenolate mofetil (CellCept/Myfortic)

Glyphosate Test* (urine)

GPL-TOX Profile* (urine)

Microbial Organic Acids Test (MOAT) (included in OAT) (urine)

Amino Acids Test* **Random** **24 Hr** Total vol _____ mL-

Calcium + Magnesium Profile* (urine)

Heavy Metals Test: **Random** **24 Hr** Total vol _____ mL

Timed # of hours _____ Pre-Provoking Post-Provoking

Provoking Agent _____ Dosage _____

Kryptopyrrole Test* (U.S. only) (urine)

Porphyryns Profile* (urine)

Blood / Dried Blood Spot (DBS) Tests

Blood

Collection Date (MM/DD/YYYY)

Blood

Collection Time

AM / PM

IgG Food MAP with Candida + Yeast: Serum DBS

IgE Food Allergy Basic Test (serum)

IgE Food Allergy Advanced Test (serum)

IgE Inhalant Allergy Basic Test (serum)

IgE Mold Allergy Test (serum)

Advanced Cholesterol Profile (serum)

Amino Acids Test* (plasma)

Copper + Zinc Profile (serum)

Heavy Metals Test: Whole Blood RBC

Homocysteine Test* (serum)

Iron + Total Iron-Binding Capacity Test* (serum)

Omega-3 Index Complete* (DBS)

Streptococcus Antibodies Profile (serum)

Vitamin D Test: Serum DBS

Stool Tests

Stool 1

Collection Date (MM/DD/YYYY)

Stool 1

Collection Time

AM / PM

Stool 2

Collection Date (MM/DD/YYYY)

Stool 2

Collection Time

AM / PM

Comprehensive Stool Analysis with Parasitology

Microbiology Test (stool)

Heavy Metals Test (stool)

Pre-Provoking Post-Provoking

Stool Provoking Agent _____ Dosage _____

Does patient have dental amalgams?

No Yes, how many? _____

Saliva Tests

Saliva

Collection Date (MM/DD/YYYY)

Collection Time

Morning

Collection Time
Noon

Collection Time
Evening

Collection Time
Night

Has saliva been frozen?

Yes

No

Check applicable: Hysterectomy Ovaries removed

1st Day of Last Menstrual Period (MM/DD/YY) _____

Hormone Comprehensive Profile (saliva)

Estradiol, Progesterone, Testosterone, DHEA, 4x Cortisol

Hormone Comprehensive Plus Profile (saliva)

Estrone, Estradiol, Estriol, Progesterone, Testosterone, DHEA, 4x Cortisol

Hair, Water, and Other Tests

Buccal Swab Collection Date (MM/DD/YYYY)

DNA Methylation Pathway Profile* (buccal)

(requires Informed Consent form)

Hair/Other Collection Date (MM/DD/YYYY)

Heavy Metals Test (hair)

Glyphosate Test* (water)

Other test: _____

* MosaicDX will not bill insurance for these test(s)

Patient and Payment Information

First Name

Last Name

Age

Weight

Sex

Male

Female

Birth Date (MM/DD/YYYY)

Phone Number

Language Preference for Results

Address

Not all results are available in every language. If preferred choice is not available, you will receive results in English.

City

State/Province

Zip/Postal Code

Country

Email

I authorize and request payment of medical benefits be made directly to the guarantor listed for requested lab work. I authorize the release of any medical information necessary to file and process an insurance claim, if applicable. I understand that certain tests are not billable to insurance (self-pay tests) thus Mosaic Diagnostics will not file a claim for these tests. Person responsible for charges authorizes Mosaic Diagnostics to process payment in full for tests requested (plus all applicable filing fees). I understand Mosaic Diagnostics does not guarantee insurance coverage by filing a claim. I permit a copy of this to be used in place of the original. Cancellation Policy: I have reviewed and agree to the cancellation policy located at www.mosaicdx.com/cancellation-policy.

Signature: _____

Date: _____

Person Responsible for Charges

First Name

Same as Patient

Last Name

Address

Phone Number

City

State/Province

Zip/Postal Code

Country

Email

Bill Practitioner: _____ unavailable for practices in New Jersey, New York, or Rhode Island

Patient Pay more information is available at www.MosaicDX.com/payments

Pay online at www.MosaicDX.com/payments Transaction ID#: _____

Charge my credit card Card # _____

Exp Date _____ Security Code _____ Billing Zip/Postal Code _____

Name on Card _____ Signature _____

Check

Wire Transfer, an additional \$40 is required to be paid as bank commission. Please include the inbound shipping charges. Email a copy of your wire transfer receipt to wiretransfers@mosaicdx.com.

PayPal, send payment to "payment@mosaicdx.com". Your PayPal user name: _____

International Shopping Cart Pre-Paid 4-Digit Confirmation # _____-INT

Person who bought test: First Name _____ Last Name _____

See other side to fill out Insurance Information (U.S. only)

Insurance Information

Bill Insurance – U.S. only *Include photocopy of both sides of insurance card.*

We require full patient cash price payment up-front PLUS a \$40 filing fee per claim to be submitted along with the sample. After we have filed a claim on the patient's behalf, any insurance payment corresponding to the claim will be sent directly to the patient from the insurer. For questions, please call 913-754-0459.

Primary Insurance Company and Plan Name (ex. BCBS of Kansas City): _____

Insurance Company Address: _____

Insurance Company Phone: _____ Name of Policy Holder: _____

Policy Holder Date of Birth (MM/DD/YYYY): _____ Subscriber #: _____

Patient Relationship to Policy Holder: _____ Group Number: _____

Secondary Insurance Company and Plan Name (ex. BCBS of Kansas City): _____

I acknowledge Mosaic Diagnostics is not a participating provider in Medicare or Medicaid. I understand if Medicare or Medicaid is my primary insurance carrier, I will be considered "self-pay" and agree I will not submit my claim to my insurance.

Visit www.MosaicDX.com/payments to find the entire insurance overview.

For questions about insurance, please call 913-341-8949. Contact your practitioner for test pricing.

Insurance Filing

Mosaic Diagnostics will file an insurance claim for qualifying tests on behalf of the patient for a \$40 filing fee per claim (see list of qualifying insurance plans at www.MosaicDX.com/payments). Mosaic Diagnostics requires full patient cash price payment up-front PLUS a \$40 filing fee per claim to be submitted along with the sample. After Mosaic Diagnostics has filed a claim on the patient's behalf, any insurance payment corresponding to the claim will be sent directly to the patient from the insurer.



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Your Body Has Something to Tell You

This is How We Listen

Urine Collection Kit Instructions





Urine carries critical insights into how your body is working.

We understand that urine can be off putting, but the information it contains is of great value in helping your health and wellness provider understand what's going on between your body and the various toxins in your world. It is also relatively abundant and easy to collect.

**Plan now to collect your sample first thing in the morning,
and early in the week.**

Collecting your “first morning sample” on a Monday-Thursday morning¹ is important so that the specimen can get to our labs while it’s fresh and doesn’t get tied up in transit over the weekend.

The instructions on the next few pages will guide you through the process to help you understand the simple steps and help set you up for success.

¹Outside the US, the sample should be collected on Monday or Tuesday to allow extra time for shipping.

Test Kit Contents

Start by identifying these eight elements of your test kit.



Test Kit Box



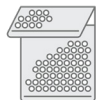
*Clear biohazard
zip-lock bag*



Collection cup



*Absorbent packing
sheet*



Silver thermo bag



*Shipping
Laboratory Pak*



Ice pack



*Test Requisition
Form*

Preparing For Your Test

1

Place the Collection Cup and these instructions in the bathroom you use where you plan to collect the samples in the morning.

2

Place the ice pack flat in your freezer, so it will be ready to ship with your specimen.

3

Set the rest of the contents aside so you can find them when it is time to return the specimen. These should include:



Test Kit Box



*Clear biohazard
zip-lock bag*



*Shipping
Laboratory
Pak*



*Silver thermo
bag*



*Absorbent
packing sheet*



*Test Requisition
Form*

If You are Taking the Organic Acids or Microbial Organic Acids Test

Avoid the following foods for 48 hours prior to collecting your specimen as they may interfere with the test outcome.

Important: Do not discontinue any medications or supplements without first consulting your healthcare practitioner. Wait 48 hours after completing a course of antibiotics before collection.



*Apples, apple juice
and products*



*Cranberries,
cranberry juice
and products*



*Grapes, grape juice
and products
(including raisins)*



*Reishi Mushrooms
or Echinacea*



*Pears, pear juice
and products*



*Arabinogalactan or
Ribose Supplements*

If You are Taking the MycoTOX Profile

Avoid the following for at least three days prior to collecting.



Glutathione



Charcoal



*Bentonite Clay or
similar binders*

If you are taking **mycophenolate mofetil (CellCept/Mycofortic)** please be sure to check the appropriate box on the Test Requisition Form.

Fasting 12 hours before collecting your sample may increase the level of detectable mycotoxins and improve the sensitivity of the test.

Important: Do not discontinue any medications or supplements without first consulting your healthcare practitioner.

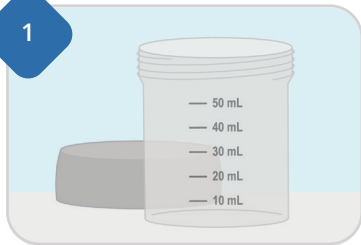
If you are not performing the Organic Acids Test, Microbial Organic Acids Test, or MycoTOX Profile, no items need to be discontinued.

Before You Take Your Test

- Collect your first urine specimen in the morning before eating or drinking. This is the most concentrated collection.
- Do not collect samples while menstruating. Wait until the following week.
- Pediatric collection bags are available upon request for children not potty trained to aid with collection.

Let's Get Started

1



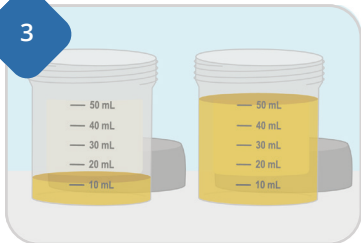
Look at the volume markings on the side of the collection cup. You will need a minimum of 10 mL for each test on the order.

2



Verify how many tests have been ordered, so you know how much sample to collect. See your Online Registration in your patient portal (or Test Requisition Form).

3



Collect your first morning urine sample, in the provided collection cup. **DO NOT** eat or drink prior to collecting your sample. Please collect at least the minimum amount of urine required for the number of tests on your order. Collecting more than the minimum is recommended, but not required. Pour off anything above 50 mL indicator line to prevent leaking once frozen.

4



Locate and complete the barcode sheet in your test kit. Place one barcode sticker on each collection sample. Be sure that the information is legible and includes the collection date, time, and that the name matches what was provided on the test order.

After You Collect:

- Fill any other vials or cups that have been included for other urine tests including Amino Acids, Porphyrins, or Kryptopyrroles. Follow the instructions in those test kits for collections.
- Place the lid on the collection cup and seal tightly.
- Ensure each sample has the completed barcode sticker.
- Place the collection cup in your freezer for at least four hours or until frozen (30 days maximum). Check the box on the barcode label to indicate that the sample has been frozen.



Ensure all samples are labeled. Unlabeled samples will be rejected.

Preparing the Package

1

Retrieve the packaging material you set aside. Locate the clear biohazard zip-lock bag, silver thermo bag, and absorbent packing sheet.



*Clear biohazard
zip-lock bag*



*Silver thermo
bag*



*Absorbent
packing
sheet*

2

Remove the frozen collection cup, frozen ice pack, and any vials for other urine tests from the freezer and check caps for tightness.



*Collection cup
+ any other test
vials or cups*



Ice pack

3

Place all frozen specimens and absorbent packing sheet in the biohazard zip-lock bag and seal.



4

Place the sealed biohazard zip-lock bag into the silver thermo bag along with the frozen ice pack.



5

Place the filled silver thermo bag into the Test Kit Box. If using the Test Requisition Form, also place in box. Close the lid. Locate the shipping instruction card included in your test kit for details on how to ship your collection(s).



What's Next?

Your test results will be delivered to your doctor or health advisor generally within two weeks after being received at Mosaic Diagnostics labs.

It will be up to your doctor or practitioner to review the results with you, identify any areas of interest or concern, and work with you to lay out the appropriate next steps.

For questions about test outcomes or their implications for your health, please speak with your doctor or health and wellness advisor. Mosaic Diagnostics personnel cannot discuss test results directly with test patients or their family members.

Any Questions?

If you have questions about any aspect of the specimen collection or shipping process, please feel free to contact us:



Phone | our friendly customer service team is available Monday through Friday 8am-5pm CST at 800-288-0383



Email | CustomerService@MosaicDX.com



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Shipping Information Within the United States

- **Your sample(s) should already be packaged** into either the Test Kit Box or the Purple Bubble Mailer. If not, please refer to your collection instructions.
- **The provided shipping materials are prepaid,** and no additional fees will need to be provided to UPS. If UPS attempts to bill you for shipping costs, please contact our staff for assistance at 913-341-8949. Mosaic Diagnostics is not responsible for any payments made directly to UPS.

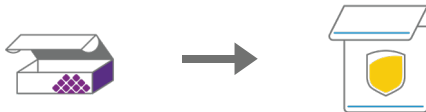
As a friendly reminder, test kits should only be shipped Monday-Thursday except for the stool collections, which should be shipped no later than Wednesday.



- **For Collections in the Test Kit Box:**



Place Test Kit Box into the Laboratory Shipping Pak and seal. You are now ready to ship!



- **For Collections in the Purple Bubble Mailer:**



Your shipping label is attached, and you are ready to ship!

- **Take packaged sample(s) to a UPS Store.** Do not use a UPS dropbox. Visit www.ups.com/dropoff to help find a location near you. You may also request a UPS pick-up by calling 800-742-5877. Let them know that you need to schedule a pick-up using a return label.
- **Take note of the tracking number for your assurance.**