

Genova Lab Test Instructions for the NutrEval FMV Test Cash*

(Each test ordered will arrive separately.)

What you should receive:

- 1. Pre-paid FedEx envelope to send the lab test back.
- 2. Instruction on how to conduct the test.
- 3. Sample collection container.

What you need to do to complete the NutrEval FMV test:

- 1. Please make sure you are choosing the correct <u>NutrEval FMV</u> requisition form. **Only cash pay** patients are to choose this form.
- 2. If your insurance is not eligible for discount pricing, the cash test is the correct test for you.
- 3. Please fill out the requisition form with all of the required information. Please fill out everything except credit card and insurance information. Samples without requisition forms will be discarded.
- 4. Collect urine. Follow the instructions that came with the collection pack.
- 5. Return the tubes and absorbent pad to the biohazard bag and freeze for a minimum of 2 hours. The freezer brick must be frozen at least 8 hours.
- 6. Collect Blood samples. You need to do this at any blood draw site or phlebotomist service who can do it for you.
- 7. Bring the cardboard box and the FedEx shipping materials with you to your blood draw appointment.
- 8. You may drop off, or have a FedEx pick up scheduled.

What you need to do next:

- 1. Dr Justin will go over your lab results with you as soon as they are in. We typically receive results within 3-4 weeks.
- 2. Make sure you have an appointment scheduled with the Dr Justin to review the results.
- 3. If you have guestions, please feel free and reach out to the office.

NOTE: You MUST include your requisition form with your test kit or your sample will be destroyed, and you will pay more for this test.

For any other questions, please call Genova Lab at 800-522-4762.

Activate Online And Return This Form

www.gdx.net/activate

By activating online, you do NOT need to fill out this form, but you must return it for processing.







Requisition # Full Option



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

Y	Austri	Marchegiani
^	()	1

Authorizing Provider 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.

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. These guidelines are also contained in Genova's electronic ordering system, where all orders for Medicare beneficiaries must be submitted.

Billing Options	Check only one option below. If no b selected, practitioner account may be

Medicare or Tricare Order

Medicare & Tricare orders MUST be registered online BY THE PRACTITIONER at www.gdx.net/activate and cannot be submitted with a paper requisition. If not registered online, THE SPECIMEN WILL BE DISCARDED. DO NOT write Medicare on this requisition and expect that Genova can process it.

Medicaid patients- use No Insurance options.

Bill Practitioner Account	
Not available in the states of NY, NJ, and RI	



Clini



No Insurance Billing - (Cash Pay)*	Complete on reverse: 1 3 4
Pre-payment- please include full Cash Price amount	Amount Enclosed: \$
Payment plan- please include 25% of the Cash Price amount*	Initial Installment: \$

 ${}^\star For\ payments\ \&\ pricing\ please\ visit\ www.gdx.net/pay\ or\ ask\ your\ healthcare\ practitioner.$

Potential ICD-10 Codes and Conditions IMPORTANT:

Please select or add the appropriate ICD-10 diagnosis code(s). __ R53.83 Other Fatigue

____ E61.9 Deficiency Of Nutrient Element, Unspecified

E63.9 Nutritional Deficiency, Unspecified _ F41.9 Anxiety Disorder, Unspecified

___ G47.9 Sleep Disorder, Unspecified

___ L30.9 Dermatitis, Unspecified

___ R53.82 Chronic Fatigue, Unspecified

Other Codes:

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.



IIP 179 CP 415

NutrEval (FMV) #3000 with Nutrient & Toxic Elements

Profile ComponentsOrganic Acids Markers	CPT Codes Other/MC			
Creatinine, Urine	82570			
Citric Acid	82507			
Lactic Acid	83605			
Pyruvic Acid	84210			
Vanilmandelic Acid	84585			
Homovanillic Acid	83150			
5-OH-Indoleacetic Acid	83497			
D-Arabinitol	84311			
Oxalate Organic Acids	83945 83921 x 19 / 2			
Essential & Metabolic Fatty Acids	82542			
Behenic Acid	82726			
Docosatetraenoic Acid	82726			
Lignoceric Acid	82726			
Nervonic Acid	82726			
Tricosanoic Acid	82726			
Amino Acids Analysis, Urine	82139			
8-OHdG	82542			
Glutathione	82978			
Lipid Peroxides, Urine	84311			
Coenzyme Q10 (Ubiquinone)	82542			
Nutrient & Toxic Elements				
Arsenic	82175			
Cadmium	82300			
Copper	82525			
Lead	83655			
Magnesium	83735			
Manganese	83785			
Mercury	83825			
Potassium	84132			
Zinc	84630			
Add-on Tests Vitamin D	82306 IIP 10 CP 35			
Genomic Add-ons				
Genomic markers are not billable to Medicare or Please include a payment method for the full co if applicable.				
MTHFR (C677T & A1298C)	IIP 35 CP 35			
COMT (V158M)	IIP 35 CP 35			
APOE	IIP 35 CP 35			
TNF-a	IIP 35 CP 35			
Profile components available individually on separate requisitions. NutrEval Profiles are not currently available in New York State				
eal Findings/Clinical Impressions:				



Save time by completing this form at www.gdx.net/activate OR Refer to the billing options on the front				
Enter your online confirmation code:	and fill in the required sections below. ————————————————————————————————————			
Patient Information Section Required for a	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 #:			
Patient Name (last):	(first): (middle):			
Mailing Address:				
City:	State: Zip: -			
Cell Phone: County:	Country:			
Alternate Phone:	Race: American Indian/Alaskan Native Asian Black/African-American Native Hawaiian/Pacific Islander White Multiracial Other			
Email:	Unknown			
Responsible Party Name: (Other legal guardian or if patient is a minor chi Name (last):	(first): (middle):			
If you reside in OH or NH, the following fields are require	ed:			
Occupation:				
Employer:	_			
Insurance Information Section Required	only for patients who want a claim filed to their insurance.			
\sim	de copies of all your health insurance cards to ensure accurate claim filing.			
Medicare/Tricare patients, please ensure your physician completed this order onling				
(Print clearly) Insurance Company:	Subscriber Name:			
Please include front/back copy of all health insurance car	Subscriber 1D #/Wedicare #			
Claims Address:				
City/State/Zip:	Subscriber Date of Birth: (mm/dd/yyyy)			
Phone #:	Relation to Patient: Self Spouse Other			
	All Medicaid patients should use the no insurance option.			
Payment Section For Bill Insurance / No Insura	nnce.			
Visit www.gdx.net/pay for additional details and to r	make your payment online!			
Bill Insurance Option	Payment from: ☐ Practitioner ☐ Patient			
If choosing to have us bill your commercial insurance or Medicare	Payment type: Payment online: (Patient only) www.gdx.net/pay 6 Digit Confirmation Code			
Advantage plan, please follow the steps below to qualify for the lowest out of pocket cost.	6-Digit Confirmation Code			
1. Submit required Initial Insurance Payment by completing	Make checks payable in US dollars to Genova Diagnostics			
the payment section at right.	☐ Credit Card Authorized Amount: \$			
2. We will bill a claim to your insurance and you will receive a billing summary statement if there is an additional	MasterCard V/SA DISCOVER			
amount due.	(Print clearly) Credit Card #:			
3. Act promptly and pay by the date indicated on your statement. Applicable discounts will expire.	Background color is for security purposes			
No Insurance Option (Cash Pay)	Expiration Date:/ CVV:			
Complete the payment section to the right and provide	Cardholder Signature:			
the Cash Price in one of two ways:	Printed Name:			
1. Full Pre-Payment 2. Payment Plan (for tests \$100 or higher)	Card Holder's Billing Zip Code:			
- 25% of cash price (including add-ons) due now	For more payment information, visit our website:			
 Remaining amount charged to credit card provided in 3 equal installments 	www.gdx.net/pay. Your practitioner will also have the payment			
	information on their lab fee schedule.			
Patient/Responsible Party Acknowledge	ment Please read and sign below.			
I have read the Billing Guidelines and I understand my responsibiliti	es as described within them. e paid directly to Genova Diagnostics and authorize the release of any medical information required for my			
health plan to process/pay claims resulting from my testing services. I understand that	t Genova Diagnostics is likely an out of network provider with my health plan. I acknowledge my out of			
network financial responsibility per my plan benefits and according to the applicable billing guidelines. If Genova Diagnostics participates with my health plan: 1) lacknowledge that payment will be applied toward the patient responsibility after my health plan has processed the claim, and 2) I understand that the tests on the front of this form may be deemed not medically necessary, experimental, or investigational by my health plan and authorize the services to be performed and to be financially responsible for the cash price described in the company's fee schedules.				
experimental, or investigational by my nealth plan and authorize the services to be periormed and to be financially responsible for the cash pince described in the company's fee schedules. Medicare Patients should refer to the Advanced Beneficiary Notice document in the collection pack (if applicable) related to medical necessity for certain tests.				
I authorize Genova Diagnostics to act as my representative in any claim appeal process. I permit a copy of this requisition to be used in place of the original.				
Under the General Data Protection Regulation (GDPR) issued by the European Commission, Genova Diagnostics is a third-party processor of that Customer Personal Data: the above signed Practitioner/Clinician is a controller and/or processor, as applicable, of that Customer Personal Data under the European Data Protection Legislation; and each party will comply with the obligations applicable to it under GDPR Legislation with respect to the processing of that Customer Personal Data. Genova Diagnostics is permitted to process Customer Personal Data				
only in accordance with applicable law: (a) to provide the services as designated above and related technical support; (b) as further specified via Customer's use of the Services; (c) as documented in the form of the applicable Agreement, including this Data Processing Amendment; and (d) as further documented in any other written instructions given by Customer and				
acknowledged by Genova Diagnostics as constituting instructions for purposes of the regarding the scope of processing agreement and subject's personal data rights.	is Data Processing Amendment. The customer should contact the provider of record for details			
Patient/Responsible				
Party Name:	Date:			
Signature (required):	QUESTIONS? 			

5 Visit Your Patient Resource Center

 $\bullet \mbox{Access test results } \bullet \mbox{Make payments} \quad \bullet \mbox{Complete health surveys}$

Log On At: www.gdx.net/prc

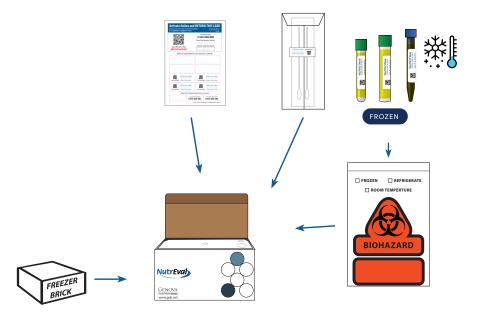




STEP 3

Add to Collection Pack

- Confirm that each tube has a completed label attached with date of birth and the date of collection. Place the frozen freezer brick and the biohazard bag with frozen tubes inside the foam insulator. Replace the foam lid.
- If ordered, confirm the cheek swab envelope is sealed shut and has a completed label attached. Then place behind the foam insulator inside the cardboard box.
- 3. Retain a copy of the activation number for future reference using one of the three labels provided on the bottom of the activation label card.
- 4. Visit **gdx.net/activate** to enter the date of your final collection and receive your **confirmation code**. Write the date of collection and your confirmation code on the **activation label card.** Place the **activation card inside** the box.
- 5. Bring the **cardboard box** and the **FedEx shipping materials** with you to your blood draw appointment.





Additional resources are available online. Visit **gdx.net/activate** and enter your activation number.

Patient Guide



NutrEval® FMV #3000*

Not Available in New York



Do not collect if there is blood in urine, including menstrual or other blood.



Abnormal kidney function or use of diuretics may influence test results.

BEFORE YOU BEGIN

Activate This Test

Visit **gdx.net/activate** and enter the number found on the activation label card included with this collection pack.



STEP 1

Plan Your Collection

Use a calendar to plan your specimen collection. Ship Monday thru Friday and avoid US holidays which may cause delays.

4 Days before Collection

Consult your healthcare provider about stopping medications and supplements.

24 Hours Before Collection

Eat usual diet but avoid over-eating any single food or consuming an extreme diet.

Consume no more than six 8-ounce glasses of fluid over the 24 hours before collection.

Night Before Collection

Fast overnight. Water is okay.

Freeze freezer brick at least 8 hours.

Use your normal nightly routine of brushing and flossing of teeth, but do not use mouthwash.

Morning of Collection

If collecting cheek swab - do not eat, brush or floss your teeth, use mouthwash, chew gum or use any tobacco, or coffee products. You may drink ONLY water before specimen collection.

Collect urine and cheek swab (if ordered) immediately upon waking.

STEP 2

Specimen Collection

- 1. **Review** instructions and test prep information at **gdx.net/activate**.
- Write your date of birth (DOB) and the date of collection on the labels provided. Attach a completed label to each of the three urine tubes.
 Attach a completed label to the paper swab envelope if your healthcare provider has ordered the swab collection.



Collect Urine

- Collect your first morning urination in a clean container (a large plastic cup works well). If you wake to urinate during the night, within 6 hours of when you typically wake for the day, collect your urine in the container, refrigerate, then combine with your first morning urination collection.
- 2. **Stir**, then **transfer** urine from the cup to **each of the three tubes** using the pipette. Continue to add urine until each tube is nearly full.

 Avoid Contact with skin and eyes. For eye contact, flush with water thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. If ingested, contact a poison control center immediately.
- 3. **Recap** the tubes tightly and **shake**.
- 4. **Return** the tubes and absorbent pad to the biohazard bag and **freeze** for a minimum of 2 hours. The **freezer brick** must be frozen at least 8 hours.



Collect Cheek Swabs (if ordered)

- Peel open the cotton tipped applicator package just enough to remove the cotton swabs. Leave the package intact so that the swabs can be reinserted after collection.
- 2. **Remove** one cotton swab applicator. **Do not touch** the cotton tip.
- 3. **Open** your mouth and **aggressively scrape** the inside of your cheek with the cotton swab using a back and forth, and up and down motion for at least **30 seconds**. **Rotate** the applicator several times, and swab between the cheek and gums. **Avoid excessive saliva**.



- 4. Repeat steps 2 and 3 with the second swab.
- 5. Allow swab applicators to **air dry** for 15-20 minutes. **Return** them, swab first, to the applicator package. **Seal** package inside the paper envelope.

