



## MOSAIC ORGANIC ACIDS TEST INSTRUCTIONS (OAT)

### What You Will Receive:

1. A sample collection container
2. Instructions on how to conduct the test
3. A prepaid UPS return label (U.S. only)
  - *Note: Keep the tracking number if you'd like to monitor your package status*

### Before You Ship Your Sample:

1. Complete the attached **requisition form** fully and clearly
  - Be sure to include the **date and time** the sample was collected
  - **Do not use** the blank requisition form inside the kit—replace it with the completed one provided by the clinic
2. **24 hours before the test**, avoid:
  - Apples, grapes, raisins, and cranberries
  - All nutrient supplements containing vitamins, minerals, and amino acids
  - Hormone precursors such as pregnenolone and DHEA are allowed
3. Follow the urine collection instructions included in the lab kit
4. Ensure the **completed requisition form is included** with your sample when shipping
  - Missing paperwork may result in the sample being discarded

### What to Do Next:

1. Dr. Justin will review your lab results with you during your scheduled consultation
2. Results are typically ready within **3 weeks** of sample receipt
3. Be sure to schedule your follow-up appointment in advance

#### 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.



## Lab Contact Info:

For lab-related questions, contact Mosaic Diagnostics (formerly Great Plains Laboratory)

☎ **Phone:** 800-288-0383

✉ **Email:** CustomerService@MosaicDX.com

🕒 **Monday–Friday, 8:00 AM–5:00 PM CST**

## What to Do Next:

1. Dr. Justin will review your results with you once they're in
  - 🕒 Lab results typically take **2 weeks**
2. Make sure you have a **follow-up consult scheduled**
3. If you have questions about your kit or shipping, contact:
  - ☎ **Mosaic Diagnostics:** 800-288-0383 (Mon–Fri, 8 AM–5 PM CST)
  - ✉ **CustomerService@MosaicDX.com**

## Instructions for International Patients:

International kits **must be returned at your own expense** via a courier that ensures delivery to the U.S. within 7 days (e.g., FedEx or UPS).

## Shipping Process:

1. **Obtain an Air Waybill** from your chosen courier (UPS or FedEx)
  - Description of goods: *Non-contagious, Non-infectious Human urine/stool/blood/hair for lab analysis*
2. **Fill out a [Commercial Invoice](#)**
  - Make **three copies** and place them in the **outer pocket** of the shipping mailer
3. **Include the completed requisition form** inside the return box with your sample
  - This form will be included in your kit; do not use a blank form
4. Ensure the sample is shipped promptly to maintain its viability

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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

Dr. Justin

Last Name

Marchegiani

Credentials

DC

Institution/Company

Just In Health

Phone

512-535-1817

NPI (for U.S. Practitioners)

1477828408

Address

2028 East Ben White Blvd

Fax

707-227-1529

City

Austin

State/Province

TX

Zip/Postal Code

78741

Country

USA

Email

office@justinhealth.com

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](http://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

**X Bill Practitioner:** Dr. Justin Marchegiani unavailable for practices in New Jersey, New York, or Rhode Island

**Patient Pay** more information is available at [www.MosaicDX.com/payments](http://www.MosaicDX.com/payments)

Pay online at [www.MosaicDX.com/payments](http://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](mailto: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](http://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](http://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 morning<sup>1</sup> 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.

<sup>1</sup>Outside 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*



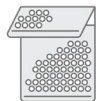
*Clear biohazard zip-lock bag*



*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.

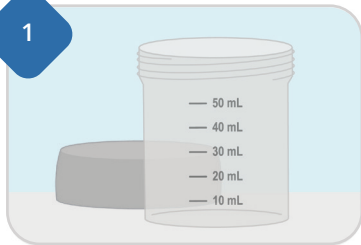
If you are not performing the Organic Acids Test, Microbial Organic Acids Test, or MycoTOX Profile, no items need to be discontinued.

# 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



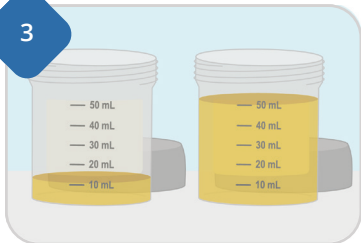
**Look at the volume markings on the side of the collection cup.** You will need a minimum of 10 mL for each test on the order.

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](mailto: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.

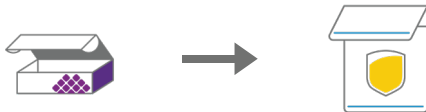
As a friendly reminder, test kits should only be shipped Monday-Thursday except for the stool collections, which should be shipped no later than Wednesday.



- **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](http://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.**