



## SPECTRACELL BLOOD TEST INSTRUCTIONS

### What You'll Receive:

- SpectraCell blood test kit
- **Prepaid return shipping envelope** (for U.S. addresses only)
- Requisition form (provided in your email or below)

### Before You Begin:

1. This test is for **cash-pay** patients only.
  - If you're unsure which test type you ordered, check your invoice from our office.
2. **Fill out the requisition form carefully**
  - Be sure all required fields are completed
  - Print and include the requisition form inside the return kit
3. Tests **without a requisition form will be discarded**

### Blood Draw Instructions:

- You'll need to get your blood drawn by a qualified phlebotomist or draw site
- To find a nearby draw location:
  1. Go to [www.spectracell.com](http://www.spectracell.com)
  2. Click "**Clinicians**"
  3. Then select "**Find a Draw Site**"
  4. Enter your **ZIP code** to search for locations near you

#### Notice of Liability

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### Shipping Instructions:

- After the blood draw, the phlebotomist will pack the specimen into the return kit
- Use the **prepaid shipping envelope** to return the kit to SpectraCell (U.S. only)
- Be sure to include the **completed requisition form**

### What to Do Next:

1. Results typically take **3–4 weeks** after SpectraCell receives your sample
2. Please ensure you have a **follow-up appointment scheduled** with Dr. Justin to review your results
3. Your results will be reviewed and discussed during your consult

### Questions?

For issues with shipping, blood draw, or requisition forms, call **SpectraCell Labs** at **(800) 227-5227**

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REQUISITION NUMBER:

FOR SPECTRACELL USE ONLY

Date Received

Batch Number

Physician Signature:

Vendor ID:

**1 Patient Information** - Use blue or black ink ONLY **Fasting: Yes  No**

Date of Specimen Collection	Time Specimen Collected	Physician Name <b>Dr. Marchegiani</b>	Physician Telephone Number <b>512-535-1817</b>	NPI <b>1477828408</b>
Patient Name As Appears On Card (Last)		(First)	(Middle)	Social Security Number
Patient Phone Number	Patient Street Address		City	State/Province
			Zip Code	Country

**2 ICD-9 CODES - REQUIRED**

**3 PATIENT INSURANCE AUTHORIZATION**

ICD-9 Code	ICD-9 Code	ICD-9 Code	ICD-9 Code
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I hereby authorize the release of medical information related to the service described herein to any third party carrier, and assign payment directly to SpectraCell Laboratories, Inc.  
 Signature N/A Date \_\_\_\_\_

**4 METHOD OF PAYMENT**

**5 TYPE OF PAYMENT**

**SpectraCell Accepts Assignment of Medicare and Private Insurance**  
 Attach copy of front and back of insurance and/or Medicare card, driver's license and ABN (when applicable)

INSURANCE - PREFERRED PAY (Prepayment Required)  
 Paid by Patient  Paid by Physician

MEDICARE (Prepayment Required if A& B Panel Ordered)

PHYSICIAN / PRACTITIONER  
 Billed Monthly  Credit Card On File

CASH/UNINSURED PRICE (Full Payment Required)

Cash/Check # \_\_\_\_\_

Credit card (complete section 6)

**GRAND TOTAL**  
 \$ 0

**6 CREDIT CARD INFORMATION (AMEX, MC, VISA, DISCOVER)**

Credit Card Number: N/A

Cardholder Name On Card \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**LEGEND - MEDICARE TEST SELECTION**

♦ Limited Frequency & ABN Required • Medicare Limited Coverage-Include DX codes & ABN Required ★ Statutorily not covered by Medicare-Paid by Patient  
 ■ Cannot be ordered for Medicare patients **Tests Covered by Medicare MUST be selected individually and NOT as a panel.**

**7 Micronutrient Panel**

<input type="checkbox"/> Asparagine	<input type="checkbox"/> Oleic Acid	<b>Limited Coverage Tests*</b>	<input type="checkbox"/> Antioxidant & B Panel ★	
<input type="checkbox"/> Calcium	<input type="checkbox"/> Serine		<input type="checkbox"/> Carnitine 277.81, 277.83, 277.84, 285.21 <u>ICD-9</u>	SPECTROX™
<input type="checkbox"/> Chromium	<input type="checkbox"/> Vitamin A		<input type="checkbox"/> Folate 331.0, 780.93, 780.99, 781.3 <u>ICD-9</u>	IMMUNIDEX®
<input type="checkbox"/> Copper	<input type="checkbox"/> Vitamin B1		<input type="checkbox"/> Vitamin B6 266.1, 285.0, 333.99, 356.9 <u>ICD-9</u>	Coenzyme Q10
<input type="checkbox"/> Cysteine	<input type="checkbox"/> Vitamin B2		<input type="checkbox"/> Vitamin B12 266.2, 281.9, 356.4, 780.93 <u>ICD-9</u>	Lipoic Acid
<input type="checkbox"/> Glutamine	<input type="checkbox"/> Vitamin C		<input type="checkbox"/> Vitamin D3 268.2, 268.9, 733.00, 733.09 <u>ICD-9</u>	Selenium
<input type="checkbox"/> Glutathione	<input type="checkbox"/> Vitamin E			Biotin
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Vitamin K2		Inositol	
<input type="checkbox"/> Manganese	<input type="checkbox"/> Zinc			

**CardioMetabolic Panel**

**Pre-Diabetes Panel**

**LPP Plus Panel**

**LPP Basic Panel**

<input type="checkbox"/> Lipoprotein Fractionation	<input type="checkbox"/> Apolipoprotein B	<input type="checkbox"/> Insulin	<input type="checkbox"/> Lipoprotein Fractionation	<input type="checkbox"/> Apolipoprotein B	<input type="checkbox"/> Lipoprotein Fractionation
<input type="checkbox"/> Lipoprotein Particle Numbers	<input type="checkbox"/> CRP hs	<input type="checkbox"/> Glucose	<input type="checkbox"/> Lipoprotein Particle Numbers	<input type="checkbox"/> Lipoprotein (a)	<input type="checkbox"/> Lipoprotein Particle Numbers
<input type="checkbox"/> Total Cholesterol ♦	<input type="checkbox"/> Homocysteine•266.2, 579.0	<input type="checkbox"/> Hemoglobin A1c	<input type="checkbox"/> Total Cholesterol ♦	<input type="checkbox"/> CRP hs	<input type="checkbox"/> Total Cholesterol ♦
<input type="checkbox"/> HDL Cholesterol ♦	<input type="checkbox"/> Insulin	<input type="checkbox"/> C-peptide	<input type="checkbox"/> HDL Cholesterol ♦	<input type="checkbox"/> Insulin	<input type="checkbox"/> HDL Cholesterol ♦
<input type="checkbox"/> LDL Cholesterol ♦	<input type="checkbox"/> Glucose	<input type="checkbox"/> Triglycerides ♦	<input type="checkbox"/> LDL Cholesterol ♦	<input type="checkbox"/> Homocysteine• 266.2, 579.0	<input type="checkbox"/> LDL Cholesterol ♦
<input type="checkbox"/> Triglycerides ♦	<input type="checkbox"/> Hemoglobin A1c	<input type="checkbox"/> HDL Cholesterol ♦	<input type="checkbox"/> Triglycerides ♦		<input type="checkbox"/> Triglycerides ♦
<input type="checkbox"/> Lipoprotein (a)	<input type="checkbox"/> C-peptide	<input type="checkbox"/> Adiponectin			<input type="checkbox"/> Lipoprotein (a)

For Adiponectin height: \_\_\_\_\_ ft. \_\_\_\_\_ in. wt. \_\_\_\_\_ lbs.

**Female Hormone Panel**

**Male Hormone Panel**

**Thyroid Comprehensive**

**Thyroid Plus Adrenal**

**Genetic Tests**

**Other**

<input type="checkbox"/> Androstenedione	<input type="checkbox"/> Androstenedione	<input type="checkbox"/> T3 Free (FT3)	<input type="checkbox"/> T3 Free (FT3)	<input type="checkbox"/> Telomere★	<input type="checkbox"/> Micronutrient/MTHFR Combo ■
<input type="checkbox"/> DHEA-S	<input type="checkbox"/> DHEA-S	<input type="checkbox"/> T4 Free (FT4)	<input type="checkbox"/> T4 Free (FT4)	<b>Genotyping</b>	<input type="checkbox"/> Add-on: Reverse T3
<input type="checkbox"/> Estrone (E1)	<input type="checkbox"/> Estrone (E1)	<input type="checkbox"/> T4 Total	<input type="checkbox"/> T4 Total		<input type="checkbox"/> Apolipoprotein E•
<input type="checkbox"/> Estradiol (E2)	<input type="checkbox"/> Estradiol (E2)	<input type="checkbox"/> TSH	<input type="checkbox"/> TSH	<input type="checkbox"/> Factor V Leiden•	
<input type="checkbox"/> Estriol, unconjugated (E3)	<input type="checkbox"/> FSH	<input type="checkbox"/> Anti-Thyroglobulin Ab	<input type="checkbox"/> Anti-Thyroglobulin Ab	<input type="checkbox"/> Prothrombin G20210A•	
<input type="checkbox"/> FSH	<input type="checkbox"/> IGF-1	<input type="checkbox"/> Anti-TPO Ab	<input type="checkbox"/> Anti-TPO Ab	<input type="checkbox"/> MTHFR•	
<input type="checkbox"/> IGF-1	<input type="checkbox"/> LH	<input type="checkbox"/> Thyroglobulin	<input type="checkbox"/> Thyroglobulin		
<input type="checkbox"/> LH	<input type="checkbox"/> PSA Total	<input type="checkbox"/> Thyroxine-Binding Globulin (TBG)	<input type="checkbox"/> Thyroxine-Binding Globulin (TBG)		
<input type="checkbox"/> Progesterone	<input type="checkbox"/> SHBG		<input type="checkbox"/> Cortisol (time_____)		
<input type="checkbox"/> Prolactin	<input type="checkbox"/> Testosterone, Total		<input type="checkbox"/> DHEA-S		
<input type="checkbox"/> SHBG	<input type="checkbox"/> Testosterone, Free (calc)				
<input type="checkbox"/> Testosterone, Total					
<input type="checkbox"/> Testosterone, Free (calc)	<b>For Hormone Testing</b> 1st day of last period _____; Post menopausal <input type="checkbox"/> treated <input type="checkbox"/> untreated; <input type="checkbox"/> Oral contraceptives				

## Other Available Panels

Standard Lipid	Thyroid Basic	Telomere/IGF1
Apolipoprotein A1	T3 Free (FT3)	Telomere ★
Apolipoprotein B	T4 Free (FT4)	IGF-1
Total Cholesterol ♦	T4 Total	
HDL Cholesterol ♦	TSH	
LDL Cholesterol ♦		
Triglycerides ♦		

Medicare coverage of vitamin tests is subject to a Local Coverage Determination. Medicare pays for covered laboratory tests that are reasonable and necessary for the diagnosis or treatment of an illness. Medicare requires that tests for vitamin deficiencies must be targeted at a specific suspected deficiency, and not ordered for general screening. Pursuant to the LCD, the Antioxidant and B Vitamin Panel is statutorily non-covered - **patient payment is required for this panel**. See SpectraCell's Medicare Coverage Updates and Medicare Patient Payment Options for details.

FOR THE MEDICARE LIMITED COVERAGE TESTS (subject to LCD), THE FOLLOWING ICD-9 CODES WILL BE CONSIDERED FOR REIMBURSEMENT.			
<b>VITAMIN B12 (CPT 82607), FOLATE (CPT 82746), HOMOCYSTEINE (CPT 83090)</b>		<b>VITAMIN B6 (CPT 84207)</b>	
261	Nutritional marasmus	266.1	Vitamin B6 deficiency
262	Other severe protein-calorie malnutrition	285.0	Sideroblastic anemia
263.0	Malnutrition of moderate degree	333.99	Other and unspecified extrapyramidal diseases and abnormal movement disorders
263.8-263.9	Other protein-calorie malnutrition		Hereditary and idiopathic peripheral neuropathy (unspecified)
266.2	Other B complex deficiencies	356.9	Glossitis
281	Pernicious anemia	529.0	
281.1	Other vitamin B12 deficiency anemia		
281.2	Folate-deficiency anemia		
281.3	Other specified megaloblastic anemias not elsewhere classified	<b>CARNITINE (CPT 82379)</b>	
281.9	Unspecified deficiency anemia	277.81-277.84	Carnitine deficiency
287.5	Thrombocytopenia, unspecified	285.21	Anemia in chronic kidney disease
290.0	Senile dementia, uncomplicated	458.21	Hypotension of hemodialysis
331.0	Alzheimer's disease		
333.99	Other and unspecified extrapyramidal diseases and abnormal movement disorders	<b>VITAMIN D (CPT 82652)</b>	
356.4	Idiopathic progressive polyneuropathy	252.0-252.02	Disorders of parathyroid gland
356.9	Hereditary and idiopathic peripheral neuropathy (unspecified)	252.08	Other hyperparathyroidism
529.0	Glossitis	252.1	Hypoparathyroidism
536.0	Achlorhydria	268.0	Rickets, active
555.0-555.2	Regional enteritis	268.2	Osteomalacia, unspecified
555.9	Regional enteritis, unspecified site	268.9	Unspecified vitamin D deficiency
579.0-579.4	Intestinal malabsorption	275.3	Disorders of phosphorus metabolism
579.8	Other specified intestinal malabsorption	275.41-275.42	Disorders of calcium metabolism
579.9	Intestinal malabsorption, unspecified	585.3-585.6	Chronic kidney disease (CKD)
780.93	Memory loss	588.81	Secondary hyperparathyroidism (renal origin)
780.99*	Other general symptoms (* Note: Use to identify altered mental status)	733.00-733.03	Osteoporosis
781.2	Abnormality of gait	733.09	Other osteoporosis
781.3	Lack of coordination	733.90	Disorder of bone and cartilage, unspecified
782.0	Disturbance of skin sensation		
V12.1	Personal history of nutrition deficiency		
V45.1	Renal dialysis status		
V45.3	Intestinal bypass or anastomosis status		
V58.11	Encounter for antineoplastic chemotherapy		
V58.69	Long term (current) use of other medications		

### Specimen Collection and Processing - DO NOT COLLECT OR SHIP ANY SAMPLES ON SATURDAY OR SUNDAY

**NUTRITIONAL TESTS: NO FASTING REQUIRED.** Whole blood is required. Collect two blue black CPT tubes of whole blood. Invert tubes 5-6 times. Label with the patient name and date. DO NOT REFRIGERATE, FREEZE OR CENTRIFUGE. Ship in the nutritional test kit provided.

**LPP™ TESTS: FASTING REQUIRED.** Fasting 9 to 12 hours prior to the blood collection is required. Collect 2 ml of serum. Draw blood in the SST tube and allow to clot for 30 minutes. Centrifuge within one hour of collection for 15 minutes. Transfer the serum from the SST into the transfer vial provided. Label with the patient name, date and the word "SERUM". Keep refrigerated until shipped. Ship with the frozen ice brick in the refrigerated kit provided.

**TELOMERE TEST: NO FASTING REQUIRED.** Whole blood is required. Collect one blue top (sodium citrate) tube. Label with patient name and date. DO NOT CENTRIFUGE OR FREEZE. Ship in the nutritional test kit or refrigerated kit provided.

**ALL GENETICS (EXCLUDING TELOMERE): NO FASTING REQUIRED.** Whole blood is required. Collect one purple top (EDTA) tube. Label with patient name and date. DO NOT CENTRIFUGE OR FREEZE. Ship in the refrigerated or the nutritional test kit provided. All tests can be collected in the same purple top tube.

**HORMONE AND THYROID TESTS: NO FASTING REQUIRED.** Collect 2 ml of serum. Draw blood in the SST tube and allow to clot for 30 minutes. Centrifuge within one hour of collection for 15 minutes. Transfer the serum from the SST into the transfer vial provided. Label with the patient name, date and the word "SERUM". Keep refrigerated until shipped. Ship with the frozen ice brick in the refrigerated kit provided.

**CARDIOMETABOLIC AND PRE-DIABETES TESTS: FASTING REQUIRED.** Fasting 9 to 12 hours prior to the blood collection is required. Collect one gray top (sodium fluoride) tube of whole blood, one SST, and one purple top (EDTA) tube of whole blood. Allow the SST to clot for 30 minutes. Centrifuge within one hour of collection for 15 minutes. Transfer the serum from the SST into the transfer vial provided. Label with the patient name, date and the word "SERUM". Keep refrigerated until shipped. Ship the transfer vial of serum, the gray top tube of whole blood, and the purple top of whole blood with the frozen ice brick in the refrigerated kit provided.

**ALL serum tests can be sent in the same transfer tube.**