



MOSAIC TOXDETECT PROFILE TEST INSTRUCTIONS

What You Will Receive:

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

Tip: Save your tracking number if you'd like to confirm the lab receives your sample

- Sample collection container
- Printed instructions from Mosaic Diagnostics

Before You Begin:

1. **Complete the attached requisition form** thoroughly
 - Include the **date and time of urine collection**
 - Only use the **pre-filled form provided** by our office
2. Discard the blank form that comes with the kit
3. **Review the collection instructions** provided in your lab kit carefully

On the Day of Collection:

- Follow the urine collection procedure exactly as outlined in the kit
- If the sample requires freezing, please freeze immediately after collection
- Confirm that the **completed requisition form** is included in your return package

⚠ Missing or incomplete forms will delay processing

Shipping the Sample:

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

What to Do Next:

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.



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

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MOSAIC
DIAGNOSTICS
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Test Requisition Form (TRF)

This Test Requisition Form should only be completed and returned with the specimen if you are unable to complete the online registration process or lack barcode stickers. Mosaic Diagnostics is not licensed in the State of New York and therefore cannot conduct business with patients or practitioners residing in this state.

Place Test Kit ID sticker here.

Patient Information

Contact your practitioner for test pricing

Patient First Name

Patient Last Name

Age

Weight

Sex

Birth Date (MM/DD/YYYY)

Phone Number

Language Preference for Results

Male

Female

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

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).

Practitioner First Name

Practitioner 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

Combination Panel Selection

Practitioners must fill out the Combination Panel or Individual Test Selections order on behalf of the patient. The patient cannot select additional tests on practitioner's behalf.

EnviroTOX* (urine)

Organic Acids Test (OAT) + TOXDetect Profile* + Glyphosate Test*

EnviroTOX Complete* (urine)

Organic Acids Test (OAT) + TOXDetect Profile* + Glyphosate Test* + MycoTOX Profile*

Patient is taking mycophenolate mofetil (CellCept/Myfortic)

EnviroTOX Complete + Metals* (urine)

Organic Acids Test (OAT) + TOXDetect Profile* + Glyphosate Test* + MycoTOX Profile* + Metals - Toxic Elements - Urine

Patient is taking mycophenolate mofetil (CellCept/Myfortic)

Pre-Provoking OR Post-Provoking

Post-Provoking Agent _____ Dosage _____

Food Sensitivities and Gut Imbalance (urine and serum or DBS)

Organic Acids Test (OAT) + IgG Food MAP with Candida+Yeast

Myco-Metabolic* (urine)

Organic Acids Test (OAT) + MycoTOX Profile*

Patient is taking mycophenolate mofetil (CellCept/Myfortic)

Required Collection Data Has urine been frozen? Yes No

Urine Collection Date (MM/DD/YYYY) **Urine** Collection Time
AM / PM

Blood Collection Date (MM/DD/YYYY) **Blood** Collection Time
AM / PM

Individual Test Selection

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)

TOXDetect Profile* (urine)

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

Amino Acids Test* - Random

Amino Acids Test* - 24 Hour Total vol _____ mL

Calcium + Magnesium Profile* (urine)

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

Porphyrins Profile* (urine)

Metals - Toxic + Nutrient Elements: Random 24Hr Timed

Total vol _____ mL

Pre-Provoking OR Post-Provoking

Post-Provoking Agent _____ Dosage _____

Metals - Toxic Elements: Random 24Hr Timed

Total vol _____ mL

Pre-Provoking OR Post-Provoking

Post-Provoking Agent _____ Dosage _____

Blood and Dried Blood Spot (DBS) Tests

Blood Collection Date (MM/DD/YYYY) **Blood** Collection Time
AM / PM

IgG Food MAP with Candida + Yeast (serum)

IgG Food MAP with Candida + Yeast (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* (U.S. only) (plasma)

Copper + Zinc Profile (serum)

Metals - Toxic + Nutrient Elements (wholeblood) Fasting? Yes No

Metals - Toxic + Nutrient Elements (red blood cell)

Homocysteine Test* (serum)

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

Omega-3 Index Complete* (DBS)

Streptococcus Antibodies Profile (serum)

Vitamin D Test (serum)

Vitamin D Test (DBS)

Stool Tests **Stool 1** Collection Date (MM/DD/YYYY) **Stool 1** Collection Time **Stool 2** Collection Date (MM/DD/YYYY) **Stool 2** Collection Time
AM / PM AM / PM

Comprehensive Stool Analysis with Parasitology (stool)

Microbiology Test (stool)

Metals - Toxic Elements (stool) Detoxification Agent? Yes No Detoxification Agent _____ Dosage _____

Does patient have dental amalgams? No Yes, how many? _____

Individual Test Selection Continued

Saliva Tests	Has saliva been frozen?	Collection Date (MM/DD/YYYY)	Collection Time: Morning	Collection Time: Noon	Collection Time: Evening	Collection Time: Night
	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						Buccal Swab Collection Date (MM/DD/YYYY) _____
DNA Methylation Pathway Profile* (buccal) (requires Informed Consent form)						
Metals – Toxic + Nutrient Elements (hair)						
Glyphosate Test* (water)						Hair/Other Collection Date (MM/DD/YYYY) _____
Other test _____ Other test _____						

Who Will Be Sending Payment to Mosaic Diagnostics? Select Only One

Practitioner Pay – unavailable for practices in New Jersey, New York, or Rhode Island Use Test Credit #: _____

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 _____

Person Responsible for Charges (Guarantor) Same as Patient

First Name

Last Name

Address

Phone Number

City

State/Province

Zip/Postal Code

Country

Email

I verify the accuracy of the provided information is correct and acknowledge that I have reviewed and consent to adhere with Mosaic Diagnostic's testing, cancellation, and privacy policies as seen on www.mosaicdx.com/privacy-and-cancellation-policy. Person responsible for charges authorizes MosaicDX to process payment in full for tests requested (plus all applicable filing fees). I understand that while some tests can be billed to insurance, MosaicDX does not guarantee reimbursement. If the patient has Medicare, Medicaid, Tricare or other Government insurances, or to see full details regarding our insurance policies, please visit www.mosaicdx.com/payments.

Patient (Guarantor) Signature: _____ **Date:** _____

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

Insurance Information

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

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

By checking the above box, I acknowledge Mosaic Diagnostics is not a participating provider in Medicare, Medicare Advantage, Medicaid, Medicaid Managed Care, Tricare or other government health benefit programs or plans. I understand if Medicare, Medicare Advantage, Medicaid, Medicaid Managed Care, Tricare or other government health benefit programs or plans are my primary insurance carrier, I will be considered "self-pay" and agree I will not submit my claim to my insurance. To see full details regarding our insurance policies, please visit www.mosaicdx.com/payments.

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): _____

Contact us at 800-288-0383 for assistance.



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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.

¹*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



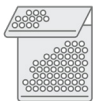
*Clear biohazard
zip-lock bag*



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.

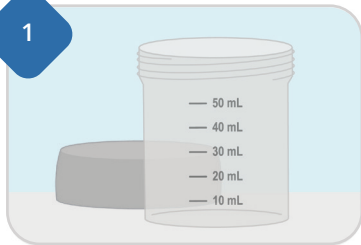
If you are not performing the Organic Acids Test, Microbial Organic Acids Test, or MycoTOX Profile, no items need to be discontinued.

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



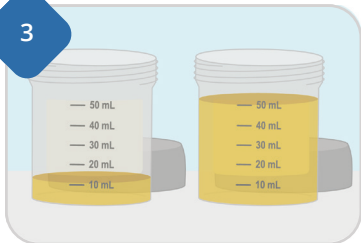
Look at the volume markings on the side of the collection cup. You will need a minimum of 10 mL for each test on the order.

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



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