



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 NutrEval FMV 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 questions, 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.



Phlebotomy Code **P C**

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

X *Justin Marchegiani*

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 billing option selected, practitioner account may be billed.

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 Complete on reverse: 1
Not available in the states of NY, NJ, and RI

Bill Insurance with Patient Payment* Complete on reverse: 1 2 3 4
Medicare Advantage patients - use Bill Insurance with Patient Payment
Initial Insurance Payment from Patient: \$

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: \$**

*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.

THIS SPACE FOR LAB USE ONLY

Specimens for patients less than 2 years of age will be discarded.

Date Final Sample Collected:

Mo. Day Year

Sample Type: Fasting Blood,
 Urine (First Morning Void) and
 Buccal Swab

#86

X NutrEval (FMV) #3000 with Nutrient & Toxic Elements

IIP 179 CP 415

Profile Components	CPT Codes	Other / MC
Organic Acids Markers		
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	83945	
Organic Acids	83921	x 19 / 2
Essential & Metabolic Fatty Acids	82542	
Behenic Acid	82726	
Docosatetraenoic Acid	82726	
Lignocenic 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 other insurance carriers. Please include a payment method for the full cost of each genomic marker, 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

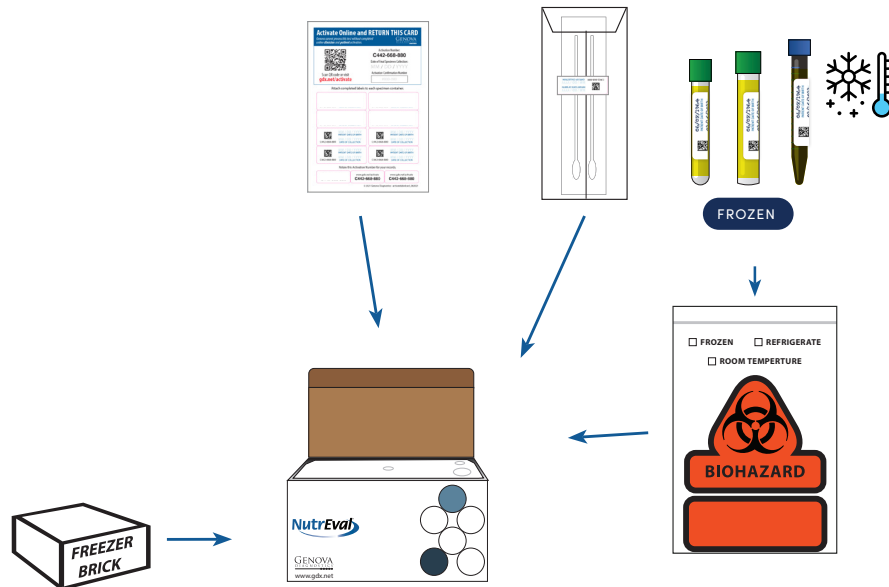
Clinical Findings/Clinical Impressions:



STEP 3

Add to Collection Pack

1. 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.
2. 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.



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

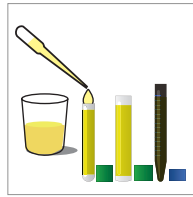
Specimen Collection

1. **Review** instructions and test prep information at gdx.net/activate.
2. 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

1. **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)

1. **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.

