



Genova Lab Test Instructions for the Metabolomix 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 Metabolomix test:

1. Please make sure you are choosing the correct Metabolomix 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. Freeze for at least 24 hours.
5. Collect Blood Spots. Allow the collection card to air dry 24-hours. If the card is not completely dry, your sample may be unusable.
6. Return collection pack. Close the cardboard box and place inside the FedEx shipping bag. Follow the shipping instructions provided.
7. 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

697-245-81

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.

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.

Medicaid patients- use No Insurance options.

X 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: \$

Potential ICD-10 Codes and Conditions

IMPORTANT: Please select or add the appropriate ICD-10 diagnosis code(s).

- R53.83 Other Fatigue
E63.9 Nutritional Deficiency, Unspecified
F41.9 Anxiety Disorder, Unspecified
E61.9 Deficiency Of Nutrient Element, 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:
Urine, First Morning Void and Bloodspot

#103

X Metabolomix+ #3200

IIP 150 CP 310

Table with 3 columns: Profile Components, CPT Codes, Other / MC. Lists various acid markers and their corresponding codes.

Profile components available individually on separate requisitions.

Add-on Tests

Essential and Metabolic Fatty Acids - Bloodspot #3202

Table with 3 columns: Profile Components, CPT Codes, Other / MC. Lists fatty acids and their codes.

IMPORTANT! Please choose between the Toxic Elements Clearance or the Comprehensive Urine Elements. Both cannot be selected.

Toxic Elements Clearance #3203

IIP 10 CP 35

Table with 3 columns: Profile Components, CPT Codes, Other / MC. Lists toxic elements and their codes.

Comprehensive Urine Elements #3204

IIP 20 CP 70

Table with 3 columns: Profile Components, CPT Codes, Other / MC. Lists urine elements and their codes.

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

The Metabolomix+ profile is not currently available in New York State

Clinical Findings/Clinical Impressions:



Patient Guide

Metabolomix+

#3200



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



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



Valproic acid, acetaminophen and berberine HCl are direct assay interferants for certain analytes.

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

Freeze freezer brick at least 8 hours.

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.

If collecting cheek swab, brushing and flossing are okay but do not use mouthwash.

Morning of Collection

Do not practice normal oral hygiene, use mouthwash, eat, or drink anything other than water before collection.

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

24 Hours After Collection

Ensure urine tubes have been frozen and bloodspot card has dried for at least 24 hours before returning.

STEP 2

Specimen Collection

1. **Review** instructions from your healthcare provider 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 **four urine tubes**. Attach a completed label to the **blood spot card** and **paper swab envelope** if your healthcare provider has ordered those collection types.

Activate Online and RETURN THIS CARD

GENOVA

QR Code

Specimen ID: C442-698-890

Date of Birth (DOB):

Date of Collection:

Activate Confirmation Number:

gdx.net/activate

Attach completed labels to each specimen container.

Specimen ID	Specimen ID	Specimen ID	Specimen ID
C442-698-890	C442-698-890	C442-698-890	C442-698-890
C442-698-890	C442-698-890	C442-698-890	C442-698-890
C442-698-890	C442-698-890	C442-698-890	C442-698-890

Attach completed labels to each specimen container.

Specimen ID: C442-698-890

Date of Birth (DOB):

Date of Collection:

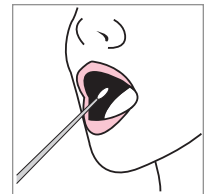
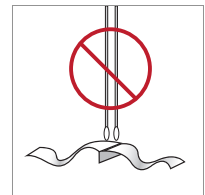
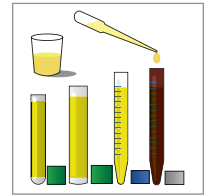
Activate Confirmation Number:

gdx.net/activate

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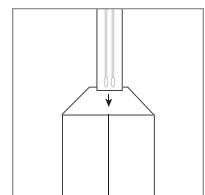
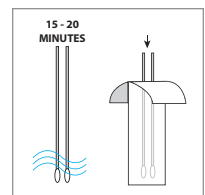
Collect Urine

1. **Collect** your **first morning urination** in the provided cup. If you wake to urinate during the night, within 6 hours of when you typically wake for the day, collect your urine **in the cup**, refrigerate, then combine with your first morning urination collection.
2. **Stir**, then **transfer** urine from the cup to **each of the four 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 at least 24 hours. The **freezer brick** must be frozen at least 8 hours.



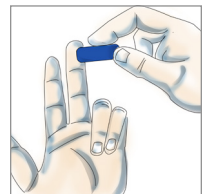
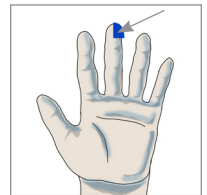
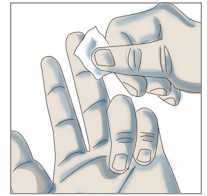
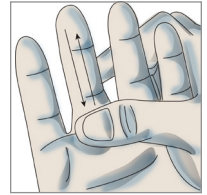
Collect Cheek Swabs (if ordered)

1. **Peel** open the **cotton tipped applicators** 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.



Collect Blood Spots (if ordered)

1. **Wash** hands with warm water for at least 20 seconds. Dry hands.
2. To improve circulation:
 - Hold your hand lower than heart level and gently massage the entire length of the middle finger for 30 seconds.
 - Firmly grasp the top knuckle of the middle finger for a few seconds.
 - Hang arm down and gently shake your fingers.
3. **Clean** the tip of your finger with the alcohol pad.
4. **Remove** clear cover from the lancet. One end has a small hole in the center; **press** that end firmly against the appropriate location on your middle fingertip (see image) to engage the lancet.
5. Using your thumb, **gently massage** the entire length of the pricked finger to form blood drops. **Touch** the tip of each drop to a circle on the collection card. **Do not smear**. It is important you **do not touch your fingertip to the card**. Continue until blood has soaked to the border of the circle.



6. **Continue** this procedure until all four circles are filled. **If you are unable** to get enough blood from the first collection, repeat this procedure with a different finger.
7. Allow the collection card to **air dry 24-hours** then return to the biohazard bag with absorbent silica pack. If the card is not completely dry, your sample may be unusable.

STEP 3

Return 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, place the **cheek swab envelope** and the biohazard bag with **bloodspot card** and absorbent silica pack behind the foam insulator inside the cardboard box. Ensure that each specimen has a **completed label attached**.
3. Visit **gdx.net/activate** to enter the date of your final collection and receive your **confirmation code**. Write the date of final collection and your confirmation code on the **activation label card** and place on top of the foam insert.
4. **Close the cardboard box** and **place** inside the **FedEx shipping bag**. Follow the shipping instructions provided.

