



## SAVE THIS BOX FOR SHIPPING YOUR TEST SAMPLE TO THE LAB!

**Before the Test:** Read the directions and familiarize yourself with the procedures. **Wait at least 2 weeks following a detoxification program before retesting.**

### Verify Kit Contents:

1 white specimen collection cup	1 small screw-cap vial
1 zip-lock bag with absorbent material	1 Laboratory Requisition Form
1 DMPS capsule 125 mg capsules	1 prepaid FedEx Shipping Pack & Label

**NOT FOR USE IF PREGNANT OR UNDER 18 YEARS OF AGE WITHOUT PHYSICIAN DIRECTION. For child testing instructions, email [customercare@mercout.com](mailto:customercare@mercout.com). This test uses DMPS; if you are not familiar with it, please read the FAQ section on our web site at [www.MercOut.com](http://www.MercOut.com).** You will be shipping your sample to an independent laboratory for analysis; results are sent by the lab to the MercOut medical director for evaluation, then emailed to you or your referring clinician.

### Before the Test:

- Do not take the test during a menstrual cycle.
- For **2 days** before the test **avoid all seafood and fish oil supplements**
- On the day before the test, drink about 6-8 glasses of water so you are well hydrated
- **Check off: "Bill Physician"**

### On the Day of the test:

- **This is a 2-hour heavy metal test – Complete when you wake up first thing in the morning**
- Avoid mineral supplements and food for **at least 2 hours** before the test.
- Empty your bladder—**do not** collect this urine.
- On an **empty stomach** with 8 oz. of water take:  
**ALL 4 CAPSULES** if you weigh **OVER 120 lbs. (>54 kilos)**  
**3 CAPSULES** of DMPS if you weigh **up to 120 lbs. (<54 kilos)**  
**2 CAPSULES** for CHILDREN **30-60 lbs. (13-27 kilos)**  
**1 CAPSULE** for CHILDREN **under 30 lbs. (<13 kilos)** **NOT RECOMMENDED FOR CHILD UNDER 2 YEARS**
- **You may eat 30 minutes after taking the DMPS capsules.**
- The test will take 2 hours; drink about 32 ounces of water during this 2-hour period so you can create urine.
- **Retain urine in bladder for at least 2 hours** and collect the first urine after that in the white collection cup provided, filling it about ½ full. If after 2 hours you still have no urge to urinate, or have not produced sufficient urine to fill the collection cup halfway, drink another 32 ounces, as you may be dehydrated. It is OK for the test to take longer than 2 hours, just not less than 2 hours.
- **If you can't hold it in your bladder for the 2 hours, collect all urine produced during the 2 hours in a larger, clean container.** You then will pour from this container into the screw-top specimen vial.  
**TIP: Put a sign or the container on top of the toilet so you don't forget to collect the urine!**

### TO PROCESS THE COLLECTED SPECIMEN

- Pour the urine into the screw-top transport bottle and tighten the lid securely. Discard any remaining urine.
- Write your name and collection date on the bottle; check box that reads "Post." Place vial in the zip-lock bag with absorbent material and seal, then put in cardboard shipping box your test arrived in.
- On the **Laboratory Requisition Form** provided, fill in **Patient Name, Patient Date of Birth, Sex and Date Specimen Was Collected.** Place the completed form in the shipping box with the specimen.

### TO SHIP THE COLLECTED SPECIMEN

Place the box containing your specimen in the FedEx mailing envelope and seal. **The FedEx shipment is pre-paid only if mailed in the U.S. or Canada. Outside these countries you must make your own shipping arrangements. Keep the FedEx receipt with tracking number for your records.**

**US Clients:** Write your name/address in the space provided on prepaid Billable Stamp. Call FedEx toll free **1-800-238-5355** Monday - Friday to schedule pickup. When you hear automated greeting, say "REP". When asked if you're shipping a package, reply "YES" to be connected to a live representative. Say you need pickup for a shipment using a prepaid "BILLABLE STAMP" and give your address.

**Canadian Clients:** Write your name/address in the space provided on Air Waybill (AWB) and sign at bottom. Tear off the shipper's copy of the AWB for your records. Fill out shaded areas of commercial invoice and sign at bottom. Put AWB and commercial invoice in adhesive pouch and affix pouch to Clinical Pak in space provided. Call FedEx toll free at **1-800-463-3339** to schedule pickup. When you hear automated greeting, say "REP". When asked if you're calling to ship a package, reply "YES" to be connected to live agent. Say you need a **Third Party Pickup** for shipment using "**Air Waybill with account number 185197611**" and give your address.

# REQUISITION FORM



3755 Illinois Avenue • St. Charles, IL 60174-2420  
800.323.2784 • 630.377.8139 • Fax 630.587.7860  
inquiries@doctorsdata.com • www.doctorsdata.com

Note: This form must be completed and signed by both the physician and the financially responsible party in order to avoid processing delays.

### 3 Test(s) Ordered Medicare patients: see reverse side for important information.

For insurance/Medicare provide ICD-9 diagnosis codes for each test ordered.

#### Urine Toxic Metals profile

##### Collection Information:

- Date final sample was collected: \_\_\_/\_\_\_/\_\_\_
- Pt. Height (in.): \_\_\_ Pt. Weight (lb.): \_\_\_
- Collection Period:  Random - First morning void recommended  
 Less than 24 hours - Number of hours: \_\_\_  
 24 hours - Volume (mL): \_\_\_ *required*
- If this sample is part of a provocative challenge; is it  pre or  post?
- Provoking agent: DMPS Dosage: 500 mg

##### Profile components: CPT: ICD-9 Diagnosis Codes (required):

Aluminum	82108	_____	_____
Arsenic	82175	_____	_____
Heavy Metals*	83018	_____	_____
* Includes: Antimony, Barium, Beryllium, Bismuth, Cesium, Gadolinium, Palladium, Platinum, Tellurium, Thallium, Thorium, Tin, Titanium, Tungsten, Uranium			
Cadmium	82300	_____	_____
Lead	83655	_____	_____
Mercury	83825	_____	_____
Nickel	83885	_____	_____

##### AVAILABLE ADD-ON TESTS: (additional fees apply):

- Urine Iodine 84999 \_\_\_\_\_
  - Urine Halides (I, Br & F) MULTIPLE \_\_\_\_\_
  - Urine Essential Elements MULTIPLE \_\_\_\_\_
  - Creatinine Clearance 82575 \_\_\_\_\_
- Timed Urine (24 hr preferred) with volume + serum sample required for Creatinine Clearance. Serum must be drawn during urine collection period.*

- Urine Collection Volume (mL): \_\_\_\_\_ Hours collected: \_\_\_\_\_
- Iodine Loading Dose: \_\_\_\_\_

E10.11

### 2 Physician Information

New Client? Address change? Incorrect physician listed below? Check here and make corrections as necessary.

Account #: 39982 Degree: \_\_\_\_\_

Physician Name: Dr. Justin Marchegiani DC

Clinic Name: Just In Health

Address: 2028 East Ben White Blvd Suite 240-2655

City: Austin State: TX Zip: 78741

Physician Signature: \_\_\_\_\_ Phone: 512-535-1817

X (Required) Just Marchegiani Date Ordered: \_\_\_\_\_

NPI # 1477828408

Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. Your ordering of the test(s) means that you believe the test(s) is medically necessary unless you indicate that it is for screening purposes.

### 4 Patient Information Patient/responsible party is financially responsible for any portion of the claim not covered by insurance within 30 days.

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County (required for NY): \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Patient Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_ Responsible Party Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Responsible Party Date of Birth: \_\_\_/\_\_\_/\_\_\_ Relationship to Patient:  Self  Spouse  Parent  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Patient/Responsible Party Signature:** I authorize and request payment of medical benefits be made directly to Doctor's Data, Inc. I authorize the release of any medical information necessary to process this claim. I agree to be personally and fully responsible for any portion of the claim not covered by my insurance carrier and agree to make such payment within 30 days. A service charge of 1.5% per month may be charged on balances over 30 days.

X (Required) \_\_\_\_\_ Date: \_\_\_\_\_ Medicare Patients must read and sign ABN on back of form.

### 5 Check or Credit Card Information Checks may be presented electronically. A NSF fee of \$25 will be assessed for returned checks.

Please do not send cash. A receipt will be provided which can be used to file your own insurance claim.

Payment amount:  
\$ \_\_\_\_\_ USD

Credit card from:  Patient  Physician \*3 digits on back of VISA/MC/DISC or 4 digits on front of AMEX

Select one:  Visa  Mastercard  American Express  Discover

Credit Card #: \_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_ \*CCV: \_\_\_\_\_

Check from:  Patient  Physician

Cardholder Signature: X \_\_\_\_\_ Printed Name: \_\_\_\_\_

Check #: \_\_\_\_\_ Cardholder Address: \_\_\_\_\_

make checks payable in U.S. dollars to:  
Doctor's Data, Inc.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 6 Insurance Information Medicare patients: see reverse side for important information.

Fill out **only** if you intend for Doctor's Data to file a claim on your behalf. It is your responsibility to verify insurance coverage. DDI does not guarantee insurance coverage. Please attach a copy of both sides of your insurance card. You are financially responsible for any portion of the claim not covered by insurance.

Insurance Carrier Name: \_\_\_\_\_ **Primary** \_\_\_\_\_ **Secondary** \_\_\_\_\_

Claims Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Carrier Phone #: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Insured's Policy ID#/Medicare #: \_\_\_\_\_

Group #: \_\_\_\_\_

Relationship to Patient:  Self  Spouse  Parent  Other \_\_\_\_\_  Self  Spouse  Parent  Other \_\_\_\_\_

Insured's Date of Birth: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_/\_\_\_/\_\_\_

E12.08



## US FedEx Shipping Instructions

- 1) Ship specimens Monday through Friday. If you complete the collection on the weekend, hold the specimen until the following Monday to ship.
- 2) Place the cardboard kit box containing the specimens and the completed test requisition form into the FedEx Clinical Pak.
- 3) Affix the provided **Pre-Paid Return** Label on the FedEx Clinical Pak. Record the tracking number printed on the label if you want to track this delivery.
- 4) To schedule a pickup, call FedEx toll-free at 1-800-463-3339 (1-800-GO FEDEX). When you hear the automated greeting, say "Schedule a pick up." The next prompt asks if the shipment is more than 150lbs, say "No". At the next prompt, say "Schedule a Pick up with a Label or Stamp." Reply "YES" when asked if the word "Stamp" is written on the waybill. You will then be asked for your address information.

**Do not use a drop box** or leave your kits outside (especially in warm temperatures). FedEx will not accept specimens placed into a drop box.

If you are located in the United States and choose to use a different courier or level of service than provided or are located outside the United States, you must make your own shipping arrangements at your own expense.



US & CANADA: 1.800.323.2784 - UK: 0871.218.0052  
ELSEWHERE: 1.630.377.8139 - FAX: 1.630.587.7860  
3755 Illinois Avenue, St. Charles, IL USA 60174-2420  
inquiries@doctorsdata.com - www.doctorsdata.com

## Urine Elements

### Before You Start:

Please read all of the directions, and familiarize yourself with the collection procedures. The Urine Elements analysis takes 24 hours or less to collect depending on your physician's instructions.

It is recommended that you omit fish and shellfish from your diet for one week prior to collecting the urine specimen. If an MRI containing Gadolinium-based media has been administered a urine specimen should not be collected for a minimum of 96 hours. You should also refrain from taking non-essential medications and dietary supplements for 48 hours prior to and during the specimen collection. *Never discontinue prescription medications without first consulting your physician.* Female patients should not collect urine during a menstrual period.

**Use the provided vial and collection containers to avoid contamination of the specimen. Use of other collection materials may result in falsely elevated results.**

### Verify Kit Contents:

- 1 Specimen collection cup
- 1 Specimen vial
- 1 Zip-lock bag with absorbent material
- 1 Test requisition form
- 1 FedEx Clinical Pak with Prepaid Billable Stamp

### For timed collections less than 24 hrs:

- 1 clear foldable 1.8 liter plastic container

### For 24 hr collections:

- 1 orange 4 liter container

- ◆ If you are missing kit components, please call Doctor's Data's Customer Service department for assistance.
- ◆ Save the cardboard collection kit box to ship your samples back to the laboratory. Leave the absorbent material in the zip lock bag. Do not put it in the specimen vial.

**Follow Collection Instructions A, B, or C as directed:**

**A-** If your physician tells you to collect your urine for a time period less than 24 hours in duration.

**B-** If your physician tells you to collect a first morning void (FMV) or random urine sample.

**C-** If your physician tells you to collect a 24-hour urine sample.

**A1) TIMED URINE COLLECTION (less than 24 hours)**

Empty your bladder before the collection period begins. Collect all urine up to and including the last urination of the prescribed time period.

**A2)** Collect urine in the specimen collection cup provided. Pour all of the urine into the folded plastic bag. **You do not need to expand this bag prior to filling - it will automatically expand as urine is added.**

**A3)** Continue to add urine to this bag during the specified time period. Keep the bag in a refrigerator during this time.

**A4)** When the timed collection period is complete, mix the urine by shaking the bag and then pour the urine into the supplied specimen vial. Fill urine up to the top of the label on the vial and then tighten the screw cap securely. Discard remaining urine.

**A5)** On the test requisition form in the collection information section (located in the upper right hand corner) fill in the date you finished the collection and check the box marked "Timed" and fill in the number of hours you collected urine. If the sample was part of a provocation, check either pre or post. **Go to step #2.**

**B1) FIRST MORNING VOID (FMV)/RANDOM COLLECTION**

Collect a single urination into the specimen collection cup. Pour the urine into the specimen vial. Fill the vial up to the top of the label and then tighten the screw cap securely.

**B2)** In the collection information section of the requisition form (located in the upper right hand corner) fill in the date you finished the collection, your height & weight, and check the box marked Random. If the sample was part of a provocation, check either pre or post. **Go to step #2.**

**C1) 24-HOUR URINE COLLECTION**

When you arise skip your first morning urination. Begin your collection with your second urination and collect all urine up to and including the first morning urination of the following day. Collect each urination in the specimen collection cup then pour the urine into the orange collection container. Keep the orange container in a refrigerator until you are finished with your 24-hour collection.

**C2)** Place the orange collection container on a level surface and read the volume from the markings on the container. In the collection information section of the requisition form (located in the upper right hand corner) fill in the date you finished the collection and your height & weight. If the test was part of a provocation, check either pre or post. Check the box marked 24hours and fill in the total volume collected.

**C3)** Mix the urine by shaking the orange container for at least 30 seconds then pour the urine into the specimen vial. Fill the vial up to the top of the label and then tighten the screw cap securely. **Go to step #2.**

**2)** Write the patient's name, the date of collection, and patient's date of birth on the specimen vial. The test cannot be performed without the patient information on the vial. Place the vial into the zip-lock bag, then place the bag in the cardboard shipping box.

**3)** Fill out the test requisition form completely and sign it. The test cannot be performed without a properly filled out requisition. Place the completed requisition form in the cardboard shipping box. The specimen is now ready for shipment.

To obtain the best results, Doctor's Data recommends shipping specimens as soon as possible. If you cannot arrange shipping on the same day you finish the collection, such as over a weekend or holiday, refrigerate the specimen until you are ready to ship the test collection kit.

**Consult your physician if you have any questions during the test collection process.**