



## **Mosaic Diagnostics Lab Test Instructions for the Glyphosate Test**

### What you should receive:

1. Pre-paid UPS label to send the lab test back. Please take note of the shipping/tracking number if you would like to track the package and make sure the lab receives your samples.
2. Instructions on how to conduct the test.
3. Sample collection container.

### What you need to do to complete the Glyphosate Test:

1. Please fill out the attached requisition form with all the required information.
2. You **MUST** include the date and time the sample was taken.
3. Please discard the blank requisition form that came with the kit. Replace with the completed requisition form in the current document.
4. Follow the instruction in the lab kit regarding the urine collection.
5. Double check that the completed requisition form has been included before shipping.

### 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 2-3 weeks.
2. Make sure you have an appointment scheduled with Dr. Justin to review the results.
3. If you have any questions, please call Customer Service at 800-288-0383, Monday through Friday 8am-5pm CST or Email | [CustomerService@MosaicDX.com](mailto:CustomerService@MosaicDX.com)



Place Test Kit ID sticker here.

## Test Requisition Form (TRF)

Complete this paper Test Requisition Form **ONLY** if your test kit has **NOT** been registered by your practitioner.



### How to know if you need to complete this paper TRF?

- Step 1:** Scan the QR code on the "Register Your Kit" guide included in your test kit.
- Step 2:** If your kit has NOT been registered you **CAN NOT** enter your information into the portal.
- Step 3:** You will need to complete the paper Test Requisition Form to submit with your sample.

**All information is required to process sample.** We do NOT accept specimens from patients who reside in or practitioners who practice in the state of New York.

### 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).

First Name

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

## Test Selection

PRACTITIONER MUST FILL OUT THE BELOW INFORMATION, if test is not selected, patient must go back to practitioners to complete this section, the patient cannot select additional tests on practitioner's behalf.

### 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)

GPL-TOX Profile\* (urine)

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

Amino Acids Test\* **Random** **24 Hr** Total vol \_\_\_\_\_ mL-

Calcium + Magnesium Profile\* (urine)

Heavy Metals Test: **Random** **24 Hr** Total vol \_\_\_\_\_ mL

**Timed** # of hours \_\_\_\_\_ Pre-Provoking Post-Provoking

Provoking Agent \_\_\_\_\_ Dosage \_\_\_\_\_

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

Porphyrins Profile\* (urine)

### Blood / Dried Blood Spot (DBS) Tests

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

IgG Food MAP with Candida + Yeast: Serum 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\* (plasma)

Copper + Zinc Profile (serum)

Heavy Metals Test: Whole Blood RBC

Homocysteine Test\* (serum)

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

Omega-3 Index Complete\* (DBS)

Streptococcus Antibodies Profile (serum)

Vitamin D Test: Serum DBS

### Stool Tests

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

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

Comprehensive Stool Analysis with Parasitology

Microbiology Test (stool)

Heavy Metals Test (stool)

Pre-Provoking Post-Provoking

Stool Provoking Agent \_\_\_\_\_ Dosage \_\_\_\_\_

Does patient have dental amalgams?

No Yes, how many? \_\_\_\_\_

### Saliva Tests

**Saliva** Collection Time  
Collection Date (MM/DD/YYYY) Morning

Collection Time Collection Time Collection Time  
Noon Evening Night

**Has saliva been frozen?** 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 Tests

**Buccal Swab** Collection Date (MM/DD/YYYY)

DNA Methylation Pathway Profile\* (buccal)

(requires Informed Consent form)

**Hair/Other** Collection Date (MM/DD/YYYY)

Heavy Metals Test (hair)

Glyphosate Test\* (water)

Other test: \_\_\_\_\_

\* MosaicDX will not bill insurance for these test(s)

## Patient and Payment Information

First Name  Last Name  Age  Weight

Sex  Male  Female Birth Date (MM/DD/YYYY)  Phone Number  Language Preference for Results

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

I authorize and request payment of medical benefits be made directly to the guarantor listed for requested lab work. I authorize the release of any medical information necessary to file and process an insurance claim, if applicable. I understand that certain tests are not billable to insurance (self-pay tests) thus Mosaic Diagnostics will not file a claim for these tests. Person responsible for charges authorizes Mosaic Diagnostics to process payment in full for tests requested (plus all applicable filing fees). I understand Mosaic Diagnostics does not guarantee insurance coverage by filing a claim. I permit a copy of this to be used in place of the original. Cancellation Policy: I have reviewed and agree to the cancellation policy located at [www.mosaicdx.com/cancellation-policy](http://www.mosaicdx.com/cancellation-policy).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Person Responsible for Charges

First Name  Last Name

Address  Phone Number

City  State/Province  Zip/Postal Code  Country

Email

**Bill Practitioner:** \_\_\_\_\_ unavailable for practices in New Jersey, New York, or Rhode Island

**Patient Pay** more information is available at [www.MosaicDX.com/payments](http://www.MosaicDX.com/payments)

Pay online at [www.MosaicDX.com/payments](http://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](mailto: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 \_\_\_\_\_

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



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DIAGNOSTICS  
*Formerly Great Plains Laboratory*

# 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.

# Test Kit Contents

Start by identifying these elements of your test kit.



*Test Kit Box*



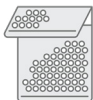
*Clear biohazard zip-lock bag*



*Collection cup*



*Absorbent packing sheet*



*Silver thermo bag*



*Shipping Laboratory Pak*



*Ice pack*

# Preparing For Your Test

- **Plan now to collect your sample first thing in the morning, and early in the week.** For US collections, collect your “first morning sample” on a Monday-Thursday morning. Outside the US, the sample should be collected on Monday or Tuesday to allow extra time for shipping.
- **Collect your first urine specimen in the morning before eating or drinking.** This is the most concentrated collection.
- **Avoid contamination of samples with blood or while menstruating as this may interfere with test results. Wait until the following week.**
- **Place the Collection Cup and these instructions in the bathroom where you plan to collect the samples in the morning.** Set the rest of the contents aside.
- **Place the ice pack flat in your freezer, so it will be ready to ship with your specimen.**
- **Pediatric collection bags are available upon request for children not potty trained to aid with collection.**



# If You are Taking the Organic Acids or Microbial Organic Acids Test

Wait 48 hour after completing a course of antibiotics before collection. 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.



*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 TOXDetect Profile

- If you are taking the antibiotic Cephalexin (Cefalexin, Keflex, Bio-Cef, Novo-Lexin), please wait a minimum of four days after the last dose to collect your urine sample.
- Samples that are visibly contaminated with blood (red, pink, or brown in color) will be cancelled and a new sample requested.

**Important:** Do not discontinue any medications or supplements without first consulting your healthcare practitioner.

# 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 taking **Mycophenolate mofetil (CellCept/Myfortic)**, be sure to consult with your physician on when or if you can abstain from taking this medication for 72 hours prior to sample collection.

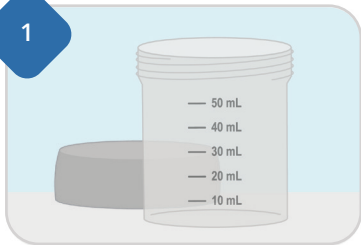
# If You are Taking the Metals – Toxic + Nutrient Elements

- 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.

**Important:** Do not discontinue any medications or supplements without first consulting your healthcare practitioner.

# Let's Get Started

1



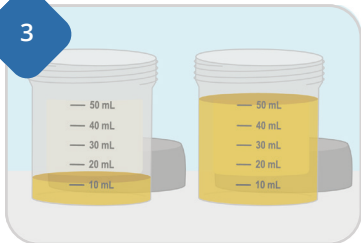
**Look at the volume markings on the side of the collection cup.** You will need a minimum of 10 mL for each test on the order.

2



**Verify how many tests have been ordered,** so you know how much sample to collect. If taking Mycophenolate mofetil (CellCept/ Myfortic), be sure to consult with your physician on when or if you can abstain from taking this medication for 72 hours prior to sample collection.

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.



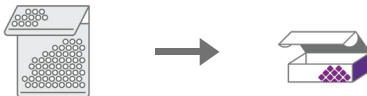
4

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 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](mailto:CustomerService@MosaicDX.com)



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