



## **Mosaic Diagnostics Lab Test Instructions for the TOXDetect Profile 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 TOXDetect Profile 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)



## 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				<i>Not all results are available in every language. If preferred choice is not available, you will receive results in English.</i>	
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
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## 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)					
				<b>Metals - Toxic + Nutrient Elements:</b>	Random 24Hr Timed
				Total vol _____ mL	
				Pre-Provoking OR Post-Provoking	
				Post-Provoking Agent _____ Dosage _____	
				<b>Metals - Toxic Elements:</b>	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)		
	<b>Metals - Toxic + Nutrient Elements (wholeblood) Fasting?</b>	Yes No
	<b>Metals - Toxic + Nutrient Elements (red blood cell)</b>	
	<b>Homocysteine Test* (serum)</b>	
	<b>Iron + Total Iron-Binding Capacity Test* (serum)</b>	
	<b>Omega-3 Index Complete* (DBS)</b>	
	<b>Streptococcus Antibodies Profile (serum)</b>	
	<b>Vitamin D Test (serum)</b>	
	<b>Vitamin D Test (DBS)</b>	

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)				
<b>Metals - Toxic Elements (stool)</b>	Detoxification Agent?	Yes No	Detoxification Agent _____	Dosage _____
	Does patient have dental amalgams?	No Yes, how many? _____		

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

## Individual Test Selection Continued

<b>Saliva Tests</b>	<b>Has saliva been frozen?</b>	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)

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

Glyphosate Test\* (water)

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](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 \_\_\_\_\_

### 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](http://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](http://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](http://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](http://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): \_\_\_\_\_



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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*



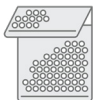
*Clear biohazard zip-lock bag*



*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.

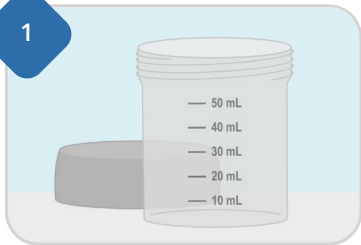
# If You are Taking the Metals – Toxic + Nutrient Elements

- 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



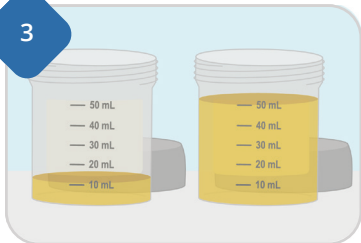
**Look at the volume markings on the side of the collection cup.** You will need a minimum of 10 mL for each test on the order.

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.



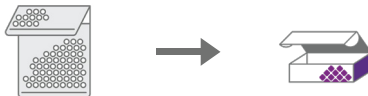
4

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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