SpectraCell Laboratories
Science + Health + Solutions

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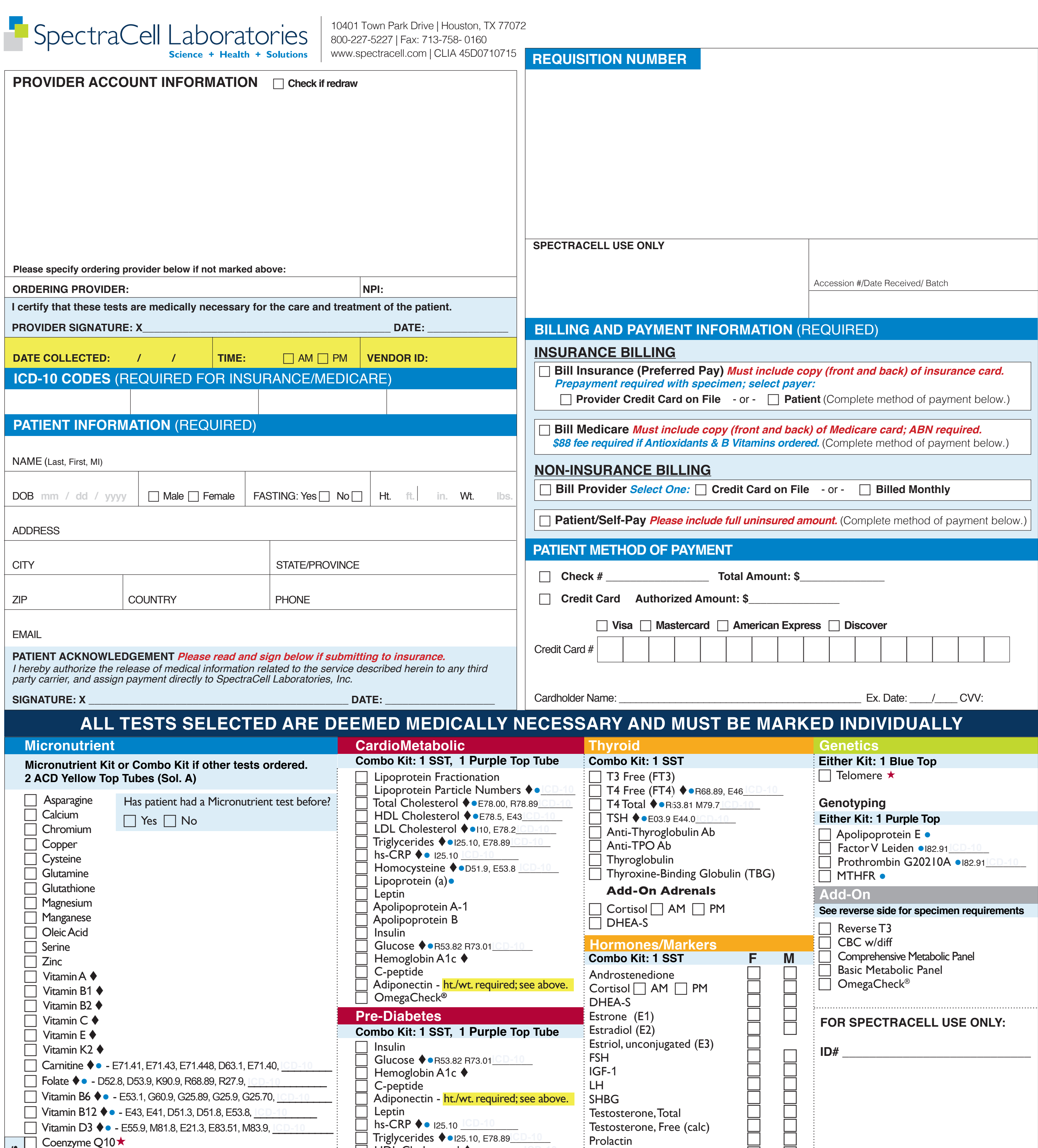


PROVIDER ACCOUNT INFORMATION

☐ Check if redraw

Please specify ordering provider below if not marked above:

ORDERING PROVIDER: NPI:

I certify that these tests are medically necessary for the care and treatment of the patient.

PROVIDER SIGNATURE: X____ DATE: ______________

DATE COLLECTED: / / TIME: ☐ AM ☐ PM VENDOR ID:

ICD-10 CODES (REQUIRED FOR INSURANCE/MEDICARE)

PATIENT INFORMATION (REQUIRED)

NAME (Last, First, MI)

DOB mm / dd / yyyy ☐ Male ☐ Female FASTING: Yes ☐ No ☐ Ht. ft. in. Wt. lbs.

ADDRESS

CITY STATE/PROVINCE

ZIP COUNTRY PHONE

EMAIL

PATIENT ACKNOWLEDGEMENT *Please read and sign below if submitting to insurance.*

I hereby authorize the release of medical information related to the service described herein to any third party carrier, and assign payment directly to SpectraCell Laboratories, Inc.

SIGNATURE: X ____ DATE: ________________

REQUISITION NUMBER

SPECTRACELL USE ONLY

Accession #/Date Received/ Batch

BILLING AND PAYMENT INFORMATION (REQUIRED)

INSURANCE BILLING

☐ **Bill Insurance (Preferred Pay)** *Must include copy (front and back) of insurance card.*
Prepayment required with specimen; select payer:
☐ **Provider Credit Card on File** - or - ☐ **Patient** (Complete method of payment below.)

☐ **Bill Medicare** *Must include copy (front and back) of Medicare card; ABN required.*
$88 fee required if Antioxidants & B Vitamins ordered. (Complete method of payment below.)

NON-INSURANCE BILLING

☐ **Bill Provider** *Select One:* ☐ **Credit Card on File** - or - ☐ **Billed Monthly**

☐ **Patient/Self-Pay** *Please include full uninsured amount.* (Complete method of payment below.)

PATIENT METHOD OF PAYMENT

☐ **Check #** _______________ **Total Amount: $**_______________

☐ **Credit Card** **Authorized Amount: $**_______________

☐ **Visa** ☐ **Mastercard** ☐ **American Express** ☐ **Discover**

Credit Card # | | | | | | | | | | | | | | | | |

Cardholder Name: ________________________________ Ex. Date: ____/____ CVV:

ALL TESTS SELECTED ARE DEEMED MEDICALLY NECESSARY AND MUST BE MARKED INDIVIDUALLY

Micronutrient

Micronutrient Kit or Combo Kit if other tests ordered.
2 ACD Yellow Top Tubes (Sol. A)

Has patient had a Micronutrient test before? ☐ Yes ☐ No

☐ Asparagine
☐ Calcium
☐ Chromium
☐ Copper
☐ Cysteine
☐ Glutamine
☐ Glutathione
☐ Magnesium
☐ Manganese
☐ Oleic Acid
☐ Serine
☐ Zinc
☐ Vitamin A ♦
☐ Vitamin B1 ♦
☐ Vitamin B2 ♦
☐ Vitamin C ♦
☐ Vitamin E ♦
☐ Vitamin K2 ♦
☐ Carnitine ♦● - E71.41, E71.43, E71.448, D63.1, E71.40, ICD-10 ______
☐ Folate ♦● - D52.8, D53.9, K90.9, R68.89, R27.9, ICD-10 ______
☐ Vitamin B6 ♦● - E53.1, G60.9, G25.89, G25.9, G25.70, ICD-10 ______
☐ Vitamin B12 ♦● - E43, E41, D51.3, D51.8, E53.8, ICD-10 ______
☐ Vitamin D3 ♦● - E55.9, M81.8, E21.3, E83.51, M83.9, ICD-10 ______

Antioxidants & B Vitamins

☐ Coenzyme Q10★
☐ Lipoic Acid★
☐ Selenium★
☐ Biotin★
☐ Inositol★
☐ Pantothenate★
☐ Vitamin B3★
☐ Choline★
☐ Fructose Sensitivity★
☐ Glucose-Insulin Interaction★
☐ SPECTROX® ★
☐ IMMUNIDEX★

CardioMetabolic

Combo Kit: 1 SST, 1 Purple Top Tube

☐ Lipoprotein Fractionation
☐ Lipoprotein Particle Numbers ♦● ICD-10 ______
☐ Total Cholesterol ♦●E78.00, R78.89 ICD-10 ______
☐ HDL Cholesterol ♦●E78.5, E43 ICD-10 ______
☐ LDL Cholesterol ♦●I10, E78.2 ICD-10 ______
☐ Triglycerides ♦●I25.10, E78.89 ICD-10 ______
☐ hs-CRP ♦● I25.10 ICD-10 ______
☐ Homocysteine ♦●D51.9, E53.8 ICD-10 ______
☐ Lipoprotein (a)●
☐ Leptin
☐ Apolipoprotein A-1
☐ Apolipoprotein B
☐ Insulin
☐ Glucose ♦●R53.82 R73.01 ICD-10 ______
☐ Hemoglobin A1c ♦
☐ C-peptide
☐ Adiponectin - ht./wt. required; see above.
☐ OmegaCheck®

Pre-Diabetes

Combo Kit: 1 SST, 1 Purple Top Tube

☐ Insulin
☐ Glucose ♦●R53.82 R73.01 ICD-10 ______
☐ Hemoglobin A1c ♦
☐ C-peptide
☐ Adiponectin - ht./wt. required; see above.
☐ Leptin
☐ hs-CRP ♦● I25.10 ICD-10 ______
☐ Triglycerides ♦●I25.10, E78.89 ICD-10 ______
☐ HDL Cholesterol ♦●E78.5, E43 ICD-10 ______

Lipoprotein Particle Profile (LPP®) Plus

Combo Kit: 1 SST

LPP® Basic

☐ Lipoprotein Fractionation
☐ Lipoprotein Particle Numbers ♦● ICD-10 ______
☐ Total Cholesterol ♦●E78.00, R78.89 ICD-10 ______
☐ HDL Cholesterol ♦●E78.5, E43 ICD-10 ______
☐ LDL Cholesterol ♦●I10, E78.2 ICD-10 ______
☐ Triglycerides ♦●I25.10, E78.89 ICD-10 ______
☐ Lipoprotein (a) ●
☐ hs-CRP ♦● I25.10 ICD-10 ______
☐ Homocysteine ♦●D51.9, E53.8 ICD-10 ______
☐ Apolipoprotein A-1
☐ Apolipoprotein B
☐ Insulin

Thyroid

Combo Kit: 1 SST

☐ T3 Free (FT3)
☐ T4 Free (FT4) ♦●R68.89, E46 ICD-10 ______
☐ T4 Total ♦●R53.81 M79.7 ICD-10 ______
☐ TSH ♦●E03.9 E44.0 ICD-10 ______
☐ Anti-Thyroglobulin Ab
☐ Anti-TPO Ab
☐ Thyroglobulin
☐ Thyroxine-Binding Globulin (TBG)

Add-On Adrenals

☐ Cortisol ☐ AM ☐ PM
☐ DHEA-S

Hormones/Markers

Combo Kit: 1 SST	F	M
Androstenedione	☐	☐
Cortisol ☐ AM ☐ PM	☐	☐
DHEA-S	☐	☐
Estrone (E1)	☐	☐
Estradiol (E2)	☐	☐
Estriol, unconjugated (E3)	☐	
FSH	☐	☐
IGF-1	☐	☐
LH	☐	☐
SHBG	☐	☐
Testosterone, Total	☐	☐
Testosterone, Free (calc)	☐	☐
Prolactin	☐	☐
Progesterone	☐	☐
PSA Total ♦●R97.20, N42.9______		☐

1st day of last menstrual cycle ______________

Taking oral contraceptives? ☐ Yes ☐ No

Postmenopausal: ☐ Treated ☐ Untreated

Genetics

Either Kit: 1 Blue Top

☐ Telomere ★

Genotyping

Either Kit: 1 Purple Top

☐ Apolipoprotein E ●
☐ Factor V Leiden ●I82.91 ICD-10 ______
☐ Prothrombin G20210A ●I82.91 ICD-10 ______
☐ MTHFR ●

Add-On

See reverse side for specimen requirements

☐ Reverse T3
☐ CBC w/diff
☐ Comprehensive Metabolic Panel
☐ Basic Metabolic Panel
☐ OmegaCheck®

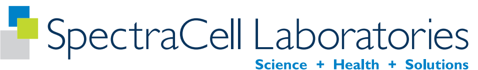
FOR SPECTRACELL USE ONLY:

ID# ______________________

Medicare Legend

For Medicare, Medicare Replacement Plans, & all other government plans.

♦ Limited Frequency - ABN required ● Limited Coverage - Dx codes & ABN required
★ Statutorily not covered by Medicare - Prepayment required



SPECIMEN COLLECTION & HANDLING PROCEDURES

The quality of laboratory results is highly dependent upon proper specimen collection and handling.
Collect and ship samples **Monday - Friday**, **except on, or the day before,** federal holidays. SpectraCell accepts samples **Tuesday - Saturday**.

All samples must be labeled with PATIENT NAME, DATE OF BIRTH, and DATE OF COLLECTION.

It is strongly recommended that a 21 gauge needle be used for specimen collection.

Sequence of Draw	Tests	Collection Tube	Instructions
First	Micronutrient	**ACD Solution A Yellow Top (8.5 ml)** **Whole Blood**	• **No fasting required.** • Collect **2 FULL** ACD (Sol. A) Yellow Top tubes. • Mix by inverting 8 times immediately after drawing. • **Do not refrigerate, freeze or centrifuge.** • **See instructions below for use of ice brix; ship in the kit provided.** • **Label with patient name, DOB, and date of collection.**
	CardioMetabolic* **Pre-Diabetes*** **LPP®** **Hormones** **Thyroid** **RT3 Add-On** **CMP - Comprehensive Metabolic Panel** **BMP - Basic Metabolic Panel**	**SST (7.5 ml)** **Serum**	• **Fasting:** 9-12 hrs for CardioMetabolic, Pre-D, CMP and BMP • Collect 1 or 2 FULL SST tubes depending on combination selected; must be filled completely. • **Clotting time:** 20-30 min • Centrifuge within one hour of collection for 15 min. at 3000 rpm. • **Do not pour off.** • Keep refrigerated until shipped. • **Ship with the frozen ice brix in the kit provided.** • **Label with patient name, DOB, and date of collection.**
	CardioMetabolic (HgbA1c) **Pre-Diabetes (HgbA1c)** **OmegaCheck®** **Genetics (except Telomere)** — 1 tube **Complete Blood Count (CBC w/diff)** — 1 tube	**Purple Top (EDTA)** **Whole Blood**	• **Fasting:** Not required, but 9-12 hrs preferred for OmegaCheck. It is recommended that patients not take a fatty acid supplement within 12-24 hours. • Collect 1 or 2 Purple Top (EDTA) tubes depending on test combination selected; must be filled completely. • HgbA1c, OmegaCheck, and Genetics may be drawn in one tube. • **CBC requires a separate tube.** • Mix by inverting 5-6 times • **Do not centrifuge or freeze.** • **Ship with the frozen ice brix in the kit provided.** • **Label with patient name, DOB, and date of collection.**
Last	Telomere	**Blue Top (Sodium Citrate) For Telomere Only** (tube should be ordered separately) **Whole Blood**	• **No fasting required.** • Collect 1 Blue Top (sodium citrate) tube. • Mix by inverting 5-6 times • **Do not centrifuge or freeze.** • **Can be shipped in either the micronutrient or combo kit.** • **Label with patient name, DOB, and date of collection.**

***CardioMetabolic or Pre-Diabetes each require 1 SST and 1 Purple Top tube.**

COMMON ORDERING SCENARIOS

Scenarios	ACD Sol. A (8.5 ml)	SST (7.5 ml)	Purple Top (EDTA)	Blue Top (Sodium Citrate)
	Non-refrigerated	Refrigerated	Refrigerated	Refrigerated/Non-refrigerated
Micronutrient	2			
CardioMetabolic		1	1	
Pre-Diabetes		1	1	
LPP®		1		
Hormones		1		
Thyroid and RT3 Add-On		1		
Genetics (except Telomere)			1	
Telomere				1
Complete Blood Count (CBC)			1	
Comprehensive Metabolic Panel (CMP) or Basic Metabolic Panel (BMP)		1		
OmegaCheck®			1	
If all tests ordered	2	2	2	1

SPECIMEN COLLECTION & HANDLING - ALL SPECIMENS WILL BE PACKAGED IN ONE KIT

If Ordering Micronutrient (MNT) Only

Please read temperature requirements carefully as it greatly affects MNT success.

- Refrigerate ice brix for 24 hours before drawing MNT specimen(s) **if** outside temperatures are above 90°F. Do not refrigerate ice brix before drawing MNT specimen(s) **if** outside temperatures are below 90°F.
- Draw the tubes following the instructions above and label the specimens with the **PATIENT'S NAME, DOB, and DATE OF COLLECTION.**
- Place the specimens inside the foam holder and then in the biohazard bag and place the requisition in the outside pocket of the biohazard bag.
- Follow steps 1- 4 below.

Combination Ordering

- Determine the specimen requirements from the collection chart above.
- Freeze ice brix for 24 hours before drawing specimen(s) requiring refrigeration.
- Draw the tubes in the proper sequence as shown above and label the specimens with the **PATIENT'S NAME, DOB, and DATE OF COLLECTION.**
- All specimens should be placed in the biohazard bags provided. **ACD tubes should be separated from all other tubes and should NOT be placed next to the ice brix.** Place the requisition in the outside pocket of one of the biohazard bags.
- Follow steps 1- 4 below.

1. Following the instructions on the inside of the top of the kit, place all specimens and the ice brix inside the compartments designated by the arrows.
2. Once all items have been placed inside, set the Styrofoam lid securely in place and close the cardboard lid.
3. Place the box inside the FedEx bag, seal it and affix the air bill provided and call 1-800-GoFedEx (1-800-463-3339) to schedule a pickup. **DO NOT USE A FEDEX DROP BOX.**
4. All specimens **MUST BE SHIPPED OVERNIGHT** on the same day they are drawn.

Please Note: Genetic testing (MTHFR, ApoE, Factor V, Prothrombin, and Telomere) is not temperature sensitive and may be shipped in either kit.

Please call Client Services at 800.227.5227 ext. 8200 with any questions regarding specimen requirements or shipping instructions.