



SPECIMEN KIT INSTRUCTIONS

(940) 761-4045

This document provides a **CHECKLIST** to assure accuracy and full completion of all instructions required for clients to process samples for Laboratory Tests, as well as Questionnaires and Forms, each for the purpose of designing your Clinical Nutrition Program. Therefore, it is essential to read this document carefully and check each box, where provided, once instructions are completed and then review this entire document to assure that each box has been checked that applies to you.

Within this document, you will also be referred to certain webpages on our website that provides additionally instructions or documents to accurately and fully complete. Additionally, each Lab Kit you receive has instructions for completing.

For clients who do not have a computer to access our website, they may ignore references to go to our website because all documents will be provided with their Lab Kits. However, they will still check each box once they have completed the instructions for each document.

1. DUE DATES:

- a. **Samples To Lab or Blood Drawn** – please endeavor to have all specimens sent to the appropriate Labs within five to seven (5-7) days from the date you received your Lab Kit(s) or Blood Chemistry Lab Requisition. The exception to this is menstruating females collecting multiple saliva samples from the start of one menses to the next or any Lab Kit that requires more than 5-7 days to collect all samples. The bottom line is to prepare for and begin collecting samples as soon as possible once Lab Kits have been received.
- b. **Questionnaires** – Please open the PDF Icon for each document for...
 - i. **Initial Assessment?** - **Go to the “New Client Instructions” web page for Questionnaires (i.e., Steps 8-11).**
 - ii. **Retesting?** **Go to “Forms and Questionnaires” then “Retesting” web pages.**
 - iii. Print and send completed Questionnaires to our office by fax, U.S. mail or email within ten (10) days after your samples have been mailed to their appropriate Labs or blood has been drawn, whichever applies.
 - iv. **Clients Age 12 or younger:** Though children today are experiencing adult hormone symptoms, mark zero (0) or N/A (Not Applicable) for questions that do not apply..
 - v. **Note:** Informed Consents apply to **New Clients only**, unless you have received a Client Announcement Email regarding updating one or more Informed Consent.
- c. **TELEPHONE IMMEDIATELY** - If you have any questions or should anything prevent you from meeting the due dates above, please PHONE CALL our office immediately in order to prevent delays in getting started on your clinical nutrition program. Please do not email or this will cause delays.

1. EMAIL DR. SMITH IMMEDIATELY WITH THE DATES WHEN

- a. Each sample has been mailed to our Labs or date blood has been drawn and
- b. your **initial or updated questionnaires and forms** were faxed, emailed or. U.S. mailed to our office. Also, communicate which method you used to send your completed questionnaires to us.

2. SPECIMEN COLLECTION INFO web page – At least 3-4 days before collecting samples for hair or blood, please open, read and prepare as instructed in the pop up web pages titled, **“About Hair Sampling”** if having hair tested and/or **“Fasting Instructions”** if having your blood drawn.

3. CHECK LISTS ON PAGE 2 & 3 – Under the **Specific Specimen Collection – Check Lists** section on page 2 & 3 of this document, please check each box once you have completed each step that applies to you.

- ☐ **Saliva, Urine or Stool Tests** – if you have paid for one or more saliva, urine or stool tests follow the instructions under **Genova Diagnostics**.
- ☐ **Hair Test** – if you have paid for the Hair Tissue Mineral Analysis, follow the instructions for **Analytical Labs**.
- ☐ **Blood Test** – if you have paid for a blood chemistry analysis, follow the instructions for Blood Chemistry Testing.
- ☐ **Note: Yellow Highlights on any document inside a Lab Kit indicates information to either read and do and/or to read and fill in the blanks.**
- ☐ **Questionnaires** - this applies to all clients. **Informed Consent Forms** applies to new clients for initial assessment and updates on policies and procedures will be sent to you in **Client Email Announcements**.

QUESTIONNAIRES AND FORMS - CHECK LISTS FOR NEW & RETESTING CLIENTS

☐ **NEW CLIENTS Questionnaires and Two Informed Consents**

☐ **Informed Contents:**

- ☐ I printed two copies of each page of the two **Informed Consents**: ☐ **Step 5** ☐ **Step 6**.
- ☐ On one copy, using a ball point blue (preferred) or black ink, not gel, pen, I hand-printed all information requested on each page of both Informed Consents and signed my name on each page.
- ☐ Then I U.S. mailed this completed copy of each page of both Informed Consents to Dr. Smith. I did this immediately and before proceeding further with completing the rest of the instructions in this document.
- ☐ Date U.S. mailed both Informed Consents to Dr. Smith is _____.
- ☐ I contacted Dr. Smith by phone, email or fax regarding the Date both completed Informed Consents were U.S. Mailed to Dr. Smith.
- ☐ I read the **Therapeutic Supplement Financial Plan Article** (☐ **Step 7**) so I may answer the last question on **Page 1** of the **Client Information Form** (Step 8)
- ☐ **Questionnaires** - I opened, printed and completed each PDF Icon Document for Steps 8-11 on the webpage titled "**New Clients Instructions.**" ☐ **Step 8** ☐ **Step 9** ☐ **Step 10** ☐ **Step 11**
 - ☐ When I answered questions on each page of the documents in Steps 8 to 11, I printed my information using a ball point blue (preferred) or black ink, not gel, pen.
 - ☐ I printed legibly or typed each blank space on each Questionnaire (also referred to as a form).
 - ☐ If a question that applies to me was repeated, I answered it each time.
 - ☐ I put N/A (for not applicable) on any blank space or circled zero (0), whichever choice was provided, that did not apply to me so that there is no question about whether I have read the question or not.
 - ☐ I did not just skip over any questions just because they did not apply to me.
 - ☐ I **photo-copied** my questionnaires and forms as I am sending the originals to Dr. Smith by U.S. Mail. ☐ Not Applicable as I am faxing or emailing.
 - ☐ After faxing or emailing my completed Questionnaires, I am keeping my copy of the completed Questionnaires and both Informed Consent Forms in a safe place so I may insert them into its section of my Clinical Nutrition Binder when I receive it.
- ☐ Date: _____ I faxed, emailed or U.S. Mail each completed Questionnaires and Informed Consents to Dr. Smith and ☐ phoned or emailed this date to Dr. Smith if I U.S. mailed or faxed.
- ☐ I have completed all steps on the "**New Client Instructions**" web page from Step 1 to the last step. Step 1 Start Date _____ Date Completed Last Step: _____
- ☐ I emailed Start & Completed Dates re: all Steps on the New Client Instructions Webpage to Dr. Smith

☐ **RETESTING CLIENTS – "Forms & Questionnaires – Retesting" Web Page**

- ☐ I opened, printed and completed the PDF Icon Document for the "**Health Appraisal Comprehensive**" (HAC) Questionnaire
 - ☐ The date and my name is on **each page** of the HAC Questionnaire and I circled or checked the box, whichever is provided, for each score that applied to me, using an ink (not gel) pen or I typed the information required on the questionnaire.
 - ☐ I circled or checked the box for zero (0), if it did not apply to me. ☐ If a question that applies to me was repeated, I answered it each time. ☐ I did not just skip over any questions.
 - ☐ I inserted a copy of each sheet of the HAC Questionnaire into my PEP Binder in the section indicated.
- ☐ I printed the **Health History Form** and put a check in the upper-right corner box for Re-Evaluation; then I completed this form answering all questions that applies to me, as instructed.
- ☐ If applicable, I printed and completed each column on the **Drug and Supplement List (DSL)** form for each new drug or drug change. ☐ I read the "Other Supplement" article. ☐ I included any other supplement information in each column, if this applies to me, too.
- ☐ I took my Blood Pressure and recorded my current reading on the **Blood Pressure Chart**.
- ☐ I completed one or more **Success Story Forms** so that I can do my part to help others.
- ☐ I photo-copied all of the above questionnaires and forms before U.S. mailing or I faxed or emailed the original copies to Dr. Smith.
- ☐ If I faxed or U.S. Mail the above questionnaires and forms, I contacted Dr. Smith by phone or email with the date so she will watch for them, after she would otherwise not know that I have sent them.
- ☐ I completed all steps on the "**Retesting**" Web page after mailing my specimen samples.

SPECIFIC SPECIMEN KIT INSTRUCTIONS - CHECK LISTS (Continued)

☐ **Blood Chemistry Testing:**

If you have any challenges at the Lab, call us from the Lab – do not leave the Lab. If you are having your blood drawn during our closed hours, call **Stephanie at Direct Labs at (800-908-0000 Extension 303)** and explain your challenges and she will assist you.

- ☐ I received my **Blood Chemistry Lab Requisition** and a list of Laboratories nearest me by email from Dr. Smith or if I do not have email, I received it by U.S. mail or fax.
- ☐ **Fasting Instructions** – I read the Fasting Instructions linked to the **“Specimen Collection Info”** web page at least three days before the date I plan to have my blood drawn and followed these instructions to prepare for having my blood drawn.
- ☐ I took my Lab Requisition with me to the Lab and gave my Lab Requisition to Lab assistant and the only information I need to give the assistant is my name.
- ☐ **Date Blood Drawn:** _____. ☐ I notified Dr. Smith of this date by phone or email.

☐ **Genova Diagnostics Saliva, Stool and/or Urine Lab Kits – Check Box For Each Kit.**

- ☐ I read the **“Patient Collection Instructions,”** or **“Patient Instructions for (Specimen) Collection,”** whichever the sheet is titled, in each Lab Kit and I understand how to collect my sample(s) or I called Dr. Smith for clarification on any instructions, if needed. (Note: in place of the word “Specimen” the sheet may read “Saliva, Urine, or Stool”).
- ☐ If I am on Progon B, Phyto-B, Isocort, Testosterone or DHEA supplements, I have discontinued them for seven days before taking my saliva sample. ☐ I resumed them after taking saliva samples.
- ☐ I reviewed the **“Check Your Kit”** and found all items were present OR I followed through on instructions and have received any missing items.
- ☐ I followed instructions about fasting, freezing samples, writing on and applying Labels on Tubes and on the Fed-Ex Shipping Label before calling Fed-Ex to pick up.
- ☐ Samples are kept refrigerated or frozen, whichever is indicated in the Lab Kit instructions, until picked up by Fed-Ex. Ideally, you want to start taking samples so that Fed-Ex can pick up on the date of the last sample collected, which should be M, Tues, W or Thu. Otherwise, FREEZE samples until picked up unless instructions state not to freeze but to refrigerate.
- ☐ I checked to be sure that each item has been inserted into the Lab Kit Box prior to shipping the box to the Lab. ☐ I called Fed-Ex to pick up sample(s) on **Mon., Tues., Wed. or Thurs. ONLY.**
- ☐ Date Sample(s) picked up by Fed-Ex: _____.
- ☐ I phoned or emailed Dr. Smith the date each Lab kit with samples was picked up by Fed-Ex.

☐ **Analytical Labs ORDER FORM for Hair Tissue Mineral Analysis**

- ☐ At least **three days** before taking my hair sample I read **About Hair Sampling** web page and followed these instruction before having my hair sample cut. Its web page is linked to the **“Specimen Collection Info”** page.
- ☐ Once my hair is ready for cutting a sample, I followed the **Instructions For Hair Sampling** on the **Order Form for Analytical Labs.**
- ☐ I have checked each of the Boxes below to make sure that this information has been included:
 - ☐ On small envelope where I inserted my hair is my ☐ **name**, ☐ **sex**, ☐ **age** and ☐ **Date of Collection**
 - ☐ On the **Order Form** I have completed each blank in ☐ **Part 2** and ☐ **Part 5** not completed by Dr. Smith. ☐ I checked the box for my hair color.
- ☐ I then detached the **Mailing Envelope** from the **Order Form** and ☐ I inserted in it, the small white envelope with ☐ hair sample and the ☐ completed **Order Form** with its **Questionnaire**, i.e., I checked each box for each symptom that applied to me and both have been ☐ inserted into the mailing envelope.
- ☐ I reinforced the envelope seal with scotch tape (the pre-stick glue does not hold the envelope closed very well during shipping.)
- ☐ I added the appropriate amount of U.S. Postage Stamp(s) and
- ☐ I mailed the above **“Priority Mail”** at my local United States Postal Service (USPS) The hair specimen must arrive at the Lab within 3-5 days from date of taking hair specimen sample.
- ☐ Date Mailed to Lab: _____. ☐ I notified Dr. Smith of this date by phone or email.

☐ **Dr. Smith has been notified by phone or email of the date each sample was sent to their Labs.**