



# SPECIMEN KIT INSTRUCTIONS

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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 Therapeutic 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.

For clients who have computer access to our **Client Website**, use the password for User's Name: **clientonly** to open the webpages indicated below. Otherwise, you may ignore website references because all documents will be provided with the Lab Kit(s). Please check each box below to indicate each step has been completed as instructed.

## **NEW CLIENT INSTRUCTION Client Pop-Out Webpages A-D**

### **A- Informed Contents (IC-CNA & IC-BP) and Card Payment Authorization (CPA) Form**

- From **New Client Instructions Webpage A-Informed Consents & CPA**, I printed two copies of each page of the two **Informed Consents**, i.e., the **Informed Consent – Clinical Nutrition Program and Informed Consent – Business Policies** and the one-page **Card Payment Authorization Form**.
- The date I put on the Card Payment Authorization Form** was the date of my first card payment transaction for my Clinical Nutrition Services.
- I used a ballpoint blue (preferred) or black ink, not gel, pen, to **PRINT** all information requested on each page of both **Informed Consents and the Card Payment Authorization Form**; then signed my name and/or initialed each individually-numbered item, where indicated. (For minors, sign your name, then their name.)
- I **photo-copied** both completed **Informed Consents and Card Payment Authorization Form** before I sent the originals to Dr. Smith by U.S. Mail.
- Date U.S. mailed both Informed Consents and Card Payment Authorization Form: \_\_\_\_\_.

### **B-Questionnaires - I opened, printed, and completed each PDF Icon Document on this webpage attached to the "New Client Instruction" webpage, that applies to me.**

- I read the **Therapeutic Supplement Financial Plan Article** to answer the last question on **Page 1** of the **Client Information Form (CIF)**
- When I answered questions on each page of the documents, I printed my information using a ballpoint blue (preferred) or black ink, not gel, pen.
- I printed legibly or typed each blank space on each Questionnaire and form.
- If a question that applies to me was repeated, I answered it each time it applied to me.
- I put N/A (for not applicable) on blank lines or circled zero (0), when applicable: if question did not apply to me.
- Therefore, I did not just skip over any questions that did not apply to me.
- I **photo-copied** my **Questionnaires** for my records if I plan to mail the originals to Dr. Smith OR
- I **did not photocopy my Questionnaires** because I faxed or emailed them to Dr. Smith.
- I purchased a one-inched, 3-ring Binder with plastic pockets (inside and outside) and 10 Tab Index Dividers
- I inserted my copies of my completed Questionnaires in Tab Section #9 and my copies of the Informed Consents and Card Payment Authorization forms in Tab Section #10 for reference and safe-keeping.
- I will return to read documents on webpage C-Client Orientation.  I understand D-Insurance Codes is optional.
- Date: \_\_\_\_\_ I faxed, emailed or U.S. Mail each completed Questionnaires to Dr. Smith.

## **RETESTING CLIENTS – RETESTING INSTRUCTION Webpage**

- In the Client Website, I scrolled down and clicked to open the **RETESTING INSTRUCTION** webpage.
- I printed the **Health Appraisal Comprehensive (HAC) Questionnaire, Success Story Form**, and any other questionnaire that I completed when last tested.
- I used a blue or black ballpoint pen to complete these documents, not a gel ink pen..
- For accuracy, I reviewed my answers on my last HAC Questionnaire before answering questions on the new one.
- For any area where I have improved from my Clinical Nutrition Therapy so far, I completed a **Success Story Form**.
- I update the **Drug List** form regarding my medications if changes have occurred since my last report.
- I updated the **Supplement List** form; if any changes since my last report on any supplements not dispensed by Dr. Smith and Dr. Smith has reviewed these supplements to be assured they will not interfere with my CN Therapy.
  - I photo-copied my **Questionnaires** for my records if I plan to mail, rather than email or fax, them to Dr. Smith.

## **NEW AND RETESTING CLIENTS:**

Date \_\_\_\_\_ I notified Dr. Smith that my questionnaires and forms have been sent to her as instructed above.

## SPECIMEN KIT INSTRUCTIONS CHECKLIST

- Blood Chemistry, Urinalysis (UA), and Bone Resorption (BR) Urine 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 emailed **Lab Requisition** for the above tests and a list of Laboratories nearest me.
  - Fasting Instructions** – I read the Fasting Instructions 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. OR
  - No Fasting** is required if Lab Requisition is for either or both of the urine tests above and not blood.
  - 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.
  - Dates:** Blood Drawn: \_\_\_\_\_; Lab Collected UA Urine \_\_\_\_\_: BR Urine Cup Delivered to Lab.
- Genova Diagnostics Saliva and Stool Lab Kits – Check Box For Each Kit.**
- I reviewed the contents of my Genova Lab Kit and found all items were present OR I contacted Dr. Smith and have received any missing items.
  - I read the **Genova Payment & Insurance Claim Instructions** regarding payment of their Lab Fees.
  - 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”).
  - 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 were 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 on Monday, Tuesday, Wednesday or Thursday and never on a Friday. Otherwise, keep samples frozen or refrigerated, whichever applies, until picked up by Fed Ex.**
  - 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 the sample(s) on Mon., Tues., Wed. or Thurs. ONLY.**
  - Date Sample(s) picked up by Fed-Ex for Saliva: \_\_\_\_\_ ; and/or Stool \_\_\_\_\_ .
- Analytical Labs ORDER FORM for Hair Tissue Mineral Analysis**
- At least **three days** before taking my hair sample I read the **About Hair Sampling** document enclosed in my Lab Kit or printed from the **“Specimen Collection”** pop-out webpage.
  - 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 the small envelope where I inserted my hair is my  **name**,  **sex**, and  **age**
    - On the **Order Form** I have completed each blank in  **Part 2** and  **Part 5** that has not been completed by Dr. Smith and  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 (Part 5)**, 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 10 days from date of taking hair specimen sample.**
  - Date Mailed to Lab: \_\_\_\_\_.
- Dr. Smith has been notified by phone or email of the date each sample was sent to their Labs.**