How to Complete the Test Requisition Form

A Test Requisition Form is included with each specimen collection kit. Please fill out all of the required information. An incomplete form may prevent us from processing your order, which can delay your test results.

TEST REQUISITION FORM
Page 2 of 2

7. Check and Credit Card Information
Check from: Patient ☐ Clinician ☐ Credit Card fro…
Credit Card (Select One): Visa ☐ MC ☐ AMEX ☐ Di…
Card Security Code: Exp Date:
Cardholder Name (Last)
Cardholder Address:
City:
Country:
E-mail address:
Cardholder Signature: (Required for credit card billing) X:

8. Responsible Party Insurance Informat…
Responsible Party or Insurance Policyholder (Last):
Mailing Address:
City:
Country:
Cell Phone:
Marital Status: Single ☐ Married ☐ Widowed ☐
E-mail Address:
Relationship to Patient: SELF ☐ SPOUSE ☐
Policyholder Date of Birth:
Insurance Subscriber #:

9. Patient or Responsible Party Signa…
I am aware of the charges for the services ordered, an… permit a copy of this form to be used in place of the o… incurred for the tests listed on this form.
All tests are subject to a 20% cancellation fee of…
Signature: (Required) X

MEDICAID AND WORKER'S COMPENSATION
- I have marked the "Payment Enclosed (DO NOT…
- I understand that Metametrix will not file insura… receipt for this payment.

PRIVATE INSURANCE
- I have marked "Payment Enclosed (Bill to Insur…
- I have filled out "Responsible Party Insurance I…
- My ordering clinician has filled in the ICD-9 cod…

PrePay Advantage:
To qualify for PrePay Advantage, I agree to includ… with my insurance company as a courtesy. I under… denied, I will receive a letter with the reason for r… not liable for further costs if the test is not covere…

MEDICARE
- I have marked the "Payment Enclosed (Bill to… As a MEDICARE BENEFICIARY, if I request M… that the test(s) ordered on this form are for… usually does not pay for services that are no… to pay/process a claim filed.

Please record any additional comm…

Metametrix Clinical Lab…

Metametrix. Clinical Laboratory

TEST REQUISITION FORM
PLEASE PRINT CLEARLY- BLUE OR BLACK INK ONLY
Page 1 of 2

1. Clinician Information

Acct#: 68348
Metametrix Marketing
Robert David, PhD
3425 Corporate Way
Duluth, GA 30096
United States
Phone: (770) 446-5483 Fax: (770) 441-2237

☐ PLEASE FAX TEST RESULTS (CLINICIAN ONLY)
Clinician name and degree, if different:
ORDER BARCODE
SOURCE CODE

2. Payment Method - check one below

Do not check more than one payment method. Please complete Section 7 for (appropriate) payment methods.

☐ Payment Enclosed (Bill to Insurance) - Complete sections: 1,2,3,4,5,6,7,8,9
Discount will apply if you enclose payment in full at patient prepaid price. Payment required with specimen submission. Metametrix will file a courtesy claim on your behalf if all insurance information is provided. Read Section 9 for special terms and conditions.

☐ Payment Enclosed (DO NOT Bill to Insurance) - Complete sections: 1,2,3,4,5,7,9
Discount will apply if you enclose payment in full at patient prepaid price. Payment required with specimen submission. Read Section 9 for special terms and conditions.

☐ Bill Clinician (Clinician Signature Required) Complete sections: 1,2,3,4,5,7,9
X: ____________________

PLACE ACCESSION LABEL HERE
(FOR INTERNAL USE ONLY)

3. Patient Information (Please print clearly) All information is necessary to process test and is kept confidential.

Patient Name (Last): (First): (M):
Patient D.O.B.: m m / d d / y y y y Height: ft. in. Weight lbs. Gender: M ☐ F ☐
E-mail Address:
Street Address:
City: State: Postal/Zip Code:
Country: Phone:
Cell Phone: Phone (Evening):

4. Test Information

Date Specimen(s) Collected: m m / d d / y y
Check test(s) you are requesting:

Organic Acids Specimen Collection Kit

	Test	Specimen
☐	0087 8-Hydroxy-2'-Deoxyguanosine	Urine
☐	0088 Neopterin Biopterin Profile	Urine
☐	0091 Organix™ Comprehensive Profile	Urine
☐	0097 Organix™ Dysbiosis Profile	Urine
☐	0291 Organix™ Basic Profile	Urine

5. Additional Tests

Test #: Test Name:

6. ICD-9 Codes

Provide diagnosis (ICD-9) codes for each test: Individual ICD-9 codes are required for insurance billing and for patient receipts.
Please visit www.metametrix.com/icd9 for a sample listing of the codes.
ICD-9 Codes (required): *This portion can ONLY be completed by a clinician*
1. 2.
3. 4.

For Internal Use Only:
SD: m m / d d / y y INT:

Sample Rec:	UR	SE	PI	SAL	ST
HAIR	FIB	B/GRBC	IgGBS	FABS	AABS
LAVRBC	SST	GRAY	OTHER		
Payment:	Check		CC	None:	

Comments:

*Initial here if you do not agree to allow your **anonymous** numerical data to be used for research and scientific publication ____________*
For more information on our privacy policy visit www.metametrix.com/privacy

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Please refer to the explanations and example of each section to understand how to complete the Test Requisition Form.

It is the clinician's responsibility to ensure that all items are completed as instructed.

Section 1 - Clinician Information

Verify Clinician's Account Information

This section lists the ordering physician's account number, name, address, telephone, and fax numbers. Please notify Client Services immediately if your account information is incorrect.

Section 2 - Payment Method

Select Payment Method

Place a checkmark in the appropriate box to indicate method of payment. Select "Payment Enclosed (Bill to Insurance)" if you would like Metametrix to file a courtesy claim on your behalf to your insurance company or choose "Payment Enclosed (DO NOT Bill to Insurance)". Accounts with established credit may elect the "Bill Clinician"* option. Clinician signature is required. Accounts are subject to a surcharge of 1.5% per month on balances over 30 days, as well as loss of volume discounts.

****Exception:** New York state prohibits billing of or acceptance of payment from New York doctors for patient lab services.*

Section 3 - Patient Information

Print Patient Information Clearly

Patient or healthcare provider must include the following patient info: first and last name, middle initial, address, date of birth, height, weight, gender, email, and daytime and evening telephone numbers.

Section 4 - Test Information

Order Test(s)

Record the date specimen is collected. Place a checkmark in the box next to the test(s) you wish to order. Additional tests may be ordered by filling in the test number and test name in section 5.

Important! Include the date of specimen collection, fasting or non-fasting status, and total volume of urine collected (as applicable to certain tests).

Section 5 - Additional Tests

Please list the test number and test name for additional tests ordered.

Section 6 - ICD-9 Codes

Provide Diagnosis (ICD-9) Codes for Each Test

ICD-9 codes are required for insurance billing and patient receipts. Please visit www.metametrix.com/icd9 for a listing of codes.

Metametrix. Clinical Laboratory

TEST REQUISITION FORM

PLEASE PRINT CLEARLY- BLUE OR BLACK INK ONLY

Page 1 of 2

1. Clinician Information (1)

Acct#: 68348
Metametrix Marketing
Robert David, PhD
3425 Corporate Way
Duluth, GA 30096
United States
Phone: (770) 446-5483 Fax: (770) 441-2237

☐ PLEASE FAX TEST RESULTS (CLINICIAN ONLY)

Clinician name and degree, if different:

ORDER   SOURCE CODE

2. Payment Method - check one below (2)

Do not check more than one payment method. Please complete Section 7 for (appropriate) payment methods.

☐ Payment Enclosed (Bill to Insurance) - Complete sections: 1,2,3,4,5,6,7,8,9
Discount will apply if you enclose payment in full at patient prepaid price. Payment required with specimen submission. Metametrix will file a courtesy claim on your behalf if all insurance information is provided. Read Section 9 for special terms and conditions.

☐ Payment Enclosed (DO NOT Bill to Insurance) - Complete sections: 1,2,3,4,5,7,9
Discount will apply if you enclose payment in full at patient prepaid price. Payment required with specimen submission. Read Section 9 for special terms and conditions.

☐ Bill Clinician (Clinician Signature Required) Complete sections: 1,2,3,4,5,6

X: ____________

PLACE ACCESSION LABEL HERE
(FOR INTERNAL USE ONLY)

3. Patient Information (3) (Please print clearly) All information is necessary to process test and is kept confidential.

Patient Name (Last):	(First):	(M):	
Patient D.O.B.: m m / d d / y y y y	Height: ft. in.	Weight lbs.	Gender: M ☐ F ☐
E-mail Address:			
Street Address:			
City:	State:	Postal/Zip Code:	
Country:	Phone:		
Cell Phone:	Phone (Evening):		

4. Test Information (4)

Date Specimen(s) Collected: m m / d d / y y

Check test(s) you are requesting:

Organic Acids ... Collection Kit

Urine
Urine
Urine
Urine
Urine

5. Additional Tests (5)

Test #:	Test Name:

6. ICD-9 Codes (6)

Provide diagnosis (ICD-9) codes for each test: Individual ICD-9 codes are required for insurance billing and for patient receipts.
Please visit www.metametrix.com/icd9 for a sample listing of the codes.

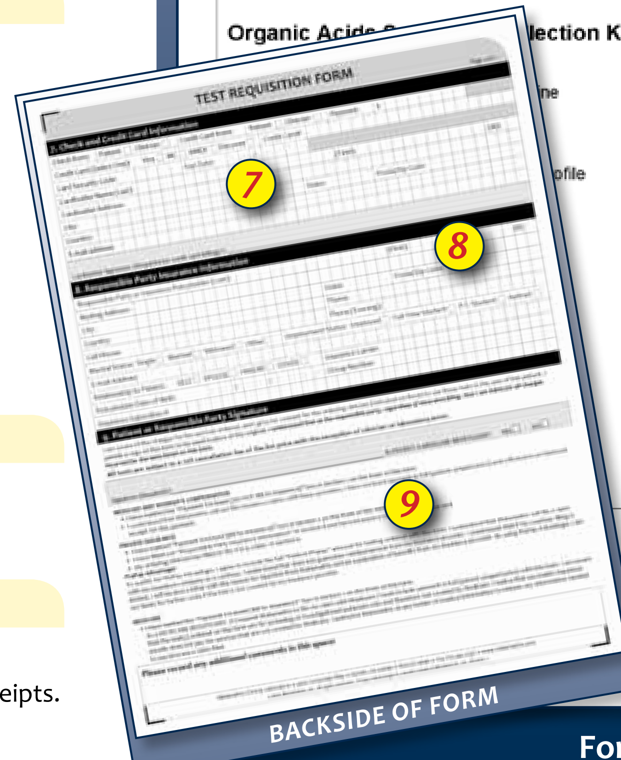
ICD-9 Codes (required): *This portion can ONLY be completed by a clinician*

1.	2.
3.	4.

For Internal Use Only:

SD: m m / d d / y y	INT:					
Sample Rec:	UR	SE	PI	SAL	ST	
HAIR	FIB	B/GRBC	IgGBS	FABS	AABS	
LAVRBC	SST	GRAY	OTHER			
Payment:	Check		CC	None:		

...us numerical data to be used for research and scientific publication
...metametrix.com/privacy



For more information please contact
Client Services at 800.221.4640 or customerservice@metametrix.com

Section 7 - Check or Credit Card Information

How to Pay For Tests

Acceptable payment methods are Visa, Mastercard, American Express, Discover, money order, or check payable to Metametrix, Inc. Canada and international residents may pay by credit card or via wire transfer only.

A prepayment discount will apply if you enclose payment in full. The patient or authorized party (parent or responsible party), or clinician must provide check or credit card information or the test will not be processed.

Section 8 - Responsible Party Insurance Information

PrePay Advantage: Courtesy Insurance Filing Program

Metametrix offers a courtesy insurance filing program for all patient prepaid test submissions. Metametrix will submit insurance claims as a courtesy for patients that include full payment at the "Patient Prepay" price with specimen submission. This does not guarantee reimbursement from the insurance provider. If the claim is denied, the patient may then provide missing information or appeal rejection directly with their insurance provider, if needed. Metametrix does not negotiate rates and all further activity regarding the claim is the responsibility of the insured.

If filing to insurance, the insurance carrier name, insurance subscriber, and group number along with the insurance cardholder's name, date of birth, and relation to the patient must all be included. A copy of the front and back of the insurance card must be submitted with the test requisition.

***Note:** We do not file insurance for Worker's Compensation and Medicaid. Medicare will not cover tests ordered for screening or investigational purposes.*

***Exception – New York State:** Metametrix does not bill patients or file any medical claims with private insurance, Medicaid, or Worker's Compensation. All tests must include patient payment with submission of specimen. We will accept patient's credit card, check, or money order as a method of payment. New York law prohibits billing or accepting payment from New York physicians.*

Section 9 - Patient or Responsible Party Signature

Signature Required

Patient or authorized party (parent or responsible party) must read, authorize, and sign the Patient or Responsible Party Conditions on the back side of the Test Requisition Form.

What Will Delay Test Results – Healthcare Practitioner

Specimen Collection Errors to Avoid

- An incorrectly collected or prepared specimen (see kit instructions)
- Incorrect specimen for test requested
- Urine that is too dilute for accurate measurement (creatinine too low)
- Overfilling tubes with specimen that requires freezing
- Overfilling, underfilling, and pouring preservative liquid out of stool transport tubes
- Hemolysis and Lipemia
- Failure to use the correct container for specimen collection
- Failure to label a specimen correctly and provide all pertinent information
- Failure to tighten specimen container lids, resulting in leakage and/or contamination of specimen
- Specimen QNS (Quantity Not Sufficient) for test requested
- A specimen with a volume lower than the stated minimum volume for a particular test cannot be processed. To ensure sufficient quantity:
  - » Draw whole blood in an amount 2.5 times the volume of serum or plasma required for a particular test (e.g., if 4 ml serum is required, draw at least 10 ml whole blood).
  - » For most serum and plasma tests, check to be certain that the transfer tube is at least half full.
  - » Follow kit instructions carefully so that no leaking of specimen occurs during transport.
- Failure to provide all specimens required for a test.

Test Requisition Form (TRF) Errors to Avoid

- No TRF included
- No test marked on the TRF (even if only one test is listed, it must be marked)
- Patient information incorrect, missing or illegible
- Failure to record total volume on TRF for all 24-hour urine collections
- No date of collection recorded (lab must have this information to verify sample stability before testing)
- Fill out diagnostic codes on Test Requisition Form (ICD-9). A sample list of commonly used codes can be found at www.metametrix.com/icd9.
- Failure to provide provocation information on any urine mineral test even if none was administered.

Reasons for a Rejected Specimen

- No Test Requisition Form (TRF)
- No test marked on the TRF (even if only one test is listed, it must be marked)
- Improperly stored specimen
- Improperly shipped specimen
- Incorrect specimen submitted for test requested
- Quantity Not Sufficient (QNS)
- Failure to record total volume on TRF
- Urine that is too dilute for accurate measurement (creatinine too low)

Shipping Error to Avoid

- Do not ship specimens on Saturday or Sunday. Please see shipping instructions for specific requirements.

Payment Errors to Avoid

- Make sure to indicate a payment method in section #7 of the Test Requisition Form
- If 'Payment Enclosed (Bill to Insurance)' is selected, provide complete insurance information and payment in full at the patient prepaid price. Payment required with specimen submission.*
- Include a check/valid credit card number (if applicable).
- No payment or billing information will result in delaying the release of test results.

***Exception** – New York State: Metametrix does not bill patients or file any medical claims with private insurance, Medicaid, or Worker's Compensation.

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