

WISH

World Integrated Systems in Health
Dr. Sandra J. Bevacqua

Blood Test Order Form Instructions

If you do not have insurance and/or will need to pay for blood tests out of pocket, please consider placing an order through our office to receive considerable savings on the cost of blood tests. We maintain an account with Life Extension which enables us to place orders for blood tests through them. You may place the order through our office or you may set up an account with them yourself (they do charge a membership fee. If you order through our office, you will not have to pay the member fee).

To place an order for blood tests through our office please read the following instructions carefully.

1. On the **Customer Blood Test Authorization Form** – please complete only the lower portion of the page. Fill in your contact information, date of birth and sign where indicated. If you wish to order blood tests in the future through our office, if you leave the date next to the signature blank, I will make copies of the form for future orders and we can skip this step. (Signing the Customer Authorization Form.) Don't worry about the check boxes, and leave the section for test codes and name of tests blank. Do not write anything in that area, we will complete the form in the office once we receive your order.
2. On the **WISH – Blood Test Order Form** – Please indicate which tests you would like to order, include payment information and sign and date the page. If paying by check or money order please make payable to WISH.
3. Return both pages to our office via fax or postal service.
4. Please order blood chemistry at least 4 weeks prior to your appointment to allow time for shipping and lab processing. Women who are having hormone tests may need to allow for additional time so that blood can be drawn on Day 18-21 of their cycle. (Day 1 is the first day of menstruation.)
5. Remember to fast the night before your blood tests. No food or drink (except water) 10-12 hours prior to having blood drawn. Remember to stay hydrated, dehydration does affect blood chemistry. Drinking water is OK; drinking coffee, tea, juice, etc. is not ok and will affect blood chemistry results.
6. If having thyroid tests or cortisol tests run, please try to have blood drawn as close to 8:00 am as possible.

What happens after you submit your blood test order? Once your order is placed, you will receive a large white envelope in the mail from Life Extension. This contains your requisition forms and a list of about 3 labs in your area that you can go to have the blood drawn. Blood must be drawn at LabCorp. You must take the requisition forms with you to the lab. This tells the lab that the tests have been paid for and what blood tests were ordered. If you live in a very rural area or if you live in New York, New Jersey, or Rhode Island please call the office prior to placing the order.

Once blood is drawn and processed, results will be emailed to our office and we will forward the results to you. If you have any questions, please contact the office.

CUSTOMER BLOOD TEST AUTHORIZATION FORM (please print)

Date Submitted:

I authorize (**insert name of retailer/physician**) Sandra J Bevacqua, Ph.D
 to order the following selected blood test(s) through Life Extension/National
 Diagnostics, Inc., on my behalf.

■ TEST CODE:	■ NAME OF TEST:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I understand that I will receive a requisition form for my blood to be drawn at any LabCorp Patient Service Facility (or a blood draw kit in lieu of the requisition forms, if applicable), and that I will receive results directly from Life Extension/National Diagnostics, Inc. Any and all contract/reference laboratories performing the tests will be fully disclosed. Any and all financial transactions will take place directly between me and the agent I have authorized to order these tests on my behalf. Purchase of these tests is based on the understanding that I am privately paying for these tests and there will be absolutely **no billing to Medicare, Medicaid or private insurance on my behalf.**

normal range of the reference laboratory. Test results outside the normal range may signal that I have a serious condition and need immediate medical attention and without the supervision of a physician there is a risk that I will ignore an abnormal test and that a treatable condition will get worse. I should see a physician if any test results are outside of the normal range, and if I do not, I assume all risks of injury that may result, and do hereby hold harmless and release, acquit, and forever discharge Life Extension Foundation Buyer's Club, Inc., Life Extension Foundation, Inc., National Diagnostics, Inc., and Dr. Pardell and his agents, employees, and representatives, for any damages or injuries that might result from the drawing, transporting or testing of my blood.

I understand that Life Extension is not responsible for providing a diagnosis or recommending treatment for any test that is outside the

<p>Please check all of the following that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I will use a LabCorp blood draw station. <input type="checkbox"/> I will not use a LabCorp facility and I require a blood draw kit. <input type="checkbox"/> I am having my blood drawn in New York, New Jersey, or Rhode Island. I require a blood draw kit so that I can get my blood drawn at any lab that draws blood (an additional local blood draw fee may be incurred). <input type="checkbox"/> I am having my blood drawn in New York, New Jersey or Rhode Island AND I am ordering a frozen blood test that requires a cooler (additional charge applies, see reverse side for instructions). <input type="checkbox"/> I authorize Life Extension to send my test results directly to my doctor who ordered the tests. 	<p>Shipping Method:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard shipping (via USPS First-Class Mail, no additional charge) <input type="checkbox"/> UPS Overnight (add \$16) <input type="checkbox"/> UPS 2nd Day (add \$7)
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I have read and understand the shipping instructions for frozen tests as outlined on the reverse side of this form.



Customer Name (print): *(First/Middle/Last)* _____

Customer SHIP TO Address: _____

City/State/Zip-Postal Code _____

Phone: _____ **DOB:** _____ Male Female

Customer Signature Required: _____ **Date:** _____

This form must be completed and signed in order to process this order.
 If additional tests are requested, please complete another form.



WISH - Blood Test Order Form

Test Names:		Cost	Test Ordered
* Female Panel (LC322535) or Male Panel (LC322582)		\$269	
(included in panel - but some tests may be ordered individually)			
Chemistry Panel/CBC/Lipid Profile	LC381822	\$35	
Glucose			
Creatinine, BUN & Ratios			
Sodium, Potassium, Chloride			
Calcium, Phosphorus			
Protein/Albumin/Globulin & Ratio			
Bilirubin			
Alkaline Phosphatase			
AST, ALT, LDH			
Iron			
Lipid Profile: Total Cholesterol, HDL, LDL, Triglycerides, Ratios			
CBC w/platelets and differential			
Total & Free Testosterone	LC140103	\$99	
DHEA, Estradiol			
Progesterone (female panel) or PSA (male panel)			
Homocystine (included with panel; if ordered separate add:)		\$64	
hsCRP (included with panel; if ordered separate add:)		\$42	
(end male and female panel)			
CA 125 (ovarian cancer marker)	LC002303	\$61	
CA 15-3 (tumor markers/breast cancer)	LC143404	\$66	
CA 27.29 (breast cancer)	LC140293	\$75	
CEA (tumor marker GI & Breast)	LC002139	\$28	
CA 19-9 (GI/pancreatic/liver/colorectal cancer)	LC002261	\$83	
Cortisol	LC004051	\$39	
FSH & LH	LC028480	\$55	
GGT (liver)	LC001958	\$14	
Hemoglobin A1C	LC001453	\$31	
INR/PT/PTT	LC020321	\$22	
* Magnesium	LC001537	\$14	
Parathyroid Hormone (PTH)	LC015610	\$99	
Prolactin	LC004465	\$55	
Thyroid Panel (includes)	LC304131	\$75	
TSH/T4/Free T4/Free T3			
T3 Uptake	LC001156	\$20	
Reverse T3	LC070104	\$55	
Thyroid Antithyroglobulin Antibody	LC006692	\$66	
* Urinalysis	LC003038	\$14	
* Vitamin D, 25-OH	LC081950	\$47	
Zinc	LC001800	\$28	
Sub Total			
Processing Fee:		\$15.00	
Cost of Tests Ordered:			

Name: _____

Address: _____

Date of Birth: _____

Phone: _____

Instructions:
 Please select the tests you would like ordered and total. For additional information on which tests to select please refer to the **Blood Work Request** sheet located in your client paperwork. Tests not in bold print are optional and not needed for most, but are listed for convenience. If you have questions or would like to place an order, please call the office at: 520-743-0575. Please order blood tests 1 to 2 months prior to your appointment to allow time for processing. **This service is optional** and for individuals who do not have insurance, who are paying for tests out of pocket, or who's doctors refuse to order desired blood tests. Insurance does not cover this service.

Payment info:
 Credit Card # _____ - _____ - _____ - _____
 Security code: _____ Exp Date: ____/____

Sub Total
 Processing Fee: \$15.00
 Cost of Tests Ordered: _____

Signature: _____ Date: _____

Please make sure all personal info is filled in completely and fax the completed form to WISH: 520-743-4252