

Mycotoxin Panel

Urine Collection Instructions

Please read carefully before collecting

THINGS TO KNOW BEFORE SUBMITTING YOUR SAMPLE:

1. All test requests must be signed by a PRACTITIONER (If your practitioner asked RTL to ship this kit to you, we should have their signature on file). Tip: If your practitioner's information is printed on the top left corner of the requisition form, you do not have to have them sign the form.
2. All results will be SENT TO THE ORDERING PRACTITIONER. If the patient would like a copy of the results, please contact the PRACTITIONER first.
3. Due to HIPAA rules, patients requesting results from the lab must do so in writing. As of Feb 15, 2012, results can only be sent to the patient if they have completed and sent in the RTL MEDICAL RELEASE FORM. Results are sent through a secure patient or physician portal.

Contents of Kit

- Requisition Form
- Credit Card Authorization Form
- Instructions for Specimen Collection
- Specimen Holding Box
- Conical Collection Cup
- Plastic Transport Tube with Cap
- Biohazard Bag
- Absorbent Pad
- Pre-Addressed Shipping Sleeve



Make sure the test requisition form is COMPLETELY filled out EXCEPT for the very bottom of the page where it says "RealTime Lab Use Only."

- 1 Pay special attention to make sure that there is a signature of a licensed practitioner as well as the complete name and date of birth of the patient and which test is desired.

*FOR MEDICARE INSTRUCTIONS SEE BACK

If you are taking the medication methylene blue, DO NOT submit sample until urine has returned to a normal color.

Check One

- Practitioner Pay
- Patient Pay
- Medicare - Sign ABN on Page 2
- Tricare
- Insurance

Specimen Type

- Urine
 - Body Fluid = U
 - Dry Urine Card (OAP/EPP) = DUC
- Blood (Aspergillus ONLY)
 - Lavender Top (EDTA) = LAV
- Swab (Aspergillus ONLY)
 - Nasal Swab = NS
- Research Use Only - RUO
 - Tissue Type _____
 - Other _____

Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Frozen: / / Date Sent: / /	
Patient's Name (Last, First, MI)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth MO DAY YR
Collection Date	Collection Time
Is this a follow-up test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Phone:	Patient Email:
MEDICARE ADVANCE BENEFICIARY NOTICE (ABN) Medicare Patients Must Complete and Sign ABN on Page 2	
I hereby authorize payment directly to RealTime Laboratories, Inc. for all testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance.	
Patient Signature:	Date:
Practitioner	
Practitioner's Name (Last, First)	Practitioner's Signature
X	
Diagnosis/Signs/Symptoms in ICD Format (highest specificity)	

MYCOTOXIN TESTS by ELISA	TYPE
<input checked="" type="checkbox"/> E8400 Mycotoxin Panel (16 Mycotoxins) (E8501, E8502, E8503, E8510, E8512)	U
Ochratoxin A	
Aflatoxin B1, Aflatoxin B2, Aflatoxin G1, Aflatoxin G2	
Satratoxin G, Satratoxin H, Isosatratoxin F, Roridin L-2, Roridin A, Roridin H, Roridin E4, Verrucaric Acid, Verrucaric Acid	
Glutotoxin	
Zearalenone	

MYCOTOXIN TISSUE TESTS-RUO	TYPE
<input type="checkbox"/> E8400 Mycotoxin Panel (16 Mycotoxins)	T
<input type="checkbox"/> Tissue Type (Fresh)	
<input type="checkbox"/> Tissue Type (In Block)	

HERBICIDES	TYPE
<input type="checkbox"/> P1001 - Glyphosate Exposure Analysis	U

OAP and EPP TESTING	TYPE
<input type="checkbox"/> OA100 Organic Acids Profile (OAP)	DUC
<input type="checkbox"/> EP100 Environment Pollutants Profile (EPP)	DUC

RTL TOX COMPLETE COMBOS	TYPE
<input type="checkbox"/> RTL TOX Complete Mycotoxin + OAP + EPP	U+DUC
<input type="checkbox"/> RTL TOX Complete PLUS Mycotoxin + OAP + EPP + Glyphosate	U+DUC

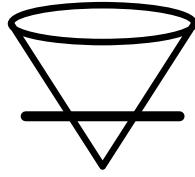
INFECTIOUS DISEASE RT-PCR	TYPE
<input type="checkbox"/> B4000 Urinary Tract Infection	U
Organisms:	
A. baumannii, C. albicans, C. freundii, E. faecalis, E. faecium, E. cloacae complex, E. coli, K. aerogenes, K. oxytoca, K. pneumoniae, M. organii, P. mirabilis, P. vulgaris, P. stuartii, P. aeruginosa, S. saprophyticus, S. agalactiae	
Genes:	
23rRNA-ermB, blaKPC, blaSHV, vanB, mecA, qnrA, sul1	

FUNGAL DNA TESTING by REALTIME PCR	TYPE
<input type="checkbox"/> M8605 Aspergillus Panel	LAV/T/NS
A. niger, A. flavus, A. fumigatus, A. terreus	
<input type="checkbox"/> M8617 Candida Panel	U
C. albicans, C. krusei, C. glabrata, C. tropicalis, C. parapsilosis, C. auris	

*If you need to make corrections on the requisition form, cross out and write your initials. DO NOT use white out.

2 Payment (credit card authorization, check, or money order) signed and completely filled out. *
*If you're paying your practitioner directly, mark PRACTITIONER PAY
If you pre-paid online, mark PATIENT PAY and write "prepaid online"
If your practitioner provided you a voucher, mark PRACTITIONER PAY and write "voucher"

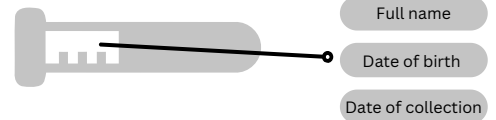
3 Collect urine into the conical cup provided (optional) approximately halfway full. A clean, new disposable cup can also be used.



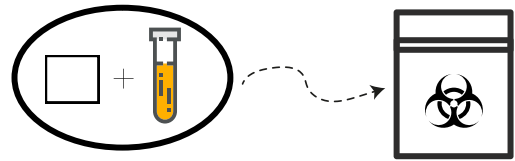
4 Pour the urine into the plastic RTL tube. FILL ONLY HALF WAY FULL AND SECURELY SEAL THE ENCLOSED CAP. (You should hear a pop when it is fully secured).



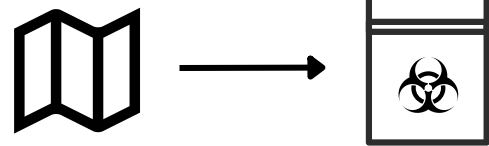
5 Print on the specimen tube, in the designated areas: Date collected, patient first AND last name, and patient Date of Birth (DOB).
SPECIMEN WILL BE REJECTED BY THE LAB IF THE TUBE IS BLANK!



6 Place tube in biohazard bag along absorbent pad and seal the ziplock top.
Double check to ensure that the data on the tube matches the data on the test requisition.



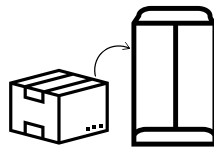
7 Fold and place paperwork in the outside sleeve of the biohazard bag. Note: this opening does not seal shut.



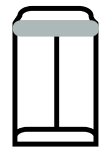
8 Place Biohazard Bag (containing the tube and test) into the specimen holding box.

9 Fold the flaps of the box back and tuck them into the slots to close it properly.

10 Place box inside pre-addressed FedEx/UPS/USPS sleeve and pull off the preventative stick tape at the top of the bag.



11 Make sure the bag is closed completely.



Medicare Instructions

The ABN form will be attached to the back of the test requisition form.



If you would like us to file a claim with Medicare, please fill out the ABN (Advance Beneficiary notice) form attached to the requisition form and send us a copy of your Medicare card, and supplemental insurance card (such as: United Healthcare, Blue Cross, WellCare, etc.).



SEND SPECIMEN TO RTL

All specimens should be sent immediately after collection (preferably within the first 48 hours after collection). If the specimen cannot be sent immediately, **FREEZE the specimen and note the date it was frozen on the indicated part at the top of the test requisition.** RTL validations allow for the specimen to be sent to the lab in a liquid state and received by the lab within 7 days of collection.

The mailer provided by RTL is self-addressed and FedEx/UPS/USPS prepaid, so please do not put any more postage on the mailer. The specimens may also be transported by overnight courier to the address below. RTL is not responsible for express delivery fees. RTL prepaid FedEx/UPS/USPS return labels may only be used within the continental United States. Shipments outside the continental US must be paid for by the client.

THANK YOU FOR CHOOSING REALTIME LABORATORIES!

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