

## Cancer (CA) Profile™© and Longevity Profile®© Specimen Collection & Shipping Instructions

### Patient Preparation

**48 hours prior to phlebotomy, abstain from:** all supplements, therapeutic enzymes, hyperbaric oxygen therapy, intravenous vitamin C, rigorous physical activity, and sexual activity.

**12 hours prior to phlebotomy, NO** food, drinks or supplements (some exceptions apply). May drink about 6 oz. of water if needed.

**3.5-4.0 hrs before blood draw, TAKE** any hormone supplements (e.g. DHEA, estrogen, progesterone, testosterone) and thyroid medication.

### Specimen Preparation

**HCG-Urine: (Collect first morning urine at home).** After a brief first stream, collect urine into a **clean container (does not need to be sterile)**. Fill the **yellow screw-cap bullet tube  $\frac{3}{4}$  of the way using the pipette provided**; place this tube together with the red-cap tube into the crush-resistant blue-top mailer tube.

**CA Profile™©:** Draw blood into (1) serum separator red top tube (SST), allow to clot for 15 - 20 minutes, centrifuge for 15 minutes. **Transfer the clear, yellow serum into the provided red screw-cap bullet tube IMMEDIATELY to prevent hemolysis.** Ship with urine sample.

**Longevity Profile®©:** Follow the same procedure as the CA Profile, except draw also (1) lavender tube and (1) extra serum separator red top tube. The latter can be shipped **as is** after centrifugation. **If P.M. Cortisol** is also desired, please draw a serum separator red top tube again between 3 and 4 p.m. of the same day as the morning draw, allow to clot and centrifuge. The Cancer Profile is part of the Longevity Profile.

Please label all tubes with the patient's name, date of birth, date and time of draw, and phlebotomist's initials.

*Note: If preservative tubes are not available, you may transfer the serum and urine into separate transfer tubes and ship overnight.*

### Shipping

**Cancer Profile™©:** PRIORITY mail or any method that can guarantee the specimens to arrive within 10 days from collection date.

**Longevity Profile®© and CBC:** Overnight.

**Our facility is closed on Saturday and Sunday. If shipping overnight, please do not ship on Friday.**

All tests are performed Wednesday & Thursday. Samples must be received by the end of the day on Tuesday to be run that week. If the shipment misses the cut-off time, specimen/s will be frozen and run the following Wednesday. Results go out every Friday by U.S.P.S regular/first class mail or fax.

Shipping is patient responsibility

PLEASE DO NOT SEND LIPEMIC OR HEMOLYZED SERUM

Dr. Michael Cheikin, MD  
Center for Optimal Health  
832 Germantown Pike, Suite 3  
Plymouth Meeting, PA 19462  
Phone: 610-239-9901 Fax: 816-217-0158

Date of Order: \_\_\_\_\_

## Rx: Request for Phlebotomy

NAME: \_\_\_\_\_ M / F (please circle)

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Dx (diagnosis): \_\_\_\_\_

Is patient on HRT: \_\_\_\_ (please check all that applies): Estrogen \_\_\_\_ Progesterone \_\_\_\_ Testosterone \_\_\_\_ DHEA-S \_\_\_\_

I declare that I indemnify, defend and hold harmless the blood drawing facility, American Metabolic Laboratories and its physician, lab directors and staff in all events that may arise from drawing, shipping, testing and providing test results on my blood. I desire to have this procedure done for health and research purposes, and I realize that results obtained are not intended to diagnose, treat or cure any disease or condition. Results are provided to me for informational purposes only. I understand that the clinical laboratory results are adjuncts in a diagnostic workup. Further testing such as tissue pathology, additional blood work or radiologic studies may be ordered. Risks of phlebotomy (blood collection) include brief discomfort, bruising and rarely infection at the site of needle entry. Experienced personnel should collect the blood to minimize these risks. In witness thereof, I affix my original signature,

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\* 12 hour fast is REQUIRED for the Cancer Profile™©, Longevity Profile®© and Chemistry / CBC Panel. DO NOT TAKE SUPPLEMENTS, ENZYMES OR HYPERBARIC OXYGEN THERAPY, AVOID VIGOROUS PHYSICAL ACTIVITY, and ABSTAIN FROM SEX FOR 48 HOURS PRIOR TO BLOOD DRAW. Do take any hormone supplements (e.g. DHEA) and thyroid medication >3 - 4 hours prior to blood draw.

DATE OF DRAW \_\_\_\_\_ TIME: \_\_\_\_\_ am \_\_\_\_\_ pm

**PLEASE DRAW:**

- 1 **Serum separator gel tube; allow to clot for 20min MAX; centrifuge to separate the serum for 15 min; fill the "red screw-cap bullet" tube provided IMMEDIATELY. Please make sure to label all information: name, date, time, and initials of the phlebotomist.**
- 1 **Discard a stream of your first morning urine first. Collect into a clean container. Fill the "yellow screw-cap" tube provided about ¾ of the way; do not fill to the top. Please write your name, date and time of collection on the tube.**

\*\*\*If ordering the Cancer Profile™©, PRIORITY MAIL is sufficient.  
If ordering the Longevity Profile®©, please ship overnight\*\*\*  
\*\*\*All shipping charges are the patient's responsibility\*\*\*

**Please DO NOT SEND HEMOLYZED or LIPEMIC SERUM**

\_\_\_\_\_  
Dr. Michael Cheikin, MD  
MD-040161E

**PLEASE RETURN THIS FORM TO:**

American Metabolic Laboratories  
1818 Sheridan St., Suite 102  
Hollywood, FL 33020 - USA  
Tel: 954-929-4814 Fax: 954-929-4896

1818 Sheridan Street, Suite 102, Hollywood, FL 33020  
954-929-4814 Fax: 954-929-4896  
www.AmericanMetabolicLaboratories.com

PIN: \_\_\_\_\_ SIN: \_\_\_\_\_

Rc'd \_\_\_\_\_ tubes

**BLOOD TEST REQUISITION FORM**

PATIENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ Email: \_\_\_\_\_

DATE BLOOD DRAWN: \_\_\_\_\_ TIME DRAWN: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_

CLINICAL HISTORY / DIAGNOSIS: \_\_\_\_\_

Is patient on HRT? \_\_\_\_\_ Please check all that applies: Estrogen \_\_\_\_\_ Progesterone \_\_\_\_\_ Testosterone \_\_\_\_\_ DHEA-S \_\_\_\_\_

Referring physician: **Michael Cheikin, MD** Facility: **Center for Optimal Health**

Address: **832 Germantown Pike, Suite 3** City: **Plymouth Meeting** State: **PA** Zip Code: **19462**

NPI/License # **MD-040161E/14078-23016** Phone: **610-239-9901** Fax: **816-217-0158**

**\*\*\*To the Ordering Physician: Am Met Labs is not in any Insurance network or in Medicare. An itemized Statement is available upon request.**

All tests ordered must be medically necessary for insurance.

Indicate ICD-10 codes:

**CA PROFILE™**

- HCG (IMM & Urine Quantitative)
- PHI
- CEA
- DHEA-S
- GGTP
- TSH (3<sup>rd</sup> generation)

- HCG (IMM & Urine Quantitative)
- HCG URINE QUANTITATIVE
- PHI
- CEA
- DHEA-S
- GGTP
- TSH (3<sup>rd</sup> generation)
- T3 (total)
- T4 (total)

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**TUMOR MARKERS PANEL**

- HCG (IMM & Urine Quantitative)
- PHI
- CEA

- PSA
- IGF-1 (growth hormone)
- ESTRADIOL
- PROGESTERONE
- FREE TESTOSTERONE
- TOTAL TESTOSTERONE

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**LONGEVITY PROFILE®**

- CA Profile™
- Estradiol
- Progesterone
- Total Testosterone
- IGF-1
- PTH
- hs-CRP
- Homocysteine
- Direct LDL
- Lp (a)
- Cortisol am
- Cortisol pm
- Chem Profile & CBC

- CA 19-9 (gastric, pancreatic cancer)
- CA 125 (ovarian cancer)
- CA 15-3 (breast cancer)
- PTH (calcium loss marker)
- hs - CRP (cardiac marker)
- HOMOCYSTEINE (cardiac marker)
- CORTISOL am
- CORTISOL pm
- CHEM Profile & CBC
- Lp(a) (cardiac risk factor)
- LDL-Direct (cardiac risk factor)
- Phlebotomy
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CLIA I.D. 10D0918692, Florida L800010873

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_