

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 ¾ 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 (3rd generation)

HCG (IMM & Urine Quantitative)

HCG URINE QUANTITATIVE

PHI

CEA

DHEA-S

GGTP

TSH (3rd generation)

T3 (total)

T4 (total)

PSA

IGF-1 (growth hormone)

ESTRADIOL

PROGESTERONE

FREE TESTOSTERONE

TOTAL TESTOSTERONE

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

TUMOR MARKERS PANEL

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

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

CLIA I.D. 10D0918692, Florida L800010873

Physician's Signature _____ Date _____