

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