

## Instructions for Tests

**Hair Analysis Test:** At home, cut small swatch of hair closest to the nape of your neck and weigh on scale enclosed in envelope. Place hair in zip-lock bag also enclosed. Fill out form and send in enclosed envelope in kit with a \$69.00 check made out to: Doctors Data Inc.

**Blood Panel Test:** Go to blood lab (Quick Draw, Quest, local emergency room blood lab) etc. One vial of blood drawn and submit to medical insurance. **Remember to FAST and not eat after 9pm the night before and morning of before test. Just water.**

**Bio-compatibility Test:** Order kit by calling: **1-800-331-2303**. Follow the instruction sheet with script enclosed in the packet we sent to you. Blood test can only be done on a Monday, Tuesday or Wednesday morning. Blood can be drawn from blood lab (Quick Draw, local emergency room blood lab or Any Lab Test Now locations) However, lab **MUST** have capability to centrifuge blood (spin down). This process takes about 40-45 minutes as you wait. After blood sample is ready, it is then given back to you and you are to package blood in kit as instructed and send out UPS **IMMEDIATELY**. If lab will not give blood sample back to you, you must instruct them that it **MUST** be sent out **BEFORE** noon that **SAME DAY**. **Remember 10 hour FAST, no eating after 9pm the night before and morning before test. Just water.** Please note: Your medical insurance may or may not reimburse you for this test. Also, patients cannot be on antibiotics 30 days prior to test. If they are, they will have to wait after 30 days or results will be incorrect.

## Request For Blood/Serum Sample

### Dentist Information

Name: \_\_\_\_\_ **DEREK P. GRIECO D.M.D.**  
**3894 OLD WM PENN HWY**  
Address/Phone: \_\_\_\_\_ **MURRYSVILLE, PA 15668**

Contact Phone Number: 724-327-4130

### Client Information

Name: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

### To Whom It May Concern:

The above client wishes to have our specialized blood serum biocompatibility test performed at BioComp Labs. It would be most appreciated if the blood serum sample could be drawn and processed according to the instructions on the reverse side of this page. Our charges to the client do not include any of your lab serum preparation fees. The client is aware your charges are separate and must be paid directly to your facility. Please do not bill BioComp Labs for any associated phlebotomy charges.

I am the Laboratory Director for BioComp Labs, and not the treating physician or dentist for this client. I am unable to provide any diagnostic or insurance coding information, including an NPI number. Please contact the above dentist to obtain diagnostic and/or insurance information. If unavailable, please bill the client directly for all services. If you have any questions please call our laboratory at the number listed below.

Thank you for your assistance in this matter.

Sincerely,

*Robert W. McMullen, PhD*

Robert McMullen, PhD

Tax ID: 26-3806018  
CLIA: 06D 0644420  
(800) 331-2303

## **Bio-comp Test Instructions**

(Remember to call for test kit! 1-800-331-2303)

1. **Test can only be done on a Monday, Tuesday or Wednesday.** Blood is only good for two days and lab is closed on weekend. Samples can be collected any day of the week and stored in the freezer for up to ten days.
2. **Freeze water packets inside kit the day before testing and take with you day of test.** These will be used to keep the blood cold while in transit.
3. **You are advised 10 hour fast and not to eat after 9:00pm the day BEFORE testing and to not eat till AFTER blood draw. Just water.** This is to ensure the best testing results. Exempt medical necessity prohibits fasting (ex. Diabetes)
4. After the blood draw, **test must be shipped out that day preferably in the morning before noon.** Enclosed UPS bag with prepaid label comes with kit. Package and take to drop off location **immediately**. If lab is shipping, test must be placed in freezer until picked up and must be shipped out before noon that day.
5. Please remember to place your name on script **BEFORE** going to lab for testing. Lab will reject and not allow you to write it in upon your arrival. The blood draw fees are the responsibility of the client and **are not** included in the Bio-comp testing fee.
6. Quick Draw, Local Hospital Blood Lab or Any Lab Test Now locations ([www.anylabtestnow.com](http://www.anylabtestnow.com)) can process your sample. Lab must have centrifuge.
7. Please fill out all paperwork enclosed in kit and submit with payment. (\$325.USD)

Phone 327-4130

DEA. No. BG 3680748

DEREK P. GRIECO, D.M.D.

3894 OLD WM. PENN HWY.  
MURRYSVILLE, PA 15668

OFFICE HOURS: BY APPOINTMENT LIC. No. DS-028352L

FOR \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

RX DRAW 1 VIAL of Blood  
And Centrifuge - Follow instructions in Kit  
Code ICD 9: 995.1 ICD 10: T78.3xxA  
Bio Compatibility Test

SUBSTITUTION PERMISSIBLE \_\_\_\_\_ D.M.D.

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER  
MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN  
THE SPACE BELOW.

REFILL 1 2 3



## **COMPLETE BLOOD PANEL RX**

**FASTING REQUIRED** – No food or drink after 9pm day before and morning of. Just water. Please complete information on script **BEFORE** going to lab.

Print Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone # \_\_\_\_\_ Sex \_\_M\_\_F

Physician: Derek P. Grieco, DMD Physician Signature: \_\_\_\_\_

3894 Old Wm Penn Highway \_\_\_\_\_

Murrysville, PA 15668 Phone: 724-327-4130 FAX: 724-327-9372

Responsible for bill: Patient X Doctor \_\_\_\_ Insurance \_\_\_\_

Insurance Information (attach copy of medical card or fill in information below)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Policy Holder \_\_\_\_\_ Subscriber No. \_\_\_\_\_

DIAGNOSIS: ICD 9 985.0/272.2/244.9 / ICD 10 T56.IXIA/ E78.0 E55.9/ E03.9 R97.1

## **GENERAL LABORATORY TESTING**

- |  |   |
|--|---|
| <input type="checkbox"/> CBC & DIFFERENTIAL  | <input type="checkbox"/> PHOSPHORUS   |
| <input type="checkbox"/> COMPREHENSIVE METABOLIC (14)  | <input type="checkbox"/> T4 FREE & TSH ORDER SET  |
| <input type="checkbox"/> CPK   | <input type="checkbox"/> URIC ACID  |
| <input type="checkbox"/> VITAMIN D   | <input type="checkbox"/> G6PD Blood   |
| <input type="checkbox"/> LIPID PROFILE – REFLEXIVE<br>MEASURED LDL IF TRIG ABN<br>(CHOL, TRIG, HDL, LDL, CALC) | <input type="checkbox"/> CANCER ANTIGEN (CA) 125, serum<br><b>(Woman only of child bearing age will<br/>be required to do this test marker)</b> |